Comparative tables

Table II **Health care**

	Bulgaria	Czech Republic	Estonia	Hungary	Latvia
Applicable statutory basis	- Health Insurance Act from June 1998 (last amended 1 January 2001) *(Закон за здравното осигуряване [Zakon za zdravnoto osigurjavane])*; - Health Act from 1973 (last amended on 2 May 2000) *(Закон за народното здраве [Zakon za narodnoto zdrave])*; - Medical Establishments Act from June 1999 (last amended on 5 June 2001) *(Закон за лечебните заведения [Zakon za lechebnite zavedenija])*; - Act on the Professional Associations of Doctors and Dental Surgeons from July 1998 *(Закон за съсловните организации на лекарите и стоматолозите [Zakon za saslovnite organizatsii na lekarite i stomatolozite)*; - National Framework Contract - annual, currently negotiations are held for the signing of the forth in number, as the first two were only for half a year, *(Национален рамков договор [Natsionalen ramkov dogovor])*; - Food Stuffs Act from 1999 *(Закон за храните [Zakon za hranite])*; - Act on Medicines and Pharmacies in Human Medicine from 1995, amended in 1996, 1998, 1999, 2000, 2001 *(Закон за лекарствата и аптеките в хуманната медицина [Zakon za lekarstvata i aptekite v humannata meditsina])*; - Occupational Health and Safety Act from 1997 *(Закон за здравословни и безопасни условия на труд [Zakon za bezopasni I zdravoslovni uslovija na trud])*; - Act on Drugs and Precursors Control from 1999 *(Закон за контрол върху наркотичните вещества и прекурсорите [Zakon za control varhu narkotichnite veshtestva i prekursorite])*.	• Act No 550/1991 on general health insurance (last amendment 206/1996) (*zákon č. 550/1991 Sb o všeobecném zdravotním pojištění*) • Act No. 551/1991 on the General Health Insurance Company (last amendment 220/2000) (*zákon č. 551/1991 Sb., o Všeobecné zdravotní pojišťovně*) • Act No. 280/1992 on health insurance institutions (last amendment 220/2000) (*zákon č.280/1992 Sb., o resortních, oborových, podnikových a dalších zdravotních pojišťovnách*) • Act No. 592/1992 on general health insurance premiums (last amendment 138/2001) (*zákon č. 592/1992 Sb., o pojistném na veřejném zdravotním pojištění*) • Act No.48/1997 on public health insurance (last amendment 258/2000) (*zákon č. 48/1997 Sb., o veřejném zdravotním pojištění*)	Health Insurance Act 1991 (*Ravikindlustusseadus*) Estonian Health Insurance Fund Act 2000 (*Eesti Haigekassa seadus*) Health Services Organisation Act 2001 (*Tervishoiuteenuste korraldamise seadus*)	Act LXXXIII of 1997 on Compulsory Health Insurance (*1997. évi LXXXIII. Törvény A kötelező egészségbiztosítás ellátásairól*)	• Act on General Practitioners 24.04.1997 (*Par prakses ārstiem*). (Last amended on 06.04.2000) • Act on Medical Treatment 12.06.1997 *(Ārstniecības likums*). (Last amended on 20.06.2001)

Lithuania	Poland	Romania	Slovakia	Slovenia	
• Act on Health System (1994, new version December 1, 1998, VIII-946) (*Lietuvos Respublikos sveikatos sistemos įstatymas*) • Act on Health Insurance (May 21, 1996, 1-1343) (*Lietuvos Respublikos sveikatos draudimo įstatymas*) • Act on Health Care Institutions (1996, new version November 24, 1998, VI11-940). (*Lietuvos respublikos sveikatos prieziuros istaigu istatymas*)	Act of 6.02.1997 on the general health care insurance scheme, amended (*Ustawa o powszechnym ubezpieczeniu zdrowotnym*).	• Ordinance 22/1992 on the finance of health protection (*Ordonanta privind finantarea ocrotirii sanatatii*); • Act No. 145/1997 on health social insurances (*Legea 145/1997, privind asigurările sociale de sanatate*); • Urgent Decision of Government nr. 102/1999 on special protection and employment of handicapped people (*OUG 102/1999 privind protecţia specială şi încadrarea în muncă a persoanelor cu handicap (M.Of 310/30 iunie 1999*); • Decision of Government nr. 109/1999 on the amendment and completion of the Decision of Government nr. 22/1999 on the financing of social protection (*O.G. 109/1999 pentru modificarea şi completarea O.G. 22/1992 privind finanţarea ocrotirii sănătăţii*); • Order 74/2000 of the National House for Health Insurance on approval of the norms regarding the way of collecting the contributions to the health social insurance (*Ordinul 74/2000 al Casei Nationale a Asigurarilor de Sanatate pentru aprobarea normelor privind modul de încasare a contributiilor la asigurarile sociale de sanatate*); • Act No. 19/2000 on the public system of pensions and other rights of social insurance (*Legea 19/2000 din 17 martie 2000, privind sistemul public de pensii şi alte drepturi de asigurări sociale*); • Standards of application of the dispositions of the Act No. 19/2000 on the public system of pensions and other rights of social insurance, with its subsequent amendments and completions (*Norme de aplicare a prevederilor Legii nr. 19/2000 privind sistemul public de pensii şi alte drepturi de asigurări sociale, cu modificările şi completările ulterioare*); • Order 331/2001 of the National House for Health Insurance on approval of the methodologic normes regarding the enforcement (*Ordinul 331/2001 al Casei Nationale a Asigurarilor de Sanatate privind aprobarea normelor metodologice privind desfasurarea activitatii de executare silita*); • Act No. 505/2001 on approval of the Decision of Government 109/1999 which amends and completes the Decision of the Government nr. 22/1992 on the financing of the health protection (*Legea 505/2001 privind aprobarea Ordonantei Guvernului pentru modificarea şi completarea Ordonanţei Guvernului nr. 22/1992 privind finanţarea ocrotirii sănătăţii*).	Basic legislation: • Act No. 273/1994 Coll. on health insurance *(Zákon NR SR č. 273/1994 Z. z. o zdravotnom poistení, financovaní zdravotného poistenia, o zriadení všeobecnej zdravotnej poist'ovne, a o zriaďovaní rezortných, odvetvových, podnikových a občianskych zdravotných poisťovní v znení neskorších predpisov)*; • Act No. 277/1994 Coll. on health care *(Zákon NR SR č. 277/1994 Z. z. o zdravotnej starostlivosti v znení neskorších predpisov)*; • Act No. 98/1995 Coll. on rules of treatment *(Zákon NR SR č.98/1995 Z. z. o liečebnom poriadku v znení neskorších predpisov)*.	• Health Protection and Health Insurance Act of 1992, last amended in 2001 *(Zakon o zdravstvenem varstvu in zdravstvenem zavarovanju)*; • Health Care Services Act of 1992, last amended in 2000 *(Zakon o zdravstveni dejavnosti)*; • Rules of Institute for Health Insurance of Slovenia (IHIS) on Compulsory Health Insurance of 1994, last amended in 2000 *(Pravila Zavod za zdravstveno zavarovanje Slovenije o obveznem zdravstvenem zavarovanju)*. (There is no separate scheme for employment injuries and occupational diseases; they are covered by health insurance scheme and the insurance scheme for pensions and sickness benefits.)	**Applicable statutory basis**

