| Country | Health care (II) | | |
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| | *ii. Do they pay co-payments when treated in hospital?* | | |
| | *Situation 1/1/2008* | *Situation 1/7/2013* | *Regulatory changes* |
| AT | Full coverage of expenses in the general scale of fees of a hospital funded by a *Länder* health fund *(Landesgesundheitsfonds),* with the exception of a minor participation of an amount of max. € 10 per day.<br><br>For the hospitalisation of a dependant a 10%-contribution is charged. | Full coverage of expenses in the general scale of fees of a hospital funded by a Länder health fund *(Landesgesundheitsfonds)*, with the exception of a minor participation of an amount of approximately € 10 per day (different in each federal state *(Bundesland)*).<br><br>For the hospitalisation of a dependant a 10%-contribution is charged. | |
| BE | Complete refund (public ward). Save for a participation of € 13.59 per day.<br><br>Where hospitalised within a psychiatric home for more than 5 years: € 22.66 per day.<br><br>Fixed contribution by the insurance for approved homes for the aged, protected homes, nursing homes and psychiatric homes, day-care centre.<br><br>Admission fee: € 40.86. | Complete refund (public ward).<br>Patient charges:<br>• admission fee: € 42.58,<br>• subsequently € 15.31 per day.<br><br>€ 25.52 per day in case of hospitalisation in a psychiatric home for more than 5 years.<br><br>Services charged for: accommodation costs, pharmaceutical costs, medical fees, other supplies (e.g. blood), miscellaneous costs (e.g. use of | |

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| | | telephone) and any supplements (single room).<br>Lump sums: € 0.62 per day for pharmaceutical costs, € 16.40 per admission for medico-technical services, € 7.44 for clinical biology and € 6.20 for radiology.<br>Fixed contribution by the insurance for approved homes for the aged, protected homes, nursing homes and psychiatric homes, day-care centre. | Lump sums to be paid as participation to the pharmaceutical costs, for admission for medico-technical services, for clinical biology and radiology. |
| BG | Any person covered under contributions funded scheme pays the physician, dentist or health-care facility (providing medical care) for each day of hospital treatment: 2% of the national minimum (monthly) wage, but not more than ten days annually (minimum wage is currently BGN 220 (€ 112) per month). | In case of hospitalisation of less than 10 days per year, any person covered under the contribution-funded scheme pays a user fee of an amount determined by an ordinance of the Council of Ministers (Министерски съвет). This user fee currently stands at BGN 5.40 (€ 2.76) per day of hospitalisation. After the 10th day, the patient is not required to pay the user fee. | |
| CH | Same participation as for out-patient care. In addition, a contribution to the costs of board and accommodation of CHF 10 (€ 6.05) per day. | Same participation as for out-patient care. In addition, a contribution to the costs of board and accommodation of CHF 15 (€ 12) per day. | Significant increase of the patients' contribution to the costs of board and accommodation. |
| CY | Active and retired civil servants, members of the police, members of the educational service, dependants of these groups, the dependants of the armed forces personnel and certain other groups pay € 6.85, € 10 and € 21 per inpatient day respectively for 3rd , 2nd and 1st class accommodation. Persons | Inpatient treatment is provided free of charge to families with low income, see "Field of application, 1. Beneficiaries" above.<br><br>Active and retired civil servants, members of the police, members of the educational service, dependants of these | Free of charge inpatient treatment for low income families. |

