GATEWAY TO GLOBAL AGING DATA

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Gateway Policy Explorer: Retirement Series

Spain

Public Old-Age Health Insurance Plan Details

1992-2021

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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.

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.

Spain

Old-Age Health Insurance
Plan details 1992-2021 * †

Spain has a universal healthcare system, regardless of age. The system has limited out-of-pocket costs except for small, often symbolic, co-payments for some products and services. Individuals insured under the National Social Security System and their dependents are entitled to healthcare. From 1992-2020, there were no substantial changes to eligibility, coverage or costs of healthcare beneficiaries. In 2002, the Spanish National Healthcare System was decentralized, impacting the management of and operations of the healthcare system. Healthcare management and operations are now primarily the responsibility of agencies in each of Spain's 17 autonomous communities and 2 autonomous cities (Spain's regional administrative divisions). In 2006, the Dependency Act introduced universal benefits for individuals requiring long-term care.

Key Dates
First law: 1970s
Major changes since 1992: 2006, None

Contents

* 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 1992-2005

Overview

Spain has a universal healthcare system, regardless of age. The system has limited out-of-pocket costs except for small, often symbolic, co-payments for some products and services. Individuals insured under the National Social Security System (Sistema Nacional de la Seguridad Social - INSS) and their dependents are entitled to healthcare.

Public and universal healthcare system was incorporated into the Spanish Constitution in 1978 - which marked the country's transition from a dictatorship to a democracy - and it created a National Health Institute (Instituto Nacional de la Salud - INSALUD). Spain's General Healthcare Law (Ley General de Sanidad) of 1986 established the Spanish National Healthcare System (SNS, Sistema Nacional de Salud) and guaranteed universal coverage and free healthcare access to all Spanish nationals, regardless of economic situation or participation in the social security network. In 2002, the Spanish National Healthcare System was decentralized and the National Health Institute closed. While this reform impacted the management of and operations of the healthcare system, it did not substantively change the eligibility, coverage or cost of beneficiaries. Healthcare operations are now primarily the responsibility of agencies in each of Spain's 17 autonomous communities and 2 autonomous cities (Spain's regional administrative divisions). Current healthcare management is divided across three administrative levels:

- Central government: The Ministry of Health (Ministerio de Sanidad y Consumo) is in charge of issuing health proposals, planning and implementing government health guidelines
- Autonomous-community government: Each autonomous community is responsible for offering integrated health services to the regional population through centers, services and establishments within that community
- Local government: Autonomous communities are divided into local areas, which are responsible for the management of the health services offered at the community level

Policies are allowed to differ among autonomous communities and an "interterritorial council" coordinates policies for the national health system. The central government has some exclusive responsibilities with regards to raising funds for healthcare through taxation, regulation of the pharmaceutical industry and international public health.

Long-term care policy in Spain evolved separately from the universal healthcare system. Long-term care was promoted as part of the First State Gerontological Plan in 1992, whose objectives were reiterated in the crucial social-security system's reform in 1995, called "Toledo Pact" (Pacto de Toledo). However, no formal policy emerged. The provision of health care services to dependent people was primarily a family responsibility, with public intervention limited to providing long-term care services only when family income was insufficient to provide such care. During the current policy period, Long-Term Care eligibility rules and services differ substantially among different Autonomous Communities.

Public employees covered by the old-age public pension system called Cases Pasivas del Estado have health insurance through the General Mutual Society of Civil Servants of the State (*Mutualidad General de Funcionarios Civiles del Estado - MUFACE*). Those eligible are entitled to choose health service providers under an alternative insurance system. The health insurance policy details of *MUFACE* are not included in this chapter.

Eligibility

- **Qualifications**
  SNS (Healthcare Insurance)
  Persons insured by the National Social Security System (Sistema Nacional de la Seguridad Social - INSS) and their dependents are entitled to healthcare. In order to qualify as insured and be entitled to healthcare in Spain, a person should satisfy one of these conditions:
  - Be employed or self-employed and be affiliated and a contributor to the Spanish Social Security System.
  - A beneficiary of any regular social security benefit (e.g., old-age pension) or unemployed, having exhausted the unemployment benefits or allowances, and reside in Spain.