Table II **Health care**

	Bulgaria	Czech Republic	Estonia	Hungary	Latvia
Basic principles	- Compulsory participation; - Participation of the insured and employers in the management of the National Health Insurance Fund (NHIF); - Solidarity in benefits consumption; - Responsibility of the insured for their health; - Equality in usage of health services; - Self-management of the NHIF; - Negotiation and contracting between NHIF and health service providers; - Transparency and publicity of NHIF activities.	Free-payment basic health care for all citizens (services, prescriptions).	Social insurance scheme, where large groups of non-active population are covered on the bases of solidarity (e.g. all children and pensioners) or by contributions paid by the state. Provides a benefits in-kind system.	- Compulsory health insurance - Health care provided according to the health status of the insured person - The professional quality of health care must be the same for every beneficiary - The right of insured person to information and assistance provided by health insurance institutions - Principle of state guarantee	National health-care system providing access to a specified minimum range of health-care services, tax-financed with patient co-payments.

Lithuania	Poland	Romania	Slovakia	Slovenia	
Social insurance scheme.	The sickness insurance is based on the following particular principles: Social solidarity, self-government, self-financing, right to the free choice of the service provider and sickness fund, provision of an equal access to services, non-profit activity of the sickness funds, management and relevance of activities, State guarantees.	Global protection scheme.	Compulsory insurance scheme and additional payments for part of the health care specified in the legislation (Act No. 98/ 1995 Coll. on rules of treatment).	Insurance based. Contributions are not dependant on the number of insured family members. Covers everybody legally gainfully active, recipients of social security benefits and their family members and allcitizens of Slovenia residing in Slovenia.	**Basic principles**

	Bulgaria	Czech Republic	Estonia	Hungary	Latvia
Field of application **1. Beneficiaries**	Compulsory insurance covers: - Bulgarian nationals who are not also citizens of another state; - Bulgarian nationals with foreign citizenship who reside permanently in Bulgaria; - Foreign citizens or persons without citizenship which possess official permission for stay on the territory of the Republic of Bulgaria - Asylum applicants, or sheltered foreigners; - Officially recognized refugees.	All residents.	Insured persons: • wage earners on whose behalf the employer has paid social tax • self-employed who have paid social tax themselves • persons on whose behalf the state has paid social tax (see Chapter I 'Financing: Public Authority Participation') • children up to 18 years of age • students in daytime studies • pregnant women from the 12th week of pregnancy • pensioners.	Insured persons for all risks (1), persons entitled only to health services (2) and persons covered by international (bilateral) social policy and social security treaties (2). 1. Insured persons for all risks: a) full or part-time wage earners (both public or private employment relationship), b) members of co-operatives (personal participation in work), c) students pursuing studies in a vocational school under a training contract with an employer (trainer), d) recipients of different unemployment benefits, e) private entrepreneurs (self-employed) not considered to be engaged in supplementary activities, f) company members not considered to be engaged in supplementary activities, g) persons personally working for a fee within the framework of not employment type legal relation (i.e. working from home, work performed under commission contracts or usage contracts, entrepreneurs who are not treated as private enterprises, contributing family members), provided that the income serving as the contribution base and earned from such activities in the month under consideration is at least 30% of the minimum wage valid on the first day of the preceding month, or one thirtieth of that amount for each calendar day, h) church dignitary / or prelate and members of religious order and i) elected officials of a foundation, social organisation, association of social organisations, condominium co-operative, association, public body, quasi-private company, chamber, insurance fund, private company - not including the business managers or executive managers of private companies considered as company members -, an elected official of Employee Share Ownership Program organisations, elected official of voluntary mutual insurance funds and private pension funds; an elected representative (official) of the local (municipal) government, or a mayor working on voluntary assignment are all included provided their fee (renumeration) reaches the level specified above in point g.	Health care services included in the minimum health care services may be received by residents of the Republic of Latvia as well as foreign nationals and the stateless persons who have been granted a permanent residence permit for the Republic of Latvia, and other foreign nationals and stateless persons who have been granted a temporary residence permit and have paid personal income tax for at least half a year (unless otherwise provided for in bilateral agreements).

