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2019

Health Care

Applicable statutory basis

ALBANIA

Law on Health Care in Republic of Albania, No. 10107 dated 30.3.2009
(amended).

New Law No. 10 383, dated 24.2.2011, "On compulsory health care insurance in the Republic of Albania", has come into force on 25 March 2013 repealing the old legislation, amended by Law No. 145/2015, dated 17.12.2015

Law No. 7703, dated 11.5.1993 “For the social insurance in Republic of Albania” (amended), by Law no.104/2014, date 31.07.2014, which has come into force on 1 January 2015.

Code of Labor of Republic of Albania
No.7961, dated 12.07.1995 (amended) by Law no.136, date 05.12.2015.

ARMENIA

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)
Law on "Breastfeeding promotion and turnover of the baby food”
(20.11.2014)
Government Resolution on “The Free Medical Aid and Service Guaranteed by the State”, (N318, 2004).
“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 24 of 23.06.16

Government Resolution on “Regulation of personal and group practical work of family doctors” No 497 of 19.04.2007.

Government resolution (based on protocol) on “National Tuberculosis control Program and implementation plan for Armenia, 2016-2020” No 11 of 24 March 2016.

Government resolution (based on protocol) on ”National Immunization Program of 2016-2020” N 10 of 17 March 2016

The 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”

Government Resolution on “Approval of the conditions and procedures of providing sperms and storage of the provided sperms and embryo by reproductive donors as well as by citizens not considered as reproductive donors and the revocation of the Government Resolution N 1273, 2 October 2003” N 907 of 22.08.2013

Government Resolution on “Approval of Government Resolution on determining the applying terms, diversity of methods and medical practices of reproductive auxiliary technologies” N 214 of 22.03.2013

Government Resolution on “Approval of children and adolescent health improvement strategy and of Action Plan 2016-2020” No 34 of 2016.

Government Resolution on “Approval of national breastfeeding promotion program and of timetable for implementation of the Action Plan 2016-2020 to provide safe and relevant (equivalent) nutrition to infants and young children” No 1353 of 2015.

Government Resolution on “Setting the list of illnesses entitling to home schooling and invalidation of RA Government Resolution No 1506 of October 26, 2006” No 1330 of 2015.

Government on “Coordination of information and training materials on infant feeding, baby food and related products envisaged by national breastfeeding promotion program to infants and young children and setting authorization of the procedure” No 326 of 2016

BOSNIA AND HERZEGOVINA

Federation BiH
- Law on Health Care of Federation BiH, (46/10), amended in 2013 (Official Gazette of FBiH, 75/13/)
- Law on Health Insurance of FBiH (Official Gazette of FBiH, 30/97) amended in 2002, 2008, 2011 and 2018 (Official Gazette of FBiH, 7/02 ,70/08, 48/11 and 36/18)
- 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 Republic of 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, 106/09 and 110/16)
- Law on Health Care of Republic of Srpska (Offical Gazette of RS 106/09 and 44/15)
- Law on Population Protection from Communicable Diseases (“Official Gazette of Republic of 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 07/02, 19/07,02/08 and 34/08)

GEORGIA

-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.
Resolution GoG 21.02.2013 N36 on universal healthcare program

MONTENEGRO

The Law on Health Insurance, 2016 amended in 2017 and 2018
The Law on Health Care 2016, amended in 2017 and 2018
The Rulebook on Closer Conditions and the manner for Exercise of Certain Rights from Compulsory Health Insurance, 2018
The Decree on the Scope of Rights and Standards of Health Care from Compulsory Health Insurance on secondary and tertiary level of health care, 2013
The Rulebook on Exercising the Rights to Medical - Technical Aids, 2016 amended in 2017/2018/2019
Rulebook on Criteria for Concluding Contract on Provision of Healthcare Services and Their Method of Payment, 2011
The Decision on Network of Health institutions, 2016 amended in 2017 and 2018

NORTH MACEDONIA

Health Care Law (Official Gazette No. 43/2012), as amended on several occasions
Law on health insurance (Official Gazette No. 25/2000), as amended on several occasions and supplemented by extensive guidelines
Law on Obligatory Social Insurance Contributions (Official Gazette No.142/2008), as amended on several occasions

REPUBLIC OF MOLDOVA

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 approved annually ;
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 Mandatory 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 mandatory health insurance funds approved annualy ;
Law on transplantation of human organs, tissues and cells no. 42-XVI dated 06.03.2008;
Law on blood donation and blood transfusion nr. 241-XVI dated 20.11.2008;
Government Decision on the approval of the Unic Program of the Mandatory Health Insurance nr. Dated 1387 din 10.12.2007
Strategies
National Health Policy, approved through Government Decision no 886 dated 06.08.2007;
Primary Healthcare System Development Strategy, approved on 06.12.2007 by the Ministry of Health Board;

Public-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 the
intersectoral collaboration in the medical-social field in view
prevention and reduction of maternal mortality rate and a
children under the age of 5 at home approved through the Government Decision no 1182 dated2 24.12.2010.
Law on Public Health State Supervision no. 10 dated 03.03.2009;
Law on Reproductive Health no. 138 dated 15.06.2012;

RUSSIAN FEDERATION

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 November 24, 1995 ? 181-FZ "On social protection of disabled people 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 November 30, 2011 ? 370-FZ "On the budget of the Federal Mandatory Medical Insurance Fund for 2012 and the planning period of 2013 and 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";

The Federal Law of December 3, 2012 ? 219-FZ "On the budget of Social Insurance Fund of the Russian Federation for 2013 and the planning period of 2014 and 2015

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”.

Federal Law of 03.12.2012 No 219-FZ “On the Budget of the Social Insurance Fund of the Russian Federation for 2013 and Planning Periods for 2014 and 2015’

Federal Law from December 1, 2014, 387-FZ "On the budget of the Federal Mandatory Medical Insurance Fund for 2015 and the planning period of 2016 and 2017";

Decree of the Government of the Russian Federation of October 18, 2013 ? 932 "About the state guarantees to citizens on health care in 2014 and the planning period of 2015 and 2016."

