

GATEWAY TO
**GLOBAL
AGING
DATA**

g2aging.org

Gateway Policy Explorer: Retirement Series

Denmark

Public Old-Age Health Insurance Plan Details 1992-2023

Authors

Rachel Lobo
David Knapp

Contributors

Paul Bingley
Jinkook Lee
Maciej Lis[†]
Qinyi Ouyang
Drystan Phillips
Kanghong Shao
Ida Sofie Smidt
Alejandra Tantamango
Michael Upchurch

Version: 1.0 (January 2024)

This project is funded by the National Institutes of Health, National Institute of Aging, RO1 AG030153.

Please cite as “Gateway to Global Aging Data (2025). *Gateway Policy Explorer: Denmark, Public Old-Age Health Insurance Plan Details, 1992-2023*, Version: 1.0 (January 2024), University of Southern California, Los Angeles. <https://doi.org/10.25553/gpe.ret.hi.dnk>”

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.

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.

Denmark

Old-Age Health Insurance
Plan details 1992-2023 * †

The Danish public health care system provides universal healthcare to all Danish citizens and is funded by general tax revenues. The health care system in Denmark is largely decentralized, with financing and operational decisions made at the discretion of municipal authorities. Denmark has a long history of decentralized universal healthcare, with a principle of access to healthcare being independent of ability to pay.

Key Dates

First law: 1986

Major changes since 1992: 1999

Although the healthcare system is largely decentralized, the Danish government places regulations on municipal health systems through the Act on Public Health Insurance (1986 - 2004) and the Health Act (2005-2023). Regulations are established by the Ministry of Health.

Contents

Chapter 1: Policy enacted 1992-1998	4
Overview	4
Eligibility	4
Coverage	4
Costs	5
Chapter 2: Policy enacted 1999-2023	6
Overview	6
Eligibility	6
Coverage	7
Costs	7
Tables and Formulas	9
Table 1: Pharmaceutical Reimbursement Levels by Annual Expenditures on Reimbursable Medication (2000-2014)	10
Box 1: Example of Implicit Out-of-Pocket Maximum	11
Table 2: Pharmaceutical Reimbursement Levels by Annual Expenditures on Reimbursable Medication (2015-2023)	12
Sources	13
Glossary of terms	14
Notes	14
Version information	14
Additional resources	15

* If you have questions or suggestions, please contact 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 1992-1998

Overview

The Danish public health care system provides universal healthcare to all Danish citizens and is funded by general tax revenues. The health care system in Denmark is largely decentralized, with financing and operational decisions made at the discretion of municipal authorities. Denmark has a long history of decentralized universal healthcare, with a principle of access to healthcare being independent of ability to pay.

The Act on Public Health Insurance, passed by Legislative Decree No. 490 of 1986 ([Retsinformation, 1986](#)), establishes the legal framework for the public health insurance system, with regulations on costs incurred, services rendered, and quality of care for hospitals in Denmark. The regulations detailed in this act are established and amended by the Ministry of Interior and Health.

The Danish public health care system regulates health care coverage under different rules for individuals who are under 18 years of age and those who are aged 18 and older. However, the focus of the Danish Old Age Health Insurance document is on policies affecting individuals aged 50 and older. As such, details covering Danish individuals under the age of 18 are not provided in this document.

Policy reforms during this period include:

- Act No. 1024 of 1992 ([Retsinformation, 1992](#)), effective January 1, 1993, established free choice of hospitals. This enabled Danish residents to seek medical care at the hospital of their choosing within their municipality. Residents may also seek medical care at hospitals outside of their municipality of residence if a medical assessment determines that treatment at a specific hospital is necessary.
- Act No. 1120 of 1995 ([Retsinformation, 1995](#)), effective January 1, 1996, changed the pharmaceutical reimbursement rates from 50% and 75% to 49.8% and 74.6%, respectively.

Eligibility

• Qualifications

The insured will receive health insurance benefits provided they maintain residency within Denmark ([Legislative Decree No. 490, § 1, Retsinformation 1986](#)).