Field of application

1. Beneficiaries

Lithuania	Poland	Romania	Slovakia	Slovenia
All country inhabitants are compulsory insured by health insurance. They are divided into three groups: • wage earners, i.e. persons in paid employment (labour contract, service in the public administration and all other kinds of paid work, except police, defence, etc.) • those who make contributions for themselves (e.g. all kind of self-employed, farmers, personal land users, all others) • persons on whose behalf the state, makes contributions (insured by state means): - recipients of any pension; - those of working age who are registered in at a Labour Exchange and their family members if unemployed; - pregnant women on maternity leave; - parents with a child under 8 years of age - parents with 2 or more children; - persons under 18 years of age; - students; - persons entitled to means tested social benefits; - disabled persons of Groups 1 and 2 - disabled persons of Group 3 if they are not working. - survivors of resistance, political imprisonment, deportation, ghetto and concentration camps, Chernobyl works.	Available for: persons having Polish nationality and residing on the territory of the Republic of Poland as well as foreigners residing on the territory of the Republic of Poland on the basis of a long-term visa with right to work, of a permanent residency card or a temporary residence card (all permanent residents, including refugees) if they are compulsorily or voluntarily insured (i.e. adherent to a sickness insurance). Are compulsorily sickness insured the persons subject to social insurance or agricultural social insurance who are: • wage earners; • farmers or their residents, farm workers; • persons performing economic activities (self-employed persons) and cooperating persons; • persons performing domestic works; • persons performing a work on the basis of an agency contract, contract for work/services or persons cooperating with such; • ecclesiastic persons; • policemen; • deputies and senators; • pensioners; • children – until the beginning of school; • recipients of social welfare allowances; • unemployed persons; • persons benefiting from social pension, permanent allowance, permanent complementary allowance or guaranteed temporary allowance from social assistance; • homeless persons leaving homelessness, not insured on another basis. Are also compulsorily sickness insured: • members of insured persons' families residing on the territory or the Republic of Poland; • foreigners-students of doctorate studies who study residing in the Republic of Poland; • foreigners-members of orders and students of ecclesiastic and theological seminars.	• all Romanian citizens who have their domicile in Romania; • foreign citizens and stateless who have their residence in Romania.	Entire population.	Obligatory insurance for: • wage earners, self-employed persons and persons performing agricultural activities (farmers); • recipients of old age pensions, invalidity pensions, recipients of cash benefits related to social protection; • unemployed persons entitled to cash benefits from unemployment insurance; • all citizens of Slovenia who have permanent residence in Slovenia and are not insured under any other heading; • permanently resident family members of the above. In case of employment injury and occupational disease are beneficiaries some categories performing organised activities and not regularly insured.

	Bulgaria	Czech Republic	Estonia	Hungary	Latvia
				2. In addition to this, persons only entitled to health care benefits: Provided to those who are recipients of the following: a) health care benefits, b) pension benefits, c) social assistance (benefits in cash), d) national home nursing care benefits (supplement), war widows/orphans benefits, e) miner's income subsidy, f) family support scheme benefits, g) pension from a church or religious community registered in Hungary, h) Hungarian students (full-time student in a secondary or at a higher education) and foreign citizen students (pursuing studies under bilateral agreement or whose study was subsidised (given a grant) by the Hungarian Ministry of Education), i) performing military (civilian) service, j) the dependent of the insured person (whose monthly income does not exceed 30% of the minimum wage in force on the first day of the year under consideration), k) a Hungarian minor (under 18 years of age), l) a Hungarian young adult between the ages of 18 and 24 but still receiving benefits within the child welfare system, and a person placed in a residential institution providing personal care, m) detained as a prisoner, m) needy persons whose need has been acknowledged by the local government, n) persons who entered into agreement on obtaining eligibility for health care services, and their dependants, o) persons who are not insured, and who are holders of a identity card and obliged to pay 11% the health care contributions (plus their dependants, if their income does not exceed the above mentioned 30% of the minimum wage) and person who is entitled health care benefit under bilateral social policy (security) agreement.	

Lithuania	Poland	Romania	Slovakia	Slovenia

Table II

Health care

	Bulgaria	Czech Republic	Estonia	Hungary	Latvia
2. Exemptions from the compulsory insurance	No special scheme.	No special scheme.	No special scheme.	Almost general coverage, but foreigners and some Hungarian persons are excluded. 1. Excluded foreigners: a) Diplomatic representatives of foreign states, members of foreign nationality of diplomatic corps' personnel, representatives of foreign nationality of an international organ receiving diplomatic exemption and spouses and children of foreign nationality living together with persons listed residing in Hungary, b) persons qualified as foreigners employed by foreign employers in Hungary, c) wage earners or members being natural persons qualified as foreigners employed by economic associations operating with foreign participation, Hungarian branch of companies with foreign residence and commercial agency, branch of bank and agency of insurance company of an undertaking with foreign residence within the territory of the Hungarian Republic which is not provided by any international agreement. 2. Excluded Hungarians: a) Members not participating in the activity of economic associations, b) students of vocational schools not having educational contract with economic organizations, c) farmers (agricultural small-scale producer and other individual farmers), d) officials performing work in other labour relation (such as mandate, home made work, freelance, etc) or being elected if their remuneration of one month does not reach 30 % of the minimum wages, which is the insurance limit.	No special scheme.
3. Voluntary insured	Every Bulgarian or foreign citizen possesses this statutory right.	Not applicable.	No special scheme.	- Hungarian citizens who are excluded from the personal scope of health insurance. (They can sign a contract with the National Health Insurance Fund for health care (in kind) and sickness benefits (in cash) as well.) - Foreign citizens. (Benefits are based on contract.)	Voluntary insurance at insurance companies. If patient is insured, co-payment is disbursed by the insurer.

Lithuania	Poland	Romania	Slovakia	Slovenia	
No exemptions	No special scheme.	The members of diplomatic missions accredited in Romania and foreign citizens who are temporary on the Romanian territory are exempted from the payment of the contribution.	Persons, who are long-term (more than 6 months) abroad if they are insured there.	Farmers with very low income (under defined level).	**2. Exemptions from the compulsory insurance**
Voluntary health insurance is possible as supplementary to the compulsory one.	A person not mentioned in art. 8 of the Act may voluntarily insure herself on the basis of a request presented at the chosen sickness fund. The basis for contribution calculation is the declared monthly income, not less however than the average remuneration in force. The applicable rate is 7,75% of the national wage.	See above "Exemptions from the compulsory insurance".	No special scheme.	Voluntary supplementary insurance is available for co-payments in obligatory health insurance and for 1 services of a higher standard.	**3. Voluntary insured**

Table II

Health care

	Bulgaria	Czech Republic	Estonia	Hungary	Latvia
4. Eligible dependants	Contributions paid by wage earners cover: - non-working dependent juveniles under the age of 18 (26 for students, or life-long for severely handicapped); - jobless spouses.	Independent entitlement, no derived rights.	Dependant spouse.	Dependant spouse and children, other dependants. (The scope of the dependants: spouse, adopted child, adoptive parents, brother or sister, brother's and sister's spouse, cohabitant). Pensioners do not pay health insurance contribution, but they are entitled to health care.	Independent entitlement, no derived rights.
Conditions **1. Qualifying period**	No special scheme.	No special scheme.	No special scheme.	No qualification period. Non-Hungarians can sign a contract with the National Health Insurance Fund (*Egészségbiztosítási Alap*), and while paying contributions they are entitled to services under the same circumstances as Hungarian citizens. However, depending on the needs of the person entering into agreement, eligibility for health care services is valid from the first day of the month following the signing of the agreement if the said person has concurrently paid the contribution for the past six months or pays the sum of 6 months contribution at the date of signing contract.	No special scheme.
2. Duration of benefits	Unlimited but terminated with cessation of the payment of health insurance contributions and/or with non-compliance with the prescriptions of General Practitioners (family doctors) concerning prophylactics or health promotion.	Unlimited.	Unlimited. Insurance coverage continues 2 months after the payment of social tax has stopped.	From the beginning of illness. Unlimited.	Unlimited.

