

Insured persons may choose the hospital in which they wish to be treated. Some treatments are carried out in an outpatient setting; the insured person can return home once the operation is completed. Other treatments require an inpatient hospital stay; the insured person spends the night in the hospital.



What is covered

The hospital must inform the patient of the financial conditions of their stay, including the amounts to be paid by the patient.

Treatment costs

The costs related to outpatient or inpatient treatments (e.g. nurses, infrastructure and hospital equipment) are fully covered.

Doctors' fees

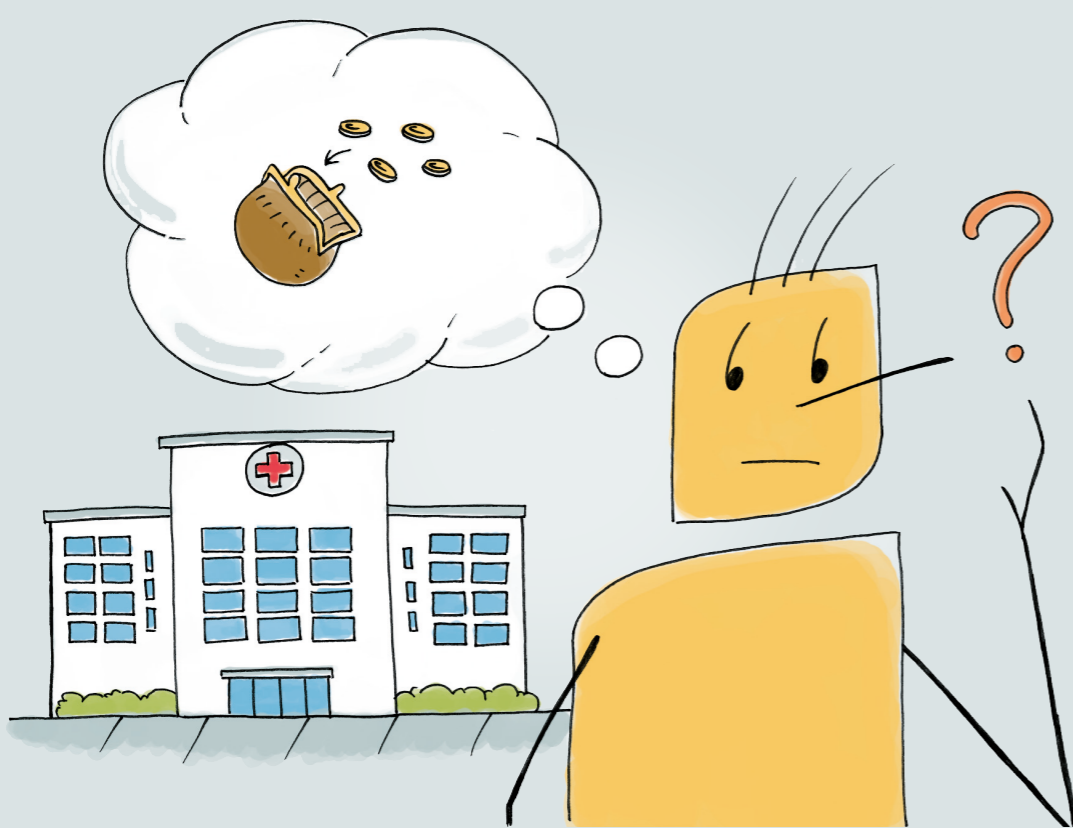
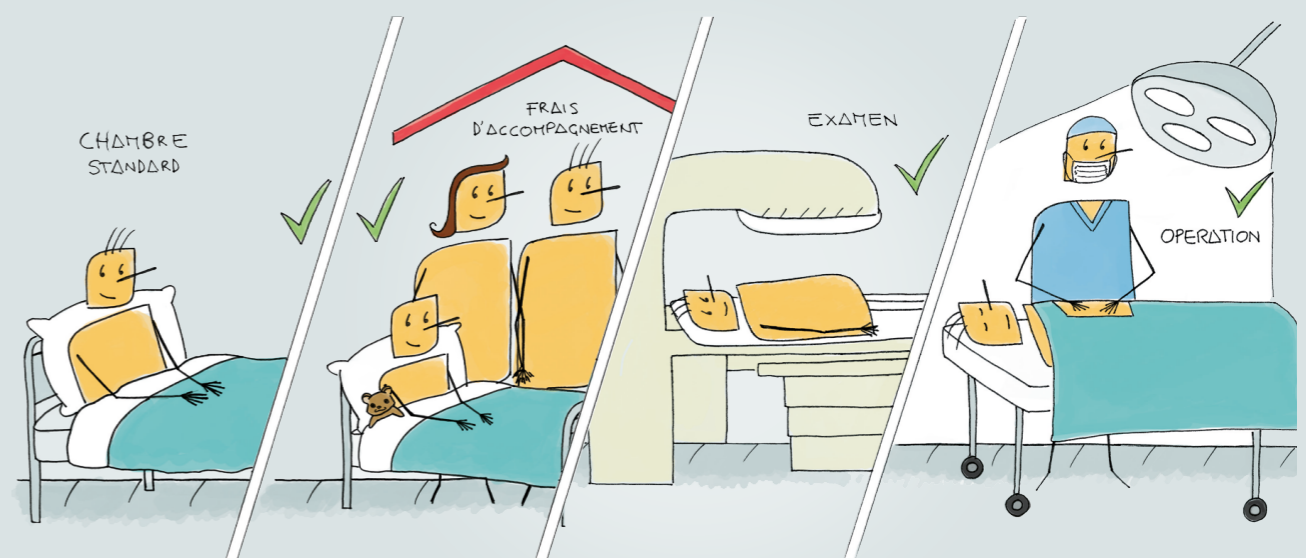
The coverage rates for doctors' fees vary according to the nature of the stay (outpatient or inpatient).

