Health Care

	ALBANIA	ARMENIA	AUSTRALIA	AZERBAIJAN
Applicable statutory basis	Law on Health Care in Republic of Albania, No. 10107 dated 30.3.2009;Law on Health Insurance in Republic of Albania; Law No. 7870, dated 13.10.1994 (amended by Law No 8005 dated 4.10.1995, Law No. 8961 dated 24.10.2002 ,Law No 9207 dated . 15.3.2004, Law No 9368 dated 7.4.2005,Law No.10043 dated 22.12.2008). New Law No. 10 383, dated 24.2.2011, will come into force on 25 of March 2013.Until then, the applicable statutory basis will remains Law on Health Insurance in Republic of Albania; (Law No. 7870, dated 13.10.1994 and amended)New Law No. 10 383, dated 24.2.2011, “ON COMPULSORY HEALTH CARE INSURANCE”, has come into force on 25 March 2013, repealing the old legislation.Law No. 7703, dated 11.5.1993 “For the social insurance in Republic of Albania” (since amended).Code of Labor of Republic of AlbaniaNo.7961, dated12.07.1995 (amended)	Law on “Health Care Provision and Service of the Population”, (1996).Law on “The Provision of the Population with Sanitary-Epidemiological Security”, (1992).Law on “Reproductive Health and Reproductive Rights” (2002)Government Resolution on “The Free Medical Aid and Service Guaranteed by the State”, (N318, 2004).“Strategy on Mother and Child Health Protection 2003-2015”Government Resolution on “Free choice of doctors providing services for primary health care and the discipline of registering the population” N420 (30.03.2006).Government Resolution on the changes in “The Free Medical Aid and Service Guaranteed by the State” Resolution N318 (04.03.2004)Government resolution on “The medicine that are provided free of charge to vulnerable groups of population” N 1717 (23.11.2006)Government Resolution on “National Program and activity plan on improvement of reproductive health” No 29 of 26.07.2007. Government Resolution on “Regulation of personal and group practical work of family doctors” No 497 of 19.04.2007. Government Resolution on "National Strategy for Child and Adolescent Health and Development" No. 37 2009, No. 37Government resolution (based on protocol) on National Tuberculosis control Program for 2007-2015 No 52, 2006Government Resolution on "National Immunization Program for 2010-2015" No. 46, 2010Government resolution on Infection diseases prevention and control strategic plan for 2012-2016, No 1913, 2011Government resolution (based on protocol) on the approval of 2011-2015 state program on the prevention of Malaria reintroduction in the republic of Armenia and the composition the prevention of malaria reintroduction No 23, 2011The government protocol decision N11, 2011 "National strategic plans and timeline of actions for three diseases, having the highest mortality: cardiovascular diseases, malignant tumors and diabetes mellitus".Government resolution N 1691, 12 December, 2012 , “Revocation of N1917 and N1923, 2011, as well as N594, 2012 resolutions about the procedures of providing the social packages and establishing the criteria for inclusion the services into the social packages”	- National Health Act 1953.- Health Insurance Act 1973.- Australian Hearing Services Act 1991.(last update: 2012)	Law on health insurance, 28.10.1999.Law on Health Care, 26.06.1997.

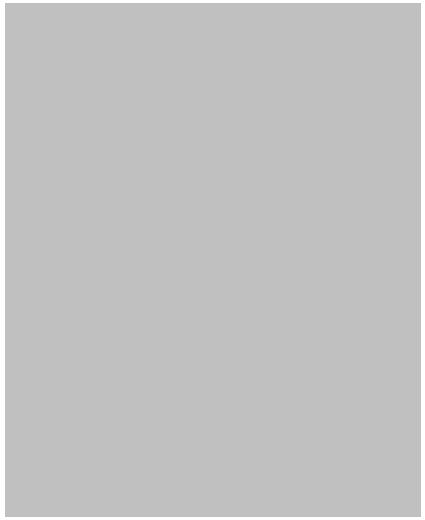
Health Care

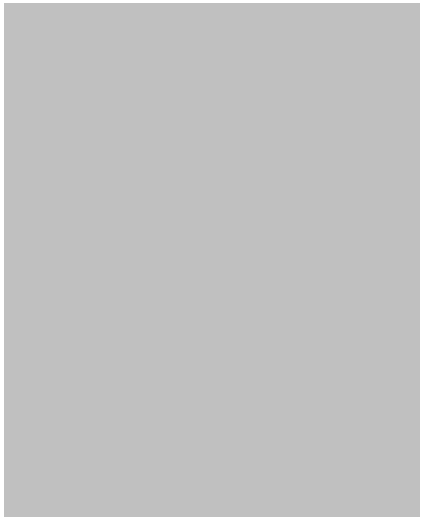
	BOSNIA AND HERZEGOVINA	CANADA	GEORGIA	MONTENEGRO
Applicable statutory basis	Federation BiH- Law on Health Care of Federation BiH, (46/10)- Law on Health Insurance of FBiH (Official Gazette of FBiH, 30/97) amended in 2002 and 2008 (Official Gazette of FBiH, 7/02 ,70/08 and 48/11)- Decision on Determination of Basic Package of Health Rights (Official Gazette of Federation of BiH, No. 21/09)-Decision on the Maximum Amount of Direct Participation of Insured Persons in the Costs when Using Particular Part of Health Care in the Basic Package of Health Rights (Official Gazette of Federation of BiH, no 21/09)Republika Srpska- Law on Health Insurance of Republika Srpska (Official Gazette of RS, 18/99), amended in 2001, 2003 2008 and 2009 (Official Gazette of RS 51/01, 70/01, 51/03, 57/03, 17/08, 01/09 and 106/09)- Law on Health Protection of Republika Srpska (Official Gazette of RS, 106/09) - Law on Population Protection from Communicable Diseases ("Official Gazette of Republika Srpska 14/10).District Brcko- Law on Health Protection of Brcko District (Official Gazette of the Brcko District of BiH 2/01) amended in 2007 and 2008 (Official Gazette of the Brcko District of BiH 19/07 and 28/08)- Law on Health Insurance of the Brcko District of BiH (Official Gazette of the Brcko District of BiH 1/02), amended in 2002 and 2008 (Official Gazette of the Brcko District of BiH 7/02 and 34/08)	Canada Health Act (1984).(last update: 2010)	-Law on health Care (10.12.1997)-Law on Transplant of Human Organs (23.02.2000).-Law on Medical and Social Appraisal (12.07.2001).-Law on Medical Activity (06.08.2001).-Law on Licensing of Medical and Pharmaceutical Activity (05.08.2003).-Law on Sanitary Code of Georgia (05.08.2003).-Law on Rights of Patients (05.05.2003).-Law on Psychiatric Care (12.07.2006). -Law on Public Health (27.06.2007)-Law on HIV/AIDS (17.11.2009) Resolution GoG 9.12.2009 N218 Regarding determination of the health insurance activities and conditions for the insurance voucher, within the scope of State Health Program.	The Law on Health Insurance, 2004 amended in 2012The Law on Health Care 2004, amended in 2010The Rulebook on Closer Conditions and the manner for Exercise of Certain Rights from Compulsory Health Insurance , 2006The Decree on the Scope of Rights and Standards of Health Care from Compulsory Health Insurance, 2005The Rulebook on the Method and Procedure of Exercising the Right to Medical Technical Aids, 2006, amended in 2008, 2010 Rulebook on Criteria for Concluding Contract on Provision of Healthcare Services and Their Method of Payment, 2011

	NEW ZEALAND	REPUBLIC OF MOLDOVA	RUSSIAN FEDERATION	SERBIA
Applicable statutory basis	New Zealand Public Health and Disability Act 2000Accident Compensation Act 2001Social Security Act 1964(last update: 2011)	Health care in Moldova is provided according to numerous laws and resolutions the most significant being: Constitution of Republic of Moldova dated 29.07.1994; Law on Health Protection no. 411-XIII dated 28.03.1995;Law on State Budget for 2008 no. 254-XVI dated 23.11.2007;Law on Pharmaceutical Activity no 1456-XII dated 25.05.1993; Law on Drugs no 1409-XIII dated 17.12.1997; Law on Mental Health no 1402-XIII dated 16.12.1997; Law on Compulsory Health Insurance no1585-XIII dated 27.02.1998; Law on circulation of Narcotic Drugs, Psychotropic Substances and Precursors no 382-XIV dated 06.05.1999; Law on Red Cross Society in Moldova no 139-XV dated 10.05.2001; Law on control and prevention of alcohol abuse, illegal consumption of drugs and other psychotropic substances no 713-XV dated 06.12.2001; Law on health assessment and accreditation no 552-XV dated 18.10.2001;Law on reproductive health and family planning no 185-XV dated 24.05.2001; Law on licensing certain types of activities no 451-XV dated 30.07.2001; Law on patient's rights and responsibilities no 263-XVI dated 27.10.2005; Law on exercising the physician profession no. 264-XVI dated 27.10.2005; Law on HIV / AIDS prophylaxis no. 23-XVI dated 16.02.2007; Law on compulsory health insurance funds for 2008 no. 268-XVI dated 07.12.2007;The law on transplantation of human organs, tissues and cells no. 42-XVI dated 06.03.2008; Strategies National Health Policy, approved through Government Decision no 886 dated 06.08.2007; Health System Development Strategy for 2007-2017, approved through the Government Decision no 1471 dated 24.12.2007; Primary Healthcare System Development Strategy, approved on 06.12.2007 by the Ministry of Health Board;Anti-corruption Strategy for Healthcare, approved on 06.11.2007 by the Ministry of Health Board;2008-2009 National Reproductive Health Strategy, approved through the Government Decision no 913 dated 26.08.2005; 2010-2012 Hospital Care Development Program, approved through the Government Decision no 379 dated 07.05.2010Public-private partnership for providing certain health services, approved through the Government Decision no 1116 dated 10.12.2010.Classification of additional health services provided in medical education institution for children, pupils and students, approved through the Government Decision no 934 dated 04.08.2008.Regulation on health and social intersectoral cooperation mechanism with the purpose to prevent and diminish the infant	Federal Law of November 21, 2011 No 323-FZ "On the Basics of Health Protection of the Citizens of the Russian Federation";Federal Law of November 29, 2010 No. 326-FZ "On Compulsory Medical Insurance in the Russian Federation"; Federal Law of December 29, 2006 No. 255-FZ "On Compulsory Social Insurance in Case of Temporary Disability and Maternity";Federal Law of December 8, 2010 No. 334-FZ "On the Budget of the Russian Federation Social Insurance Fund for 2011 and Planning Periods for 2012-2013";Federal Law of July 16, 1999 No. 165-FZ "On Principles of Compulsory Social Insurance";Federal Law of November 24, 1995 No. 181-FZ "On Social Protection of Disabled Persons in the Russian Federation";Federal Law of July 24, 1998 No. 125-FZ "On Compulsory Social Insurance against Accidents at Work and Occupational Diseases"; Federal Law of July 17, 1999 No. 178-FZ "On State Social Assistance";Federal Law of December 8, 2010 No. 331-FZ "On Insurance Rates on Compulsory Social Insurance against Accidents at Work and Occupational Diseases for 2011 and Planning Periods for 2012-2013";Federal Law of November 30, 2011 No 370-FZ "On the Budget of the Federal Compulsory Medical Insurance Fund of the Russian Federation for 2012 and for Planning Periods of 2013-2014";Federal Law of July 24, 2009 No ? 212-FZ "On Insurance Contributions to the Pension Fund of the Russian Federation, the Social Insurance Fund of the Russian Federation, Federal Compulsory Medical Insurance Fund and Local Funds of Compulsory Medical Insurance";Decree of the Government of the Russian Federation of February 20, 2006 No. 95 "On Procedure and Conditions for Recognizing a Person as Disabled"; From January 1, 2012 Federal Law of December 3, 2011 ?379-FZ "On Changes in Certain Legislative Acts of the Russian Federation on Establishments of Insurance Contributions Rates to State Non-budgetary Funds", as well as Federal Law of November 30, 2011 No354-FZ "On the Amount and Calculation of the Rate of Insurance Contribution for Compulsory M?dical Insurance of Non-working Population".Federal Law of November 21, 2011 No323-FZ "On the Principles of Healthcare of Citizens in the Russian Federation" which came into force from November 22, 2011.Federal Law of 8 December, 2010 No333-FZ "On the Budget of the Obligatory Medical Insurance Fund of the Russian Federation for 2011 and for the Planning Period for 2012-2013";Federal Law of 03.12.2012 No 219-FZ "On the Budget of the	Law on Health Care, 2005, revised 2009/2010/2011/2012Law on Health Insurance 2005, revised 2010/2011/2012Statute of Conditions and Procedures on Health Insurance Rights, 2010 Statute of Contents and Perimeter of General Population Health Protection (1993).Regulation on Health Protection Rights Content and on Participation of Insured Persons in Health Protection Costs in 2013.

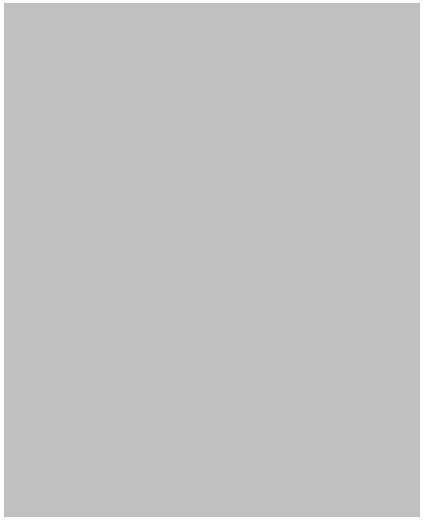
	THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA	TURKEY	UKRAINE
Applicable statutory basis	Health Care Law (Official Gazette No. 43/2012), as amended on several occasionsLaw on health insurance (Official Gazette No. 25/2000), as amended on several occasions and supplemented by extensive guidelinesLaw on Obligatory Social Insurance Contributions (Official Gazette No.142/2008)	Social Insurances and Universal Health Insurance Law No:5510 dated 31/05/2006	The Constitution of Ukraine.

