UNION EUROPÉENNE

Régime Commun d'Assurance Maladie

Le Comité de Gestion

RAPPORT ANNUEL DU COMITE DE GESTION DU REGIME COMMUN D'ASSURANCE MALADIE POUR L'ANNEE 2024



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1 PRÉAMBULE

Ce rapport du Comité de gestion d'assurance maladie (CGAM) est établi à l'attention des institutions de l'Union européenne et de leur comité du personnel, conformément à l'article 38, paragraphe 6 c) de la Réglementation commune relative à la couverture des risques de maladie des fonctionnaires de l'Union (ci-après la « Réglementation »).

Il se fonde sur les documents suivants repris en annexes :

- l'«Analyse financière de la situation du RCAM» au 31.12.2024 (ci-après l'«Analyse») rédigée par le Bureau central conformément à l'article 47 de la Réglementation (annexe I);
- les comptes annuels du RCAM au 31.12.2024 établis conformément à l'article 45, paragraphe 4 de la Réglementation (annexe II);
- le rapport de la DG BUDG sur la gestion de la réserve du RCAM au 31.12.2024 (annexe III);
- le rapport du cabinet Forvis Mazars certifiant les comptes annuels au 31.12.2024 (annexe IV).

2 LE RÉGIME COMMUN D'ASSURANCE MALADIE

Le Régime Commun d'Assurance Maladie (RCAM), établi d'un commun accord par les institutions de l'Union européenne sur base de l'article 72 du Statut, couvre les Membres et le personnel des institutions et des agences européennes, leur famille à l'exception donc du personnel de la Banque européenne d'Investissement, de la Banque centrale européenne et des Membres du Parlement européen. Il est financé par les contributions des affiliés (1,7%) et des institutions (3,4%) totalisant 5,1 % du traitement de base ou de la pension. Dans les limites et conditions prévues par la Réglementation et les dispositions générales d'exécution (DGE) adoptées sur la base de son article 52, le régime garantit aux bénéficiaires le remboursement des frais médicaux exposés par suite de maladie, d'accident ou de maternité, ainsi que le versement d'une indemnité de frais funéraires.

Ainsi, les affiliés, leur conjoint, lorsque celui-ci ne peut pas bénéficier de prestations de même nature et de même niveau en application de toutes autres dispositions légales ou réglementaires, leurs enfants et les autres personnes à leur charge sont couverts contre les risques de maladie dans la limite de 80 % des frais encourus[1].

[1] Taux relevé à 85 % pour les prestations suivantes: consultations et visites, interventions chirurgicales, hospitalisation, produits pharmaceutiques, radiologie, analyses, examens de laboratoire et prothèses sur prescription médicale à l'exception des prothèses dentaires, porté à 100 % en cas de tuberculose, poliomyélite, cancer, maladie mentale et autres maladies reconnues de gravité comparable par l'autorité investie du pouvoir de nomination, ainsi que pour les examens de dépistage et en cas d'accouchement. Certaines prestations sont soit plafonnées, soit limitées par une enveloppe annuelle. En plus, dans certains cas spécifiques, un mécanisme de calcul de l'excessivité ou de coefficient d'assiette s'applique. Le régime accidents et maladies professionnelles est séparé de l'assurance maladie.

Bénéficiaires RCAM 2024 **190.414** équivalents temps plein* *(186.745 en 2023)*			
Actifs		Post-actifs	
Affiliés	**68.341** *(67.556 en 2023)*	Affiliés	**30.946** *(29.002 en 2023)*
Bénéficiaires	**146.306** *(145.430 en 2023)*	Bénéficiaires	**44.108** *(41.315 en 2023)*

* En 2023 la décision a été prise de changer la méthode de compter le nombre d'affiliés et de bénéficiaires. Ceci sert à avoir un meilleur lien entre les affiliés et les contributions. Il reste à noter que ce changement de méthode entraîne une réduction de l'augmentation en pourcentage du nombre d'affiliés.

À ce titre, le CGAM rappelle que le RCAM est un système basé sur le principe de solidarité dans lequel chacun cotise en fonction d'un taux fixe appliqué à sa rémunération ou pension. Les aléas de la vie, les risques de maladie touchent la population couverte sans différenciation de grade, catégorie ou autre distinction administrative. Les dépenses qui en résultent sont encourues, elles aussi, sans distinction. Enfin, la solidarité entre générations occupe une place importante dans un système tel que le nôtre.

3 FONCTIONNEMENT DES ORGANES DU RCAM

3.1 Le Comité de gestion de l'assurance maladie (CGAM)

En vertu de l'article 38 de la réglementation, fin 2024, le comité de gestion était composé de 28 membres titulaires, soit 14 représentants de l'administration des différentes institutions et le même nombre pour les représentants du personnel. Il y a autant de membres suppléants que de titulaires. Toutefois, il manquait le représentant du personnel du Contrôleur européen à la protection des données. En réalité, la composition du Comité n'est jamais complète.

Selon le règlement d'ordre intérieur du comité (articles 1er point 5), les représentants du Bureau central et des Bureaux liquidateurs participent de droit aux réunions du CGAM, sans droit de vote ; le comité plaide pour que les Chefs des Bureaux liquidateurs et les responsables opérationnels soient présents à toutes les réunions. De même, un représentant de l'Association Internationale des Anciens des Communautés européennes (AIACE) et un suppléant assistent aux réunions en qualité de participants sans voix délibérative. Tous les participants s'engagent à respecter les dispositions du règlement intérieur concernant la protection des données personnelles.

Au cours de l'année 2024, le Comité de gestion a tenu un total de 6 réunions, dont 5 en visioconférence et une en présence (hybride).

Même si le recours à la technique de visioconférences a permis de garantir le quorum le long des séances, le CGAM se permet d'insister sur le problème des absences des représentants de

certaines institutions lequel affecte le bon fonctionnement du Comité. Le Comité reste compréhensif face aux difficultés que certaines institutions, particulièrement les plus petites, rencontrent, tant au niveau des administrations que du personnel, pour faire participer leurs représentants aux réunions du CGAM. Toutefois, le Comité considère que l'importance du RCAM pour le fonctionnement institutionnel mérite un rappel aux obligations qui découlent de la désignation en tant que membre du CGAM lesquelles font par ailleurs partie du service. Le Comité réitère par conséquent l'appel aux institutions pour qu'ils remboursent des frais de mission et à leur comité du personnel à respecter leurs obligations de nommer des représentants et à prévoir les mesures adéquates pour allouer à leurs représentants titulaires et suppléants le temps nécessaire à l'analyse de dossiers complexes et garantir leur présence à l'intégralité de ses réunions.

3.1.1 *Composition du CGAM*

Le tableau ci-après montre la composition du Comité au début de l'année 2024 :

Membres (2023-2024)			
REPRESENTATION	**TITULAIRES**		**SUPPLEANTS**
Cour de Justice - Présidence du CGAM			
Administration	M. Daniel KARZEL		M. Marie JUNIUS
Personnel	Mme Monique BRETON *(Présidente)*		Mme Nathalie LEYNS
Agences			
Administration	M. Fergal COONEY		Mme Agnieszka ANDRZEJEWSKA
Personnel	M. Luc SCHWARTZ		Mme Elsa PAPADOPOULOU
Comité économique et social européen			
Administration	Mme Isabelle DELAIRE		Mme Teresa IURILLI
Personnel	M. Grégory LACROIX		*à pourvoir*
Comité des Régions			
Administration	Mme Anna Maria VANHOYE		Mme Anne LEVECQUE
Personnel	M. Marc CORDY		Mme Florence THOME
Commission européenne			
Administration	M. Alexandre JACOBS *(Vice-Président)*		Mme Katarzyna SARYUSZ-WOLSKA
	M. Eric BOERSMA		Mme Anne AROSUO
	M. Matthias LIPPS		M. Fabien CADET
	Mme Gloria LORENZO LERONES		M. Petr ZELENY
Personnel	M. Gianfranco SELVAGIO		*à pourvoir*
	M. Hugh ANNAND		M. Lukasz WARDYN
	M. Rytis VIRBALIS		M. Georgios TASIOPOULOS
	Mme Monica ERMOLLI		Mme Anne GERVAISE
Conseil			
Administration	Mme Sveva BARBAGALLO		M. Cristian GANJ
Personnel	M. Marcos QUENON		M. Bernd LOESCHER
Contrôleur européen de la Protection des données			
Administration	Mme Anne-Françoise REYNDERS		*à pourvoir*
Personnel	*à pourvoir*		*à pourvoir*
Cour des Comptes			
Administration	Mme Catherine LIBERT		Mme Ibolya RAJKA
Personnel	M. Fayçal REGHIF		Mme Ornella MENETTO
Médiateur européen			
Administration	M. Christophe LESAUVAGE		Mme Marjorie FUCHS
Personnel	Mme Erika SCHMIDT		M. Peter DYRBERG
Parlement européen			
Administration	Mme Florence WALLERAND		M. Pierre PERREAU-VERDIER
Personnel	M. Philippe COLART		*à pourvoir*
Service européen d'action extérieure			
Administration	M. DE BUSTAMANTE Rafael		Mme Azadeh JAFARI
Personnel	M. Niels BRACKE		M. Oren WOLFF
AIACE			
	Mme Eva DUDZINSKA		M. Pierre BLANCHARD
			M. Michael HOCKEN
PMO RCAM			
Bureau central	M. Alexander GEMBERG-WIESIKE		
	Mme Ann VANDENHENDE		
	M. Anthony DE WITTE		
Bureau liquidateur	M. Roberto ROTTER		

Au cours de l'année 2024, le Comité a fait face à plusieurs ajustements :

En mars

- Mme Anne AROSUO du côté de la Commission européenne avait quitté le Comité ;
- Mme Valentina STOEVA avait rejoint le Comité du côté du Médiateur européen, elle remplace M. Christophe LESAUVAGE comme titulaire ;
- Mme Catherine VAUDE avait rejoint le Comité du côté du Médiateur européen, elle remplace M. Peter DYRBERG comme suppléante ;
- Mme Catherine HELDMAIER-REGNIER avait rejoint le Comité du côté du PMO, elle remplace M. Alexander GEMBERG-WIESIKE comme Chef du Bureau central.

En mai

- Mme Michelle NUGENT avait rejoint le Comité du côté de la Commission européenne, elle remplace M. Georgios TASIOPOULOS comme suppléante ;
- Mme Alessandra LO SCHIAVO avait rejoint le Comité du côté du PMO ;
- M. Alexandre JACOBS du côté de la Commission avait quitté le Comité pour rejoindre le PMO ;
- M. Christian LEVASSEUR avait rejoint le Comité du côté du PMO, il remplace Mme Catherine HELDMAIER-REGNIER comme Chef du Bureau central.

En juillet

- Mme Teresa IURILLI du côté du Comité économique et social avait quitté le Comité ;
- Mme Graziella RIZZA avait rejoint le Comité du côté de la Commission européenne comme suppléante.

En septembre

- M. Nikolaos-Ioannis ILIOPOULOS avait rejoint le Comité du côté du Comité économique et social comme suppléant ;
- M. Andreas GEORGOPOULOS avait rejoint le Comité du côté du Comité économique et social comme suppléant, il remplace M. Grégory LACROIX qui lui devient suppléant ;
- Mme Laure GATTER avait rejoint le Comité du côté de la Cour des comptes, elle remplace Mme Ornella MENETO comme suppléante ;
- M. Eric BOERSMA du côté de la Commission européenne avait quitté le Comité.

En novembre

- M. Andreas GEORGOPOULOS, du côté du Comité économique et social quitte le Comité, il est remplacé par M. Grégory LACROIX comme titulaire ;
- Mme Christy DUCKETT avait rejoint le Comité comme titulaire, du côté du Comité économique et social comme suppléante ;
- M. Pascale DECLAYE avait rejoint le Comité du côté de la Commission européenne comme titulaire ;
- M. Fabien CADET avait rejoint le Comité du côté de la Commission européenne comme titulaire ;

- M. Petr ZELENY avait rejoint le Comité du côté de la Commission européenne comme suppléant ;
- M. Guzman RODRIGUEZ avait rejoint le Comité du côté du Conseil comme suppléant, il remplace M. Bernd LOESCHER ;
- Mme Ibolya RAJKA avait rejoint le Comité du côté de la Cour des comptes comme titulaire, elle remplace Mme Catherine LIBERT.

3.1.2 *Le comité préparatoire des réclamations (CPR)*

Depuis 10 ans, le comité préparatoire des réclamations a conduit à un allègement considérable de la charge de travail des membres du CGAM. Ce comité paritaire interne est composé, au maximum, de six membres désignés par le comité et s'investissent dans un important travail de recherche et d'analyse en vue de préparer un projet d'avis pour chaque réclamation qui est à traiter par le CGAM. Ils font cela en plus de leurs propres tâches de service. Il reste à noter, qu'au cours de l'année 2024, le comité n'a compté à aucun moment plus que 4 membres.

Cette réalité, reflétée par la difficulté persistante à renouveler à intervalles réguliers les membres du CPR, amène à réfléchir sur les dispenses envisageables dans les tâches quotidiennes des membres au sein de leurs institutions afin de pérenniser l'efficacité de ce comité.

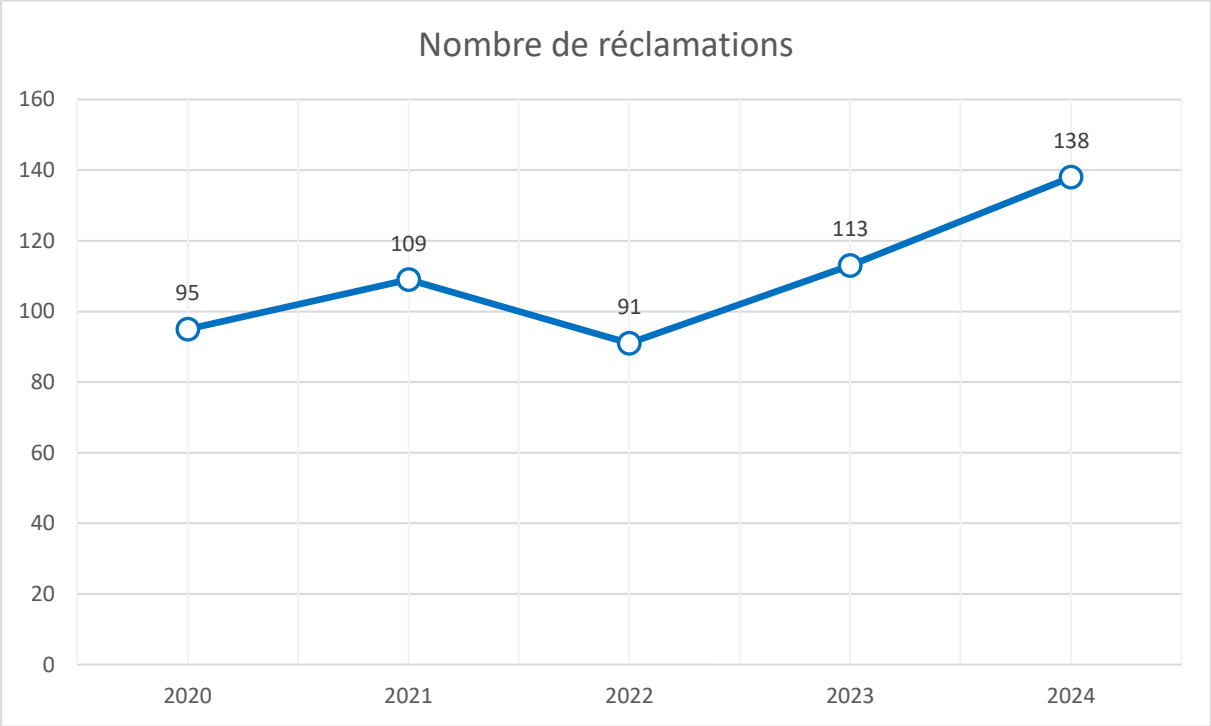
Le comité préparatoire a généralisé le recours aux visioconférences, il s'est réuni 8 fois au cours de l'année 2024 afin de maintenir les délais de traitement des réclamations et a ainsi largement facilité le travail du CGAM tout en maintenant son pouvoir de décision, les projets d'avis étant toujours soumis à un vote. Le CGAM a maintenu en 2024, la procédure de voter sur les avis de réclamations proposé par le comité préparatoire par procédures écrites.

3.1.3 *Traitement des réclamations*

En application de l'article 9 du règlement intérieur du Comité : « …Les décisions unanimes du Comité préparatoire donnent lieu à une décision du Comité prise conformément à l'article 12 par. 2 du présent. Elles sont considérées comme inscrites en tant que point « A. pour décision » figurant à l'ordre du jour de la prochaine réunion du Comité et état de leur prise de décision est fait dans le compte rendu correspondant. Les points débattus n'ayant pas donné lieu à une décision du paragraphe précédent, sont inscrits en tant que point « B. pour discussion » à l'ordre du jour de la prochaine réunion du Comité. »

Les projets d'avis ainsi proposés par le comité préparatoire sont repris dans un tableau des réclamations en tant que points « A pour décision » au cas où un débat n'est pas nécessaire et en tant que point « B pour discussion » s'il y a besoin de discuter la réclamation au sein du CGAM. Dans les deux cas, il en est fait état dans le compte rendu correspondant.

Ainsi qu'il résulte du graphique suivant, en 2024, le nombre de réclamations enregistrées (toutes institutions confondues) s'élève à **138**, soit une croissance de 22%[2] en une année *(113 en 2023)*. Ce nombre est le plus élevé depuis 2019 et suit une tendance croissante (**51%**) depuis 2022 qui dépasse largement la moyenne (7%) des années précédentes.



Des **138** réclamations, **66** n'ont pas été examinées par le Comité. De celles-ci, **59** étaient déjà devenues sans objet avant la réunion du CPR voire avant la réunion plénière du Comité, **6** avaient été retirées par l'affilié et **une** avait été considérée comme irrecevable en cours de procédure.

Ainsi le CGAM a traité un total de **72** réclamations en 2024 *(56 en 2023)*. De celles-ci, **67** ont fait l'objet d'un avis confirmant la position du Bureau liquidateur / Bureau central, **5** ont fait l'objet d'un non-avis, et **aucune** d'un avis faisant droit à la demande de l'affilié.

Le CGAM se félicite de constater que le Bureau central et les Bureaux liquidateurs suivent en général les solutions retenues par le comité préparatoire et parviennent dans certains cas à ce que la réclamation soit qualifiée 'sans objet' par l'AIPN compétent. Eu égard au fait que de nombreuses réclamations portent sur des sujets similaires, tels que la reconnaissance de la maladie grave, les frais dentaires, la psychothérapie, il serait utile de rappeler aux affiliés par une communication spécifique la réglementation en vigueur. Le CGAM préconise de rendre accessibles au public, incluant les médecins traitants, les avis du conseil médical et la liste des traitements ou prestations remboursables et rappelle l'obligation de motiver clairement les

[2] Entre 2021 et 2024, le nombre de lignes (demandes de remboursement) à traiter a augmenté de plus de 20 %, passant d'environ 3 millions à plus de 3,6 millions. Cette évolution de la charge de travail peut raisonnablement être considérée comme l'un des éléments explicatifs de la hausse des réclamations.

décisions de refus. En conséquence, cela pourrait contribuer à alléger le travail des Bureaux liquidateurs et à réduire le nombre de réclamations.

Par ailleurs, le CGAM insiste sur sa demande d'avoir connaissance de la décision de l'AIPN[3] / AHCC[4] afin de comprendre comment les AIPN / AHCC interprètent les règles et d'en tirer des enseignements.

3.2 Le Bureau central et les Bureaux liquidateurs du RCAM

Le Bureau central et les trois Bureaux liquidateurs (Bruxelles, Luxembourg et Ispra) sont rattachés administrativement au PMO, qui supporte toutes les charges administratives du RCAM, y compris les charges de personnel. En avril 2024, M. Christian Levasseur a été nommé directeur du PMO et occupe la fonction de chef du Bureau central. Il a demandé au Vice-président de rejoindre le Bureau central, qui a renoncé à sa nomination sans être remplacé en 2024, faute de candidat. Cette situation a perturbé le bon fonctionnement du comité pendant plusieurs mois.

3.2.1 *Coefficients d'égalité*

En application de l'article 20 §5 de la Réglementation, des coefficients d'égalité sont arrêtés au moins tous les deux ans afin d'assurer un traitement égal des prestations liquidées dans n'importe lequel des États membres de l'Union européenne.

Les montants maximums remboursables prévus dans les DGE sont déterminés en fonction des prix enregistrés en Belgique par les Bureaux liquidateurs pour les prestations concernées. Il en résulte que l'inflation des prix belges peut avoir un impact négatif sur les coefficients d'égalité dans les autres États Membres..

Sur base des données statistiques suffisamment représentatives des frais exposés par les affiliés du RCAM durant la période d'observation (deux dernières années prises en compte) et dans l'État membre concerné, le coefficient d'égalité pour ce dernier est fixé en vue de garantir que pour chacune des prestations concernées dont le remboursement est plafonné, le taux effectif de remboursement soit identique à celui observé dans l'État membre de référence et ceci dans 8 cas sur 10.

En l'absence de données statistiques suffisamment représentatives, le coefficient d'égalité est déterminé par regroupement de prestations similaires.

En mai 2024 le collège des chefs d'administration a adopté la proposition du CGAM d'adaptation des coefficients d'égalité pour le Grand-Duché du Luxembourg.

En même temps, un nouveau groupe de travail s'est constitué au sein du CGAM avec le soutien des services du PMO pour préparer une proposition d'adaptation des coefficients aussi pour les autres pays concernés. Ceci avec la prémisse de bien analyser toute proposition pour

[3] AIPN = Autorité investie du pouvoir de nomination

[4] AHCC = Autorité habilitée à conclure les contrats d'engagement

offrir un remboursement conforme à la Réglementation à nos affiliés tout en garantissant une gestion stable du système.

Au cours des travaux du groupe de travail, il est devenu évident que de nombreux facteurs rendent le calcul de coefficients difficile en si peu de temps. Dans ces circonstances, le CGAM a voté à l'unanimité et par procédure écrite une proposition de prorogation des coefficients d'égalité pour une période du 1er janvier 2025 au 30 juin 2025, ceci en raison des incohérences apparues qui auraient abouti à une diminution globale des remboursements, devant amener le PMO à proposer une révision de la méthode de calcul.

3.2.2 *Révision des DGE*

Le Comité de gestion reste en attente de nouvelles sur son projet de révision des DGE transmis à la Commission européenne en juillet 2023.

Ce projet avait été élaboré pendant cinq ans par un groupe de pilotage composé de membres du Comité et du PMO. Après une unique réunion de dialogue social le 5 décembre 2023, le projet a été repris par la Commission qui a décidé de charger le PMO d'élaborer un projet de texte suivant des orientations qui n'ont pas encore été dévoilées. Néanmoins la reprise de quelques détails de simplification sans incidence financière est envisagée. Le Comité reste dans l'attente du projet de texte de la Commission.

Étude actuarielle

Le Comité maintient sa demande pour une étude actuarielle laquelle semble être indispensable pour évaluer les perspectives et en tirer des enseignements en vue de la révision des DGE. Néanmoins, il est clair que le RCAM ne peut pas assurer sa pérennité sans un contrôle des prix facturés aux affiliés, à l'instar du mode de fonctionnement de tous les régimes primaires d'assurance maladie, qu'ils soient à remboursement ou à prestations directes, dans le respect du principe d'égalité des tarifs.

3.2.3 *La situation dans divers États membres*

De manière générale, la situation dans les différents pays n'a pas sensiblement évolué pour la majorité des affiliés en-dehors de l'inflation plus ou moins élevée. De plus, l'extension de la digitalisation des processus d'échanges de données, de facturation et de prescription est susceptible d'entraver l'accès aux soins. Des efforts du RCAM de transition vers des solutions digitales sont en cours dans les pays comportant un grand nombre d'affiliés, notamment, la Belgique, le Luxembourg et l'Italie. Il reste à voir comment les affiliés des autres lieux de résidence peuvent eux aussi profiter d'une simplification amenée par la digitalisation.

Négociation au Luxembourg

Vers la fin de l'année 2024, une lettre d'entente a été signée par la Fédération des hôpitaux luxembourgeois (FHL), l'État luxembourgeois et la Commission européenne, dans laquelle étaient déterminés deux objectifs :

1) La simplification des procédures et échanges administratifs entre les établissements hospitaliers et le RCAM (i.e. Prises en charge hospitalières);

2) La détermination de manière plus ciblée des coûts des prestations hospitalières.

Le système de santé luxembourgeois se divise entre des prestations hospitalières et extrahospitalières. Conformément à la convention signée en 1996 entre la Commission européenne, la Banque européenne d'investissement (BEI), le ministère de la santé luxembourgeois et l'Entente des Hôpitaux luxembourgeois devenue la Fédération des Hôpitaux Luxembourgeois, les tarifs forfaitaires à facturer aux affiliés du RCAM pour les prestations hospitalières auraient dû être calculés sur la base des coûts de revient nets de subventions. Ce mode de calcul n'a toutefois jamais trouvé sa pleine application pour diverses raisons (omission de convocation de la commission technique chargée du calcul avant 2018, refus de la Fédération des Hôpitaux luxembourgeois de communication de chiffres servant de base de calcul, refus du gouvernement luxembourgeois d'intervenir), mettant les bénéficiaires du RCAM en position défavorable du fait qu'ils n'ont jamais bénéficié ni d'un calcul correct par les hôpitaux ni des subventions étatiques (subventions d'investissement et 40% de subvention de fonctionnement).

De plus, le législateur luxembourgeois a supprimé fin 2010 la publication des barèmes de prix des prestations hospitalières, il est donc impossible de connaître les prix des prestations sans avoir accès aux prix définis chaque année par la Caisse nationale de santé (CNS) avec chaque hôpital sur la base de sa comptabilité analytique imposée par l'autorité publique. Ces prix sont définis selon les coûts de revient. Tous les actes sont mis en compte par les hôpitaux à la caisse de maladie du patient et un apurement intervient après la fin de l'exercice, servant à déterminer si l'hôpital a un crédit ou un débit vis-à-vis de la CNS. L'existence d'un budget global annuel couvrant les frais fixes ne fait pas obstacle à un décompte détaillé. Ainsi chaque hôpital connaît exactement le coût de revient et, de ce fait, le prix de chaque prestation[5].

Quant aux prestations extrahospitalières, leur prix est systématiquement réglementé dans des barèmes depuis 1974. Tous les médecins et les dentistes sont conventionnés. Les possibilités de déroger aux prix fixés sont strictement limitées à certains soins dentaires. Néanmoins il faut se prémunir contre des pratiques abusives et déloyales, surtout si l'on considère que les dentistes peuvent facturer arbitrairement des convenances personnelles non plafonnées contre lesquelles les patients ne peuvent pas se défendre en justice. La dénonciation par la Commission en 2018, de la Convention relative aux honoraires avec les médecins / dentistes, a engendré une amélioration partielle mais également certaines majorations imposées aux affiliés.

En revanche, la dénonciation de la convention avec les hôpitaux luxembourgeois n'enregistre pas le même résultat en dépit des pourparlers menés par le Commissaire Hahn et les services administratifs de la Commission.

Le Commissaire Hahn était impliqué dans les négociations au niveau politique, notamment dans le cadre d'un groupe de haut niveau engagé sur une réflexion sur l'attractivité du site luxembourgeois à différents points de vue dont celui des soins de santé.

[5] https://cns.public.lu/fr/assure/publications/legislations/fhl/cns-fhl-convention.html

Le Comité maintient sa recommandation de réclamer l'accès aux prix définis chaque année en application de la convention entre la CNS et la Fédération des hôpitaux du Luxembourg qui étaient publiés jusqu'en 2010 car à partir de 2011, les hôpitaux ont reçu un budget annuel.

Le Comité rappelle que la facturation des hôpitaux luxembourgeois qui intègrent de manière non-appropriée les subventions de fonctionnement reçues de l'État luxembourgeois, existe depuis des décennies et les préjudices financiers ne font que s'accumuler. Il devient pressant qu'une solution soit apportée dans les plus brefs délais compte tenu du fait que les dépenses du RCAM au Luxembourg représentent près de 14% du total. L'enjeu du droit à une subvention étatique de fonctionnement se chiffre donc en dizaines de millions d'euros par an.

Situation en Italie

Le système italien repose sur un Service de santé national, le SSN, à vocation universelle, institué par une loi de 1978, mis en place en 1980. Eu égard au fait que le Centre commun de recherches d'Ispra a été créé bien avant, l'accord de site ne prévoit rien concernant l'affiliation des fonctionnaires au SSN. En revanche, les agences EFSA (European Food Safety Authority) et ETF (European Training Foundation) ont obtenu la couverture du personnel par le SSN, sans cotisation, à l'instar de toute la population résidente sur le territoire italien.

Le PMO a considéré que les autorités italiennes avaient décidé d'exclure les affiliés du RCAM de la couverture du SSN, les privant de l'accès aux soins dans les services publics. En pratique, à partir de 2018, l'agence locale italienne compétente pour la région d'Ispra a retiré un certain nombre de couvertures, laissant les personnes concernées en difficulté, notamment au cours de la pandémie. Le PMO a opté pour la négociation d'un accord visant à attribuer aux affiliés une carte spéciale, permettant de se faire soigner moyennant paiement du prix intégral. Dans cet accord, le RCAM serait intervenu comme tiers-payant, puis aurait procédé à la liquidation des frais en récupérant le cas échéant les restes à charge sur l'affilié. Les prix auraient été négociés avec chaque direction régionale du SSN. Cette approche a suscité une vive opposition des bénéficiaires résidant en Italie, soucieux de conserver leur droit à la santé consacré par la Constitution et la loi italienne, à la gratuité des soins et à l'ensemble des prestations du SSN, y compris toutes celles qui n'existent pas dans le RCAM. Le souci est aussi de ne pas grever le RCAM de dizaines de millions d'euros par an normalement supportés par le régime italien. En fin 2024 les négociations étaient encore en cours alors qu'une partie des affiliés avait été privée de la couverture du SSN.

Une procédure a été engagée par des affiliés d'Ispra auprès du Tribunal administratif régional de Lombardie et a abouti au rétablissement des couvertures supprimées avant que les juges ne rendent leur décision.

3.2.4 *La gestion de la réserve*

Le marché des obligations a encore offert des rendements positifs en 2024, toutefois moindres qu'en 2023. En effet, le résultat des opérations financières a été un gain de **14,3 millions d'euros** contre un gain de 20,1 millions en 2023.

Dans le cadre du portefeuille du RCAM, la recherche de rendements supérieurs est encadrée par le mandat confié à la DG BUDG qui oblige à acheter, à raison d'au moins 60% du portefeuille, des obligations émises ou garanties par des États membres de l'Union européenne ou émises par des entités supranationales telles que la BEI ou la Banque mondiale. Une réduction des contraintes augmenterait les possibilités d'optimiser le rendement du portefeuille. Par ailleurs, en accord avec le mandat donné à la DG BUDG, les instruments d'investissement sont constitués non seulement par les placements à revenu fixe mais aussi par les dépôts en compte à terme et les comptes bancaires : au vu des conditions financières prévalant sur les marchés internationaux, les gestionnaires du portefeuille choisissent les meilleures opportunités financières.

Le Comité considère que le maintien de liquidité sur les comptes bancaires de la Commission était pleinement justifié par le contexte économique.

Le compte de liaison inter-compagnie avec la Commission a enregistré au 31.12.2024 une légère hausse, passant de 25 millions d'euro à **29 millions d'euro**.

Le CGAM rencontre annuellement la DG BUDG afin de recevoir et discuter les comptes, la gestion de la réserve ainsi que les investissements.

3.3 Le Conseil médical

« *Le Comité de Gestion est assisté d'un Conseil médical composé d'un médecin conseil par institution et des médecins conseils de chaque Bureau liquidateur.*

Le Conseil médical peut être consulté par le Comité de Gestion ou le Bureau central sur toute question de nature médicale qui se poserait dans le cadre du présent régime. Il se réunit à la demande du Comité de Gestion ou du Bureau central ou à la demande d'un des médecins conseils des bureaux liquidateurs et émet son avis dans le délai qui lui est indiqué.[6] »

« Chaque réunion du Conseil médical se divise en deux parties : discussion de points généraux, à laquelle sont invités le président du CGAM, le chef du Bureau central et éventuellement un autre médecin-conseil d'une institution ; discussion de cas particuliers à laquelle ne participent pas les invités.[7] *»*

Sa composition à la fin 2024 était la suivante :

- Médecins :
  - Dr Piotr KOZBIAL (CESE), Président
  - Dr Petra CLAES (PE), Vice-Présidente
  - Dr Amine BENSALEM (COM), Secrétaire
- Médecins des Institutions :
  - Dr Sabine DE MUYNCK (PE)
  - Dr Eveline MADRID (CdR)

[6] Article 41 de la Réglementation commune.