Lithuania	Poland	Romania	Slovakia	Slovenia	
See "Field of application" above.	• spouses; • children up to the age of 18 (28 for full-time students); • parents running the insured person's household (unless they are personally insured and therefore not dependent on the insured person).	Dependant members of the insured family.	Independent entitlement, no derived rights.	• spouse; • children (legitimate, illegitimate and adopted); • stepchildren supported by the insured person; • parentless grandchildren, brothers, sisters and other children supported by the insured person; • permanently invalid parents, stepparents and adoptive parents with insufficient means for subsistence, living in a common household with and supported by the insured person. All if residents of Slovenia, if not stipulated differently by an international agreement.	**4. Eligible dependants**
None, except farmers, personal land users and "others" These groups are considered as insured after three months from the beginning of the payment of contributions. They are also allowed to pay the total contribution for three preceding months and get insurance rights from the moment of this payment. Insurance rights are continued during one month after the moment when contribution payments are discontinued.	No special scheme.	No special scheme.	No special scheme.	No qualifying periods except for: • orthopaedic equipment, spectacles, hearing aids, prosthetics and other aids: up to six months insurance (except for certain groups e.g. children or victims of employment injuries, occupational diseases and other listed diseases); • funeral expenses: one consecutive month insurance or two months in the previous year; • death grant: one month insurance before death or six months in the previous three years.	**Conditions** **1. Qualifying period**
From beginning of illness until treatment is needed.	Unlimited, provided recipient remains registered with a sickness fund. The right to health services expires 30 days after the end of membership of a Sickness Fund.	Unlimited.	From beginning of illness. Unlimited.	From beginning of illness. Unlimited.	**2. Duration of benefits**

Table II

Health care

	Bulgaria	Czech Republic	Estonia	Hungary	Latvia
Organisation **1. Doctors** ***Approval***	Medical doctors and dentists are approved on behalf of the Bulgarian Medical Doctors Association *(Български лекарски съюз [Balgarski lekarski sajuz])* and the Bulgarian Dental Surgeons Association *(Съюз на стоматолозите в България [Sajuz na stomatolozite v Balgarija])* (compulsory membership). This membership is a prerequisite for eligibility to sign a contract with the National Health Insurance Fund appointment with accredited medical establishments under labour contracts or for private medical practice.	- Self-employed doctors using their own facilities who are contracted by Health Insurance Companies-HIC (around 21 000). - Doctors employed by State (around 14 000). - Doctors employed by private health care institutions that are contracted by Health Insurance Companies (around 2 000).	Doctors in state, municipal or private health establishments or private doctors with whom the Health Insurance Fund (*Eesti Haigekassa*) has entered into a contract.	Doctors employed by local governments or private doctors contracted by the National Health Insurance Fund.	All doctors registered in accordance with Law on Medical Treatment and contracted by a sickness fund.
Remuneration	- GPs paid on a capitation basis – per registered patient plus additional payments for activities connected with health priorities, health promotion and prophylactics according to targeted programs and bonuses for working in unattractive environment (remote areas, mountain areas, etc.). - Specialists are receiving a fee for visit; for clinical procedures they are paid a fee for service. - Dentists are paid per diagnosis price. - Hospital doctors are salaried, but all hospitals are trade entities and the salaries there depend on the financial result. Hospital care is being paid by the NHIF using clinical pathways and through the global budgets of the Ministry of Health and municipalities.	General practitioners: capitation (29 Kt/capita) or fee for service based on a point system, min. 0,46 CZK per "point" with a time limitation of 12 hours/day. Specialists: fee for services based on a point system, normal 1,0 CZK (min 0,80 CZK) per "point" with time limitation of 12 hours per day.	Doctors in the state and municipal health establishments are salaried. General practitioners can also be self-employed. Health Insurance Fund pays for services to health establishments or private doctors according to a price list approved by the Minister of Social Affairs (*sotsiaalminister*).	Employed doctors: basic salary. Contracted doctors: per capita financing (paid from the National Health Insurance Fund).	• In hospitals: combination of two methods: fee-for-service and fixed pay for particular DRG's (diagnosis related groups). • Out-patient departments: mainly capitation but fee-for-service in Riga.
2. Hospitals	Government accredits medical establishments and this is an advantage for contracting with the NHIF .	Large health care institutions obtain financial resources as follows: • payments on the basis of contracts concluded with health insurance institutions (covering around 70-80% of hospitals). Lump sum payments of 104% of accounted rate of payment in the previous year or fee for services based on a point system paying 0,46 CZK per point with time limitation of 12 hours per day or experimental payment by DRG. • allowances from the State for investment and for activities of general interest which are guaranteed/ordered by the State (e.g. research, development and use of new technology...) and • direct co-payments made by patients.	State and municipal institutions and private health establishments contracted with Health Insurance Fund.	Public hospitals contracted by the National Health Insurance Fund.	State owned hospitals and municipal hospitals financed by the state through the sickness funds. Private hospitals may also form contractual relations with sickness fund.