Bylaws

SERBIA

Law on Health Care, 2005,
Revised 2009/2010/2011/2012/2013/2014/2015/2016/2017
Law on Health Insurance 2005, Revised 2011/2012/2014/2015/2016
Statute of Conditions and Procedures on Health Insurance Rights, 2010,
Revised 2013, 2017
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 2019

TURKEY

Social Insurances and Universal Health Insurance Law No:5510 dated 31/05/2006

UKRAINE

The Constitution of Ukraine.

Law of Ukraine “On compulsory state social insurance” N1105

Basic Principles

ALBANIA

Benefits in kind system financed by employer and employee contributions as well as contributions from the state on behalf of the economically inactive population.

ARMENIA

Tax financed scheme providing benefits in-kind to all beneficiaries.

BOSNIA AND HERZEGOVINA

Benefits in-kind system providing benefits to a range of specific groups through individual and derived entitlement. Financed mainly by contributions.

GEORGIA

Health care system is financed through general taxation by 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.

MONTENEGRO

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.

NORTH MACEDONIA

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).

REPUBLIC OF MOLDOVA

Health system aims to ensure universal access to qualitative health services. Range of the health services provided within the Mandatory Health Insurance is established by the Unic Programme of the Mandatory Health Insurance. Health services that are not covered by the Mandatory Health Insurance are provided through direct payment to the health care provider according to tariffs for medical services approved by Government decision.

Primary Health Care, Prehospital Emergency Health Care and treatments for Tuberculosis, psychoses and other mental and behavioral disorders; Alcoholism and Drug Addiction; confirmed malignant oncological and haematologicalhematological conditions; HIV / AIDS and syphilis; acute viral hepatitis A, viral, bacterial and parasitic botulism, meningitis and meningoencephalitis, pandemic influenza, varicella, measles, leptospirosis, malaria, typhoid fever and paratiophytus, exanthemous typhus, cholera, tetanus, anthrax, brucellosis, , epidemic parotiditis, rabies, trihinelosis, pesta, iersinitis, tularemia, diphtheria, polio and rubella are provided free of charge regardless of the status of insured or non-insured person.

The obligatory healthcare insurance of the non-employed persons and uninsured persons from the state budget shall be made by the person individually, by paying the insurance fixed amount tax, the amount and terms stipulated by the legislation.

RUSSIAN FEDERATION

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.

SERBIA

Compulsory social insurance scheme financed by contributions, covering employees, self-employed, farmers and their family members, as well as the categories of insured persons for whom the contribution is paid by the state. Benefits in-kind system.

TURKEY

UKRAINE

State and local budgets provide benefits in-kind based on individual entitlement for permanent residents.

Field of application

Beneficiaries

ALBANIA

All insured residents

ARMENIA

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);
- 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 dispaenser centres)
- children under 18 years of age and persons belonging to the group between 18-23 ages 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 _ 30,00 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 14-15 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 - in the period of pregnancy and maternity leave.
- Persons who have been victim of exploitation due to human trafficking
-Single-parent family children up to 18 years old
-Rescue workers and members of their families, rescue workers who resigned their activity due to retirement, disability and members of family of rescue workers who died during service
- Arrested, detainees and convicts,
- persons in orphanages, elderly homes and homeless temporary shelters
- asylum seeker and members of their families
- Individuals discharged from service due to illness, injury or illness during military service, who have not been recognized as disabled as a result of medical and social expertise (hospital medical care and services within the framework of a rehabilitation individual program compiled by the competent state body in the field of medical and social expertise)
-repressed people

Compulsory insurance (secondary and tertiary care):
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.

BOSNIA AND HERZEGOVINA

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 covered by health insurance on another 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 programs of educational, technical and cultural co-cooperation
-Top sportsmen, if not insured on another basis

Uninsured 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 Rights

b) 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 donation

The above mentioned rights are financed form the cantonal budget or municipalities according to the last place of residence of the uninsured person.

Republic of Srpska
- Employees;
- Self-employed persons
- Those engaged in religious organizations
- 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 registered with the Republic Employment Bureau if they do not receive financial support
- Part-time student as long as they are regularly reported to the Republic Employment Bureau
- 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 Republic of 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 and returnees, if not otherwise insured;
- Foreign citizens receiving education in Republika Srpska, when this is not otherwise regulated by international treaty;
- Others for which health insurance contributions are made.
Republic of 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,

GEORGIA

Persons holding identity card of Georgia or neutral identity card, neutral travel document for citizens in occupied territories, also persons without citizenship having stateless status in Georgia, asylum seekers in Georgia, refugees and persons with humanitarian status

MONTENEGRO

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, persons serving prison sentence, their family members.

NORTH MACEDONIA

- employees,
- pensioners,
- temporary unemployed person while receiving unemployment benefit,
- social protection beneficiaries, children with disabilities receiving special allowance,
- self-employed persons, individuals who 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 year

Under 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).

REPUBLIC OF MOLDOVA

According to Law no 1585 – XIII of 27.02.1998 on mandatory health insurance the following persons 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 by Government regardless of whether they pay contributes:
- pupils and students enrolled in the education system at levels 3-8, according to art. 12 of the Education Code of the Republic of Moldova, including those studying abroad;)
- pregnant women and women in a first period after child delivery. The period depends of the health status of woman and child
- people with disabilities,

- retired persons
- persons formally registered as unemployed
- persons who take care at home, of a person with a severe disability who requires care and/or permanent supervision from another person
- 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)
- foreign citizens beneficiaries of either form of protection, included in integration program during the running period of the said programs.
- organ donors

RUSSIAN FEDERATION

All citizens of the Russian Federation, foreign citizens having permanent or temporary residence in the Russian Federation, as well as stateless persons.

SERBIA

Directly insured persons:
- Employees, self-employed and farmers;
- Pension beneficiaries;
- Unemployment persons receiving the unemployment insurance benefit;
- Their dependants (see eligible dependants).

Specific groups for whom the contribution is paid by the state:
- 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 nuns;
- The Roma without permanent or temporary residence in Serbia due to their traditional way of life;
- Refugees from states, ex-republics in former Yugoslavia;
- Persons treated for AIDS, certain infectious, cancerous and other diseases regulated by corresponding resolutions;
- Victims of human trafficking and - - Victims of family violence.