[7] Article 3 du règlement interne du Conseil médical.

    - Dr Mark SMIT (CONSEIL)
    - Dr Isabelle DELBEKE (SEAE)
    - Dr Octavian PURCAREA (COM)
    - Dr Agnes VRANCKEN (CCE)
- Médecins-conseils des Bureaux liquidateurs :
    - Dr Georges BUSSIOS
    - Dr Angela Maria BULGHERONI
    - Dr Philippe BEHETS-WYDEMANS
    - Dr Nikolaos CHASAKIDIS
    - Dr Luca COSTANTINO
    - Dr Cristiana-Astra BANU
    - Dr Theodoros PLEROS
    - Dr Lac-Hong NGUYEN TAN
    - Dr Hescham SABRI

Avis du Conseil médical

Au cours de l'année 2024, le Conseil médical s'est réuni 2 fois et a émis les avis suivants :

- Appareil ossatec Biostim (mise à jour de la fiche)
- PREP (mise à jour de la fiche)
- MOUNJARO (mise à jour de la fiche sur l'obésité)
- Retrait des implants mammaires (mise à jour de la fiche)
- rTMS repetitive Transcranial Magnetic Stimulation
- Spécialités médicales à base de plantes
- Traitement incontinence urinaire et laser
- Transport entre Bruxelles et le centre de revalidation KLIEF

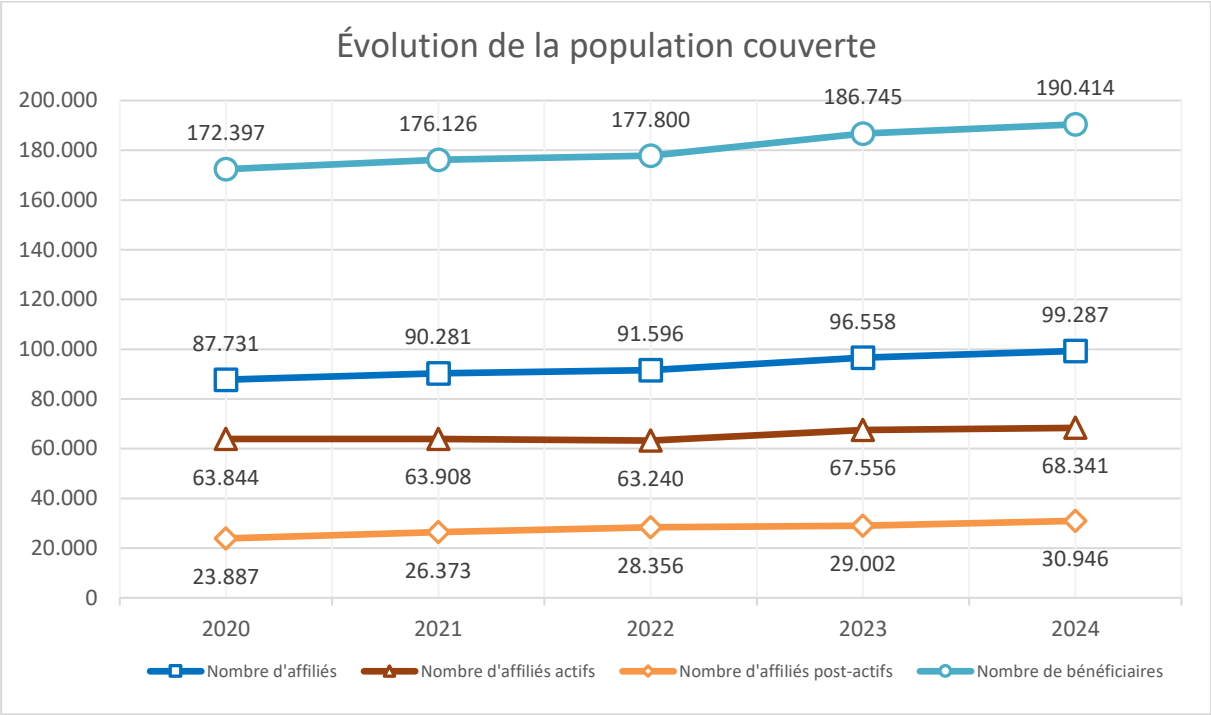
3.4 Évolution de la population couverte par le régime

En 2024, la population totale (techniquement appelée « bénéficiaires ») couverte par le régime était de **190.414** personnes *(186.745 en 2023)*, dont **146.306** *(146.676 en 2023)* couvertes à titre primaire.

Les affiliés cotisant au RCAM (**99.287** personnes en 2024 *(96.558 en 2023)*) sont les Membres, les fonctionnaires, les agents temporaires, les agents contractuels des institutions et agences en activité (actifs, **68.341** au total en 2024 *(67.556 en 2023)*) et les anciens membres ou le personnel bénéficiant d'une pension d'ancienneté ou d'une allocation d'invalidité (post-actifs, au nombre de **30.964** en 2024 *(29.002 en 2023)*).

Les bénéficiaires assurés du chef des affiliés (**91.127** en 2024 *(90.187 en 2023)*) sont couverts soit à titre primaire, s'ils ne peuvent pas être couverts par un autre régime obligatoire d'assurance maladie légale ou réglementaire équivalent, soit à titre complémentaire (**41.369** en 2024 *(40.069 en 2023)*). En moyenne, pour chaque affilié, il existe un bénéficiaire, membre de famille.

Au 30 juin 2024, les bénéficiaires couverts en complémentarité se chiffraient à 11.835 *(8.731 en 2023)* pour les conjoints et à 31.159 *(27.409 en 2023)* pour les enfants.



La pyramide des âges au 31.12.2024 avec la répartition hommes / femmes, actifs et post-actifs est reprise dans le graphique de la page 23 de l'annexe I. Sur l'âge moyen des affiliés dont la tendance était observée à la hausse il importe de remarquer la nouvelle analyse répartie entre actifs et post-actifs qui clarifie le contexte. Pour la démographie des bénéficiaires, il convient de se référer à la page 21 de l'annexe I.

Le CGAM réitère son souhait d'obtenir une étude démographique plus fine qui lui sera nécessaire dans le cadre de la révision des DGE pour évaluer l'impact économique prévisible de divers scénarios.

Les chiffres du tableau ci-dessous sont issus du logiciel NAP (application utilisée à des fins du calcul des traitements et des pensions). Ils sont pris en compte en vue de déterminer les tendances d'évolution de la population et ne peuvent en aucun cas être pris en compte pour les résultats déterminés au chapitre 4.

Évolution du nombre d'affiliés cotisants						
Données au 30 juin	actifs			post-actifs	total	Evolution
	Fonct / AT	Fonct AST / Sc	AC / Assistants parlementaires (*)			
2004	31.777		65	13.076	44.918	
2005	34.693		2.155	13.940	50.788	13,10%
2006	36.370		5.462	14.466	56.298	10,80%
2007	38.115		6.875	15.028	60.018	6,60%
2008	40.091		7.302	15.563	62.956	4,90%
2009	41.428		7.870	16.154	65.452	4,00%
2010	42.489		10.179	16.682	69.350	6,00%
2011	44.946		10.262	17.252	72.460	4,50%
2012	44.961		11.543	18.045	74.549	2,90%
2013	45.350		11.927	19.178	76.455	2,60%
2014	44.619		12.390	20.309	77.318	1,10%
2015	44.548	434	13.542	21.174	79.698	3,10%
2016	44.341	723	14.382	22.056	81.502	2,30%
2017	43.671	832	15.422	24.184	84.109	3,20%
2018	43.561	1.017	15.960	25.094	85.632	1,80%
2019	43.476	1.285	17.352	24.609	86.722	1,30%
2020	43.850	1.554	16.619	28.571	90.594	4,50%
2021	46.462	1.829	17.468	29.171	94.930	4,80%
2022	43.533	1.853	17.804	28.356	91.546	-3,60%
2023	46.319	2.094	19.143	29.002	96.558	5,50%
2024	**46.697**	**2.285**	**19.566**	**30.946**	**99.494**	**3,00%**

Notes:
(*****) La catégorie "agents contractuels (AC)* inclut également les 2.057 assistants parlementaires

Bien que les chiffres du nombre d'affiliés (calculés en équivalents temps plein) couverts par le régime et les chiffres des agents (personnes réelles) dont la rémunération est calculée par le logiciel de paie NAP diffèrent, il est intéressant de noter que :

- La population totale des affiliés cotisants n'est plus qu'en légère augmentation de **3%** en 2024 comparé à 5% en 2023 :

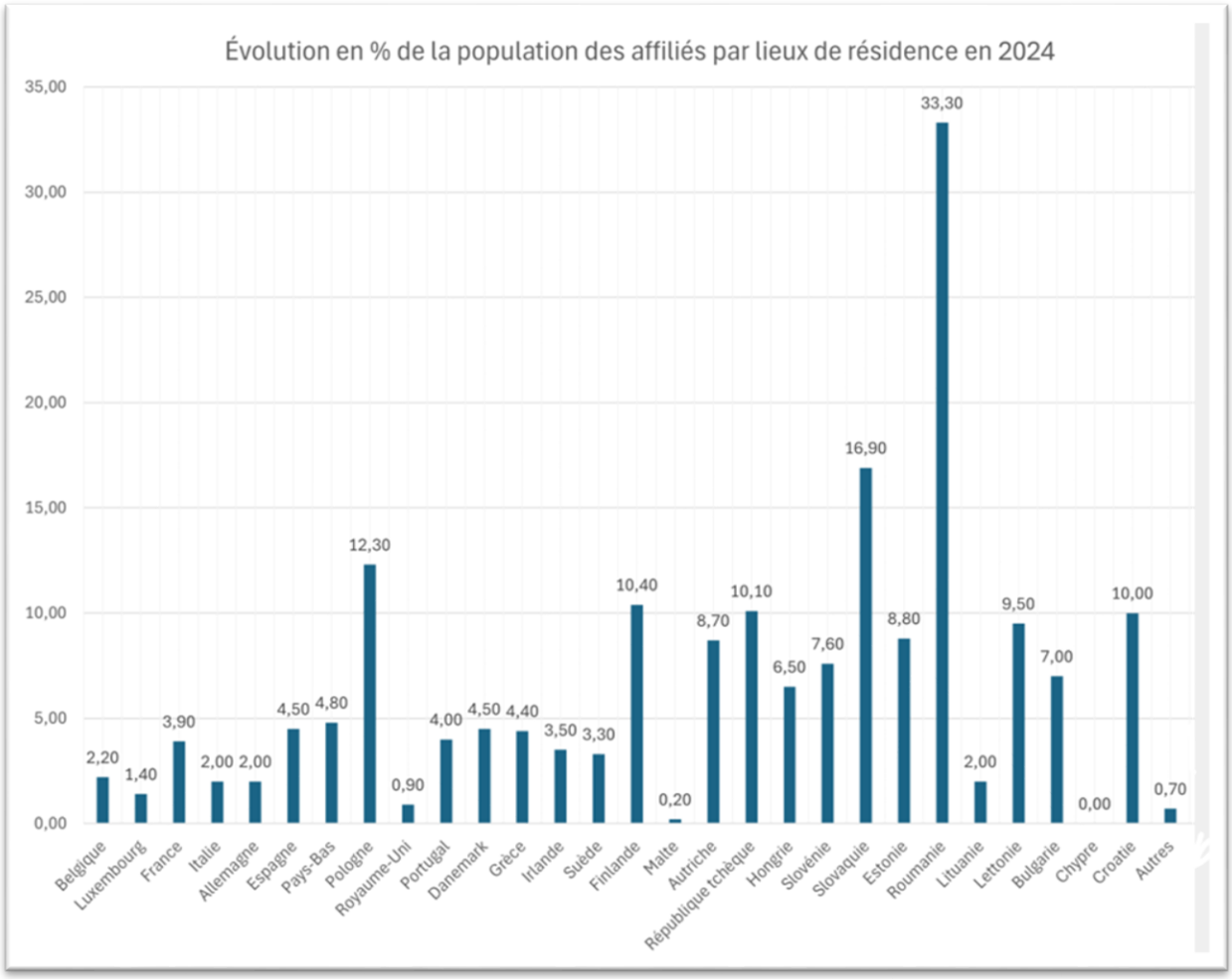
- on constate que la plus grande augmentation de **9%** est observée chez les fonctionnaires AST/SC dont le salaire moyen est inférieur au salaire moyen des fonctionnaires/agents temporaires AST/AD,
- suivie de 7% chez les affiliés cotisants post-actifs,
- le nombre d'agents contractuels n'a lui augmenté que de **2%** en 2024 comparé à 8% en 2023.

- Finalement, le nombre de fonctionnaires/agents temporaires AST/AD a vu la moindre augmentation de seulement **1%.**

Une analyse démographique serait utile pour identifier la composition de la population d'affiliés actifs et post-actifs depuis l'année 2019 : il est important de déterminer l'impact du début d'une phase de départs à la retraite d'agents contractuels ou de fonctionnaires ayant eu une carrière courte et qui percevront une pension inférieure en moyenne à la population post-active actuelle.

D'autre part, une analyse de l'importance de la population des affiliés par pays de résidence, nous renseigne sur l'impact relatif que des mesures administratives ou budgétaires ciblées auraient sur les finances du RCAM.

Évolution en pourcentage de la population des affiliés par pays de résidence en 2024 :



Pour mettre ces valeurs en relation, le tableau ci-dessous affiche les valeurs numériques correspondants et montre que la population des affiliés a augmenté partout en 2024, sauf en Chypre.

	2023	2024	Évolution en %
Belgique	51.969	53.124	2,2
Luxembourg	10.698	10.854	1,4
France	5.183	5.391	3,9
Italie	4.635	4.728	2
Allemagne	3.802	3.881	2
Espagne	2.922	3.061	4,5
Pays-Bas	2.804	2.946	4,8
Pologne	2.020	2.302	12,3
Royaume-Uni	1.198	1.209	0,9
Portugal	1.067	1.112	4
Danemark	895	937	4,5
Grèce	760	795	4,4
Irlande	654	678	3,5
Suède	644	666	3,3
Finlande	500	558	10,4
Malte	495	496	0,2
Autriche	399	437	8,7
République tchèque	286	318	10,1
Hongrie	243	260	6,5
Slovénie	171	185	7,6
Slovaquie	123	148	16,9
Estonie	134	147	8,8
Roumanie	86	129	33,3
Lituanie	100	102	2
Lettonie	86	95	9,5
Bulgarie	80	86	7
Chypre	77	77	0
Croatie	45	50	10
Autres	4.482	4.515	1
Total	96.558	99.287	2,7

4 ÉVOLUTION FINANCIÈRE DU RÉGIME

En 2024, les comptes du RCAM se soldent par un excédent de **9,085 Mio €** *(21,569 Mio € en 2023)* en diminution de **57,9%** par rapport à l'excédent de l'exercice 2023.

Le revenu des contributions a sensiblement progressé de **8,2%** *(7,0% en 2023)*, mais moins vite que les dépenses opérationnelles qui ont connu une augmentation de **9,8%** *(17,4% en 2023)*.

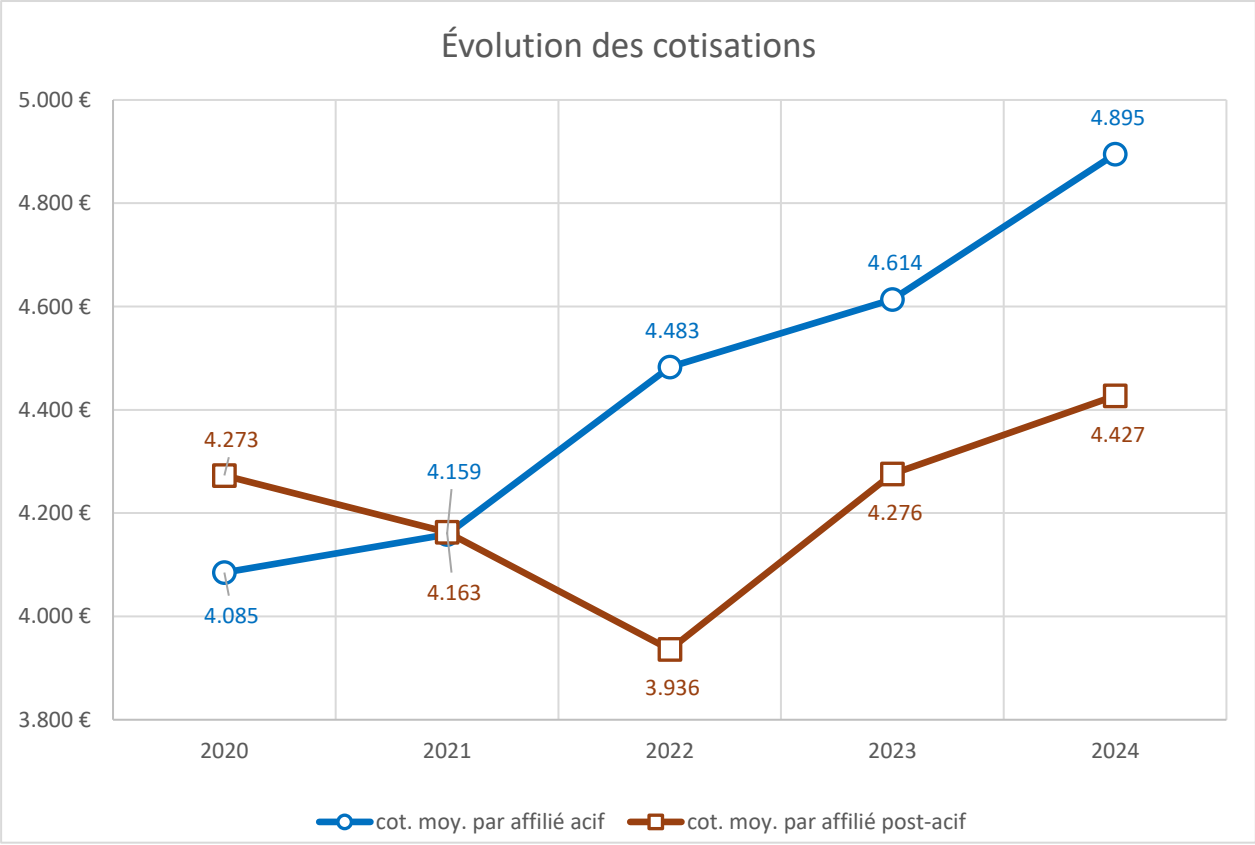
Il est à noter également, que sans les revenus financiers il n'y aurait pas eu d'excédent en 2024, la gestion prudente de la DG BUDG a permis de développer les avoirs du régime.

4.1 Évolution des cotisations

En dépit des contraintes démographiques expliquées sous 3.4, grâce aux effets combinés des promotions, de l'adaptation annuelle des salaires, des avancements d'échelon et de la croissance démographique, les recettes liées aux cotisations ont augmenté de **8,2%** en 2024 par rapport à 7,0% en 2023.

En 2024, la cotisation moyenne par affilié actif s'élève à **4.895 €** *(4.614 € en 2023)*, comparée à celle par affilié post-actif de **4.427 €** *(4.276 € en 2023)*.

Le graphique ci-après révèle les fluctuations d'écart entre la cotisation moyenne par affilié actif et celle des post-actifs.



La cotisation moyenne par affilié actif et non-actif confondus s'élève à **4.749 €** en 2024 (4.512 € en 2023), soit une augmentation de 5,3%.

4.2 Évolution des dépenses

Nous retenons de l'analyse les éléments suivants :

- en 2024, les dépenses opérationnelles s'élèvent à **477,876 Mio €** *(435,180 Mio € en 2023)*,
- une augmentation importante de **9,8%** des dépenses opérationnelles est constatée,
- les remboursements au titre de la complémentarité accusent encore une forte progression de **22,9%** *(82,4% en 2023)*, passant de 10.835.331 € en 2023 à **13.317.338 €** en 2024,
- la dépense moyenne par affiliés actif et non-actif confondus s'élève à **4.813 €** en 2024 *(4.507 € en 2023)*, soit une augmentation de **6,8%.**

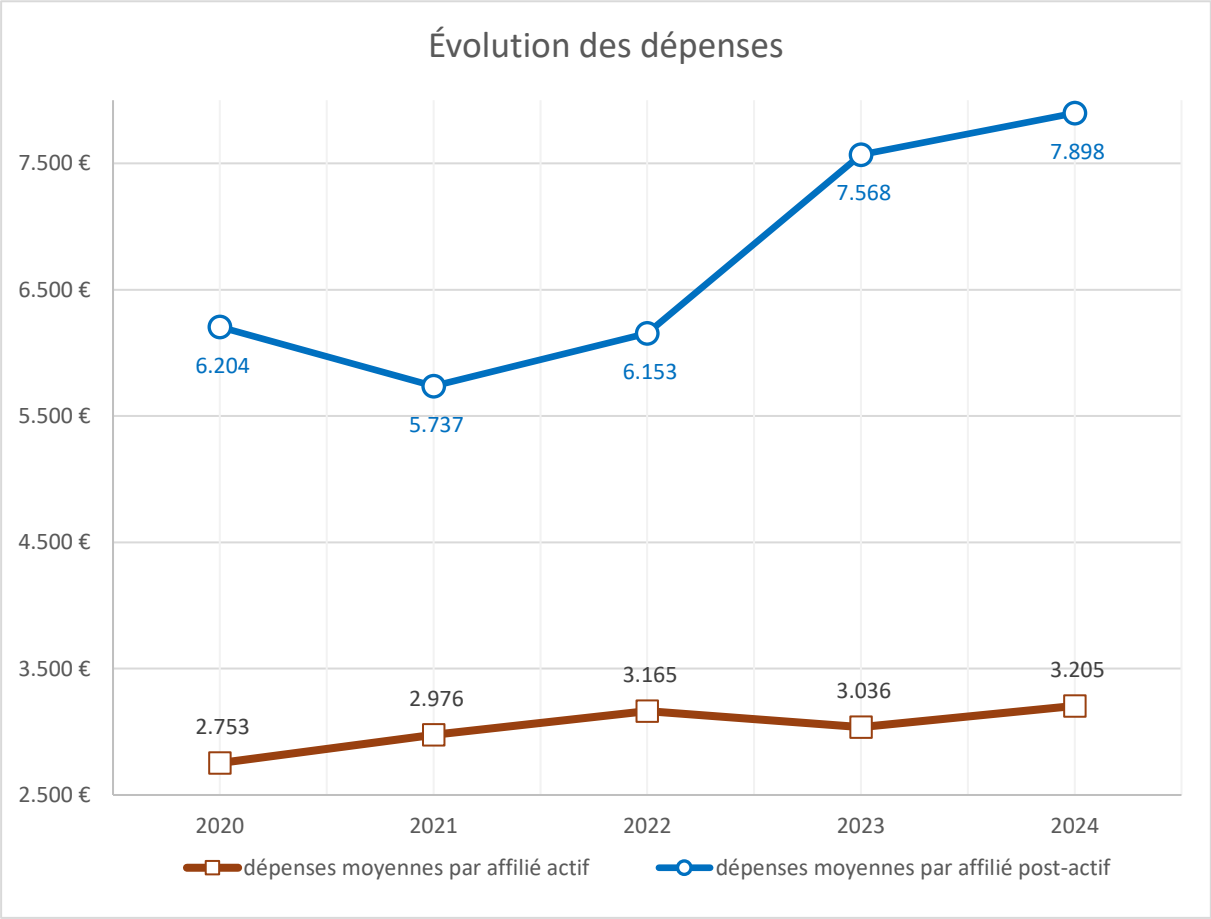
Une partie substantielle des dépenses est liée aux remboursements dans le cadre de la maladie grave : les frais exposés ont crû de **5,5%** *(38,0% en 2023)* correspondant à +**10,6 Mio €** *(+53,4 Mio € en 2023)* en un an tandis que les remboursements ont augmenté de **6,4%** (20,2% en 2023) représentant +**10,2 Mio €** *(+26,8 Mio € en 2023)*. Ainsi, le RCAM qui prévoit un taux de couverture à 100% exclusivement pour les prestations remboursables relevant de la maladie grave, n'est intervenu qu'à hauteur de **83,1%** en 2024 *(82,4% en 2023)*. Le CGAM préconise de lancer une étude financière en vue d'apporter une clarification sur les montants non couverts.

En 2024, des augmentations importantes de dépenses ont été enregistrées sans pouvoir en déterminer précisément les causes : celles-ci pourraient être dues à la conjonction de l'inflation, de l'augmentation de la consommation médicale par bénéficiaire, de l'augmentation du nombre de bénéficiaires, etc. Il est essentiel de pouvoir déterminer avec précision les facteurs qui ont influencé la hausse de ces montants.

Grâce à cette étude, il serait possible de déterminer avec plus de précision le niveau du taux de couverture général et son évolution par rapport aux taux statutaires.

4.2.1 *Dépenses globales moyennes par affilié ou bénéficiaire*

En 2024, la dépense moyenne s'élève à **3.205 €** par affilié actif, en hausse de 5,6% par rapport à la dépense moyenne de 2023 soit 3.036 € ; celle des affiliés post-actifs est en hausse de **4,4%,** passant de 7.568 € en 2023 à **7.898 €** en 2024 :



Un affilié actif génère en moyenne un excédent de **1.690 €** en 2024 *(1.578 € en 2023)* à comparer à un déficit pour l'affilié post-actif qui se situe à **-3.471 €** en 2024 *(-3.293 € en 2023)*. La situation démographique des post-actifs en fort accroissement combinée avec une forte croissance des dépenses risquent d'entraîner un déséquilibre. Il est donc indispensable de procéder à une étude actuarielle notamment en raison de l'érosion du montant des salaires et pensions.

4.2.2 *Dépenses de certains domaines spécifiques couverts par le régime*

Pour 2024, la part relative aux principales catégories de dépenses se trouve dans le tableau de la page 25 de l'annexe I.

Avec **25,5%** en 2024 *(27,5% en 2023)* des dépenses totales, la catégorie de prestations d'hospitalisation occasionne le plus de remboursements. Une légère hausse est à constater puisque le montant des frais exposés en 2023 atteignait 150.686.617 € par rapport au montant enregistré en 2024 : **153.809.461 €**. Cette évolution va de pair avec l'augmentation du nombre d'affiliés. Une analyse plus détaillée permettrait de déterminer avec plus de certitude le type d'hospitalisation concernée : sur base des chiffres recueillis, il serait possible d'analyser parmi les causes d'éventuels changements de tarification développés par les hôpitaux - tels que la facturation de prestations en « one day clinic » en lieu et place d'une prestation en

ambulatoire ou, une tarification moins précise qui ne différencie pas le montant d'un médicament cher inclus dans la facture d'hospitalisation.

Le CGAM se félicite de constater que le Bureau central continue à signer de nouvelles conventions avec des établissements hospitaliers, ce qui favorise la maîtrise des coûts. Le comité l'invite à poursuivre ses efforts dans les divers lieux d'affectation, sans négliger ceux à faible population d'affiliés.

Les remboursements de dépenses pour les médicaments présentent une hausse de **8,8%** en 2024 *(18,6% en 2023)* - montants remboursés par le RCAM : 50.565.034 € en 2020, 51.416.897 € en 2021, 57.729.999 € en 2022, 68.482.486 € en 2023, **74.505.361 €** en 2024). Les frais exposés ont augmenté de **7,2%** en 2024 *(27,7% en 2023)* ce qui dénote une faible amélioration de la couverture des frais pharmaceutiques. Cette augmentation atténuée requiert néanmoins une surveillance du phénomène par le Bureau central. Après l'essor des médicaments génériques qui a contribué à maîtriser cette catégorie de dépenses, l'apparition sur le marché de médicaments très coûteux accroît la pression financière sur le RCAM.

Analyse faite par le Bureau central (cf. annexe I, page 30)

Monitoring of medicines/pharmaceutical products costs - RCAM						
	2022*	**Evolution**	**2023***	**Evolution**	**2024***	**Evolution**
Total exposed	62.867.855 €	12%	80.296.960 €	28%	86.057.277 €	7,17%
Number of different products	13.126	2%	19.216	46%	20.536	6,87%
Average prices-per-line (all products)	153,77	-27%	62,11 €	-60%	69,38 €	11,70%
Number of distinct beneficiaries			106.648		110.828	
(1) Products > 6000 €						
Number of different products	13	-13%	17	31%	13	-23,53%
Total for these products	864.081 €	-62%	2.335.560 €	170%	2.831.698 €	21,24%
Part of total exposed	1,37%	-2,6%	2,91%	112%	3,29%	13,11%
Number of products (lines) exposed	58	14%	51	-12%	71	39,22%
Total number of expenses (quantity)			208		333	
Number of distinct beneficiaries			19		24	
Total reimbursed for these products			2.335.560 €		2.828.599 €	
(2) Subtotals exposed > 100.000						
Number of different products	112	0%	141	26%	153	8,51%
Total for these products	31.530.799 €	4%	47.027.390 €	49%	46.729.186 €	-0,63%
Part of total exposed	50,15%	-3,6%	58,57%	17%	54,30%	-7,29%
Number of products (lines) exposed			191.518		206.728	
Total number of expenses (quantity)			346.170		356.103	
Number of distinct beneficiaries			43.149		53.485	
Total reimbursed for these products			41.297.727 €		43.150.743 €	
(3) Most consumed products (> 1000 lines)						
Number of different products	237	1%	254	7%	273	7,48%
Total for these products	12.973.722 €	6%	18.593.209 €	43%	18.044.776 €	-2,95%
Part of total exposed	20,64%	-1,1%	23,16%	12%	21,97%	-5,12%
Number of products (lines) exposed			688.505		709.899	
Total number of expenses (quantity)			852.569		866.516	
Number of distinct beneficiaries			89.295		93.646	
Total reimbursed for these products			14.139.069 €		14.577.519 €	

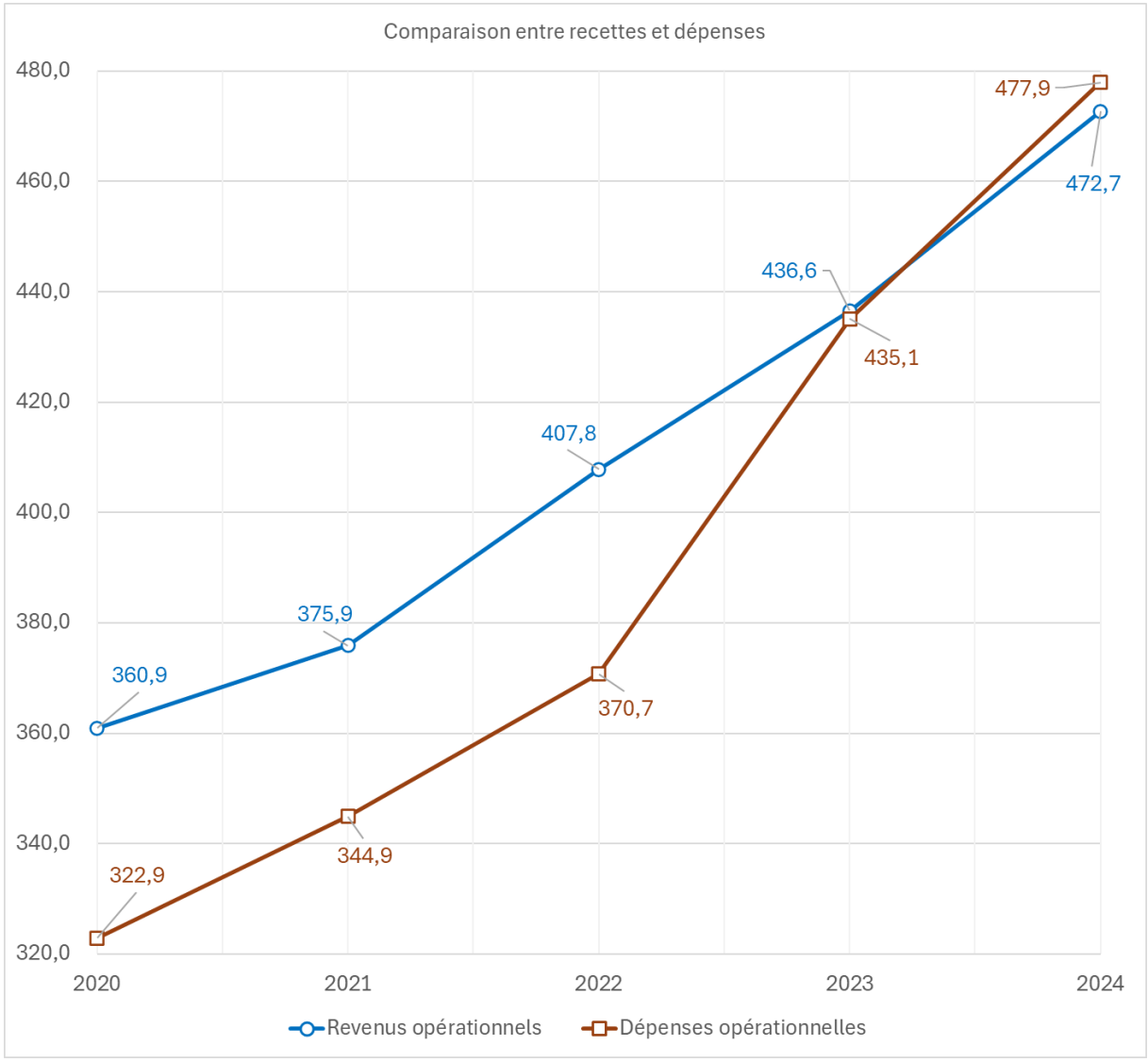
*total exposed for previous years are consolidated with respect to amount published in previous annual reports.