  Even if not insured, an insured person's dependents are entitled to healthcare, provided they satisfy one of the following conditions:
  - Spouse or partner of the insured person (or the former partner if in charge of the insured)
  - Child under 26 years of age or over 26 with a degree of disability of at least 65%
  - Sibling of the insured person.

  All beneficiaries must also meet all of the following requirements:
  - reside legally in Spain

  - live with the insured person (except if legally separated or divorced)
  - are a dependent of the insured (unless spouse or partner)

Note: Permanent residents (irrespective of nationality) can be insured if they do not have other health coverage. Individuals not eligible for insured status can access public healthcare through voluntary insurance offered and administered through agencies in each autonomous community.

Long-Term Care Insurance
During this policy period, Long-Term Care eligibility rules, services provided and financial assistance to households in need differ substantially among Autonomous Communities. Since no national legislation was available until the 2006 Dependency Act (Law 39/2006), which harmonized long-term care provision at a central level (although leaving space to each Autonomous Community to diverge, depending on their availability of services and their financial resources), we are not able to provide individual Autonomous-Community details during this policy period.

- **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

Coverage

SNS (Healthcare Insurance)
Insured individuals and beneficiaries are entitled to receive healthcare services including:

1. Medical care: Inpatient and outpatient care is available in public or private health centers and hospitals, or at home in the case of elderly people or people with disabilities.
2. Emergencies: Individuals in need of emergency care may receive medical services at any medical center and can be admitted to hospitals, if necessary. Ambulance services are covered by SNS without charge.
3. Rehabilitation: Rehabilitation services are provided free of charge for individuals with a medical prescription.
4. Medicines: Drugs and medications are available for individuals in need, with their price varying depending on the type of medication and the situation.

Long-Term Care Insurance
Since the regulation and provision of Long-Term Care differ substantially among each Autonomous Community, the services provided and their coverage also differ by the Autonomous Community of residence of the insured.

Costs

SNS (Healthcare Insurance)
SNS covers most healthcare free of charge, or at least for a low cost (ambulances in few selected cases, dentists and pharmacy costs are additional out-of-pocket expenses):

1. Medical care: Primary care with an appointed public General Practitioner (GP) is free of charge, but patients bear the cost of visits to private GPs. A GP can refer the patient to a specialist for further diagnosis and treatment: specialist visits in the public section are free of charge, but patients bear the cost of visits to private specialists.
2. Emergencies: free of charge (including ambulance services, emergency visits, treatment, drug and medications, hospitalization)
3. Rehabilitation: rehabilitation services are provided free of charge for individuals with a medical prescription. For private rehabilitation services, a patient bears the full cost.
4. Medicines:
    - No Copayment: Beneficiaries of non-contributory pensions and job seekers' basic income; unemployed people who have exhausted their entitlement to benefits or an allowance; victims of occupational illnesses or accidents; and hospital patients
    - Copayment: Most non-hospitalized patients pay between 10% and 60% of the full price, depending on their income. Social security covers part of the cost of surgical prostheses, orthopedic equipment and wheelchairs.

Note: Emergency dental care is provided free of change, while any other kind of dental care is subject to out-of-pocket costs through private providers. Basic eye care and tests are free of charge through public providers, while any other kind of care and tests are subject to out-of-pocket costs through private providers.

Long-Term Care Insurance
Since the regulation and provision of Long-Term Care differ substantially among each Autonomous Community, out-of-pocket costs also differ by the Autonomous Community of residence of the insured.

Chapter 2: Policy enacted 2006-2021

Policy change in 2006
In 2006, the Dependency Act (Law 39/2006) created a formal long-term care policy, known as the System of Autonomy and Dependency Care (Sistema de Autonomia y Atencion a la Dependencia, SAAD). The Dependency Act provides for universal benefits for all elderly or disabled persons who need help carrying out activities of daily living.

Overview

Spain has a universal healthcare system, regardless of age. The system has limited out-of-pocket costs except for small, often symbolic, co-payments for some products and services. Individuals insured under the National Social Security System (Sistema Nacional de la Seguridad Social - INSS) and their dependents are entitled to healthcare.