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| | entitled to medical care at reduced fees pay € 6.85 and € 8.56 per visit to a general practitioner and specialist respectively plus 50% of prescribed fees for laboratory, x-ray and other examinations for out-patient services. For in-patient treatment the fees vary according to the income of the patient, subject to a maximum charge of 50% of the described fees. | groups, the dependants of the armed forces personnel, families with at least three children (dependent or not) and certain other groups entitled with free of charge treatment pay € 6.83, € 10.25 and € 20.50 per inpatient day respectively for 3rd, 2nd and 1st class accommodation.<br><br>Inpatients entitled to medical care at reduced fees pay 50% of the normal charges.<br>Inpatients not entitled to any fee reduction pay € 71.76, € 102.52 and € 123.02 per inpatient day respectively for 3rd, 2nd and 1st class accommodation and € 205.03 for the intensive care unit. | Reduced charges of 50% in case of inpatient treatment.<br><br>4 categories of full charges for hospital accommodation and intensive care unit. |
| CZ | No co-payments.<br>Regulatory charge CZK 60 (€ 2.28) per day. | No co-payments.<br>Regulatory charge CZK 100 (€ 3.84) per day of institutional care. | Significant increase of the regulatory charge. |
| DE | Free hospitalisation in a shared room with exception of participation of € 10 per calendar day during a maximum of 28 days. | Free hospitalisation in a shared room with exception of participation of € 10 per calendar day during a maximum of 28 days per year. | No regulatory changes over the 5-year period according to the MISSOC Tables. |
| DK | Public hospitals, approved private establishments and private hospitals with agreement with the regional health authorities: No charge.<br><br>Non-approved private establishments: patients pay all costs. | Public hospitals, approved private establishments and private hospitals with agreement with the regional health authorities: No charge.<br><br>Non-approved private establishments: patients pay all costs. | No regulatory changes over the 5-year period according to the MISSOC Tables. |

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| EE | For the services provided in standard conditions of accommodation. Not for more than 10 calendar days for one case of disease and not for more than EEK 25 (€ 1.60) for a day. | Daily fee for inpatient services (in standard accommodation conditions) up to € 2.50, for a maximum of 10 calendar days per hospitalisation.<br>15% of the cost of inpatient nursing care (€ 6.45 per day). | Introduction of a patients' participation in case of inpatient nursing care. |
| EL | No charges. | Free of charge in public hospitals of the National Health System (ESY) *(ΕΘΝΙΚΟ ΣΥΣΤΗΜΑ ΥΓΕΙΑΣ- ΕΣΥ)*.<br><br>The amount of contribution in private clinics depends on the financing system: when Diagnosis-related Groups (DRGs) *(Κλειστό Ενοποιημένο Νοσήλειο- ΚΕΝ)* apply, insured pay 30% contribution. When daily fees apply, they pay 10% contribution.<br><br>Full charge in private clinics not contracted by the National Organisation for Healthcare Services Provision (EOPYY) *(ΕΝΙΑΙΟΣ ΟΡΓΑΝΙΣΜΟΣ ΠΑΡΟΧΩΝ ΥΠΗΡΕΣΙΩΝ ΥΓΕΙΑΣ - ΕΟΠΥΥ)*. | 2 categories for patients' participation according to whether diagnosis-related groups or daily fees apply.<br><br>Full charge in private clinics not contracted by EOPYY. |
| ES | No charges. | No patient charges. | No regulatory changes over the 5-year period according to the MISSOC Tables. |
| FI | *Public hospital:*<br>The fee for an out-patient visit is € 22, for day surgery € 72. The fee for in-patient care is € 26 a day. Patients receiving | *Public hospital:*<br>The fee for an out-patient visit is € 27.50, for day surgery € 90.30. The fee for in-patient care is € 32.60 a day. Patients | No regulatory changes over the 5-year period according to the MISSOC Tables. |