4.2.3 *Dépenses par catégorie*

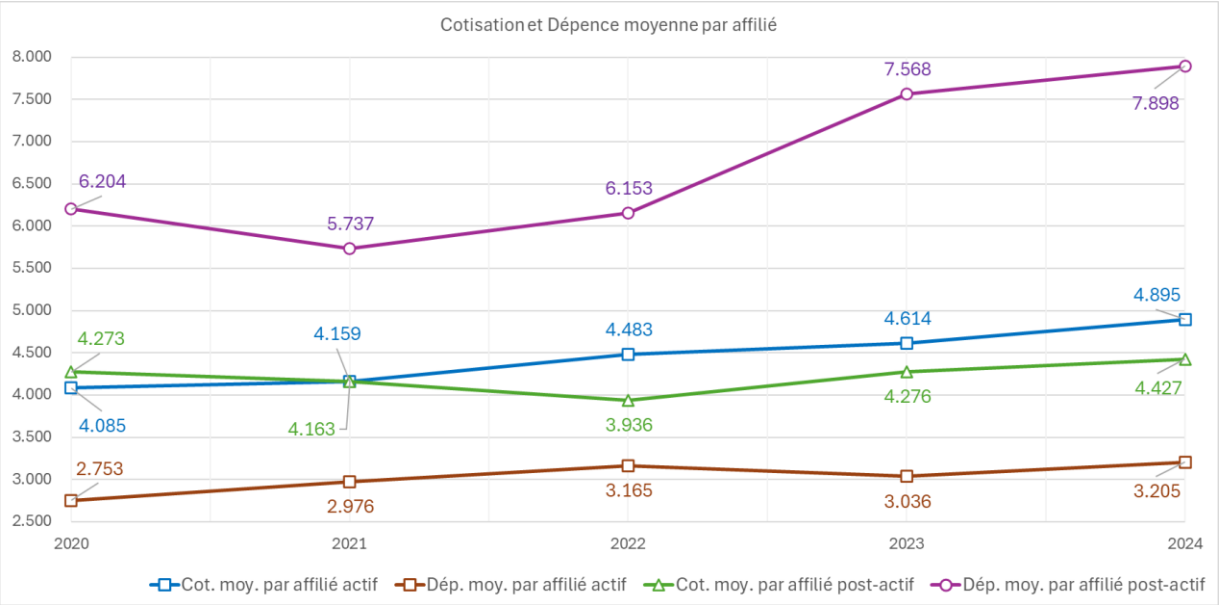
Les dépenses par catégorie de prestations continuent leur évolution à l'exception des remboursements pour implants dentaires, cures et frais de transport qui restent légèrement en dessous du niveau de 2023.

4.3 Comparaison des recettes et des dépenses

Tandis que pour la période de 2020 à 2023 on observe un excédent des revenus opérationnels par rapport aux dépenses opérationnelles, on constate un déficit opérationnel de **-5,2 Mio €** en 2024.



La tendance observée sur cinq ans se retrouve dans le graphique ci-après qui compare les recettes provenant des cotisations et les dépenses opérationnelles moyennes par affilié actif et post-actif. Il est à noter que les dépenses liées aux affiliés post-actifs continuent leur hausse considérable :



Au même titre, il importe de souligner que l'écart entre la cotisation moyenne des affiliés actifs et post-actifs de **4.749 €** en 2024 (4.512 € en 2023) et la dépense moyenne des affiliés actifs et post-actifs de **4.813 €** en 2024 (4.507 € en 2023) est passé au négatif et correspond à un déficit opérationnel.

4.4 Principales données du compte de résultat

Les principales données du compte de résultat sur 5 années sont reprises dans le tableau ci-après en Mio € :

	2020	2021	2022	2023	**2024**
Recettes opérationnelles	361.0	375.9	407.8	436.6	**472.7**
Dépenses opérationnelles	-322.9	-344.9	-370.8	-435.1	**-477.9**
Résultat opérationnel	38.1	31.0	37.0	1.5	**-5.2**
Résultat non-opérationnel net	1.1	0.2	-2.1	20.1	**14.3**
Résultat de l'exercice	39.2	31.2	34.9	21.6	**9.1**

Grâce au résultat non-opérationnel largement positif de **14,3 Mio €** l'année 2024 se solde par un résultat de l'exercice positif de **9,1 Mio €** *(21,6 Mio € en 2023)* malgré le résultat opérationnel négatif de **-5,2 Mio €** ; ce résultat ne permet toutefois pas de tirer des conclusions sur les perspectives à moyen et long terme. Le résultat non-opérationnel est principalement constitué par les bénéfices engrangés par les actifs financiers.

La mise en place d'un état mensuel de trésorerie « JSIS cashbased », dont le Comité s'était félicité dans le passé, conférait une meilleure visibilité sur les flux de trésorerie du RCAM. Désormais cet état est trimestriel. Celui-ci est un outil indispensable au suivi correct des dépenses.

4.5 Évolution de l'actif net (réserves)

L'actif net représente la différence entre les actifs (créances courantes, actifs financiers investis et trésorerie) et les passifs (dettes et provisions[8]).

Fin 2024, l'actif net (ou réserve) représente **336 Mio €** *(327 Mio € fin 2023)*, soit une augmentation de **2,8%**.

Eu égard aux perturbations des marchés financiers, la prudence reste de mise. Il est ainsi essentiel de disposer d'une réserve permettant de faire face aux imprévus. En présence de la situation actuelle marquée par une instabilité des dépenses enregistrées, la réserve qui a augmenté de **9 millions d'euros**, exprimée en nombre de mois de dépenses a légèrement diminué : elle passe d'environ 9,0 mois de dépenses à **8,4** sans compter les liquidités. L'actif net selon le bilan est passé de 326,79 millions d'euros à **335,88 millions**. Le CGAM préconise de procéder à une étude visant à établir le niveau approprié de la réserve afin de garantir la pérennité du régime, en intégrant une analyse de risques et en incorporant une adaptation dynamique en fonction de la démographie.

En principe, le CGAM est d'avis qu'une réserve (actif net) destinée par la réglementation à la couverture d'un éventuel déficit, d'un montant égal à un plancher de huit mois de dépenses opérationnelles (autrement exprimé en 11 mois d'actif brut) se justifie pour pallier - comme prouvé par le passé - les situations imprévues et les risques susceptibles de résulter notamment :

- d'une adaptation salariale inférieure à l'augmentation des dépenses ;
- d'une croissance du nombre d'affiliés percevant de faibles salaires ou pensions ;
- de l'évolution de la pyramide des âges ;
- de risques médicaux (pandémie, accidents nombreux, conflits armés ou actes terroristes de grande ampleur, catastrophes naturelles) ;
- de la forte inflation des prix des soins de santé ;
- de l'évolution des traitements coûteux ;
- de la révision des DGE ;
- de la dépréciation du portefeuille d'actifs financiers ;
- d'autres éléments développés plus amplement dans le point reprenant les pistes d'actions futures.

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[8] Tel que précisé dans l'Analyse financière de la situation du Régime Commun d'Assurance Maladie aux Institutions de l'Union européenne (RCAM) exercice 2017 : *« Des provisions sont nécessaires pour couvrir des frais médicaux et des factures hospitalières non encore acceptées ou reçues et, représentent la meilleure estimation possible des dépenses nécessaires pour le règlement des obligations actuelles…Les provisions du RCAM sont calculées à l'aide d'une « moyenne mobile » sur la base de l'expérience acquise. Le coût des demandes reçues tardivement est estimé en tenant compte du coût réel des demandes tardives en pourcentage du coût réel des demandes dans les délais. Le pourcentage moyen des demandes reçues tardivement au cours de ces dernières années est ensuite utilisé pour estimer le montant des coûts réclamés pour la présente période de référence. Cette méthode est une manière acceptable de calculer les provisions et s'avère efficace dans un environnement stable. »*
À noter que l'estimation des montants des prises en charge lors d'hospitalisation n'entre pas en ligne de compte des provisions.

4.6 Certification des comptes

Conformément aux dispositions de l'article 45, paragraphe 5 de la Réglementation et de celles du chapitre 9 des DGE, les comptes de l'exercice 2024 ont fait l'objet d'un audit externe indépendant effectué par le cabinet Forvis Mazars Réviseurs d'Entreprises SRL, sélectionné suite à un appel d'offres. Le rapport d'audit qui confirme la régularité des comptes du RCAM figure en annexe IV.

5 CONCLUSIONS ET RECOMMANDATIONS

5.1 Faits marquants et projets en cours

5.1.1 *La révision des dispositions générales d'exécution*

En juillet 2023, le Comité a transmis à la Commission son projet de révision partielle des DGE, ne couvrant pas la partie gouvernance. Une réunion d'ouverture du dialogue social a eu lieu le 5 décembre 2023 mais n'a été suivie d'aucune autre réunion depuis. Ce projet était le fruit de cinq années de travail du groupe de pilotage comprenant des membres du Comité, de l'AIACE, du Bureau central et d'autres services du PMO. En 2024, le PMO a entamé son examen des adaptations qui avaient été apportées au texte initial des DGE par le groupe de travail. La Commission élabore de son côté un projet sur des bases différentes et actuellement inconnues du Comité. Il est clair qu'aussi longtemps que les prix facturés ne seront pas contrôlés et maîtrisés, l'objectif d'amélioration du taux effectif de remboursement grâce à des relèvements de plafonds sera compromis par les majorations incontrôlées des prix appliqués aux affiliés et par l'inflation générale.

Le 17 novembre 2023[9], après deux avis[10] formulés par le Comité, une révision partielle est intervenue pour relever les plafonds des consultations médicales, des couronnes dentaires, des appareils auditifs, du matériel d'incontinence. Cette révision nécessaire devait aussi servir à tester les conséquences financières d'un relèvement général des plafonds, afin d'évaluer les effets sur la consommation de ces prestations et sur leurs prix. Il a été décidé de procéder à cette analyse sur l'année 2024 comparée à 2023-2022. Cette analyse n'a pas encore été fournie.

Le domaine de la procréation médicalement assistée a lui aussi fait l'objet d'une importante refonte, d'un allégement des procédures et d'une extension des dépenses éligibles aux femmes isolées et aux couples de femmes. Cette réforme était très attendue et remporte un vif succès. Il est cependant difficile d'identifier les dépenses afférentes à la PMA (procréation médicalement assistée) car l'abandon de l'exigence d'autorisation préalable pour une grande partie des FIV (fécondation in-vitro) aboutit à ne plus rattacher les frais qui y sont liés à

[9] C_2023_7673

[10] Avis 014/2021 et 02/2022 du CGAM

l’autorisation. La plupart des consultations, des analyses, des examens, des médicaments sont désormais classés dans les catégories générales.

5.1.2 *Le projet MyCareNet en Belgique*

MyCareNet fait partie de l'écosystème numérique eHealth développé par les autorités belges pour digitaliser les services de santé. Cette plateforme facilite la transmission digitale, sécurisée et fiable d'informations, entre les dispensateurs de soins et les mutualités (organismes assureurs). Elle permet notamment de remplacer les attestations de soin papier par leur équivalent numérique, accélérant la procédure de traitement des remboursements de frais des affiliés et des membres de leur famille assurés à titre primaire.

Par cette intégration dans MyCareNet, le RCAM est assimilé aux autres organismes assureurs (mutualités) sur le territoire belge. Le PMO doit contribuer au financement de ce système pour pouvoir y adhérer.

Avantages :

- l’envoi instantané et automatisé des factures au Bureau liquidateur, sans avoir besoin de transmettre des demandes de remboursement, donc sans risque d’oubli ni perte de documents, ce qui sera très appréciable ;
- la facilitation du travail du Bureau liquidateur et de son automatisation, des gains en efficacité ;
- le maintien de la couverture nationale en parallèle si elle existe.

Inconvénients :

- l’absence à ce jour de la possibilité de tiers payant ;
- l’absence de contrôle exhaustif automatique des attestations de soin ;
- le patient continuera à être identifié systématiquement comme un affilié du RCAM et non un assuré national ;

Le système n’ayant pas encore fonctionné en 2024 son impact financier est inconnu. En effet le PMO ne sait pas quel est le pourcentage des omissions de demandes de remboursement et quelle sera l’augmentation des prestations à rembourser une fois que les factures arriveront systématiquement au Bureau liquidateur,

La façon dont les affiliés vont utiliser leur carte d’assurance nationale ou leur carte liée au RCAM n’est pas encore connue, étant rappelé qu’ils sont censés recourir d’abord à leur régime national.

5.1.3 *Le projet de prise en charge automatique dans des hôpitaux luxembourgeois*

En vertu d’une lettre d’entente conclue entre le Commissaire Hahn et le gouvernement luxembourgeois en juillet 2024, il a été convenu de mettre en place un système de prise en charge automatique avec les hôpitaux luxembourgeois. Il est prévu que l’affilié se munisse d’une attestation de couverture et s’en serve pour obtenir l’envoi direct au Bureau liquidateur des factures afférentes à des hospitalisations, à l’exclusion des consultations et examens effectués en ambulatoire, de la psychiatrie, des actes relevant de la médecine esthétique et de

la procréation médicalement assistée. Les règles RCAM en matière d'autorisation préalable restent applicables.

Avantages de l'accord :

- l'affilié n'aura plus besoin d'attendre l'accord de prise en charge ;
- il ne sera pas nécessaire d'avancer les fonds avant de se faire rembourser ;
- le mécanisme reste facultatif, l'affilié peut choisir de ne pas demander la prise en charge, se rendre à l'hôpital, contrôler et payer sa facture avant de demander un remboursement ;
- la simplification du travail du Bureau liquidateur.

Inconvénient :

- l'affilié continue à être confronté dans certains cas à un montant restant à charge très élevé car la facture ne lui est pas soumise pour validation avant d'être acquittée par le Bureau liquidateur.

5.1.4 *L'accès à la couverture du Service national de santé en Italie*

- Le régime italien d'assurance maladie, appelé Servizio sanitario nazionale, est organisé selon le modèle britannique du National Health Service, financé par des impôts, offrant une couverture universelle à la population résidente. Il a été institué par la loi du 23 décembre 1978, entrée en vigueur en 1980. Les affiliés du RCAM peuvent en bénéficier, qu'ils soient Italiens ou non, à condition de faire les démarches administratives nécessaires auprès de l'administration fiscale. Les affiliés ayant une résidence fiscale en-dehors de l'Italie en raison de leur lieu de recrutement doivent déposer une déclaration de revenus même s'ils n'ont pas d'impôts à payer en Italie. Les agents des autres organisations internationales ont le même accès au SSN que le personnel de l'Union du fait de leur statut de travailleurs.
- Selon le PMO, le ministre de la Santé italien aurait décidé d'exclure les affiliés du RCAM de la couverture du SSN, il disposerait d'un pouvoir discrétionnaire en la matière que la Commission ne pourrait pas contester. Cette thèse est intégralement contestée par les représentants du personnel en Italie. À partir de 2018, des agences locales du SSN ont commencé à supprimer des couvertures. Ce dossier n'a pas avancé en 2024. Tant la couverture que l'accès aux soins sont une préoccupation majeure pour tous ceux qui doivent ou veulent se faire soigner en Italie.

5.1.5 *La reconnaissance du RCAM et son articulation avec la coordination des régimes de sécurité sociale*

L'article 72 du Statut définit le cadre général du Régime d'assurance maladie dont les caractéristiques principales sont les suivantes :

- affiliation obligatoire et paiement de cotisations dès le moment où une institution, agence ou organe de l'UE verse une rémunération, une pension d'ancienneté, une pension de survie, une allocation d'invalidité, une rente d'orphelin, une allocation de chômage ;

- autonomie par rapport aux régimes nationaux ;
- champ d'application mondial ;
- égalité de traitement des bénéficiaires ;
- libre choix du professionnel de santé ;
- couverture de l'affilié, de ses enfants à charge et, sous certaines conditions, de son conjoint/partenaire, sans supplément de cotisation ;
- régime de remboursements sans prestation directe ;
- possibilité de bénéficier en parallèle d'un régime primaire national institué par la loi, sous réserve de déclarer les remboursements perçus par ailleurs.

La maîtrise des dépenses par le RCAM se base entre autres sur :

- la fixation des plafonds, sans aucun mécanisme d'adaptation automatique ;
- l'application de l'excessivité ;
- les règles applicables à la reconnaissance des maladies graves ou certains traitements considérés comme non-fonctionnels.

Les excédents dégagés permettent certes d'accroître les réserves financières mais ils s'accompagnent le plus souvent d'une érosion des niveaux effectifs de remboursements.

Les affiliés revendiquent depuis des décennies la possibilité de disposer d'une carte d'assuré valable partout en Europe.

L'instauration d'une telle carte est de plus en plus urgente en raison de la numérisation des systèmes d'assurance maladie, de la dématérialisation des documents, de l'essor du tiers payant, des transmissions électroniques des factures, des prescriptions, de la création de dossiers médicaux électroniques partagés entre les professionnels de santé. La carte d'assurance maladie est devenue le passeport obligatoire pour accéder aux soins.

Le CGAM plaide pour la reconnaissance du RCAM comme régime d'assurance maladie par les États membres.

C'est la Commission qui détient le monopole de l'élaboration d'une proposition de règlement prévoyant des adaptations pour maintenir l'autonomie du RCAM, la liberté de choix et le caractère commun de notre régime. Cela présuppose d'écarter le mécanisme du transfert de couverture au pays de résidence. En effet, si ce transfert avait lieu, le RCAM ne serait plus du tout un régime commun, il serait entièrement réparti entre des régimes nationaux de niveaux très hétérogènes et les fonctionnaires ou agents ne voudraient pas être affectés dans un pays où la protection sociale est faible. Les inégalités de traitement (juridique et médical) seraient intolérables.

Le texte devra également écarter le principe de l'unicité du régime de sécurité sociale pour admettre deux régimes primaires parallèles, en donnant la primauté au régime national et en faisant intervenir le RCAM en complément ou, lorsque la prestation n'est pas couverte dans le régime national, en recourant au RCAM à titre primaire.

Le règlement devra maintenir la liberté de choix des prestataires de soins et la possibilité d'acheter des services de soins sans être limité par des règles nationales de rationnement.

La rédaction d'une proposition de règlement par la DG HR, le PMO et la DG EMPLOI a été annoncée en avril 2023 mais aucun projet n'a été transmis au CGAM.

5.2 Conclusions et recommandations

Le RCAM est un régime à prestations définies et non à cotisations définies. En conséquence, la gestion de ce régime doit avoir pour but de garantir des taux de remboursement effectifs aussi proches que possibles des taux de 80, 85 et 100% figurant à l'article 72 du Statut, tout en maintenant les taux statutaires des cotisations. En réalité, diverses mesures d'amélioration de la gestion permettraient d'atteindre cet objectif tout en conservant une assurance de haute qualité, sans avoir besoin de réduire drastiquement le panier des prestations ni de maintenir des approches très restrictives dans l'interprétation des règles.

Sur la base de l'expérience des 20 années écoulées depuis la réforme de 2004 du statut des fonctionnaires et en vue de respecter les missions confiées à notre régime, la question se pose quant au besoin d'accroître le rôle du Comité en matière d'adaptation des paramètres financiers dans le but de répondre, dans des délais raisonnables, aux évolutions des coûts de la médecine et de la consommation.

L'année 2024 n'a pas permis d'enregistrer des avancées significatives en matière de gestion du RCAM, mais les pistes à suivre sont identifiées plus clairement :

1. La reconnaissance du RCAM avec une carte européenne d'assurance maladie aménagée ou autre mécanisme d'identification des assurés qui serait reconnu partout dans l'Union européenne.
2. La mise en place de mécanismes automatisés de contrôles des prix légitimes.
3. La révision des DGE avec révision du mécanisme d'adaptation des plafonds visant à se rapprocher des taux de remboursement fixés à l'article 72 du Statut.
4. La réalisation d'une étude actuarielle sur l'évolution du RCAM.
5. L'amélioration de la prévention et de la lutte contre les fraudes et abus éventuels.
6. L'amélioration de la couverture linguistique dans la communication avec les affiliés.
7. La mise en œuvre dans sa totalité la *convention des Nations Unies relative aux droits des personnes handicapées*[11].
8. La protection des droits des affiliés aux couvertures nationales lorsque la loi nationale le prévoit.
9. La protection des droits des affiliés en matière d'accès aux soins, moyennant paiement d'un juste prix, sur base de l'article 34 de la Charte des droits fondamentaux de l'Union européenne.

[11] https://www.ohchr.org/fr/instruments-mechanisms/instruments/convention-rights-persons-disabilities

Executive Intro

The 2024 Financial Analysis Report of the Joint Sickness Insurance Scheme (JSIS) provides a detailed overview of the Scheme's operational, financial, and demographic developments throughout 2024 and into early 2025. It has been prepared in accordance with Article 47 of the JSIS Joint Rules and reflects the Scheme's ongoing commitment to delivering high-quality health insurance services to EU staff and beneficiaries across participating institutions.

Operational Overview

In 2024, JSIS demonstrated resilience and adaptability in the post-pandemic context, efficiently serving more than 99,287 affiliates (contributors) and 190,414 beneficiaries (affiliates and family dependents)—figures representing a notable year-on-year increase. The refined methodology introduced in 2023 to calculate affiliates and beneficiaries based on Full-Time Equivalents (FTEs) ensures a more accurate alignment between membership and contributions.

The Scheme processed 3.6 million reimbursement claim lines, a 6.4% increase compared to 2023, while improving the average processing time to 11 days—well below the 15-day performance benchmark. The MyPMO and JSIS Online platforms were further optimized to enhance accessibility, while customer support tickets interactions exceeded 79500.

A low rate of formal complaints (138) indicates high overall satisfaction with JSIS operations. Additionally, dedicated services, including support provided by AIACE "Ambassadors" and volunteers, continued to assist vulnerable or elderly beneficiaries.

Strategic Developments

JSIS advanced several important legislative and operational initiatives. Notably, digital integration projects were strengthened in Belgium and Luxembourg to streamline invoice processing and healthcare access. In Belgium, JSIS joined the MyCareNet platform, enabling seamless electronic transmission of healthcare documents. Discussions with Luxembourg and Italy are ongoing, targeting integration and access improvements.

Key decisions - such as the revision of the General Implementing Provisions (GIPs) and the expansion of agreements with healthcare providers - illustrate the Scheme's proactive approach to addressing evolving needs. In 2024, JSIS also continued developing IT systems and interfaces with national health systems to further simplify administrative procedures.

Financial Performance

JSIS maintained overall financial stability, despite persisting challenges. The 2024 economic result showed a surplus of EUR 9.1 million, compared to EUR 21.6 million in 2023. While contributions increased by 8.3% and expenses by 9.8%, these trends were mainly driven by inflationary pressures and rising healthcare demands.

Non-operational revenue from financial investments helped offset operational deficits, contributing EUR 14.3 million in 2024. The return on investment reached 3.66%, outperforming the benchmark.

Outlook and Strategic Focus for 2025

The Scheme continues to face financial and demographic challenges, including healthcare cost inflation, an ageing population, and increasing dependency-related expenditure. Looking ahead, JSIS will focus on reinforcing agreements with national healthcare providers, modernizing communication tools, and expanding digital service delivery.

Ongoing initiatives such as integration with the EU Wallet, enhanced data-sharing with Member States, and the digitalization of reimbursement processes will be crucial to ensuring long-term sustainability, cost efficiency, and improved service quality.

Electronically signed on 19/12/2025 17:22 (UTC+01) in accordance with Article 11 of Commission Decision (EU) 2021/2121

Financial analysis of the

Joint Sickness Insurance Scheme of the European Institutions (JSIS)

Report drafted according to Article 47 of the JSIS Joint Rules

2024

Overview

Throughout 2024, the Joint Sickness Insurance Scheme (JSIS) has remained committed to its mission in the post-pandemic context. The Scheme provides services to all active and post-active staff of the European Commission, 9 other EU Institutions and 55 agencies, which apply the EU Staff Regulations. It also provides services to 2 bodies which apply rules similar to the EU Staff Regulations.

By the end of the year, the amount of JSIS affiliates exceeded 96 500 (increase of more than 3% compared to 2023), while the number of all beneficiaries increased by 2 %, reaching 190414.

It is worth noting that in 2024, it was decided to review the method of counting members and beneficiaries. This is why the percentage increases are lower. Indeed, the calculation is made in terms of full-time equivalents (FTEs). FTEs are computed throughout the year (12 months). Previously, the number of affiliates and beneficiaries corresponded to a picture on a given date (1st of July).

This method of calculating affiliates allows for better correlation with contributions. The number of reimbursement claims lines amounted to 3.6 million, representing an increase of 6.4% in comparison to 2023. JSIS reimbursement claims were finalised within an average of 11 days (compared to 14 days in 2023), which is below the performance target set in the Management Plan (15 calendar days).

JSIS affiliates can connect via desktop and mobile devices to access MyPMO or JSIS Online (Web-based platform) to submit reimbursement requests. In case of enquiries, affiliates are advised to contact PMO services using the Staff Matters Portal, which responded to more than 95000 tickets in 2024 (an increase of 10%). In addition, JSIS affiliates may contact the PMO via e-mail, telephone, as well as in person visits to the Welcome Desks in each site.

The number of complaints under Article 90§2 of the Staff Regulations remained low (with a slight increase compared to 2023) considering the very high number of files treated on a yearly basis. In 2024, out of more than 3 million files, only 138 complaints were registered. Among these, 59 were solved based on additional information received in the context of the complaint, found to have become devoid of purpose following reassessment by the Medical officer and the Appointing Authority, 6 others were withdrawn, while 1 was deemed ineligible and not registered by the Appointing Authority. Complaints found devoid of purpose or withdrawn are not analysed by the JSIS Management Committee (CGAM). Therefore, only the 72 remaining complaints were examined by the CGAM.

AIACE (Association of EU pensioners) “Ambassadors” and “Volunteers” continued to deliver valued support to aging beneficiaries. Specific assistance accessible only to “Ambassadors” and “Volunteers” is in place and part of the single front office. Beneficiaries with difficulties, such as severe illness or handicap, continued to receive dedicated support by a dedicated team in the PMO.

The operation of the Scheme is closely governed by the regulatory framework, not only the internal rules, which include the Staff Regulations, the JSIS Joint Rules and General Implementing Provisions (GIPs), but also national legislation and possible agreements between Member States and the PMO, since the JSIS is a health insurance scheme providing only for the reimbursement of medical costs without organising health care. In this respect, the following developments were made and/or are ongoing in relation to the JSIS legislative framework:

- Negotiations of agreements with insurance and/or health care providers in Member States: The PMO continues to explore possibilities to conclude agreements with insurance or healthcare providers in Member States, aiming to resolve challenges encountered by JSIS affiliates – such as high prices or difficult access to certain or to all aspects of health care (e.g. access to a general practitioner). Agreements were concluded several years ago with five Spanish regions, ensuring access to health care. Today we are trying to extend the regional coverage i.e. new regions. In the Netherlands, the PMO concluded an agreement with a Dutch insurer: Centraal Ziekenfonds (CZ), which allows JSIS affiliates registered with CZ to have access to health care at the prices negotiated by the insurer. Under EU law, Member States are switching to (exclusively) digital exchange of social security and other data. The JSIS is not automatically included in this digitalization process: this could become an obstacle for the proper implementation of the task of the JSIS as sickness insurance when documents related to the expenses of health care provided to JSIS affiliates are no longer provided in a paper format. The transition to digital solutions is advancing well in Italy, Belgium and Luxembourg, three Member States with a high presence of JSIS affiliates. To ensure that JSIS affiliates in these Member States can benefit from the simplification brought by digitalization, discussions started in 2022 with Belgian and Luxembourgish authorities regarding the digital transmission of documents regarding the cost of health care to the JSIS. In Belgium, the sickness insurers (“mutuelles”) created an application (MyCareNet) under which the invoices of health care providers are directly transferred in digital format to the mutuelle with which the patient is registered. Under the agreement concluded in 2023, the JSIS has been integrated into MyCareNet as the equivalent of a Belgian mutuelle. Once the agreement is fully operational, invoices related to patients who are JSIS affiliates will be transferred directly to the JSIS for reimbursement. For the moment, the system will function on the basis of the consent of the JSIS affiliate who will continue to pay the costs out of pocket and be reimbursed by the JSIS. For Luxembourg, a similar system of automatic transmission of invoices is under development. It will be coupled with a generalized system of direct billing, where the JSIS will pay the full invoice upfront and claim back the part of the medical costs that JSIS affiliates have to pay out of pocket. For Italy, an agreement has been prepared but has not been signed yet. The agreement regarding Italy has a wider scope, since it also concerns access to the public system of health care of JSIS affiliates.
- Review of the General Implementing Provisions: the Commission adopted a Decision in November 2023 (ref. C(2023)7673 of 17.11.2023) covering the update of the provisions regarding

fertility treatments (including medically assisted reproduction) and some reimbursement ceilings. A more general analysis on the review of the GIPs is ongoing.

In 2024, the PMO progressed further with a variety of IT developments that included the development of PMO applications and corporate digitalisation:

- Missing features were added to MyPMO to reach a similar coverage than that of JSIS online.
- Regarding the National Healthcare Systems Integration Program (NHS), the PMO proceeded to consolidate a customized and configurable tool for interface creation with Member States. The Front Office feature requires a national identification number that can be used for MyCareNet (NISS/BIS number), as a reusable component. Phase 1 started with PMO staff as pilot. Included treatments were consultations with general practitioners and specialists.
- The transition from JIRA (staff contact forms) to ServiceNow started in the course of the year with the migration of all JSIS tickets to the new system.
- Debt management phase 1 as the interface between JSIS and Payment Factory.
- Regarding CZ interface, an automatization process was developed to validate by the system specific treatments with a known behavior by JSIS rules.
- A new functionality for JSIS members to view what hospitals send to JSIS for payment (medical invoices) and this has reduced calls on this topic. For invoices related to treatments in Holland (CZ) only treatment details are displayed as the invoice is not by member.
- On the occasion of the new European Parliament election, a procedure for automatic creation of external EU Login accounts was created, eliminating the required action by MEPs and Parliamentary Assistants. In total, in June, July and August, more than 5,000 accounts were created.
- Many business implementations for the optimization and efficiency of the management work and for the speed of processing.

Current organizational structure

- The current organizational structure encompasses a Settlements Office over three JSIS sites (located in Brussels, Ispra and Luxembourg), while the coordinating and monitoring role is ensured by the Central Office. For administrative clarity, the Head of the Central Office remains the PMO Head of Service.
- The teams within these three units operate as one JSIS community with thematic Knowledge Centres (KC) composed of experts from each unit. The mission of these specialized working groups is to create synergies and harmonize all practices across the three sites. In 2024, the KCs issued 12 guidelines out of a total of 56 issued since 2022.
- The “PMO Knowledge Hub” serves the JSIS units as a reliable source of information for all JSIS procedures and practices.
- JSIS members have the possibility to reach JSIS specialists via the Single Phone Number, ServiceNow ticket system, MyPMO and JSIS online contact buttons as well as via the post.

