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# Gateway Policy Explorer: Retirement Series

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## Austria

### Public Old-Age Health Insurance Plan Details

1992-2022

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## Preface

This document is intended for researchers who want to understand the evolution of policy or the policy in place at a particular point in time. This document is not intended for financial advice or to aid in decision-making. The authors have made significant effort to identify and collect historical information pertaining to these policies, to accurately represent these policies, and to communicate how policies may interact to determine legal requirements, eligibility for benefits, and/or benefits levels. The policies presented in this document focus on rules applicable to most individuals aged 50 and older from 1992. Many systems include special policies or alternative eligibility rules for specific groups. We encourage all users to complete their own review of literature in this area depending on the research questions they have in mind.

If you have feedback or questions or identify an error, please contact [policy@g2aging.org](mailto:policy@g2aging.org).

## Background — Gateway Policy Explorer: Retirement Series

The *Gateway Policy Explorer* (<http://g2aging.org/policy-explorer>) is part of the Gateway to Global Aging Data (<http://g2aging.org>) project. The *Retirement Series* captures historical policy that affects the birth cohorts of respondents in the surveys covered by the Gateway. It was motivated by the rapid evolution of policies affecting older people across the world. As the Health and Retirement Study (HRS) began in 1992 and many of the international network of studies (HRS-INS) cover more than a decade, understanding the policies in place at the time of the survey has become more demanding for researchers.

*Why are we tracking past policy?* Individuals make choices based on current policies and the outcomes we see today may reflect responses to past policies. When interpreting the survey responses of individuals, an understanding of the policy environment under which those individuals operate is critical. The collection of contextual information in the *Gateway Policy Explorer* aims to support researchers who want to understand or use policy changes in their research and provide context for longitudinal or cross-country differences. Over the period 2023–2026 the *Gateway Policy Explorer* will be expanded to include information on retirement, long-term care, education, and other policies affecting the life cycle.

The key dimensions to the *Gateway Policy Explorer: Retirement Series* are country and time. We prioritize data collection for each country based on its first interview wave and are continuing to expand our data collection back in time to 1992, the earliest survey date in the HRS-INS.

A separate document, like this one, is developed for each country and each broad category of policies covered in the *Gateway Policy Explorer: Retirement Series*.

## Author and Contributor Disclaimers

† The opinions expressed here are those of authors and do not necessarily reflect the views of the OECD or of its member countries.

# Austria

Old-Age Health Insurance  
Plan details 1992-2022 \* †

Austria has a universal health care system with two main types of health insurance: Statutory health insurance (Gesetzliche Krankenversicherung, GKV), and private supplementary insurance (Private Zusatzversicherung, PZV). Health insurance is compulsory for all residents in Austria.

## Key Dates

First law: 1955

Major changes since 1992: None

While access to the health insurance system since 1992 has remained universal and benefits have remained largely the same, there have been several reforms regarding inclusion, co-payment and administration.

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\* If you have questions or suggestions, please contact [policy@g2aging.org](mailto:policy@g2aging.org).

† Detailed information and definitions are provided in tables, formulas and a glossary at the end of this document. To facilitate switching back and forth, this document is designed with hyperlinks. Most PDF readers have shortcuts that permit a reader to return to the previous location after selecting a hyperlink. In Adobe Acrobat on a PC: "Alt" + "←"; In Adobe Acrobat on a MAC: "command" + "←"; In Preview on a MAC: "command" + "[".

## Chapter 1: Policy enacted 1992-2022

### Overview

Austria has a universal health care system with two main types of health insurance: Statutory health insurance (Gesetzliche Krankenversicherung, GKV), and private supplementary insurance (Private Zusatzversicherung, PZV). Health insurance is compulsory for all residents in Austria.