Residency Requirements

- ◊ They live in Denmark.
- ◊ They are a registered resident in the Danish Central Person Register (CPR).
- ◊ They are not receiving healthcare benefits from another country.
- ◊ They meet one of the following conditions:
 - They have continually resided in Denmark for a period of at least 6 weeks, or
 - They are a new resident, and have relocated from Greenland or the Faroe Islands.
- **To receive health benefits, does an individual have to claim them?** Answer: No ([Legislative Decree No. 490, § 2, Retsinformation 1986](#))
- **To continue to receive health benefits, does an individual have to remain qualified?** Answer: Yes

Coverage

Danish residents over the age of 16 register in one of two groups for general medical care. Healthcare access and costs depend on the group the individual is registered in. If an individual does not elect to participate in a specific health insurance group, they are insured as Group 1 participants ([Legislative Decree No. 490, § 2 PCS 3, Retsinformation 1986](#)).

- Group 1: Participants are assigned a general practitioner within their locality, and may receive services from this practitioner at no cost. Hospital visits are covered in full for Group 1 participants. Additionally, any specialty outpatient visits obtained through a referral are covered, but the participant must pay out of pocket if they seek specialty care without a referral from their general practitioner ([Legislative Decree No. 490, § 6 PCS 2, Retsinformation 1986](#)).
- Group 2: Participants are not assigned a general practitioner, and may seek medical care from any provider within Denmark. Only hospital treatments are covered in full through the public health insurance system, and all other healthcare visits are partially covered by the public health insurance program ([Legislative Decree No. 490, § 2 PCS 3, Retsinformation 1986](#)).

Inpatient care

Inpatient care is covered for all Danish residents, regardless of their group enrollment status ([Legislative Decree No. 604, § 5, Retsinformation 1995b](#)). Inpatient care is also covered for non-residents if the services rendered are for an emergency.

Outpatient care

- Group 1: Outpatient medical services are provided through a General Practitioner that is assigned to the insured based on their location. Visits to specialists are covered only if they are sought through a referral issued by the insured's general practitioner. Group 1 participants may change general practitioners once per year ([Legislative Decree No. 490, § 6, Retsinformation 1986](#)).
- Group 2: Individuals insured with Group 2 can seek routine and preventative services from any general practitioner in Denmark. Individuals insured in this scheme may seek outpatient medical services without a referral from a general practitioner ([Legislative Decree No. 490, § 6 PCS 4, Retsinformation 1986](#)).

Pharmaceuticals

Coverage for pharmaceuticals is independent of group enrollment status in the Danish public health insurance program. Pharmaceuticals provided during a hospital visit are covered in full by the public healthcare system. However, medications purchased at a pharmacy are partially subsidized. The prescription and non-prescription medicines eligible for subsidies are listed in a notice published by the Ministry of Interior and Health ([Legislative Decree No. 490, § 7, Retsinformation 1986](#)). In some cases, the Danish Health Authority can petition for a patient to be subsidized for a medicine that is not on the list, or for a patient to receive a higher subsidy than is allocated to the medicine on the list. These petitions are decided on a case-by-case basis. Pharmaceuticals that can be purchased without a doctor's prescription are eligible for reimbursement if they meet the following conditions:

- The medicine is included in the list of non-prescription medications approved for subsidy as issued by the Ministry of Interior and Health, and
- The medicine is intended for public, disabled, or early pensioners or for people suffering from a permanent disorder that requires treatment using the medicine ([Legislative Decree No. 490, § 7 PCS 3, Retsinformation 1986](#))

For a list of medications currently approved for subsidies, see [Lægemiddelstyrelsen \[Danish Medicines Agency\] \(2023c\)](#).

Costs

Denmark's public health insurance program is funded by general tax revenues, and therefore does not require any explicit contributions from its participants ([Legislative Decree No. 490, Chapter 5, Retsinformation 1986](#)). For many services, health care costs are covered in full at the point of utilization for all Danish citizens and permanent residents. For non-citizens, costs are covered for emergency services, but not for routine doctor visits and services.