Next steps - Perspectives for 2025

- Continue the constructive dialogue with Member States, with a focus on Belgium (MyCareNet rollout to allow the secure digital transmission of GPs and specialists' invoices, dentists and pharmacies to be added by the end of 2025), Italy (agreement on securing access of all JSIS beneficiaries residing to the Italian public health care), and Luxembourg (electronic transmission of hospital invoices for direct payment by JSIS).
- Evaluate the possibility to integrate JSIS documents/certificates into the EU Wallet.
- Continue to explore the possibilities of closer coordination with health care schemes in all Member States, in close collaboration with the Commission's DG HR and DG EMPL.
- Continue the negotiations in the framework of the health screening (agreed centers) and with hospitals (agreements) to limit hospital costs inflation.
- Continue the "Digital Communication" program to improve and streamline exchanges with JSIS affiliates by promoting user-friendly, tailor-made communication channels. This project aims at increasing access to PMO applications, reassessing requirements for declarations and supporting documents and modernizing PMO mailing policies and communication channels, while keeping beneficiaries and their needs at the center of all processes.

1. Financial situation of the Scheme

1.1. Overview

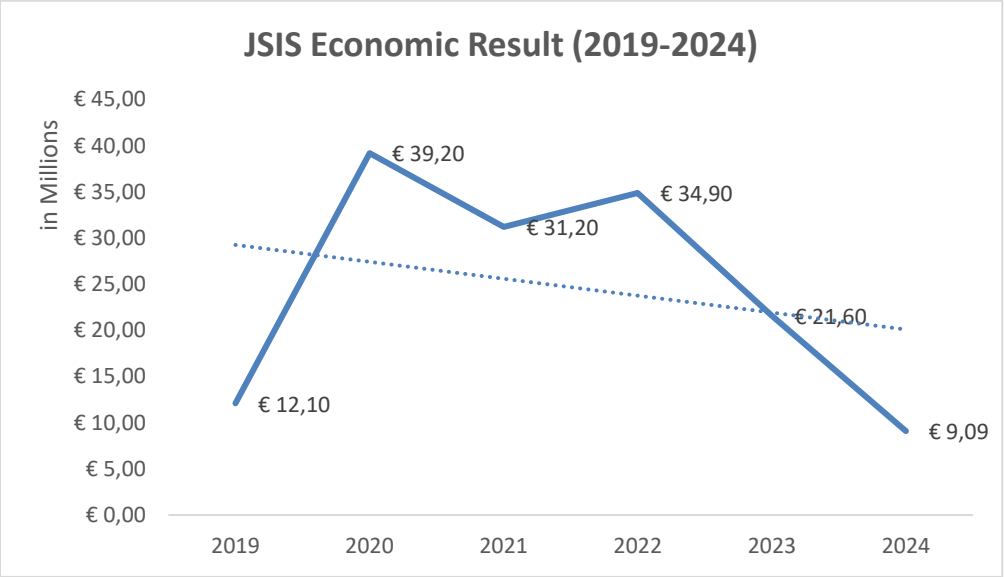
The financial situation of the Scheme has been stable for some years, as evidenced by the positive operational performance. The 2024 economic result of the Scheme showed a surplus of 9.1 M EUR, decreased compared to what was observed in 2023 (21.6 M EUR).

Taking into consideration the operational activities, 2024 registered a deficit of 5.2 M EUR from a surplus of M EUR 1.5 in 2023. Contributions revenues and health care expenses increased by respectively M EUR 36.1 (+8.3%) and EUR M 42.7 EUR (+9.8%) in 2024 with respect to 2023. The relatively similar dynamics registered can be explained by the growth in the JSIS affiliate base as well as to the inflation of medical treatment prices and the cost of new treatments. The increases of reimbursement ceilings which have been agreed upon end 2023 had an impact on the expenses in 2024. Further details on the expenses are provided in the relevant section of the report.

Besides the operational result, the non-operational activities, such as the return from the invested financial assets of the JSIS Scheme, registered in 2024 a surplus of 14.3 M EUR from 20 M EUR in 2023.

The below chart shows a positive balance of the economic result of the year since 2019: 12.1 M EUR (2019), 39.2 M EUR (2020), 31.2 M EUR (2021), 34.9 M EUR (2022) and 21.6 M EUR (2023). 2024 registers the lowest result.

Graph 1 - JSIS Economic Result of the year (2019-2024)



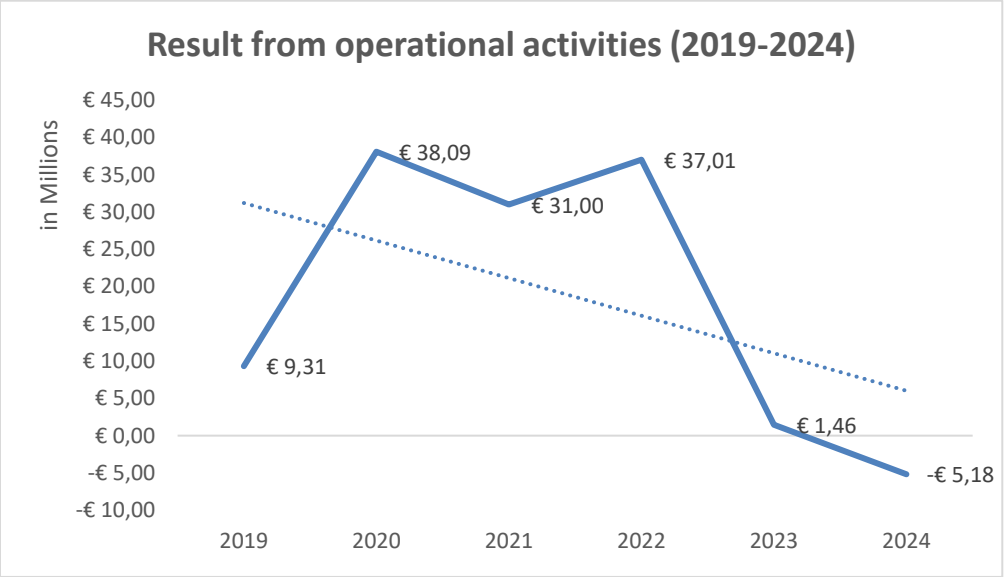
Source: Annual Accounts of the Joint Sickness Insurance Scheme (compiled data 2019 –2024)

Nevertheless, the Scheme is facing challenges that may have a significant impact on its financial situation in the future. The following factors in particular must be considered:

- Inflation across all Member States that will impact pricing in healthcare;
- The proposal for the revision of the GIPs and the update of the reimbursement ceilings may increase the value of expenses eligible for reimbursement;
- Increasing of expenses due to the pyramid of age, average age of recruitment and level of recruitment;
- Increase in expenses linked to the increase in life expectancy and therefore, costs linked to dependency;
- Market and other systematic and idiosyncratic risks, which may have a negative impact on the JSIS investment portfolio managed by DG BUDG.

The positive balance of the economic result is essentially due to the ongoing positive return of the non-operational revenue.

Graph 2 - Result from operational activities (2019-2024)



Source: Annual Accounts of the Joint Sickness Insurance Scheme (compiled data 2019 –2024)

This chart highlights the importance of working on expenses deemed excessive as well as agreements. This also emphasises the importance of a mindful approach when revising the GIPs and updating the reimbursement ceilings.

Particular attention must be paid to the recovery of advances (i.e. debts) which increased to EUR M 6.8 in 2024, steadily increasing from EUR M 6.0 in 2023 and EUR M 5.7 in 2022. Indeed, there is a growing number of agreements under which the JSIS undertakes to pay upfront and subsequently recover amounts from affiliates. If this management is not effective, there is a great risk that the amounts owed will become increasingly larger and more difficult to recover.

Outside-EU Sickness Insurance Scheme 2024 annual accounts highlight: the balances of the economic result have been structurally negative for years. In the long term, this could have a negative impact on the JSIS fund (Advances - Treasury management).

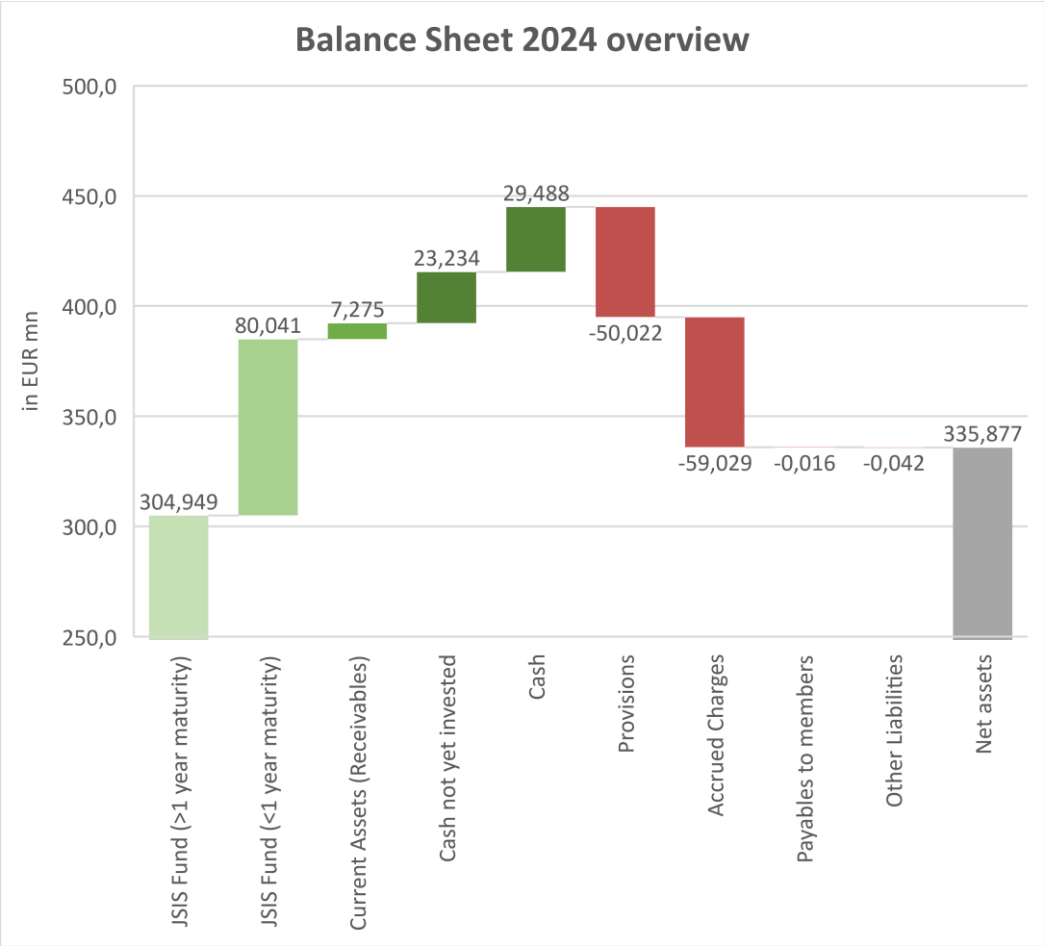
1.2. Financial statements

BALANCE SHEET

EUR '000

	Note	31.12.2024	31.12.2023
NON-CURRENT ASSETS			
Financial assets	*2.1*	*304 949*	*306 579*
Guarantee for intermediary billing	*2.2*	*100*	*100*
		305 049	**306 679**
CURRENT ASSETS			
Financial assets	*2.1*	*80 041*	*81 645*
Bank accounts and term deposits	*2.1*	*23 234*	*5 542*
Receivables	*2.3*	*7 175*	*6 175*
Cash and cash equivalents	*2.4*	*29 488*	*25 075*
		139 938	**118 437**
TOTAL ASSETS		**444 987**	**425 115**
CURRENT LIABILITIES			
Provisions	*2.5*	*(50 022)*	*(41 129)*
Accrued charges	*2.6*	*(59 029)*	*(57 195)*
Payables to members	*2.7*	*(16)*	*–*
Other liabilities	*2.8*	*(42)*	*–*
		(109 110)	**(98 324)**
TOTAL LIABILITIES		**(109 110)**	**(98 324)**
NET ASSETS		**335 877**	**326 791**
Results of previous years brought forward		*326 792*	*305 222*
Economic result of the year		*9 085*	*21 569*
NET ASSETS		**335 877**	**326 793**

(*) Notes to the financial statements - Annual Accounts of the Joint Sickness Insurance Scheme



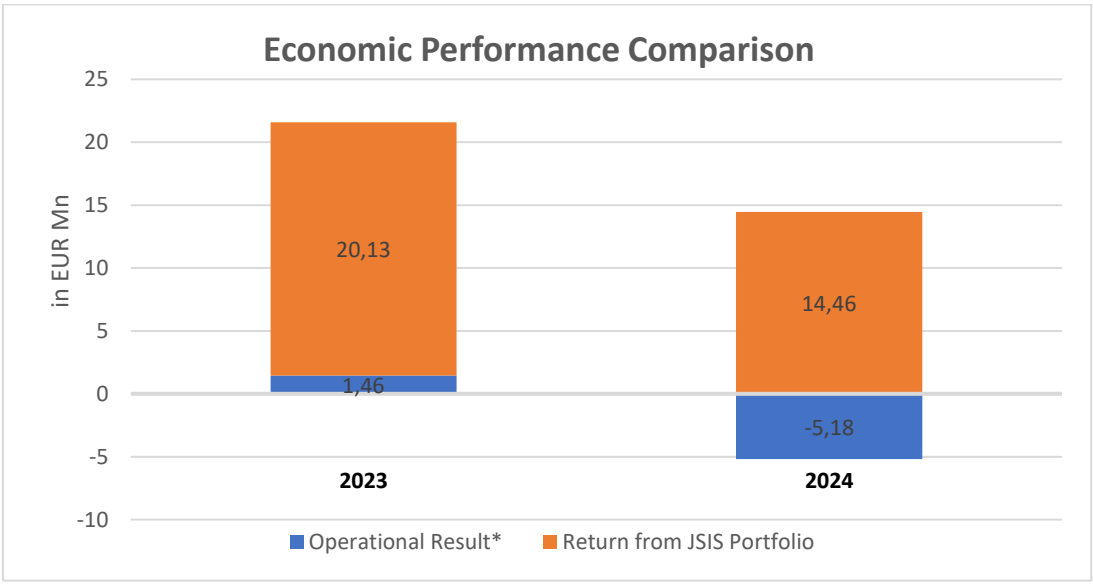
	Asset Category	% Total Assets
	Immediate Cash • Cash Available in the Commission Bank Account **– EUR 29.49 Mn** • Cash Available in the Investment Fund Bank Account – **EUR 23.23 Mn**	**12%**
	Short Term available: • JSIS Fund with maturity less than 1 year (funds which are converted into cash in less than 1 year time): **EUR 81.0 Mn** • Current Assets (receivable amount from beneficiaries): **EUR 7.2 Mn**	**20%**
	Medium Term available: • JSIS Fund maturity more than 1 year (funds which are converted into cash in more than one year and up to 10 years' time): **EUR 305.0 Mn**.	**68%**
	Current Liabilities: • Provisions (amount of payments which occurred, but not yet accepted by year end): **EUR 50.0 Mn** • Accrued Charges (amount already accepted by reporting cut-off date i.e. 20/2/2025, but not yet paid): **EUR 59.0 Mn** • Payables to members and other liabilities: **EUR 58k**	**25%**

STATEMENT OF FINANCIAL PERFORMANCE

EUR '000

	Note	2024	2023
OPERATIONAL REVENUE			
Contributions	*3.1*	*471 897*	*436 056*
Recoveries from third parties	*3.2*	*797*	*585*
		472 694	**436 641**
OPERATIONAL EXPENSES			
Health care	*3.3*	*(464 710)*	*(428 617)*
Reimbursements Art. 72(3)	*3.4*	*(594)*	*(675)*
Preventive medical examinations	*3.5*	*(3 584)*	*(3 253)*
Movement in provisions for members' claims	*3.6*	*(8 894)*	*(2 548)*
Intermediary billing fees	*3.7*	*(95)*	*(87)*
		(477 876)	**(435 180)**
RESULT FROM OPERATIONAL ACTIVITIES		**(5 182)**	**1 461**
NON-OPERATIONAL REVENUE AND EXPENSES			
Financial result on financial assets	*3.8*	*14 462*	*20 130*
Other non-operational revenue	*3.9*	*3*	*10*
Other non-operational expenses	*3.10*	*(197)*	*(31)*
RESULT FROM NON-OPERATIONAL ACTIVITIES		**14 267**	**20 108**
ECONOMIC RESULT OF THE YEAR		**9 085**	**21 569**

(*) Notes to the financial statements - Annual Accounts of the Joint Sickness Insurance Scheme



CASH FLOW STATEMENT

EUR '000

	Note	2024	2023
Cash and cash equivalents at 1 January	*2.4*	**25 075**	**131 558**
Economic result of the year		*9 085*	*21 569*
Operational activities			
Increase/(decrease) in receivables		*(1 000)*	*1 117*
(Increase)/decrease in provisions		*8 894*	*2 548*
Increase/(decrease) in accrued charges		*1 834*	*3 266*
Increase/(decrease) in payables to members		*16*	*–*
Increase/(decrease) in other liabilities		*42*	*–*
		9 786	**6 931**
Financial activities			
Cash flow from financial assets		*3 233*	*(150 924)*
Bank account and term deposits		*(17 692)*	*15 941*
		(14 458)	**(134 983)**
Total movement in cash and cash equivalents		**4 413**	**(106 482)**
Cash and cash equivalents at 31 December	2.4	**29 488**	**25 075**

(*) Notes to the financial statements - Annual Accounts of the Joint Sickness Insurance Scheme

1.3. Analysis

1.3.1. Assets

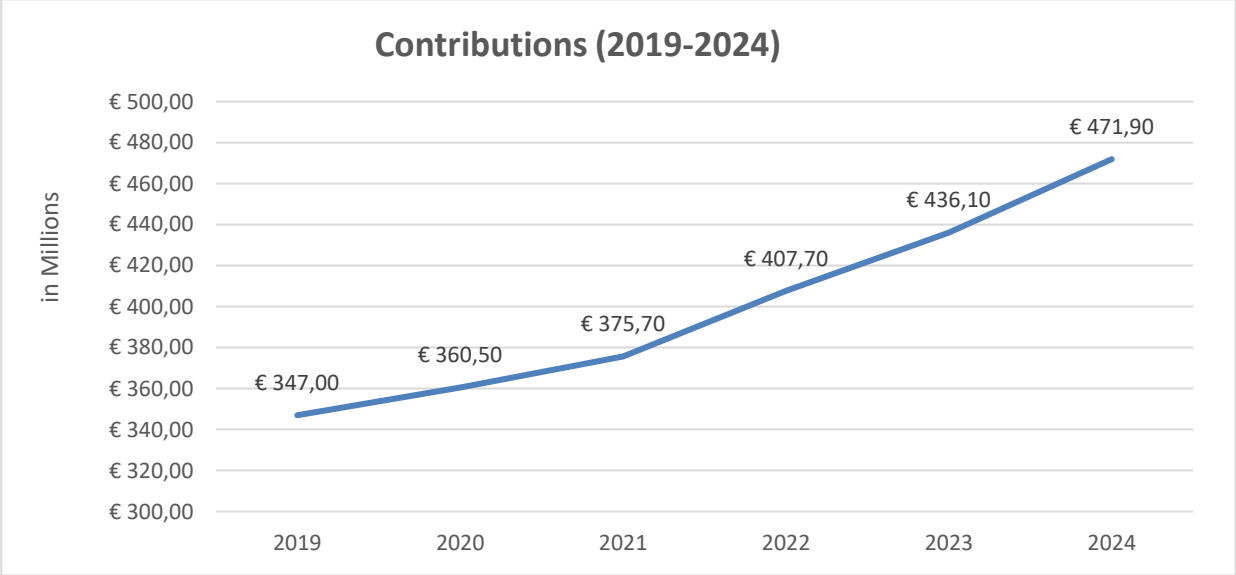
Revenues / Contributions

EUR '000

	2024	2023
Contributions current year (N)	*471 859*	*436 130*
Contributions previous year (N-1)	*3*	*(74)*
Total Contributions	**471 897**	**436 056**

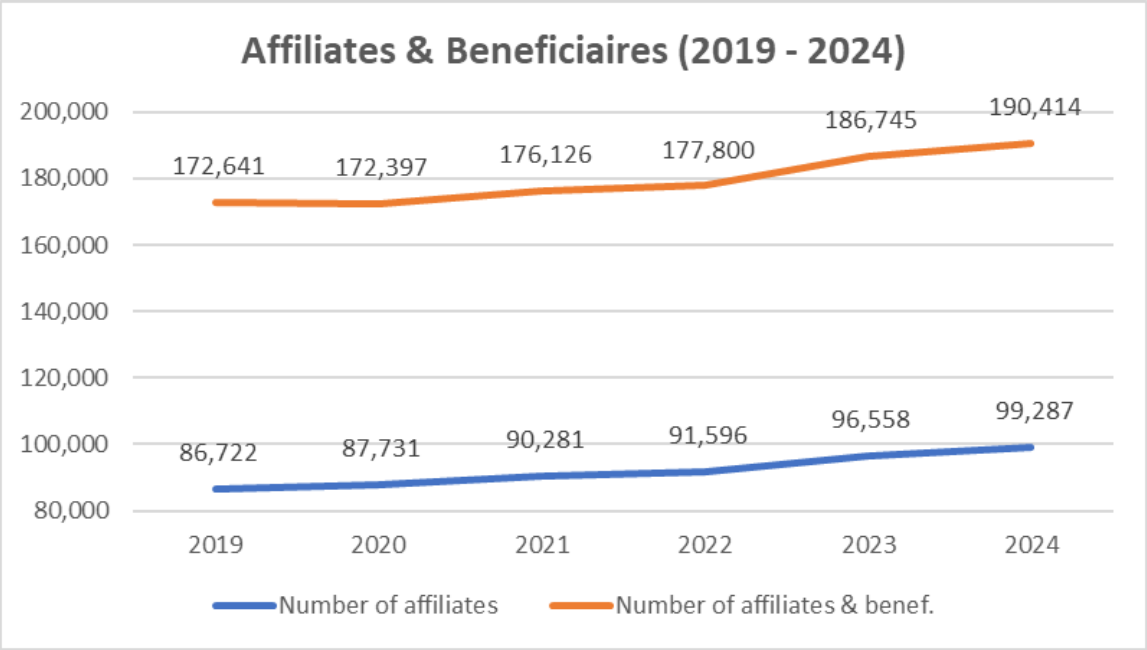
The contributions by JSIS affiliates increased by 35.8 M EUR in 2024. The increase in contributions is largely stemming from the annual salary increases and pensions adjustments. This resulted in a larger increase than the one of 2023 (i.e. 8.2 % vs 7.0 %).

Graph 3 - Contributions per year (2019-2024)

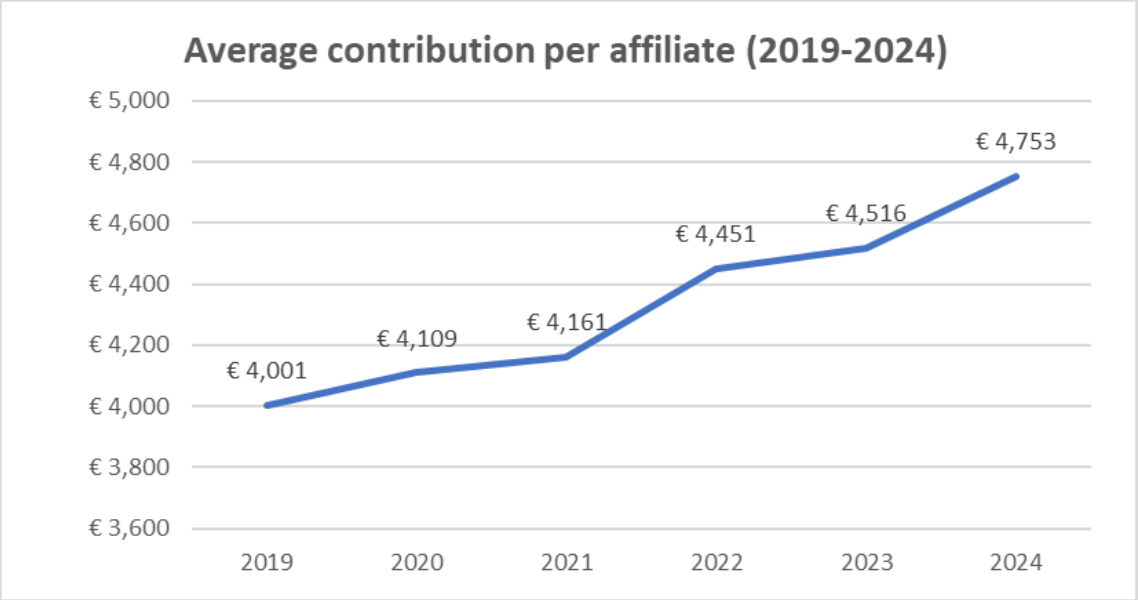


Source: Annual Accounts of the Joint Sickness Insurance Scheme (compiled data 2019 –2024)

Graph 4 – Evolution of afffiliates & Beneficiaires (2019-2024)



Graph 5 – Average contributions per year (2019-2024)



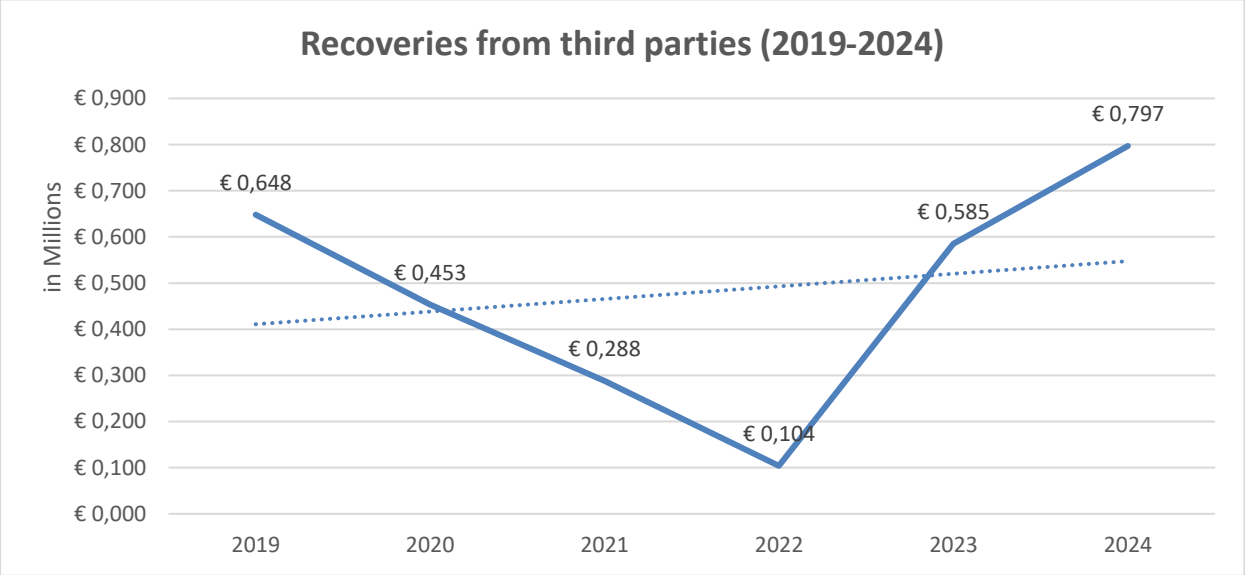
Recoveries from third parties

EUR '000

	2024	2023
Recoveries year N-2	*24*	*–*
Recoveries year N-3	*761*	*585*
Total recoveries from third parties	**797**	**585**

The amounts under this heading refer to subrogation rights on accident-related reimbursements. The increase compared to last year is mainly due to the amounts recovered through actions taken by the relevant sector handling accidents and occupational diseases.

Graph 6 – Recoveries fron third parties (2019-2024)



Source: Annual Accounts of the Joint Sickness Insurance Scheme (compiled data 2019 –2024)

Portfolio

The financial assets of the JSIS are managed by DG BUDG in accordance with opinion 4/2010 of the JSIS Management Committee (CGAM) issued on 27/01/2010. According to this opinion, the eligible investment instruments include fixed revenue investments, term deposits and bank accounts. Based on the market conditions, the portfolio manager makes choices between these options. In case of a liquidity shortage, a transfer of credits from the portfolio to the intracompany bank account (JSIS treasury) can be requested by the PMO. Currently the collaboration between DG BUDG and PMO is being revised to update the eligible investment universe and to streamline workflow processes.

Given the ongoing improvement of the bond market conditions in 2024, the JSIS's financial portfolio delivered a positive return on assets. As a result, the portfolio incurred a gain of EUR 14.46 M EUR registering a return of 3.66%, which outperformed the portfolio's benchmark (3.25%).

EUR '000

	2024	2023
Financial revenue on financial assets at FVSD	*14 333*	*19 481*
Interest revenue on cash and cash equivalents	*121*	*608*
Other financial revenues on financial assets at FVSD	*85*	*147*
Other financial expenses on financial assets at FVSD	*(77)*	*(107)*
Result from financial assets	**14 462**	**20 130**

The entire investment portfolio remains accounted for JSIS and the other Schemes (CHC, EUI, European Schools) receive interest revenue from JSIS calculated on their cash balance available on the intercompany accounts with JSIS during the year. In 2024, there was no interest due to a negative return on assets – RoA, while in 2023 the interest received by the Other Schemes amounted to 0.356 M EUR.

Financial assets refer to financial assets at fair value through surplus or deficit (FVSD), mainly bonds. The main movements are as follows:

EUR '000

	2024	2023
Fair value of financial investments at 1 January.	*388 223*	*237 300*
Accruals reclassification (IPSAS 41)	*–*	*1 182*
Cash-flow outflows: acquired investments at FVSD	*206 441*	*260 753*
Cash-flow inflows: investments at FVSD sold during the year	*(217 620)*	*(134 961)*
Fair value movement: revaluation of investments at FVSD held at year-end	*7 945*	*23 950*
Valuation of financial assets at 31 December	**384 990**	**388 223**

It is worth noting that the gains or losses are immediately recognised in the statement of financial performance according to the revised Accounting Rule 4 and the fair value reserve has been reclassified into net assets.

Liabilities

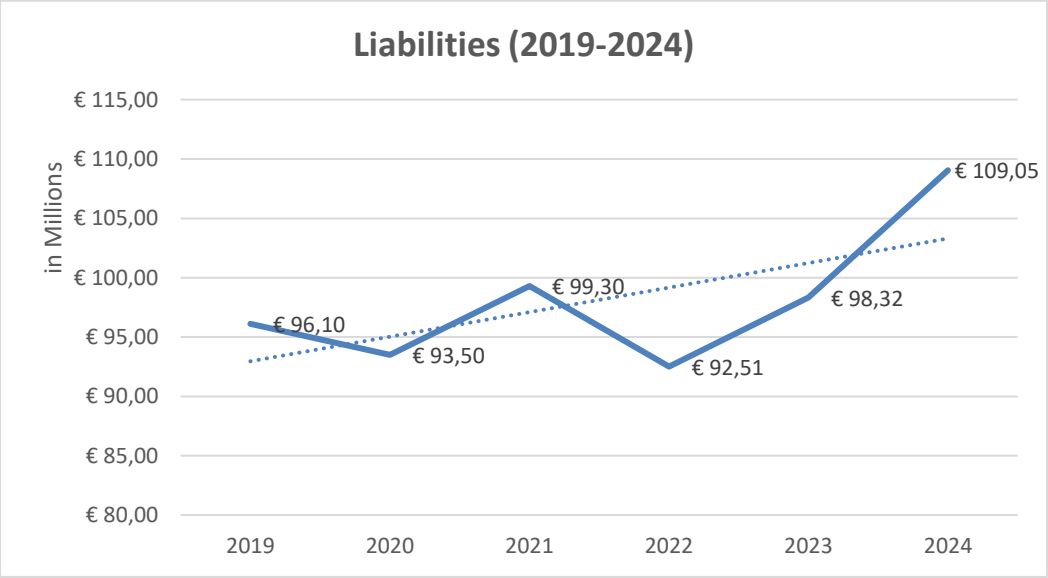
Estimated liabilities, i.e. an estimation of the operational expenses incurred during 2024 but not yet recorded at year-end. Amounts are shown as accrued charges (amounts accepted but not yet paid) or provisions (amounts estimated). It is worth noting that the amount of operating expenses is impacted by both the reversal of the previous year's amounts and the recognition of the current year's amounts of total accrued charges and provisions.