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| | long-term institutional care at a ward (over three months) are charged a fee in accordance with their means. Such a fee, however, may be no more than 82% of the patient´s net monthly income (if a person has a spouse who has lower income, the fee may be no more than 42% of their combined net monthly income).<br><br>Irrespective of this, minimum € 90 per month must be left for patient´s personal use.<br><br>*Private hospital:*<br>Part of the doctor's fee and costs for examination and care are refunded by the sickness insurance. | receiving long-term institutional care at a ward (over three months) are charged a fee in accordance with their means. Such a fee, however, may be no more than 85% of the patient´s net monthly income (if a person has a spouse who has lower income, the fee may be no more than 42.5% of their combined net monthly income).<br>Irrespective of this, minimum € 99 per month must be left for patient´s personal use.<br><br>*Private hospital:*<br>Part of the doctor's fee and costs for examination and care are refunded by the sickness insurance. | |
| FR | General scheme for employees *(Régime général d'assurance maladie des travailleurs salariés, RGAMTS)*:<br><br>20% of costs.<br><br>Hospitalisation fee *(forfait hospitalier)*: € 16 (€ 12 in a psychiatric unit) per day, including the day of discharge.<br><br>Flat-rate co-payment of € 18 for serious medical intervention (of a minimum rate of € 91). | General scheme for employees (*Régime général d'assurance maladie des travailleurs salariés, RGAMTS)*:<br>20% of costs.<br><br>Hospitalisation fee *(forfait hospitalier)*: € 18 (€ 13.50 in a psychiatric unit) per day, including the day of discharge.<br><br>Flat-rate co-payment of € 18 for serious medical intervention (of a minimum rate of € 120). | No regulatory changes over the 5-year period according to the MISSOC Tables. |
| HR | | Patients participating in the costs of the health care in amount of 20% of the costs, but no less than HRK 100 (€ 13) per day. | |

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| | | The cap of participation costs is HRK 2,000 (€ 269) per issued health bill. | |
| HU | *The same participation as for the medical treatment (see below):*<br><br>Visit fee *(vizitdíj)* and hospital daily fee *(kórházi napidíj)*:<br>An amount of HUF 300 (€ 1.18) is paid, but in certain cases (unjustified emergency care, treatment without the necessary referral outside the compulsory area, using a health care provider other than referred etc.), an increased amount of HUF 600 (€ 2.37) or HUF 1,000 (€ 3.95) is to be paid.<br><br>Further co-payments are charged in the following circumstances:<br><br>• unnecessarily changing the contents of prescription treatment, causing extra costs,<br>• extra services (better room, meal condition etc.),<br>• accommodation, nursing, pharmaceuticals and meal costs for those suffering from designated ailments, confirmed by primary health care provider,<br>• using sanitary provisions,<br>• in case of certain dental prosthesis, orthodontic braces provided for persons under the age of 18,<br>• change of external sex organs with the exception of developmental abnormality.<br>• The amount of the co-payment is fixed by the service provider. | *The same participation as for the medical treatment (see below):*<br><br>Co-payments are charged in the following cases:<br>• unnecessarily changing the contents of prescription treatment, causing extra costs,<br>• extra services (better room, meal condition etc.),<br>• accommodation, nursing, pharmaceuticals and meal costs for those suffering from designated ailments, confirmed by primary health care provider,<br>• using sanitary provisions,<br>• certain dental prosthesis, orthodontic braces provided for persons under the age of 18,<br>• change of external sex organs with the exception of developmental abnormality.<br>The amount of the co-payment is fixed by the service provider. | Abolishment of the visit fee and hospital daily fee as well as of the control of entitlement. |

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| IE | • Persons with full eligibility: No charge.<br>• Persons with limited eligibility: Charge of € 66 per night in a public ward up to a maximum of € 660 in any 12 month consecutive period.<br>• A charge of € 66 applies for attendance at accident and emergency departments where the person does not have a referral note from their doctor.<br>• Private hospitals/homes: Patient is liable for all costs. A subvention is available towards the cost of maintenance in some nursing homes.<br>• Infectious diseases treatment: Free of charge to all persons. | • Persons with full eligibility: No charge.<br>• Persons with limited eligibility: Charge of € 75 per night in a public ward up to a maximum of € 750 in any 12 month consecutive period subject to exemptions.<br>• A charge of € 100 applies for attendance at accident and emergency departments, subject to certain exemptions e.g. where the person does not have a referral note from his/her doctor.<br>• For long-term inpatient stays greater than 30 days a maximum charge of € 153.25 per week applies.<br>• Private hospitals/homes: Patient is liable for all costs. However, individuals can apply for financial support towards the cost of their nursing home fees under the Nursing Homes Support Scheme.<br>• Infectious diseases treatment: Free of charge to all persons. | Significant increase of patient's charges. |
| IS | Public hospitals: No participation in charges. | Public hospitals: no patient charges for hospitalised patients (in-patient treatment). | No regulatory changes over the 5-year period according to the MISSOC Tables. |
| IT | Direct assistance free (sharing a room). | Direct assistance free (sharing a room). | No regulatory changes over the 5-year period according to the MISSOC Tables. |
| LI | Patients' participation in the costs for services in the form of a franchise and a percentage paid by the individual. | Patients' participation in the costs for services in the form of a franchise and a percentage paid by the individual. The | |

