Health Care

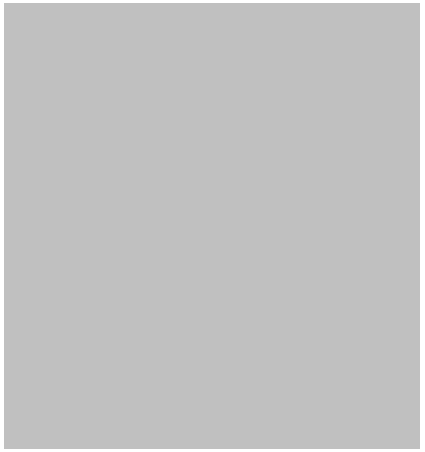
	ALBANIA	ARMENIA	AZERBAIJAN	BOSNIA AND HERZEGOVINA
Applicable statutory basis	Law on Health Care in Republic of Albania, No. 10107 dated 30.3.2009 (amended).New Law No. 10 383, dated 24.2.2011, “On compulsory health care insurance”, has come into force on 25 March 2013, repealing the old legislation.Law no. 10 383, dated 24.2.2011, "On compulsory health care insurance in the Republic of Albania", amended by Law No. 145/2015, dated 17.12.2015Law 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 AlbaniaNo.7961, dated 12.07.1995 (amended) by Law no.136, date 05.12.2015.	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 29 of 26.07.2007. Government Resolution on “Regulation of personal and group practical work of family doctors” No 497 of 19.04.2007. Government resolution (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 2016Government resolution on Infection diseases prevention and control strategic plan for 2012-2016, No 1913, 2011Government resolution (based on protocol) "On the approval of the Infectious diseases Vector Control Program for 2014-2018" N 22 of 29 May 2014. 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 22.08.2013Government Resolution on “Approval of Government Resolution on determining the applying terms, diversity of methods and	Law on health insurance, 28.10.1999.Law on Health Care, 26.06.1997.	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 and 2008 (Official Gazette of FBiH, 7/02 ,70/08 and 48/11)- Decision on Determination of Basic Package of Health Rights (Official Gazette of Federation of BiH, No. 21/09)-Decision on the Maximum Amount of Direct Participation of Insured Persons in the Costs when Using Particular Part of Health Care in the Basic Package of Health Rights (Official Gazette of Federation of BiH, no 21/09)Republic of 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 and 106/09)- 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 in 2002 and 2008 (Official Gazette of the Brcko District of BiH 7/02 and 34/08)

	GEORGIA	MONTENEGRO	RUSSIAN FEDERATION	SERBIA
Applicable statutory basis	-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	The Law on Health Insurance, 2016 amended in 2017The Law on Health Care 2016, amended in 2017The Rulebook on Closer Conditions and the manner for Exercise of Certain Rights from Compulsory Health Insurance, 2006 amended in 2015The Decree on the Scope of Rights and Standards of Health Care from Compulsory Health Insurance on secondary and tertiary level of health care, 2013The Rulebook on Exercising the Rights to Medical - Technical Aids, 2016 amended in 2017Rulebook on Criteria for Concluding Contract on Provision of Healthcare Services and Their Method of Payment, 2011The Decision on Network of Health institutions, 2016	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 2015From 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	Law on Health Care, 2005, Revised 2009/2010/2011/2012/2013/2014/2015/2016Law on Health Insurance 2005, Revised 2011/2012/2014/2015Statute of Conditions and Procedures on Health Insurance Rights, 2010 Statute of Contents and Perimeter of General Population Health Protection (1993).Regulation on Health Protection Rights Content and on Participation of Insured Persons in Health Protection Costs in 2017

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

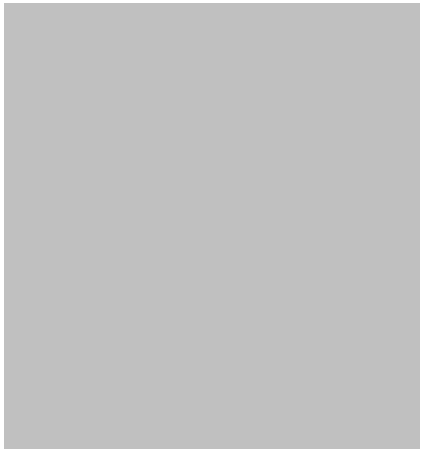
	medical practices of reproductive auxiliary technologies” N 214 of 22.03.2013Government Resolution on “Approval of children and adolescent health improvement strategy and of Action Plan 2016-2020” No 34 of 2016.Government Resolution on “Approval of national breastfeeding promotion program and of timetable 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.	

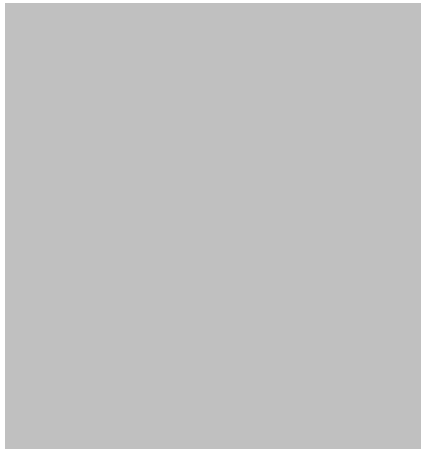
Health Care



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

Health Care





Health Care

	ALBANIA	ARMENIA	AZERBAIJAN	BOSNIA AND HERZEGOVINA
Basic Principles	Benefits in kind system financed by employer and employee contributions as well as contributions from the state on behalf of the economically inactive population.	Tax financed scheme providing benefits in-kind to all beneficiaries.	A benefits in-kind system covering all permanent residents and financed by the state budget (for state medical institutions) and contributions (for private medical institutions).--	Benefits in-kind system providing benefits to a range of specific groups through individual and derived entitlement. Financed mainly by contributions.

Health Care

	GEORGIA	MONTENEGRO	RUSSIAN FEDERATION	SERBIA
Basic Principles	Health care system is financed through taxation, local budgets and state subsidies. - State Health Programme: treatment of diseases financed by State budget (some cases subject to co-payment by patients).- Local Health Programme: treatment of diseases financed by Municipality.- Public Health: financed from State Budget.- State Health insurance programs: Financed by State Budget.	Benefits in kind system of health care based on mandatory insurance principle.Financed from contributions paid in by employers, employees, self-employed and farmers.Applicable to employees, self-employed, farmer, members of their families and to some categories of insured persons.	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.	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.