EUR '000

	Note	31.12.2024	31.12.2023
Provisions	*2.5*	*50 022*	*41 129*
Accrued charges	*2.6*	*59 029*	*57 195*
Total estimated liabilities		**109 051**	**98 324**

(*) Notes to the financial statements - Annual Accounts of the Joint Sickness Insurance Scheme

Graph 7 – Liabilities (2019-2024)



Source: Annual Accounts of the Joint Sickness Insurance Scheme (compiled data 2019 –2024)

Provisions represent the estimated future cash outflows for reimbursements for all category of medical expenses but not accepted or paid at year-end. The calculation of the provisions is based on a 4-year rolling average of the reimbursement pattern for each category of expenses.

Accrued charges on medical expenses include all medical claims relating to the current year or earlier, which were not yet paid at the year-end but have been received and accepted at the reporting cut-off date (i.e. 20 February 2025).

The overall estimated liabilities from 2023 to 2024 have increased to 109 M EUR. This increase stems from the combined effect of an increase on accrued charges on medical expenses from 57 M EUR in 2023 to 59 M EUR in 2024 due to the continuous effort of tariffication before the cut-off date for these accounts and the increase of provisions from 41 M EUR in 2023 to 50 M EUR in 2024 due to the trend

of augmented healthcare expenses in the last 3 years.

Cash and cash equivalent

In addition to the portfolio managed by DG BUDG, PMO also holds an intercompany account with the Commission treasury, which is used for financing the day-to-day operating activities of the Scheme.

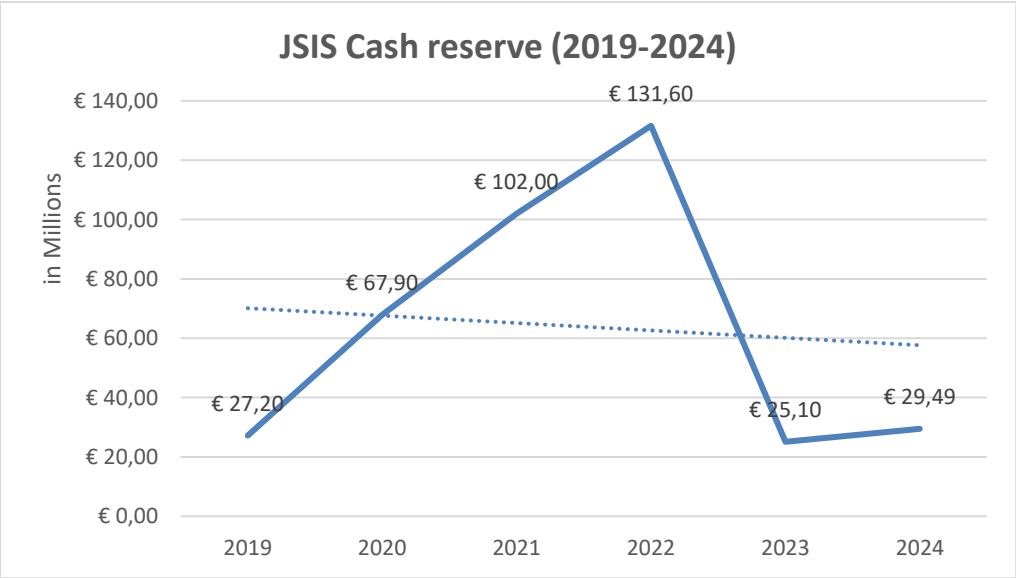
At the end of 2024, the cash reserve reached 29.5 M EUR from 25.1 M EUR. The below chart shows the evolution of the balance related to the intracompany account for JSIS from 2020 to 2024.

EUR '000

	31.12.2024	31.12.2023
Intercompany account JSIS-Commission	*49 025*	*44 055*
Intercompany accounts JSIS-Other Schemes	*(19 537)*	*(18 980)*
Total	**29 488**	**25 075**

The more stable evolution in the cash reserve experienced in 2024 with respect to the previous years is explained by a "return to normal" from the exceptional years 2019-2022 when expenses were subdued due the reduction during the COVID pandemic and the one-off transaction of 113 M EUR from the intercompany account to the Investment account in 2023.

Graph 8 – JSIS Cash reserve (2019-2024)



Source: Annual Accounts of the Joint Sickness Insurance Scheme (compiled data 2019 –2024)

Cash and cash equivalent – JSIS-Other Schemes

The Other Schemes and JSIS do not have their own treasury system and use the Commission bank accounts to make and to receive payments. At the year-end, the balance of the JSIS liaison account with the Commission represents the net cash due to or from the Commission at that time. This amount is decreased/increased with the net cash due to or from the other Schemes, which do not have their own treasury system, and they use the Commission bank accounts to make and/or receive payments.

These schemes include a scheme for the European Schools, a scheme for the European University Institute and a complementary scheme for the staff assigned outside the EU (CHC). The treasury balance related to the other schemes remained stable, amounting to -19.5 M EUR at the end of 2024, deteriorating by around 500 k EUR over the last year.

It is worth noting that the balances of the economic result have been structurally negative for years. This could have a negative impact on the JSIS fund (advances - Treasury management).

1.3.2. Expenses

Total operational expenses increased by 42.7 M EUR (+9.8%) in 2024.

The increase in expenses is due to the growing number of JSIS affiliates in 2024, the increase of some reimbursement ceilings, and the inflation of medical treatment prices and the costs of new treatments. In 2024, the expenses for preventive medical examinations increased by 300 000 EUR (+10%) with respect to 2023. A slight reduction in expenses linked to reimbursements. Art. 72(3) of ca 80 000 EUR was also observed. The movement of provisions from – 2.5 M EUR to -8.9 M EUR registered the main impact in the operational expenses. In 2024, the increase of the provision's movements from one year to the next is mainly due to higher estimation for 2024 provision based on the continuous trend of increase in healthcare expenses during the recent years.

EUR '000

	Note	2024	2023
OPERATIONAL EXPENSES			
Health care	*3.3*	*(464 710)*	*(428 617)*
Reimbursements Art. 72(3)	*3.4*	*(594)*	*(675)*
Preventive medical examinations	*3.5*	*(3 584)*	*(3 253)*
Movement in provisions for members' claims	*3.6*	*(8 894)*	*(2 548)*
Intermediary billing fees	*3.7*	*(95)*	*(87)*
		(477 876)	**(435 180)**

(*) Notes to the financial statements - Annual Accounts of the Joint Sickness Insurance Scheme

Health care expenses

The next table presents a distribution of health expenditure into four categories: direct reimbursement, direct billing, funeral expenses and intermediary billing in year N (2024).

If on the one hand the expenses related to the current year have increased by over 10%, the expenses registered in 2024 for 2023 reduced by 3% and for 2022 by 18%, compared to the respective years in 2023.

	EUR '000	
	2024	2023
Direct reimbursements	*255 251*	*230 200*
Direct billing	*149 138*	*137 458*
Funeral expenses	*1 922*	*1 927*
Intermediary direct billing	*3 621*	*2 185*
Expenses current year (N)	**409 933**	**371 770**
Direct reimbursements	*30 665*	*27 911*
Direct billing	*20 486*	*24 944*
Funeral expenses	*116*	*132*
Intermediary direct billing	*1 374*	*1 251*
Expenses previous year (N-1)	**52 642**	**54 237**
Direct reimbursements	*1 425*	*1 330*
Direct billing	*659*	*1 146*
Funeral expenses	*41*	*56*
Intermediary direct billing	*10*	*77*
Expenses year N-2	**2 135**	**2 609**
Total Health Care	**464 710**	**428 617**

(*) Notes to the financial statements - Annual Accounts of the Joint Sickness Insurance Scheme

Article 72(3)

Affiliates of the Scheme can request a special reimbursement in cases where the cumulative medical costs they have incurred over a 12-month period, exceed half of their basic salary. Article 72(3)-related expenses decreased by 81 000 EUR compared to 2024.

	EUR '000	
	2024	2023
Expenses current year (N)	*105*	*141*
Expenses previous year (N-1)	*300*	*297*
Expenses year N-2	*100*	*114*
Expenses year N-3	*89*	*123*
Total reimbursements Art. 72(3)	**594**	**675**

1.4. Financial reporting

In 2024, the PMO continued its efforts regarding improved JSIS reporting and accounting. Particular focus was directed towards transparency and accuracy of the JSIS financial situation in order to secure a high level of accountability for JSIS transactions handled by the PMO. Improvements include, among others:

- It is important to recall that in 2022, the PMO took over from DG BUDG the creation and transmission of the monthly cash-based reporting of the JSIS financial situation to the JSIS Management Committee. Since 2023, a new quarterly format of the reporting on the financial situation of the JSIS was introduced and includes both quantitative and qualitative data. The quantitative data include a cash-based report that follow the previous format of the reporting. The qualitative data include a new trends report, showing the JSIS results in historical perspective

and providing an additional view on trends related to the Scheme. The main aim of this new format is to provide financial information from a broader historical perspective. Since 2024 the quarterly Cash-Based Report was further improved with updated graphs and qualitative comments.

- PMO continued to record expenses split into accounts for direct reimbursement, invoices (i.e. direct billing), funeral fees and intermediary direct billing. This allocation of expenses is applied both in the annual accounts provided by DG BUDG and in the cash-based report that the PMO provides to the JSIS Management Committee. Such analysis ensures transparency as it allows more precise monitoring of the operational expenses and separate provisioning.
- In 2023, PMO invested in the development of data analysis tools to monitor and to analyse even better the financial aspects of the JSIS. This long-term work will continue in 2025.

1.5. IT developments

Global trends in technological development, including introduction of the new IT systems will have a positive impact on the efficiency of the Scheme. The PMO has already introduced a number of actions aiming at the IT modernisation of the Scheme:

Digitalisation of services

The NHS (National Healthcare Systems Integration) is a PMO programme covering the communication of information between the Member States and the JSIS system, including MyCareNet and E-fac.

MyCareNet (MCN) is a Belgian digital platform managing the digitalisation of medical-administrative processes, acting as a general hub for healthcare providers. This initiative is promoted by CIN, in collaboration with (the electronic health platform of the Belgian authorities) and INAMI (“Institut national d'assurance maladie invalidité”).

The integration with MyCareNet will also improve JSIS services efficiency significantly, fostering automation and savings in resources. The implementation of the project will significantly minimise administrative workload for almost half of all JSIS affiliates, as they will not need to submit reimbursement claims (at this time for GP and specialists’ consultations/visits).

The implementation is based on the use of the NISS/BIS (National Social Security number), attributed to those residing in Belgium. This allows the system to identify the person, avoiding exchange of detailed information on the person's identity. JSIS affiliates who wish to be included in the MyCareNet project fill in a consent form and indicate their NISS/BIS. The PMO will ensure proper management of the data of affiliates and beneficiaries, transmitting the NISS/BIS as identification data to MyCareNet.

In 2023, PMO signed an agreement to integrate JSIS into MyCareNet. Technical developments are almost finalised and are being tested. Roll out is expected Q3-Q4 of 2025.

E- fac

The main aim of the project is to promote the electronic transmission of hospital invoices. Over the course of 2024, the PMO extended the solution to several hospitals and covered nearly 30% of total volume (considering the main 3 hospitals in Belgium).

The implementation of the solution with Luxembourg-based hospitals progresses towards production in 2025.

In 2024 the PMO increased the use of EU SEND for secure data communication between external entities and the settlements offices.

Conclusions

Growing PMO projects offer long-term opportunities for the scheme as they:

- enhance access to healthcare;
- minimise administrative workload related to reimbursement claims;
- provide modern and user-friendly solutions to JSIS affiliates;
- reduce processing time of hospital invoices; and
- reduce room storage for archiving the documentation that is currently received in hard copies.

IT modernisation also contributes to the Green Strategy of the European Commission by introducing paperless solutions.

1.6. Results of external audit

As foreseen by the applicable JSIS regulations, a financial audit was carried out by an external audit firm. The audit report was concluded with an unqualified opinion, confirming that the annual accounts give a true and fair view of the Scheme's affairs as of 31 December 2024. The audit results confirmed that:

- The annual accounts give a true and fair view of the Scheme's affairs as at 31 December 2024 and the financial performance and cash flows for the year ended;
- The annual accounts have been properly prepared in accordance with the Scheme's accounting rules that are in agreement with the accounting records;
- In all material respects, the financial transactions are in accordance with the Scheme's regulations and rules;
- Proper accounting records have been kept.

This opinion reconfirms the significant effort made by the PMO services to address all the recommendations from the previous audits as well as the continuous improvement of the JSIS accounting.

2. Key figures and trends

2.1. Demography

The PMO introduced a revised method of counting members and beneficiaries in 2023. The calculation is made in terms of Full Time Equivalent (FTE). This means an existence throughout the year (12 months). Previously, the number of affiliates and beneficiaries corresponded to a picture on a given date (1st of July).

The tables included in this section detail the Scheme's population by country, category of affiliates and age. Some trends can be observed on that basis, notably in terms of the growing number of affiliates. Due to the new FTE approach, the growth percentage was lower than in the past.

In 2024, the number of JSIS affiliates has grown from 96,558 to 99,287 which represents an increase of 2.83%, half of the rate from previous year and slightly higher than the average yearly increase from 2019 and 2024. Similarly, the number of beneficiaries (affiliates + family member covered) also grew from 186,745 to 190,414 which represents an increase of 1.96%, less than half the growth of the previous year and slightly higher than the average increase from 2018 to 2024. In 2024, we can also note a growth of beneficiaries in top up cover, which represents an increase of 3.24%, i.e. 1.5 times the average yearly increase from 2018 and 2022.

It is expected that the affiliated population might continue to increase in the coming years if the current trends remain stable (increasing population of contract agents, increasing number of employees at the EU agencies etc.)

	2020	2021	2022	2023	2024
Contributing members (Affiliates)	**87,731**	**90,281**	**91,596**	**96,558**	**99,287**
° *Active members*	*63,844*	*63,908*	*63,240*	*67,556*	*68,341*
° *Post-active members*	*23,887*	*26,373*	*28,356*	*29,002*	*30,946*
All beneficiaries (Affiliates + family members)	**172,397**	**176,126**	**177,800**	**186,745**	**190,414**
° *Active members and family*	*138,500*	*138,170*	*137,284*	*145,430*	*146,306*
° *Post-active members and family*	*33,897*	*37,456*	*40,516*	*41,315*	*44,108*
° *Beneficiaries depending on a member*	*84,677*	*85,693*	*86,204*	*90,187*	*91,127*
° *Beneficiaries in primary cover*	*136,646*	*140,216*	*140,958*	*146,676*	*149,045*
° *Beneficiaries in top up cover*	*35,751*	*35,910*	*36,842*	*40,069*	*41,369*

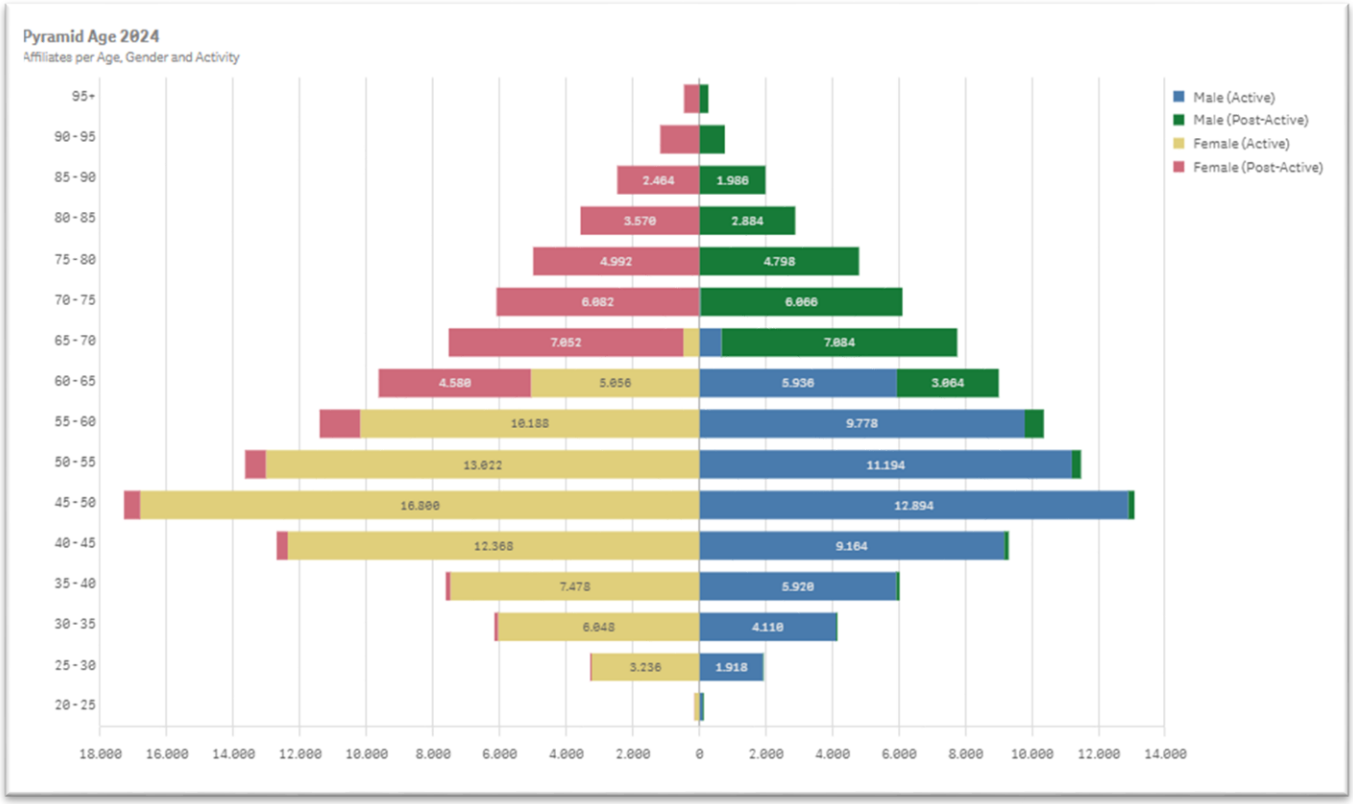
Please find hereafter the repartition of affiliates and dependent beneficiaries in the EU27 and UK as well as in the rest of the world listed in a decreasing order.

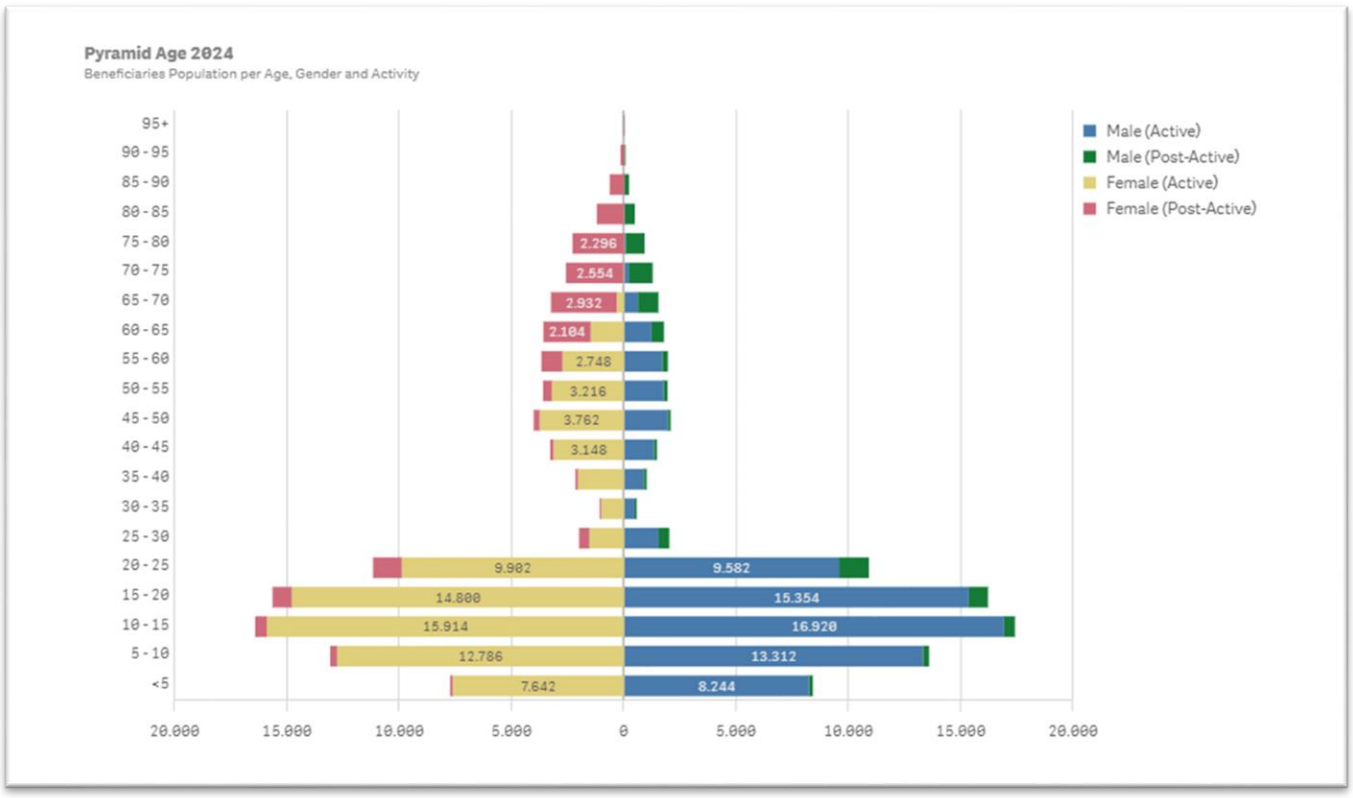
Affiliates by country of residence

Belgium	53,124
Luxembourg	10,854
France	5,391
Italy	4,728
Germany	3,881
Spain	3,061
Netherlands	2,946
Poland	2,302
UK	1,209
Portugal	1,112
Denmark	937
Greece	795
Ireland	678
Sweden	666
Finland	558
Malta	496
Austria	437
Czechia	318
Hungary	260
Slovenia	185
Slovakia	148
Estonia	147
Romania	129
Lithuania	102
Latvia	95
Bulgaria	86
Cyprus	77
Croatia	50
Others	4,515
Total	**99,287**

Dependent beneficiaries by country of residence

Belgium	48,665
Luxembourg	8,732
France	4,327
Italy	4,090
Netherlands	3,483
Spain	3,372
Germany	3,346
Poland	2,847
Portugal	936
Greece	687
UK	657
Sweden	640
Ireland	600
Finland	569
Denmark	560
Malta	493
Czechia	426
Austria	376
Hungary	312
Slovenia	253
Estonia	189
Slovakia	142
Latvia	136
Lithuania	124
Romania	116
Cyprus	74
Bulgaria	71
Croatia	65
Others	4,839
Total	**91,127**


Pyramid Age 2024
Affiliates per Age, Gender and Activity
Male (Active)
Male (Post-Active)
Female (Active)
Female (Post-Active)
95+
90-95
85-90
80-85
75-80
70-75
65-70
60-65
55-60
50-55
45-50
40-45
35-40
30-35
25-30
20-25
2.464
1.986
3.570
2.884
4.992
4.798
6.082
6.066
7.052
7.884
4.580
5.056
5.936
3.864
10.188
9.778
13.022
11.194
16.800
12.894
12.368
9.164
7.478
5.928
6.048
4.110
3.236
1.918
18.000
16.000
14.000
12.000
10.000
8.000
6.000
4.000
2.000
0
2.000
4.000
6.000
8.000
10.000
12.000
14.000


Pyramid Age 2024
Beneficiaries Population per Age, Gender and Activity
Male (Active)
Male (Post-Active)
Female (Active)
Female (Post-Active)
95+
90-95
85-90
80-85
75-80
70-75
65-70
60-65
55-60
50-55
45-50
40-45
35-40
30-35
25-30
20-25
15-20
10-15
5-10
<5
2.296
2.554
2.932
2.104
2.748
3.216
3.762
3.148
9.902
9.582
14.800
15.354
15.914
16.920
12.786
13.312
7.642
8.244
20.000
15.000
10.000
5.000
0
5.000
10.000
15.000
20.000

Contributions

Contributions (M€)	2020	2021	2022	2023	2024
Total	*360.5*	*375.6*	*395.1*	*435.7*	*471.5*
Active members	*260.8*	*265.8*	*283.5*	*311.7*	*334.5*
Post-active members	*99.7*	*109.8*	*111.6*	*124*	*137*
Average € per active member	*4,085*	*3,924*	*4,483*	*4,648*	*4,903*
Average € per post-active member	*4,273*	*3,886*	*3,935*	*4,193*	*4,427*

Expenses

Expenses (M€)	2020	2021	2022	2023	2024
Total	*324*	*341.5*	*374.7*	*424.6*	*463.4*
Active members	*175.8*	*190.2*	*200.2*	*205.1*	*219*
Post-active members	*148.2*	*151.3*	*174.5*	*219.5*	*244.4*
Average (€) per active member	*2,753*	*2,976*	*3,465*	*3,036*	*3,205*
Average (€) per post-active member	*6,204*	*5,737*	*6,153*	*7,568*	*7,897*
Beneficiaries in top-up cover	*6.8*	*6.1*	*5.9*	*12.7*	*13.3*

2.2. Expenses

Reimbursements «standard and serious illness»

Remboursement normal et maladie grave au titre de la nouvelle réglementation Répartition par grandes catégories de prestations Frais tarifés en 2024 par tous les Bureaux liquidateurs comparés aux frais 2022 et 2023										
Catégories		2024			2023			2022		
		Frais exposés	Remboursés par RCAM	Répartition	Frais exposés	Remboursés par RCAM	Répartition	Frais exposés	Remboursés par RCAM	Répartition
I	Médicaments	86,057,277	74,505,361	16.1%	80,296,960	68,482,486	16.1%	62,867,855	57,729,999	13.6%
II	Hospitalisation	153,809,461	118,391,302	25.5%	150,689,617	116,952,071	27.5%	113,283,122	98,916,106	23.3%
IIIa	Consultations visites - Généraliste	13,572,053	10,220,910	2.2%	12,849,455	8,950,198	2.1%			
IIIb	Consultations visites - Spécialiste	27,444,969	19,549,651	4.2%	24,827,825	15,673,234	3.7%			
IIIc	Consultations visites - Autres	5,235,764	2,786,720	0.6%	4,819,380	2,531,405	0.6%			
	Consultations - Visites (IIIa à IIIc)	**46,252,787**	**32,557,281**	**7.0%**	**42,496,659**	**27,154,837**	**6.4%**	**33,258,620**	**24,359,323**	**5.7%**
IV	Radiologie - Analyses	96,853,587	75,041,147	16.2%	90,374,792	68,914,764	16.2%	72,769,362	61,821,104	14.6%
V	Thérapies	54,709,864	31,487,551	6.8%	49,757,527	27,975,938	6.6%	34,203,946	24,951,921	5.9%
VI	Chirurgie	25,810,189	19,705,957	4.3%	20,464,280	14,293,930	3.4%	17,302,833	14,217,163	3.3%
VII	Soins dentaires	40,011,686	21,536,212	4.6%	37,594,776	19,722,363	4.6%	26,367,658	17,873,208	4.2%
VIII	Parodontie	1,511,922	908,125	0.2%	1,355,617	805,374	0.2%	982,796	754,712	0.2%
IX	Orthodontie	11,020,988	6,005,252	1.3%	10,183,948	5,508,585	1.3%	7,300,507	5,123,207	1.2%
X	Prothèses dentaires	16,363,827	6,840,570	1.5%	15,865,153	5,401,223	1.3%	13,200,817	5,033,528	1.2%
XI	Implants	6,514,135	2,855,217	0.6%	6,583,146	2,835,062	0.7%	5,047,953	2,688,227	0.6%
	Soins et traitements dentaires (VII à XI)	**75,422,557**	**38,145,376**	**8.2%**	**71,582,640**	**34,272,607**	**8.1%**	**52,899,731**	**31,472,882**	**7.4%**
XII	Vision	22,362,773	13,521,276	2.9%	21,223,517	12,652,089	3.0%	17,228,926	12,027,510	2.8%
XIII	Audition	6,319,484	3,129,513	0.7%	5,459,529	2,600,537	0.6%	3,233,370	2,203,280	0.5%
XIV	Accouchements	7,183,315	6,363,201	1.4%	7,130,377	6,045,280	1.4%	6,269,962	6,020,376	1.4%
XV	FIV	4,827,546	2,570,461	0.6%	3,078,181	1,725,286	0.4%	2,395,905	1,875,914	0.4%
XVI	Matériel médical et paramédical	7,036,800	4,236,434	0.9%	6,649,119	4,055,647	1.0%	4,157,952	3,469,825	0.8%
XVIIa	Prestations de dépendance séjour dans établissements	47,515,014	31,796,526	6.9%	43,408,062	28,158,728	6.6%	32,634,746	24,656,286	5.8%
XVIIb	Prestations de dépendance garde malade	13,798,776	8,285,053	1.8%	12,835,569	7,634,663	1.8%	7,324,611	6,951,661	1.6%
	Dépendance (XVIIa et XVIIb)	**61,313,790**	**40,081,580**	**8.6%**	**56,243,630**	**35,793,391**	**8.4%**	**39,959,357**	**31,607,948**	**7.4%**
XVIII	Cures	302,787	134,242	0.0%	330,444	147,343	0.0%	147,634	106,814	0.0%
XIX	Transport	1,986,376	1,434,900	0.3%	2,092,337	1,436,789	0.3%	1,570,198	1,402,569	0.3%
XX	Frais funéraires	2,549,506	2,116,677	0.5%	2,506,337	2,077,400	0.5%	2,101,220	2,027,785	0.5%
Total		**652,798,100**	**463,422,259**	**100%**	**610,375,947**	**424,580,394**	**100%**	**506,661,105**	**374,210,517**	**100%**

- Remarques:
  Non compris: remboursement spécial au titre de l'Article 72§3 du Statut et frais d'examens de dépistage

Reimbursements « top-up cover »

Remboursement en complémentarité
Répartition par grandes catégories de prestations
Frais tarifés en 2024 par tous les Bureaux liquidateurs comparés aux frais 2022 et 2023