Lithuania	Poland	Romania	Slovakia	Slovenia	
• doctors employed by State, regional and municipal health establishments or • private doctors with whom a Patient's fund has entered into a contract.	Treatment provided by 'Fund Doctors' (doctors working in health centres that are contracted by a sickness fund) and self-employed doctors contracted by a sickness fund.	• physicians employed by the state; • private physicians licensed by the Health Ministry; • family physicians contracted by the sanitary directions.	The health insurance agencies negotiate the contracts on health care with health facilities and only doctors employed in those facilities are authorised to provide social care reimbursed by social security insurance.	• Public doctors, employed by public health institutions. • Private doctors with concession given by local administrative body or Ministry of Health and contract with the Institute for Health Insurance (IHIS) *(Zavod za zdravstveno zavarovanje)*.	**Organisation** **1. Doctors** ***Approval***
Doctors in state and municipal health care institutions are salaried. Patients' Funds pay for services to health care institutions.	Doctors are paid by the sickness funds on a per capita basis. • Employed doctors: determined by collective agreement or by remuneration rules adopted by given health service centre; • Self-employed doctors (primary care): per capita; • Self-employed doctors (specialist outpatient): fee-for-service.	• doctors employed by the state: salaries established by the law in the public sanitary units; • licensed doctors: payment of health services on the basis of the tariffs of the physicians in the private health network. Tariffs are approved by the Ministry of Health; • family doctors: per capita and according to tariffs for benefits provided.	Doctors are paid by the insurance institutions. The payment is a combination of per capita (number of registered insured patients) and evaluation of medical performance.	• Doctors in public sector: salary defined by law and collective agreement and paid by the Institute for Health Insurance *(Zavod za zdravstveno zavarovanje)* according to the program stipulated with the public health institution. • Doctors in private sector with a concession: payment for programme for health services (fee for service), defined in the doctor's contract with the IHIS. • Private doctors with no concession or contract with the Institute for Health Insurance: fee-for-service basis.	***Remuneration***
• State or municipalities' public or budgetary health care institutions • Private health care institutions contracted by Patients' fund.	Public hospitals and private clinics contracted by a sickness fund.	Public hospitals.	State-owned and private facilities contracted by the health insurance agencies.	• Public hospitals and clinics. • Private hospitals with a concession from the Ministry of Health and a contract with the IHIS.	**2. Hospitals**

	Bulgaria	Czech Republic	Estonia	Hungary	Latvia
Benefits **1. Medical treatment: choice of doctor**		Free choice of contracted doctors in primary care. Possibility to change every three months.	Free choice of general practitioner.	Free choice of doctor. Paid by the National Health Insurance Fund (financing contract).	
Access to specialists	Free choice of General Practitioner and outpatient care specialist.	Free choice of specialists after referral by primary doctors .	Access to specialists by referral of the general practitioner. Access to psychiatrist, gynaecologist, dermatovenereologist, oculist, traumatologist or surgeon is possible without a referral from the general practitioner.	Basically there is a referral system (Except: dermatologist; ear, nose and throat clinic; gynaecology; surgery; opthalmology; oncology; urology; psychiatry; T.B. clinic and addictological treatment).	Patients may register with a new General Practitioner (GP or family doctor) no more often than twice a year. GP refers patients to specialists.
Payment of doctor	See "1. Doctors - Remuneration" above. The insured persons have the option of reimbursement of expenditures for treatment abroad made by them under specified conditions (NHIF special approval).	Benefits provided in-kind.	Benefits in-kind system	No extra payment.	No special scheme.

Lithuania	Poland	Romania	Slovakia	Slovenia	
Free choice of 'personal doctor' from among contracted doctors at the primary health level (general physician). Benefits are provided in kind.			Free choice of any doctor contracted by the health insurance agencies, except soldiers during the basic military service and prisoners. Possible to change doctor after 6 months at the earliest. The doctor is entitled to refuse a patient if he/she is overburdened.	Free choice of "personal doctor" (general physician, gynaecologist, paediatrician and dentist), who is covered with a contract with the IHIS.	**Benefits** **1. Medical treatment: choice of doctor**
General practitioners are at first and they direct patients to secondary or tertiary health care.	Free choice of general practitioners (family doctors) and certain specialists (e.g.: gynaecologists, dermatologists, psychiatrists, oncologists) working in contracted health centres.	Free choice of the doctor (family doctors are freely chosen and cannot be replaced for a period of one year).	See “choice of doctor” above.	Has to be directed by the personal doctor. Free choice of the specialist and hospital.	***Access to specialists***
Doctors are paid by State patients’ fund.	Benefits in-kind system with fees paid by the sickness fund.	Doctor's remuneration depends on his wage earner or professional doctor status (wage or revenue). Non-payment for all citizens who meet the provisions of the social health insurance Act No. 145/1997, except for medical services on demand and treatments without medical prescription.	Benefits in-kind.	Costs covered by IHIS according to the programme with the health provider (envelope financing).	***Payment of doctor***

	Bulgaria	Czech Republic	Estonia	Hungary	Latvia
Patient's participation	Insured person pays to service providers co-payment amounting to 1% of the standard national minimum monthly wage for every visit to the GP and outpatient care specialist.	Co-payment of some services, pharmaceutical products, health aids (such as prosthetics, wheel chairs etc) and certain materials for dental services.	For state and municipal institutions patients' visit fees are set by the Minister of Social Affairs: • EEK 5 per outpatient visit • EEK 15 per home visit. Private doctors and family doctors may set their own fees.	Co-payments are charged in the following circumstances: • majority of prescribed or not-prescribed pharmaceutical goods and pharmaceutical goods; • using a health care provider other than the one specified by the referral doctor; • unnecessarily changing the contents of prescription treatment – causing extra costs. (See the patient's participation in hospitalization and dental care later)	Patient co-payment system (for adult patients): • out-patient visit to polyclinic: 0.50 LVL • home visit: 2.00 LVL • in-patient treatment: according to a list of co-payments for various operations and procedures

Lithuania	Poland	Romania	Slovakia	Slovenia	
Health care is basically free of charge. There is a list of health care services that are classified as 'paid services' by Governmental Decree. These services are financed entirely by the person's own resources according to price list, e.g. abortion (without medical reasons) -70-115 Lt; manual therapy (6 Lt); cosmetic surgery (500-1500 Lt); regular checkups for drivers and for some other groups of persons; dental prosthesis; anonymous treatment of dependency on alcohol.	No participation in cases of basic treatment by the chosen general practitioner or by a specialist to whom the general practitioner has referred the patient. Scope of basic treatment is determined by the Ministry of Health, all treatment outside this scope is left to private sector. 1. Basic (Standard) medical services: The Health Insurance Funds covers the full cost of: • medical examinations and consultations; • diagnostic tests; • out-patient treatment, • treatment at the patient's home • in-patient treatment at a hospital • emergency treatment; • medical rehabilitation; • nursing services, • care for women during pregnancy (including delivery) pre-natal care of the foetus and care of the new born baby; • preventive care; • supply of medicines and medical materials during in-patient treatment at a hospital – in relation to out-patient treatment see "Pharmaceutical products" below; • supply of orthopaedic appliances, auxiliary mediums (with the exceptions mentioned in point 8) as well as technical treatment means; • palliative/hospice care. 2. Super-standard services (better room, meals etc): These are listed in an ordinance of the Minister of Health and Social Welfare and financed fully by the insured person's own resources.	The contribution of the patient – co-payment.	None with the exception of: • acupuncture; • psychoanalysis; • sterilization, artificial fertilization, abortion except on health grounds; • statements of health state for driving motor vehicles or travelling abroad.	Patients make co-payments of between 0 and 25% for health services in accordance with the law and rules of IHIS. Higher participation for some dental, rehabilitation and transport services, some pharmaceutical products and glasses. Voluntary supplementary insurance for co-payments is available with private insurance companies, which are obliged to accept everybody. Medical services like cosmetic surgery and homeopathy are paid for entirely by patients.	***Patient's participation***