Inpatient care

Inpatient care for all Danish citizens and permanent residents is fully subsidized by the public health care program ([Legislative Decree No. 604, § 5, Retsinformation 1995b](#)). For non-citizens, inpatient visits are covered in full if the services rendered are considered emergency services.

Outpatient care

- Group 1: Individuals insured in Group 1 receive services from their assigned general practitioner (GP) at no cost. Specialty outpatient visits are fully subsidized at the point of use if they are obtained through a GP referral ([Legislative Decree No. 490, § 6 PCS 3, Retsinformation 1986](#)). Specialty outpatient care used without a GP referral are not subsidized. If a Group 1 participant seeks specialty medical care for which a collective coverage agreement does not exist, the expense is only partially reimbursed.
- Group 2: Individuals insured in Group 2 receive fully subsidized services from general practitioners. Group 2 insured individuals who seek specialty care services are reimbursed for these services in the same amount that Group 1 insured individuals with a referral are subsidized. Their out-of-pocket payment is the difference between the cost of care and the Group 1 subsidy amount for each respective treatment ([Legislative Decree No. 490, § 6 PCS 4, Retsinformation 1986](#)).

Pharmaceuticals

Pharmaceuticals provided during a hospital visit are covered in full by the public healthcare system. Insured individuals who purchase medicines at a pharmacy can recover a percentage of their out-of-pocket costs ([Legislative Decree No. 490, § 7, Retsinformation 1986](#)). Medications purchased at a pharmacy are partially subsidized at 50% or 75% of their total cost if they have been prescribed by a doctor or dentist and are listed on the list of medications approved for subsidies at each reimbursement level, as issued by the Ministry of Interior and Health —see [Coverage](#) section of this document for details on subsidy-eligible pharmaceuticals.

Chapter 2: Policy enacted 1999-2023

Policy change in 1999

Act No. 1045 of 1998 ([Retsinformation, 1998](#)), effective January 1, 1999, restructured the pharmaceutical reimbursement schedule with a progressive subsidy based on an individual's expenditures on pharmaceuticals each year. In the new reimbursement scheme, the size of the subsidy depends on the total expenses calculated in reference prices for subsidized medicines that the individual has purchased within a one-year period. Under this new reimbursement schedule, individuals who spend more on drugs receive larger subsidies for future drug purchases.

The [Health Act](#), passed by Act No. 546 of 2005 ([Retsinformation, 2005](#)), became the governing authority on the public health insurance system on January 1, 2007. This act established centralized guidelines and regulations for municipal health authorities to equalize quality of care across regions, increase transparency in the healthcare system, and create better access to information.

The Health Act of 2005 was passed as one of the laws implementing Kommunalreform, a broader restructuring of the Danish government system. This transferred responsibility of healthcare, prevention, health promotion, and rehabilitation to municipalities, with centralized minimum standards enforced by the Ministry of Interior and Health ([Indenrigs- Og Sundhedsministeriet, 2023](#)).

Other policy reforms during this period include:

- Act No. 143 of 2002 ([Retsinformation, 2002](#)), effective July 1, 2002, introduced a maximum waiting time of 2 months, enabling patients to seek healthcare elsewhere if a hospital is unable to provide care within 2 months.
- Act No. 495 of 2001 ([Retsinformation, 2001](#)) and Act No. 1431 of 2004 ([Retsinformation, 2004](#)), effective June 25, 2001 and January 1, 2005, respectively, increased the pharmaceutical expenditure thresholds for each reimbursement level. Act No. 1556 of 2006 ([Retsinformation, 2006](#)), effective January 1, 2007, decreased the pharmaceutical expenditure thresholds for each reimbursement level.
- Act No. 319 of 2008 ([Retsinformation, 2008](#)), effective May 1, 2008, substantially increased the minimum pharmaceutical expenditure threshold for an individual to begin to qualify for reimbursements.
- Act No. 542 of 2015 ([Retsinformation, 2015](#)) introduced a 100% reimbursement threshold for pharmaceutical expenditures, and eliminated out-of-pocket maximums in the verbiage of the legislation.