Catégories	2024				2023				2022			
	Frais exposés	Remboursés par RCAM	Montants perçus par ailleurs	% remb RCAM	Frais exposés	Remboursés par RCAM	Montants perçus par ailleurs	% remb RCAM	Frais exposés	Remboursés par RCAM	Montants perçus par ailleurs	% remb RCAM
I Médicaments	3,223,759	1,612,043	1,007,022	50%	2,959,386	1,028,029	833,589	35%	1,009,679	576,710	317,571	57%
II Hospitalisation	8,661,531	862,905	6,813,760	10%	6,845,980	765,009	5,248,162	11%	2,511,841	449,982	1,904,549	18%
IIIa Consultations visites - Généraliste	537,969	145,680	217,139	27%	459,931	123,467	180,602	27%				
IIIb Consultations visites - Spécialiste	2,179,970	917,337	593,948	42%	1,816,063	708,580	492,134	39%				
IIIc Consultations visites - Autres	496,723	121,841	140,735	25%	407,685	102,236	114,302	25%				
Consultations - Visites (IIIa à IIIc)	**3,214,661**	**1,184,857**	**951,822**	**37%**	**2,683,679**	**934,284**	**787,037**	**35%**	**1,076,426**	**524,646**	**315,184**	**49%**
IV Radiologie - Analyses	5,194,894	1,318,787	2,661,910	25%	4,527,841	1,086,312	2,513,487	24%	1,518,185	611,245	721,380	40%
V Thérapies	3,568,254	1,206,760	938,471	34%	3,086,933	994,459	790,515	32%	1,157,573	634,339	272,439	55%
VI Chirurgie	1,275,432	629,703	283,299	49%	1,335,503	646,970	259,655	48%	464,204	283,138	94,160	61%
VII Soins dentaires	3,787,872	1,089,866	834,236	29%	3,478,278	924,610	677,982	27%	904,199	461,422	244,374	51%
VIII Parodontie	117,487	52,345	15,737	45%	117,921	59,893	10,942	51%	9,300	6,648	793	71%
IX Orthodontie	3,970,361	1,781,250	749,129	45%	3,186,495	1,428,982	576,974	45%	1,952,621	1,179,223	302,969	60%
X Prothèses dentaires	1,401,448	530,148	135,249	38%	1,467,555	422,595	126,239	29%	324,245	100,510	31,430	31%
XI Implants	616,524	274,835	19,035	45%	623,216	275,326	27,849	44%	82,326	44,888	1,008	55%
Soins et traitements dentaires (VII à XI)	**9,893,692**	**3,728,444**	**1,753,386**	**38%**	**8,873,465**	**3,111,405**	**1,419,986**	**35%**	**3,272,691**	**1,792,691**	**580,574**	**55%**
XII Vision	2,210,304	1,132,251	220,865	51%	1,952,886	973,012	189,703	50%	716,065	421,116	83,576	59%
XIII Audition	622,513	176,130	160,608	28%	524,307	130,659	144,494	25%	94,902	35,179	28,904	37%
XIV Accouchements	433,106	141,343	224,664	33%	403,944	140,852	187,428	35%	5,212	2,056	3,155	39%
XV FIV	335,368	117,179	13,217	35%	226,427	58,983	18,042	26%	1,459	233	1,007	16%
XVI Matériel médical et paramédical	498,934	118,690	79,042	24%	397,497	99,918	154,790	25%	110,694	64,374	26,409	58%
XVIIa Prestations de dépendance séjour dans établissements	1,186,665	628,435	71,778	53%	1,009,259	537,714	69,276	53%	555,003	349,012	44,713	63%
XVIIb Prestations de dépendance garde malade	389,913	270,692	36,972	69%	334,232	233,402	39,182	70%	121,572	99,594	15,381	82%
Dépendance (XVIIa et XVIIb)	**1,576,578**	**899,127**	**108,751**	**57%**	**1,343,492**	**771,116**	**108,458**	**57%**	**676,574**	**448,607**	**60,094**	**66%**
XVIII Cures	7,069	1,599	943	23%	1,056	0	286	0%	3,931	417	2,728	11%
XIX Transport	64,379	22,632	15,552	35%	39,843	14,425	11,020	36%	14,481	9,292	3,001	64%
XX Frais funéraires	233,448	164,888	7,493	71%	105,123	79,900	0	76%	94,968	84,552	2,398	89%
Total	**41,013,922**	**13,317,338**	**15,240,805**	**32%**	**35,307,363**	**10,835,331**	**12,666,652**	**31%**	**12,728,886**	**5,938,587**	**4,417,129**	**47%**

- Remarques:
  Non compris: remboursement spécial au titre de l'Article 72§3 du Statut et frais d'examens de dépistage

Reimbursements « serious illness »

Remboursement maladie grave au titre de la nouvelle réglementation
Répartition par grandes catégories de prestations
Frais tarifés en 2024 par tous les Bureaux liquidateurs comparés aux frais 2022 et 2023

Catégories		2024			2023			2022		
		Frais exposés	Remboursés par RCAM	Répartition	Frais exposés	Remboursés par RCAM	Répartition	Frais exposés	Remboursés par RCAM	Répartition
I	Médicaments	49,222,027	46,908,857	27.6%	47,209,798	43,720,607	27.4%	36,027,117	35,708,984	22.4%
II	Hospitalisation	76,207,540	59,752,801	35.2%	72,513,050	59,852,718	37.5%	51,718,094	48,984,963	30.7%
IIIa	Consultations visites - Généraliste	663,943	606,639	0.4%	636,326	552,985	0.3%			
IIIb	Consultations visites - Spécialiste	1,860,684	1,645,933	1.0%	1,698,591	1,432,283	0.9%			
IIIc	Consultations visites - Autres	212,357	146,588	0.1%	170,410	109,813	0.1%			
	Consultations - Visites (IIIa à IIIc)	**2,736,983**	**2,399,160**	**1.4%**	**2,505,327**	**2,095,081**	**1.3%**	**1,891,133**	**1,823,538**	**1.1%**
IV	Radiologie - Analyses	20,169,026	18,179,349	10.7%	19,768,078	16,949,244	10.6%	15,032,962	14,603,248	9.2%
V	Thérapies	9,815,547	7,909,449	4.7%	8,812,030	6,702,140	4.2%	5,953,115	5,743,249	3.6%
VI	Chirurgie	4,666,218	4,459,755	2.6%	3,690,123	3,076,178	1.9%	3,213,053	3,138,283	2.0%
VII	Soins dentaires	292,567	159,264	0.1%	301,086	143,096	0.1%	33,036	31,720	0.0%
VIII	Parodontie	8,863	4,272	0.0%	16,537	6,725	0.0%	1,560	1,548	0.0%
IX	Orthodontie	33,326	24,725	0.0%	28,539	14,455	0.0%	14,278	13,942	0.0%
X	Prothèses dentaires	188,641	85,883	0.1%	193,237	66,407	0.0%	32,512	22,388	0.0%
XI	Implants	25,721	13,416	0.0%	36,231	16,809	0.0%	17,482	16,818	0.0%
	Soins et traitements dentaires (VII à XI)	**549,118**	**287,561**	**0.2%**	**575,631**	**247,492**	**0.2%**	**98,867**	**86,416**	**0.1%**
XII	Vision	148,017	86,518	0.1%	151,795	82,246	0.1%	25,411	19,890	0.0%
XIII	Audition	208,438	94,281	0.1%	131,764	63,366	0.0%	50,510	48,295	0.0%
XIV	Accouchements	8,032	8,032	0.0%	9,348	9,348	0.0%	9,222	9,222	0.0%
XV	FIV	53,749	38,931	0.0%	37,927	26,108	0.0%	35,996	34,896	0.0%
XVI	Matériel médical et paramédical	2,084,356	1,689,754	1.0%	2,313,444	1,779,734	1.1%	1,349,876	1,283,629	0.8%
XVIIa	Prestations de dépendance séjour dans établissements	28,749,639	21,465,505	12.6%	27,094,113	19,039,829	11.9%	19,345,972	15,905,393	10.0%
XVIIb	Prestations de dépendance garde malade	8,477,937	5,523,052	3.3%	7,521,093	4,886,455	3.1%	4,626,605	4,430,716	2.8%
	Dépendance (XVIIa et XVIIb)	**37,227,576**	**26,988,556**	**15.9%**	**34,615,207**	**23,926,283**	**15.0%**	**23,972,577**	**20,336,109**	**12.8%**
XVIII	Cures	71,176	40,618	0.0%	83,085	60,910	0.0%	37,241	29,785	0.0%
XIX	Transport	991,944	841,005	0.5%	1,109,138	887,899	0.6%	850,922	834,699	0.5%
XX	Frais funéraires	37,505	4,700	0.0%	88,792	11,750	0.0%	0	0	0.0%
Total		**204,197,253**	**169,689,328**		**193,614,534**	**159,491,104**	**100%**	**140,266,096**	**132,685,386**	**100%**

- Remarques:
  Non compris: remboursement spécial au titre de l'Article 72§3 du Statut et frais d'examens de dépistage

2.3. Relations with Member States

The JSIS is considered as equivalent to a public sickness insurance system. However, it differs from other public schemes because it does not have its own health care providers: JSIS affiliates therefore must always make use of health care provided in another social security system, most often – but not exclusively – that of their Member State of employment or residence. When JSIS was created, most EU Member States had a system of indirect coverage, where the patient pays costs of health care upfront and gets reimbursement from the sickness insurer: JSIS was set up on that basis. However, at present in most EU Member States health care is provided under a system of direct coverage, where patients pay no or only a token contribution ("ticket modérateur") towards the costs of health care. In systems with direct coverage, JSIS affiliates are faced with problems regarding access to health care, often coupled with problems to obtain detailed invoices.

This issue exists both in Spain and Italy. In Spain, the solution came in the form of agreements concluded with regional authorities under which information regarding the health care expenses are transmitted directly to the JSIS. In exchange, the regional authorities issue social security cards to JSIS affiliates to allow access to health care. In Italy, the same issue exists: Italian nationals can usually keep their Italian social security card with which they continue to have access to health carefree of charge or against payment of a *ticket modérateur*. Other JSIS affiliates who do not have an Italian social security card are faced with difficulties regarding access to basic health care (GPs, pediatricians and vaccination campaigns) which is only available as public health care.

Constructive discussions to find a solution were started after the covid lockdown, which had opened the need for an agreement regarding access to vaccination. The pandemic had also accelerated the drive to the digitalisation of health care invoices and, consequently, the need of the JSIS to find ways to liaise with the Member States to ensure that JSIS beneficiaries can access (public) healthcare systems under the same conditions as other mobile workers.

Formal agreements were concluded in Spain, the Netherlands and Belgium. The legal basis for the conclusion of these agreements is Article 39 of the Joint Rules.

Agreements were concluded with five Spanish autonomous regions. Spain has a system of direct coverage of health care expenses where patients do not pay health care providers. This complicates collaboration with the JSIS where the costs of health care are paid upfront by the patient, then reimbursed by the insurer. The agreements ensure access to health care providers and organise the direct payment of health care expenses by the JSIS to the regional authorities.

In the Netherlands, health care providers apply different fees, whether a patient is covered by the national health insurance or not (against payment of a premium, except for people whose income remains below a threshold). Those without such insurance pay the higher so-called "passantentarief". In close collaboration with the Dutch authorities, the PMO concluded an agreement with an insurer: Centraal Ziekenfonds (CZ).

The CZ card can be granted to JSIS beneficiaries while their permanent residence is in the Netherlands. Healthcare costs are covered directly by CZ, then reimbursed by the JSIS.

Agreements with healthcare providers in Member States need to take into consideration the particularities of each national, sometimes regional, health care systems. Existing agreements are valuable precedents for those which were being discussed and that concern a great number of JSIS beneficiaries: Belgium, Italy and Luxembourg.

Italy

Discussions advanced with the Italian authorities. The Italian organisation of healthcare services is similar to the Spanish: medical expenses are covered directly by the SSN with minimal financial participation from patients (ticket modérateur). However, public healthcare access was limited to those covered by the Italian SSN. JSIS beneficiaries not registered with the SSN do not have access to a general practitioner (family doctor), they are also barred from access to vaccinations. Not all JSIS beneficiaries living and/or working in Italy faced the same problems, many kept an Italian insurance when joining the institutions and continued to benefit from the use of the "tessera sanitaria" (the Italian insurance card). With the 2020 pandemic (Covid-19), access to vaccination became a pressing issue and key element which allowed to start the discussions with local authorities to ensure access to public healthcare for all JSIS beneficiaries. Negotiations with the Italian Ministry of Health resumed in 2023, following the Italian elections.

Belgium

In the context of rapidly growing digital exchange of data in all Member States, Belgium has become very advanced in the development of systems allowing for digital exchange of data between the parties involved in health insurance. Healthcare providers can transmit invoices related to their services directly to the patients' insurance ("mutualités"). Gradually, all types of healthcare providers and services are joining MyCareNet. Most general practitioners, specialists and dentists no longer issue paper receipts but instead, they issue a digital invoice directly to the patient's mutualité. As an additional simplification, the patients only pay the remaining part not reimbursed by the mutualité, through a generalisation of the so-called "tiers payant" system.

As paper-based invoices are set to be reduced to a minimum, the PMO signed an agreement with the Collège Intermutualiste National (CIN), an association of mutualités made up of representatives of the 5 National Unions of mutualités as well as the Auxiliary Sickness-Invalidity Insurance Fund and the Health Care Fund of HR Rail. CIN manages MyCareNet, a WebService oriented platform funded in part by the Belgian mutualités themselves and in part by INAMI, to provide services to mutualités and healthcare providers. The financing of the system is based on the number of potential beneficiaries. Technical developments to join JSIS and MyCareNet ran through most of 2023 and 2024. Healthcare providers will be able to securely transfer medical invoices to the PMO, as JSIS will appear as an additional mutualité in the list. During the first phase, the "tiers payant" system will not be extended to JSIS beneficiaries. However, further developments have been considered for future phases. The technical developments and testing of the system were finalised by end of 2024. Roll out is expected by the end of 2025.

Luxembourg

JSJS beneficiaries in Luxembourg still report issues regarding hospitals healthcare prices. Luxembourg authorities explained the prices for healthcare in hospitals is in accordance with the principles laid down under the EU coordination of social security pursuant to Regulations 883/2004 and 987/2009. Prices are based on the average cost determined for the use of hospital facilities and is thus not directly linked to the actual care provided. People covered by another Member State social security face similar prices. The Luxembourg authorities indicated that they are revising the system and hope to finalise it by 2025-26. Though prices are official, they are not always publicly available. They are however made available to the PMO and published on the *Staff Matters Portal* so affiliates are aware of local hospitals healthcare prices.

The PMO collaborated with DG.HR and HR services of Luxembourg-based institutions and initiated discussions with the Luxembourg authorities to solve problems faced by JSIS beneficiaries. Discussions were open and constructive.

A "*lettre d'entente*" was signed in Q4 of 2024 between the European Commission, the State of Luxembourg and the Federation of Luxembourg-based Hospitals (FHL). The PMO also started working on agreements with hospitals, similar to agreements with hospitals around Brussels. The PMO is also working on an administrative agreement to facilitate the transmission of invoices by digital means. The technical developments also started in early 2024.

2.4. Costly medications

In 2024, the cost exposed for medicines increased to 86.1 M EUR (+ 7.17% compared to 2023). This growth rate was the lowest since 2021. Reimbursements increased by 8.7% in 2024 (from 68.5 M EUR in 2023 to 74.5 M EUR), thus the overall average reimbursement rate improved. These dynamics show a less dramatic increase which was registered in 2023.

Monitoring of medicines/pharmaceutical products costs - RCAM									
	2020*	**2021***	**Evolution**	**2022***	**Evolution**	**2023***	**Evolution**	**2024***	**Evolution**
Total exposed	54,397,519 €	59,141,280 €	9%	62,867,855 €	12%	80,296,960 €	28%	86,057,277 €	7.17%
Number of different products	12,724	12,923	2%	13,126	2%	19,216	46%	20,536	6.87%
Average prices-per-line (all products)	147.28	209.81	42%	153.77	-27%	62.11 €	-60%	69.38 €	11.70%
Number of distinct beneficiaries						106,648		110,828	
(1) Products > 6000 €									
Number of different products	21	15	-29%	13	-13%	17	31%	13	-23.53%
Total for these products	2,241,278 €	2,247,391 €	0%	864,081 €	-62%	2,335,560 €	170%	2,831,698 €	21.24%
Part of total exposed	4.12%	3.80%	-0.3%	1.37%	-2.6%	2.91%	112%	3.29%	13.11%
Number of products (lines) exposed	154	51	-67%	58	14%	51	-12%	71	39.22%
Total number of expenses (quantity)						208		333	
Number of distinct beneficiaries						19		24	
Total reimbursed for these products						2,335,560 €		2,828,599 €	
(2) Subtotals exposed > 100.000									
Number of different products	97	112	15%	112	0%	141	26%	153	8.51%
Total for these products	25,643,076 €	30,243,952 €	18%	31,530,799 €	4%	47,027,390 €	49%	46,729,186 €	-0.63%
Part of total exposed	47.14%	51.14%	4.0%	50.15%	-3.6%	58.57%	17%	54.30%	-7.29%
Number of products (lines) exposed						191,518		206,728	
Total number of expenses (quantity)						346,170		356,103	
Number of distinct beneficiaries						43,149		53,485	
Total reimbursed for these products						41,297,727 €		43,150,743 €	
(3) Most consumed products (> 1000 lines)									
Number of different products	221	234	6%	237	1%	254	7%	273	7.48%
Total for these products	11,647,204 €	12,249,935 €	5%	12,973,722 €	6%	18,593,209 €	43%	18,044,776 €	-2.95%
Part of total exposed	21.41%	20.71%	-0.7%	20.64%	-1.1%	23.16%	12%	21.97%	-5.12%
Number of products (lines) exposed						688,505		709,899	
Total number of expenses (quantity)						852,569		866,516	
Number of distinct beneficiaries						89,295		93,646	
Total reimbursed for these products						14,139,069 €		14,577,519 €	

*total exposed for previous years are consolidated with respect to amount published in previous annual reports.

Notes:
(1) Products > 6,000€ - This section extracts all medical products with a unit exposed amount higher than 6,000 €
(2) Subtotal exposed > 100,000€ - This section extracts all medical products which in aggregate terms over the reference year have reached an exposed amount of over 100,000 €.
(3) Most consumed products (>1,000 lines) - This section extracts all medical products which over the reference year have registered over 1,000 lines.

This increase may be explained by:

- an evolution in JSIS beneficiaries' population,
- an evolution in JSIS beneficiaries requesting medicine,
- the growing variety of medicines.

Highly expensive products with a price tag of 6,000 EUR and more, constituted in 2024 around 3.2% of the entire exposed amount, reaching a peak in these last five years of over 2.8 M EUR. This share has increased since 2022 reaching the levels of 2021. It is interesting to highlight the fact that the financial impact of these very costly treatments, as their beneficiaries are a very small group, vary considerably between years, with the amount registered in 2022 being only 30% with respect to 2024.

The most used products for which at least 1,000 requests have been submitted in 2024 accounted for around 22% of the cost exposed, and this figure is in line with its share since 2020.

When analysing the exposed amounts per beneficiary in terms of medicines, we note that the number of beneficiaries with an annual expenditure on medicines greater than EUR 10,000 has risen by 50% over the past four years. Given demographics, pharmacology advances/leaps, the increase in medicine prices and inflation, this inflationary trend will increase in the years to come.

	Number of distinct beneficiaries				
Exposed Amount Range	**2020**	**2021**	**2022**	**2023**	**2024**
1€ to 5,000 €	94,915	95,543	99,833	104,733	108,663
5,001€ to 10,000€	654	724	776	891	1,037
10,001€ to 50,000€	625	644	713	807	923
50,001 to 100,000€	86	93	115	146	132
100,001€ To 200,000€	30	28	34	49	52
200,001€ to 300,000€	6	7	6	11	11
>300,000€	2	3	5	10	9

The top 10 medicines in terms of exposed amount are:

Drug Name	Quantity	Exposed Amount	Reimbursed Amount	PPA (received by affiliates)
KEYTRUDA	1220	2.639.741,64 €	2.636.741,64 €	- €
VYNDAQEL	2079	1.589.532,16 €	1.589.532,16 €	- €
DARZALEX	276	1.485.345,77 €	1.466.164,96 €	17.399,61 €
MDC	33925	1.517.370,17 €	1.164.724,26 €	63.070,56 €
IMBRUVICA	3624	1.128.612,07 €	1.110.336,91 €	- €
HEMLIBRA	162	1.010.594,58 €	1.010.594,58 €	- €
XTANDI	9061	916.337,25 €	824.000,95 €	55.017,09 €
KAFTRIO	3597	817.171,76 €	817.171,76 €	- €
ELIQUIS	7118	929.360,77 €	758.211,47 €	43.953,28 €
OPDIVO	286	732.354,12 €	724.395,75 €	- €
Total TOP 10	**61.348**	**12.766.420,29 €**	**12.101.874,44 €**	**179.440,54 €**
OTHERS	1.898.868	73.290.856,58 €	62.403.486,06 €	1.440.805,84 €
TOTAL	**1.960.216**	**86.057.276,87 €**	**74.505.360,50 €**	**1.620.246,38 €**

The 10 most used medicines account for over 14% of the total exposed amount for medicines. It can be noted that the effective reimbursement rate for the top 10 medicines is nearly 95%. Which means that most beneficiaries have 100% reimbursement (i.e. serious illness status).

Taking into consideration the inflation processes in the Member States, a further increase of the expenses related to the medicines is expected in the next years. This demonstrates the importance of continuing efforts with regard to the management of costs deemed excessive and related to the agreements.

3. Annexes

- Financial statements from DG BUDG
- External audit report by “Forvis Mazars Réviseurs d’Entreprises”

Electronically signed on 19/12/2025 17:22 (UTC+01) in accordance with Article 11 of Commission Decision (EU) 2021/2121

ANNUAL ACCOUNTS

OF

THE JOINT SICKNESS INSURANCE SCHEME

FINANCIAL YEAR 2024

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It should be noted that due to the rounding of figures into thousands of euros (kEUR), some financial data in the tables below may appear not to add-up.

BACKGROUND INFORMATION NOTE

1. General background on the entity

Establishment

Pursuant to Article 14 of Protocol No 7 on the privileges and immunities of the European Union, the European Parliament and the Council laid down the scheme of social security benefits for officials and other servants of the Union. This social security scheme was incorporated in the EU Staff Regulations (SR). Article 72 of the SR is the legal basis for the Joint Sickness Insurance Scheme (JSIS), *"as provided in rules drawn up by agreement between the Institutions of the Communities"*.[1]

The joint rules on sickness insurance which currently apply date back to 2005.[2] They are completed by general implementing provisions laying down the rules regarding reimbursement of medical expenses, which date back to 2007.

Mission

The JSIS was set up to implement the Article 72 of the SR and it covers expenses incurred, up to a limit, as result of illness, accident or confinement and pays an allowance towards funeral expenses. JSIS covers EU staff members as well as former staff members in receipt of a pension or allowance and dependent family members.

Main operational activities

Within the Commission, the Office for the Administration and Payment of Individual Entitlements of the European Commission (PMO) is in charge of the management of the JSIS under Article 72 of the SR for Commission staff. On the basis of Service Level Agreements (SLAs), the PMO also manages the JSIS for staff and former staff of the other EU institutions as well as other bodies who are subject to the EU SR. PMO bears all administrative expenses of JSIS, including staff costs. Insofar as these expenses relate to staff from other EU institutions and other bodies, they are subject to chargeback or invoicing under the SLAs.

Governance

The actual reimbursement of medical costs is managed by the **Settlements Office**. The current organisation is based on a single settlements office, managed over the three PMO sites ("Sickness Insurance I" in Brussels, "Sickness Insurance II" in Ispra and "Sickness Insurance III" in Luxembourg).

A coordinating and monitoring role is taken up by the **Central Office**. For administrative clarity, the head of the Central Office is the PMO Director. The Central Office also liaises with the Health Insurance Management Committee (CGAM).

The **Health Insurance Management Committee** (CGAM) has a supervisory and advisory function. It consists of representatives of the administration and staff of the institutions and other bodies whose staff members are covered under the JSIS. Since the JSIS work is centralised and harmonised within the PMO, the role of the CGAM focuses essentially on the financial position of the JSIS, the level of reimbursements and the updating of applicable rules.

The last of the JSIS governance organs is the **Medical Council**, which assists the CGAM and which may be consulted on matters of a medical nature that may arise within the application of the JSIS framework.

[1] See Article 72(1) in Regulation No 31 (EEC), 11 (EAEC) laying down the Staff Regulations of Officials and the Conditions of Employment of Other Servants of the European Economic Community and the European Atomic Energy Community, OJ 45 of 14 June 1962.

[2] Joint Rules on sickness insurance for officials of the European Communities, adopted by all the institutions by common accord recorded by the President of the Court of Justice of the European Communities on 24 November 2005, available via the Register of the rules giving effect to the Staff Regulations of EU Officials and the CEOS, held by the EU Court of Justice (see Article 110(6) SR) and available on https://circabc.europa.eu.

Sources of financing

The JSIS is fully independent of the EU budget. Its operational activities are financed through contributions from members (1.7%) and their employers, i.e. the EU institutions and other bodies, (3.4%) totalling 5.1% of the basic salary or pension.

2. Annual Accounts

Basis for preparation

Following Article 44 of the JSIS Joint Rules, the annual accounts are prepared in accordance with the accounting rules adopted by the JSIS Accounting Officer. The JSIS accounting rules are based on principles of accrual accounting and internationally accepted accounting standards for the public sector (IPSAS) that have been adapted to the specific environment of the JSIS.

Accounting Officer

Based on the same Article mentioned above, the Accounting Officer of the Commission acts also as the Accounting Officer of the JSIS and is, amongst other tasks, responsible for preparation of the JSIS annual accounts.

Composition of the annual accounts

The annual accounts cover the period from 1 January to 31 December. They comprise financial statements and the explanatory notes to those statements. The JSIS annual accounts are solely prepared for the needs of the CGAM. They are neither consolidated in the Commission's annual accounts nor the ones of the EU.

Preparation and audit of annual accounts

The annual accounts prepared by the Accounting Officer are subject to audit by an independent private auditor. Following the audit, the Accounting Officer prepares the final annual accounts and submits them to the CGAM by 1 May of the following year. The external auditor must, by the same date, deliver a specific opinion on the JSIS annual accounts. It falls to the CGAM to adopt the annual accounts of the Scheme.

3. Operational highlights

Achievements of the year

In 2024, the JSIS continued to fulfil its mission in the post-pandemic context.

At the end of 2024, the total number of JSIS beneficiaries only amounted to 189 032, which constitutes a 1.57% increase in comparison to 2023 (186 111). Overall, PMO provided services to all active and post-active staff of the Commission, 9 other Institutions and 56 agencies which apply the EU Staff Regulations. It also provided services to 2 bodies which apply rules similar to the EU Staff Regulations.

The number of claims received was 3.5 million, which constitutes an increase of 6.3% in comparison to 2023. The average time needed for the reimbursement of medical claims was 12 days, compared to 11 days in 2023.

Measures taken in 2020 and 2021 to address the Covid-19 pandemic continued, for the most part, throughout 2022, 2023 and 2024. These measures have contributed to the further digitalisation of PMO processes, bringing improvements both for the management of claims under the JSIS, through streamlining of processes, and for the JSIS clients, through the development of PMO Mobile and the integration of JSIS Online in MyPMO.

The new model of governance consolidated the three units dealing with affiliates in Brussels, Ispra and Luxembourg, allowing them to function as one JSIS. The main objective is to create synergies and harmonise between the three sites, to ensure that similar files are dealt with in a similar way and with a common understanding and application of rules and procedures.

As regards the modernisation of the JSIS and to respond to issues faced by JSIS affiliates, the PMO has concluded agreements with insurance or healthcare providers in the Member States. Already in 2023, an agreement was reached for linking up the IT tool for the sickness insurance (ASSMAL) with the Belgian IT platform (MyCareNet) for the transition to full digital exchange of documents related to the costs of health care, which is being put in place for Belgian health care providers.

In 2024, the IT architecture for this project was finalised and the framework agreement was revised by the Data Protection Officer (DPO) and the European Data Protection Supervisor (EDPS), to ensure compliance with data protection laws.

The JSIS beneficiaries in Spain benefit from the PMO agreements with regional healthcare authorities, in the areas with the highest concentration of the JSIS members. In 2024, the agreements with the regional authorities of Madrid and Catalonia were extended for another four years.

In 2023 increased ceilings have been adopted for the reimbursement of certain medical expenses. That was the first step, and discussions on revising other reimbursement ceilings continued in 2024, taking into account the revision impact on the scheme's reimbursements for the relevant expenses.

Following the success of the Health Screening Programme, negotiations of agreements with networks of hospitals/health centres for general medical services will continue in 2025.

Impact of the activities in the financial statements

The increase of the **total operational expenses** from EUR 435 million in 2023 to EUR 478 million in 2024 is mainly attributable to the increase in reimbursement ceilings for certain medical expenses together with the yearly increase in prices – see notes **3.3**, **3.4** and **3.5**.

The overall estimated liabilities from 2023 to 2024 have increased of EUR 11 million (from EUR 98 million in 2023 to EUR 109 million in 2024). This increase results from the combined effect of an increase on **accrued charges on medical expenses** from EUR 57 million in 2023 to EUR 59 million in 2024 (see note **2.6**) due to the continuous effort of tarification before the cut-off date for these accounts (i.e. 20 February 2025) and the increase of **provisions** from EUR 41 million in 2023 to EUR 50 million in 2024 (see note **2.5**).

In spite of the challenging bond market conditions in 2024, the financial instruments portfolio of JSIS had a positive yearly return on assets – see note **2.1**.

FINANCIAL STATEMENTS AND EXPLANATORY NOTES

BALANCE SHEET

EUR '000

	Note	31.12.2024	31.12.2023
NON CURRENT ASSETS			
Financial assets	*2.1*	*304 949*	*306 579*
Guarantee for intermediary billing	*2.2*	*100*	*100*
		305 049	**306 679**
CURRENT ASSETS			
Financial assets	*2.1*	*80 041*	*81 645*
Bank accounts and term deposits	*2.1*	*23 234*	*5 542*
Receivables	*2.3*	*7 175*	*6 175*
Cash and cash equivalents	*2.4*	*29 488*	*25 075*
		139 938	**118 437**
TOTAL ASSETS		**444 987**	**425 115**
CURRENT LIABILITIES			
Provisions	*2.5*	*(50 022)*	*(41 129)*
Accrued charges	*2.6*	*(59 029)*	*(57 195)*
Payables to members	*2.7*	*(16)*	*–*
Other liabilities	*2.8*	*(42)*	*–*
		(109 110)	**(98 324)**
TOTAL LIABILITIES		**(109 110)**	**(98 324)**
NET ASSETS		**335 877**	**326 791**
Results of previous years brought forward		*326 792*	*305 222*
Economic result of the year		*9 085*	*21 569*
NET ASSETS		**335 877**	**326 793**

STATEMENT OF FINANCIAL PERFORMANCE

EUR '000

	Note	2024	2023
OPERATIONAL REVENUE			
Contributions	*3.1*	*471 897*	*436 056*
Recoveries from third parties	*3.2*	*797*	*585*
		472 694	**436 641**
OPERATIONAL EXPENSES			
Health care	*3.3*	*(464 710)*	*(428 617)*
Reimbursements Art. 72(3)	*3.4*	*(594)*	*(675)*
Preventive medical examinations	*3.5*	*(3 584)*	*(3 253)*
Movement in provisions for members' claims	*3.6*	*(8 894)*	*(2 548)*
Intermediary billing fees	*3.7*	*(95)*	*(87)*
		(477 876)	**(435 180)**
RESULT FROM OPERATIONAL ACTIVITIES		**(5 182)**	**1 461**
NON-OPERATIONAL REVENUE AND EXPENSES			
Financial result on financial assets	*3.8*	*14 462*	*20 130*
Other non-operational revenue	*3.9*	*3*	*10*
Other non-operational expenses	*3.10*	*(197)*	*(31)*
RESULT FROM NON-OPERATIONAL ACTIVITIES		**14 267**	**20 108**
ECONOMIC RESULT OF THE YEAR		**9 085**	**21 569**

CASH FLOW STATEMENT

EUR '000

	Note	2024	2023
Cash and cash equivalents at 1 January	*2.4*	**25 075**	**131 558**
Economic result of the year		*9 085*	*21 569*
Operational activities			
Increase/(decrease) in receivables		*(1 000)*	*1 117*
(Increase)/decrease in provisions		*8 894*	*2 548*
Increase/(decrease) in accrued charges		*1 834*	*3 266*
Increase/(decrease) in payables to members		*16*	*–*
Increase/(decrease) in other liabilities		*42*	*–*
		9 786	**6 931**
Financial activities			
Cash flow from financial assets		*3 233*	*(150 924)*
Bank account and term deposits		*(17 692)*	*15 941*
		(14 458)	**(134 983)**
Total movement in cash and cash equivalents		**4 413**	**(106 482)**
Cash and cash equivalents at 31 December	2.4	**29 488**	**25 075**

NOTES TO THE FINANCIAL STATEMENTS

1. SIGNIFICANT ACCOUNTING POLICIES

1.1. LEGAL BASIS AND ACCOUNTING RULES

As required by Art. 72 of the Staff Regulations covering social security benefits, a Joint Sickness Insurance Scheme (JSIS) was established to ensure that EU officials and their dependents are financially covered for sickness, up to a limit, subject to rules drawn up by agreement between the institutions of the Union after consulting the Staff Regulations Committee.

The JSIS accounting and disclosure framework is adopted by the Commission's Accounting Officer after consulting the JSIS Management Committee (which is composed of representatives from the institutions of the EU, as well as from the staff), as required by Art. 44 and 45 of the Common Regulation of the Sickness Insurance on accounting structure and documents.

1.2. ACCOUNTING PRINCIPLES

The Accounting Officer of the Commission in her role as Accounting Officer of the JSIS adopts the JSIS accounting rules.