	Bulgaria	Czech Republic	Estonia	Hungary	Latvia
Exemption or reduction of patient's participation	No fee required from: • people suffering diseases defined by a list in the National Framework Agreement; • those eligible for social assistance; • juveniles (including those accommodated in orphanages); • military conscripts; • military invalids; • prisoners.		No visit fee is charged for: • children up to 16 years of age, • students enrolled in daytime studies up to 19 years of age, • pensioners, • registered unemployed persons, • non-working carers of a disabled child or disabled adult, • pregnant women, • army conscripts, • chronically ill persons, and • wage earners undergoing periodical occupational medical examination.	Utilising the right of equity the burden of co-payment can be reduced. (It is exercised by the Director of National Health Fund Administration; according to the limit set in the annual budget of National Health Insurance Fund) According to the equity principle the Director of the NHIFA can: - overtake fully or partly the burden of co-payment of medical treatment, from the patient, - raise the percentage of the subsidy for pharmaceuticals, prosthesis and services, - offer subsidy for that kind of medicines which are not subsidised by the Health Insurance Fund, - raise the frequency of giving subsidy for the price of therapeutical prosthesis and - pay subsidy for special (order made) prosthesis.	No co-payments required from: • children under 18 years, • persons undergoing prophylactic examinations, • pregnant women when receiving medical treatment services related to pregnancy and postnatal observance and delivery, • victims of Chernobyl nuclear power plant accident, • persons persecuted for their political beliefs, • persons in desperate financial need, • persons suffering from TB, AIDS, syphilis and other infectious diseases (only for the treatment required for these diseases), • those who require emergency treatment, • residents of state and municipality social care centres.
2. Hospitalisation ***Choice of hospital***	Hospitalisation for insured persons as per GP's together with an outpatient specialist prescription; regulated access to hospital from local, regional, or national importance.	Free choice of contracted hospitals after referral by primary doctors or specialist.	Referral by general practitioner or specialist.	• Right to treatment, no charge. • Treatment upon referral by a doctor, except in case of emergency. • Special home nursing is available to replace care in an inpatient institution prescribed by a competent doctor.	Referral from a GP or specialist is required for hospitalisation, with the exception of emergency health care. Patients can choose from hospitals which are contracted by sickness funds (there are no regional constraints).

Lithuania	Poland	Romania	Slovakia	Slovenia	
No special scheme.	Full patient's exemption in case of basic treatment.	No special scheme.	No special scheme.	No patient participation for: • systematic and other preventive examinations of children, school children, students attending full time education, women in connection with child birth and adults in accordance with programmes, except preventive examinations which have to be paid by employer; • health care of women, including family planning advice, contraception, pregnancy and childbirth; • prevention, detection and treatment of communicable diseases (including AIDS); • treatment and rehabilitation of occupational diseases and employment injuries, malignant illnesses, diseases of the muscles or nervous system, mental disorders, epilepsy, paraplegia, tetraparaplegia, cerebral paralysis, haemophilia, developed stages of diabetes, multiple sclerosis and psoriasis; • donation and transplant of tissues and organs; • emergency medical treatment (including emergency transportation), nursing care visits, home treatment and nursing in social care institutes; • war invalids, civilian invalids of war; • urgent yet non-emergency treatment of seriously physically or mentally disabled persons, persons over 75 years of age, recipients of social assistance etc.	***Exemption or reduction of patient's participation***
Patient is directed to the hospital by general practitioner or secondary level doctor. Referral system except in case of emergency.	Free choice of contracted hospital. Hospitalisation upon referral by a Fund Doctor.	Free choice of hospital, on the recommendation of the family doctor or the specialist doctor. Emergencies have free and immediate access.	Free choice of hospital.	Free choice of any public hospital or private hospital with a concession and contract with the IHIS, see "Participation" above (patients need a referral from their personal doctor). Access if directed by the personal doctor or specialist. As a rule local hospitals have to be used.	**2. Hospitalisation** ***Choice of hospital***

Table II

Health care

	Bulgaria	Czech Republic	Estonia	Hungary	Latvia
Patient's participation	Insured patients individually pay a fee amounting to 2% of the standard national minimum monthly wage for each day of stay in a hospital. Fee is limited to 20 days annually. Duration of stay responds to treatment.	Normal hospitalisation: no patient's participation. Co-payment of some higher standard services (such as one bed room etc). Payment of some higher standard services (such as cosmetics surgery etc).	No charge, except when the patient asks for special amenities not prescribed by the doctor.	Co-payments are charged in the following circumstances: • extra services (better room, meal, conditions, etc.), • accommodation, nursing, pharmaceuticals and meal costs covered by certain designated groups, • using health care institutes, which requires referral without doctor's referral, • using different health care institutes than indicated by the referral, • according to the patient condition using the health care institution as a nursing facility (including pharmaceuticals and meals) • treatment in sanatorium (according to the rules of the decree of Minister of Health)	Patient co-payment: Hospital board and lodging: 5 LVL admission fee plus 1.5 LVL per day from the second day. Maximum co-payment for board and lodging is 15 LVL for one hospitalisation. Total annual co-payments for one calendar year should not exceed 80 LVL (purchasing of drugs, spectacles and dental services not included). Day centre board and lodging: 2.5 LVL admission fee + 1 LVL per day from the second day plus allowance according as a list of co-payments for various medical manipulations.
Exemption or reduction of patient's participation	No fee required from: • people suffering diseases defined by a list in the National Framework Agreement; • unemployed; • those eligible for social assistance; • juveniles (including those accommodated in orphanages); • military conscripts; • military invalids; • prisoners.	No special scheme.	Not applicable.	See above " Exemption or reduction of patient's participation"	The charges described above do not apply to psychiatric, oncological and hematological patients who pay 0.45 LVL per day from the second day plus allowance according as a list of co-payments for various medical manipulations.