Health Care

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

Health Care

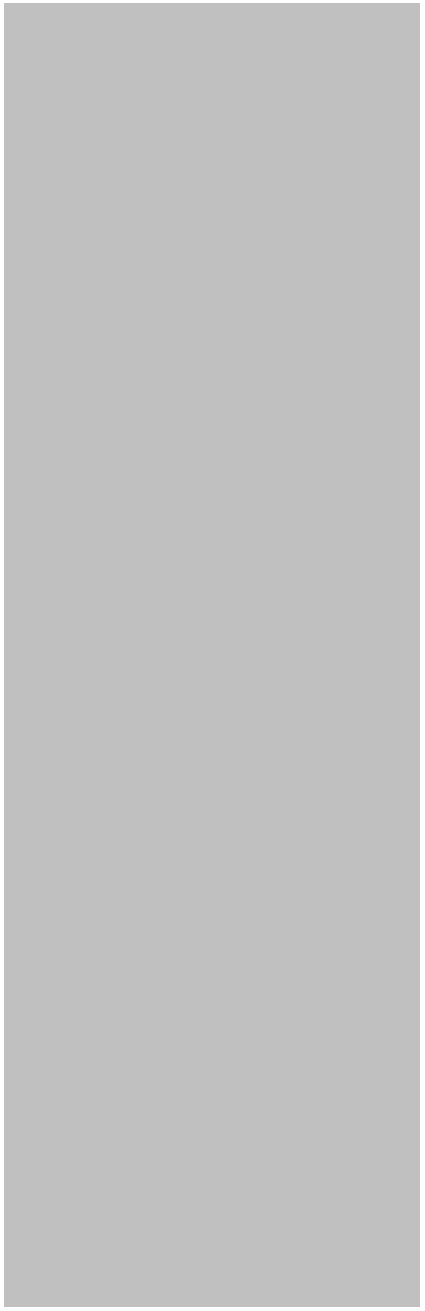
	ALBANIA	ARMENIA	AZERBAIJAN	BOSNIA AND HERZEGOVINA
Field of application				
1. Beneficiaries	All insured residents	Primary care - all residents (universal system) Secondary care on policlinic level – all residents Secondary and tertiary care – all residents, only assigned groups are covered by state, i.e.- children under 7 years of age (hospital care);- children under 18 years of age (polyclinic care);- disabled people;- vulnerable groups of population, e.g. beneficiaries of family poverty benefits (see Table XI 'Guaranteeing sufficient resources');- veterans of World War II and persons legally assimilated to them;- family members of persons who died during war;- members of the emergency services who were disabled whilst attending the Chernobyl disaster and persons legally assimilated to them;- persons with a prescription from the Medical Social Expert Commission.- children with chronic diseases (registered in dispenser centres)- children under 18 years of age left without parental care.- people aged between 18 and 23 years old who are left without parental care- children belonging to families with 4 or more children who are under 18 years of age - people in military service and their family members- children in orphanages and elderly people in specialized care institutions- children of families with disabled members (who are under 18 years of age) - vulnerable groups of population (having more than _ 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 years old – up to the age of joining of army (for hospital and ambulance medical care)-children up to 8 years old and persons aged 65 years and above (for specialized dental care)- women in reproductive age (15-49 years of age) in the period of pregnancy and maternity leave. - Persons who have been victim of exploitation due to human traffickingCompulsory insurance (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.	Permanent residents.	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

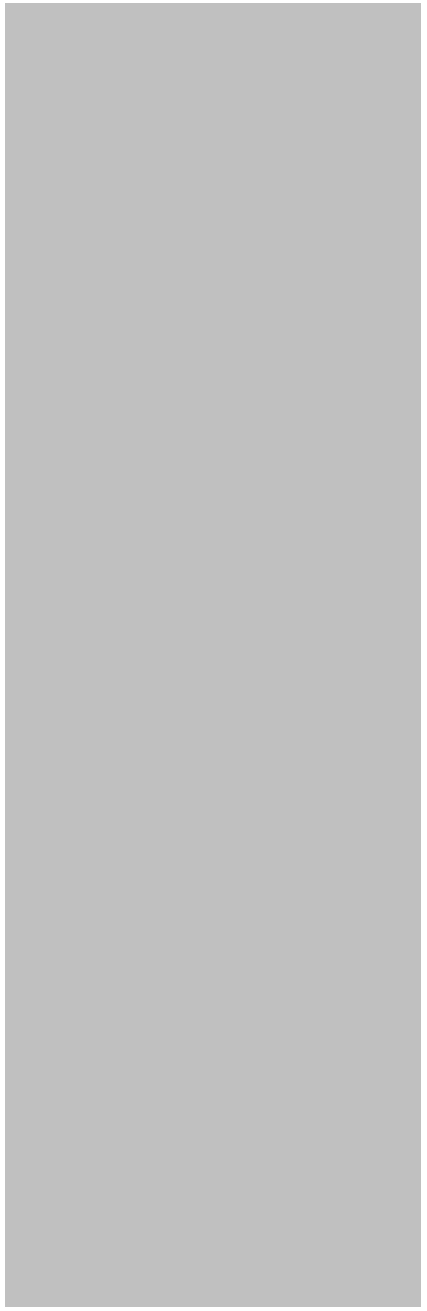
	GEORGIA	MONTENEGRO	RUSSIAN FEDERATION	SERBIA
Field of application				
1. Beneficiaries	"All residents, but the composition of the covered package may vary depending upon the group of insured:1. defined groups of covered persons (teachers, students, pensioners, person living in poverty, disabled person, etc.) are still covered by a comprehensive package2. those who did not have a private/corporate health care insurance by 1 July 2013- covered by basic package until they are covered by a private/corporate insurance3. those who had private/corporate insurance by 1 July 2013 - covered for a minimum package (covering emergency care, services by family doctor, immunization)"	Directly insured persons: the employed, the self-employed, farmers, beneficiaries of social protection rights, beneficiaries of pensions according to regulations on pension and disability insurance, priests and church employees, unemployed persons from unemployed registry, persons serving prison sentence, their family members.	All citizens of the Russian Federation, foreign citizens having permanent or temporary residence in the Russian Federation, as well as stateless persons.	Directly insured persons: - Employees, self-employed 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.

	THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA	TURKEY	UKRAINE
Field of application			
1. Beneficiaries	- employees, - pensioners,- temporary unemployed person while receiving unemployment benefit,, - social protection beneficiaries,- self-employed persons, individuals 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 yearUnder a special programme the State provides health protection to persons who cannot be insured on any other ground (children and young people up to the age 18 or 27 if enrolled in education, elderly persons; unemployed women during pregnancy and confinement).	A distinction is made between the group of insured persons who contribute 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. 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;	All citizens.

