

	Belgium	Bulgaria	Switzerland
II. Health care			
Benefits			
1. Medical treatment:			
Patient's participation	<p>Insured person's share must not exceed 25% for general medical care. In principle, no share borne for technical benefits. In excess of a certain annual amount paid by the insured themselves, the so-called maximum ceiling, certain categories of insured and will benefit from this point onwards from free health care services. Basic criteria:</p> <ul style="list-style-type: none"> * being part of a specific social category; * being part of a household with income under certain levels; <p>In concrete terms, the following incomes and ceilings of are applying:</p> <p>up to € 16,114.10: € 450</p> <p>from € 16,114.11 to € 24,772.41: € 650</p> <p>from € 24,772.42 to € 33,430.75: € 1,000</p>	<p>Any person covered under contributions funded scheme pays the physician, dentist or health-care facility (providing medical care) for each visit 1% of the national minimum (monthly) wage (minimum wage is currently BGN 240 (€ 123) per month).</p>	<ul style="list-style-type: none"> * Fixed amount per calendar year (excess, deductible, "franchise"): CHF 300 (€ 202). * In addition, share of costs: 10% of costs above the excess up to CHF 700 (€ 471) per year. * The insurer may offer the insured person a form of insurance with a higher excess - CHF 500 (€ 336), CHF 1,000 (€ 672), CHF 1,500 (€ 1,008), CHF 2,000 (€ 1,345) or CHF 2,500 (€ 1,681) for adults, CHF 100 (€ 67), CHF 200 (€ 134), CHF 300 (€ 202), CHF 400 (€ 269), CHF 500 (€ 336) or CHF 600 (€ 403) for children (< 18 years) - in return for a reduction in the premium.

Czech Republic

Out-patient health care:
Co-payments only for drugs and medical devices.

Denmark

Group 1: No charges (treatment by the chosen GP or a specialist to whom he refers the patient).
Group 2: The part of expenses which exceeds the amount fixed by the public scheme for Group 1.

Germany

The patient pays a practice fee of € 10 per quarter at his first visit to the doctor in the quarter (certain medical check-ups are excluded).
The patient' participation for aids (e.g. massages, baths or physiotherapy) which are part of the medical treatment is 10% and € 10 per prescription.

Estonia

Up to EEK 50 (€ 3.20) per home visit or for a visit for out-patient specialised medical care (set by the Board of the Hospital).

Greece

No charges.

Spain

No charges.

France

General scheme for employees (Régime général d'assurance maladie des travailleurs salariés, RGAMTS):
Share borne by insured person:

* 30% for ambulatory treatment (GP or specialists, in consulting room or in hospital),

* 20% for hospital treatment,

* flat-rate co-payment of € 1 per medical intervention within a limit of € 50 per person and per year,

* flat-rate co-payment of € 18 for serious medical intervention (of a minimum rate of € 91).

Iceland

The insured person pays between ISK 1,000 (€ 5.57) and ISK 2,600 (€ 15) per visit to a health care centre or a general practitioner.

The insured person pays ISK 3,600 (€ 20) & 43 40% of the remaining costs, but max. ISK 25,000 (€ 139) per visit to a specialist.

Ireland

Persons with full eligibility enjoy a full range of general practitioner services without charge (see above).
Persons with a GP Visit Card are entitled to the services of a GP without charge (see above).
Persons with limited eligibility can avail of specialist services in public hospitals free of charge. There are a number of schemes which provide assistance towards the cost of medication.
Any patient who opts for private treatment, even in a public hospital, is liable for the specialist fees and hospital charges.

Italy

Insured persons pay up to € 36 for each test carried out or each visit to a specialist, to a physiotherapist or a water cure; by prescription there can be a maximum of 8 services rendered in the same specialised field and a maximum of 6 for sports medicine or rehabilitation benefits.

Cyprus

Persons entitled to medical care at reduced fees pay € 6.83 and € 8.54 per visit to a general practitioner and specialist respectively plus 50% of prescribed fees for laboratory, x-ray and other examination.
Patients entitled to free of charge medical care (see "Beneficiaries: Field of application" above) make no contribution toward fees but do have to pay € 2.00 per visit at outpatients departments.

Latvia

Patient contribution system (for adult patients):

- * Out-patient visit to the general practitioner: LVL 1.00 (€ 1.42).
- * Out-patient visit to the specialist: LVL 5 (€ 7.12).
- * Home visit: the doctor can set the price. For persons older than 80, disabled persons, persons who need palliative care, the contribution is LVL 2 (€ 2.85).

Liechtenstein

Patients' participation in the costs for services in the form of a franchise and a percentage paid by the individual. The deductible (franchise) is CHF 200 (€ 131) each year. Voluntary deductible of a maximum of CHF 1,500 (€ 984) each year. Maximum excess is CHF 600 (€ 394) per year.

