

Estonia improves access to dental care

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Since 1 January 2022, the circle of recipients eligible for the highest dental care benefits (capped at €85 per year) has been extended to the unemployed and recipients of subsistence benefits, to improve access to healthcare for people on low incomes. However, a report from the National Audit Office published in 2021 finds that the conditions applicable to dental care benefits need more fundamental changes to ensure effective access to dental services for people on a low income.

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Description

In Estonia, the healthcare system is financed mainly by health insurance contributions (which are part of the social tax), but there are also contributions from the state budget and household out-of-pocket payments.

Dental care is provided at no out-of-pocket charge by contracting partners of the Estonian Health Insurance Fund to all persons aged 18 or younger. In most cases, adults must pay for dental care themselves (out-of-pocket payments). An exception is emergency medical care which is free of charge for everyone. In addition, since 2019, dental care is also free for adults with severe physical and mental disabilities, who are unable to take care of their oral hygiene.

Since July 2017, adults' dental care has been subject to a partial co-financing scheme in the form of a dental care benefit package (Health Insurance Act §33-1). This in-kind benefit applies to essential dental services. All adults, whatever their income, are covered by a 50% co-insurance system with a benefit capped at €40 per year. The amount of the benefit is higher for persons aged 64 or above, pregnant women, mothers of children up to 1 year of age, persons with a greater need for dental treatment because of a particular health condition (like diabetes) and persons eligible for a work incapacity pension, an old-age pension or a "work ability allowance" (formerly "work incapacity pension"). These people receive dental benefit up to €85 per year and pay at least 15% of the invoice themselves.

In October 2021, the government approved and sent to the Parliament

amendments to the Health Insurance Act, to expand the circle of recipients of the benefit capped at €85 per year to the unemployed and recipients of subsistence benefits as of 1 January 2022. The aim is to improve access to dental care for people on a low income who cannot afford such care due to its high cost. Next, the Ministry of Social Affairs plans to make the dental care benefits system more flexible and increase the benefit rates (Sotsiaalministeerium 2021).



Outlook and commentary

The main issues debated have been the sustainability and efficiency of the healthcare system, as well as the quality and availability of healthcare services (see Kadarik et al. 2018, Koppel et al. 2018, OECD 2021).

In 2020, 2.1% of the population aged 16 years and above self-reported an unmet need for dental examination or treatment, because of its cost. This percentage has fallen continuously since 2015: 10.2% (2015), 9.3% (2016), 6.3% (2017), 5.5% (2018) and 4.1% (2019) (during that period, the EU-27 average also decreased but more slowly, from 4.5% in 2015 to 2.5% in 2019; there are no EU figures for 2020) (Eurostat hlth_silc_22). In 2019, out-of-pocket payments from households covered 23.9% of the total cost of healthcare (EU-27: 15.4%), of which dental care and prescribed medicines make up the largest share; dental care constituted 6.7% (EU-27: 1.4%) of the total out-of-pocket payments (OECD 2021).

The unemployed and recipients of subsistence benefits are in a particularly difficult situation due to their lower

incomes and higher risk of poverty. Despite the expansion of the circle of beneficiaries in previous years (see the previous section) and the improved affordability of dental care, the use of the service is still very low among the recipients of subsistence benefits: between 2017 and 2020, on average, 95% of subsistence benefit recipients did not visit a dentist (Riigikontroll 2021).

Therefore, the expansion of the circle of recipients of dental care benefits capped at €85 per year to this group is to be welcomed. According to the Ministry of Social Affairs, the number of unemployment allowance and subsistence benefit recipients forming the target group and potentially benefiting from the reform in place since January 2022 is approximately 55,000 (Sotsiaalministeerium 2021). In 2020, approximately 300,000 people used the dental care benefit (Riigikontroll 2021).

However, the National Audit Office finds that the conditions applicable to dental care benefits need more fundamental changes to ensure effective access to dental services for people on a low income (Riigikontroll 2021). The Audit Office points out that the dental care benefit only covers essential dental services: the current reimbursable services are more focused on treating existing problems, i.e. dealing with the consequences rather than on prevention and dental care promotion. More emphasis should be placed on the latter, which would also help to reduce future higher treatment costs. In addition, the Audit Office suggests that policy changes are needed to ensure the timeliness and appropriateness of the price list for reimbursable dental services. The Ministry of Social Affairs plans to develop a system for measuring personal out-of-pocket payments,

which would identify persons with a greater need for treatment, to provide them with an increased rate of benefits or to set a maximum annual level for out-of-pocket payments.

Previously, the question of whether to make dental care a completely free service for all has also been analysed. According to calculations, full reimbursement of adult dental care would increase the annual costs of the Estonian Health Insurance Fund by €55 million (Laurimäe et al. 2020). In 2020, the Estonian Health Insurance Fund's expenditure on adult dental care benefits was slightly under €15 million (Riigikontroll 2020).

Further reading

[Health Insurance Act](#) (2021), Passed 19.06.2002, RT I 2002, 62, 377.

Kadarik, I., Masso, M., Võrk, A. (2018), ESPN Thematic Report on Inequalities in access to healthcare: Estonia 2018. European Commission, Social Affairs and Inclusion, Brussels.

Koppel, K. et al. (2018) [Ravikindlustus valitutele või ravikaitse kõigile – kuidas täita lüngad Eesti ravikindlustuses?](#) Tallinn: Poliitikauuringute Keskus Praxis [Analysis of health insurance coverage].

Laurimäe, M., Koppel, K., Arrak, K. (2020). [Eesti tervishoiu tulevik – tervisekindlustuse kvantitatiivse mudeli tulemused ja metoodikaaruanne](#). Tallinn: Poliitikauuringute Keskus Praxis [Estonian health insurance system – a quantitative model].

OECD/European Observatory on Health Systems and Policies (2021), [Eesti: riigi terviseprofiil 2021 \[Estonia: national health profile\]](#), [State of Health in the EU](#), OECD Publishing, Paris/European Observatory on Health Systems and Policies, Brussels.

Riigikontroll (2021). [Täiskasvanute hambaravihüvitis: Kas täiskasvanute hambaravihüvitis on muutnud hambaravi kättesaadavamaks?](#) [National Audit Office (2021). Adult dental benefit: Has adult dental benefit made dental care more accessible?]

Sotsiaalministeerium (2021). [Tulevast aastast saavad kõrgendatud määras hambaravihüvitatist ka töötud ja toimetulekutoetuse saajad](#) [The circle of recipients eligible for the highest dental care benefit will be extended to the unemployed and recipients of subsistence benefits next year].

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