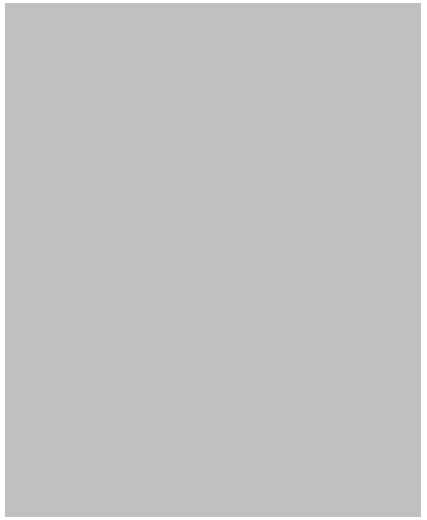
Health Care





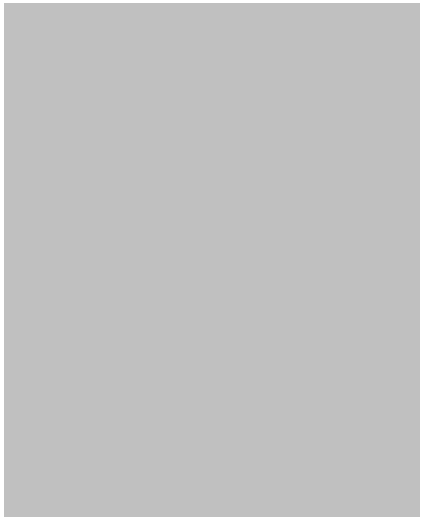
Health Care

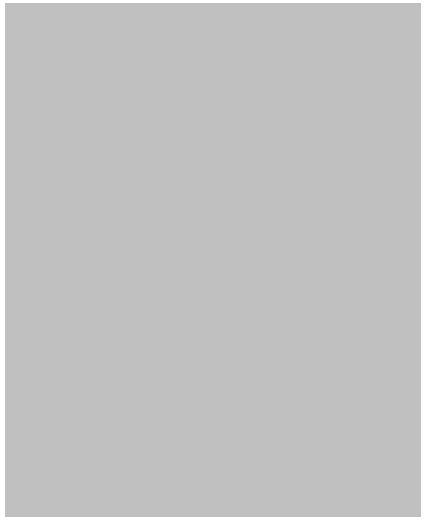




	and children up to 5 years mortality rate at home	Social Insurance Fund of the Russian Federation for 2013 and Planning Periods for 2014 and 2015''"Federal Law of 03.12.201 No 217-FZ “On the Budget of the Federal Compulsory Medical Insurance Fund of the Russian Federation for 2013 and Planning Periods for 2014 and 2015”By-laws.Decree of the Government of the Russian Federation of 20.02.2006 No 95 “On Procedure and Conditions for Recognizing a Person as Disabled”;From January 1, 2012 Federal Law of December 3,2011 ?. ?379-FZ “On Changes in Certain Legislative Acts of the Russian Federation on Establishments of Insurance Contributions Rates to State Non-budgetary Funds”, as well as Federal Law of November 30, 2011 No354-FZ “On the Amount and Calculation of the Rate of Insurance Contribution for Compulsory Medical Insurance of Non-working Population” entered into force. Decree of the Government of the Russian Federation of October 4, 2010 No 782 “On the Program of State Guarantees for Medical Assistance Provided to Citizens of the Russian Federation for 2011”.

Health Care





Health Care

	ALBANIA	ARMENIA	AUSTRALIA	AZERBAIJAN
Basic Principles	Benefits in kind system financed by employer and employee contributions as well as contributions from the state on behalf of the economically inactive population.	Tax financed scheme providing benefits in-kind to all beneficiaries.	A system of residence based social system providing a choice of benefits in-kind or reimbursement coverage.(last update: 2012)	A benefits in-kind system covering all permanent residents and financed by the state budget (for state medical institutions) and contributions (for private medical institutions).

Health Care

	BOSNIA AND HERZEGOVINA	CANADA	GEORGIA	MONTENEGRO
Basic Principles	Benefits in-kind system providing benefits to a range of specific groups through individual and derived entitlement. Financed mainly by contributions.	A universal health care system providing coverage for residents and organised on a provincial/territorial level. Each province/territory is given considerable discretion for the organisation, management and delivery of health services, but it will only receive federal financing if it complies with the five criteria, two conditions and two provisions contained in the Canada Health Act. These basic rules or criteria ensure that all eligible residents of Canada have reasonable access to medically necessary insured health services on a prepaid basis, and on uniform terms and conditions. (last update: 2010)	Health care system is financed through taxation, local budgets and state subsidies. - State Health Programme: treatment of diseases financed by State budget (some cases subject to co-payment by patients).- Local Health Programme: treatment of diseases financed by Municipality.- Public Health: financed from State Budget.- State Health insurance programs: Financed by State Budget.	Benefits in kind system of health care based on mandatory insurance principle.Financed from contributions paid in by employers, employees, self-employed and farmers.Applicable to employees, self-employed, farmer, members of their families and to some categories of insured persons.

Health Care

	NEW ZEALAND	REPUBLIC OF MOLDOVA	RUSSIAN FEDERATION	SERBIA
Basic Principles	The health system in New Zealand distinguishes between those who fall ill (covered by the public health system) and those who are injured in either a work or non-work related accident (covered by Accident Insurance).The public health system provides benefits in-kind to specified groups of the population, which are funded out of general revenues.There is a partial subsidy for primary care services (e.g. general practice consultations) and Laboratory tests are generally free. Charges apply for some diagnostic imaging. Partial and full subsidies exist for pharmaceuticals. Apart from minor charges for equipment, secondary and tertiary services are free. Most disability support services are free, but charges may exist for equipment, Home Help, and home/vehicle modifications. Service providers receive subsidies directly, so that where charges apply, individuals only pay a co-payment.General Practitioners (GPs) and private specialists are able to set their own fees.Accident insurance legislation covers personal injuries caused by a work or non-work related accident, and is financed by a combination of contributions from employers, employees, self-employed, a tariff on the price of petrol, a component of the motor vehicle re-licensing fee, and general revenues. New Zealand's injury compensation scheme is administered by the Accident Compensation Corporation, a Crown agency. New Zealanders refer to the Corporation making the payments, the payments themselves, and the system as a whole as "ACC."Co-payment exists for some services.Increased funding via capitation funding has been rolled out to the primary health care sector to improve the accessibility of primary health care services for all eligible New Zealand residents. From 1 July 2007, the entire population has been able to be covered by the increased funding for primary health care if they enroll in a Primary Health Organisation. At 1 January 2010, 95% of the NZ population is covered in this way.(last update: 2011)	Health system aims to ensure all citizens equal access to a comprehensive and qualitative health treatment. The list of covered health services is specified in the Basic Package on compulsory health insurance. Not covered treatments can be provided through a voluntary additional health insurance or through direct payment to the health care provider.The Basic Package includes the list of covered health services, and indicates the level of coverage, which is stipulated in relation to the health status of the patient. The payment of non-covered services is made in cash on the basis of tariffs as established by law.	Basic principles:Obligation of insured persons to pay insurance contributions for compulsory medical insurance.State guarantee of compliance with the rights of insured persons stemming from the mandatory health insurance.Provision of medical assistance for insured persons (including persons injured in an industrial accident).Subordinate acts.	Benefits in-kind system of health care based on insurance principle. Financed on the basis of contributions paid by employees, employers, self-employed people and farmers . Applicable to all insured persons and members of their families, with special categories of insured persons.

Health Care

	THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA	TURKEY	UKRAINE
Basic Principles	Benefits in-kind system financed by contributions (economically active persons) and state budget providing necessary medical care for all citizens in the country.The system is based on a total provision of preventive, diagnostic and rehabilitation measures and is characterised by the principles of accessibility, rationality comprehensiveness, continuous, quality and safe health protection.Basic principles of the compulsory health insurance are universality, solidarity, equity and effective utilisation of funds.Voluntary supplementary insurance is available for non-standard medical services (this means services that fall outside the basic package of medical services determined by the compulsory system).	The system is based on social insurance and is financed by contributions from employers and employees and state. Health care costs are principally funded by universal health insurance premiums and co-payment by patients.	State and local budgets provide benefits in-kind based on individual entitlement for permanent residents.

Health Care

	ALBANIA	ARMENIA	AUSTRALIA	AZERBAIJAN
Field of application				
1. Beneficiaries	All residents.	Primary care - all residents (universal system) Secondary care on policlinic level – all residents Secondary and tertiary care – all residents, only assigned groups are covered by state, i.e.- children under 7 years of age (hospital care);- children under 18 years of age (polyclinic care);- disabled people;- vulnerable groups of population, e.g. beneficiaries of family poverty benefits (see Table XI 'Guaranteeing sufficient resources');- veterans of World War II and persons legally assimilated to them;- family members of persons who died during war;- members of the emergency services who were disabled whilst attending the Chernobyl disaster and persons legally assimilated to them;- persons with a prescription from the Medical Social Expert Commission.- children with chronic diseases (registered in dispenser centres)- children under 18 years of age left without parental care.- people aged between 18 and 23 years old who are left without parental care- children belonging to families with 4 or more children who are under 18 years of age - people in military service and their family members- children in orphanages and elderly people in specialized care institutions- children of families with disabled members (who are under 18 years of age) - vulnerable groups of population (having more than 36.00 points of vulnerability according to the family poverty benefit system;-1st group invalids-2nd group invalids-3rd group invalids- invalid children under 18 years of age; -boys 14 years old – up to the age of joining of army (for hospital and ambulance medical care)-children up to 8 years old and persons aged 65 years and above (for specialized dental care)- women in reproductive age (15-49 years of age) in the period of pregnancy and maternity leave. - Persons who have been victim of exploitation due to human traffickingCompulsory insurance: People working in the governmental bodies (civil servants in accordance with the social package), as well as in the governmental organizations in the fields of education, culture, science, and social protection.	All residents.(last update: 2012)	Permanent residents.

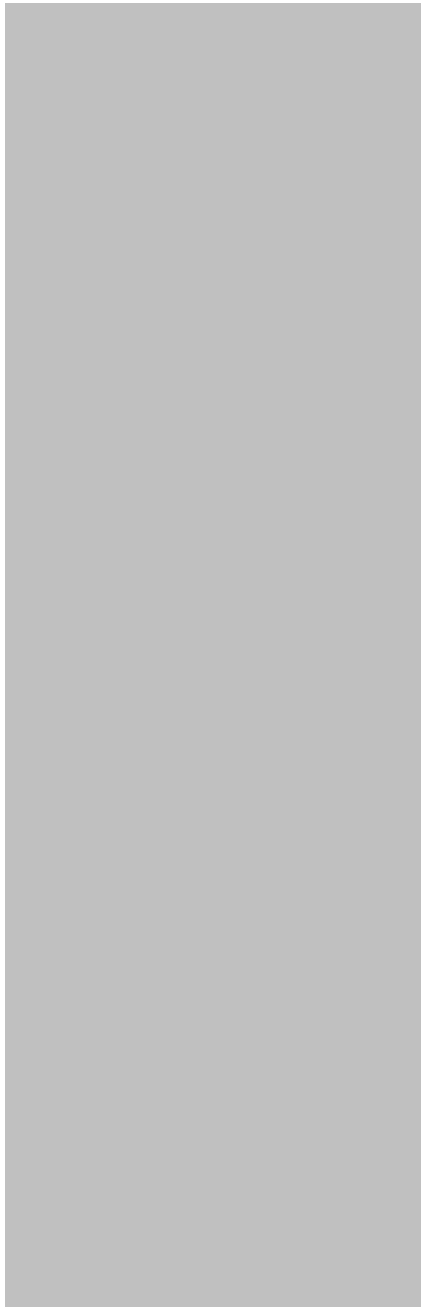
Health Care

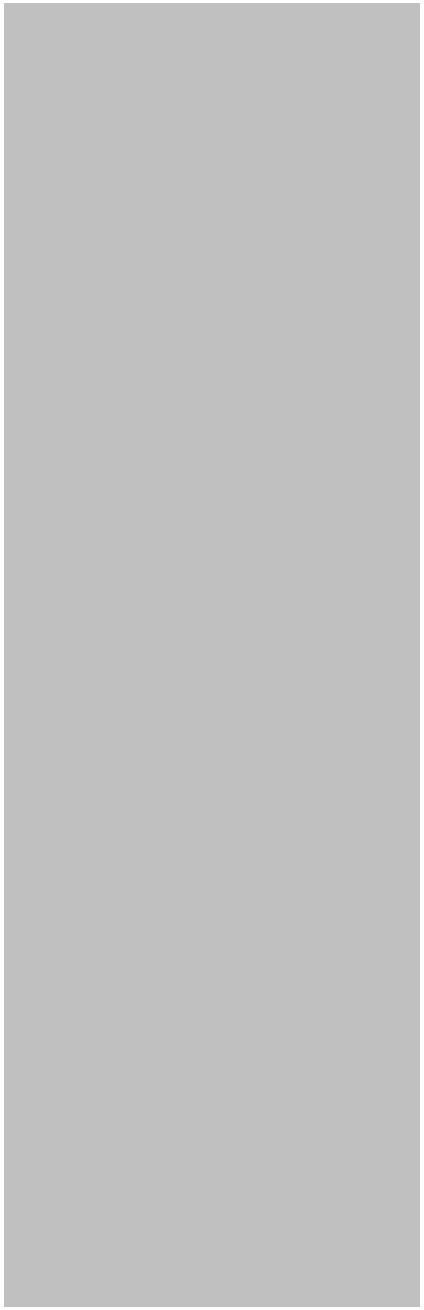
	BOSNIA AND HERZEGOVINA	CANADA	GEORGIA	MONTENEGRO
Field of application				
1. Beneficiaries	Federation BiH-Employed persons-Persons in working relationship with a legal or physical person within the territory of the Federation sent abroad to work or for vocational training, and persons working in the household of the insured working abroad if they are citizens of Federation of BiH-Persons selected or nominated for performing permanent duties in certain bodies of state or judiciary government or administration in the Federation or canton, if receiving salary for their work-Citizens of Federation of BiH employed with foreign or international organizations and institutions, consulate or diplomatic missions within the territory of the Federation of BiH-Persons with their place of residence within the territory of Federation, working abroad for a foreign employer and do not have a health insurance in the competent state -Persons who serve compulsory practice, after education completed, if they work full time-Self-employed-Persons, owners of private enterprises located within the territory of Federation of BiH, if not insured on another basis-Farmers who practice farming within the Federation as their sole or principal occupation, farmers who rent out their farming land and persons who take a lease of the farming land, if not insured on another basis-Pensioners and beneficiaries of rights to professional rehabilitation and employment in compliance with the regulations on pension and disability insurance of the Federation-Beneficiaries of ordinary and disability pensions with their place of residence within the territory of the Federation who realize that right from the foreign pension and disability insurance body exclusively, if not determined otherwise by the international contract-Unemployed persons registered with the Unemployment Institute within by law determined time-limit-Children up to 15 years of age and older juveniles up to 18 years of age, who have not yet completed primary education or after completion of primary education have not been employed, if they registered at the Unemployment Institute -Children since birth, children during regular education in primary and secondary schools as well as students at Higher Schools and Universities, who are citizens of Bosnia and Herzegovina and who reside on the territory of the Federation of BiH, and are not covered by the health insurance as members of the family of the insured person, but who are not older than 26 years of age -Persons older than 65 years of age who reside on the territory of Federation of BiH, and are not	Residents of a province or territory who meet the residency requirements of their respective health insurance plans are eligible for coverage (minimum requirements of residence may not exceed 3 months). (last update: 2010)	Members of Household living below the poverty line, children, people of age 60 and above, disabled people, students, all population as beneficiaries of the social dangerous diseases program	Directly insured persons: the employed, the self-employed, farmers, beneficiaries of social protection rights, beneficiaries of pensions according to regulations on pension and disability insurance, priests and church employees, unemployed persons from unemployed registry, persons serving prison sentence, their family members.