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 basisUninsured persons, if citizen of Bosnia and Herzegovina residing on the territory of the Federation of BiH, under the following modalities: a) uninsured persons up to 18 years of age-Children and young people up to 18 years of age, and students during regular education up to 26 years of age, have the same rights as the insured persons according to the Law on Health Insurance, the Law on Health Care, and Decision on Determination of Basic Package of Health Rightsb) for uninsured persons over 18 years of age:-emergency assistance in the life threatening situation -treatment of serious infectious diseases, quarantine diseases, tuberculosis, HIV,SARS, avian influenza, syphilis, hemorrhagic fever, hepatitis C and B, botulism, diphtheria, echinococcosis, acute meningitis and meningoencephalitis, morbilli, pertussis, poliomyelitis, rabies, tetanus, typhoid, typhus -health care for women during pregnancy and childbirth and puerperium and postnatal complications up to 6 months after labor.-mental health care for the patients who due to the nature and status of diseases could endanger their life or the life of other persons, or cause damage to material goods.-health care in case of chronic diseases (malignant tumors, insulin dependent diabetes, endemic nephropathy, chronic renal failure/hemodialysis, hemophilia, agammaglobulinemia)-health care for the patients with progressive neuromuscular disease, cerebral palsy, multiple sclerosis, paraplegia, quadriplegia, epilepsy. -health care services which are performed in order to donate organ with the purpose of transplantation -health care services related to blood donationThe above mentioned rights are financed form the cantonal budget or municipalities according to the last place of residence of the uninsured person.Republic of Srpska- Employees;- Self-employed persons- Those engaged in religious

Health 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.	

				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,
2. Exemptions from compulsory insurance	None.	Not applicable except for civil servants in accordance with the social package (a non-cash amount for civil and some groups of civil servants which can be used for four purposes :purchase of health insurance for the employee (compulsory) and his/her family,repayment of the mortgage loans, payment of education, vacation fees in the territory of Republic of Armenia and Nagorno Karabakh Republic.	None.	Federation BiH, Republic of Srpska and District BrckoNone

Health Care

2. Exemptions from compulsory insurance	None.	No exemptions	None.	None.

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

Health Care

	ALBANIA	ARMENIA	AZERBAIJAN	BOSNIA AND HERZEGOVINA
3. Voluntarily insured	Applicable when a resident cannot be covered in the mandatory insurance for a certain period of time, he/she has to the right to take up a voluntary health insurance. 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.	Not applicable.	Not applicable.	Federation BiH, Republic of Srpska and District Brcko None
4. Eligible dependants	Individual entitlement.	Individual entitlement, no derived rights.	Individual entitlement, no derived rights.	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 personBrcko District-spouse-children, adopted children and step-children

Health Care

	GEORGIA	MONTENEGRO	RUSSIAN FEDERATION	SERBIA
3. Voluntarily insured	All citizens and permanent residents of Georgia have the right to participate in the voluntary health insurance scheme - this service is provided by private insurance companies. amount of insurance premium depends on composition of insurance package	Extra insurance has been introduced 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.	Voluntary medical insurance system is available for all the citizens and for foreigners as additional cover. Amount of the insurance contribution (personal or of an employer) depends on the agreement and rules of insurance specifying general terms and order of implementation of voluntary medical insurance.	Formally, a possibility of voluntarily access into insurance 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).
4. Eligible dependants	Individual entitlement, no derived right.	Closer family members: the spouse and children born in and out of wedlock, adopted, stepchildren and foster children; Broader family: parents (father, mother, stepfather, stepmother and adoptive parents), grandchildren, siblings – if they are permanently or totally incapable for independent life and work and if they are supported by the insured person;Divorced spouse (entitled to the support by a court's decision, while such support lasts, if he/she was absolutely and permanently incapable for work at the time of divorce and if he/she is entrusted with custody and education of children for the period of time during which children enjoy the right of support);children, until the age of 26 the latest (if they are included in regular or part-time education);Children without parents and children for whom the guardianship authority has established that they are without parental care.	Individual entitlement, no derived rights.	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.

Health Care

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

Health Care

	ALBANIA	ARMENIA	AZERBAIJAN	BOSNIA AND HERZEGOVINA
Conditions				
1. Qualifying period	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/she doesn't take part in any category of compulsory insurance. The contribution amounts to 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.	None.	No qualifying period required.	FBiH, Republic of Srpska and District Brcko None
2. Duration of benefits	Unlimited.	For duration of illness.	Unlimited.	FBiH, RS and District Brcko For duration of illness

	GEORGIA	MONTENEGRO	RUSSIAN FEDERATION	SERBIA
Conditions				
1. Qualifying period	None.	None	No qualifying period, coverage commences upon conclusion of the individual or collective insurance agreement.	None.
2. Duration of benefits	Unlimited.	Unlimited – for duration of illness.	Unlimited.	Unlimited

	THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA	TURKEY	UKRAINE
Conditions			
1. Qualifying period	None, the claimant can receive medical services the day after s/he commences his/her insurance.	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.	None.
2. Duration of benefits	For the duration of illness.	There is no provision stipulating for suspending the medical benefits provided from universal health insurance. Health-care services last till recovery. If insurance period expires, duration of benefit lasts 10 more days.If the insured paid premiums of more than 90 days 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.	Unlimited.

Health Care

	ALBANIA	ARMENIA	AZERBAIJAN	BOSNIA AND HERZEGOVINA
Organisation				
1. Doctors : Approval, remuneration	Doctors employed by the Health Care Centers or by Hospitals. Assignment is done by the Director: assignment need to be approved by the Board of the said institution which is public and not budgetary institutions.	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.	Doctors working in state health care system are employed by the state and work in state owned health care facilities. They are paid a fixed wage regardless of how many treatments s/he provides	Federation of BiHLicense is a public document issued by the competent Chamber, after passing the Medical Licensing Exam. Doctors are allowed to practice independentlyRepublic of SrpskaDoctors are recruited by authorities responsible for each health institution under the supervision of the Ministry of Health of the Republika Srpaska. Doctors in the private sector can provide health services to all patients. If those private health institutions have a contract with the Health Insurance Fund patients have the same rights as in the public health institutions.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 DistrictDoctors in the public sector provide health services to the insured on the basis of contract between Health Insurance Fund (HIF) and Department of Health and Other ServicesDoctors in the private sector can provide health services to the patients only if the health institutions where they work has a contract with the Health Insurance Fund
2. Hospitals	Public hospitals are non budgetary institutions and are financing by state budget for capital investments and by Health Insure Institute for all the others activities	All types of hospitals are financed by the State Health Agency for provision of state free medical aid according to contract.Payment is done on the basis of a fixed budget, the amount of which is depending upon the treated patients	State owned facilities financed from the state budget	Federation BiHPublic and private hospitals which have a contract with the Health Insurance Funds.Republic of SrpskaHospitals are organized in specific areas and provide care for all population. The Health Insurance Funds are paying for hospital services on the base of Diagnostic Treatment Groups (for specified services) while some of the hospital services are 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 BrckoHospitals in District Brcko provide health services to the patients on the basis of contract with Health Insurance FundPrivate hospitals can sign the contract with the Health Insurance Fund on providing health services to the insured.