The General Social Insurance Act (Allgemeines Sozialversicherungsgesetzes, ASVG) forms the legal basis of the statutory health insurance system for workers, employees and pensioners in Austria and the Austria Health Insurance Fund (Österreichische Gesundheitskasse, ÖGK) is responsible as health insurance carriers for 82% of the population. There are separate laws and health insurance carriers for the self-employed, public servants, and miners:

- The Commercial Social Security Act (GSVG) regulates the statutory health insurance of the “self-employed” and the Social Insurance Institution for the Self-employed (Sozialversicherungsanstalt der Selbständigen, SVS) is the insurance carrier
- The Civil Servants Health and Accident Insurance Act (B-KUVG) and the Farmers’ Social Insurance Act (BSVG) regulate the statutory health insurance for public servants and miners, and the Insurance Company for Public Servants, Railways and Mining (Versicherungsanstalt öffentlich Bediensteter, Eisenbahnen und Bergbau, BVAEB) is the insurance carrier

While access to the health insurance system since 1992 has remained universal and benefits have remained the largely the same over time, there have been several reforms:

- Effective December 1, 2010, [an agreement according to Article 15a of the Federal Constitutional Law \(B-VG\)](#) was concluded between the federal government and the federal states. This agreement formed a nationwide need-based means-tested Minimum Income system, which included recipients of minimum income into the statutory health insurance system
- [Law 111/2010](#), effective January 1, 2011, changed co-payment in rehabilitative care from flat rate to an income-based system
- [The Social Insurance Organization Act \(Sozialversicherungs-Organisationsgesetz, SV-OG\)](#), enacted December 22, 2018 and effective January 1, 2020, merged all social insurance institutions into five social insurance institutions. Since then, three insurance institutions are responsible for health insurance:
  - Austrian Health Insurance Fund (Österreichische Gesundheitskasse, ÖGK)
  - Insurance Agency for Public Service, Railways and Mining (Versicherungsanstalt für den öffentlichen Dienst, Eisenbahnen und Bergbau, BVAEB)
  - Social Security for the Self-employed (Sozialversicherung der Selbstständigen, SVS)

The Federal Care Allowance Act (Bundespflegegeldgesetz, BPGG), enacted February 12, 1993 and effective July 1, 1993, introduced two types of universal need-based benefits: a cash benefit known as care allowance and means-tested in-kind benefits. Effective July 1, 2007, [Law 34/2007](#) introduced a 24-hour care subsidy for people entitled to at least Care Level 3 of the care allowance.

### Eligibility

#### • Qualifications

Statutory health insurance (Gesetzliche Krankenversicherung, GKV)

GKV is a universal compulsory system. Coverage by a GKV or PZV health insurance plan is mandatory for all Austria residents. Employees or apprentices who earn more than the [marginal income](#), pensioners, and the unemployed person are automatically insured. The self-employed and the [marginally employed](#) can enroll through self insurance. A continued monthly contribution to statutory health insurance is required to maintain coverage. The contribution rates vary by occupation —

- For employees: 3.87% of earned income paid by themselves, and 3.78% of earned income paid by the employer. If their income is lower than the [marginal income](#), they are not compulsorily insured (see [Table 1](#) for marginal income limit over time)
- For the self-employed: 7.65% of earned income paid by themselves
- For pensioners and recipients of unemployment benefit, child care allowance, [social assistance](#), [minimum income](#), or rehabilitation allowance: 5.1% of granted benefit paid by themselves
- For people who earn no more than the marginal income: 68.59 € (value in 2022)
- For doctors, pharmacists, civil engineers and patent attorneys: 464.42 € (value in 2022)

Additionally, one may pay an additional contribution to insure their members of family in health insurance if the family member does not have GKV and lives in Austria. The contribution rate is 3.4% of earned income. Exemption from contribution payment applies to the following groups:

- The co-insured is raising one or more children in the household

- The co-insured has raised one or more children in the household for at least four years
- The co-insured receives at least Care Level 3 of the care allowance
- The monthly net income of the insured does not exceed the [compensatory allowance](#) rate for married couples (1,625.71 € in 2022)
- The co-insured receives a sickness benefit, maternity benefit, childcare benefit, parental leave benefit, unemployment benefit, or emergency assistance

### Long-term Care (LTC)

The Austria long-term care (LTC) system provides two types of universal need-based benefits to people in need of care: a cash benefit known as care allowance (Pflegegeld), and means-tested benefits in kind. Starting in 2007, an additional subsidy is introduced to cover 24-hour home nursing needs. To receive care allowance, one must satisfy the following conditions —

- Austria citizenship, or "equivalent", including:
  - \* Persons whose "equivalent citizenship status" derived from European union regulation
  - \* Persons granted asylum
  - \* Persons with a right of residence under European union law or with a residence permit
- Residence in Austria
- Being in need for care and assistance due to physical, psychological or mental disability, which is expected to last for at least six months

An assessment of need for long-term care benefits is required. The assessment is an extensive examination conducted by care professionals and based upon doctor's opinion. The assessment classifies applicants for LTC into seven care levels and provides different amount of care allowance. See [Table 2](#) for details.