	NEW ZEALAND	REPUBLIC OF MOLDOVA	RUSSIAN FEDERATION	SERBIA
Field of application				
1. Beneficiaries	Public Health: Benefits In-kindThose who are “ordinarily resident” and have an income below $62,154 gross (for a four person family) and are therefore entitled to a Community Services Card (CSC);are under six years of age, oruse the doctor frequently (12 times in a 12 month period) and are therefore entitled to a High User Health Card (HUHC) Public Health: Fee for ServiceAvailable those who are “ordinarily resident” in New Zealand.Treatment costs for all accidents that occur in New Zealand are partially met. Other entitlements only apply to people ordinarily resident in New Zealand. but assistance may be provided to patients from Tokelau, Niue and Cook Islands.(last update: 2011)	The following are insured because they pay contributions:employees;self-employed persons including: businesspeople, farmers, writers, artists, etc.;foreign nationals and stateless persons lawfully resident in the Republic of Moldova;Some citizens are insured regardless of whether they pay contributes: - children prior the age of going to school- students in primary education, gymansium, lyceum and general secondary education- students in secondary vocational education- students in full-time college- students in full-time high education or university- residents in postgraduate education- children not enrolled in education, below the age of 18- pregnant women and women in a first period after child delivery. The period depends of the health status of woman and child- disabled persons- retired persons- persons formally registered as unemployed- people who take care of a severely disabled child (level I-disability)- people who take care of severely and bedridden disabled person (level I disbaility), when that person was already disabled before the age of 18 years;- mothers with four or more children;- people belonging to disadvantaged families who benefit social assistance (delivered on the basis of Law nr. 133-XVI of 13 June 2008)	All citizens of the Russian Federation, foreign citizens having permanent or temporary residence in the Russian Federation, as well as stateless persons.	- Directly insured persons: employees, self-employed people and farmers- Their dependants (see eligible dependants)- Following specific groups:children under 18 years of age (children in education and students up to 26 years),unemployed persons and other people with incomes under a specified level,persons older than 65 years,women during pregnancy and 12 months after giving birth,mentally and physically disabled persons,beneficiaries of material assistance, based on social security criteria,monks and nunsthe Roma without permanent or temporary residence in Serbia due to their traditional way of lifepersons treated for AIDS, certain infectious, cancerous and other diseases regulated by corresponding resolutionsvictims of human trafficking and victims of family violence.

	THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA	TURKEY	UKRAINE
Field of application			
1. Beneficiaries	- employees, - pensioners,- temporary unemployed person while receiving unemployment benefit,, - social protection beneficiaries,- self-employed persons,- individuals that are in prison and juvenile custodial institutions, if they are not insured on any other basis. - any other citizen who has not gained income higher than the annual net amount of the minimum salary for the previous yearUnder a special programme the State provides health protection to persons who cannot be insured on any other ground (children and young people up to the age 18 or 27 if enrolled in education, elderly persons; unemployed women during pregnancy and confinement).	A distinction is made between the group of insured persons who contribute in the social security system (contributory insured) and the group of insured who do not contribute in the social security system (non-contributory insured). The latter group is subject to indigence criteria. Apart from this the basic condition for all groups is to have residence in Turkey. Persons not having residence in Turkey cannot be a universal health insurance holder. The individuals who shall be deemed to be a universal health insurance holder are listed in article 60 of the Law No. 5510. Accordingly these are:1-Insurance holders, 2-Voluntary insurance holders, 3-The citizens whose income per capita within the family is less than one third of the minimum wage as a result of income test, 4-Stateless persons and asylum seekers, 5-Those getting income according to the Laws specified in brackets (2022,1005, 3292, 2330, 422, 2913) 6-The persons benefitting free from protection, care and rehabilitation services, 7-Those getting pension for war-disabled and those getting salary within the scope of Anti-terror Law, 8- foreign nationals having received a residence permit who are not socially insured in another state, provided that the principle of reciprocity is applicable, 9-The persons benefitting from unemployment compensation and short-term working allowance, 10-The persons getting income or salary according to the social security laws which were in force before the Law No. 5510, 11- citizens who do not belong to one of the mentioned categories above and are not insured on the basis of foreign laws, are included in universal health insurance. Conditions to benefit from the universal health insurance: In order to benefit from health-care services, the condition of having totally 30 days of premium payment within one year before the date of application to health-care service provider is stipulated for the universal health insurance holders working on service contract (4/a) and their dependants. The condition of having no premium or premium related debts over 60 days as of date of application to the health-care service provider as well as the condition of 30 days of universal health insurance premium payment for the self-employed universal health insurance holders (4/b) and their dependants are stipulated. On the other hand, Following categories are exempted from fulfilling the mentioned conditions:Indivuals under the age of 18; persons depending upon the care of another person; those in need of	All citizens.

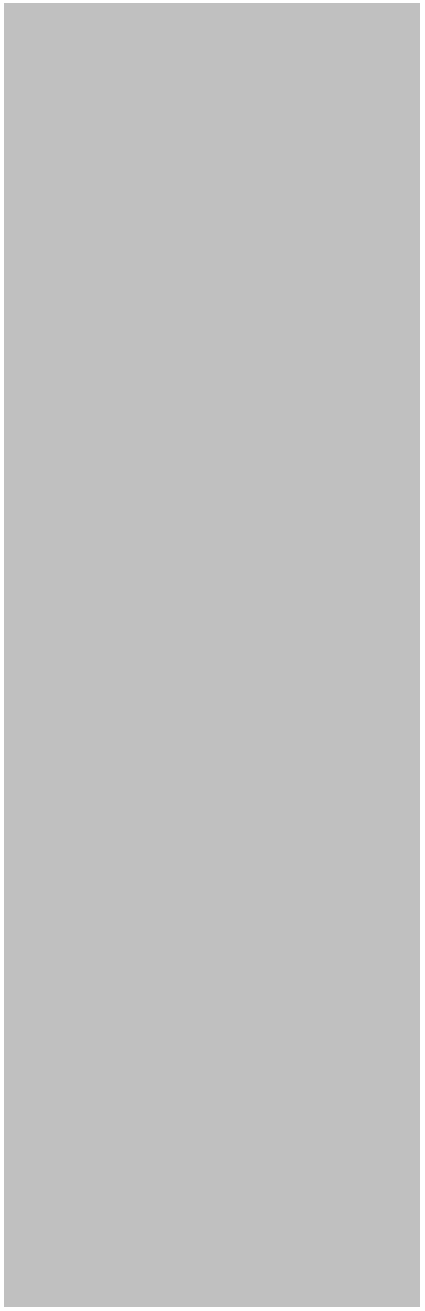
Health Care

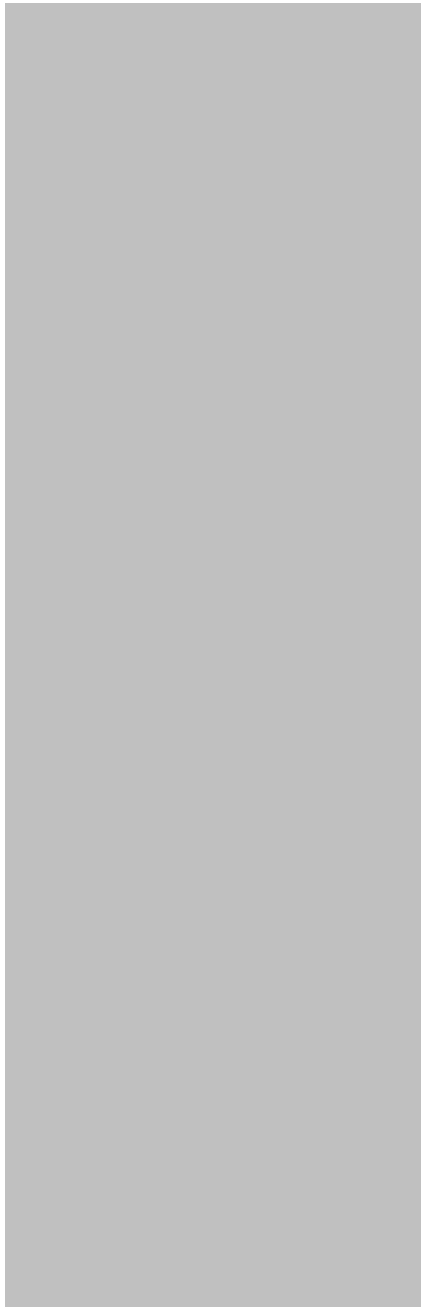




covered by health insurance on an other basis in Bosnia and Herzegovina or in other country. -Persons older than 18 years of age who have lost their student status or have ceased regular education when registered with the Unemployment Institute-Persons who have a recognized status as invalid person (war invalid, peacetime invalid or civil invalid i.e. the status of the beneficiary of the family disability allowance, if they are not insured on another basis)-Federal Ministry of Internal Affairs officers and cantonal police officers-Persons who interrupted their work for vocational upgrading or postgraduate studies provided by a legal person-Persons who graduated and who are sent by a legal person for a scholarship, for practical training or to another educational legal entity for vocational or upgrading training prior to their employment.-Persons sent abroad within the programmes of educational, technical and cultural co-cooperation-Top sportsmen, if not insured on another basisUninsured persons, if citizen of Bosnia and Herzegovina residing on the territory of the Federation of BiH, under the following modalities: a) uninsured persons up to 18 years of age-Children and young people up to 18 years of age, and students during regular education up to 26 years of age, have the same rights as the insured persons according to the Law on Health Insurance, the Law on Health Care, and Decision on Determination of Basic Package of Health Rightsb) for uninsured persons over 18 years of age:-emergency assistance in the life threatening situation -treatment of serious infectious diseases, quarantine diseases, tuberculosis, HIV,SARS, avian influenza, syphilis, hemorrhagic fever, hepatitis C and B, botulism, diphtheria, echinococcosis, acute meningitis and meningoencephalitis, morbilli, pertussis, poliomyelitis, rabies, tetanus, typhoid, typhus -health care for women during pregnancy and childbirth and puerperium and postnatal complications up to 6 months after labor.-mental health care for the patients who due to the nature and status of diseases could endanger their life or the life of other persons, or cause damage to material goods.-health care in case of chronic diseases (malignant tumors, insulin dependent diabetes, endemic nephropathy, chronic renal failure/hemodialysis, hemophilia, agammaglobulinemia)-health care for the patients with progressive neuromuscular disease, cerebral palsy, multiple sclerosis, paraplegia, quadriplegia, epilepsy. -health care services which are performed in order to donate organ with the purpose of transplantation -health care services related to blood donationThe above mentioned rights are financed form the cantonal budget or municipalities according to the last place of residence of the uninsured person.Republika Srpska- Employees;- Self-employed persons- Those engaged in religious

Health Care





urgent care; those in need of health care at the occassion of a labour accident or professional disease; persons in need of (preventive) health care in relation to infectious diseases: preventive health services; health care due to state or universal disasters and war.

2. Exemptions from compulsory insurance	None.	Not applicable except for civil servants in accordance with the social package (a non-cash amount for civil and some groups of civil servants which can be used for four purposes :purchase of health insurance for the employee (compulsory) and his/her family,repayment of the mortgage loans, payment of education, vacation fees in the territory of Republic of Armenia and Nagorno Karabakh Republic.	Tax payers earning below A$17,309 per annum do not pay the Medicare Levy, a levy on taxpayers to contribute towards the cost of the public health care in Australia.(last update: 2012)	None.

	organizations-Returnees, being citizens of Bosnia and Herzegovina who returned on the territory of Republika Srpska to their place of residence before the war (refugees are those who returned from abroad and displaced person are those who returned from the territory of Bosnia and Herzegovina to their place of residence before the war).- Farmers- Veterans, Military War Invalids and the members of families of fallen soldiers;- Persons who have been laid off because of surplus of labor through receiving compensation in accordance with the regulations on labour relations- Unemployed persons, with secondary, post-secondary and higher education;- students having reached the age of majority- Those receiving pensions and compensation related to retraining or skills upgrading, and employment, and securing such benefits in accordance with the regulations on pension and Invalidity benefits;- Citizens of Republika Srpska wholly or partially deriving pensions or Invalidity benefits from foreign insurers while residing in the Republika,- Regular recipients of financial assistance, or the persons being placed in a social care institution , if not otherwise insured;- Refugees and displaced persons, if not otherwise insured;- Foreign citizens receiving education in Republika Srpska, when this is not otherwise regulated by international treaty;- Others for whom health insurance contributions are made.Republika Srpska provides free of charge treatment for all people with communicable disease.Brcko District - Employees,- Self-employed,- Temporary residents who are employed abroad by a foreign employer, who do not have health insurance provided by a foreign Fund- Full-time apprentices, after completion of their education,- Farmers- Pensioners- Recipients of professional rehabilitation and employment in accordance with the Law on Pension and Disability Insurance,- Recipients of old age and invalidity pensions who receive all their pension from a foreign institution, - Unemployed persons registered with the competent District employment authority, - War, peacetime or civil invalid of war- Recipients of family disability allowance, unless otherwise insured,- Persons who receive social welfare benefits,			
2. Exemptions from compulsory insurance	Federation BiH, Republika Srpska and District BrckoNone	The following are covered directly by the federal government:• Members of the Canadian Forces,• Royal Canadian Mounted Police, a • persons serving a term of imprisonment in a federal penitentiary The following are also exempt:• services to persons provided under any other Act of Parliament or under the workers' compensation legislation of a province or territory. (last update: 2010)	None.	No exemptions

Health Care

2. Exemptions from compulsory insurance	Public Health: Benefits In-kindNone.Public Health: Fee For ServiceNone.ACCNone.(last update: 2011)	None.	None.	None.

Health Care

2. Exemptions from compulsory insurance	None.	Civil Servants: none.Workers: none.	None.

Health Care

	ALBANIA	ARMENIA	AUSTRALIA	AZERBAIJAN
3. Voluntarily insured	Applicable when a resident cannot be covered in the mandatory insurance for a certain period of time, he/she has to the right to take up a voluntary health insurance. The voluntary insurance, is provided in very well defined circumstances by the Regulation of Health Insurance Institute.The person has to prove that he doesn't take part in any category of compulsory insurance. The contribution amounts to is 3.4% of the minimum wage (18295 ALL or 133.6 EUR) and he/she has to pay first the total amount of contribution for the previous year and after that he/she can proceed with monthly payment.The benefits covered are similar with the ones covered in the mandatory insurance.	Not applicable.	Additional private insurance is voluntary. It is subsidised by Government. There is a tax penalty for high-income earners who do not have private health insurance(last update: 2012)	Not applicable.
4. Eligible dependants	Individual entitlement.	Individual entitlement, no derived rights.	Individual entitlement, no derived rights.(last update: 2012)	Individual entitlement, no derived rights.

Health Care

	BOSNIA AND HERZEGOVINA	CANADA	GEORGIA	MONTENEGRO
3. Voluntarily insured	Federation BiH, Republika Srpska and District Brcko None	None.(last update: 2010)	All citizens and permanent residents of Georgia have the right to participate in the voluntary health insurance scheme - this service is provided by private insurance companies. amount of insurance premium depends on composition of insurance package	Extra insurance has been introduced through the amendments of the Law on Health insurance in 2012.
4. Eligible dependants	Federation BiH, Republika Srpska The following persons are entitled to coverage provided they are dependant on the insured person:- spouse or cohabitant, - children (legitimate, illegitimate, adopted or step- children) and other children without parents- parents (natural, step and adoptive),- grandchildren, brothers, sisters, and grandparents, if incapable of living and working independently, if they do not have means to support themselves and are supported by an insured person - other family members if dependent upon insured personBrcko District-spouse-children, adopted children and step-children	Entitlement based upon residence, no derived rights.(last update: 2010)	Individual entitlement, no derived right.	Closer family members: the spouse and children born in and out of wedlock, adopted, stepchildren and foster children; Broader family: parents (father, mother, stepfather, stepmother and adoptive parents), grandchildren, siblings – if they are permanently or totally incapable for independent life and work and if they are supported by the insured person;Divorced spouse (entitled to the support by a court's decision, while such support lasts, if he/she was absolutely and permanently incapable for work at the time of divorce and if he/she is entrusted with custody and education of children for the period of time during which children enjoy the right of support);children, until the age of 26 the latest (if they are included in regular or part-time education);Children without parents and children for whom the guardianship authority has established that they are without parental care.