Overview

The Danish public health care system provides universal healthcare to all Danish citizens and is funded by general tax revenues. The health care system in Denmark is largely decentralized, with financing and operational decisions made at the discretion of municipal authorities. Denmark has a long history of decentralized universal healthcare, with a principle of access to healthcare being independent of ability to pay.

The Act on Public Health Insurance, passed by Legislative Decree No. 490 of 1986 ([Retsinformation, 1986](#)), establishes the legal framework for the public health insurance system, with regulations on costs incurred, services rendered, and quality of care for hospitals in Denmark. The regulations detailed in this act are established and amended by the Ministry of Interior and Health.

The Danish public health care system regulates health care coverage under different rules for individuals who are under 18 years of age and those who are aged 18 and older. However, the focus of the Danish Old Age Health Insurance document is on policies affecting individuals aged 50 and older. As such, details covering Danish individuals under the age of 18 are not provided in this document.

Eligibility

• Qualifications

The insured will receive health insurance benefits provided they maintain residency within Denmark ([Data Compilation No. 9226, § 1, Retsinformation 1999a](#)).

Residency Requirements

- ◊ They live in Denmark.^[1]
- ◊ They are a registered resident in the Danish Central Person Register (CPR).
- ◊ They are not receiving healthcare benefits from another country.
- ◊ They meet one of the following conditions:

- They have continually resided in Denmark for a period of at least 6 weeks, or
- They are a new resident, and have relocated from Greenland or the Faroe Islands.
- **To receive health benefits, does an individual have to claim them?** Answer: No ([Data Compilation No. 9226, § 2, Retsinformation 1999a](#))
- **To continue to receive health benefits, does an individual have to remain qualified?** Answer: Yes

Coverage

Danish residents over the age of 16 register in one of two groups for general medical care. Healthcare access and costs depend on the group the individual is registered in. If an individual does not elect to participate in a specific health insurance group, they are insured as Group 1 participants ([Data Compilation No. 9226, § 2 PCS 3, Retsinformation 1999a](#)).

- Group 1: Participants are assigned a general practitioner within their locality, and may receive services from this practitioner at no cost. Hospital visits are covered in full for Group 1 participants. Additionally, any specialty outpatient visits obtained through a referral are covered, but the participant must pay out of pocket if they seek specialty care without a referral from their general practitioner ([Data Compilation No. 9226, § 6 PCS 2, Retsinformation 1999a](#)).
- Group 2: Participants are not assigned a general practitioner, and may seek medical care from any provider within Denmark. Only hospital treatments are covered in full through the public health insurance system, and all other healthcare visits are partially covered by the public health insurance program ([Data Compilation No. 9226, § 6 PCS 3, Retsinformation 1999a](#)).

Inpatient care

Inpatient care is covered for all Danish residents, regardless of their group enrollment status ([Data Compilation No. 9225, § 5, Retsinformation 1999b](#)). Inpatient care is also covered for non-residents if the services rendered are for an emergency.

Outpatient care

- Group 1: Outpatient medical services are provided through a General Practitioner that is assigned to the insured based on their location. Visits to specialists are covered only if they are sought through a referral issued by the insured's general practitioner. Group 1 participants may change general practitioners once per year ([Data Compilation No. 9226, § 6 PCS 2, Retsinformation 1999a](#)).
- Group 2: Individuals insured with Group 2 can seek routine and preventative services from any general practitioner in Denmark. Individuals insured in this scheme may seek outpatient medical services without a referral from a general practitioner ([Data Compilation No. 9226, § 6 PCS 3, Retsinformation 1999a](#)).