Health Care

	GEORGIA	MONTENEGRO	RUSSIAN FEDERATION	SERBIA
Organisation				
1. Doctors : Approval, remuneration	Doctors certified by State. Certified doctors can carry out their job independently - they can work in medical institutions. Doctors are paid through several payment mechanisms: Fee-for service, Salary, Capitation.	Primary health care: Doctors contracted by the social health system;Secondary and tertiary level: Institutions with whom the Fund has entered on agreement on provision of health care in line with the law.	Qualified doctors employed on a permanent basis or based on a contract by a health service provider	Doctors employed in governmental health institutions and doctors in other institutions contracted by the Republic Fund for Health Insurance (hereinafter (the Health Insurance Fund).
2. Hospitals	State owned or Private institutions contracted by the - Social Services Agency.	State hospital paid by Social Security and other private hospital institutions that are contracted by the Health Insurance Fund	Medical organization of any business form, accredited for the provision of medical treatment and enrolled on the register of medical organizations of the medical insurance. The medical organizations are to provide health care treatments along the lines of the State Health Guarantee Programme for the provision of medical assistance. Treatments can be provided beyond the scope of the medical insurance, in accordance with the rules as specified by the Programme.	Governmental and privately owned hospitals that have a contract with the Health Insurance Fund. Insurance covers costs of urgent medical interventions in any health care institution.

Health Care

	THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA	TURKEY	UKRAINE
Organisation			
1. Doctors : Approval, remuneration	Health services are provided by licensed doctors in licensed public and private health institutions. The services for the insured persons are financed by the State Health Insurance Fund on the basis of a contract between the Fund and the licensed health institutions which are part of the network of health institutions established by the Government. Remuneration:Primary medical care: capitation which consists of 70% fixed portion and 30% variable portion conditioned upon implementation of preventive measures and activitiesSpecialized - consultative medical care: fee-for-service.	General Regime: Doctors working in contracted private hospitals, state owned hospitals, university hospitals or privately.	Medical staff are recruited by the authorities responsible for each medical institution and the Ministry of Health.
2. Hospitals	There are hospitals which provide health services (specialized and consultative and hospital health care) to citizens residing in a particular region and hospitals that provide health care for all insured persons in the country. They are financed on the basis of an (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.	Public Hospitals, university hospitals and contracting private hospitals. (Non-contracting hospitals in case of emergency).	Basic medical treatment provided free of charge.

Health Care

	ALBANIA	ARMENIA	AZERBAIJAN	BOSNIA AND HERZEGOVINA
Benefits				
1. Medical Treatment - Choice of doctor	All insured persons have the right to choose their GP. Each patient must register with a general practitioner (GP) within his or her district. He/she can change doctor once a year.	The patient has free choice among the policlinics of the area in which he-she resides	Free choice of any doctor contracted by the state (patients are registered at the polyclinic of the place designated on their residence permit).	Federation of BiHInsured person has a free choice of a medical doctor and a dentist in primary health care and must be register with the specific doctor at least one year, according to cantonal regulations.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 BrckoFree choice of Primary Health Care (PHC) doctor. Patient must register with a family medicine team for a minimum period of 1 year
2. Medical Treatment - Access to specialists	For non-emergency treatment, upon referral by a GP	Upon referral of family doctor, therapist, paediatrician or neuro-specialistPoliclinic doctors (family doctors, therapists and paediatricians) paid per capita (registered population)	Patients can go directly to the specialist.	Federation BiH, District Brcko Referral from PHC doctor required.Republic of SrpskaPatients 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.
3. Medical Treatment - Payment of doctor	In Primary Health Care doctors are paid per capita.In Public Hospitals doctors are paid by the State budget.	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.	Benefits in-kind system.	Federation BiH, Republic of Srpska and District Brcko Benefits in-kind system

Health Care

	GEORGIA	MONTENEGRO	RUSSIAN FEDERATION	SERBIA
Benefits				
1. Medical Treatment - Choice of doctor	Free choice of doctor contracted by health insurer or Social Service Agency	Yes among doctors working in health care institution.The insured person chooses one selected doctor for adults, one selected dentist, and women also a selected gynecologist. Children are entitled to a selected pediatrician. The selected doctor is chosen for a period of minimum one year.	The insured person has a right to choose the attending doctor, working in the medical institution, participating in the CMI system	Free choice of doctors in governmental and other health institutions contracted by 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.
2. Medical Treatment - Access to specialists	Free Choice (patients do not have to get a referral from their family or primary care doctor before they receive specialist treatment).	Referral system. Services provided in health care institutions.The selected medical doctor gives a referral in a stipulated form, valid for 30 days as of the day of its issuance. If the period of waiting is longer than 30 days, the patient has right to access to specialists in private healthcare institutions, namely those who have contract with Health Insurance Fund of Montenegro.	Depending upon the type of medical treatment: upon referral from a medical doctor or based upon the free choice of the patient.	Based on opinion of family doctor (referral system).
3. Medical Treatment - Payment of doctor	Benefits in-kind system.	Benefits in kind.The insurant exercises the right to health care based on the health card, at the expense of the assets of the Health Insurance Fund. A minor part of the costs, in form of a participation fee, is paid by the insurant when exercising health care. Specific categories of patients are excluded from paying the participation fee.For example: women during pregnancy and delivery, persons sick with infectious diseases, malignant diseases, diabetes, chronic kidney insufficiency, coronary, cerebral and vascular diseases, system auto-immune diseases, progressive neuro-muscular diseases, cerebral paralysis, multiple sclerosis, cystic fibrosis and hemophilia, emergency medical assistance, urgent dental assistance, blind and deaf-mute persons	Benefits in kind system (for treatments covered by the medical care insurance)	System of goods, benefits and services provided in-kind to the beneficiary. It is possible for the 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.