	NEW ZEALAND	REPUBLIC OF MOLDOVA	RUSSIAN FEDERATION	SERBIA
3. Voluntarily insured	Not applicable.(last update: 2011)	The legislation permits the provision of medical services outside compulsory medical insurance and in excess of the volume specified in the Single Programmed, which contains a clear definition of the material conditions and the service package. Treatment outside the scope of the Single Programmed is financed by private supplementary insurance or paid for by the patient directly to the provider.	Voluntary medical insurance system is available for all the citizens and for foreigners as additional cover. Amount of the insurance contribution (personal or of an employer) depends on the agreement and rules of insurance specifying general terms and order of implementation of voluntary medical insurance.	Formally, a possibility of voluntarily access into insurance existed for all citizens. The aim is to allow access to health insurance for persons not being compulsorily insured (e.g. students older than 26, unemployed persons with an income above the specified limit (i.e. minimum wage per family member) and others).
4. Eligible dependants	Not applicable.(last update: 2011)	None	Individual entitlement, no derived rights.	children under 18 years of age (under 26 years if in continuing education),dependant children,spouses, other dependant family members (grandmother, grandfather, grandchildren, brothers/sisters). andunmarried partners (cohabitant) if s/he has co-habited with the insured person for at least two years.

Health Care

	THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA	TURKEY	UKRAINE
3. Voluntarily insured	Any person who doesn't belong to any of the above mentioned categories of beneficiaries and is therefore not insured on any ground can voluntarily join and obtain coverage under the compulsory health insurance scheme for the basic package of services.	Voluntarily insured persons are covered by the universal health insurance scheme. Condition: Legal residence in Turkey, at least 18 years of age andnot professionally active or professionally active in an amount less than 30 days/month or 360 days/year or not fully professionally active;not entitled to a pension	Not applicable.
4. Eligible dependants	Spouse and children.	- Uninsured spouse,- Minors (aged less than 18 years, up to 25 years in case of study in university),- Dependant parents,- Disabled children without any age limit.	Individual entitlement, no derived right.

Health Care

	ALBANIA	ARMENIA	AUSTRALIA	AZERBAIJAN
Conditions				
1. Qualifying period	No qualifying period.	None.	None.(last update: 2012)	No qualifying period required.
2. Duration of benefits	Unlimited.	For duration of illness.	Unlimited.(last update: 2012)	Unlimited.

Health Care

	BOSNIA AND HERZEGOVINA	CANADA	GEORGIA	MONTENEGRO
Conditions				
1. Qualifying period	FBiH, Republika Srpska and District Brcko None	Newcomers must fulfill residence requirements prescribed by the in provincesl/territories. Waiting periods for eligibility or entitlement to insured health services cannot exceed 3 months.(last update: 2010)	None.	None
2. Duration of benefits	FBiH, RS and District Brcko For duration of illness	Unlimited.(last update: 2010)	Unlimited.	Unlimited – for duration of illness.

Health Care

	NEW ZEALAND	REPUBLIC OF MOLDOVA	RUSSIAN FEDERATION	SERBIA
Conditions				
1. Qualifying period	Ordinary Residence: a client must:be a New Zealand citizen or permanent resident(ie not be in New Zealand unlawfully or here on a temporary permit) andgenerally be ordinarily resident in New Zealand (including Australian residents/citizens living in New Zealand on a permanent basis).Assistance may be provided to patients from Tokelau, Niue and Cook Islands when they are in New Zealand, but is not available to student or visitor permit holders.(last update: 2011)	None.	No qualifying period, coverage commences upon conclusion of the individual or collective insurance agreement.	None.
2. Duration of benefits	Public Health: Benefits In-kindUnlimited.Public Health: Fee For ServiceUnlimited.ACCUnlimited.(last update: 2011)	As long as the sickness takes (taking into consideration defined health standards)For officially unemployed the health insurance lasts for the period specified in the law as being considered unemployed. The law specifies the period of 6 months	Unlimited.	Unlimited

Health Care

	THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA	TURKEY	UKRAINE
Conditions			
1. Qualifying period	None, the claimant can receive medical services the day after s/he commences his/her insurance.	During the transition periodCivil servants no minimum qualifying period. Civil Servants qualify for benefits in-kind as soon as they start working.After the transition period has been completed, conditions will be the same as workers.Workers: - For personal entitlement: 30 days of contributions for general health insurance, within the year preceding diagnosis of illness.- For derived rights for dependants:30 days of contributions for general health insurance, within the year preceding diagnosis of illness.(300 days of contribution for treatment abroad).	None.
2. Duration of benefits	For the duration of illness.	There is no provision stipulating for suspending the medical benefits provided from universal health insurance. Health-care services last till recovery. If insurance period expires duration of benefit lasts 10 more days.If the insured paid premiums of more than 90 days preceding application for benefit, he/she continues to receive healthcare benefit during 90 more days after the expiration date.In case a treatment started before the expiration date, it will be continued until the treatment is finished.	Unlimited.

Health Care

	ALBANIA	ARMENIA	AUSTRALIA	AZERBAIJAN
Organisation				
1. Doctors : Approval, remuneration	Doctors employed by the Health Care Centers or by Hospitals. Assignment is done by the Director: assignment need to be approved by the Board of the said institution which is public and not budgetary institutions.	Doctors	All duly registered physicians and medical professionals are legally allowed to operate under both mechanisms (i.e. benefits in-kind or reimbursement). (last update: 2012)	Doctors working in duly registered health facilities (irrespective of whether they are state owned or private), which are contracted by the health insurance fund. Duly registered self-employed doctors contracted by the health insurance fund.
2. Hospitals	Public hospitals are non budgetary institutions and are financing by state budget for capital investments and by Health Insure Institute for all the others activities	All types of hospitals are financed by the State Health Agency for provision of state free medical aid according to contract.Payment is done on the basis of a fixed budget, the amount of which is depending upon the treated patients	Public hospitals include State or Territory funded hospitals, designated non-government non-profit hospitals or private hospitals which have made arrangements with the government to care for public patients. They also include hospitals originally established by religious or charitable bodies that are now directly funded by government. State Governments either operate public hospitals themselves or purchase services from private providers. The public hospital system provides free accommodation and treatment by doctors nominated by the hospital.(last update: 2012)	State owned and private facilities contracted by the health insurance agencies.

Health Care

	BOSNIA AND HERZEGOVINA	CANADA	GEORGIA	MONTENEGRO
Organisation				
1. Doctors : Approval, remuneration	Federation of BiHLicense in a public document issued by the competent Chamber, after passing the Medical Licensing Exam. Doctors are allowed to practice independentlyRepublika SrpskaDoctors are recruited by authorities responsible for each health institution under the supervision of the Ministry of Health of the Republika Srpaska. Doctors in the private sector can provide health services to all patients. If those private health institutions have a contract with the Health Insurance Fund patients have the same rights as in the public health institutions.Brcko DistrictDoctors in the public sector provide health services to the insured on the basis of contract between Health Insurance Fund (HIF) and Department of Health and Other ServicesDoctors in the private sector can provide health services to the patients only if the health institutions where they work has a contract with the Health Insurance Fund	Patients may access any doctor in the province/territory (i.e., general practitioner).(last update: 2010)	Doctors certified by State. Certified doctors can carry out their job independently - they can work in medical institutions. Doctors are paid through several payment mechanisms: Fee-for service, Salary, Capitation.	Primary health care: Doctors contracted by the social health system;Secondary and tertiary level: Institutons with whom the Fund has entered on agreement on provision of health care in line with the law.
2. Hospitals	Federation BiHPublic and private hospitals which have a contract with the Health Insurance Funds.Republika SrpskaHospitals are organized in specific areas and provide care for all population. The Health Insurance Funds are paying for hospital services on the base of Diagnostic Treatment Groups (for specified services) while some of the hospital services are payed by contract. Hospitals are divided into four categories (Hospital level 1, Hospital level 2, Hospital level 3, Hospital level 4), depending upon the degree of specialisation (ByLaw on Criteria for Hospital Categorization (“Official Gazette of Republika Srpska, 13/12)).District BrckoHospitals in District Brcko provide health services to the patients on the basis of contract with Health Insurance FundPrivate hospitals can sign the contract with the Health Insurance Fund on providing health services to the insured.	Canadian hospitals are mostly independent public or private not-for-profit facilities operating under the legislative authority of the provincial/territorial health ministry. Provinces/territories have the power to regulate the operation of facilities providing health services.(last update: 2010)	State owned or Private institutions contracted by the - Social Services Agency.	State hospital paid by Social Security and other private hospital institutions that are contracted by the Health Insurance Fund

	NEW ZEALAND	REPUBLIC OF MOLDOVA	RUSSIAN FEDERATION	SERBIA
Organisation				
1. Doctors : Approval, remuneration	Public Health: Benefits In-kindAll doctors registered by the Medical Council are allowed to provide benefits in-kind, but they claim the subsidy on behalf of the patient, and pass on a reduced fee. Public Health: Fee For ServiceAll doctors are able to claim the subsidy, provided administrative arrangements are in order.ACCAll people who hold a current annual practicing certificate under the Medical Practitioners Act 1995 may provide treatment to those covered by Accident Insurance legislation.(last update: 2011)	Medical staff is recruited by the authorities responsible for public health facilities, accredited by the National Assessment and Accreditation Council and contracted by the National Health Insurance Company, under the supervision of the Ministry of Health, public facilities and trade unions.	Qualified doctors employed on a permanent basis or based on a contract by a health service provider	Doctors employed in governmental health institutions and doctors in other institutions contracted by Republic Fund for Health Insurance (hereinafter 'RFZO').
2. Hospitals	Public Health: Benefits In-kindInpatient, outpatient and day treatment in public hospitals and public psychiatric hospitals is free of charge for all people eligible to access publicly-funded health services.Services related to public hospital inpatient, outpatient and day treatment (eg pharmaceuticals, X-rays) are also free.Public Health: Fee For Service As above.ACCThe Accident Compensation Corporation funds hospitals for acute services via a bulk payment. Services are free for claimants.(last update: 2011)	Three levels of hierarchy with regard to access to hospitals: the local and municipal hospitals, which are the property of the local government, respectively municipality, and national hospitals owned by the National Health Insurance Company. In accordance with the law on compulsory health insurance, both kinds of institutions – public health facilities and private hospitals – are accredited by the National Assessment and Accreditation Council and are contracted by the National Health Insurance Company.	Medical organization of any business form, accredited for the provision of medical treatment and enrolled on the register of medical organizations of the medical insurance. The medical organizations are to provide health care treatments along the lines of the State Health Guarantee Programme for the provision of medical assistance. Treatments can be provided beyond the scope of the medical insurance, in accordance with the rules as specified by the Programme.	Governmental and privately owned hospitals that have a contract with RFZO. Insurance covers costs of urgent medical interventions in any health care institution.

Health Care

	THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA	TURKEY	UKRAINE
Organisation			
1. Doctors : Approval, remuneration	Health services are provided by licensed doctors in licensed public and private health institutions. The services for the insured persons are financed by the State Health Insurance Fund on the basis of a contract between the Fund and the licensed health institutions which are part of the network of health institutions established by the Government. Remuneration:Primary medical care: capitation and fee-for-service. Specialized - consultative medical care: fee-for-service.	General Regime: Doctors working in contracted private hospitals, state owned hospitals, university hospitals or privately.	Medical staff are recruited by the authorities responsible for each medical institution and the Ministry of Health.
2. Hospitals	There are hospitals which provide health services (specialized and consultative and hospital health care) to citizens residing in a particular region and hospitals that provide health care for all insured persons in the country. They are financed on the basis of an annual agreement with the State Fund for Health Insurance and patients' participation. A combined system of fund allocation for health care institutions is in operation. Actual volume of funds transferred to an individual hospital consists of 70% basic level of compensation (fixed share not dependent on the volume of services provided), 30% variable portion based on the achievement of the total value of agreed types and volume of health services to be delivered (diagnostic related groups and services for other hospital cases). Private hospitals can be contracted by the Fund and are financed partially by the Fund and partially from their own resources.	Public Hospitals and contracting private hospitals. (non-contracting hospitals in case of emergency).	Basic medical treatment provided free of charge.

Health Care

	ALBANIA	ARMENIA	AUSTRALIA	AZERBAIJAN
Benefits				
1. Medical Treatment - Choice of doctor	All insured persons have the right to choose their GP. Each patient must register with a general practitioner (GP) within his or her district. He/she can change doctor once a year.	The patient has free choice among the policlinics of the area in which he-she resides	In hospitals all patients are free to choose between the benefits in-kind system (thereby becoming “public patients”) and the reimbursement system (so called “private patients”).If they choose to be public patients they receive medical and related health/pharmaceutical care free of charge from doctors nominated by the hospital. They need a referral from their General Practitioner.If they choose the reimbursement mechanism they can see any private doctor in the territory.(last update: 2012)	Free choice of any doctor contracted by the health insurance agencies (patients are registered at the polyclinic of the place designated on their residence permit).
2. Medical Treatment - Access to specialists	For non-emergency treatment, upon referral by a GP	Upon referral of family doctor, therapist, paediatrician or neuro-specialistPoliclinic doctors (family doctors, therapists and paediatricians) paid per capita (registered population)	Upon referral by a licensed physician.(last update: 2012)	Patients can go directly to the specialist.
3. Medical Treatment - Payment of doctor	Benefits in-kind system.	It is an ‘in kind system:’Hospital doctors: paid on a fee for case basis.From 2011 onwards, hospital doctors are paid on a performance basis (basic salary + fee for each treated patient)Policlinic doctors (family doctors, therapists and pediatricians): paid on a per capita basis (registered population)A bonus financing mechanism /performance based financing/ has been implemented since 2010 and the first bonuses were paid on 2011.	Public doctors are nominated by the public hospital for the provision of in-kind benefits.Private doctor: free choice of doctor with benefits provided under a reimbursement mechanism.(last update: 2012)	Benefits in-kind system.