Lithuania

Basically, health care is free of charge. There is a list of health care services, which are approved as paid services that are financed entirely from the person's own resources according to a set price list.

Luxembourg

Co-payment by insured person: 20% of the ordinary tariff for visits for the first medical visit in any 28 days period; 10% for other visits or consultations. Co-payment by insured person of 10% for medical outpatient treatment expenses up to a maximum of € 5 per visit. This measure does not concern haemodialysis, chemotherapy, radiotherapy treatments nor preventive medical tests.

Hungary

Visit fee (vizitdíj) and hospital daily fee (kórházi napidíj) were abolished as of 1 April 2008, due to a referendum held on 9 March 2008. Co-payments are charged in the following circumstances:

- * unnecessarily changing the contents of prescription treatment, causing extra costs,
 - * extra services (better room, meal condition etc.),
 - * accommodation, nursing, pharmaceuticals and meal costs for those suffering from designated ailments, confirmed by primary health care provider,
 - * using sanitary provisions,
 - * in case of certain dental prosthesis, orthodontic braces provided for persons under the age of 18,
 - * change of external sex organs with the exception of developmental abnormality. The amount of the co-payment is fixed by the service provider.
- Control of entitlement As of 1 April 2007 service providers are obliged to control the entitlement of patients for health services. From 1 January 2008 it became more rigorous:
- * service providers have to control the entitlement of the patient before providing treatment (except emergency services),
 - * failure to control the entitlement will be sanctioned,
 - * if the patient is not entitled the

Malta

No charges.

The Netherlands

Health Insurance Act
(Zorgverzekeringswet, Zvw):
Mandatory deductible. See Table I
"Sickness and Maternity – Benefits in
kind".

General Exceptional Medical Expenses
Act (Algemene wet bijzondere
ziektelkosten, AWBZ):
For most types of care under the Act,
insured persons over 18 are required to
make personal contributions towards the
costs.

Norway

* Up to a ceiling of NOK 1,780 (€ 198) a
year, the patients pay cost-sharing
charges for consultation of doctors,
psychologists, for important medicines
and nursing articles, radiological
examinations/ treatment, laboratory
tests and travel expenses.

* For a standard GP consultation NOK
132 (€ 15) is paid by the patient, for a
specialist consultation NOK 295 (€ 33).

* A second ceiling of NOK 2,560 (€ 285)
applies to cost-sharing charges for
physiotherapy, reimbursable non
orthodontic dental treatment, organised
health travels and stays in medical
rehabilitation centres.

Austria

The entitlement is proven towards the
doctors by e-card, an electronic sickness
insurance card. The annual fee is € 10
(with the exception of children,
pensioners and the needy).
A contribution of 20% of the agreed fee
is required for benefits provided by
psychotherapists or clinic psychologists.

Poland

No participation in case of basic treatment by the chosen general practitioner or by the specialist to whom the general practitioner has referred the patient.

Scope of basic treatment is determined by Minister of Health (Minister Zdrowia), all treatment outside this is left to private sector.

Portugal

The payment of the insured person's share borne varies according to the medical visit:

- * visit at home,
- * normal or urgent visit,
- * visit in a central or regional hospital,
- * visit in a health centre.

Or also depends on the diagnosis and therapy auxiliary elements.

Romania

No other direct payments.

Finland

Health centre:

Doctor visit maximum € 11 for the first three visits in a calendar year or an annual fee of maximum € 22 for 12 months depending on the municipality; most other services free of charge. However, € 15 may be charged for an on-call-visit to a health centre at night-time and on weekends.

Private doctor:

The patient pays doctor's basic fee which, as far as it does not exceed a fixed tariff, is refunded by 60% from the sickness insurance. For treatment costs on prescription by certain other medical staff, the patient's own liability is € 13.46 and 25% of the amount exceeding a fixed tariff.

Slovenia

Patients make co-payments of between 5% and 75%. Voluntary supplementary insurance for co-payments is available. Medical services like cosmetic surgery and homeopathy are paid entirely by patients.

Slovakia

For services related to health care the patient's participation is:

- * € 1.99 for each visit at the emergency service,
- * € 0.17 for each prescription,
- * € 0.07 for each km of transport.

Sweden

The insured person pays between SEK 100 (€ 9.33) and SEK 200 (€ 19) per visit to a doctor.

For specialist care, the patient pays between SEK 200 (€ 19) and SEK 300 (€ 28).

Emergency cases: between SEK 100 (€ 9.33) and SEK 300 (€ 28).

United Kingdom

No charges to patients ordinarily resident in the UK or charge-exempt overseas visitors for NHS hospital services, but see below for prescription and other charges.