TURKEY

A distinction is made between the group of insured persons who contribute to the social security system (contributory insured) and the group of insured who do not contribute to the social security system (non-contributory insured). The latter group is subject to indigence criteria. Apart from this 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:

-Insurance holders
-Voluntary insurance holders
-The citizens whose income per capita within the family is less than one third of the minimum wage as a result of income test and Turkish citizen children under 18 years of age who have no universal health insurance and are not dependent of an insured person without an income test
-Stateless persons and asylum seekers
-Those getting pension or other specific income support according to the Laws specified in brackets (2022,1005, 3292, 2330, 442, 2913)
-The persons benefitting free from protection, care and rehabilitation services and Turkish citizen children under 18 years who are orphans
-Those getting pension for war-disabled and those getting salary within the scope of Anti-terror Law
- Foreign nationals having received a residence permit who are not socially insured in another state, provided that the principle of reciprocity is applicable
-The persons benefitting from unemployment compensation and short-term working allowance
-The persons getting income or pension according to the Law No. 5510 and also the social security laws which were in force before the Law No. 5510
-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 dependents. Premium payment to be

done by the following persons:
- Persons working as an insured employees/self-employed (employers)/civil servants
- Voluntary insurance holders
- -Foreign nationals having received a residence permit who are not socially insured in another state, provided that the principle of reciprocity is applicable
- Persons benefitting from unemployment compensation and short-term working allowance
- Intern attorneys
- Foreign students studying in Turkey (if they make an application for an insurance voluntarily)

On the other hand, following categories are exempted from fulfilling the mentioned conditions like having 30 days of premium payment, payment of premium etc.:
Individuals under the age of 18; persons depending upon the care of another person; those in need of urgent care; those in need of health care at the occasion of a work accident or occupational disease; reportable infectious diseases; preventive health services; maternity; health care due to disasters, wars, strike and lockout situations and traffic accidents.

UKRAINE

All citizens.

Exemptions from compulsory insurance

ALBANIA

None.

ARMENIA

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.

BOSNIA AND HERZEGOVINA

Federation BiH, Republic of Srpska and District Brcko
None

GEORGIA

None.

MONTENEGRO

No exemptions

NORTH MACEDONIA

None.

REPUBLIC OF MOLDOVA

RUSSIAN FEDERATION

None.

SERBIA

None.

TURKEY

Civil Servants: none.

Workers: none.

UKRAINE

None.

Voluntarily insured

ALBANIA

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.
Voluntary health insurance contribution calculation base is twice the minimum wage for the calculation of contributions.
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 (22000 ALL or 151 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.

ARMENIA

Not applicable.

BOSNIA AND HERZEGOVINA

Federation BiH, Republic of Srpska and District Brcko
None

GEORGIA

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

MONTENEGRO

Extra insurance has been introduced in 2012.
The insured person in extra health insurance system is a person who concluded a contract with the Fund for health insurance of Montenegro or with the insurance company.

NORTH MACEDONIA

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.

REPUBLIC OF MOLDOVA

The legal framework allows voluntarily health insurance additional to mandatory health insurance for the services that are not covered by the mandatory health insurance

RUSSIAN FEDERATION

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.

SERBIA

Formally, a possibility of voluntarily access into insurance exist 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).

TURKEY

Voluntarily insured persons are covered by the universal health insurance scheme.
Condition:
Legal residence in Turkey, at least 18 years of age; not fully professionally active or professionally active less than 30 days in a month; not entitled to a pension

UKRAINE

Not applicable.

Eligible dependants

ALBANIA

Individual entitlement.

ARMENIA

Individual entitlement, no derived rights.

BOSNIA AND HERZEGOVINA

Republic of Srpska
The following persons are entitled to coverage provided they are dependent on the insured person:
- spouse
- 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 person

Brcko District
-spouse
-children, adopted children and step-children

GEORGIA

Individual entitlement, no derived right.

MONTENEGRO

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.

NORTH MACEDONIA

Spouse and children.

REPUBLIC OF MOLDOVA

None.

RUSSIAN FEDERATION

Individual entitlement, no derived rights.

SERBIA

Children under 18 years of age (under 26 years if in continuing education),
Dependent children,
Spouses,
Other dependent family members (grandmother, grandfather, grandchildren, brothers/sisters);,

Unmarried partners (cohabitant) if s/he has co-habited with the insured person for at least two years.

TURKEY

- 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.

UKRAINE

Individual entitlement, no derived right.

Conditions

Qualifying period

ALBANIA

Not applicable

ARMENIA

None.

BOSNIA AND HERZEGOVINA

FBiH, Republic of Srpska and District Brcko
None

GEORGIA

None.

MONTENEGRO

None

NORTH MACEDONIA

None, the claimant can receive medical services the day after s/he commences his/her insurance.

REPUBLIC OF MOLDOVA

None, except for self-employed persons. The self-employed shall pay a full mandatory health insurance tax by March 31 of the current year. In case of exceeding that deadline, the self-employed shall only receive medical treatment after expiration of 7 calendar days from the payment of his/her contributions.

RUSSIAN FEDERATION

No qualifying period, coverage commences upon conclusion of the individual or collective insurance agreement.

SERBIA

None.

TURKEY

Civil servants who became civil servant for the first time before 01.10.2008 qualified for benefits in-kind as soon as they started to working. (There was no minimum qualifying period for them.)

Civil servants (who become civil servant for the first time after 01.10.2008) and Workers:
- For personal entitlement: 30 days of contributions for general health insurance, within the year preceding diagnosis of illness.
- For derived rights for dependents:
30 days of contributions for general health insurance, within the year preceding diagnosis of illness.

UKRAINE

None.

Duration of benefits

ALBANIA

Unlimited.

ARMENIA

For duration of illness.

BOSNIA AND HERZEGOVINA

FBiH, RS and District Brcko
For duration of illness

GEORGIA

Unlimited.
For duration of illness.

MONTENEGRO

Unlimited – for duration of illness.

NORTH MACEDONIA

For the duration of illness.