Lithuania	Poland	Romania	Slovakia	Slovenia	
No charge for insured persons.	No contribution from the insured person in the event of hospitalisation.	Hospitalization is free of payment in public hospitals, based on a medical referral. Exceptions: high-level services (e.g. IVF), services at the request of the patient, or services in rooms with a higher degree of comfort than the standard.	No special scheme.	See above – patients participation for the doctor. Up to 15% for non-medical care in the hospital.	***Patient's participation***
No special scheme.	Full patient's exemption.	Not applicable.	No charge for insured patients in case of hospitalisation. Doctor's referral or prescription required unless emergency treatment required.	See above – exemptions and reductions for the doctor.	***Exemption or reduction of patient's participation***

	Bulgaria	Czech Republic	Estonia	Hungary	Latvia
3. Dental Care ***Treatment***	Service package which is being negotiated in the National Framework Contract and can not be less than the minimum service package defined by the Ministry of Health. Each visit results in co-payment of 1% of the standard national minimum monthly wage. For exemptions see "Patients Participation" above.	Free choice among contracted doctors. A price-list defines 68 types of dental service which are covered by the Health Insurance Companies.	Free treatment for: - children up to 18 years of age, - full-time students, - pregnant women, - mothers until child reaches 1 year of age, and - pensioners. An amount agreed between the Health Insurance Fund and health establishment has to cover the costs of dental treatment for the above-mentioned groups. For other insured persons the costs of dental treatment are covered according to the amount and conditions described in the agreement.	Cost to insured: contributing to costs of certain materials used and to certain treatments. 1. Treatment is free of charge for: • patients under 18 years of age, • patients studying at secondary school, or training school, • pregnant patients (from the date of recognition of pregnancy until 90 days after the birth), (except: technical costs) • patients above 18 years: emergency treatment; dental surgery; plaque removal and treatment of gums' deformation, • patients above 60 years: emergency treatment; dental surgery; plaque removal and treatment of gums' deformation plus full scale of basic and specialized treatment, (except: technical costs), • without age limit: dental and dental surgical treatment relating to a basic medical problem and search for the centre of dental infection (referral is required), • dental protection (according to a special regulation), • contracted patients in need of emergency treatment. 2. Co-payments are charged in the following circumstances: • orthodontic brace (under age 18) • dental prosthesis (which is indicated in the law for the purpose of recovering the patient's chewing ability)	Free of charge for children up to 18 years except some services such as orthodontic treatment. For victims of Chernobyl nuclear power plant accident 50% covered by sickness fund. Patient co-payment: see Patient's participation.
Dental prosthesis	Not covered by the National Health Insurance Fund.		Pensioners receive prosthesis free of charge once every three years.	See above.	Full price: Not covered by the national health-care system. Exception: acrylic dentures for victims of Chernobyl nuclear power plant accident are provided free of charge.

Lithuania	Poland	Romania	Slovakia	Slovenia	
Dental treatment is partially covered for adults (co-payment is needed for materials used for dental treatment), limited charge for special fillings. Treatment is free for children under 16 years of age.	Basic treatment and materials included in the official list drawn up by the Ministry of Health are free of charge for all insured persons.	Free of payment for children up to 16 years of age, preventive services twice a year for 16 - 20 years of age and once a year for adults. All other dentistry services are covered for 40-60% by insurance houses, taking into account the necessity of respecting the prophylactic controls (40% coverage for insured people not attending periodical controls; 60% coverage for those who do).	As for health care, but certain additional charge for dental prosthesis. The average payment participation of patient is about 26%; the share depends on the type and the matter of dental prosthesis.	Free dental treatment for children and students (see "Patient's Participation" above). Compulsory insurance covers a part of costs of dental care according to the rules of IHIS. Voluntary supplementary insurance for co-payments is available.	**3. Dental Care** ***Treatment***
Dental prosthesis expenses are covered for "socialy vulnerable" persons (as defined in the special list) once every 3 years. It is co-financed by Stat Patients Fund and local authorities.	Dental prosthesis, full or partial, acrylic, entirely covered by the insurance once every 5 years.	See “Treatment” above.	The price of total dental prosthesis is about 3600 SKK.	See above.	***Dental prosthesis***

Table II

Health care

	Bulgaria	Czech Republic	Estonia	Hungary	Latvia
4. Pharmaceutical products	117 medicines covered fully by central supply of the Ministry of Health and 1 041 medicines reimbursed by the NHIF, 400 of which fully.	Basic medicines are free of charge, others are either subject to co-payment or paid for entirely by insured person.	• Generally, insured persons pay EEK 50 + 50% of the remainder for all prescription pharmaceuticals. • In the case of children up to 3 years of age, the patient pays EEK 20. • For listed chronic diseases patients pay EEK 20 (e.g. HIV, tuberculosis, oncology diseases, diabetics, epilepsy, transplantation etc.) or EEK 20 +10% of the remainder (e.g. hypertension, rheumatoid arthritis, renal insufficiency etc.). • In case of children from 3 to 16 years, persons over pension age, persons with permanent work incapacity over 40%, the patient pays EEK 20 + 10% of the remainder, but the Health Insurance Fund compensates no more than EEK 200 per prescription of a listed pharmaceutical. Difference between the patients' payment and the actual price is compensated to the pharmacies by the Health Insurance Fund.	- Pharmaceuticals used during inpatient treatment are free for every beneficiary. - The National Health Insurance Fund pays 0, 50, 70, 90, 100% of the price of out-patient medicines, for every beneficiary, that appear on a set list. (The percentage of the subsidy depends on the decision made by a professional body and on the type of drug.) - Low income elderly or disabled persons can receive a special card entitling them to free medicine. (Under social assistance act; discretional decision.) - 100% coverage of all pharmaceuticals is given for victims of employment injuries and occupational diseases. Medicines prescribed by a hospital doctor during hospitalization are paid in full by the National Health Insurance Fund.	The specific disease, its character and the degree of gravity are taken into account when determining the amount of compensation for medication: 100% - Glaucoma; Cancer; Endocrine and metabolic disease; Infectious and parasitical disease. 75% - 100% - Gastrointestinal disease; Muscle, bone and conjunctive tissue disease. 75% - Dermatological disease; Respiratory disease. 75% - Cardiovascular disease.
5. Prosthesis, spectacles, hearing-aids	Generally not covered by the scheme. Exceptionally covered in specific cases, as a component of a complex treatment, and/or subject to application by the individual through the Handicapped Rehabilitation and Social Integration Fund at the Council of Ministers.	A price-list of health aids establishes the level of co-payment for patients.	Temporary prosthesis after amputation, internal prosthesis and stoma aids are paid for by the Health Insurance Fund. Further technical appliances are provided in the framework of social assistance and financed from the State Budget.	- The Health Insurance Fund subsidies 50, 70, 85, 95 or 100% of the price. - 100% coverage for all victims of employment injuries and occupational diseases.	Not covered by the national health-care system, except all kinds of endoprosthesis.