Pharmaceuticals

Coverage for pharmaceuticals is independent of group enrollment status in the Danish public health insurance program. Pharmaceuticals provided during a hospital visit are covered in full by the public healthcare system. However, medications purchased at a pharmacy are partially subsidized ([Data Compilation No. 9226, § 7b, Retsinformation 1999a](#)). Medicines are eligible for a subsidy if they meet one of the following conditions:

- The company bringing the drug on the market has applied and been approved for a subsidy by the [Danish Medicines Agency](#).
- The drug meets one of the following conditions ([Data Compilation No. 9226, § 7, Retsinformation 1999a](#)):
 - ◊ The drug requires a prescription, or
 - ◊ The drug is available over the counter for treatment of certain diseases —see [Lægemiddelstyrelsen \[Danish Medicines Agency\], 2023b](#) for a list of drugs eligible for reimbursement under this condition, or
 - ◊ The drug is prescribed to pensioners, or
 - ◊ The drug is required for the continued treatment of a permanent disorder.

For a list of medications currently approved for subsidies, see [Lægemiddelstyrelsen \[Danish Medicines Agency\] \(2023c\)](#).

Costs

Denmark's public health insurance program is funded by general tax revenues, and therefore does not require any explicit contributions from its participants ([Data Compilation No. 9226, Chapter 5, Retsinformation 1999a](#)). For many services, health care costs are covered in full at the point of utilization for all Danish citizens and permanent residents. For non-citizens, costs are covered for emergency services, but not for routine doctor visits and services.

Inpatient care

Inpatient care for all Danish citizens and permanent residents is fully subsidized by the public health care program ([Data Compilation No. 9225, § 5, Retsinformation 1999b](#)). For non-citizens, inpatient visits are covered in full if the services rendered are considered emergency services.

Outpatient care

- Group 1: Individuals insured in Group 1 receive services from their assigned general practitioner (GP) at no cost. Specialty outpatient visits are fully subsidized at the point of use if they are obtained through a GP referral. Specialty outpatient care used without a GP referral are not subsidized ([Data Compilation No. 9226, § 6 PCS 3, Retsinformation 1999a](#)). If a Group 1 participant seeks specialty medical care for which a collective coverage agreement does not exist, the expense is only partially reimbursed.
- Group 2: Individuals insured in Group 2 receive fully subsidized services from general practitioners. Group 2 insured individuals who seek specialty care services are reimbursed for these services in the same amount that Group 1 insured individuals with a referral are subsidized. Their out-of-pocket payment is the difference between the cost of care and the Group 1 subsidy amount for each respective treatment ([Data Compilation No. 9226, § 6 PCS 4, Retsinformation 1999a](#)).

Pharmaceuticals

Pharmaceuticals provided during a hospital visit are covered in full by the public healthcare system. Insured individuals who purchase medicines at a pharmacy can recover a percentage of their out-of-pocket costs. Medications purchased at a pharmacy are partially subsidized at 50%, 75%, or 85% of their total cost, based on the patient's total expenditures on pharmaceuticals within a one year period ([Data Compilation No. 9226, § 7, Retsinformation 1999a; Act No. 546, § 146, Retsinformation 2005](#)). The size of the subsidy depends on the total expenses calculated in reference prices for subsidized medicines that the individual has purchased within a one-year period. Furthermore, only purchases of drugs on the approved list of reimbursable drugs are used in the calculation —see *Coverage* section of this document for details. Patients whose pharmaceutical expenditure exceeds the out-of-pocket payment ceiling, and who provide documented evidence of the need for these prescribed medicines, are entitled to full reimbursement for pharmaceuticals purchased for the rest of the allowance period ([Data Compilation No. 9226, § 7c, Retsinformation 1999a](#)). For individuals over the age of 18, the out-of-pocket maximum was 3,600Kr in 1999 ([Data Compilation No. 9226, § 7c, Retsinformation 1999a](#)). See [Table 1](#) for a list of expenditure amounts and their respective reimbursement levels from 2000 to 2014.