REPUBLIC OF MOLDOVA

For person registered as unemployed under the conditions specified in the law.

RUSSIAN FEDERATION

Unlimited.

SERBIA

Unlimited

TURKEY

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 in the year before expiration date, 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.

UKRAINE

Unlimited.

Organisation

Doctors : Approval, remuneration

ALBANIA

Doctors employed by the Health Care Centers or by Hospitals.
Assignment is done by the Director and is approved by Ministry of Health and Social Protection.

ARMENIA

Health services are provided by certified doctors in public or private health institutions.

Doctors are paid through several payment mechanisms: Fee for service, Fix salary or basic salary plus fee for each treated patient.

BOSNIA AND HERZEGOVINA

Federation of BiH
License is a public document issued by the competent Chamber, after passing the Medical Licensing Exam. Doctors are allowed to practice independently

Republic of Srpska
Doctors 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.Remuneration is regulated by the Law on Saleires of Public Institutions Employees in the Health Sector of the Republic of Srpska (“Official Gazette of Republic of Srpska”, 11/09)

Brcko District
Doctors 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 Services
Doctors 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

GEORGIA

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.

MONTENEGRO

Primary health care: Doctors contracted by the social health system;

Secondary and tertiary level: Institutions with whom the Fund has entered on agreement on provision of health care in line with the law.

NORTH MACEDONIA

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 which consists of 70% fixed portion and 30% variable portion conditioned upon implementation of preventive measures and activities
Specialized - consultative medical care: fee-for-service.

REPUBLIC OF MOLDOVA

Medical staff is recruited by the medical facilities. Directors are employed by the Founder (Ministry of Health or local authorities). Medical facilities (public and private) are accredited by the National Evaluation and Accreditation Council and contracted by the National Health Insurance Company, under the supervision of the Ministry of Health

RUSSIAN FEDERATION

Qualified doctors employed on a permanent basis or based on a contract by a health service provider

SERBIA

Doctors employed in governmental health institutions and doctors in other institutions contracted by the Republic Fund for Health Insurance (hereinafter (the Health Insurance Fund).

TURKEY

General Regime: Doctors working in contracted private hospitals, state owned hospitals, university hospitals or privately.

UKRAINE

Medical staff are recruited by the authorities responsible for each medical institution and the Ministry of Health.

Hospitals

ALBANIA

Public hospitals are non-budgetary institutions and are financed by state budget for capital investments and by Compulsory Healthcare Insurance Fund for all the others activities.

ARMENIA

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

BOSNIA AND HERZEGOVINA

Federation BiH
Public and private hospitals which have a contract with the Health Insurance Funds.

Republic of Srpska
Hospitals 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 paid 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 specialization (By Rules on Criteria for Categorization of Hospitals ("Official Gazette of Republic of Srpska, 13/12).Hospitals can be registered as specialized hospitals which are not categorized (Law on Health Care,"Official Gazette of Republic of Srpska 106/09 and 44/15)

District Brcko
Hospitals in District Brcko provide health services to the patients on the basis of contract with Health Insurance Fund
Private hospitals can sign the contract with the Health Insurance Fund on providing health services to the insured.

GEORGIA

State owned or Private institutions contracted by the - Social Services Agency.

MONTENEGRO

State hospital paid by Social Security and other private hospital institutions that are contracted by the Health Insurance Fund

NORTH MACEDONIA

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 (multi)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.

REPUBLIC OF MOLDOVA

Three levels of public hospitals ensure access to hospital care: district and municipal hospitals, where Founder is local authority, and national hospitals where Founder is the Ministry of Health .
Departmental Hospitals, where Founders are different Ministries (Ministry of Interior, Ministry of Defence, Ministry or Transportation and Railway etc.)
Private hospitals

RUSSIAN FEDERATION

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.

SERBIA

Governmental and privately owned hospitals that have a contract with the Health Insurance Fund. Insurance covers costs of urgent medical interventions in any health care institution.

TURKEY

Public Hospitals, university hospitals and contracting private hospitals. (Non-contracting hospitals in case of emergency).

UKRAINE

Basic medical treatment provided free of charge.

Benefits

Medical Treatment - Choice of doctor

ALBANIA

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.

ARMENIA

The patient has free choice among the policlinics of the area in which he-she resides

BOSNIA AND HERZEGOVINA

Federation of BiH
Insured 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.

Republic of Srpska Registered persons have a free choice of family doctor, pediatrician and gynecologist.
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. (Law on Health Care “Official Gazette of Republic of Srpska” 106/09 and 44/15)

District Brcko
Free choice of Primary Health Care (PHC) doctor. Patient must register with a family medicine team for a minimum period of 1 year

GEORGIA

Free choice of doctor contracted by Social Service Agency

MONTENEGRO

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.

NORTH MACEDONIA

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.

REPUBLIC OF MOLDOVA

Since September 1 2008 a new registration mechanism was implemented with family doctor.
The arrangements are as follows:
primary registration with family doctor
change of health facility. The registration with and/or transfer to (another) family doctor 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

RUSSIAN FEDERATION

The insured person has a right to choose the attending doctor, working in the medical institution, participating in the CMI system

SERBIA

Free choice of doctors in governmental and other health institutions contracted by the Health Insurance Fund. 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.

TURKEY

Free choice of doctor among the contracted service providers.

UKRAINE

Patients must register with a general practitioner in their district.

Medical Treatment - Access to specialists

ALBANIA

For non-emergency treatment, upon referral by a GP

ARMENIA

Upon referral of family doctor, therapist, paediatrician or neuro-specialist

Policlinic doctors (family doctors, therapists and paediatricians) paid per capita (registered population)

BOSNIA AND HERZEGOVINA

Federation BiH, District Brcko
Referral from PHC doctor required.

Republic of Srpska
Patients have a free choice for doctor treatment in hospital, without any registration.

Patients have a free choice of specialists for consultative-specialist services.
Referral from PHC doctor is required.

GEORGIA

Free Choice (patients do not have to get a referral from their family or primary care doctor before they receive specialist treatment) contracted by Social Service Agency

MONTENEGRO

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.