Health Care

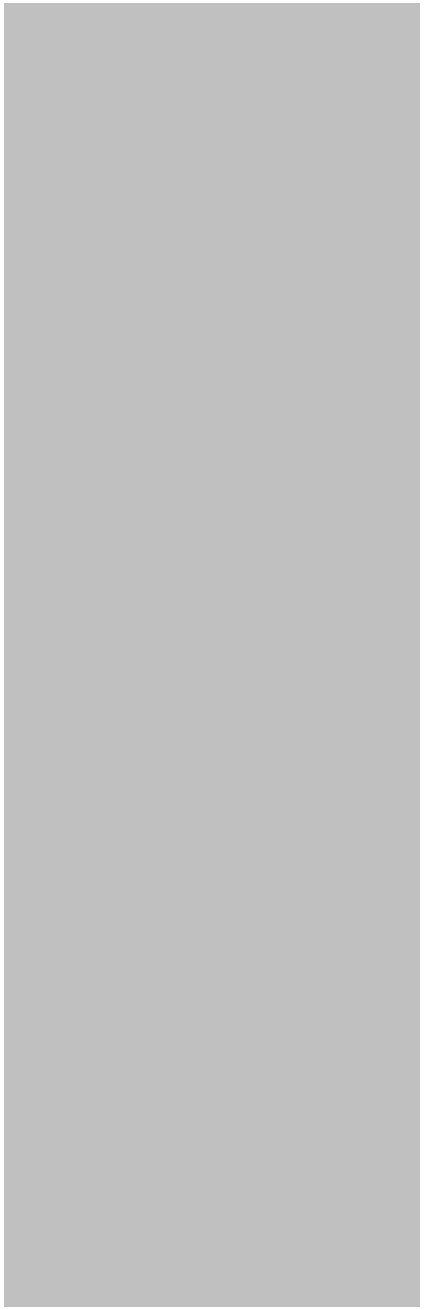
	THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA	TURKEY	UKRAINE
Benefits			
1. Medical Treatment - Choice of doctor	Free choice of a personal doctor for primary medical care. Patients have to register with a particular doctor, but they are always free to re-register with someone different.Only services provided by the personal doctor are covered by the Health Insurance Fund.	Free choice of doctor among the contracted service providers.	Patients must register with a general practitioner in their district.
2. Medical Treatment - Access to specialists	Only upon referral from the personal doctor 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	Free choice of doctor and direct access to specialist.	Referral required from district doctor.
3. Medical Treatment - Payment of doctor	Benefits in-kind system.	Benefits in-kind system.	Benefits in-kind system.

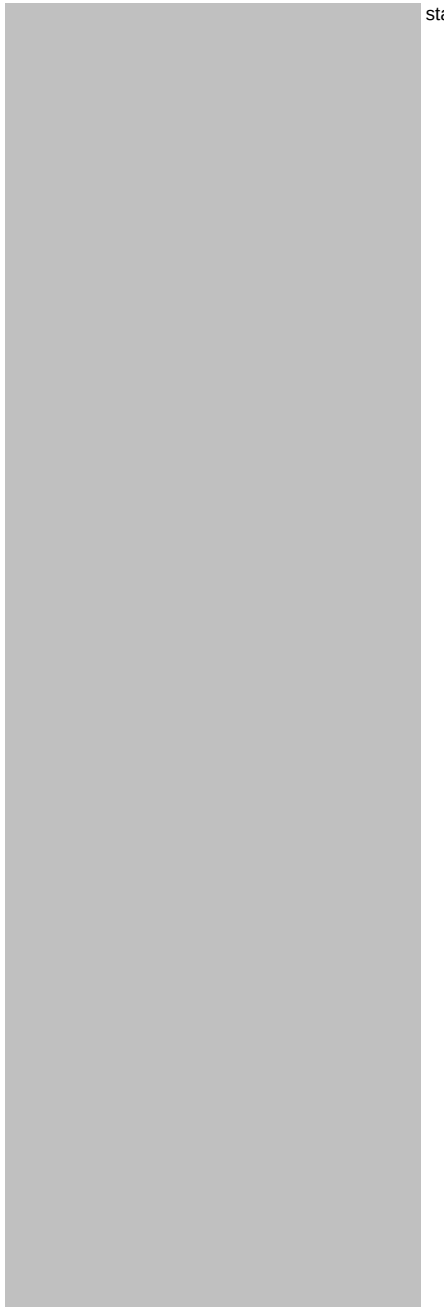
	ALBANIA	ARMENIA	AZERBAIJAN	BOSNIA AND HERZEGOVINA
4. Medical Treatment - Patient's charges	None	Whole price to be paid by patient if treatment is not on the state order list of covered treatments. From 2011 onwards an official co-payment has been introduced for emergency and gynecology and oncology and STI treatments, with exception for children from 0 to 18 years old. A different co-payment tariff is applied for the capital city and the regions.	None.	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.
5. Medical Treatment - Exemption or reduction of patient's participation	Not applicable	Not applicable.	Not applicable.	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

	GEORGIA	MONTENEGRO	RUSSIAN FEDERATION	SERBIA
4. Medical Treatment - Patient's charges	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 patientsIncurable 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;	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.	For treatments not covered by the State Health Guarantee Programme: patients cover the costs themselves.	Amount of participation depends on type of service, basic services and intervals of participation level:doctors examination and laboratory analysis: 50 RSDscanner examination: 300 RSDmagnetic resonance: 600 RSDservices provided and drugs obtained abroad: a) if the person is sent by the Health Insurance Fund to receive medical service abroad, the Health Insurance Fund covers all costs. b) seconded workers pay 5% of cost.
5. Medical Treatment - Exemption or reduction of patient's participation	Full coverage of costs by state budget Full coverage will also be provided for the treatment of certain categories of diseases:Prevention , screening and diagnostics of cancer, epilepsy, children's mental and physical retardation.Mental healthOncohematology for children up to 18 yearsTuberculosis HIV/AIDSDiabetesImmunizationDialysisRare diseasesAmbulance careReferral careHepatitis C	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.	Exemption from or reduction of patient's participation for: certain categories of insured persons (invalids, war veterans etc.), in case of treatment of certain categories of disease, and medical care during child birth.	The following categories are exempted from paying 'patient's participation':- children under 15 years of age (children in education and students up to 26 years);- persons older than 65 years,- women during pregnancy and 12 months after giving birth; - unemployed persons and other people with income under a specified level and their family members;- war veterans (disabled),organ, tissue or blood donors,blind and permanently disabled persons;- persons treated for AIDS, certain infectious, cancerous and other diseases regulated by corresponding resolutions;- mentally and physically disabled persons;- beneficiaries of material assistance, based on social security criteria and their family members;- 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

	THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA	TURKEY	UKRAINE
4. Medical Treatment - Patient's charges	All insured persons must pay co-payments for using health care services. Up to 20% of the average amount of total costs of the medical treatment is paid by the patient, while the rest is paid by the Fund.The amount of the co-payment depends on the type and fees of the health care services. The State Health Insurance Fund determines the amount of co-payment in general by-laws approved by the Minister of Health. The amount is fixed, conversely proportional to the fees of the services.The Health Insurance Fund sets a maximum annual level for co-payments for specialized -consultative and hospital health care. This level applies to each calendar year. It is equal to 70% of the national average monthly net salary over the previous year (net salary equals 23.457 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.	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.	None.
5. Medical Treatment - Exemption or reduction of patient's participation	No co-payments are required:for medical-check up performed by the patients registered personal doctor, for emergency care, by recipients of continuous financial assistance, by persons accommodated in social protection institutions and foster families, by children with special needs (children with physical or/and mental impairment), by patients accommodated in psychiatric hospitals, by persons with mental impairments and without parental care, by 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)	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 that are in the scope of Anti-Terror LawExemptions 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	Not applicable.