In 2015, the Ministry of Interior and Health began to use a 100% reimbursement threshold in place of out-of-pocket maximums ([Act No. 542, § 1 PCS 3, Retsinformation 2015](#)). Individuals with pharmaceutical expenditures beyond the 100% reimbursement threshold are still responsible for a notable out-of-pocket payment up to the expenditure threshold —see [Box 1](#) for an example. See [Table 2](#) for a list of expenditure amounts and their respective reimbursement levels from 2015.

Tables and Formulas

Table 1: Pharmaceutical Reimbursement Levels by Annual Expenditures on Reimbursable Medication (2000-2014)

Policy Period	50% reimbursement	75% reimbursement	85% reimbursement	Out-of-pocket maximum
July 2012 - December 2014	890 Kr - 1,450 Kr	1,451 Kr - 3,130 Kr	> 3,130 Kr	3,270 Kr
May 2008 - June 2012	800 Kr - 1,300 Kr	1,301 Kr - 2,800 Kr	> 2,800 Kr	3,270 Kr
January 2007 - April 2008	465 Kr - 1,125 Kr	1,126 Kr - 2,645 Kr	> 2,645 Kr	3,410 Kr
January 2005 - December 2006	520 Kr - 1,260 Kr	1,261 Kr - 2,950 Kr	> 2,950 Kr	3,805 Kr
June 25, 2001 - December 2004	510 Kr - 1,230 Kr	1,231 Kr - 2,875 Kr	> 2,875 Kr	3,700 Kr
October 1999 - June 24, 2001	500 Kr - 1,200 Kr	1,201 Kr - 2,800 Kr	> 2,800 Kr	3,600 Kr

Source: Retsinformation (1998); Retsinformation (2001); Retsinformation (2004); Retsinformation (2006); Retsinformation (2012); Lægemiddelstyrelsen (2023a)

Notes: Reimbursement levels provided apply to individuals above the age of 18.

Box 1: Example of Implicit Out-of-Pocket Maximum

Example 1: An individual purchases pharmaceuticals in 2023 and the sum of the reference prices of these medications is 21,000Kr. Their reimbursement schedule is as follows, according to [Table 2](#)

1. There is no reimbursement for expenditures up to 1,045Kr.
 - The individual's out-of-pocket payment is 1,045Kr.
2. Expenditures between 1,045Kr and 1,750Kr are reimbursed at a rate of 50%
 - The reimbursement is:

$$0.50 \times (1,750 - 1,046) = 352Kr$$
 - The individual's out-of-pocket payment is:

$$0.50 \times (1,750 - 1,046) = 352Kr$$
3. Expenditures between 1,751Kr and 3,795Kr are reimbursed at a rate of 75%
 - The reimbursement is:

$$0.75 \times (3,795 - 1,751) = 1,533Kr$$
 - The individual's out-of-pocket payment is:

$$0.25 \times (3,795 - 1,751) = 511Kr$$
4. Expenditures between 3,796Kr and 20,636Kr are reimbursed at a rate of 85%
 - The reimbursement is:

$$0.85 \times (20,636 - 3,796) = 14,315Kr$$
 - The individual's out-of-pocket payment is:

$$0.15 \times (20,636 - 3,796) = 2,526Kr$$
5. Expenditures above 20,636Kr are reimbursed at a rate of 100%
 - The reimbursement is:

$$1.00 \times (21,000 - 20,636) = 364Kr$$
 - The individual's out-of-pocket payment is:

$$0Kr$$

The individual's total out-of-pocket payment is:

$$1,045 + 352 + 511 + 2,526 = 4,435Kr$$

Source: [Lægemiddelstyrelsen \(2023a\)](#)

Table 2: Pharmaceutical Reimbursement Levels by Annual Expenditures on Reimbursable Medication (2015-2023)

Policy Period	50% reimbursement	75% reimbursement	85% reimbursement	100% reimbursement
2023	1,045 Kr - 1,750 Kr	1,751 Kr - 3,795 Kr	3,795 Kr - 20,636 Kr	>20,636 Kr
2015 - 2022	925 Kr - 1,515 Kr	1,516 Kr - 3,280 Kr	3,280 Kr - 17,738 Kr	>17,738 Kr

Source: [Retsinformation \(2015\)](#); [Lægemiddelstyrelsen \(2023a\)](#)

Notes: Reimbursement levels provided apply to individuals above the age of 18.