NORTH MACEDONIA

Only upon referral from the personal doctor at the examination appointment as scheduled in advance on the basis of the Waiting List of Scheduled Examinations and Surgeries, which is managed by the healthcare institutions

REPUBLIC OF MOLDOVA

Access to a specialist based on a referral ticket issued by the family doctor. Government Decision nr. 1387 of 10.12.2007 states the list of diseases allowing patients direct access to specialist working in outpatient health facility.

In the case of health surgical emergency cases, when specialized ambulatory or specialized care consultation is required, a referral ticket can be delivered by respectively the following persons: the family doctor , 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.

RUSSIAN FEDERATION

Depending upon the type of medical treatment: upon referral from a medical doctor or based upon the free choice of the patient.

SERBIA

Based on opinion of family doctor (referral system).

TURKEY

Free choice of doctor and direct access to specialist.

UKRAINE

Referral required from district doctor.

Medical Treatment - Payment of doctor

ALBANIA

In Primary Health Care doctors are paid per capita.

In Public Hospitals doctors are paid by the State budget.

ARMENIA

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.

BOSNIA AND HERZEGOVINA

Federation BiH, Republic of Srpska and District Brcko
Benefits in-kind system

GEORGIA

Benefits in-kind system.

MONTENEGRO

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

NORTH MACEDONIA

Benefits in-kind system.

REPUBLIC OF MOLDOVA

Salaried: the doctor is paid a fixed wage regardless of how many treatments s/he provides.
For outstanding professional skills and for the quality of the services provided, depending on the level of achievement of the performance indicators, the medical staff benefit from a monthly salary supplement for individual work performance

RUSSIAN FEDERATION

Benefits in kind system (for treatments covered by the medical care insurance)

SERBIA

System of goods, benefits and services provided in-kind to the beneficiary. It is possible for the Health Insurance Fund to reimburse costs of certain services that were paid personally by insured person based on the receipt for the services provided by private health institution or governmental institution as supplementary work. The reimbursement can be made for diagnostic examination, rehabilitation or specialist examination on condition that the insured person was issued a certificate by governmental health institution confirming that the examination or rehabilitation cannot be provided within next 30 days. 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 the Health Insurance Fund decree for each year.

TURKEY

Benefits in-kind system.

UKRAINE

Benefits in-kind system.

Medical Treatment - Patient's charges

ALBANIA

None

ARMENIA

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, with exception for children from 0 to 18 years old. A different co-payment tariff is applied for the capital city and the regions.

BOSNIA AND HERZEGOVINA

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”
Republic of Srpska
- Patient participation for all health services, including hospitals, average participation is between 10-25%
Participation rate depends on the type of medical service, as prescribed by insurance funds.

GEORGIA

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 - 20% for the service, as for patients above 60 the payment is - 10%;
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 110 GEL is charged from the patients
Incurable patients palliative care Program: at hospital for patients Palliative care service of incurable cancer co- payment by patient is - 30%.

State universal health care program for children 0-5 years, pensioners, disabled people, students –Emergency Hospital care (excluding all children) patient's charges– 20% (for pensioners 10%); Surgical Operations – 20% (for pensioners 10%); delivery services – 500 GEL; For the rest of population patient's charges: instrumental care – 30%; Emergency Hospital care – 30% (for pensioners 10%); Surgical Operations – 30% (for pensioners 10%); delivery services – 500GEL;

MONTENEGRO

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.

NORTH MACEDONIA

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 (net salary equals 24.276 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.

REPUBLIC OF MOLDOVA

No co-payment for treatments and services listed in the Basic Package

RUSSIAN FEDERATION

For treatments not covered by the State Health Guarantee Programme: patients cover the costs themselves.

SERBIA

Amount of participation depends on type of service, basic services and intervals of participation level:
doctors examination and laboratory analysis: 50 RSD
scanner examination: 300 RSD
magnetic resonance: 600 RSD
services provided and drugs obtained abroad: a) if the person is sent by the Health Insurance Fund to receive medical service abroad, the Health Insurance Fund covers all costs. b) seconded workers pay 5% of cost.

TURKEY

Co-payment:
Co-payment means the amount payable by the universal health insurance holder or his/her dependents in order to benefit from healthcare services.

There is co-payment in these healthcare services:
-Medical doctor and dentist examination for outpatient treatment
-Medication provided for outpatient treatment
-Orthesis, prosthesis, treatment tools and equipment
-Assisted Reproductive Method treatments (IVF)

Co-payment for outpatient treatment:
-At secondary official healthcare providers: 6 (six) TL
-At Ministry of Health, Training and Research Hospitals and tertiary healthcare providers related university hospitals: 7 (seven) TL
-At university hospitals: 8 (eight)TL

-At private healthcare providers: 15 (fifteen) TL
(No co-payment for the treatments of doctors and dentists in the primary healthcare service providers.)

Co-payment for outpatient medication: Pensioners and their dependents pay 10% of pharmaceutical price; other people pay 20% of pharmaceutical price as co-payment.

Co-payment for external prosthesis and orthesis (Optical devices, dental equipment and other prosthesis and orthesis): Pensioners and their dependents pay 10%; other people pay 20% of medical devices' price as co-payment. The ceiling is 75% of the gross minimum wage.

Co-payment for Assisted Reproduction Treatment (IVF):
First trial : 30%
Second trial : 25%
Third trial : 20%

Additional Payment:
Private hospitals and hospitals belong to foundation universities may receive up to twice of the prices listed on the Healthcare Implementation Communique from universal health insurance holders and their dependents.

UKRAINE

None.

Medical Treatment - Exemption or reduction of patient's participation

ALBANIA

Uninsured persons have the right to visit the GP without payment.

ARMENIA

Not applicable.