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 BrckoThe following groups are completely exempt from any co-payment:- Children from 1 year till 15 years-Persons over 65 years of age-Women during pregnancy and maternity leave-Mental ill persons who may endanger themselves and others-Persons with muscular dystrophy, cerebral palsy, multiple sclerosis, paraplegia, quadriplegia, and endemic nephropathy-Persons suffering serious and chronic diseases (diabetes, cancer, TB, HIV/Aids, those on dialysis),- Blind people- Recipients of social benefits, and- Voluntarily blood donorsRepublic 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 diseasesDiabetesHemophiliaEpilepsyPersons with muscular dystrophyCerebral palsyMultiple sclerosisOsteogenesis imperfekta (terminal stage)Paraplegia and quadriplegiaChronic kidney diseaseCeliac disease and phenylketonuriaRheumatic feverHereditary epidermolysis bullosaPersons with organ transplantMedical examinations and treatment of oral and dental diseases for persons with congenital and acquired deformities of mouth and teethCategories 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





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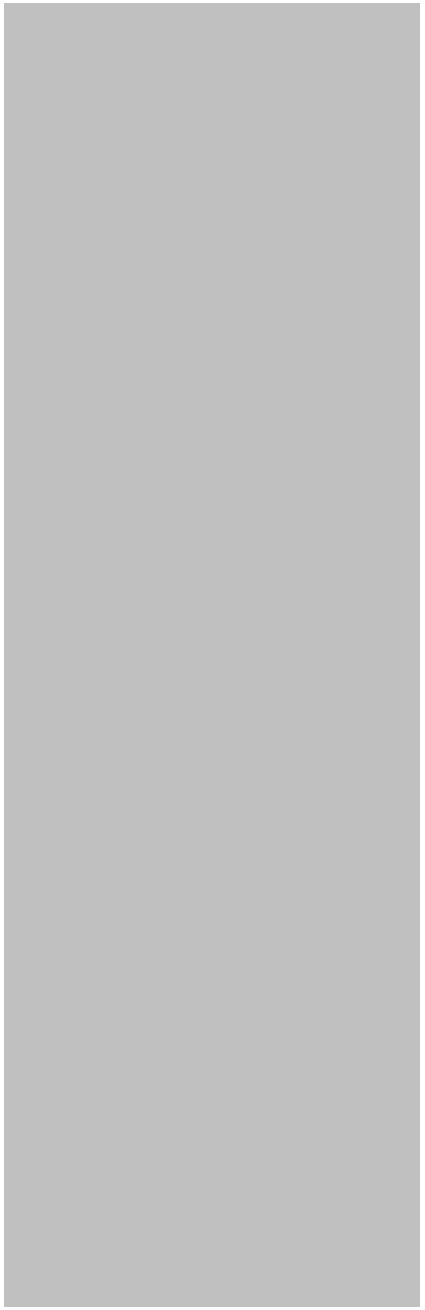

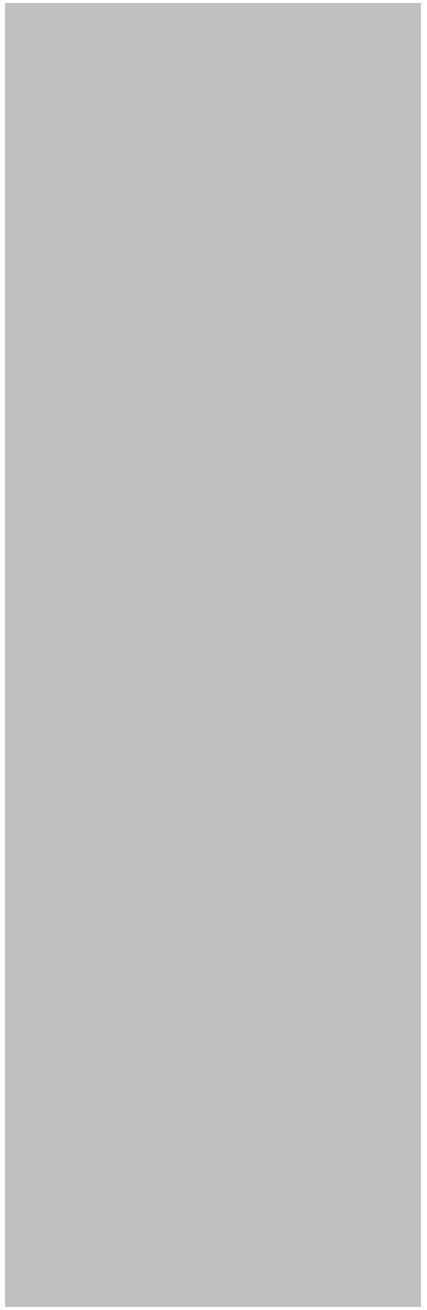

				more donations or with less than 10 donations under the condition that the last blood donation occurred within one year time;Recipients of social benefits and persons being placed in social care institution if contribution payer is Social welfare center;Retirees whose pension does not exceed the minimum 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;
6. Hospitalisation - Choice of hospital	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.	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.	Patients are legally entitled to go directly to the state hospital, no co-payment.	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 SrpskaAccording to the Law on Health Protection of RS the patient has a right to choose secondary health facilities. In particular cases it is possible that a patient is treated in the Federation of BiH, but it requires agreement between the Health Insurance Funds.District BrckoThe patients referred by the medical commission for the treatment outside of District Brcko can select the hospital which has not a contract with the HIF only if the difference between the expenses incurred and the expenses which might have incurred in the hospital she/he was referred to, are paid by the patient.
7. Hospitalisation - Patient's charges	For some examinations provided by the tertiary care level (university hospitals) a patient participation is required, if they are not insured.	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.	None.	Federation BiH - up to 20% for hotel costs' and - an average of 15% toward medical costsParticipation rate depends on the type of medical service as prescribed by insurance funds and in accordance to the "Decision on the Maximum Amount of Direct Participation on Insured Persons in the Costs when Using Particular Part of Health Care in the Basic Package of Health Rights"- Up to 15 days hospital stay after surgery costs 10,00 BAM/per day- Up to 15 days hospital stay costs 8,00 BAM/per day- 5 BAM/per day for each day beyond 15 daysRepublic of Srpska and District Brcko- up to 20% for hotel costs' and - an average of 15% toward medical costsParticipation rate depends on the type of medical service, as prescribed by insurance funds.In accordance with the "Decision on participation" (Official Gazzete of RS 58/16, 83/16, 112/16, 01/17):- 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