Public and universal healthcare system was incorporated into the Spanish Constitution in 1978 - which marked the country's transition from a dictatorship to a democracy - and it created a National Health Institute (Instituto Nacional de la Salud - INSALUD). Spain's General Healthcare Law (Ley General de Sanidad) of 1986 established the Spanish National Healthcare System (SNS, Sistema Nacional de Salud) and guaranteed universal coverage and free healthcare access to all Spanish nationals, regardless of economic situation or participation in the social security network. In 2002, the Spanish National Healthcare System was decentralized and the National Health Institute closed. While this reform impacted the management of and operations of the healthcare system, it did not substantively change the eligibility, coverage or cost of beneficiaries. Healthcare operations are now primarily the responsibility of agencies in each of Spain's 17 autonomous communities and 2 autonomous cities (Spain's regional administrative divisions). Current healthcare management is divided across three administrative levels:

- Central government: The Ministry of Health (Ministerio de Sanidad y Consumo) is in charge of issuing health proposals, planning and implementing government health guidelines
- Autonomous-community government: Each autonomous community is responsible for offering integrated health services to the regional population through centers, services and establishments within that community
- Local government: Autonomous communities are divided into local areas, which are responsible for the management of the health services offered at the community level

Policies are allowed to differ among autonomous communities and an "interterritorial council" coordinates policies for the national health system. The central government has some exclusive responsibilities with regards to raising funds for healthcare through taxation, regulation of the pharmaceutical industry and international public health.

Long-term care policy in Spain evolved separately from the universal healthcare system. Long-term care was promoted as part of the First State Gerontological Plan in 1992, whose objectives were reiterated in the crucial social-security system's reform in 1995, called "Toledo Pact" (Pacto de Toledo). However, no formal policy emerged. The provision of health care services to dependent people was primarily a family responsibility, with public intervention limited to providing long-term care services only when family income was insufficient to provide such care. During the current policy period, after the introduction of the 2006's Dependency Act (Law 39/2006), Long-Term Care eligibility rules and services have been harmonized at a central level, although individual Autonomous Communities can diverge from these national guidelines depending on their availability of services and financial resources.

Public employees covered by the old-age public pension system called Cases Pasivas del Estado have health insurance through the General Mutual Society of Civil Servants of the State (*Mutualidad General de Funcionarios Civiles del Estado - MUFACE*). Those eligible are entitled to choose health service providers under an alternative insurance system. The health insurance policy details of *MUFACE* are not included in this chapter.

Eligibility

- **Qualifications**
  SNS (Healthcare Insurance)
  Persons insured by the National Social Security System (Sistema Nacional de la Seguridad Social - INSS) and their dependents are entitled to healthcare. In order to qualify as insured and be entitled to healthcare in Spain, a person should satisfy one of these conditions:
  - Be employed or self-employed and be affiliated and a contributor to the Spanish Social Security System.
  - A beneficiary of any regular social security benefit (e.g., old-age pension) or unemployed, having exhausted the unemployment benefits or allowances, and reside in Spain.

Even if not insured, an insured person's dependents are entitled to healthcare, provided they satisfy one of the following conditions:

- Spouse or partner of the insured person (or the former partner if in charge of the insured)
- Child under 26 years of age or over 26 with a degree of disability of at least 65%
- Sibling of the insured person.

All beneficiaries must also meet all of the following requirements:

- reside legally in Spain
- live with the insured person (except if legally separated or divorced)
- are a dependent of the insured (unless spouse or partner)

Note: Permanent residents (irrespective of nationality) can be insured if they do not have other health coverage. Individuals not eligible for insured status can access public healthcare through voluntary insurance offered and administered through agencies in each autonomous community.

SAAD (Long-Term Care Insurance)

Since 2006, long-term care in Spain is covered under broad rules pertaining to dependency care. The Dependency Act defined dependency as "the permanent state in which persons that for reasons derived from age, illness or disability and linked to the lack or loss of physical, mental, intellectual or sensorial autonomy require the care of another person/other people or significant help in order to perform basic activities of daily living." Dependency assessments are conducted by autonomous administration corresponding to the applicant's residence and is valid for the whole of the Spanish state territory, in order to guarantee equality of services' provision. The degree and levels of dependency are determined using a scale approved by the Territorial Council of the System and for Autonomy and Care for Dependency.