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>).

Indenrigs- Og Sundhedsministeriet (2023). Oversigt over love til udmøntning af kommunalreformen [Overview of laws implementing the municipal reform.] Available in English. As of December 6, 2023. [\[Link\]](#)

Lægemiddelstyrelsen (2023a). Danish Medicines Agency Reimbursement Thresholds. Available in Danish and English. As of September 26, 2023. [\[Link\]](#)

Lægemiddelstyrelsen (2023b). Håndkøbslægemidler med klausuleret tilskud. [Over the Counter Medications Eligible for Conditional Reimbursement] Available in Danish only. As of September 27, 2023. [\[Link\]](#)

Lægemiddelstyrelsen (2023c). Medicines eligible for reimbursement. Available in Danish and English. As of September 26, 2023. [\[Link\]](#)

Official Journal of the European Communities (2019). Regulation No. 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems. Available in English. As of December 7, 2023. [\[Link\]](#)

Retsinformation (1986). Bekendtgørelse af Lov om offentlig sygesikring [Promulgation of the Public Health Insurance Act.] Available in Danish only. As of September 26, 2023. [\[Link\]](#)

Retsinformation (1992). Lov om ændring af lov om sygehusvæsenet og lov om offentlig sygesikring m.v. (Friere sygehusvalg, behandling på private specialsygehuse m.fl., specialesamling, ambulancetjeneste, færdigbehandlede patienter samt planlægning og samarbejde). [Act amending the Act on the Hospital Service and the Act on Public Health Insurance, etc. (Free choice of hospital, treatment in private specialist hospitals, etc., collection of specialisations, ambulance service, fully treated patients as well as planning and collaboration).] Available in Danish only. As of September 26, 2023. [\[Link\]](#)

Retsinformation (1994). Bekendtgørelse af Lov om offentlig sygesikring. [Promulgation of the Public Health Insurance Act.] Available in Danish only. As of September 26, 2023. [\[Link\]](#)

Retsinformation (1995a). Lov om erstatning for lægemiddelskader. [Act on Compensation for Drug Damage.] Available in Danish only. As of September 26, 2023. [\[Link\]](#)

Retsinformation (1995b). Bekendtgørelse af lov om sygehusvæsenet [Promulgation of the Act on the Hospital Service.] Available in Danish only. As of October 20, 2023. [\[Link\]](#)

Retsinformation (1998). Lov om ændring af lov om offentlig sygesikring og lov om social service [Act amending the Act on public health insurance and the Act on social services.] Available in Danish only. As of September 26, 2023. [\[Link\]](#)

Retsinformation (1999a). Datasammenskrivning af lov om offentlig sygesikring [Data compilation of the Public Health Insurance Act.] Available in Danish only. As of October 20, 2023. [\[Link\]](#)

Retsinformation (1999b). Datasammenskrivning af lov om sygehusvæsenet [Data compilation of the Act on the Hospital Service.] Available in Danish only. As of October 23, 2023. [\[Link\]](#)

Retsinformation (2001). Lov om ændring af lov om offentlig sygesikring [Act amending the Public Health Insurance Act.] Available in Danish only. As of September 26, 2023. [\[Link\]](#)

Retsinformation (2002). Lov om ændring af lov om sygehusvæsenet [Act Amending the Act on the Hospital Service.] Available in Danish only. As of September 26, 2023. [\[Link\]](#)