- **To receive health benefits, does an individual have to claim them?** Answer: Yes
- **To continue to receive health benefits, does an individual have to remain [qualified](#)?** Answer: No (GKV); Yes (Long-term Care)

## Coverage

### Statutory health insurance (Gesetzliche Krankenversicherung, GKV)

GKV covers preventive services, inpatient and outpatient hospital care, mental health care, dental care, prescription drugs, medical aids, medical home nursing, rehabilitation care, hospice and palliative care, sick pay, and maternity benefit for the insured and their co-insured relatives. Preventive services within GKV focus on medical prevention, vaccination, health check-ups, screening for different population groups (e.g. pregnant women, infants, adolescents), and addiction prevention. All prescription medicines are covered by statutory health insurance except for those excluded by law (e.g., over-the-counter medicines, OTC). Patients only need to pay a prescription fee. Long-term care is separate from the statutory health insurance system. Hospital care (outpatient care and inpatient care) is regulated by state governments in Austria.

### Outpatient care

Outpatient care is provided by general practitioners (GPs), specialists, dentists and psychotherapists, as well as other healthcare professionals such as psychiatrists and psychologists. Outpatient care carried out in contracted treatment centers are fully covered by the health insurance carrier. For non-contracted services, the insured or their co-insured relatives pay at the time of service and then they apply for reimbursement.

### Inpatient care

All hospitals are collectively contracted with statutory health insurance funds. Patients can freely choose their healthcare provider but may require a referral for certain services. GKV covers most of the inpatient care expenses and coverage may differ between statutory health insurance funds.

### Long-term care (LTC)

Effective July 1, 1993, any person in need of care and satisfying the eligibility requirements may apply for LTC benefits, which include:

- A cash benefit known as care allowance (Pflegegeld). Depending on the assessed level of care needed, persons received a care allowance from Level 1 to Level 7, 12 times a year —see [Table 2](#) for values in 2022
- In-kind benefits in place of all or part of the care allowance
- 24-hour care subsidy for persons entitled to at least Care Level 3 of the care allowance, effective July 1, 2007

## Costs

### Statutory health insurance (Gesetzliche Krankenversicherung, GKV)

In this section, we discuss costs associated with different types of health care and exemptions from copayments or other expenses.

#### Pharmaceuticals

A health insurance company generally pays the costs of statutory health insurance prescriptions, i.e., prescriptions issued by contracted doctors. The insured patient pays a prescription fee (6.65 €, value in 2022) for each pack of the prescribed medication. There is a cap on prescription fees: Anyone who has already paid two percent of their annual net income for prescription fees in the current year is automatically exempt from the prescription fee for the rest of the year. Certain population groups are automatically exempted from the prescription fee. The ÖGK provides prescription fee exemption to the following groups —

- Recipients of [compensatory allowance](#)
- Recipients of [social assistance](#) or [minimum income](#)
- Civil servants
- Asylum seekers
- Participants in voluntary services or the voluntary environmental protection in the current year
- Self-insured persons dedicated to caring for a disabled child
- Persons with reportable communicable diseases (this exemption only applies to individual medicines used to treat notifiable diseases)
- Persons who are assigned to the ÖGK under the War Victims' Welfare Act, the Army Welfare Act or the Victims' Welfare Act

People with monthly net income no more than the compensatory allowance can apply for exemption from prescription fee —see [Table 3](#) for reference rates for single persons and people living in the same household. For people with additional need for medication due to illness or disability (e.g., 4 prescriptions per household), different reference rates apply: 1,185.06 € for single person and 1,869.57 € for married couples or partners (value in 2022). The following items are typically not reimbursed:

- Private prescriptions
- Over-the-counter medicines

#### Medical aids

The insured patient or their co-insured relatives need to pay 10% of the costs for prescribed medical aids. The deductible is at least 37.80 € (value in 2022). Certain population groups are exempted by the ÖGK:

- Children under age of 15
- Children entitled to supplementary family allowance
- People exempted from the prescription fee, except for people who are exempt due to the prescription fee cap
- People in need of aids during medical rehabilitation

#### Dental care

Necessary treatments are usually covered by statutory health insurance funds. Additional items reimbursed include:

- Oral treatments
- Dentures
- Jaw adjustments and braces if they prevent damage to health and they are not used exclusively for cosmetic purposes

#### Home nursing care

Insured persons and their co-insured relatives may be prescribed home nursing care if, in addition to the presence of illness, there is a need for medical or nursing services for the patient, and that home nursing care replaces or shortens hospital stay. Home nursing care is organized by different providers at federal state level. For example, home nursing in Burgenland is organized by the state's social department. Home nursing care costs for contracted providers are covered but services provided by an elective facility are not. Patients are entitled to a cost subsidy for these expenses (8.93 € for a home visit up to 45 minutes, and 2.98 € for each additional 15 minutes).

#### Inpatient care

Health insurance companies fully cover the costs of hospital care as long as the treatment is necessary. The insured and their co-insured relatives pay a daily contribution which varies between federal states. The cost contribution is paid up to 28 days per year. The following cases are excluded from cost contribution —

- Hospital stay due to maternity (up to 10 days)
- Hospital stay for organ donation

#### Travel costs

The ÖGK covers transport costs if a doctor certifies that the insured person or the co-insured relative who is disabled cannot use public transport due to physical or mental condition even with an accompanying person. If the treatment center is more than 20 km away from patient's residence, the ÖGK reimburses the travel costs for those who are not disabled under certain conditions —

- The patient is exempt from prescription fee, except for exemption due to prescription fee cap, and the patient is travelling from/to the contracted treatment center in need
- The patient is travelling from/to the contracted treatment center for radiotherapy, dialysis or chemotherapy

The amount of reimbursement for travel costs depend on travel distance:

- One-way route between 20km and 50km: 6.20 € per route or 9.30 € per route with an accompanying person
- One-way route of more than 50km: 0.12 €/km or 0.19 €/km with an accompanying person

Costs for accompanying persons are reimbursed if the patient is under age 15 or the patient needs an accompanying person due to their physical or mental conditions, which must be confirmed by a doctor.

#### Rehabilitative care

For rehabilitative inpatient care, the insured or their co-insured relatives must pay a daily co-payment at the time of service for a maximum of 28 days every year.

January 1, 1996 - December 31, 2010

A uniform co-payment applies to all insured persons, except for those who are exempt from co-payments. See [Table 4](#) for changes in rates over time.

From January 1, 2011

[Law 111/2010](#), effective January 1, 2011, introduced an income-based co-payment system. The amount of co-payment depends on one's monthly gross income —see [Table 5](#) for income groups and [Table 4](#) for applicable rates to different groups over time.

#### Exemptions from co-payment

Persons exempt from prescription fees are typically exempt from co-payments, except for exemption due to prescription fee cap. Additional subgroups may be exempt from some expenses. For example, from 2017, children are exempt from co-payments in case of inpatient care.

#### Long-term care (LTC)

Maximum benefits per person are capped at patient's assessed care level. Costs beyond the granted maximum amount are paid by the patient.

## Tables and Formulas

**Table 1: Marginal Income Limit**

Year	Amount of Earned Income
2022	485.85 €
2021	475.86
2020	460.66
2019	446.81
2018	438.05
2017	425.70
2016	415.72
2015	405.98
2014	395.31
2013	386.80
2012	376.26
2011	374.02
2010	366.33
2009	357.74
2008	349.01
2007	341.16
2006	333.16
2005	323.46
2004	316.19
2003	309.38
2002	301.54
2001	4,076 S (= 296.21 €)
2000	3,977 S (= 289.02 €)
1999	3,899 S (= 283.35 €)
1998	3,830 S (= 278.34 €)
1997	3,740 S (= 271.80 €)
1996	3,600 S (= 261.62 €)
1995	3,452 S (= 250.87 €)
1994	3,288 S (= 238.95 €)
1993	3,102 S (= 225.43 €)
1992	2,924 S (= 212.50 €)

**Note:** The insured pays a co-payment for a maximum of 28 days per year. Prior to 2002, the currency used was Austria shilling. The euro was introduced at a fixed parity of 1 €= 13.7603 schilling in 2002.