The annual accounts provide details on the financial position and performance of the JSIS and have been prepared on the accrual basis of accounting.

The overall considerations (or accounting principles) to be followed when preparing the financial statements are as follows:

- Fair presentation;
- Accrual basis;
- Going concern;
- Consistency of presentation;
- Aggregation;
- Offsetting; and
- Comparative information.

1.3. BASIS OF PREPARATION

Currency and basis for conversion

The annual accounts are presented in euros, which is the JSIS functional and reporting currency.

Foreign currency transactions are translated into euros using the exchange rate prevailing at the date of each transaction.

Year-end balances of monetary assets and liabilities denominated in foreign currencies are translated into euros on the basis of the European Central Bank (ECB) exchange rates applying on 31 December.

Euro exchange rates

Currency	31.12.2024	31.12.2023	Currency	31.12.2024	31.12.2023
BGN	**1.9558**	1.9558	**PLN**	**4.275**	4.3395
CZK	**25.158**	24.724	**RON**	**4.9743**	4.9756
DKK	**7.4578**	7.4529	**SEK**	**11.459**	11.096
GBP	**0.82918**	0.86905	**CHF**	**0.9412**	0.926
NOK	**11.795**	11.2405	**JPY**	**163.06**	156.33
HUF	**411.35**	382.8	**USD**	**1.0389**	1.105

Foreign exchange gains and losses resulting from the settlement of foreign currency transactions and from the translation at year-end exchange rates of monetary assets and liabilities denominated in foreign currencies are recognised in the statement of financial performance.

Use of estimates

In accordance with generally accepted accounting principles, the annual accounts necessarily include amounts based on estimates and assumptions by management, based on the most reliable information available. Significant estimates include, but are not limited to, financial risk on accounts receivables, provisions and accrued income and charges. Actual results could differ from those estimates. Changes in estimates are reflected in the period in which they become known.

1.4. BALANCE SHEET

The assets and liabilities in the JSIS balance sheet are split between current and non-current based on the nature of the JSIS's operations.

An asset should be classified as a current asset when:

a) It is expected to be realised in, or is held for sale or consumption in, the normal course of the operating cycle; or

b) It is held primarily for trading purposes or for the short-term and expected to be realised within twelve months of the reporting date; or

c) It is cash or a cash equivalent.

All other assets should be classified as non-current.

A liability should be classified as a current liability when:

(a) It is expected to be settled in the normal course of the JSIS's operating cycle; or

(b) It is due to be settled within twelve months of the reporting date; or

(c) It is held primarily for the purpose of being traded; or

(d) The JSIS does not have an unconditional right to defer settlement of the liability for at least twelve months after the reporting date.

All other liabilities should be classified as non-current liabilities.

Financial assets
Classification at initial recognition

The classification of the financial instruments is determined at initial recognition in two categories: Financial assets at amortised cost ('AC') or financial assets at fair value through surplus or deficit ('FVSD').

The financial assets at amortised cost are initially recognised at the fair value plus transaction costs (when applicable) that are directly attributable to the acquisition or issue of the asset.

For financial assets at fair value through surplus or deficit, the initial recognition amount is the fair value (the transaction price, i.e. the fair value of the consideration given) and any transaction costs are expensed in the statement of financial performance.

Subsequent measurement

Financial assets at amortised cost are subsequently measured at amortised cost from the initial recognition amount minus principal repayments, minus impairment (if any) plus or minus the amortisation of any difference between the asset's initial amount and the amount at maturity. Any gain or loss is recognised in the statement of financial performance when the asset is derecognised or impaired.

Financial assets at fair value through surplus or deficit are subsequently measured at fair value. Gains and losses from changes in the fair value (including those stemming from foreign exchange translation

and any interests earned) are included in the statement of financial performance in the period in which they arise.

Receivables

Receivables are carried at the original recoverable amount less write-down for impairment. A write-down for impairment of receivables is established when there is objective evidence that the JSIS will not be able to collect the amount due according to the original terms of the receivable. The amount of the write-down is the difference between the asset's carrying amount and the recoverable amount. The amount of the write-down is recognised in the statement of financial performance.

Cash & cash equivalents

Cash and cash equivalents include the intercompany bank account with the European Commission and deposits which are current investments.

Provisions

Provisions are recognised when the JSIS has a present legal or constructive obligation as a result of past events, it is more likely than not that an outflow of resources will be required to settle the obligation, and the amount can be reliably estimated. Provisions are not recognised for future operating losses.

Provisions cover medical claims either not yet received or accepted, and are the best estimate of the expenses expected to be required to settle present obligations at the reporting date. The provision for expected claims which have yet to be received is estimated by weighting all possible outcomes by their associated probabilities (the 'expected value' method).

Accrued charges

Accrued charges relate mainly to medical expenses. They consist of all medical claims relating to current year or earlier, which were not yet paid at the year-end but have been received and accepted by the reporting cut-off date.

Payables

Payables arising from the rendering of services are recognised in the accounts when the services are delivered and accepted by the JSIS.

1.5. STATEMENT OF FINANCIAL PERFORMANCE

Revenue

Revenue associated with a transaction involving the provision of services is recognised by reference to the stage of completion of the transaction at the reporting date. Revenue includes the contributions that the JSIS has received from its members, recoveries from third parties, interest from bonds and deposits, foreign exchange gains and other financial revenue.

Expenses

Reimbursements are recognised as expenses in the period during which the events giving rise to the transfer occurred, as long as the nature of the transfer is allowed by regulation (Financial Regulation, Staff Regulations, or other specific regulations applicable to the JSIS) or a contract has been signed authorising the transfer.

Recognition of expenses also depends on the beneficiary meeting the eligibility criteria and that a reasonable estimate of the amount can be made.

2. NOTES TO THE BALANCE SHEET

NON CURRENT ASSETS

2.1. FINANCIAL ASSETS, BANK ACCOUNTS AND TERM DEPOSITS

EUR '000

	31.12.2024	31.12.2023
Non-current		
Financial assets at fair value through surplus or deficit (FVSD)	*304 949*	*306 579*
	304 949	**306 579**
Current		
Financial assets at fair value through surplus or deficit (FVSD)	*80 041*	*81 645*
Bank accounts and term deposits	*23 234*	*5 542*
Total	**103 275**	**87 187**
	408 224	**393 766**

Based on a SLA with DG Budget, the Commission is entrusted with managing the financial assets portfolio of JSIS. The eligible instruments include fixed revenue investments, term deposits and bank accounts. Based on prevailing market conditions and investment considerations, the portfolio manager allocates the funds accordingly. In case of a liquidity shortage for JSIS operations, JSIS may request a cash transfer of money from the portfolio to the intercompany bank account.

During 2024, there was no transfer of funds from the intercompany account to the portfolio. At 31 December, the portfolio comprised cash holdings and bonds with maturities up to 10 years. The amounts not yet invested are kept on dedicated bank accounts (EUR 23.2 million in 2024).

The portfolio's performance in 2024 was impacted by gradual cuts of interest rates. As a result, the portfolio incurred a gain of approximately EUR 14.4 million (see note **3.8**) with an absolute performance of 3.663% (in 2023: 6.053%) but it was lower than the previous year (in 2023: EUR 20 million). To put this into perspective, this return was better than the portfolio's benchmark (3.253%). The current positive interest rate environment offers a solid foundation and cushion for expected returns going forward.

The entire portfolio remains accounted for in the JSIS. The Other Schemes[3] receive interest revenue from the JSIS. It is calculated based on the monthly cash balance of the Scheme available on the intercompany accounts with the JSIS (see note **2.4**) and the average monthly return on assets (RoA) of the portfolio. In 2024, the monthly RoA was negative and thus no amount of interest was received by the Other Schemes (in 2023: kEUR 356).

Financial assets refer to financial assets at fair value through surplus or deficit (FVSD), mainly bonds. The main movements are as follows:

[3] The Other Schemes are: a scheme for the European Schools (EE), a scheme for the European University Institute (EUI/UF) and a complementary scheme for the staff outside EU (HC,"Hors-Communauté"). The PMO manages all these three Schemes and the Joint Sickness Insurance Scheme (JSIS).

EUR '000

	2024	2023
Fair value of financial investments at 1 January.	*388 223*	*237 300*
Accruals reclassification (IPSAS 41)	*–*	*1 182*
Cash-flow outflows: acquired investments at FVSD	*206 441*	*260 753*
Cash-flow inflows: investments at FVSD sold during the year	*(217 620)*	*(134 961)*
Fair value movement: revaluation of investments at FVSD held at year-end	*7 945*	*23 950*
Valuation of financial assets at 31 December	**384 990**	**388 223**

It should be noted that the gains or losses are immediately recognised in the statement of financial performance according to the revised accounting rule 4.

2.2. GUARANTEE FOR INTERMEDIARY BILLING

Amounts under this heading comprise a guarantee given in form of an advance payment to the provider of the intermediary billing system (kEUR 100) that has been launched for the members who reside in the Netherlands. This system started in May 2020 and, under it, the JSIS pays a fee to the provider who then makes payments of the medical expenses on behalf of the eligible members. The details of the reimbursements are provided on monthly basis to JSIS who processes them in line with the rules of the Scheme.

CURRENT ASSETS

2.3. RECEIVABLES

EUR '000

	31.12.2024	31.12.2023
Contributions to be received	*340*	*74*
Receivables on financial assets	*–*	*7*
Advance payments to members	*6 825*	*6 094*
Other receivables	*9*	*–*
Total	**7 175**	**6 175**

The contributions to the JSIS are withheld by the EU entities from the salaries of their staff and then transferred to JSIS. This heading includes contributions related to 2024 that were outstanding at the year-end.

The advance payments made to members by the JSIS for accident related expenses and medical expenses arise when the JSIS pays directly the entire amount of the invoice and members are required to pay back the portion of the cost in accordance with the Scheme's rules.

In those cases an invoice is processed in two stages: firstly, the full amount of the invoice paid to the healthcare provider and expensed. In the second stage, so called "tarification", the invoice is validated and split between the amount reimbursable (covered) by the JSIS (which remains in operating expenses) and the amount born by the member. This non-reimbursable amount is transferred to advances and will have to be paid back to the JSIS by the member. A closure correction is made for invoices paid but not yet validated at the year end and the advances are increased by amounts expected to be covered by the members. On average, this corresponds to 8% of the total amount of invoices paid.

All the advances of the JSIS are presented as current assets because they are expected to be paid within the normal operational cycle of the JSIS.

EUR '000

	31.12.2024	31.12.2023
Advance payments to members	*6 756*	*6 093*
Invoices paid but not validated	*69*	*1*
Total	**6 825**	**6 094**

2.4. CASH AND CASH EQUIVALENTS

EUR '000

	31.12.2024	31.12.2023
Intercompany account JSIS-Commission	*49 025*	*44 055*
Intercompany accounts JSIS-Other Schemes	*(19 537)*	*(18 980)*
Total	**29 488**	**25 075**

The Other Schemes and JSIS do not have their own treasury system, instead they use the Commission bank accounts to make and to receive payments. In the accounting system therefore, the treasury movements are recorded on intercompany (inter-entity, cash pool) accounts. At the year-end, the balance on the JSIS intercompany account with the Commission represents the net cash due to or from the Commission at that date. This amount is adjusted by the net cash due to or from JSIS to the Other Schemes. The intercompany accounts with the Commission and with the Other Schemes are classified for accounting purposes as cash and cash equivalents.

LIABILITIES

At the year-end the liabilities of JSIS comprise mainly estimated liabilities, i.e. an estimation of the operational expenses incurred during the year but not yet recorded at year-end. This estimation is made during the closure (cut-off) exercise and amounts are shown as accrued charges (amounts accepted but not yet paid) or provisions (amounts estimated). It should be noted that the amount of operating expenses is impacted by both the reversal of the previous year's amounts and the recognition of the current year's amounts of total accrued charges and provisions.

EUR '000

	Note	31.12.2024	31.12.2023
Provisions	*2.5*	50 022	*41 129*
Accrued charges	*2.6*	59 029	*57 195*
Total estimated liabilities		109 051	**98 324**

2.5. PROVISIONS

Provisions represent the estimated future cash outflows for reimbursements for health care, preventive medical examinations and other medical expenses to the members of the Scheme incurred but not accepted or paid at year-end. The calculation of the provisions is based on a rolling average of the reimbursement pattern for each category of expenses from the current year plus the 3 previous ones. Accrued charges are calculated and disclosed separately (see note **2.6**).

The movements of provisions during the year can be split as follows:

EUR '000

	31.12.2023	Used	Unused	Additions	31.12.2024
Direct reimbursements	*19 389*	*19 389*	*–*	28 006	*28 006*
Direct billing	*19 348*	*19 348*	*–*	20 0190	*20 0190*
Funeral expenses	*94*	*94*	*–*	161	*161*
Intermediary direct billing	*1 439*	*1 355*	*83*	435	*435*
Total health care provision	*40 269*	*40 186*	*83*	48 791	*48 791*
Art.72(3)	*418*	*398*	*20*	621	*621*
Preventive medicine exams	*441*	*441*	*–*	610	*610*
Total	**41 129**	**41 025**	**103**	**50 022**	**50 022**

In the past 3 years (2021-2023), the JSIS operational expenditure has increased above 10% yearly. This increase is mainly attributed to the combined effect of high inflation rates in EU Member-States[4] and the increase of coverage for a certain number of category of expenses during that same period[5].

In order to follow the increased trend of the expenditure, other factors have been introduced, in the method of calculation for provision estimation, as the average of inflation rate at EU level for the current year and the 3 previous ones.

The provisions are being calculated as a 'rolling average' based upon past experience of the current year and the 3 previous ones. Thus, the impact of this systematic increase in expenses is leveled down on the estimation of the provisions resulting in a considerable lower amount than the level of expenses actually incurred.

EUR '000

	2024	2023	2022	2021
Health care	*464 710*	*428 617*	*383 771*	*347 253*
Reimbursements art 72.3	*594*	*675*	*422*	*549*
Preventive medecine	*3 584*	*3 523*	*3 189*	*1 791*
Total operational expenses	**468 888**	**432 815**	**387 382**	**349 593**
Yearly increase	*8%*	*12%*	*11%*	*10%*

For further details regarding the movement of the provisions, see also note **3.6**.

2.6. ACCRUED CHARGES

EUR '000

	31.12.2024	31.12.2023
Accrued charges on medical expenses	*58 603*	*57 189*
Accrued charges on financial assets	*6*	*7*
Other	*421*	*–*
Total	**59 029**	**57 195**

[4] Consumer prices - inflation - Statistics Explained - Eurostat

[5] As of 2022, IVF and dental care has had their coverage and thresholds for reimbursement increased as per new GIPS.

Accrued charges on medical expenses include all medical claims relating to the current year or earlier, which were not yet paid at the year-end but have been received and accepted at the reporting cut-off date (i.e. 20 February 2025). There is no uncertainty about the amount and timing of the claims presented under accrued charges.

Accrued charges on financial assets include custody fees not yet paid at year-end.

Other accrued charges relate to unallocated cashed amounts that are expected to be regularized within the normal operational cycle of the JSIS.

2.7. PAYABLES TO MEMBERS

Payables to members relate to suspended payments that are expected to be repaid to the members within the normal operational cycle of the JSIS.

2.8. OTHER LIABILITIES

Other liabilities include payments returned whose treatment was pending at year end. They are expected to be repaid to third parties within the normal operational cycle of the JSIS.

3. NOTES TO THE STATEMENT OF FINANCIAL PERFORMANCE

OPERATIONAL REVENUE

3.1. CONTRIBUTIONS

EUR '000

	2024	2023
Contributions current year (N)	*471 859*	*436 130*
Contributions previous year (N-1)	*3*	*(74)*
Total Contributions	**471 897**	**436 056**

The increase in contributions is largely due to salary increases stemming from the 2024 promotion exercise and the annual salary and pensions adjustments.

3.2. RECOVERIES FROM THIRD PARTIES

EUR '000

	2024	2023
Recoveries year N-2	*24*	*–*
Recoveries year N-3	*761*	*585*
Total recoveries from third parties	**797**	**585**

The amounts under this heading refer to subrogation rights on accident-related reimbursements. A subrogation is the right of the insurer (i.e. the JSIS) to pursue a third party to recover a loss incurred.

The increase compared to last year is mainly due to the amounts recovered through actions taken by the relevant sector handling accidents and occupational diseases.

OPERATIONAL EXPENSES

It should be noted that the JSIS staff costs and other administrative expenses (e.g. salaries) are paid directly by the Commission and are not a cost for the Scheme.

3.3. HEALTH CARE

EUR '000

	2024	2023
Direct reimbursements	*255 251*	*230 200*
Direct billing	*149 138*	*137 458*
Funeral expenses	*1 922*	*1 927*
Intermediary direct billing	*3 621*	*2 185*
Expenses current year (N)	**409 933**	**371 770**
Direct reimbursements	*30 665*	*27 911*
Direct billing	*20 486*	*24 944*
Funeral expenses	*116*	*132*
Intermediary direct billing	*1 374*	*1 251*
Expenses previous year (N-1)	**52 642**	**54 237**
Direct reimbursements	*1 425*	*1 330*
Direct billing	*659*	*1 146*
Funeral expenses	*41*	*56*
Intermediary direct billing	*10*	*77*
Expenses year N-2	**2 135**	**2 609**
Total Health Care	**464 710**	**428 617**

In 2024, the aggregated total of health care expenses increased by an amount of kEUR 36 093 (in 2023: kEUR 44 846) which can be attributed to the combined effect of the increase in reimbursement ceilings for certain medical expenses together with the yearly increase in prices.

3.4. REIMBURSEMENTS ART. 72(3)

The expenses under this heading are related to the provisions of Art. 72(3) of the Staff Regulation (additional reimbursement to Scheme members under specific circumstances).

EUR '000

	2024	2023
Expenses current year (N)	*105*	*141*
Expenses previous year (N-1)	*300*	*297*
Expenses year N-2	*100*	*114*
Expenses year N-3	*89*	*123*
Total reimbursements Art. 72(3)	**594**	**675**

3.5. PREVENTIVE MEDICAL EXAMINATIONS

The expenses under this heading are related to the preventive medicine covered by the JSIS. The annual medical check-up costs (Art. 59 of the Staff Regulations) are not expenses of the JSIS.

EUR '000

	2024	2023
Expenses current year (N)	*3 045*	*2 849*
Expenses previous year (N-1)	*538*	*403*
Expenses previous year (N-2)	*–*	*1*
Total preventive medical examinations	**3 584**	**3 253**

3.6. MOVEMENT IN PROVISIONS FOR MEMBERS' CLAIMS

EUR '000

	2024	2023
Health care provisions	8 522	*2 568*
Provisions Art. 72(3)	203	*114*
Provisions for preventive medical examinations	170	*(134)*
Movement in provisions for members' claims	**8 894**	**2 548**

The increase of the provision's movements from one year to the next is mainly due to the improvement of the accounting estimates in order to have a better follow up of the present increase in the expenditure as described in the note 2.5.

3.7. INTERMEDIARY BILLING FEES

Amounts under this heading of kEUR 95 comprise fees to the provider of the intermediary billing for staff enrolled in the intermediary billing system that has been launched (in 2020) for the members who reside in the Netherlands. This system is expected to be enlarged to other regions and Member States of the European Union.

NON-OPERATIONAL REVENUE AND EXPENSES

Under this chapter the portfolio’s related revenues and expenses are shown.

3.8. FINANCIAL RESULT ON FINANCIAL ASSETS

EUR '000

	2024	2023
Financial revenue on financial assets at FVSD	*14 333*	*19 481*
Interest revenue on cash and cash equivalents	*121*	*608*
Other financial revenues on financial assets at FVSD	*85*	*147*
Other financial expenses on financial assets at FVSD	*(77)*	*(107)*
Result from financial assets	**14 462**	**20 130**

Since the implementation in 2023 of the revised JSIS Accounting Rule 4 on Financial Assets, gains and losses from changes in the fair value (including any interests earned) are included in the statement of financial performance in the period in which they arise.

The financial revenue on financial assets at FVSD of EUR 14.3 million includes, amongst others, EUR 10.4 million of interest income and EUR 3.2 million net fair value gains.

3.9. OTHER NON-OPERATIONAL REVENUE

EUR '000

	2024	2023
Foreign exchange gains	*0*	*1*
Other	*2*	*8*
Total of other non-operational revenue	**3**	**10**

3.10. OTHER NON-OPERATIONAL EXPENSES

EUR '000

	2024	2023
Foreign exchange losses	*2*	*2*
Other	*195*	*29*
Total of other non-operational expenses	**197**	**31**

The increase of other non-operational expenses is linked to the increase in the waiving of advances as a result of the analysis of aging advances that were still pending. The waivers were established in line with the current JSIS regulation (see below and note **2.3**).

For waivers, PMO applies the provisions related to Art. 30 of the Joint Rules on sickness insurance for officials of the European Union. It allows the waiving of a recovery of an advance of medical expenses where:

- The sum at stake is minimal in relation to the administrative cost of the operation; or
- It proves impossible to effect recovery, in particular following the death of a member.

The waivers made during the year are recorded in other non-operational expenses.

Electronically signed on 11/07/2025 16:59 (UTC+02) in accordance with Article 11 of Commission Decision (EU) 2021/2121

EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR BUDGET

Financial Market Operations and Budgetary Guarantees
The Director

Luxembourg
BUDG.F/NB

NOTE FOR THE ATTENTION OF
MR LEVASSEUR CHRISTIAN– PMO DIRECTOR OF OFFICE - HEAD OF SERVICE,
MS LORENZO LERONES GLORIA– CHAIR OF THE MANAGEMENT COMMITTEE OF THE JOINT SICKNESS INSURANCE SCHEME

Subject: Investment Portfolio of the Reserves of the Joint Sickness Insurance Scheme: Returns earned in 2024 and outlook for 2025

I write to inform you about the investment returns earned by the portfolio of the Reserves of the Joint Sickness Insurance Scheme (hereafter "JSIS") in 2024 and present the state of play and outlook for 2025.

2024 proved to be an overall good year for the global economy, underpinned by resilient economic growth and receding inflation. Financial markets generally performed well, bolstered by central banks easing monetary policy, despite periods of volatility driven by fluctuating interest rate expectations and geopolitical tensions.

Against this backdrop, the JSIS portfolio delivered yet another year of strong performance, with an absolute return of +3.66%, outperforming its benchmark by 0.41% (benchmark return: 3.25%). While adhering to its conservative strategic allocation principles, the portfolio was managed actively so as to tactically adjust duration and asset mix to capitalize on market dynamics.

Looking ahead, global markets are cautiously navigating the implications of the policies of the new US administration, including heightened trade tensions and fiscal policy uncertainties.

Despite the significant market volatility largely emanating from the US, the portfolio return for the year to end-May 2025 is 1.84%, which is 0.30% higher compared to the benchmark return of 1.54%.

Overall, the macroeconomic outlook for 2025 and beyond is cautiously optimistic. While growth forecasts remain modest, increased public investment—particularly in Europe—is expected to support industrial activity and longer-term recovery. While there are mostly downside risks to this central scenario, a more accommodative monetary policy and strong consumer and corporate balance sheets should ensure that the Euro-area avoids a recession, despite the headwinds from an extremely challenging external environment.

Future returns can vary and cannot be guaranteed. Having said that, the portfolio's current yield-to-maturity of about 2.50% provides an important cushion and support for positive average returns over the coming years.

I hope that the strong performance achieved in 2024 and this outlook help to reassure you that the portfolio is well positioned to sustain its positive trajectory amidst the inevitable uncertainties of the global economy, and achieve long-term stability and growth, in line with its investment objectives. Further details can be found in the attached annual report.

Electronically signed

Niall BOHAN

Enclosure: JSIS Annual Report 2024

c.c.: A. Popa, S. Chatziavraam, A. De Witte, D. Westig D. Papakonstantinou, K. Dierckx, O. Philips, M. Turcanova, B. Sinescu, R. Selves, T. Ansay, J. Chapotel, I. Blagov, G. Kalantzis, I. Koleva

Electronically signed on 23/06/2025 17:17 (UTC+02) in accordance with Article 11 of Commission Decision (EU) 2021/2121

EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR BUDGET

Financial Market Operations and Budgetary Guarantees
The Director

Luxembourg
BUDG.F/NB

NOTE FOR THE FILE

Subject: Management of the Reserves of the Joint Sickness Insurance Scheme (JSIS or RCAM, Régime Commun d'Assurance Maladie) – 2024 Report and 2025 Outlook

A. EXECUTIVE SUMMARY

2024 proved to be an overall good year for the global economy, underpinned by resilient economic growth and receding inflation. Financial markets generally performed well, bolstered by central banks easing monetary policy, despite periods of volatility driven by fluctuating interest rate expectations and geopolitical tensions. Towards the end of the year, global bond markets had rallied significantly, supported by rate cuts from major central banks, including the Fed and ECB, as well as fiscal stimulus from China. However, December closed on a weaker note due to renewed hawkish signals from the Fed and European political instability, with French assets under pressure following a historic no-confidence vote.

Against this backdrop, **the RCAM portfolio delivered yet another year of strong performance**. While adhering to its conservative strategic allocation principles, the portfolio was managed actively, so as to tactically adjust duration and asset mix to capitalize on market dynamics. Overweight positions in corporate bonds and short-duration instruments contributed positively, alongside timely investments in French assets and key corporate sectors. **These decisions allowed the portfolio to return +3.66% in 2024, outperforming its benchmark by 0.41%. As of end of May 2025, the portfolio continues to outperform, with a year-to-date return of +1.84% versus +1.54% for the benchmark** (+0.30% excess return), supported by relatively solid yield-to-maturity levels.

Looking ahead, global markets are cautiously navigating the implications of a newly re-elected Trump administration, including heightened trade tensions and fiscal policy uncertainties. The imposition of new tariffs is a headwind to US and global growth while the controversial draft US tax bill is raising concerns over US fiscal sustainability. Meanwhile, trade dynamics with China remain delicately poised, with a temporary truce offering market relief but underlying tensions persisting and the escalation in the Middle East brings additional risks.

The macroeconomic outlook for 2025 and beyond nevertheless suggests cautious optimism. While growth forecasts remain modest, increased public investment—

particularly in Europe—is expected to support industrial activity and longer-term recovery. While there are mostly downside risks to our view, a more accommodative monetary policy and strong consumer and corporate balance sheets should ensure that the Euro-area avoids a recession, despite the headwinds from an extremely challenging external environment.

Despite concerns over US fiscal policy, the spillover into European bond markets may create attractive opportunities for euro-denominated fixed income investors, given the region's more sustainable debt profile. **As such, the investment focus is shifting towards longer horizons, selective risk-taking, and positioning for a gradual global rebound in 2026.**

B. MAIN REPORT

1. 2024: A STRONG YEAR WITH TWISTS & TURNS

2024 was a particularly strong year for risk assets, as economic growth surprised on the upside, while the moderation of inflation allowed central banks to finally begin cutting rates. However, it was punctuated with lots of volatility, including for sovereign rates.

Unlike 2023, the year started on a very strong note with global economic data mostly pointing to continued economic expansion. That gave confidence to the **Bank of Japan (BoJ) to finally end their negative interest rate policy in March**, after eight years. In addition, **oil prices rallied aggressively**, with Brent rising more than 20% in the first quarter and therefore not helping the inflation outlook.

Nevertheless, in **March the Swiss National Bank (SNB) was the first developed central bank to pull the rate cuts trigger**, as its inflation rate continued to steadily and comfortably decline below 2%. Of note during Q1, there **were concerns around commercial real estate in the aftermath of Covid, especially for the US**. In particular, New York Community Bancorp reported a loss as they raised their expected loan losses and provisions on their commercial real estate portfolio. That in turn raised fears that the full consequences of higher interest rates were still yet to materialise. As a result, US regional banks saw significant declines. Little before the summer and with markets recovering strongly, further worries resurfaced thanks to further hawkish developments, which raised questions as to whether the Fed would cut at all in 2024. **As such, the theme of "higher for longer" interest rates became prominent for the bond markets, with the 2yr Treasury yield moving back above 5% and the German above 3%.**

Another important development for the year, came also in April from the **Middle East, as there was a significant escalation in tensions**. Most notably, Iran launched an attack on Israel, marking the first time that there had been a direct attack on Israel from Iran. Just before that, as reports came through that Israel was preparing for a direct attack, Brent prices briefly surpassed the level of $90 per barrel. Considering these geopolitical tensions and the prospect of higher rates, risk assets saw their worst monthly performance of the year. Despite this, markets recovered throughout summer with investors getting relief from central banks communicating their desire to lower rates. In fact, the **European Central Bank (ECB) and the Bank of Canada (BoC) both cut rates for the first time since the pandemic in June**, which helped to cement the view that monetary policy was now easing at a global level.

However, worries retuned in **Europe due to the developments in French politics. French President Macron announced a snap legislative election in the aftermath of the European Parliament elections.** This led to a significant widening of the French 10yr spread over Germany, which moved to 85bps. Moreover, French equites experienced heavy losses. Over Q2 as a whole, **the French 10yr bond spread saw its biggest quarterly widening since Q4 2011, back when the Euro crisis was still ongoing.** Nevertheless, after the second round of elections, the spread did tighten again, but the new National Assembly was now gridlocked, with a stable parliamentary majority unable to be formed. These events coupled with weaker US data **during summer lead to the largest market turmoil of the year**, which began at the start of August. This got further fuel from the **BoJ hiking rates** at a time investors expected a much faster pace of rate cuts from the Fed. This pushed narrowed the expected interest rate differential between Japan and the US, pushing the Yen to appreciate markedly, which **in turn created major problems for the so-called yen 'carry trade'**. In brief, leveraged investors who have borrowed in yen to invest in higher yielding currencies had to abruptly adjust their positions, **causing ructions across the global financial markets**.

Nevertheless, the duration of the turmoil proved to be remarkably brief and did not lead to lasting issues. In part, that was because the US data became more positive and pointed away from a recession. On top, comments from central bankers, like BoJ's Deputy Governor Uchida and Fed's Chair Powell helped to reassure markets and cement the view that rate cuts were getting nearer. **In this backdrop, the Fed delivered a rate cut in September for the first time in this cycle, with a larger 50bps move. This helped to reassure investors that the Fed would react quickly to any economic deterioration. That was a major boost for global bonds, with Bloomberg's global bond aggregate rising to its highest level since April 2022 in September**. Also, supportive were the significant stimulus announcements out of China, which helped risk assets further, marking their strongest performance for Chinese assets since September 2008.

Then the next big event for the year, was the re-election of **Donald Trump in November, with him winning the US Presidential election, whilst the Republicans took control of both the House of Representatives and the Senate**. As a result, the S&P 500 saw its strongest monthly performance of the entire year, with a 6% gain. **However, several assets reacted more negatively after Trump announced he would place tariffs on Mexico, Canada and China. Additionally, geopolitical concerns remained, as Ukraine made their first strike inside Russia with US weapons, whilst President Putin signed a revision to Russia's nuclear doctrine**, allowing for a wider set of conditions under which they could use nuclear weapons.

In December, markets stumbled again, with a cross-asset selloff after the Fed pivoted in a more hawkish direction despite their initial larger than expected rate cut. **The Fed did cut rates again by 25bps, bringing their total cuts in 2024 to 100bps, but they only signalled 50bps of cuts for 2025, which was more hawkish than anticipated**. Meanwhile in Europe, **the ECB cut rates again but there was disappointment among investors that they did not take a more dovish tone**. That meant sovereign bonds sold off afterwards, with the 10yr Bund yield climbing +30bps (meaning prices dropped, as they move inversely to yields) in December, while similarly the US 10yr Treasuries yields rose by +50bps into year-end, posting their biggest quarterly increase since Q3 of 2022.

Separately in France, the government of Michel Barnier fell, with the first successful no-confidence vote since 1962 in French National Assembly. That put further pressure on French assets, and the Franco-German 10yr spread hit its widest levels since 2012 at the time of the Euro crisis by year-end.

2. PERFORMANCE OF THE RCAM PORTFOLIO

The portfolio continued to be managed in a prudent, yet active way, as was the case in previous years. As stipulated in the Investment Management Guidelines (AMGs), at all times at least 60% of portfolio funds were invested in bonds issued by EU Member States, in bonds guaranteed by such Member States or in bonds issued by Supranational Institutions. Also, 20% of the total funds of the portfolio are held as liquidity cushion in deposits or bonds with maturity of less than a year, with no changes made on the AMGs. See annex-1 on portfolio characteristics.