Law 39/2006 (Official State Gazette, 2006) distinguishes between different degrees of dependency, which in turn establish the benefits and services that can be received:

- Degree I - Moderate Dependency: when a person needs help to perform various basic activities of daily living at least once a day or when the person needs intermittent or limited support for their personal autonomy
- Degree II - Severe Dependency: when a person needs help in order to perform various basic activities of daily living two or three times a day, but they do not want the permanent support of a caregiver or when they need extensive support for their personal autonomy
- Degree III - Major Dependency: when a person needs help to perform various basic activities of daily living several times a day or, due to their total loss of physical, mental, intellectual or sensorial autonomy, they need the continuous support of another person or when they need generalized support for his/her personal autonomy.

- **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

Coverage

SNS (Healthcare Insurance)

Insured individuals and beneficiaries are entitled to receive healthcare services including:

1. Medical care: Inpatient and outpatient care is available in public or private health centers and hospitals, or at home in the case of elderly people or people with disabilities.
2. Emergencies: Individuals in need of emergency care may receive medical services at any medical center and can be admitted to hospitals, if necessary. Ambulance services are covered by SNS without charge.
3. Rehabilitation: Rehabilitation services are provided free of charge for individuals with a medical prescription.
4. Medicines: Drugs and medications are available for individuals in need, with their price varying depending on the type of medication and the situation.

SAAD (Long-Term Care Insurance)

Autonomous communities are responsible for the provision of benefits and services established by the 2006 Dependency Law, and cross community benefits and services are handled within a framework called the Network of Social Services of the Autonomous Communities. These responsibilities include not only the provision of services to dependent people, but also the provision of certain benefits. According to the Dependency Law, required in kind benefits and services include:

- Dependency prevention services and the promotion of personal autonomy
- Personal alert system
- Home-help service (addressing the needs of the household)
- Personal care

- Adult day-care centers
- Residential care service

If an autonomous community's agency responsible for these services are unable to provide them, the dependent person is entitled to receive financial benefits. There are three types of financial benefits:

- Financial assistance to access certain care services
- Financial assistance for informal caregivers
- Financial assistance to hire personal caregivers

The amount of these benefits depends on the degree of dependency and the economic situation of each individual.

See Table 1 for values until 2012 and Table 2 for values from 2013 onwards of maximum financial benefits that can be granted to a dependent individual and their households in cases where the autonomous community is unable to provide the services included in the Dependency Law. Values vary by year and are based on the beneficiary's degree of dependency and service needed. The provision of these financial benefits was phased-in depending on the degree of dependency, and it is not available for certain specific cases.

Costs

SNS (Healthcare Insurance)

SNS covers most healthcare free of charge, or at least for a low cost (ambulances in few selected cases, dentists and pharmacy costs are additional out-of-pocket expenses):

1. Medical care: Primary care with an appointed public General Practitioner (GP) is free of charge, but patients bear the cost of visits to private GPs. A GP can refer the patient to a specialist for further diagnosis and treatment: specialist visits in the public section are free of charge, but patients bear the cost of visits to private specialists.
2. Emergencies: free of charge (including ambulance services, emergency visits, treatment, drug and medications, hospitalization)
3. Rehabilitation: rehabilitation services are provided free of charge for individuals with a medical prescription. For private rehabilitation services, a patient bears the full cost.
4. Medicines:
    - No Copayment: Beneficiaries of non-contributory pensions and job seekers' basic income; unemployed people who have exhausted their entitlement to benefits or an allowance; victims of occupational illnesses or accidents; and hospital patients
    - Copayment: Most non-hospitalized patients pay between 10% and 60% of the full price, depending on their income. Social security covers part of the cost of surgical prostheses, orthopedic equipment and wheelchairs.

Note: Emergency dental care is provided free of change, while any other kind of dental care is subject to out-of-pocket costs through private providers. Basic eye care and tests are free of charge through public providers, while any other kind of care and tests are subject to out-of-pocket costs through private providers.

SAAD (Long-Term Care Insurance)

Depending on the degree of dependency, beneficiaries are entitled to different long-term care services free of charge. If the autonomous community cannot provide these services, beneficiaries are entitled to financial allowances, depending on their individual and household income, in order to receive these services by private healthcare providers at cost. The availability of services and the amount of financial compensation granted depend on the individual autonomous communities, who vary in the long-term care services provided and/or available. See Table 1 and the *Coverage* section for details on the government-set maximum allowances provided to individuals and households in need of long-term care, in case certain public services are not available free of charge.