Health Care

6. Hospitalisation - Choice of hospital	Free choice of any hospital that has an agreement with the Social Services Agency.	Referral system. The patient can choose the hospital within network of health institutions.	The medical organisation can be chosen upon the referral of the medical doctor from the list of the institutions implementing territorial programme of state medical assistance guarantees.	The referring doctor decides which hospital will be used. If the doctor wishes to refer away from the patient's area of residence then the local branch of the Health Insurance Fund must approve it.
7. Hospitalisation - Patient's charges	See "Medical Treatment" above.	See medical treatment – patient's participation.	System of provision of free medical services as far as it is included in the basic program of compulsory medical insurance (OMS).	Hospital treatment and rehabilitation: 50 RSD per care day.Rehabilitation and specialised treatment: 50 RSD per care day.

Health Care

6. Hospitalisation - Choice of hospital	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.	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.	Limited possibility of choice.Patients must register in their district.
7. Hospitalisation - Patient's charges	The costs are paid by the Health Insurance Fund. 10% of the cost is borne by the insured person. However the amount which is paid by the patient should not exceed the defined annual limit for paying participation (70% of the average monthly net salary in the Republic of Macedonia in the past year, although this is lower for some specific groups, see 'Medical Treatment: Patient's Participation' above).	There is no co-payment for inpatient treatment.But, additional payment can be received by private hospitals and hospitals belonging to Foundation Universities.	No patient participation.

Health Care

	ALBANIA	ARMENIA	AZERBAIJAN	BOSNIA AND HERZEGOVINA
8. Hospitalisation - Exemption or reduction of patient's charges	Following categories are exempted from co-payment: children up to 0-18 years; full invalids, including paraplegics, quadriplegics and complete 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.	Those who are socially vulnerable and other special groups are free from copayments.	Not applicable.	Federation BiH, Republic of Srpska and Brcko DistrictSee Table II “Health Care”Medical Treatment – Exemption or reduction of patient’s participation
9. Dental care - Dental treatment	Free for children under 18 years of age.	Free for the following groups:- children under 8 years of age, - people aged of 65 or over;- vulnerable groups of population, e.g. disabled people, prison convicts, etc.Free examination of mouth cavity:- children in age 6 and 12 (in case of necessity they receive free dental treatment)Everyone else pays the full costs of treatment.With the exception of dental services involving the use of advanced and high-cost technologies	Free for :Disabled persons of groups I and II (except dental prosthetics made from precious metals) Everyone else pays the full costs of treatment.(except for state polyclinics where services are free)	Federation BiH, and District Brcko Free treatment for all insured personsthe costs are paid by HIFs Republic of SrpskaOnly 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.
10. Dental care - Dental prosthesis	Health insurance doesn’t cover dental prosthesis	Free for the groups mentioned in “Dental Treatment” above (except dental prostheses made from precious metals), treatment is provided in regional dental polyclinics.With the exception of dental services involving the use of advanced and high-cost technologies	Free for :Disabled persons of groups I and II (except dental prosthetics made from precious metals) Everyone else pays the full costs of treatment.(except for state polyclinics where services are free)	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 childrenRepublic of SrpskaParticipation 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.
11. Pharmaceutical products	Health insurance covers the pharmaceuticals when they are on the list of reimbursement and this by the indicated price level. List contains over 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.	Social groups of population who have the privilege of receiving free of charge medicine from polyclinics, hospitals, dispensariessocial group of people receiving medicines free of charge- invalids of 1st and 2nd groups- invalid children (under 18 years of age)- veterans of World War II and persons legally assimilated to them- children under 18 years of age left without parental care 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 agesocial groups of population who depending on the illness, receive medicine and are being charged50% contribution- 3rd group invalids- members of the emergency	166 pharmaceutical products for first medical aid are free for everyone in the state medical institutions (hospitals, policlinics). 184 pharmaceutical products are free for privileged groups of people - disabled persons of groups I, II and special categories of illnesses.	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 and 94/15and 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

Health Care

	GEORGIA	MONTENEGRO	RUSSIAN FEDERATION	SERBIA
8. Hospitalisation - Exemption or reduction of patient's charges	See “Medical Treatment” above.	See medical treatment – exception or reduction of patient’s participation.	Exemption from or reduction of patient’s participation for: certain categories of insured persons (invalids, war veterans etc.), in case of treatment of certain categories of disease, and medical care during child birth.	See " Medical Treatment - Exemption or reduction of patient’s participation"
9. Dental care - Dental treatment	Urgent surgical and therapeutic dental services are available for patients with psychiatric diseases, who are being placed in stationeries.	Dental treatment covered for certain groups and under certain circumstances.Treatment of disease of mouth and teeth in emergency medical conditions and prevention and treatment of disease of mouth and teeth for children until the age of 18, i.e. the age of 26, if included in regular or part-time education; Women during pregnancy; Persons over the age of 65.	Basic dental care for insured perons; free dental care for diseases of mouth cavity, salivary glands and jaws.	Full coverage of costs for preventive and curative dental health of: - children until 18 years of age,- pregnant women, - mentally or physically disabled persons, - people with congenital facial or dental deformities and - in cases of emergency;
10. Dental care - Dental prosthesis	None.	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	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.	See " Dental care: Dental treatment"Also prosthesis are provided for persons older than 65 years.
11. Pharmaceutical products	Pharmaceuticals for citizens living below the poverty line are provided within the insurance limits of 50 Georgian Lari with 50% co-paymentFor pensioners, Children 0-5 years old, Disabled people are provided pharmaceuticals within the insurance limits of 100 Georgian Lari with 50% co- payment.According to the State Program of Specific Medicines are provided drugs free of charge for the treatment of the following diseasesHemophiliaDiabetesTransplantation of kidneysIncurable patient treatmentMukoviscidozAnti-rabies vaccineFood additive for Fenilcetonuria Hepatitis C	Are covered by the Fund, medicines prescribed by doctors according to the List determined by the Health Insurance Fund	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	The Health Insurance Fund defines a list of drugs and participation level for each drug.