	BOSNIA AND HERZEGOVINA	CANADA	GEORGIA	MONTENEGRO
Benefits				
1. Medical Treatment - Choice of doctor	Federation of BiHInsured person has a free choice of a medical doctor and a dentist in primary health care and must be register with the specific doctor at least one year, according to cantonal regulations.Republika Srpska Registered persons have a free choice of family doctor, pediatrician and gyneacologist.Patients must register with a family doctor (practice) for a minimum period of one year. As to hospital care, patients have a free choice of hospital/doctor, without any prior registration.District BrckoFree choice of Primary Health Care (PHC) doctor. Patient must register with a family medicine team for a minimum period of 1 year.	Patients may access any doctor in the province/territory (i.e., general practitioner).(last update: 2010)	Free choice of doctor contracted by health insurer or Social Service Agency	Yes among doctors working in health care institution.The insured person chooses one selected doctor for adults, one selected dentist, and women also a selected gynecologist. Children are entitled to a selected pediatrician. The selected doctor is chosen for a period of minimum one year.
2. Medical Treatment - Access to specialists	Federation BiH, District Brcko Referral from PHC doctor required.Republika SrpskaIn the Republika Srpska Health Insurance Fund continued the project with the aim to provide better accessibility to the specialists regarding their consultations. Each primary health care doctor has specific instructions and a defined specialist' network , to which patients can be referred in need of specialist care. Patients have a free choice for doctor treatment in hospital, without any registration.	A referral from a general practitioner is usually required to see a specialist.(last update: 2010)	Free Choice (patients do not have to get a referral from their family or primary care doctor before they receive specialist treatment).	Referral system. Services provided in health care institutions.The selected medical doctor gives a referral in a stipulated form, valid for 30 days as of the day of its issuance. If the period of waiting is longer than 30 days, the patient has right to access to specialists in private healthcare institutions, namely those who have contract with Health Insurance Fund of Montenegro.
3. Medical Treatment - Payment of doctor	Federation BiH, Republika Srpska and District Brcko Benefits in-kind system	A universal health care system where there are no point-of-service charges for medically necessary hospital and physician services. Funding of most hospitals and clinics is from global budget allocations, while most physicians are paid fee-for-service and the provincial/territorial health insurance plan directly.(last update: 2010)	Benefits in-kind system.	Benefits in kind.The insurant exercises the right to health care based on the health card, at the expense of the assets of the Health Insurance Fund. A minor part of the costs, in form of a participation fee, is paid by the insurant when exercising health care. Specific categories of patients are excluded from paying the participation fee.For example: women during pregnancy and delivery, persons sick with infectious diseases, malignant diseases, diabetes, chronic kidney insufficiency, coronary, cerebral and vascular diseases, system auto-immune diseases, progressive neuro-muscular diseases, cerebral paralysis, multiple sclerosis, cystic fibrosis and hemophilia, emergency medical assistance, urgent dental assistance, blind and deaf-mute persons

	NEW ZEALAND	REPUBLIC OF MOLDOVA	RUSSIAN FEDERATION	SERBIA
Benefits				
1. Medical Treatment - Choice of doctor	Public Health: Benefits In-kindAs GPs are in private practice, people are free to choose their GP Enrolment in PHOs by 95% of the New Zealand population, as at 1 January 2011 supports improved population health service delivery. Rules for enrolment ensure that patient choice is optimised.Public Health: As above.ACCACC claimants can choose their own treatment provider.(last update: 2011)	Since September 1 2008 new registration mechanism with general practitioner.The arrangements are as follows:primary registration with GPchange of health facility. The registration with and/or transfer to (another) GP is allowed by filling out an application once a year, during the months from September to October, except when people have established their place of residence in another locality	The insured person has a right to choose the attending doctor, working in the medical institution, participating in the CMI system	Free choice of doctors in governmental and other health institutions contracted by RFZO. Free choice is limited only to patient's residence. Patients must register with a family doctor and may change their selected doctor one year after selection.
2. Medical Treatment - Access to specialists	Public Health: Benefits In-kindTo see a specialist under the social health system, patients need to be referred by their GP, and put on a waiting list. They do not generally have a choice of specialist in the public sector. Public Health: Fee For Service As above.ACCACC claimants can choose their own specialist.(last update: 2011)	Access to a specialist based on a referral ticket issued by the GP. Government Decision nr. 1387 of 10.12.2007 developed a list of diseases allowing patients direct access to specialist working in outpatient health facilty.In the case of health surgical emergency cases, when specialised ambulatory or specialised care consultation is required, a referral ticket can be deleivered by respectively the following persons: the GP, by the prehospital emergency care service, by a related care specialist or in case of emergency without referral.In order to dispend the primary health care services in rural areas in the best possible manner, specialists are sent to deliver child health examinations, including health examinations for students, pregnant women and disabled people dependent upon a care provider .	Depending upon the type of medical treatment: upon referral from a medical doctor or based upon the free choice of the patient.	Based on opinion of family doctor (referral system).
3. Medical Treatment - Payment of doctor	Public Health: Benefits In-kindPublic Health: Fee For ServiceGPs are in private practice and charge patients on a fee-for-service basis. Patients pay their GPs directly on a fee-for-service basis without any reimbursement of this payment. However, the state pays a subsidy to doctors in order to reduce the cost of treatment. For 95% of the New Zealand, population this is through a capitation payment to PHOs for their enrolled patient population.ACCClaimants pay their GP directly on a fee-for-service basis. They do not receive a reimbursement of this payment, but the Accident Compensation Corporation pays a subsidy to doctors in order to reduce the cost of treatment.(last update: 2011)	Paid by the Health Insurance Fund. Health services rendered to uninsured persons within the setting of specialized outpatient care and hospital care: paid by the patients on the basis of tariffs as provided for in the unified catalogue of health tariffs for publicly delivered health care .	Benefits in kind system (for treatments covered by the medical care insurance)	System of goods, benefits and services provided in-kind to the beneficiary. It is possible for the RFZO to reimburse costs of certain services that were paid personally by insured person based on the receipt for the services. Maximum for the reimbursement are costs of certain services listed in Regulation on Health Protection Rights Content and on Participation of Insured Persons in Health Protection, which RFZO decree for each year.

Health Care

	THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA	TURKEY	UKRAINE
Benefits			
1. Medical Treatment - Choice of doctor	Free choice of a personal doctor for primary medical care. Patients have to register with a particular doctor, but they are always free to re-register with someone different.Only services provided by the personal doctor are covered by the Health Insurance Fund.	Free choice of doctor among the contracted service providers.	Patients must register with a general practitioner in their district.
2. Medical Treatment - Access to specialists	Only upon referral from the personal doctor.	Free choice of doctor and direct access to specialist.Health care service providers are organized in a cascade way through the Ministry of Health as primary, secondary and tertiary care. The conveyor chain between these steps is determined by the Institution, bearing in mind the opinion of the Ministry of Health and by taking into consideration the diagnosis, pre-diagnosis, the expertise of doctors and dentists' specialization level (country, province or county). Family doctors are within the scope of primary service providers.	Referral required from district doctor.
3. Medical Treatment - Payment of doctor	Benefits in-kind system.	Benefits in-kind system.	Benefits in-kind system.

Health Care

	ALBANIA	ARMENIA	AUSTRALIA	AZERBAIJAN
4. Medical Treatment - Patient's charges	None	Whole price to be paid by patient if treatment is not on the state order list of covered treatments. From 2011 onwards an official co-payment has been introduced for emergency and gynecology and oncology and STI treatments. A different co-payment tariff is applied for the capital city and the regions.	Patients attending “private doctors” are reimbursed 75% of the schedule fee, patients cover any gaps between the schedule fee and the fee actually charged by the doctor. The scheduled fees are established by the Government after the consultation of representatives of providers and patients. All patients free to choose between the in-kind system and reimbursement system, including those who have private insurance and decide to be admitted as public patients.(last update: 2012)	None.
5. Medical Treatment - Exemption or reduction of patient's participation	Not applicable	Not applicable.	Many doctors, particularly GPs, charge low income pensioners, including old age pensioners, fees equivalent to the amount of reimbursement received from Medicare. This procedure, known as bulk-billing, ensures that a patient does not incur “out of pocket” expenses.(last update: 2012)	Not applicable.

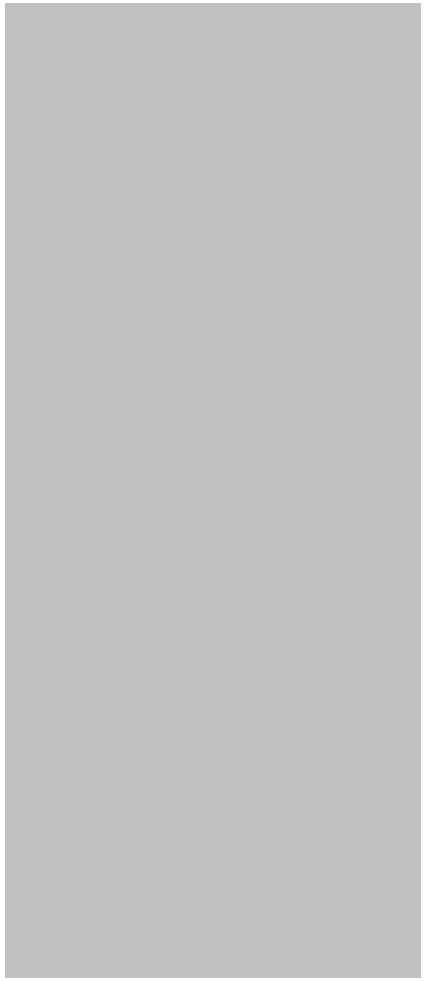
Health Care

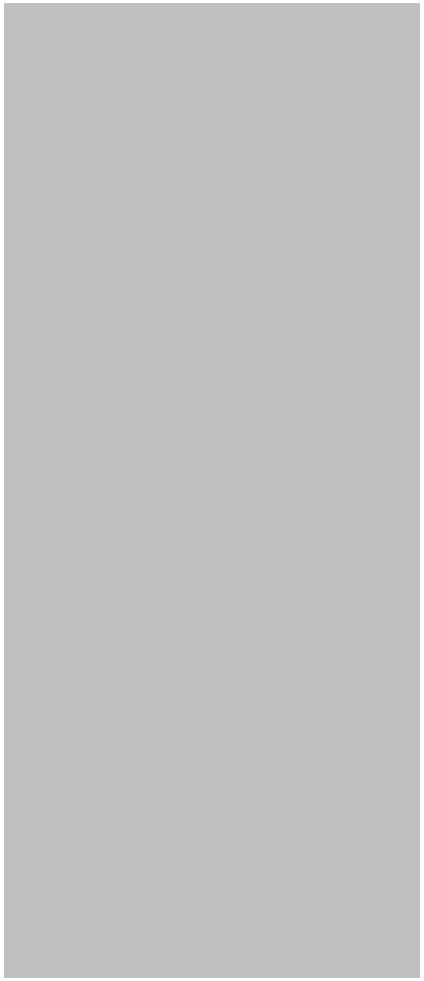
	BOSNIA AND HERZEGOVINA	CANADA	GEORGIA	MONTENEGRO
4. Medical Treatment - Patient's charges	Federation BiH, - Patient participation for all health services, including hospitals, average participation is between 10-20%.Participation rate depends on the type of medical service as prescribed by insurance funds and in accordance to the “Decision on the Maximum Amount of Direct Participation on Insured Persons in the Costs when Using Particular Part of Health Care in the Basic Package of Health Rights”Republika Srpska and District Brcko:- Patient participation for all health services, including hospitals, average participation is between 10-20%.Participation rate depends on the type of medical service, as prescribed by insurance funds.	No co-payments or deductibles for insured hospital and physician services. Co-payments may apply to additional benefits (long-term care, prescription drugs, etc.).(last update: 2010)	For some treatments in the state health care programme a copayment is applied:Infectious Diseases Control program: for population below 18 years old, payment for the service is - 20%, 18-60 years old patients pay - 50% for the service, as for patients above 60 the payment is - 30%; Maternal and infant health program: in severe cases high-risk pregnant women, women in childbirth and women in need of post-delivery care the patients pay 25% for the service; Drug replacement therapy subprogram: a monthly payment of 150 GEL is charged from the patientsOncology disease management program: 30% of the payment made by the patients. Incurable patients palliative care Program: at hospital for patients below 18 year Palliative care service payment is - 20% as for patients above 18 the payment is - 30%State health insurance program for children 0-5 years, pensioners, disabled people, students – instrumental care – 20%; Emergency Hospital care – 20% (for pensioners 10%); Surgical Operations – 20% (for pensioners 10%); Pregnant care and delivery services – 20%;	The insured persons participate in health care costs. Decision on the amount of the participation in the costs of using health care is passed by the Ministry based on the annual programme for health care of the Fund and the annual financial plan of the Fund.The following is taken into account when determining the amount of participation in the costs of using health care: the type of illness, the level of costs of diagnostics, treatment and rehabilitation and the level of health care.
5. Medical Treatment - Exemption or reduction of patient's participation	Federation BiH The following groups are completely exempt from any co-payment:- children up to 15 years of age, children during regular education in primary and secondary school and students at universities up to 26 years of age- women during pregnancy and maternity leave as well as for the health care services related to prevention of breast cancer and cancer of the uterus-veterans with disability of 60% or more- civilian war victims and disabled person with disability of 60% or more-family members of killed soldiers or family members of soldiers who died as result of injuries related to war casualties, and who were members of the Army of the Federation of Bosnia and Herzegovina -retirees whose pension does not exceed the minimum pension according to the latest published data-persons over 65 years of age who do not receive pension or their other monthly incomes do not exceed the minimum pension according to the latest published data-insured persons – residents in the social institutions -insured persons who are on benefit -displaced persons and refugees if they do not receive pension or if their other monthly incomes do not exceed the minimum pension -insured persons who on a regular (at least 10 times) and a voluntary basis were blood donors. -insured persons who are organ donors-insured persons who are registered with the Unemployment Office Insured persons are exempted from patient’s participation for health care services	Not applicable.(last update: 2010)	Full coverage of costs by state budget for the following categories of individuals: Members of households living below the poverty lineTeachersRefugeesOrphansFull coverage will also be provided for the treatment of certain categories of diseases:Mental healthTuberculosis HIV/AIDSDiabetesImmunizationDialysisRare diseasesAmbulance careReferral care	Are exempted:Children (until the age of 18, i.e. the age of 26, if included in regular or part-time education, and children without parental care); Women during pregnancy, delivery and a year after the delivery;Persons over the age of 65, - persons in social need enjoying social benefits on that basis;And other specific categories are exempted from paying the participation fee, that is stipulated by provision from law regulations and rulebooks. The afore stated persons are not liable to personal co-payment for health care on the basis of the Fund’s formal decision, and only for the cost of medical treatment of the principal illness.

	NEW ZEALAND	REPUBLIC OF MOLDOVA	RUSSIAN FEDERATION	SERBIA
4. Medical Treatment - Patient's charges	Public Health: Benefits In-kind Subsidies are paid to GPs. GPs are allowed to charge more than the set subsidies, obliging the patient to cover the difference as a co-payment, although competition between doctors tends to keep this co-payment level relatively low.Public Health: Fee For ServiceAs above. One system applies to all, irrespective of payment of doctor.ACCMost treatment providers will charge a co-payment. The size of this is at the discretion of the provider.(last update: 2011)	No co-payment for treatments and services listed in the Basic Package	For treatments not covered by the State Health Guarantee Programme: patients cover the costs themselves.	Amount of participation depends on type of service, basic services and intervals of participation level:doctors examination and laboratory analysis: 50 RSDscanner examination: 300 RSDmagnetic resonance: 600 RSDservices provided and drugs obtained abroad: a) if the person is sent by RFZO to receive medical service abroad, RFZO covers all costs. b) seconded workers pay 5% of cost.
5. Medical Treatment - Exemption or reduction of patient's participation	Subsidies described above in Table 2, “Patient’s Participation.”(last update: 2011)	Not applicable	Exemption from or reduction of patient’s participation for: certain categories of insured persons (invalids, war veterans etc.), in case of treatment of certain categories of disease, and medical care during child birth.	The following categories are exempted from paying ‘patient’s participation’:- children under 15 years of age (children in education and students up to 26 years);- persons older than 65 years,- women during pregnancy and 12 months after giving birth; - unemployed persons and other people with income under a specified level and their family members;- war veterans (disabled),organ, tissue or blood donors,blind and permanently disabled persons;- persons treated for AIDS, certain infectious, cancerous and other diseases regulated by corresponding resolutions;- mentally and physically disabled persons;- beneficiaries of material assistance, based on social security criteria and their family members,monks and nuns, andRoma who are without permanent or temporary residence in Serbia due to their traditional way of life and their family members;- internaly displaced persons from Kosovo-Metohija Province;- blood donors;- refugees from states, ex-republics in former Yugoslavia.

	THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA	TURKEY	UKRAINE
4. Medical Treatment - Patient's charges	All insured persons must pay co-payments for using health care services. Up to 20% of the average amount of total costs of the medical treatment is paid by the patient, while the rest is paid by the Fund.The amount of the co-payment depends on the type and fees of the health care services. The State Health Insurance Fund determines the amount of co-payment in general by-laws approved by the Minister of Health. The amount is fixed, conversely proportional to the fees of the services.The Health Insurance Fund sets a maximum annual level for co-payments for specialized -consultative and hospital health care. This level applies to each calendar year. It is equal to 70% of the national average monthly net salary over the previous year (this equals 14,631 Denars).For certain age groups and for families with low income the upper annual limit for making co-payments for the specialized - consultative and hospital health care is set at level which is lower than 70% of the last year national average monthly net salary (i.e. 20% for children aged 1-5 and poor persons and 40%for children aged 5-18 and elderly 65+). They are exempted from paying participation above the defined upper limit.	Active insured: %20 for medicines provided during an outpatient service.Pensioner: %10 for the medicines provided during an outpatient service.Co-payment for a hospital fixed by Social Security Institution.2013 Health Practices DeclarationNo share for the examinations of doctors and dentists within the context of primary healthh care service providers. The amount of patient shares applied for the health care providers (for examinations of doctors and dentists) are determined as follows:At official health care providers of secondary and tertiary step… 5 (five) TL.At private health care providers….12 (twelve) TLThe above mentioned amounts are charges for treatments covered by the Social Securiity Institution. Apart from that, the charges -based on the Social Securty Institution Law No. 5502- for private hospitals are determined by the “Private Hospitals Grading Commission” constituted by the Institution. The mentioned Commssion categorizes private hospitals as a, b and c and the charges are varying accordingly.	None.
5. Medical Treatment - Exemption or reduction of patient's participation	No co-payments are required:for medical-check up performed by the patients registered personal doctor, for emergency care, by recipients of continuous financial assistance, by persons accommodated in social protection institutions and foster families, by children with special needs (children with physical or/and mental impairment), by patients accommodated in psychiatric hospitals, by persons with mental impairments and without parental care,by insured persons who have already paid co-payment up to the maximum annual limit (see ‘Medical Treatment: Patient’s Participation’ above)	Exemption is applied in case of emergency, work accident, occupational disease, war, strike, communicable disease determined by the Ministry of Health, maternity.Exemption is also applied if the patients suffers a chronic disease or a vital health disorderAlso see “Medical Treatment - Patient's participation” above.	Not applicable.

Health Care

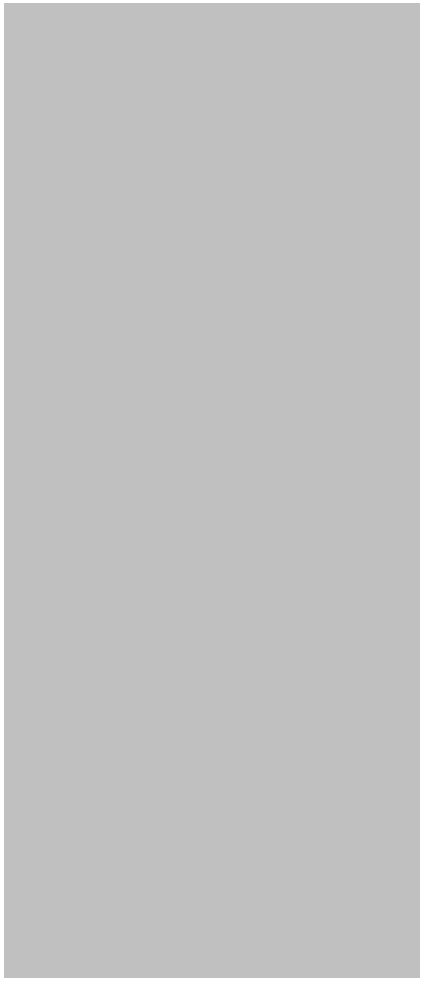


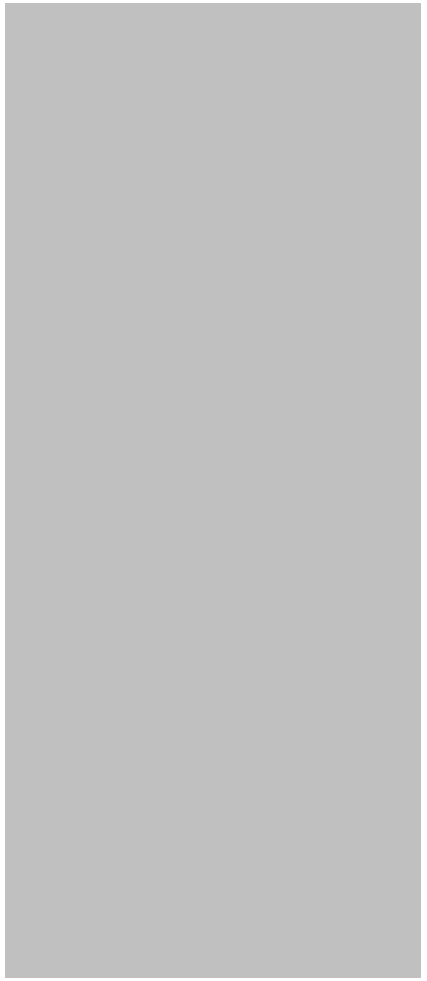


Health Care

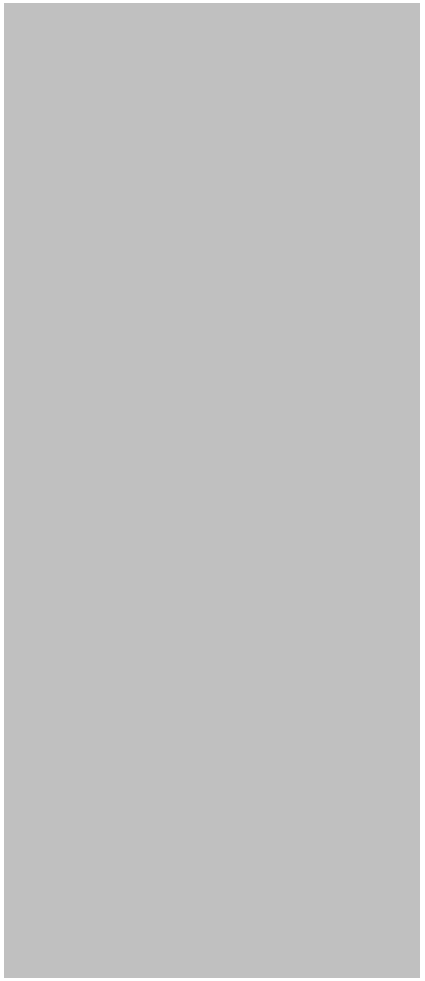
when suffering following diseases: -malignant diseases-treating kidney failure through dialysis-tuberculosis-HIV infection and other infection diseases -epilepsy-systematic autoimmune diseases- hemophilia-insulin dependent diabetes-paraplegia and quadriplegia-muscular dystrophy-multiple sclerosis-cerebral palsy - mental disorders District BrckoThe following groups are completely exempt from any co-payment:- Children from 1 year till 15 years- Persons over 65 years of age-Women during pregnancy and maternity leave-Mental ill persons who may endanger themselves and others-Persons with muscular dystrophy, cerebral palsy, multiple sclerosis, paraplegia, quadriplegia, and endemic nephropathy- Persons suffering serious and chronic diseases (diabetes, cancer, TB, HIV/Aids, those on dialysis),- Blind people- Recipients of social benefits, and- Voluntarily blood donorsRepublika SrpskaThe following groups are completely exempt from any co-payment:- Women during pregnancy and maternity leave - Children up to 15 years of age - Persons over 65 years of age- Recipients of social benefits and the persons being placed in a social care institution- Persons with muscular dystrophy, cerebral palsy, multiple sclerosis, osteogenesis imperfekta – terminal stage, paraplegia and quadriplegia- Voluntarily blood donors (with ten or more donations) under the condition that the last blood donation occurred within one year time- Disabled war veterans and the members of the families of fallen soldiers- First category blind persons- Persons with serious type of retardationThere are exemption of patient’s participation for:- Treatment of hemophilia, epilepsy, rheumatic disease, celiac disease - Emergency care and treatment in condition of immediate life treating situation- Treatment on intensive care unit Full coverage will be also provided for the treatment of certain categories of diseases (such as TB, communicable diseases, those on dialysis, diabetes, malignant diseases, the persons with organ transplant and mental ill persons who endanger themselves and the others.

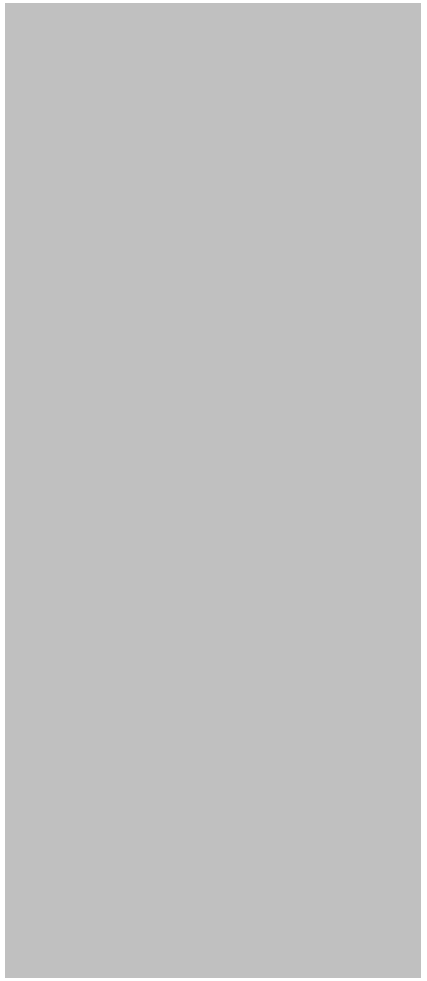
Health Care





Health Care





Health Care

	ALBANIA	ARMENIA	AUSTRALIA	AZERBAIJAN
6. Hospitalisation - Choice of hospital	The patients are told by the doctor which hospital they shall attend. If the patients follow the doctor's recommendation then treatment it is free of charge. If the patient selects a different hospital then he/she has to pay the full cost.	Free choice of hospital. No geographical restrictions.	Upon referral by a licensed physician. On admission to public hospitals, patients may choose to be public patients or private patients. If they choose to be public patients, they receive medical and related health/paramedical care free of charge from doctors nominated by the hospitals. They are not charged for accommodation, meals or other health services while in hospital.Private patients are free to choose or change their doctors (provided, that the doctor has the right to practise in the relevant hospital) and they also have a choice of private hospital. A referral by a doctor is needed, except in the case of emergency admittance. The Government will reimburse 75% of the schedule fee for services and procedures provided to private patients, with private health insurance covering some or all of the remaining costs.(last update: 2012)	Patients are legally entitled to go directly to the state hospital, no co-payment.
7. Hospitalisation - Patient's charges	For some examinations provided by the tertiary care level (university hospitals) a patient participation is required , if they are not insured. The amount of co-payment is 10% of the price.	For the whole of Republic:Those who are not belonging to the group of socially vulnerable persons are obliged to pay the whole tariif of the treatment in so far it is not on the state order list of covered treatments. From 2011 onwards official co-payments have been introduced for emergency and gynecology and oncology and STI treatments.A different co-payment tariff is applied for the capital city and the regions. The amount of the co-payment has been made dependent as well upon the type of illness.	Patients in the benefits in-kind system pay nothing, those who choose the reimbursement system are refunded 75% of the scheduled fee. The schedules fees are set per service/treatment by the government. Doctors are free to charge more than the scheduled fee but patients will only be reimbursed in accordance with the amounts set by government. (last update: 2012)	None.
8. Hospitalisation - Exemption or reduction of patient's charges	Following categories are exempted from co-payment : pensioners ,war veterans, children, invalids, patients with CA or TBC	Those who are socially vulnerable and other special groups are free from copayments.	If they chose to be public patients they receive medical and related health/pharmaceutical care free of charge from doctors nominated by the hospital. No exemptions are provided for those who elect the reimbursement system. (last update: 2012)	Not applicable.

Health Care

	BOSNIA AND HERZEGOVINA	CANADA	GEORGIA	MONTENEGRO
6. Hospitalisation - Choice of hospital	Federation BiH, Patients may only choose the hospital in the entity/canton where they are insured.Referral from PC is required, however due to the administrative fragmentation it is not possible to choose the hospital outside the competency of HIF. In particular cases it is possible, but requires agreement btw HIFs. Republika SrpskaAccording to the Law on Health Protection of RS the patient has a right to choose secondary health facilities. In particular cases it is possible that a patient is treated in the Federation of BiH, but it requires agreement between the Health Insuance Funds.District BrckoThe patients referred by the medical commission for the treatment outside of District Brcko can select the hospital which has not a contract with the HIF only if the difference between the expenses incurred and the expenses which might have incurred in the hospital she/he was referred to, are paid by the patient.	There is free choice of hospital for insured health services provided in an emergency by any hospital to insured persons. For elective services a physician usually determines the location for the purpose of patients receiving medically necessary services for maintaining health, preventing disease or diagnosing or treating an injury, illness or disability. (last update: 2010)	Free choice of any hospital that has an agreement with the Social Services Agency or Private insurance companies.	Referral system. The patient can choose the hospital.
7. Hospitalisation - Patient's charges	Federation BiH - up to 20% for hotel costs' and - an average of 15% toward medical costsParticipation rate depends on the type of medical service as prescribed by insurance funds and in accordance to the "Decision on the Maximum Amount of Direct Participation on Insured Persons in the Costs when Using Particular Part of Health Care in the Basic Package of Health Rights"- Up to 15 days hospital stay after surgery costs 10,00 KM/per day- Up to 15 days hospital stay costs 8,00 KM/per day- 5 KM/per day for each day beyond 15 daysRepublika Srpska and District Brcko- up to 20% for hotel costs' and - an average of 15% toward medical costsParticipation rate depends on the type of medical service , as prescribed by insurance funds.	Insured hospital services are provided to insured persons on uniform terms and conditions by provinces/territories with no point of service charges. The terms and conditions for the provision of uninsured services (e.g. private room) may vary between provinces/territories. Many Canadians have supplemental private insurance coverage through group plans, which extends the range of services to include dental care, prescription drugs, rehabilitation services, private care nursing and private rooms in hospitals.(last update: 2010)	See "Medical Treatment" above.	See medical treatment – patient's participation.
8. Hospitalisation - Exemption or reduction of patient's charges	FederationBiH, Republika Srpska and Brcko DistrictSee Table II "Health Care"Medical Treatment – Exemption or reduction of patient's participation	Not applicable.(last update: 2010)	See "Medical Treatment" above.	See medical treatment – exception or reduction of patient's participation.