BOSNIA AND HERZEGOVINA

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 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 Brcko
The 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 donors

Republic of Srpska

Exemptions from co-payment can be granted depending on the type of treatment provided, the medical condition of the patient and/or the category of person.
Exempted health care treatment:
Prevention measures and early detection of illness;
Medical examinations and consultations for purpose of family planning;
Health care provided during pregnancy and maternity leave;
In vitro fertilization;
Medical examinations and treatment of contagious diseases;
Emergency care and treatment in condition of immediate life treating situations;
Medical examinations, treatment and rehabilitation for work related injuries and occupational diseases;

Medical conditions leading to exemption:
Malignant diseases
Diabetes
Hemophilia
Epilepsy
Persons with muscular dystrophy
Cerebral palsy
Multiple sclerosis
Osteogenesis imperfekta (terminal stage)
Paraplegia and quadriplegia
Chronic kidney disease
Celiac disease and phenylketonuria
Rheumatic fever
Hereditary epidermolysis bullosa
Persons with organ transplant
Medical examinations and treatment of oral and dental diseases for persons with congenital and acquired deformities of mouth and teeth

Categories of persons exempted:
Children up to 15 years of age;
Persons over 65 years of age;
Disabled war veterans and members of the families of fallen soldiers;
First and second category blind persons;
Voluntarily blood donors with ten or more donations or with less than 10 donations under the condition that the last blood donation occurred within one year time;
Recipients of social benefits and persons being placed in social care institution if contribution payer is Social welfare center;
Retirees whose pension does not exceed the minimum pension according to the latest published data;
Persons with serious type of retardation;
Mental ill persons who endanger themselves and others;
Accompaniment of insured person during hospital stay;

GEORGIA

Full coverage of costs by state budget
Children 0-5 years old
Pensioners
People under poverty line
Teachers
Veterans

Orphans children
After 2008 war IDPs in Compactly populated areas

MONTENEGRO

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.

NORTH MACEDONIA

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 blood or tissue donors,
by insured persons who have already paid co-payment up to the maximum annual limit, for biomedical assisted (autologic and analogeneic) insemination for the first, second, third and fourth child, up to the third unsuccessful attempt to inseminate . (see 'Medical Treatment: Patient's Participation' above)

REPUBLIC OF MOLDOVA

Depending on the health status of the patient, hospital care may be urgent or scheduled. Admission is made according to Metodological Norms for the implementation of the Unic Programme of the Mandatory Health Insurance. (i.e. rules of concrete disease management).

RUSSIAN FEDERATION

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.

SERBIA

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;
- blind persons;
- persons receiving the long-term care cash benefit;
- monks and nuns;
- the Roma 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.

TURKEY

Exemptions from co-payments:
-Inpatient treatments and medication of inpatients
-Chronic diseases and vital healthcare services
-Work accidents and occupational diseases
-Emergency cases
-Family physician examinations and personal protective healthcare services
-Organ, tissue and stem cell transfer
-Control examinations
-Disaster and war cases
-Individuals who are in the scope of Anti-Terror Law
- Control examinations within the scope of an investigation carried out by the institution
- Foreign military personnel under training and their dependents in country (Under the International Military Training Cooperation Agreements)

Exemptions from additional payments:
-Emergency cases
-Intensive care unit services
-Burned treatment
-Cancer treatment
-Surgical operation in cardiovascular branch
-Organ, tissue and stem cell transfer
-Hemodialysis
-Healthcare services for newborn
-Healthcare services for congenital anomaly
-Cochlear implant operation

UKRAINE

Not applicable.

Hospitalisation - Choice of hospital

ALBANIA

Any person who needs to receive services at the hospital should first present themselves to the family doctor (general practitioner). If the family doctor (general practitioner) deems that the diagnosis or treatment of the case requires a specialized consultation, then he/she recommends the patient to the appropriate specialist, based on the referral system.

ARMENIA

Free choice of hospital. No geographical restrictions.
In order to have free medical care for children and free birth health assistance, the medical treatments are to be provided within the competent administrative unit (region), with the exception of cases requiring medical care for high-risk pregnancies and pathological births.

BOSNIA AND HERZEGOVINA

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.
Republic of Srpska
According 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 Insurance Funds.

District Brcko
The 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.

GEORGIA

Free choice of any hospital that has an agreement with the Social Services Agency.

MONTENEGRO

Referral system. The patient can choose the hospital within network of health institutions.

NORTH MACEDONIA

Upon referral from specialist doctor or upon referral from personal doctor, pediatrician or gynecologist in case of chronic disease or emergency, 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.

REPUBLIC OF MOLDOVA

Depending on the health status of the patient, hospital care may be urgent or scheduled. Admission is made according to Metodological Norms for the implementation of the Unic Programme of the Mandatory Health Insurance. (i.e. rules of concrete disease management). Starting from 2014 the patient has right to choose the hospital of the same level within the established health zone.

RUSSIAN FEDERATION

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.

SERBIA

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 Health Insurance Fund must approve it.

TURKEY

Contracted hospitals by the Social Security Institution are eligible for hospitalization. If there are 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 these hospitals are then covered.

UKRAINE

Limited possibility of choice.
Patients must register in their district.

Hospitalisation - Patient's charges

ALBANIA

For some examinations provided by hospital, a patient participation is required if they are not insured or did not follow the referral system.

ARMENIA

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, with the exception for children from 0 to 18 years old.
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.

BOSNIA AND HERZEGOVINA

Federation BiH
- up to 20% for hotel costs' and
- an average of 15% toward medical costs
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”
- Up to 15 days hospital stay after surgery costs 10,00 BAM/per day
- Up to 15 days hospital stay costs 8,00 BAM/per day
- 5 BAM/per day for each day beyond 15 days

Republic of Srpska and District Brcko
- up to 20% for hotel costs’ and
- an average of 15% toward medical costs
Participation rate depends on the type of medical service, as prescribed by insurance funds.

In accordance with the “Decision on participation" (Official Gazette of RS 58/16, 83/16, 112/16, 01/17 and 29/17):
- Up to 8 days on secondary level hospital stay cost 9 BAM/per day
- Up to 12 days on tertiary level hospital stay cost 11 BAM/per day

GEORGIA

See “Medical Treatment” above.

MONTENEGRO

See medical treatment – patient’s participation.

NORTH MACEDONIA

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 North Macedonia in the past year, although this is lower for some specific groups, see ‘Medical Treatment: Patient’s Participation’ above).

REPUBLIC OF MOLDOVA

Not applicable under the mandatory health insurance.