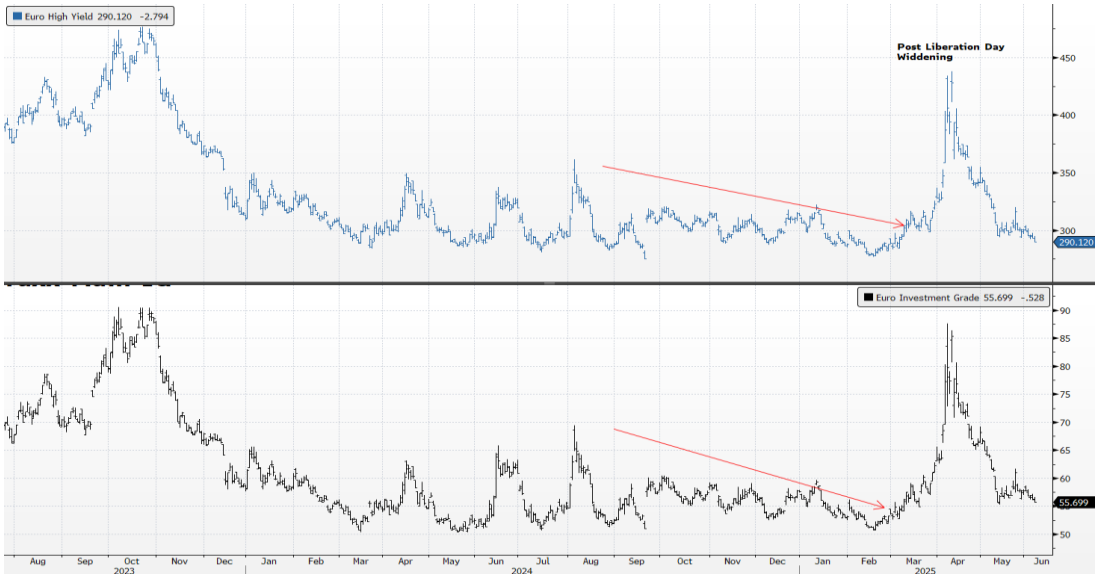
Throughout the year, transactions totalling €386.6 million were conducted, with purchases amounting to €202.6 million and sales totalling €184 million. These transactions primarily focused on **tactically increasing and decreasing the overall portfolio duration to take advantage of range bound trading environment** (chart 1). Additionally, there was a deliberate effort to **overweight corporate bonds** compared to the benchmark at the expense of covered bond holdings, **anticipating conditions for tighter spreads** (chart 2).

Chart 1 *– Since 2023 long-end sovereign yields in EU and US have been exhibiting range bound trading.*



Source: Bloomberg

Chart 2 *– During 2024 corporate bond spreads both Investment grade and High Yield drifted steadily lower in 2024 (while the more recent spread widening in April 2025 triggered by US tariff announcements was short-lived).*



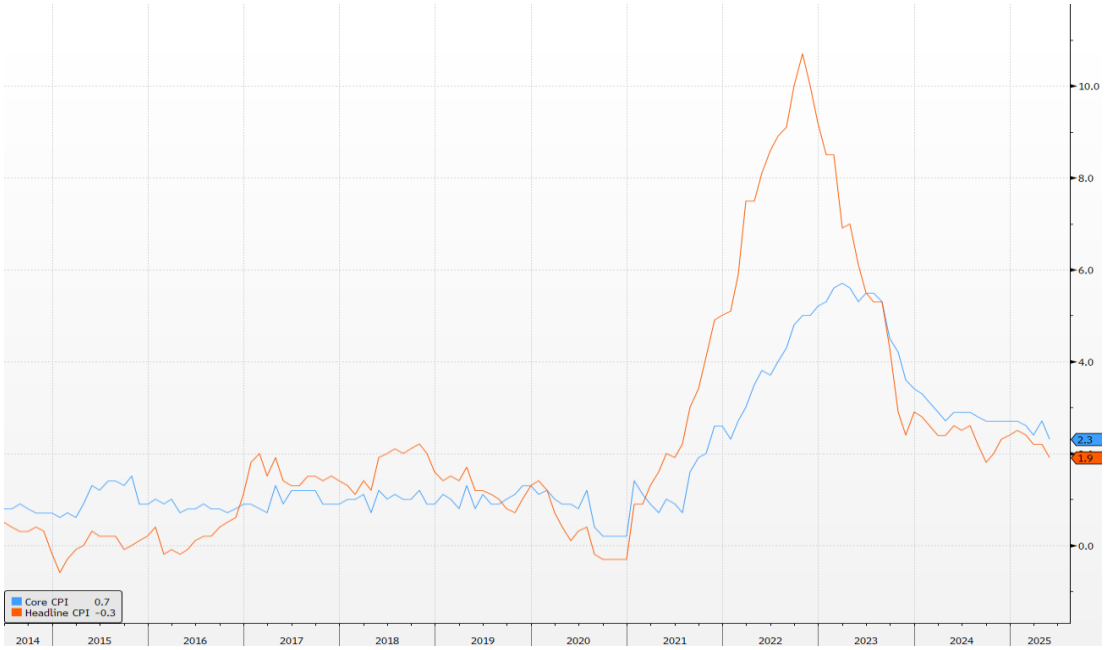
Source: Bloomberg

Meanwhile, a **balanced overweight exposure in SSAs** (includes Supranationals, Sub-sovereigns and Agencies) **versus core European Government Bonds** was maintained for the carry, along with tactical investments into French assets, which were increased somewhat during the final stage of the year. Also, the **portfolio was proactively insulated from the steepening of the yield curve with heavier investments in the shorter maturities** for most part of the year allowing to overperform the benchmark.

This approach led to another strong performance for the RCAM/JSIS portfolio. Achieving a **robust return of +3.66%** for an average duration of 3.4 - 3.5 years, against a benchmark's return of +3.25%, the portfolio **outperformed again its benchmark by +40.9 basis points.** (see Annex 2).

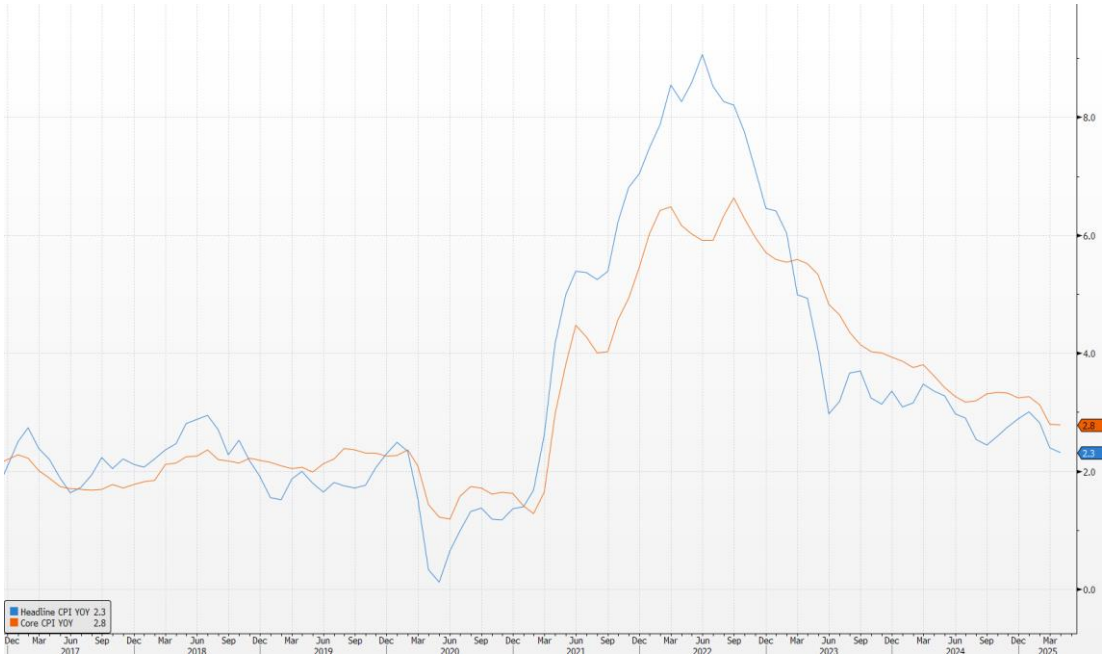
Overall, all asset classes that the portfolio can invest in (Core Sovereigns, Periphery Sovereigns, Supranational, Covered Bonds, Corporates and Financials) produced positive returns in 2024 as the steady declines in inflation both in Europe and US (see chart 3 & 4) allowed investors to see the start of the new cutting cycle.

Chart 3 *– Both Euro Area Headline and Core Consumer Price Index (CPI) continued to move lower in 2024, albeit at a slower pace. In 2025, the trend still seems intact.*



Source: Bloomberg

Chart 4 *– Similar picture we observe for the US Core Consumer Price Indices.*



Source: Bloomberg

3. 2025 STATE OF PLAY AND OUTLOOK

Despite the significant volatility largely emanating from the US, **the portfolio return year-to-date as of end-May 2025 is 1.84% overperforming the benchmark return (1.54%) by +30bps.**

Markets are currently reviewing the consequences of the Trump administration fiscal bill and the deficit outlook in the US, along with the trade policies announced so far and ongoing negotiations. Beyond the headline noise, our base case is that trade deals between the US and EU and China would be reached at some point, but both the timeline and final configuration is quite uncertain.

Overall and in brief, our central macroeconomic scenario for the rest of the year is one of Euro-area (EA) real GDP growth of around 1% in 2025, a slight improvement in economic activity compared to ca. 0.9% growth in 2024. This 1% growth forecast is close to consensus estimates from private sector economic analysts and official institutions. There are mostly downside risks to our view. Nevertheless, more accommodative monetary policy and strong consumer and corporate balance sheets should ensure that the EA avoids a recession, despite the headwinds from an extremely challenging external environment.

In this context, the portfolio will be managed with a moderate and selective tilt (in comparison to its strategic benchmark) to exposures such as investment grade corporate bonds which offer relatively attractive yield enhancement, while remaining within its overall very prudent risk management framework.

The portfolio currently has a yield-to-maturity of about 2.50%. While the macro-economic and financial outlook is clouded by many uncertainties, the ‘accrual’ of positive yields provides an important support and cushion to returns going forward.

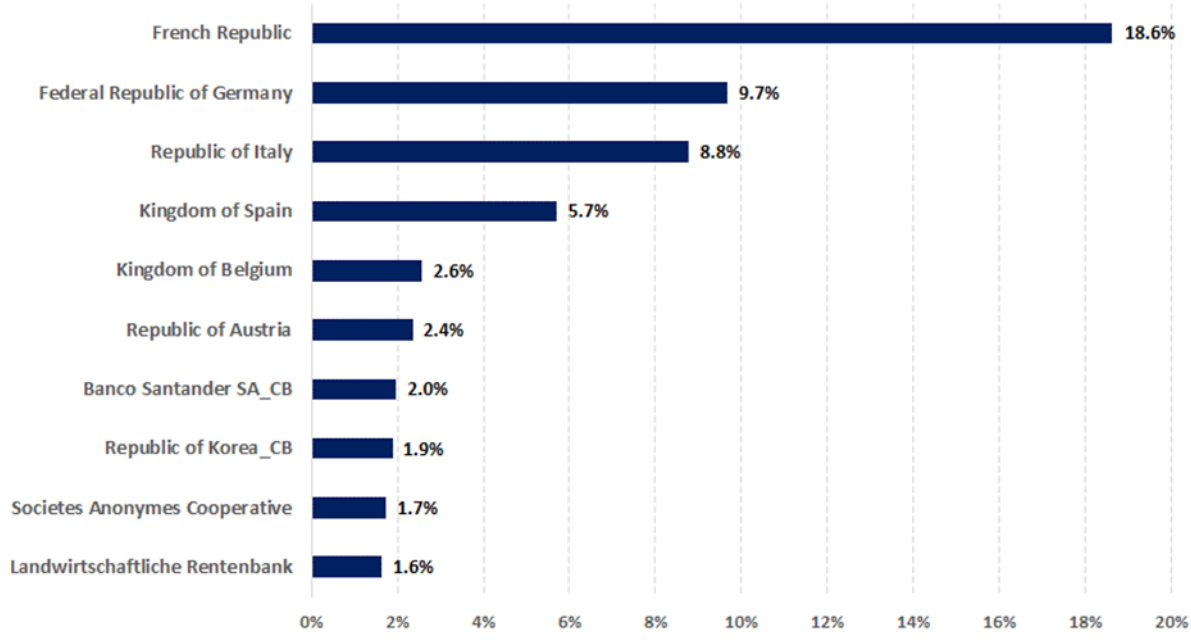
Electronically signed

Niall BOHAN

ANNEXES

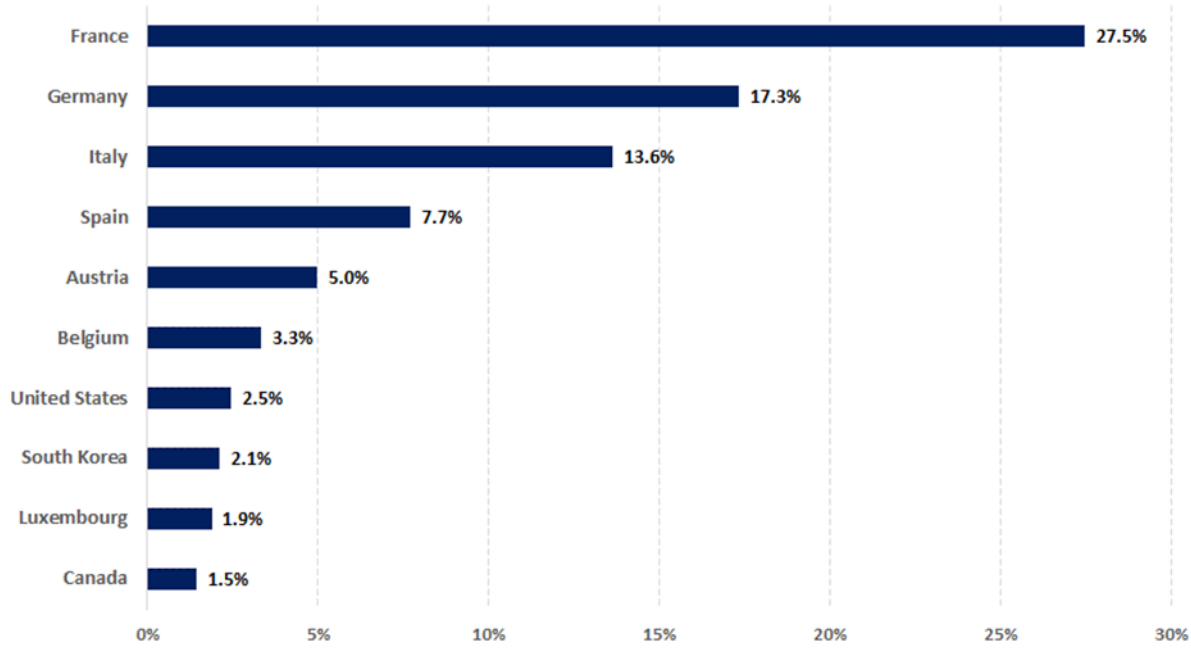
Annex 1. JSIS/RCAM Bond Portfolio structure by year end 2024

1.1. Top 10 exposures per issuer at parent level (% of portfolio total market value)



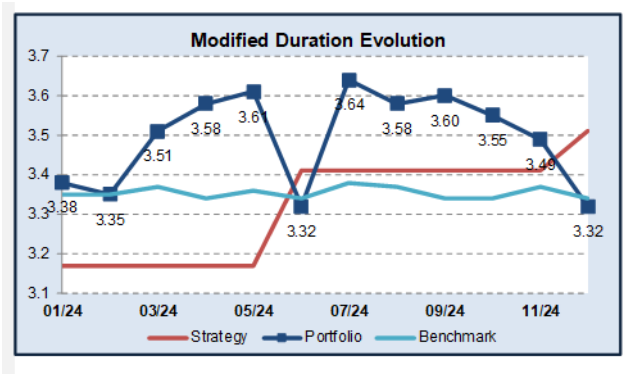
Source: Risk and Performance Report, December 2024

1.2. Top 10 exposures per country at parent level (% of portfolio total market value)



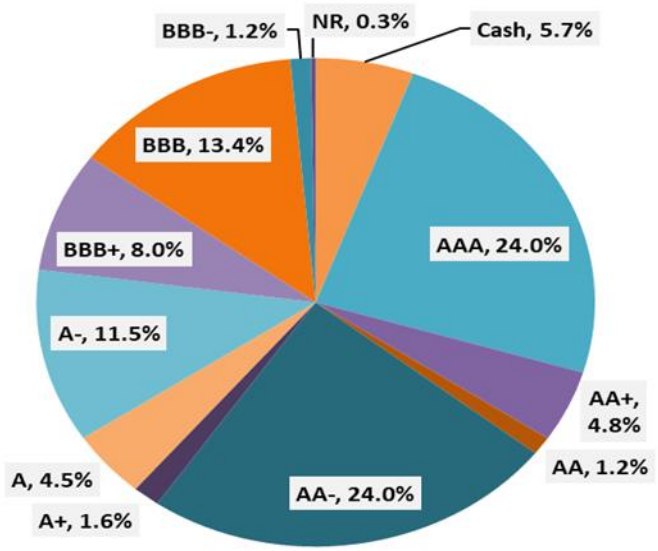
Source: Risk and Performance Report, December 2024

1.3. Modified duration of the JSIS/RCAM portfolio through 2024



Source: Risk and Performance Report, December 2024

1.3. By credit rating



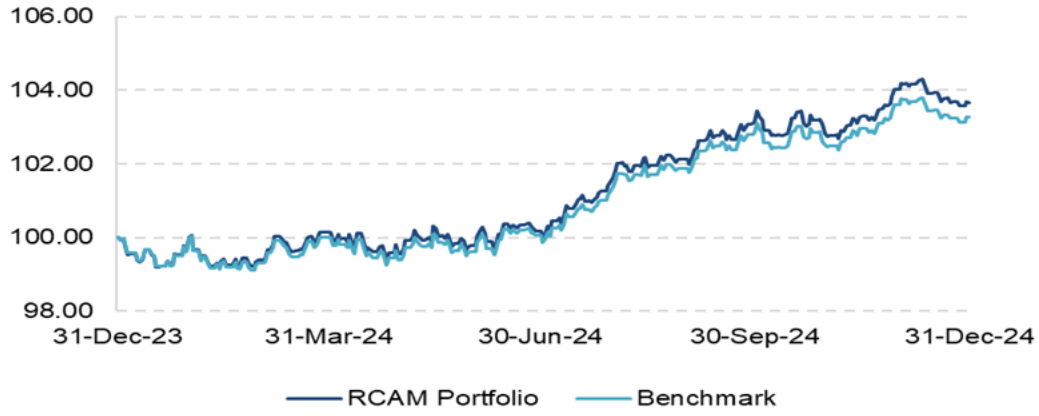
Source: Risk and Performance Report, December 2024

Annex 2. JSIS/RCAM Portfolio cumulative performance vs benchmark 2024

RCAM Portfolio Return			
TWRR	Portfolio	Benchmark	Relative (bps)
Monthly Return	-0.343%	-0.330%	-1.4
YTD Return	3.663%	3.253%	40.9
12-month Trailing	3.663%	3.253%	40.9

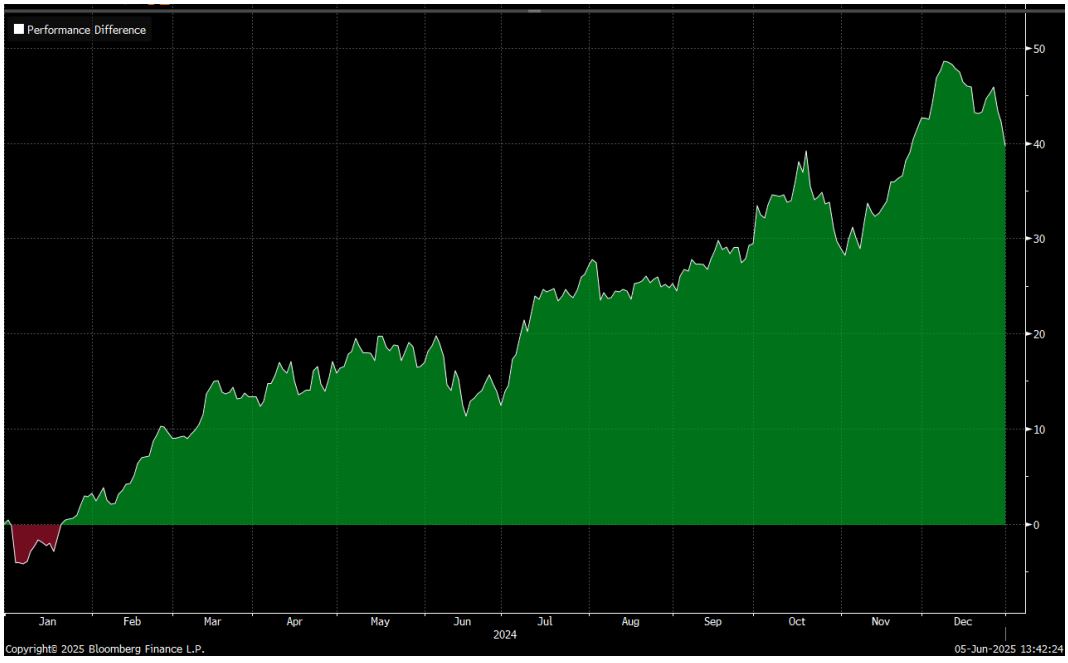
Source: Risk and Performance Report, December 2024

Cumulative 1-year Performance vs Benchmark 2024



Source: Risk and Performance Report, December 2024

RCAM relative return evolution (vs benchmark) in 2024



Source: Bloomberg

Electronically signed on 23/06/2025 17:17 (UTC+02) in accordance with Article 11 of Commission Decision (EU) 2021/2121

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ANNUAL ACCOUNTS OF THE JOINT SICKNESS INSURANCE SCHEME FOR THE YEAR ENDED 31 DECEMBER 2024

AUDIT REPORT TO
the Accounting Officer, the Head of Service of PMO and the JSIS Management Committee
(copy to the Head of Unit of BUDG C.2 and the Head of Unit of PMO.7)

In the context of the statutory audit of the annual accounts of the Joint Sickness Insurance Scheme for the year ended 31 December 2024, we hereby present our statutory auditor's report. It includes our report on the audit of the annual accounts which comprises the Balance Sheet, the Statement of Financial Performance, the Cash Flow Statement and a summary of the significant accounting policies and other explanatory notes.

Independent auditor's report

We have audited the annual accounts of the Joint Sickness Insurance Scheme for the year ended 31 December 2024. Those accounts are characterised by a balance sheet total of K€ 444.987 and by a statement of financial performance positive economic result for the year of K€ 9.085.

This report is made solely to the Accounting Officer, the Head of Service of PMO and the JSIS Management Committee and copied to the Head of Unit of BUDG C.2 and the Head of Unit of PMO.7, in accordance with our terms of engagement. Our audit work has been undertaken so that we might state to the above, those matters we are required to state in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the above for our audit work, for this report or for the opinions we have formed.

Unqualified opinion

In our opinion :

- The annual accounts give a true and fair view of the Scheme's affairs as at 31 December 2024 and the financial performance and cash flows for the year ended;
- The annual accounts have been properly prepared in accordance with the Scheme's accounting rules that are in agreement with the accounting records;
- In all material respects, the financial transactions are in accordance with the Scheme's regulations and rules;
- Proper accounting records have been kept.

Basis for unqualified opinion

We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities under those standards are further describeded in the *'Statutory auditor's responsibilities for the audit of the annual accounts'* section in this report. We have complied with all the ethical requirements that are relevant to the audit of international annual accounts, including those concerning independence.

We have obtained from the JSIS officials the explanations and information necessary for performing our audit.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Basis of accounting

We draw your attention to Notes 1.1, 1.2 and 1.3 to the financial statements, which describe the basis of accounting. The financial statements are prepared to assist JSIS to comply with the financial reporting provisions of the Accounting Rules for the JSIS. As a result, the financial statements may not be suitable for another purpose.

Other matter

Without calling into question the opinion expressed above, we point out to the note 2.5 to the annual accounts regarding the introduction of other factors in the method of calculation for provision estimation at 31st December 2024 in order to follow the increase trend of expenditure attributed to the combined effect of high inflation rates in EU Member States and the increase of coverage for a certain number of category of expenses during the same period.

Responsibilities of the Management and Those Charges with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the annual accounts in accordance with the Accounting Rules for the JSIS, as adopted by the Accounting Officer of the Commission, and for ensuring the transactions comply with the authorities which govern them. This responsibility includes : designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the annual accounts that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making estimates that are reasonable in the circumstances.

Statutory auditor's responsibilities for the audit of the annual accounts

Our objectives are to obtain reasonable assurance about whether the annual accounts as a whole are free from material misstatement, whether due to fraud or error, and to issue a statutory auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these annual accounts.

As part of an audit in accordance with ISAs, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the annual accounts, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the JSIS's internal control;
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management;
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the JSIS's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our statutory auditor's report to the related disclosures in the annual accounts or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our statutory auditor's report. However, future events or conditions may cause the JSIS to cease to continue as a going concern.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identified during our audit in accordance with International Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the annual accounts. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the annual accounts in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the annual accounts.

Brussels, July 15th 2025.

Forvis Mazars Réviseurs d'Entreprises SRL

Represented by

Philippe de Harlez de Deulin

Copy to to the Head of Unit of BUDG C.2 and the Head of Unit of PMO.7 .

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JOINT SICKNESS INSURANCE SCHEME

For the year ended 31 December 2024

2024 AUDIT COMPLETION REPORT

Joint Sickness Insurance Scheme – July 2025

Introduction

1. Forvis Mazars Réviseurs d'Entreprises SRL entered into a contract with the European Commission, Office for The Administration and Payment of Individual Entitlements for the audit of the annual accounts of the Joint Sickness Insurance Scheme ("JSIS" hereafter) of the European Civil Servants and Other Servants as at 31 December 2024.

2. Under this contract, Forvis Mazars Réviseurs d'Entreprises SRL was required to audit the annual accounts of the Joint Sickness Insurance Scheme ("JSIS") of the European Civil Servants and Other Servants as at 31 December 2024 and issue an audit report, which should clearly state whether, in the auditor's opinion, the annual accounts are free of material misstatement and give a true and fair view of the financial position of JSIS as at 31 December 2024.

Purpose of this Report

3. Forvis Mazars Réviseurs d'Entreprises SRL is required, under International Standard of Auditing 260: *Communication of audit matters with those charged with governance*, to communicate matters of interest arising from the audit of financial statements with those charged with governance. This report, addressed to JSIS management, complies with this requirement.

4. This report summarizes the key matters arising from our audit of the 2024 accounts and includes recommendations where appropriate.

5. This report is confidential and is intended for use by JSIS management only and JSIS Accounting Officer. We accept no duty, responsibility or liability to any other person as the report has not been prepared, and is not intended, for any other purpose. In the event that a third party asks to see this report, please ask for our consent before releasing it.

Integrity, objectivity and independence of auditors

6. We confirm that Forvis Mazars Réviseurs d'Entreprises SRL does not have any relationships with JSIS and the European Commission which could threaten our integrity, objectivity and independence.

7. No assurance was sought or placed on the work of other auditors.

Scope of the Audit

8. Our audit was conducted in accordance with International Standards on Auditing (ISA) as published by the International Auditing and Assurance Standards Board of the International Federation of Accountants (IFAC), with special reference to ISA 800 (Auditor's Report on Special Purpose Audit Engagements).

9. We performed the following tasks listed in the contract:

   - Carry out an examination of the reliability of the annual accounts as at 31 December 2024.
   - Assess whether procedures used concerning the accounting system are reasonable and in accordance with the JSIS regulations and rules.
   - Confirm that accounting records have been properly kept.

   Our 2024 audit plan and timetable were agreed with JSIS.

10. The valuation of investments in the JSIS annual accounts was obtained from data obtained from the DG BUDG investment report.

11. The management of the contributions in favor of JSIS is done by PMO 7 and this process is separately audited within the EC. It is for noting only that the scope of the JSIS external audit is limited to confirming that member contributions included in the JSIS financial statements agree with the total deductions from the payroll system.

12. This report summarizes the key matters arising from our audit.

Audit Approach

13. Our audit of the 2024 annual accounts was carried out in accordance with International Standards on Auditing, insofar as they were applicable, and followed a risk-based approach that relied mainly on tests of controls.

14. Our audit included an examination, on a test basis, of evidence relevant to the amounts, controls and regularity of financial transactions included in the annual accounts.

15. The procedures we adopted were designed primarily for the purpose of providing an opinion on the financial statements as a whole. They included a review of the accounting systems and procedures only to the extent considered necessary for the effective performance of the audit.

    Audit findings and observations therefore should not be regarded as representing a comprehensive statement of all the weaknesses which exist, or all improvements which could be made to the operation of systems and procedures.

16. Our audit included an examination, on a test basis, of contributions, payments, assets and liabilities and consideration of compliance with internal controls.

Accounting policies, practices and financial reporting

17. Responsibility for the preparation of the 2024 annual accounts, including notes disclosures, is that of the Accounting Officer of the Commission.

18. The 2024 annual accounts were prepared in accordance with the JSIS Accounting Rules disclosed in the notes to the annual accounts. The format of the annual accounts is that adopted by the Accounting Officer of the JSIS and his services in the Directorate General Budget.

2024 Key Audit Matters

19. **Advance payments to Members**

    Those receivables are mainly linked to situations where the JSIS pays directly to a healthcare provider and where members are required to bear a portion of the cost in accordance with the Scheme's rules. Invoices are recorded as expense immediately at the moment of payment and, when they are tarified, the part to be covered by the member is reduced from the expense and added to the advance account of the member. The workflow ensures that the JSIS accounting gives an accurate view in particular of the expenses at any moment in time. We point out that the risk impairment on the old open amounts is very limited.

20. **Provisions**

Provisions are calculated by the JSIS regarding the estimated future cash outflows for reimbursement for health care, preventive medical examinations and other medical expenses to the Members of the Scheme incurred at year-end. Like the previous year, the provision has been calculated using a rolling average method developed by the IAS that has been completed for the determination of the estimated provision at year end 2024 with the introduction of other factors in the calculation method in order to follow the increase trend of expenditure attributed to the combined effect of high inflation rates in EU Member States and the increase of coverage for a certain number of categories of expenses during the same period (see note 2.5 to the provisional annual accounts in this regard).

We formulate one recommendation for the attention of the management of JSIS about the calculation of the provisions :

- we mention that the expense amounts that are used to perform the calculation of the estimated provision in the IAS tables are provided by ASSMAL. We mention also that these amounts are not reconciled with the expense accounts in the accounting as they are generated on a different base. While the difference is deemed acceptable by the Accouning Officer, JSIS has communicated that for reconciliation purposes, and under the new IT corporate system SUMMA, it will analyse the possibility of producing a report of ASSMAL data at cut-off date by splitting data between 1) encoded, 2) processed into accounting. The migration to SUMMA is foreseen on 1/1/2027 and the first closure using SUMMA will be 31/12/2027. We encourage JSIS to continue this project as for audit purposes it is recommended to be able to reconcile both sources of information.

21. **Expenses and accruals**

The accounting process allows to provide separate information within the profit and loss accounts about the direct reimbursement, the direct billing and funeral fees. The delay for the treatment of the operations remained at a low level.

About the accrued charges (payments made in N+1 that are recorded as provisions at N year-end), we point out that these accruals include all medical claims relating to 2024 or earlier that had not been paid by year-end, but were received and accepted by the reporting cut-off date (i.e. 20 February 2025).

22. **Portfolio**

JSIS has a significant portfolio with fixed revenue investments. We point out to the comment given in the note 3.8 to the annual accounts where JSIS informs that since the implementation in 2023 of the revised JSIS Accounting Rule 4 on Financial Assets, gains and losses from changes in the fair value (including any interests earned) are included in the statement of financial performance in the period in which they arise.

Brussels, 15 July 2025.

FORVIS MAZARS RÉVISEURS D'ENTREPRISES SRL
Represented by

Philippe de Harlez de Deulin