Accommodation costs

The CNS covers the costs of hospitalisation in standard rooms (without any supplements and daily participation).

Companion accommodation

The CNS pays for the provision of a bed for the person accompanying a child under 14 years of age.



What is not covered

Daily contribution

Inpatient: Insured persons, except for children under 18 years of age, must pay a daily contribution of 24,88 euros for a maximum of 30 days per calendar year. In the event of hospitalisation following childbirth, this participation is not due during the first 12 days.

Outpatient: Insured persons, except for children under 18 years of age, placed under surveillance or in a day-care hospital, pay a daily contribution of 12,44 euros.

Supplements

Convenience services are at the patient's expense. The patient must be informed beforehand. These services include:

- personal conveniences (telephone, television, internet access, etc.);
- inpatient hospitalisation in a single room at the patient's request;
- the increase in doctors' fees by 66% compared to the official rate.

Catering costs for an accompanying person

Catering costs (meals) are at the expense of the accompanying person.

Acts and services not covered by health insurance

Some medical acts and services are not covered by health insurance (e.g. purely cosmetic surgery). For these procedures, the hospital costs incurred are not covered either.

Payment method and coverage rate

Invoices for hospital services

These invoices are paid in full and directly by the CNS. They include the hospital costs of the various visits to the hospital's units or services and are sent directly by the hospital to the CNS.

Invoices for medical fees

Each doctor consulted as part of a hospital treatment issues their own medical invoices. The insured person must pay the costs upfront and send a reimbursement claim to the CNS.