RUSSIAN FEDERATION

System of provision of free medical services as far as it is included in the basic program of compulsory medical insurance (OMS).

SERBIA

Hospital treatment and rehabilitation: 50 RSD per care day.
Rehabilitation and specialised treatment: 50 RSD per care day.

TURKEY

There is no co-payment for inpatient treatment.
But, additional payment can be received by private hospitals and hospitals belonging to Foundation Universities.

UKRAINE

No patient participation.

Hospitalisation - Exemption or reduction of patient's charges

ALBANIA

Following categories are exempted from co-payment: children up to 0-18 years; full invalids, including paraplegics, quadriplegics and completely blind; persons who benefit payment for their disabilities; persons with chronic diseases, war invalids; veterans;
persons who enjoy the status of former prisoners and political persecuted; orphans.

ARMENIA

Those who are socially vulnerable and other special groups are free from copayments.

BOSNIA AND HERZEGOVINA

Federation BiH, Republic of Srpska and Brcko District
See Table II “Health Care”
Medical Treatment – Exemption or reduction of patient’s participation

GEORGIA

See “Medical Treatment” above.

MONTENEGRO

See medical treatment – exception or reduction of patient’s participation.

NORTH MACEDONIA

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.

REPUBLIC OF MOLDOVA

Depending on the health status of the patient, hospital care may be urgent or scheduled. Admission is made according to Metodological Norms for the implementation of the Unic Programme of the Mandatory Health Insurance. (i.e. rules of concrete disease management).

RUSSIAN FEDERATION

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.

SERBIA

See '' Medical Treatment - Exemption or reduction of patient’s participation''

TURKEY

There is no co-payment for inpatient treatment.
But, additional payment can be received by private hospitals and hospitals belong to Foundation Universities. For exemptions from additional payments see “Medical Treatment - Exemption or reduction of patient's participation”

UKRAINE

Not applicable.

Dental care - Dental treatment

ALBANIA

Free for children under 18 years of age.

ARMENIA

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

BOSNIA AND HERZEGOVINA

.Federation BiH and District Brcko
Free treatment for all insured persons costs are paid by HIFs

Republic of Srpska
Only preventive dentistry for children is free and exempt from paying participation.
HIF RS provides dental health care for all insured persons and they pay participation for provided services except for those who are exempt from paying participation.

GEORGIA

Urgent surgical and therapeutic dental services are available for patients with psychiatric diseases, who are being placed in stationeries.

MONTENEGRO

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 18, i.e. the age of 26, if included in regular or part-time education; Women during pregnancy; Persons over the age of 65.

NORTH MACEDONIA

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.

REPUBLIC OF MOLDOVA

Covered dental care:
emergency dental care
preventive consultation of children under the age of 18 and of pregnant women, including: oral cavity examinations brushing and dental scraping application of prophylactic remedies (fluorine, Ca etc.) prophylactic advices provided to all insured persons related to oral cavity examinations and advice on hygiene and prevention of oral diseases; tooth extraction; dental sealants; obscuration of coronary deficiency caused by dental carries and its complications.

RUSSIAN FEDERATION

Basic dental care for insured perons; free dental care for diseases of mouth cavity, salivary glands and jaws.

SERBIA

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;

TURKEY

Dental treatments are covered.
But implant is not covered (except for determined special conditions).
Orthodontic treatment of persons older than 18 is not covered. However, if this treatment has been started before the age of 18, orthodontic treatment of person who has reached the age of 18 is covered.

UKRAINE

Free of charge.

Dental care - Dental prosthesis

ALBANIA

Health insurance doesn't cover dental prosthesis

ARMENIA

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

BOSNIA AND HERZEGOVINA

Federation BiH and Republic of 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

Republic of Srpska
Participation rate depends on the type of medical service, as prescribed by insurance funds.
According to the Rule book on rights to medical devices ("Official Gazette RS 114/12, 59/14, 100/14, 61/16, 7/17) HIR RS finances:
-mobile dental prosthesis (for persons over 65)
- orthodontic appliances (children up to 18 years)
- dental restorations with the congenital or acquired anomalies
- splints and obturators.

GEORGIA

None.

MONTENEGRO

Provided to persons until the age of 18, i.e. the age of 26 if included in regular or part-time education, in line with medical indications, and over 65 for certain services

NORTH MACEDONIA

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.

REPUBLIC OF MOLDOVA

Not covered.

RUSSIAN FEDERATION

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 rubles per jacket/crown,
tooth implant: 12,000 – 30,000 roubles for each;
cleaning of teeth – 50-120 roubles per tooth.

SERBIA

See '' Dental care: Dental treatment''
Also prosthesis are provided for persons older than 65 years.

TURKEY

Insured persons and their dependents may receive dental prostheses. Pensioners and their dependents pay 10%; other people pay 20% of dental equipment's price as co-payment. The ceiling is 75% of the gross minimum wage.

UKRAINE

Full payment by patient, no exemption.

Pharmaceutical products

ALBANIA

Health insurance covers the pharmaceuticals when they are on the list of reimbursement and this by the indicated price level. List contains over 489 first alternatives pharmaceutical products. Some categories exempted from co-payment: pensioners, detainees and convicts in prison, asylum seekers, victims of trafficking, persons with disabilities, persons with chronic diseases.
Health insurance covers Blood
Glucose Meter Test Strips for patients with diabetes mellitus aged 0-25 years.