**Source:** § 5 of ASVG ([Bundesgesetzblatt, 1955](#))



**Table 2: Long-term Care Allowance by Care Level (1993-2022)**

Care Level	Need for Care in Hours per Month	Monthly Allowance (value in 2022)
1	≤95	165.40 €
2	≤120	305.00 €
3	≤160	475.20 €
4	> 160	712.70 €
5	> 180 in case of extraordinary care needs	968.10 €
6	> 180 hours (in case of care needs which need to be either dealt with immediately as they occur, on a regular basis during day and night, or which require the constant presence of a carer during day and night due to risk of injury for the person in need of care or others)	1,351.80 €
7	> 180 hours (in case the person in need of care cannot move his or her extremities intentionally, or a similarly severe situation exists)	1,776.50 €

Source: § 4 of BPGG ([Bundesgesetzblatt, 1993](#))

**Table 3: Compensatory Allowance Reference Rates**

Time Period	For pensioner living with spouse or registered partner in the same household	For other pensioners	Net Compensatory Allowance
2022	1625.71 €/month	1030.49 €/month	977.94 €/month
2021	1578.36	1000.48	949.46
2020	1472.00	966.65	917.35
2019	1398.97	933.06	885.47
2018	1363.52	909.42	863.04
2017	1334.17	889.84	844.46
2016	1323.58	882.78	837.76
2015	1307.89	872.31	827.82
2014	1286.03	857.73	813.99
2013	1255.89	837.63	794.91
2012	1221.68	814.82	773.26
2011	1189.56	793.40	752.94
2010	1175.45	783.99	744.01
2009	1158.08	772.40	733.01
2008	1120.00	747.00	708.90
2007	1091.14	726.00	688.97
2006	1055.99	690.00	654.81
2005	1030.23	662.99	629.18
2004	1015.00	653.19	619.88
2003	965.53	643.54	610.72
2002	900.13	630.92	598.74
2001	11,860 S (= 861.83 €)	8,313 S (= 604.06 €)	7,888.09 S (= 573.25 €)
2000	11,859 S (= 861.83 €)	8,312 S (= 604.06 €)	7,888.09 S (= 573.25 €)
Aug 1, 1996 - Dec 31, 1999	10,700 S (= 777.60 €)	7,500 S (= 545.05 €)	7,117.50 S (= 517.25 €)

**Note:** Prior to 2002, the currency used was Austria shilling. The euro was introduced at a fixed parity of 1 = 13.7603 schilling in 2002.

**Source:** § 293 of ASVG ([Bundesgesetzblatt, 1955](#))

**Table 4: Rehabilitative Care Co-payment by Groups**

Year	Daily (Group 1)	Co-payment	Daily (Group 2)	Co-payment	Daily (Group 3)	Co-payment	Daily (Group 4)	Co-payment
2022	0		9.09 €		15.58 €		22.08 €	
2021	0		8.90		15.26		21.63	
2020	0		8.62		14.77		20.94	
2019	0		8.36		14.33		20.31	
2018	0		8.20		14.05		19.91	
2017	0		7.97		13.65		19.35	
2016	0		7.78		13.33		18.90	
2015	0		7.60		13.02		18.46	
2014	0		7.40		12.68		17.97	
2013	0		7.24		12.41		17.58	
2012	0		7.04		12.07		17.10	
2011	0		7.00		12.00		17.00	
2010	7.17 €		7.17		7.17		7.17	
2009	7.00		7.00		7.00		7.00	
2008	6.83		6.83		6.83		6.83	
2007	6.68		6.68		6.68		6.68	
2006	6.52		6.52		6.52		6.52	
2005	6.33		6.33		6.33		6.33	
2004	6.19		6.19		6.19		6.19	
2003	6.06		6.06		6.06		6.06	
2002	5.91		5.91		5.91		5.91	
2001	80 S (=5.81 €)		80 S (=5.81 €)		80 S (=5.81 €)		80 S (=5.81 €)	
2000	78 S (=5.67 €)		78 S (=5.67 €)		78 S (=5.67 €)		78 S (=5.67 €)	
1999	76 S (=5.52 €)		76 S (=5.52 €)		76 S (=5.52 €)		76 S (=5.52 €)	
1998	75 S (=5.45 €)		75 S (=5.45 €)		75 S (=5.45 €)		75 S (=5.45 €)	
1997	73 S (=5.31 €)		73 S (=5.31 €)		73 S (=5.31 €)		73 S (=5.31 €)	
1996	70 S (=5.09 €)		70 S (=5.09 €)		70 S (=5.09 €)		70 S (=5.09 €)	