Lithuania	Poland	Romania	Slovakia	Slovenia	
Full coverage of basic price of pharmaceutical products for, inter alia: • children under 3 years of age, • group 1 disabled persons • those suffering from specific illnesses (special list) • disabled children under 16 years of age. 80% coverage of basic price for: • children aged from 3 to 16 years, • Group 2 and 3 disabled persons and other non-working persons entitled to a social insurance pension, • non-working retired persons, 50% of basic price of pharmaceuticals covered for those suffering from specific illnesses (special list).	Official list of medicines divides pharmaceuticals into 3 categories: • basic medicines: standard price (patients pay oa fixed price, maximum of 0,5% of lowest salary, which is determined by the Ministry of Health); • special additional medicines: 30% to 50% of price paid by the insured person; • other medicines: 100% of the price paid by the insured person. Medicines free of charge in hospitals. Medicines and medical materials are given free of charge to those insured persons: • admitted to hospitals and other health care centres; • receiving treatment, diagnostic and rehabilitation measures from units authorised to provide services under the health insurance programme; • who require emergency treatment; • disabled soldiers; • some war veterans and some members of their families.	• Free of charge during hospital treatment. • Out-patient: - free of charge for children and certain categories of diseases (TBC, cancer, diabetes, HIV) and certain pharmaceutical products; - for the medicines included on a list approved by the Ministry of Health based on the compensated recipe.	Free of charge or on partial reimbursement for insured persons (according to list of medicaments and medicine refund fully or partly). The average participation of patients for payment for pharmaceutical products is about 60%. No advantage for different categories of people.	Pharmaceuticals are listed into two categories contained in a positive and intermediate list: • positive list: 75% reimbursement or 100% reimbursement for children and some other categories (see " Patient's participation" above); • intermediate list: 25% reimbursement. Voluntary insurance is available for co-payments. For pharmaceutical products not contained in the lists: full costs are borne by the patient. All drugs used during hospital treatment are free.	**4. Pharmaceutical products**
Some kinds of prosthesis and hearing-aids are fully covered by Patients' Fund. Special spectacles are fully covered for disabled because of weak sight.	The Minister of Health determines costs of equipment and the insured person's contribution. Free or partial payment (once every 3 or 5 years; prostheses, hearing aids and wheelchairs are free; but 30 to 50% of the price of spectacle frames and lenses paid by the insured person). War and military invalids are eligible for free prostheses, hearing aids and wheelchairs on the prescription of a health insurance doctor.	They are delivered with or without personal contribution. Every year the National Health Insurance House and the College of Physicians (*Colegiul Medicilor*) in Romania issue the Nominal List of the medical devices integrally discounted or with personal contributions of the insured.	Limited coverage; rest to be paid by patient. For example: the patient's participation of payment for lower limb prosthesis or hearing aid may be partly or totally covered by social system; it depends on the diagnosis, the doctor's decision, and the patient's choice of the type of aid.	Free for children, students and others entitled to 100% coverage of costs (see "Patient's Participation" above). Insurance covers: 75% to 85% of costs for prostheses, orthopaedic, hearing and other aids and 25% of costs for vision aids for adults are covered by compulsory health insurance. Voluntary supplementary insurance for co-payments is available.	**5. Prosthesis, spectacles, hearing-aids**

	Bulgaria	Czech Republic	Estonia	Hungary	Latvia
6. Other benefits	• Medical expertise of the capacity to work; • Specific treatment and certain supplies provided at home; • Transportation to medical institutions in emergency; • Abortions upon referral by a doctor or after rape.	Preventive medical examinations for children, teenagers and adults. (*preventivní prohlídky dětí, dorostu a dospělých*). Preventive dental examinations for children (*preventivní zubní prohlídky dětí*).	In special cases (e.g. lack of specialists or medical equipment), the patient may be referred to medical treatment abroad with the approval of the Health Insurance Council (*ravikindlustusnõukogu*).	- Prophylactic medical examinations (cancer, pulmonary etc medical examinations). - Transportation and costs of travel. - Treatment and nursing at home. - Medical treatment abroad. - Medical rehabilitation. - Obstetrical measures. - Ambulance transport.	No special scheme.

Lithuania	Poland	Romania	Slovakia	Slovenia	
Rehabilitation and treatment in sanatoria is partialy paid by patients according to official basic prices. • 50% compensation for insured persons who are referred by a doctor according to the procedure approved by the Ministry of Health. • 80% compensation for recipients of a social insurance pension. • 90% compensation for children under 7 years of age or disabled children under 16 years if the children are accommodated in a sanatorium along with an insured person. • 100% compensation for: - children under 16 years of age if accommodated in a sanatorium on their own - Group 1 disabled persons - those recovering from a serious illness (according to special list) who have a referral from a doctor	• transport to treatment centre free of charge (under certain conditions, such as: motoric function deficiency, low income, …); • financial aid for low-income persons; • home nursing care free of charge. Persons in financial difficulty, who are facing considerable costs for medicine, medical materials and appliances, prostheses, spectacles or hearing aids may receive financial support on the principles set forth in the regulations on social assistance.	No special scheme.	• preventive examinations for children, teenagers and adults; • vaccinations; • preventive dental examinations; • reimbursement of transport and accommodation costs on certain conditions (on the basis of doctor's recommendation - according to the patient's state of health); • reimbursement of autopsy expenses.	• free preventive medical examinations for children and students, women, insured persons who are older than 25 years and sportsmen according to the rules of IHIS; • immunisation and vaccination services; • treatment and nursing at home, in institutions for elderly and other social institutions; • refund of transport and travel expenses to an insured person and his attendant.	**6. Other benefits**