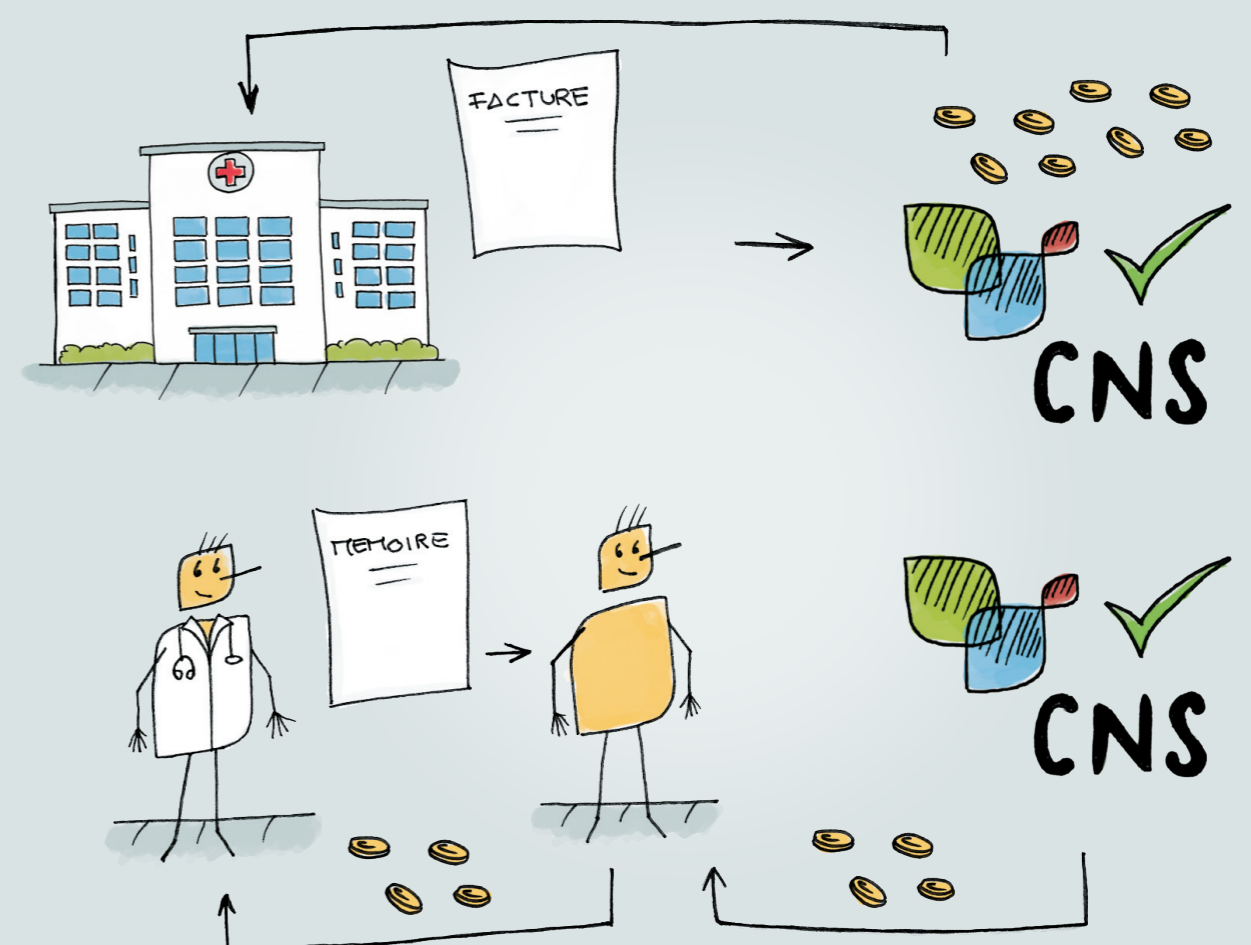
For outpatient treatments:

Doctors' invoices related to outpatient treatments are covered at a rate of 88% of the set tariffs for adults and 100% for children and adolescents under 18 years of age.

For inpatient treatments:

In the case of inpatient or partial inpatient treatment (=outpatient under surveillance), doctors' invoices are covered at a rate of 100% of the tariffs set in the doctors' nomenclature of acts and services (except for the 66% increase if the treatment is provided in a single room).

If the inpatient hospital stay exceeds three days or if the invoice for medical fees per speciality exceeds 100 euros, the doctor may submit the medical invoices directly to the CNS.



More information:

www.cns.lu > Insured person > Private life > Reimbursed services > Hospitals in Luxembourg