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| | Maximum contribution CHF 800 (€ 484) each year. Voluntary franchise of a maximum of CHF 1,500 (€ 907) each year. | deductible (franchise) is CHF 200 (€ 162) each year. Voluntary deductible of a maximum of CHF 1,500 (€ 1,215) each year. Maximum excess is CHF 600 (€ 486) per year. | Ceiling for the annual amount of patients' participation. |
| LT | No charge for insured persons. | Basically, health care is free of charge. There is a list of approved health care services that are financed entirely from the person's own resources according to a set price list. | |
| LU | Participation in maintenance costs:<br>€ 12.03 per day of hospitalisation and for a maximum period of 30 days. | Participation in maintenance costs: € 20.42 per day of hospitalisation and for a maximum period of 30 days. | Significant increase of patient's charges. |
| LV | The amount of the patient's contribution varies depending on the hospital's level:<br><br>•In the regional multi-profile hospitals: LVL 5 (€ 7.16) per day,<br>•in the specialised centres and specialized hospitals: LVL 4 (€ 5.72) per day,<br>•in the local multi-profile hospitals: LVL 3 (€ 4.29) per day,<br>•in other hospitals and health centres: LVL 1.50 (€ 2.15) per day.<br>Exceptions: for the medical treatment in oncology, oncohaematology, for the medical rehabilitation and patients in program of dependence of alcohol, drugs, psychoactive and toxic substances the contribution is LVL 1 (€ 1.43). | The amount of the patient's contribution varies according to the type of hospital and/or treatment:<br>•In all hospitals (except nursing hospitals): LVL 9.5 (€ 14) per day,<br>•in nursing hospitals and for treatment in hospitals' nursing units: LVL 5 (€ 7.12) per day,<br>•for treatment due to oncologic and oncohaemotologic diseases: malignant neoplasms, in situ neoplasms, neoplasms of uncertain or unknown behaviour and other aplastic anaemias: LVL 5 (€ 7.12) per day,<br>•for treatment of addiction to alcohol, drugs, psychoactive and toxic substances LVL 5 per day (€ 7.12),<br>•for some inpatient diagnostic procedures: between LVL 1 (€ 1.42) and LVL 25 (€ 36) (depending on the | The participation varies according to the type of hospital and/or treatment and no longer varies according to the hospital's level.<br><br>Significant increase of patient fees. |

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| | Maximum contribution for board and lodging is LVL 80 (€ 114) for any one period of hospitalisation in one hospital.<br><br>The total annual contribution for hospital treatment in one calendar year should not exceed LVL 150 (€ 215) (excluding the purchasing of drugs, spectacles and dental services).<br><br>Day centre board and lodging is LVL 0.50 (€ 0.72) per day plus allowance according to a list of contributions for various medical manipulations. | procedure).<br><br>Maximum contribution for board and lodging is LVL 250 (€ 356) for any one period of hospitalisation in one hospital.<br><br>The total annual contribution for inpatient and outpatient treatment in one calendar year should not exceed LVL 400 (€ 570) (excluding the purchasing of drugs, spectacles and dental services).<br><br>In addition to the patient contribution, the hospital may ask for a co-payment (up to LVL 30 (€ 43)) for surgical operations performed in operating room during the hospitalisation. Patients who are exempted from patient contribution are also exempted from co-payment for surgical operations. | Introduction of a patient contribution of € 43 in case of surgical operations. |
| MT | No participation. | No patient charges. | No regulatory changes over the 5-year period according to the MISSOC Tables. |
| NL | Health Insurance Act *(Zorgverzekeringswet, Zvw)*:<br>Annual ceiling (taxable income) for all insured persons: € 31,231.<br><br>•7.2% employee (to be refunded by the employer)<br>•5.1% self-employed.<br><br>Pensioners pay a contribution of 7.2% of the general old-age pension *(Algemene Ouderdomswet, AOW)* and 5.1% of possible wages or supplementary pensions. | Compulsory deductible: all insured persons aged 18 years or older pay a maximum of € 350 per year. Care from a general practitioner, obstetric care, maternity care and dental care for children are exempted from the compulsory deductible.<br>Insured persons can opt for a voluntary deductible of € 100, € 200, € 300, € 400 or € 500 to top up the compulsory deductible. In return the insured person receives a discount on the nominal health care premium. | Introduction of a voluntary deductible. |