**Note:** The insured pays a co-payment for a maximum of 28 days per year. Prior to 2002, the currency used was Austria shilling. The euro was introduced at a fixed parity of 1 €= 13.7603 schilling in 2002.

**Source:** § 154a of ASVG ([Bundesgesetzblatt, 1955](#))

**Table 5: Income Groups for Co-payment in Rehabilitative Care**

Year	Group 1	Group 2	Group 3	Group 4
2022	≤1030.49 €	≤1,611.87 €	≤2,193.26 €	> 2,193.26 €
2021	≤1000.48 €	≤1581.86 €	≤2163.25 €	> 2163.25 €
2020	≤966.65 €	≤1548.03 €	≤2129.42 €	> 2129.42 €
2019	≤933.06 €	≤1514.44 €	≤2095.83 €	> 2095.83 €
2018	≤909.42 €	≤1490.80 €	≤2072.19 €	> 2072.19 €
2017	≤889.84 €	≤1471.22 €	≤2052.61 €	> 2052.61 €
2016	≤882.78 €	≤1464.16 €	≤2045.55 €	> 2045.55 €
2015	≤872.31 €	≤1453.69 €	≤2035.08 €	> 2035.08 €
2014	≤857.73 €	≤1439.11 €	≤2020.50 €	> 2020.50 €
2013	≤837.63 €	≤1419.01 €	≤2000.40 €	> 2000.40 €
2012	≤814.82 €	≤1396.2 €	≤1977.59 €	> 1977.59 €
2011	≤793.40 €	≤1374.78 €	≤1956.17 €	> 1,956.17 €

**Source:** § 154a of ASVG ([Bundesgesetzblatt, 1955](#))

## Sources

This section records key sources consulted when we collected the institutional details reported in this document. Archived versions of these sources are available at the Gateway Policy Explorer website (<http://g2aging.org/policy-explorer>).

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## Glossary of terms

This section summarizes key definitions from the main text. To facilitate switching back and forth, this document is designed with hyperlinks. Most PDF readers have shortcuts that permit a reader to return to the previous location after selecting a hyperlink. In Adobe Acrobat on a PC: “Alt” + “←”; In Adobe Acrobat on a MAC: “command” + “←”; In Preview on a MAC: “command” + “[”.

**Claimable Benefit:** A pension where the beneficiary must actively file a claim for benefits with the government’s pension authority.

**Compensatory Allowance:** Ausgleichszulage in German, effective August 1, 1996. A compensatory supplement intended for low-income pensioners. If a pensioner’s total income (gross pension plus other net incomes) is below the amount of compensatory allowance rate, the difference between total income and the applicable rate is provided.

**Marginal Income:** Geringfügige Beschäftigung in German. An income limit that affects one’s insurance contribution. People whose income does not exceed this threshold are not subjected to pension insurance or health insurance contributions, but may enroll through self-insurance.

**Minimum Income:** Mindestsicherung in German, effective from 2010-2018. A nationwide need-based means-tested social assistance system not specifically targeted at persons in old-age. It is regulated and administered separately by each of Austria’s nine federal states.

**Qualified Benefit:** A benefit is qualified if an individual must continue to meet certain standards, such as a means test, to continue receipt of benefits.

**Social Assistance:** Sozialhilfe in German, effective from 1992-2009 and 2019-2022. A broad social assistance system not specifically targeted at persons in old-age. It is regulated and administered separately by each of Austria’s nine federal states.

## Version information

*Current Version: 1.1 (August 2023)*

### Version History

- 1.0 (June 2022): First version
- 1.1 (August 2023): Updated formatting

## Additional resources

The following resources provide additional details for the interested reader:

Austria: health system review 2018

Available at: <https://eurohealthobservatory.who.int/publications/i/austria-health-system-review-2018>

Features: Provides summary and details of healthcare system in Austria.