Tables and Formulas

Table 1: Financial Assistance for Depencency (2007-2012)

Degree of Dependency	Year	Linked to specific service	For in-family care	For caregivers' assistance
Degree I - Level 2	2007-2010	N.A.	N.A.	-
	2011	300.00 €	180.00 €	-
Degree II - Level 1	2007-2008	N.A.	N.A.	-
	2009	400.00	300.00	-
	2010	401.20	300.90	-
	2011	401.20	300.90	-
	2012	401.20	255.77	-
Degree II - Level 2	2007	N.A.	N.A.	-
	2008	450.00	328.36	-
	2009	460.80	336.24	-
	2010	462.18	337.25	-
	2011	462.18	337.25	-
	2012	462.18	286.66	-
Degree III - Level 1	2007	585.00	390.00	585.00
	2008	608.98	405.99	608.98
	2009	623.60	415.73	623.60
	2010	625.47	416.98	625.47
	2011	625.47	416.98	625.47
	2012	625.47	354.43	625.47
Degree III - Level 2	2007	780.00	487.00	780.00
	2008	811.98	506.96	811.98
	2009	831.47	519.13	831.47
	2010	833.96	520.69	833.96
	2011	833.96	520.69	833.96
	2012	833.96	520.69	833.96

Notes: Monthly benefit amounts, 12 monthly payments per year.
Different degrees are assigned based on a formula applied after a medical evaluation of the individual, in which each condition and their degree correspond to a specific score. Different levels are assigned based on the need of a caregiver, after meeting the requirements established by Royal Decreee 1971/1999: Level 1 corresponds to the need of a caregiver.
Source: Official State Gazette, 2006

Table 2: Financial Assistance for Depencency after 2012

Degree of Dependency	Year	Linked to specific service	For in-family care	For caregivers' assistance
Degree I - Level 1	2013+	300.00 €	153.00 €	300.00 €
Degree I - Level 2	2013+	300.00	153.00	-
Degree II	2013+	426.12	268.79	426.12
Degree III	2013+	715.07	387.64	715.07

Notes: Monthly benefit amounts, 12 monthly payments per year.
Different degrees are assigned based on a formula applied after a medical evaluation of the individual, in which each condition and their degree correspond to a specific score. Different levels are assigned based on the need of a caregiver, after meeting the requirements established by Royal Decreee 1971/1999: Level 1 corresponds to the need of a caregiver.
Source: Official State Gazette, 2006

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 benefit where the beneficiary must actively file a claim for benefits with the government's administering authority.

National Healthcare System (Sistema Nacional de Salud - SNS): Spanish National Healthcare System

National Institute of Social Security (Instituto Nacional de la Seguridad Social - INSS): Spanish National Institute of Social Security.

Passive Class Scheme of the State (Clases Pasivas del Estado): The Passive Class Scheme of the State is part of the special Social Security Scheme for State Officials and guarantees protection against the risks of old age, disability, death and survival of certain groups that provide or have provided services to the State.

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.

System of Autonomy and Dependency Care (Sistema de Autonomia y Atencion a la Dependencia - SAAD): Common name for the formal long-term care policy emerged from the 2006 Dependency Act (Law 39/2006)

Toledo Pact (Pacto de Toledo): Report drafted by the "Toledo-Pact Agreements, Follow-up and Evaluation Commission", a permanent commission preceded by the government's Budget Committee. The report is drafted in collaboration with different social stakeholders, and has the aim of analyzing both the background of the Social Security system, and the factors that could condition its future evolution. The Toledo Pact was first published in 1995 containing fifteen reform recommendations, and has been renewed every 5 years including new reform recommendations.

Version information

Current Version: 1.1 (August 2023)

Version History

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

Additional resources

The following resources provide additional details for the interested reader:

Boletín Oficial del Estado. Available at: https://www.boe.es/
Features: Official database for the Spanish legislation, laws and acts over the years.

Ministerio de Sanidad, Consumo y Bienestar Social (Ministry of Health, Consumer Affairs and Social Welfare) website. Available at: https://www.mscbs.gob.es/
Features: Official website for the Spanish Ministry of Health, Consumer Affairs and Social Welfare (Ministerio de Sanidad, Consumo y Bienestar Social). It contains useful documents and data on all aspects of the Spanish healthcare system.