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| | Next to the income-related health insurance contributions, all insured persons aged 18 and older pay a nominal premium of annually € 1,200 (average amount, the individual premiums are set by the private health insurance companies).<br><br>There is a mandatory deductible of maximum € 150 per year. Care from a general practitioner, obstetric care, maternity care and dental care for children is exempt from the mandatory deductible.<br><br>Insured persons can apply for a health care allowance under the Health Care Allowance Act *(Wet op de zorgtoeslag)* to help pay the costs of the nominal premium. Entitlement depends on a person's income.<br><br>General Exceptional Medical Expenses Act *(Algemene wet bijzondere ziektekosten, AWBZ)*:<br><br>12.15%, paid by all residents.<br><br>Annual ceiling: € 31,589. | | |
| NO | No cost-sharing charges for patients admitted to hospital.<br><br>For outpatients' departments at hospitals normal cost-sharing charges apply, see above.<br><br>For treatment in a private clinic with no | No cost-sharing charges for patients admitted to hospital.<br><br>For outpatients' departments at hospitals normal cost-sharing charges apply, see above.<br><br>For treatment in a private clinic with no | No regulatory changes over the 5-year period according to the MISSOC Tables. |

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| | arrangement with the public health system, the full cost falls on the patient himself. | arrangement with the public health system, the full cost falls on the patient him- or herself. | |
| PL | No charges. | No patient charges. | No regulatory changes over the 5-year period according to the MISSOC Tables. |
| PT | No participation in charges in public ward (or in private room if recommended by the doctor).<br><br>If in private room freely chosen by beneficiaries, charges are payable in full by the beneficiaries, as well as private hospital and clinic charges. | No participation in charges in public ward (or in private room if recommended by the doctor).<br><br>If in private room freely chosen by beneficiaries, charges are payable in full by the beneficiaries, as well as private hospital and clinic charges. | No regulatory changes over the 5-year period according to the MISSOC Tables. |
| RO | A contribution towards the costs for patients who request better accommodation than the social health insurance system standards, and/or services from the not-admitted list. | No patient charges. | No regulatory changes over the 5-year period according to the MISSOC Tables. |
| SE | The patient will be charged maximum SEK 80 (€ 8.49) per 24 hours. | The patient will be charged maximum SEK 100 (€ 11) per 24 hours. | |
| SI | Up to 25% of costs in case of hospitalisation as a continuation of hospital treatment (services connected to asserting and treating reduced fertility, non-medical part of care). | Up to 30% of costs in case of hospitalisation as a continuation of hospital treatment (services connected to asserting and treating reduced fertility, non-medical part of care). | |

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| SK | No participation. | No patient participation. | No regulatory changes over the 5-year period according to the MISSOC Tables. |
| UK | No charge to patients ordinarily resident in the UK or charge-exempt overseas visitors, except where the patient asks for special amenities or for extra treatment which is not clinically necessary. | No charge to patients ordinarily resident in the UK or charge-exempt overseas visitors, except where the patient asks for special amenities or for extra treatment which is not clinically necessary. | No regulatory changes over the 5-year period according to the MISSOC Tables. |