ARMENIA

Social groups of population who have the privilege of receiving free of charge medicine from polyclinics, hospitals, dispensaries:

Social 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 or children from single-parent family
- 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 age
social groups of population who depending on the illness, receive medicine and are being charged

Paying 50% contribution

- 3rd group invalids
- members of the emergency services who were disabled while attending the Chernobyl disaster
- repressed people
- single pensioners who are not professionally active
- families of unemployed pensioners (having children under 18 years of age)
- children under 18 years of single mother

Paying 30% contribution

- unemployed pensioners

Patients 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
- Infant Breathing Disorder Syndrome
- aqiuired immune deficiency syndrome (AIDS)(drugs, tests)

BOSNIA AND HERZEGOVINA

Federation BiH

Covered drugs as defined on the Decision on the drug list of mandatory health insurance of the Federation of Bosnia and Herzegovina ("Official Gazette of Federation BiH", No. 56/13, 58/13, 74/14, 94/15, 12/16, 25/17, 78/17 and 6/18). This Decision is adopted by the Government of the Federation of BiH. Drugs defined on the 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 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 cantonal government, according to the financial possibilities of the cantons. The list covers not medications in ampules.
The cantons are required, within 90 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, No 3/18 and 35/18) establishing a List of Medications of the Solidarity Fund of Federation BiH, which is financed by the Solidarity Fund of Federation BiH. and
-Decision on the list of drugs in inpatient care of the Federation of Bosnia and Herzegovina ("Official Gazette of BiH", No.56/13, 74/14, 94/15, 25/17 and 6/18)

Republic of 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.
-There are also four other lists of drugs financed by HIF RS: List of drugs for primary health care centers, Hospital list of drugs; List of citostatics drugs and List of specific drugs.

District Brcko
Drugs defined on the Essential List are covered at a rate of 100%, 70%, 55% or 50% depending upon the drugs

GEORGIA

Pharmaceuticals for citizens living below the poverty line are provided within the insurance limits of 50 Georgian Lari with 50% co- payment
For 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 diseases
Hemophilia
Diabetes
Transplantation of kidneys
Incurable patient treatment

Mukoviscidoz
Anti-rabies vaccine
Food additive for
Fenilcetonuria
Hepatitis C
Patients with chronic conditions (people under poverty line, pensioners)

MONTENEGRO

Are covered by the Fund, medicines prescribed by doctors according to the List determined by the Health Insurance Fund

NORTH MACEDONIA

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.

REPUBLIC OF MOLDOVA

Insured 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 process
The rate of the compensated amount for mandatory health insurance funds has been recalculated, constituting now 50% for 10international Nonproprietary Names (INN) for pharmaceutical substances, 70 % for 24 International Nonproprietary Names for pharmaceutical substance s and 100 % International Nonproprietary Names for pharmaceutical substances (including 71 INN for children in the age of 0-8 years, 2 INN for pregnant women 48 INN for other diseases).

RUSSIAN FEDERATION

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. From February 1, 2017, the monetary equivalent of drug supply has been RUB 807.94

SERBIA

The Health Insurance Fund defines a list of drugs and participation level for each drug.

TURKEY

The range of pharmaceuticals available is restricted according to official lists. Approximately 8500 different medicines are covered in these lists. Patients are exempt from co-payment in respect of certain drugs used in the treatment of specified long-term diseases.
Co-payment for outpatient medication: Pensioners and their dependents pay 10% of pharmaceutical price; other people pay 20% of pharmaceutical price as co-payment. (There is no co-payment for medication of inpatients.) Besides, internal reference pricing system is implemented for equivalent groups which consist of drugs with same active molecules. Up to %10 of the lowest price in an equivalent group is paid by the government. Excessive amounts are paid by the insured. Patients are exempt from co-payment in respect of certain drugs used in the treatment of specified long-term diseases, such as diabetes or hypertension.

UKRAINE

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 patients
cancer patients
diabetics, and
AIDS-patients.

Prosthesis, spectacles, hearing aids

ALBANIA

Not covered by the social system.

ARMENIA

Free prostheses, orthoses and similar medical devices for persons on invalidity. All other persons cover own expenses.
Orthoses and corsets provided for free to children from 0 to 7 years of age as well to persons belonging to specific groups.

BOSNIA AND HERZEGOVINA

Federation BiH, Republic of 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 Brcko
HIF pays for the prosthesis only in the amount determined by the regulation. The difference in the expenses has to be paid by patient.

GEORGIA

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.

MONTENEGRO

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.

NORTH MACEDONIA

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 (however, for the most of the devices the participation is set at 10% of the price).
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.

REPUBLIC OF MOLDOVA

The Mandatory Health Insurance guarantees hearing aids when purchased centrally within the framework of State Budget and when purchased in line with the established mechanisms.

RUSSIAN FEDERATION

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 of

a disabled person or rehabilitation programs of victims of industrial accidents and occupational illnesses, developed by institutions of medical social examination

SERBIA

Participation varies from 10-35% depending on type of prosthesis/device.

TURKEY

Pensioners and their dependents pay 10%; other people pay 20% of medical devices' price as co-payment. The ceiling is 75% of the gross minimum wage.

UKRAINE

prosthesis and hearing aids: free (except dental prosthesis)
spectacles:
full payment by patient.

Other benefits

ALBANIA

Health insurance covers the cataract treatment package as well as the radiotherapy service package (linear accelerator).

ARMENIA

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.

BOSNIA AND HERZEGOVINA

Federation BiH, Republic of Srpska and District Brcko
- Regular medical check-ups are provided for children and students, as well as for certain categories of professions
- Subsidized transport to and from medical institutions for certain categories of medical treatment (e.g. dialysis, chemo and radiotherapy).
- Extended medical rehabilitation in specialized institutions
- Medical treatment out of RS for medical services which cannot be performed in RS.
- Accommodation and food for patients who receive radiotherapy and chemotherapy if their place of residence is more than 50km away from the medical institution where the treatments are received.

GEORGIA

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
Hepatitis C

MONTENEGRO

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.

NORTH MACEDONIA

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.

REPUBLIC OF MOLDOVA

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, and
cancer 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 3% discount.

RUSSIAN FEDERATION

Payment covering the costs of a set of social services in 2018 amounted to RUB 1048.97 including:
- Drug supply – RUB 807.94;
- Spa-treatment — RUB 127. 90;
- Free travel by suburban railways as well as intercity transport to the place of treatment and back - RUB 119.03.

SERBIA

Preventive examinations of children and students, regular calendar vaccinations and other prevention related measures.

TURKEY

Transport costs, per diem allowance and companion expenses.

Medical treatment abroad for patients requiring treatment which cannot be provided in Turkey.

UKRAINE

free preventive medical examinations for children
free preventive medical examinations
cancer, pulmonary, etc. for adults.