Health Care

	THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA	TURKEY	UKRAINE
8. Hospitalisation - Exemption or reduction of patient's charges	Total exemption for pensioners receiving lower than the average pension in the country and for specific diseases that are treated under the Special Programmes arranged by the Government (dialysis, diabetes, cytostatics). Patient's participation is covered within the Special Programmes.	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"	Not applicable.
9. Dental care - Dental treatment	All insured persons are free to choose a dentist for primary health care, which includes prevention as well as treatment of the mouth and dental diseases.Services are free of charge under the basic scheme if provided by dentists who are contracted by the Health Insurance Fund. Contracted dentists are paid on a capitation basis.Up to 20% share of the costs of the services in specialty-consultative and hospital health care is paid by the insured person, the rest is covered by the State Health Fund on the basis of the volume and price of the dental services delivered.Regular and periodical examinations are provided for children according to the special programmes.	Dental treatments are covered.But implant is not covered (except for determined special conditions).Orthodontic treatment of persons older than 18 is not covered.	Free of charge.
10. Dental care - Dental prosthesis	Only prostheses made from akrilat (the standard material used for the preparation of prostheses) are covered by the Health Insurance Fund, others are paid in full by the insured person.	Insured persons and their 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.	Full payment by patient, no exemption.
11. Pharmaceutical products	Only pharmaceutical products which are on the "positive list of drugs" of the Health Insurance Fund are covered by the basic scheme at the level of the reference prices (the lowest defined wholesale price of the pharmaceutical products).All insured persons pay co-payments in the amount not higher than 20% of the price of the pharmaceutical product.	The range of pharmaceuticals available is restricted according to official lists. Patients 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.)	Free of charge during hospital treatment.During outpatient care medicines are paid in full by patients except the following who receive pharmaceuticals free of charge: tuberculosis patientscancer patientsdiabetics, and AIDS-patients.

		services who were disabled while attending the Chernobyl disaster- rehabilitated and wrongfully convicted persons- single pensioners who are not professionally active- families of unemployed pensioners (having children under 18 years of age)- children under 18 years of single mother30% contribution- unemployed pensionersPatients suffering from the following diseases are provided with the relevant drugs free of charge:- Tuberculosis (medicine for antituberculosis)- Psychic diseases (psychotropic medicine)- Oncological diseases (antitumoral medicine and drugs)- Diabetes (antidiabetic medicine)- Epilepsy (anticonvution medicine)- Cardio-muscular infraction (blood coronar circulation improving medicine)- Periodical disease (colchicine)-Vitium cordis (anticoagulations after prosthesis)- Malaria (antimalaria medicine- Phenylketonuria- Insufficiently working kidney		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, 89/13, 74/14 and 91/14 and 24/16) 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)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 BrckoDrugs defined on the Essential List are covered at a rate of 100%, 70%, 55% or 50% depending upon the drugs.
12. Prosthesis, spectacles, hearing aids	Not covered by the social system.	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.	Free for disabled persons of groups I, II (see ‘Dental prosthesis’ above).	Federation BiH, Republic of SrpskaConditions, rate of replacement and sum that is covered by HIFs are regulated for each orthopaedic aid by HIFs . In Federation of BiH these amounts vary from canton to canton.District BrckoHIF pays for the prosthesis only in the amount determined by the regulation. The difference in the expenses has to be paid by patient.

			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. Since February 1, 2015 cash equivalent of pharmaceutical benefits equals to RUB 766 .55	
12. Prosthesis, spectacles, hearing aids	Available for special groups of the population according to State Programmes. According the program disabled persons can receive hearing aids, cochlear implants, prosthesis and wheelchairs.	The insured person is approved the following aids: orthopedic aids, oftamological and tiphlotechnical aids, hearing aids, and aids for enabling of loud speech, dental aids and other aids (esthetic prothesis, artificial brests, wigs, weights and suspensorium, stomack belts, aids for gastric-intestinal and uro-genital system, breathing aids, aids for diabetes and antidecubitus mattress).The aid may be manufactured of material with higher standard than the approved, provided that the difference in the price of the aid is borne by the insured person.	Technical aids for rehabilitation are provided free to disabled persons at the expense of federal budgetary funds and compulsory social insurance, subject to relevant recommendations in the individual rehabilitation programs or rehabilitation programs of victims of industrial accidents and occupational illnesses, developed by institutions of medical social examination.Should disabled persons purchase such products independently, the compensation is paid, however, in the amount not exceeding the value of the similar product manufactured by the company chosen subject to the established procedure.	Participation varies from 10-35% depending on type of prosthesis/device.

Health Care

12. Prosthesis, spectacles, hearing aids	Prostheses, hearing and orthopaedic devices which are on the ‘positive list of orthopaedic devices’ of the Health Insurance Fund are covered by the basic scheme at the level of the reference prices (the lowest defined wholesale price of these products). Patients participate up to 50% of the price of the orthopaedic device (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.	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.	prosthesis and hearing aids: free (except dental prosthesis)spectacles:full payment by patient.

Health Care

	ALBANIA	ARMENIA	AZERBAIJAN	BOSNIA AND HERZEGOVINA
13. Other benefits	None	Free provision of wheelchairs, and home nursing care for disabled persons of Group I and II disability living alone. Free ambulance care and urgent services, tuberculosis, infection diseases, mental health and vaccination.	free provision of wheelchairs, immunization and vaccination services, home nursing care for disabled persons of group I, and authorized medical treatment abroad.	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.

Health Care

	GEORGIA	MONTENEGRO	RUSSIAN FEDERATION	SERBIA
13. Other benefits	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 safetyHepatitis C	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.	Regular medical check-up of children and certain categories of employees and pensioners;Regular vaccination of children.From January 1 2005 the mechanism to fund certain individual benefits, provided to certain categories of needy citizens, has been improved by means of a monthly monetary payment while preserving the right for receiving state social assistance in the form of a set of social services. Including health care services.The beneficiaries have the right for free medical care in a sanatorium (18 days, for disabled children - 21 days, and for disabled persons suffering from diseases and consequences of spinal cord and brain injury - 24-42 days) and free transportation to a chosen medical institution or to get a compensation in cash. Payment covering the costs of a set of social services in 2016 amounted to 995 rubles 23 kopecks including :- Drug supply – 766 rubles 55 kopecks;- Spa-treatment – 118 rubles 59 kopecks ;- Free travel on the suburban railway as well as to the place of treatment and back - -110 rubles 9 kopecks.	Preventive examinations of children and students, regular calendar vaccinations and other prevention related measures.

Health Care

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