Health Care

	NEW ZEALAND	REPUBLIC OF MOLDOVA	RUSSIAN FEDERATION	SERBIA
6. Hospitalisation - Choice of hospital	Patients may go directly to a public hospital in an emergency.Public Health: Benefits In-kindHospitalisation is determined by a registered and authorised medical practitioner. Patient choice may play a part in the decision, but generally clinical priority determines the choice.Public Health: Fee For ServiceThose attending private hospitals are usually free to choose their specialist or hospital. ACCClaimants may access acute services at any public hospital.(last update: 2011)	Depending on the health status of the patient, hospital care may be urgent or scheduled. Hospital admission is considered urgent when lack of treatment would endanger the patient's life or when it could have serious consequences for the patient's health or for the public in general. The decision whether the treatment is urgent (or not) is left to the specialist who examined the patient's health status. Assessment of the patient's condition is done one the basis of the norms as stipulated by the Ministry of Health. Admission shall be made by GP in justified cases, taking into account the available medical personnel and epidemiological conditions as stipulated in the Basic Package of the compulsory health insurance.	The medical organisation can be chosen upon the referral of the medical doctor from the list of the institutions implementing territorial programme of state medical assistance guarantees.	The referring doctor decides which hospital will be used. If the doctor wishes to refer away from the patient's area of residence then the local branch of the "RFZO" must approve it.
7. Hospitalisation - Patient's charges	Public Health: Benefits In-kindNo co-payments.Public Health: Fee For ServicePublicly funded patients make no co-payments. Private patients (ie those paying for services themselves or via insurance schemes) are charged either directly or via their insurance companies.ACCAcute services are paid in full by the Accident Compensation Corporation. Co-payments may be required for elective services.(last update: 2011)	Not applicable under the compulsory health insurance.	System of provision of free medical services as far as it is included in the basic program of compulsory medical insurance (OMS).	Hospital treatment and rehabilitation: 50 RSD per care day.Rehabilitation and specialised treatment: 50 RSD per care day.
8. Hospitalisation - Exemption or reduction of patient's charges	Public Health: Benefits In-kindNone.Public Health: Fee For ServiceNone.ACCNone.(last update: 2011)	Not applicable	Exemption from or reduction of patient's participation for: certain categories of insured persons (invalids, war veterans etc.), in case of treatment of certain categories of disease, and medical care during child birth.	See " Medical Treatment - Exemption or reduction of patient's participation"

Health Care

	THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA	TURKEY	UKRAINE
6. Hospitalisation - Choice of hospital	Upon referral from specialist doctor, preferably the closest hospital to the place of residence or the hospital recommended by the doctor. However, hospitals outside the patient's region are not excluded.	There is no payment for inpatient treatment. If there is an insufficient number of beds in the hospitals listed by the Institution or the required treatment is not available there or if the patient needs emergency treatment, patients are sent to other hospitals which are not on the list. The transport costs and other related costs in order to obtain treatment in a non-related hospital are then covered.	Limited possibility of choice.Patients must register in their district.
7. Hospitalisation - Patient's charges	The costs are paid by the Health Insurance Fund. 10% of the cost is borne by the insured person. However the amount which is paid by the patient should not exceed the defined annual limit for paying participation (70% of the average monthly net salary in the Republic of Macedonia in the past year, although this is lower for some specific groups, see 'Medical Treatment: Patient's Participation' above).	See "Medical Treatment-Exemption or reduction of patient's participation" above	No patient participation.
8. Hospitalisation - Exemption or reduction of patient's charges	Total exemption for pensioners receiving lower than the average pension in the country and for specific diseases that are treated under the Special Programmes arranged by the Government (dialysis, diabetes, cytostatics). Patient's participation is covered within the Special Programmes.	Civil Servants: not applicable.Workers: not applicable.	Not applicable.

Health Care

	ALBANIA	ARMENIA	AUSTRALIA	AZERBAIJAN
9. Dental care - Dental treatment	Free for children under 18 years of age.	Free for the following groups:- children under 8 years of age, - people aged of 65 or over;- vulnerable groups of population, e.g. disabled people, prison convicts, etc.Free examination of mouth cavity:- children in age 6 and 12 (in case of necessity they receive free dental treatment)Everyone else pays the full costs of treatment.With the exception of dental services involving the use of advanced and high-cost technologies	States and Territories provide services to disadvantaged people as well as school dental clinics for children. The coverage provided to disadvantaged groups differs between States and Territories. As an example, the NSW Government provides free oral health care to residents who hold a Health Care Card, Pensioner Concession Card or a Commonwealth Seniors Health Card.(last update: 2012)	Free for children up to 16 years of age. Everyone else pays the full costs of treatment.
10. Dental care - Dental prosthesis	Health insurance doesn't cover dental prosthesis	Free for the groups mentioned in "Dental Treatment" above (except dental prostheses made from precious metals), treatment is provided in regional dental polyclinics.With the exception of dental services involving the use of advanced and high-cost technologies	States and Territories provide services to disadvantaged people as well as school dental clinics for children. The coverage provided to disadvantaged groups differs between States and Territories. As an example, the NSW Government provides free oral health care to residents who hold a Health Care Card, Pensioner Concession Card or a Commonwealth Seniors Health Card.(last update: 2012)	Free for :Disabled persons of groups I and II (except dental prosthetics made from precious metals) Everyone else pays the full costs of treatment.

Health Care

	BOSNIA AND HERZEGOVINA	CANADA	GEORGIA	MONTENEGRO
9. Dental care - Dental treatment	Federation BiH, and District Brcko Free treatment for all insured personsthe costs are paid by HIFs Republika SrpskaOnly preventive dentistry for children	Coverage if the treatment is provided in a hospital and requires a hospital for its proper performance.Supplementary dental coverage is provided for basic dental treatment in most provinces/territories as part of the additional benefits offered to children, people on social assistance and senior citizens. Terms and conditions may vary by province/territory. Many Canadians have supplemental private insurance coverage through group plans, which extends the range of services to include dental care, prescription drugs, rehabilitation services, private care nursing and private rooms in hospitals.(last update: 2010)	Urgent surgical and therapeutic dental services are available for patients with psychiatric diseases, who are being placed in stationeries.	Dental treatment covered for certain groups and under certain circumstances.Treatment of disease of mouth and teeth in emergency medical conditions and prevention and treatment of disease of mouth and teeth for children until the age of 15; Women during pregnancy; Persons over the age of 65.
10. Dental care - Dental prosthesis	Federation BiH and Republika Srpska- Available for all holders of certified health card with co-payments between 10-20%Participation rate depends on the type of medical service, as prescribed by insurance funds.District Brcko-HIFs covers only correctional dental prosthesis for children	Supplementary dental coverage is provided for basic dental treatment in most provinces/territories as part of the additional benefits offered to children, people on social assistance and senior citizens. Terms and conditions vary by province/territory.Many Canadians have supplemental private insurance coverage through group plans, which extends the range of services to include dental care, prescription drugs, rehabilitation services, private care nursing and private rooms in hospitals.(last update: 2010)	Available for special groups of population according State Programmes.	Provided to persons under the age of 15 and over 65 for certain services

	NEW ZEALAND	REPUBLIC OF MOLDOVA	RUSSIAN FEDERATION	SERBIA
9. Dental care - Dental treatment	Free basic dental care is provided for children aged 2½ to 18 years.For low income people, assistance is available with the cost of emergency dental treatment if available.An applicant is not entitled to a grant for emergency dental treatment if their income is above the appropriate rate:single 16-17 year old: $434.94 gross per weeksingle 18 and over: $499.88 gross per weekmarried, civil union or de facto couple with or without children: $726.04 gross per weeksingle (1 child): $606.57 gross per weeksingle (2+ children): $639.05 gross per week.In addition, applicants have to meet a cash asset test. The asset limits are $952.21 for a single person and $1586.63 for a married, civil union or de facto couple with or without children or sole parent.Dental care essential to other medical treatment is provided free of charge.Dental care for persons needing special care because of medical conditions or disabilities may be provided by a hospital dental service for a minimal fee.Dental care may be provided for assessed need where dental injury results from an accident.(last update: 2011)	Covered dental care:emeregency dental carepreventive consultation of children under the age of 18 and of pregnant women, including: oral cavity examinitions…..prophylactic advices provided to all insured persons related to oral cavity examinations and advice on hygiene and prevention of oral diseases.	Basic dental care for insured perons; free dental care for diseases of mouth cavity, salivary glands and jaws.	Full coverage of costs for preventive and curative dental health of: children until 18 years of age,pregnant women, mentally or physically disabled persons, people with congenital facial or dental deformities and in cases of emergency
10. Dental care - Dental prosthesis	Dental prostheses are generally private provision. Some may be provided by a hospital dental service if required as part of medical/surgical treatment, or the person receives usual dental care from the service. The Accident Compensation Corporation may also fund prostheses for assessed need where dental injury results from an accident.(last update: 2011)	Not covered due to budgetary restrictions. Part-financed	Prosthesis are free for certain categories of beneficiaries (invalids and participants of WW II, veterans of war campaigns, invalids etc) provided these products are produced by Russian enterprises and their price does not exceed a certain amount (imported products may be covered by social insurance but only up to the fixed price). The amount above the fixed price must be covered by patient.For the majority of the population dental prosthesis payments is to be paid by the patients. Some examples of the prices:prosthetic tooth: 1000-3000 roubles per jacket/crown,tooth implant: 12,000 – 30,000 roubles for each;cleaning of teeth – 50-120 roubles per tooth.	See " Dental care: Dental treatment"Also prosthesis are provided for persons older than 65 years.

Health Care

	THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA	TURKEY	UKRAINE
9. Dental care - Dental treatment	All insured persons are free to choose a dentist for primary health care, which includes prevention as well as treatment of the mouth and dental diseases.Services are free of charge under the basic scheme if provided by dentists who are contracted by the Health Insurance Fund. Contracted dentists are paid on a capitation basis.Up to 20% share of the costs of the services in specialty-consultative and hospital health care is paid by the insured person, the rest is covered by the State Health Fund on the basis of the volume and price of the dental services delivered.Regular and periodical examinations are provided for children according to the special programmes.	Fixed co-payment for consultation by a dentist.	Free of charge.
10. Dental care - Dental prosthesis	Only prostheses made from akrilat (the standard material used for the preparation of prostheses) are covered by the Health Insurance Fund, others are paid in full by the insured person.	Insured persons and their dependants may receive dental prostheses. 10-20% of the cost is paid by the insured person, the ceiling is 75% of the national minimum wage.	Full payment by patient, no exemption.

	ALBANIA	ARMENIA	AUSTRALIA	AZERBAIJAN
11. Pharmaceutical products	Health insurance covers the pharmaceuticals when they are on the list of reimbursement and this by the indicated price level. List contains over 450 pharmaceutical products.Co-payment varies from 0 to 50% of the price. Some categories exempted from co-payment: war veterans, pensioners, children up to the age of 12 years, blind people, orphans etc. For some diagnosed treatment a full coverage is foreseen as well (e..g. in case of cancer)	Social groups of population who have the privilege of receiving free of charge medicine from polyclinics, hospitals, dispensariessocial group of people receiving medicines free of charge- invalids of 1st and 2nd groups- invalid children (under 18 years of age)- veterans of World War II and persons legally assimilated to them- children under 18 years of age left without parental care- children of the families with 4 or more children under 18 years of age- family members of persons who died during carrying out of arm services, RA- children of families with disabled members (under 18 years of age)- children under 7 years of agesocial groups of population who depending on the illness, receive medicine and are being charged50% contribution- 3rd group invalids- members of the emergency services who were disabled while attending the Chernobyl disaster- rehabilitated and wrongfully convicted persons- single pensioners who are not professionally active- families of unemployed pensioners (having children under 18 years of age)- children under 18 years of single mother30% contribution- unemployed pensionersPatients suffering from the following diseases are provided with the relevant drugs free of charge:- Tuberculosis (medicine for antituberculosis)- Psychic diseases (psychotropic medicine)- Oncological diseases (antitumoral medicine and drugs)- Diabetes (antidiabetic medicine)- Epilepsy (anticonvution medicine)- Cardio-muscular infraction (blood coronar circulation improving medicine)- Periodical disease (colchicine)-Vitium cordis (anticoagulations after prosthesis)- Malaria (antimalaria medicine- Phenylketonuria- Insufficiently working kidney	Cost is subsidised for a comprehensive range of items.Patients pay a fixed co-payment up to an annual safety net threshold after which co-payments decrease or stop.General patients pay a maximum of A$33.30* towards the cost of each Pharmaceutical Benefit Scheme Medicine (PBS Medicine) up to an annual safety net threshold of A$1,281.30*. Once the patient and their family reach the safety net threshold they pay A$5.40* for each prescription for the rest of the calendar year.Concession card-holders pay A$5.40* towards the cost of each PBS Medicine up to an annual safety net threshold of A$324* (52 prescriptions). Purchases of PBS medicines in the remaining calendar year for the patient and their family are free.A person must be Australian resident; and in Australia to get a concession card.* Figures are adjusted annually and do not include surcharge for the more expensive alternative brand medicines.(last update: 2012)	166 pharmaceutical products for first medical aid are free for everyone in the state medical institutions (hospitals, policlinics). 141 pharmaceutical products are free for privileged groups of people - disabled persons of groups I, II and special categories of illnesses.