Retsinformation (2004). Lov om ændring af lov om offentlig sygesikring, lov om social pension, lov om højeste, mellemste, forhøjet almindelig og almindelig førtidspension m.v. og lov om lægemidler [Act amending the Act on public health insurance, the Act on social pensions, the Act on the highest, middle, increased ordinary and ordinary early retirement pensions, etc. and the Act on Medicines.] Available in Danish only. As of September 26, 2023. [\[Link\]](#)

Retsinformation (2005). Sundhedsloven [The Health Act.] Available in Danish only. As of September 26, 2023. [\[Link\]](#)

Retsinformation (2006). Lov om ændring af sundhedsloven, lov om klage- og erstatningsadgang inden for sundhedsvæsenet og lov om apoteksvirksomhed [Act amending the Health Act, Act on access to complaints and compensation within the healthcare system

and Act on pharmacy operations.] Available in Danish only. As of September 26, 2023. [\[Link\]](#)

Retsinformation (2008). Lov om ændring af sundhedsloven [Act amending the Health Act.] Available in Danish only. As of September 26, 2023. [\[Link\]](#)

Retsinformation (2012). Lov om ændring af sundhedsloven [Act amending the Health Act.] Available in Danish only. As of December 6, 2023. [\[Link\]](#)

Retsinformation (2015). Lov om ændring af sundhedsloven, lægemiddeloven og vævsloven [Act amending the Health Act, the Medicines Act and the Tissue Act.] Available in Danish only. As of September 26, 2023. [\[Link\]](#)

Styrelsen for Patientsikkerhed (2023). Behandling i Danmark for danske udlandspensionister [Treatment in Denmark for Danish pensioners abroad.] Available in Danish only. As of January 2, 2023. [\[Link\]](#)

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.

Cost-of-Living Adjustments (COLA): Adjustments after an individual begins receiving benefits that increase benefit payments, typically in line with consumer prices or average earnings.

Danish Medicines Agency (Lægemiddelstyrelsen): The Danish Medicines Agency is a subdivision of the Ministry of Health, and is the authority on pharmaceuticals in Denmark. All pharmaceutical products on the market in Denmark must be approved by the Danish Medicines Agency. This agency also regulates clinical trials, experimental drugs, and pharmaceutical subsidies.

Health Act: The Health Act establishes the rules and regulations that govern Denmark’s public health infrastructure including health insurance, benefits, and funeral assistance.

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.

Waiting Period: The period of time between application for pension benefits and claiming pension benefits for individuals who elect to defer their own old age benefits.

Notes

This section reports notes 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” + “[”.

1. Individuals are exempt from the residency requirement if they are residing abroad for less than one year, residing abroad for official government or military business, a Danish public pensioner who has completed form S1, the spouse of an S1 Danish pensioner residing in another EU country, Liechtenstein, Switzerland or Great Britain, or residing in another EEA country, Switzerland, or another country included in EC Regulation No. 883.

Version information

Current Version: 1.0 (January 2024)

Version History

- 1.0 (January 2024): First version.

Additional resources

The following resources provide additional details for the interested reader:

European Observatory on Health Systems and Policies (2023). Denmark: Health System Review 2012.

Available at: <https://eurohealthobservatory.who.int/publications/i/denmark-health-system-review-2012>

Features: Provides details on Denmark's Health Insurance system.

Sundhedsstyrelsen [Danish Health Authority] (2023). The Danish healthcare system.

Available at: <https://www.sst.dk/en/english/Expertise-and-guidance/General-public/The-Danish-healthcare-system>

Features: Provides publications by the legislative authority of the Danish healthcare system including guidance, information on legislative changes, and an overview of the program.

Other papers of interest include:

- Denmark Agency for Digital Government (2023). How the Danish healthcare system works.

Available at: <https://lifeindenmark.borger.dk/healthcare/the-danish-healthcare-system/how-the-danish-healthcare-system-works>

- The Commonwealth Fund (2023). International Health Care System Profiles: Denmark.

Available at: <https://www.commonwealthfund.org/international-health-policy-center/countries/denmark>