	BOSNIA AND HERZEGOVINA	CANADA	GEORGIA	MONTENEGRO
11. Pharmaceutical products	Federation BiH Covered drugs as defined on the Decision on the List of essential drugs required to provide health care within the standards of compulsory health insurance in the Federation BiH ("Official Gazette of Federation BiH", No. 75/11 and 97/12) This Decision is adopted by the Government of the Federation of BiH. Drugs defined on the Essential list are covered at a rate of 100%, 70% or 50% depending upon the drugs. The Federal list indicates as well the price of the (covered) medicines. List of essential drugs makes a distinction between:"A-list of medications":Covering medications in which the cantonal health insurance (hereinafter: Institute) has to participate at a rate of 100% of the price, and medications for which no immediate participation of the insured person is determined in accordance with the Federal BiH Decision on the maximum amounts of direct participation (Official Gazette of Federation BiH, 21/09), as well as in accordance with any cantonal decision in this field"B-list of medications":covering medications in which the Institutes have to participate financially at a percentage determined by the government, according to the financial possibilities of the cantons.The list covers not medications in ampules.The cantons are required, within 60 days from the date of entry into force of this Decision, to harmonize cantonal positive list of medications with the Federal list of essential medications and this is obligatory to be done with the A-list of medications and optional with B-list of medications.The Decision contains methodology and structure of medication prices.There is also a Decision on the List of Medications of Solidarity Fund (Official Gazette of Federation BiH, 67/11) establishing a List of Medications of the Solidarity Fund of Federation BiH, which is financed by the Solidarity Fund of Federation BiH.Republika Srpska Drugs are defined on the Health Insurance Fund's List A and List B regarding the referent price of the drug (the lowest price for the drug on the market). List A contains free of charges drugs for patients who are exempted of the participation; 10% participation related to the referent price of the drug for all other health insured persons. If the price of the drug is higher than the referent price, patient should pay the difference.List B contains drugs for which a 50% participation is required in relation to the referent price of the drug for all patients. If the price of the drug is higher than the referent price, patients should pay the difference. District BrckoDrugs defined on the Essential List are covered at a rate of 100%, 70%, 55% or 50% depending upon the drugs.	Drugs, biological substances and related preparations are covered for all residents when administered at in the hospital. All provinces/territories also provide additional out-of-hospital drug benefit coverage in varying degrees, either based upon age, disease specific conditions or income. For the most part, these additional benefits will either have a client co-payment requirement.Many Canadians have supplemental private insurance coverage through group plans, which extends the range of services to include dental care, prescription drugs, rehabilitation services, private care nursing and private rooms in hospitals. (last update: 2010)	Pharmaceuticals for citizens living below the poverty line are provided within the insurance limits of 50 Georgian Lari with 50% co-paymentFor pensioners, Children 0-5 years old, Disabled people are provided pharmaceuticals within the insurance limits of 100 Georgian Lari with 50% co- payment.According to the State Program of Specific Medicines are provided drugs free of charge for the treatment of the following diseasesHemophiliaDiabetesTransplantation of kidneysIncurable patient treatmentMukoviscidozAnti-rabies vaccineFood additive for Fenilcetonuria	Are covered by the Fund, medicines prescribed by doctors according to the List determined by the Health Insurance Fund

	NEW ZEALAND	REPUBLIC OF MOLDOVA	RUSSIAN FEDERATION	SERBIA
11. Pharmaceutical products	Medicines listed on the Pharmaceutical Schedule are subsidised, although a co-payment of $3 per item is required unless patients have had 20 items in one calendar year. For item 21 or more during the calendar year, no co-payment applies. PHARMAC, a Crown agency, specifies which pharmaceuticals are listed on the Schedule.Disability Allowance provides non-taxable assistance to people who have ongoing, additional costs because of a disability, including pharmaceutical products, up to $58.13 a week.Pharmaceuticals on the Schedule are reimbursed in full by the Accident Compensation Corporation if required for injury resulting from an accident.(last update: 2011)	Both insured and uninsured person benefit from covered pharmaceuticals when included in the list of compensated (fully or partially) drugs or when listed in National health programs or specific health programs. Children in the age of 0-5 years and pregnant women enjoy free access to medicines. The listing on the pharmaceutical list is based upon a procedure which ensures transparency of the decision making processThe list of compensated drugs being provided in the volume of 100% for persons aged 0-18 years was completed with an antihelmintic end iron product, for pregnant women – a product with iodine and for children ages 0-5 years – an antibacterial product. The rate of the compensated amount for mandatory health insurance funds has been recalculated, constituting now 70% for 14 items of drugs and 90% for 3 items of drugs. The rate of the compensated amount ranges from 90% to 100% for antidiabetic drugs.	A variety of essential pharmaceutical products are available for free or for a reduced price (5-50% of cost) for certain categories of patients (pensioners, invalids, war veterans, people with chronic illnesses etc). Some products are being listed as free of charge. In November 2006 these special lists included 438 INI (International Non-patented Items) and 965 TI (Trade Items).They are issued upon doctor's prescriptions at specially authorised pharmacies/drug stores. In 2007 these items were divided into 2 parts: the List of Base Programme Drugs (formed according to the Federal Standards of Deceases Treatment) and the List of Expensive Drugs to cure certain deceases (hemophilia etc.).There are also price restrictions on certain essential drugs included in the special list (several thousand items). Some pharmaceutical products for treatment of the so-called "social diseases" (tuberculosis, diabetes, etc.) are available for free (on prescription).From January 1, 2005 mechanism of funding certain individual benefits provided to citizens has been upgraded by means of establishment of a monthly monetary payment while preserving the right for receiving state social assistance in the form of a set of social services. Beneficiaries of social services (veterans of war, disabled persons, citizens affected by radiation)are entitled to the provision of the necessary medicines prescribed by the doctor, as well as with medical products and also specialized products of clinical nutrition for disabled children or, if they prefer to do so, – to receive cash indemnity. This is part of a social package amounting to 750 roubles 83 kopecks in 2011.	RFZO defines a list of drugs and participation level for each drug.

	THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA	TURKEY	UKRAINE
11. Pharmaceutical products	Only pharmaceutical products which are on the “positive list of drugs” of the Health Insurance Fund are covered by the basic scheme at the level of the reference prices (the lowest defined wholesale price of the pharmaceutical products).All insured persons pay co-payments in the amount not higher than 20% of the price of the pharmaceutical product.	The range of pharmaceuticals available is restricted according to official lists. Patients pay a contribution towards their cost:active persons: 20% of cost,pensioners: 10% of cost.Patients are exempt from co-payment in respect of certain drugs used in the treatment of specified long-term diseases.	Free of charge during hospital treatment.During outpatient care medicines are paid in full by patients except the following who receive pharmaceuticals free of charge: tuberculosis patientscancer patientsdiabetics, and AIDS-patients.

	ALBANIA	ARMENIA	AUSTRALIA	AZERBAIJAN
12. Prosthesis, spectacles, hearing aids	Not covered by the social system.	Free prosthesis for invalids. All the others cover their own expenses.	Costs are subsidised for eligible groups with provisions varying between States.(last update: 2012)	Free for disabled persons of groups I, II (see 'Dental prosthesis' above).

Health Care

	BOSNIA AND HERZEGOVINA	CANADA	GEORGIA	MONTENEGRO
12. Prosthesis, spectacles, hearing aids	Federation BiH, Republika Srpska Conditions, rate of replacement and sum that is covered by HIFs are regulated for each orthopaedic aid by HIFs . In Federation of BiH these amounts vary from canton to canton.District BrckoHIF pays for the prosthesis only in the amount determined by the regulation. The difference in the expenses has to be paid by patient.	Most provinces/territories provide varying degrees of coverage for these items.Many Canadians have supplemental private insurance coverage through group plans, which extends the range of services to include dental care, prescription drugs, rehabilitation services, private care nursing and private rooms in hospitals.(last update: 2010)	Available for special groups of the population according to State Programmes. According the program disabled persons can receive hearing aids, cochlear implants, prosthesis and wheelchairs.	The insured person is approved the following aids: orthopedic aids, oftamological and tiphlotechnical aids, hearing aids, and aids for enabling of loud speech, dental aids and other aids (esthetic prothesis, artificial brests, wigs, weights and suspensorium, stomack belts, aids for gastric-intestinal and uro-genital system, breathing aids, aids for diabetes and antidecubitus mattress).The aid may be manufactured of material with higher standard than the approved, provided that the difference in the price of the aid is borne by the insured person.

	NEW ZEALAND	REPUBLIC OF MOLDOVA	RUSSIAN FEDERATION	SERBIA
12. Prosthesis, spectacles, hearing aids	No charge for prosthesis.Civilian Amputee Assistance (reimbursement for travel and/or accommodation costs) is available to clients who are required to attend a Limb Centre.Spectacles are generally private provision, although social assistance may be available to some children and young people 15 years and under from low income families in some circumstances.There is a hearing aid subsidy of $11.11 per hearing aid for eligible people. A higher level of assistance is available for children and adults with complex needs who meet certain criteria, and some low income families. Assistance is also available for war veterans in some circumstances where the person meets specific eligibility criteria.Generally, the Accident Compensation Corporation contributes to hearing aid costs for people with injury-related hearing loss, and the Ministry of Health contributes to hearing aid costs for people with health-related hearing loss. The two agencies operate a joint hearing aid funding scheme for people with hearing loss caused by a mix of injury and health conditions. Veterans with hearing loss caused by military service can usually choose between ACC assistance and Veterans' Affairs New Zealand assistance.Joint ACC and Ministry of Health funding is available for eligible people who have both injury related and non-injury related hearing loss.(last update: 2011)	These products are provided under the social security system to:persons with category I or II invalidity, andchildren with disabilities.Distribution of hearing prosthesis and the categories of beneficiaries are approved on the basis of the Ministry health order. They are centrally procured and financed from the central budget resources.	Technical aids for rehabilitation are provided free to disabled persons at the expense of federal budgetary funds and compulsory social insurance, subject to relevant recommendations in the individual rehabilitation programs or rehabilitation programs of victims of industrial accidents and occupational illnesses, developed by institutions of medical social examination.Should disabled persons purchase such products independently, the compensation is paid, however, in the amount not exceeding the value of the similar product manufactured by the company chosen subject to the established procedure.	Participation varies from 10-35% depending on type of prosthesis/device.

Health Care

	THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA	TURKEY	UKRAINE
12. Prosthesis, spectacles, hearing aids	Prostheses, hearing and orthopaedic devices which are on the 'positive list of orthopaedic devices' of the Health Insurance Fund are covered by the basic scheme at the level of the reference prices (the lowest defined wholesale price of these products). Patients participate up to 50% of the price of the orthopaedic device. Children up to 18 years of age and insured persons who need prostheses for upper and lower extremities, hearing or orthopaedic devices, wheelchairs and devices for physiological purge/cleaning are exempted from co-payments.	10-20% percent of the cost is paid by the insured. The maximum co-payment is 25% of the national minimum wage.	prosthesis and hearing aids: free (except dental prosthesis)spectacles:full payment by patient.

Health Care

	ALBANIA	ARMENIA	AUSTRALIA	AZERBAIJAN
13. Other benefits	None	Free provision of wheelchairs, and home nursing care for disabled persons of Group I and II disability living alone. Free ambulance care and urgent services, tuberculosis, infection diseases, mental health and vaccination.	Nursing homes and hostels for the elderlyAll Australian residents have equal access to care regardless of their income. It is based on assessment of a person's care needs by Aged Care Assessment Teams. Access to nursing homes (high care) or hostels (low care) is based on need. Hostel residents generally receive personal care and assistance including individual supervision and physical assistance while Nursing Home residents in additional to these services receive nursing care and therapy services.Pensioners pay daily care fees set at 85% of the maximum single rate pension. Non pensioners pay a slightly higher rate.Means test:Nursing home residents do not pay an accommodation bond or charge if they have assets of less than $36,000. For a married resident, only half the couple's combined assets are counted. Concessional residents include pensioners who have not owned their own home in the past two years. Assisted residents must meet the same criteria as concessional residents but can have assets of more than $36,000. They may be asked to make an income tested contribution to accommodation fee. Home and community care programAccess is based on need. All Australian residents have equal access to care regardless of their income or assets. Eligible people assessed as needing services have access to HACC services without discrimination and no one is refused a service because of inability to pay.(last update: 2012)	free provision of wheelchairs, immunization and vaccination services, home nursing care for disabled persons of group I, and authorized medical treatment abroad.

	BOSNIA AND HERZEGOVINA	CANADA	GEORGIA	MONTENEGRO
13. Other benefits	Federation BiH, Republika Srpska and District Brcko - Regular medical check-ups are provided for children and students, as well as for certain categories of professions - Subsidised transport to and from medical institutions for certain categories of medical treatment (e.g. dialysis, chemo and radiotherapy).	Provincial/territorial authorities have discretion in determining the benefits which will be provided over and above the insured services that need to be covered by the universal health insurance program. In determining which benefits will be provided, authorities may consider, among other factors, the health needs and priorities of residents and prevailing geographic and economic conditions.Many Canadians have supplemental private insurance coverage through group plans, which extends the range of services to include dental care, prescription drugs, rehabilitation services, private care nursing and private rooms in hospitals.(last update: 2010)	Available for special groups of the population (war veterans and Group I disabled persons) according to State Programmes.For all citizen of the country are available several preventive measures (free of charge):- screening campaigns for cancer- prevention of drug abuse- anti-rabies vaccination- prevention of occupational diseases- prevention of HIV/AIDS and STI- prevention TB- Diagnosis of Epilepsy- Newborn Hearing Screening- immunization- blood safety	Preventive examination for new borns, children until the age of 15 and persons over the age of 65.Travel cost compensation is provided to an insured person when exercising health care in other place according to referral from the selected doctor.Entitlement to travel cost compensation also belongs to the escort of the insured person, when it is authorized by the selected doctor, or Medical Commission.

	NEW ZEALAND	REPUBLIC OF MOLDOVA	RUSSIAN FEDERATION	SERBIA
13. Other benefits	Home nursing is free when provided by a registered nurse or midwife employed by a hospital, health service or an approved organisation.Subsidies are available to associations that provide domestic help in appropriate cases to the elderly or to families with young children.The Ministry of Social Development administers a home help scheme for multiple birthsHospital and health services provide home aid as part of a range of services to reduce the need for hospital or residential care, and as a temporary follow-up to hospital care.Residential care is fully funded for people with disabilities and mental illness generally under age 65, and subsidised for older people who require long-term care, if their income and assets are below the minimum level required. See also Table 12.Women may receive free pregnancy, childbirth and postnatal care from GPs or independent midwives (through benefits paid by the Government), or by attending antenatal clinics established in connection with public hospitals. Some women choose obstetric care from a specialist, and may then be charged by the specialist over and above the rate provided by the benefit.The following benefits are also available:community-based services (eg district nursing, Plunket for parents with new babies)long-stay residential carerehabilitationmental health servicesartificial aids (eg wheelchairs, artificial eyes, wigs).Disability Allowance may be available for ongoing costs associated with a disability for those on low incomes.ACCThe Accident Compensation Corporation funds:personal (nursing) carechild carehome Helpaids and appliances.These are provided for assessed need where an injury results from an accident.(last update: 2011)	immunoprophylaxis: under the relevant national programme.medical, psychological and educational support for children with learning difficulties.health checks for children under a special programme.nursing-type services for the elderly and people with disabilities, andcancer prevention and screening. The self-employed who pay the contribution in the form of a fixed value during the first 3 months of the year receive a 50% discount. Self-employed from the agricultural sector who pay the contribution in the form of e fixed value until 10th month of the year receive a 75% discount.	Regular medical check-up of children and certain categories of employees and pensioners;Regular vaccination of children.From January 1, 2005 mechanism of funding certain individual benefits provided to citizens has been upgraded by means of establishment of a monthly monetary payment while preserving the right for receiving state social assistance in the form of a set of social services. Including health care services.The beneficiaries have the right for free medical care in a sanatorium (18 days, for disabled children - 21 days, and for disabled persons suffering from diseases and consequences of spinal cord and brain injury - 24-42 days) and free transportation to a chosen medical institution or to get a compensation in cash (in 2010 – 705 roubles 10 kopecks per month).From January 2011 the medical services have been divided in two components: pharmacological support and sanatorium-and-spa treatment. Amount granted to pay the set of social services (from January 1, 2011) has been set upon 705, roubles, of which:- pharmacological support – 543 roubles;- sanatorium-and-spa treatment – 84 roubles; - travel by suburban railway transport, and interurban transport to the place of treatment and back – 78 roubles.From April 1, 2011 the cost of a set of social services amounted to 750 roubles 83 kopecks.	Preventive examinations of children and students, regular calendar vaccinations and other prevention related measures.

	THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA	TURKEY	UKRAINE
13. Other benefits	There are different programmes providing preventive and curative measures for all insured persons including regular and periodical medical and dental examinations for children, women and employees; compulsory immunization campaigns, programs against AIDS, TB, brucellosis, communicable diseases, early detection and treatment of breast cancer, active protection of mothers and children as well as programmes that provide health protection to persons who are not insured on any ground.	Transport costs and other essential costs are reimbursed for medical examinations or care provided within the scope of the health insurance.• Medical treatment abroad for patients requiring treatment which cannot be provided in Turkey.	free preventive medical examinations for childrenfree preventive medical examinationscancer, pulmonary, etc. for adults.