GATEWAY TO GLOBAL AGING DATA

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Gateway Policy Explorer: Retirement Series

China

Public Old-Age Health Insurance Plan Details

2010-2023

Authors
Qinyi Ouyang
David Knapp

Contributors
Binqian Chai
Jin Feng
Jinkook Lee
Maciej Lis†
Rachel Lobo
Drystan Phillips
Kanghong Shao
Alejandra Tantamango

Version: 1.0 (December 2023)

This project is funded by the National Institutes of Health, National Institute of Aging, R01 AG030153.

Please cite as "Gateway to Global Aging Data (2024). *Gateway Policy Explorer: China, Public Old-Age Health Insurance Plan Details, 2010-2023*, Version: 1.0 (December 2023), University of Southern California, Los Angeles. https://doi.org/10.25553/gpe.ret.hi.chn"

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.

China

Old-Age Health Insurance
Plan details 2010-2023 * †

China provides near-universal healthcare coverage through publicly funded medical insurance. The Chinese health insurance system now consists of three types of health insurance depending on type of employment and residence status. The Urban Employee Basic Medical Insurance covers salaried workers and the self-employed. The Urban and Rural Resident Basic Medical Insurance, which was formed by merging the Urban Resident Medical Insurance and the New Rural Cooperative Medical Insurance, covers nonsalaried urban residents and rural residents. Additionally, the Government Medical Insurance covers civil servants and college students.

The Urban Employee Basic Medical Insurance is funded primarily by employer and employee contributions. The Urban and Rural Resident Basic Medical Insurance is financed primarily by subsidies from central and local governments.

The Chinese central government has overall responsibility for national health legislation, policy, and administration. Local governments (provinces, prefectures, cities, counties, and towns) are responsible for organizing and providing healthcare services. At the national level, the National Healthcare Security Administration primarily administers and oversees public health insurance. At sub-national level, the provincial bureaus of healthcare security administration are responsible.

Key Dates
First law: 1951
Major changes since 1992: 2010, 2016

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: Background on health insurance policy prior to 2010

Editor's Note
Since the China Health and Retirement Longitudinal Study (CHARLS) began in 2011, right after the promulgation of the Social Insurance Law, and given the difficulty of collecting national and sub-national policy information from periods before 2010, this chapter deviates from the usual design of the Gateway Policy Explorer Series and provides a brief historical background on evolution of the healthcare system in China prior to the creation of the Social Insurance Law. The background provided in this chapter offers important context for the unification of the China old-age health insurance system and subsequent reforms.

After the Second World War, the People's Republic of China established its first healthcare system in 1951, with the publication of the Labor Insurance Regulation by the State Council [1]. It covered employees in state-owned enterprises (SOEs) and collectively owned enterprises and their dependents. In 1952, the Government Medical Insurance (公费医疗) was established for civil servants (working and retired) [2]. The healthcare system during this time was fully planned and organized by the central government. Out-of-pocket payments were minimal.

Before the early 1960s, there was no public healthcare system for rural residents and they were required to pay out-of-pocket for all healthcare services though the fees were strictly regulated. In 1959, the Ministry of Health of the People's Republic of China assembled a meeting and recognized cooperative medical systems in certain regions. Following this, in the 1960s, a rural cooperative medical system was gradually developed. Cooperative healthcare was implemented by each community unit and funded by personal contributions, community subsidies, and medical payments. Similar to the other two healthcare systems, out-of-pocket payments for cooperative healthcare were also minimal [3, 4].

In the 1980s when China shifted from a planned to a market-oriented economy, China experienced rapid growth of infrastructure, and availability of medicines and medical products and devices concentrated in urban areas and tertiary hospitals. During this time, out-of-pocket payments were greatly increased. Substantial changes in economy and health sector led to reforms. In 1997, the State Council proposed to develop and improve cooperative healthcare in rural areas [5]. In 1998, the State Council issued a notice to implemente a nation-wide reform on urban employees' medical insurance [6]. This notice introduced the Urban Employee Basic Medical Insurance (城镇职工医疗保险, 职工医保, abbreviated as employee's yi-bao).

In the 2000s, multiple reforms took place regarding public healthcare for rural residents and a system known as the New Rural Cooperative Medical Insurance (新型农村合作医疗保险, 合作医疗, abbreviated as he-zuo-yi-liao) was gradually established [7, 8, 9, 10, 11].

In 2007, nonsalaried urban residents were covered for the first time [12]. The newly introduced Urban Resident Medical Insurance (城镇居民医疗保险) aimed to provide healthcare coverage for urban residents who are not enrolled in the Urban Employee Basic Medical Insurance and was primarily funded by government subsidies.

In summary, the Chinese healthcare system had undergone a number of reforms regarding its design and implementation. It includes four types of health insurance depending on type of employment and residence status. The Urban Employee Basic Medical Insurance covers salaried workers and the self-employed. The Urban Resident Medical Insurance covers nonsalaried urban residents and college students. The New Rural Cooperative Medical Insurance covers rural residents. Additionally, the Government Medical Insurance covers civil servants. This document focuses on the Urban Employee Basic Medical Insurance, the Urban Resident Medical Insurance, and the New Rural Cooperative Medical Insurance.

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Chapter 2: Policy enacted 2010-2015

Policy change in 2010

The National People's Congress of China adopted the Social Insurance Law (National People's Congress of the People's Republic of China, 2010) on October 28, 2010, which came into effect on July 1, 2011. The Social Insurance Law consolidated social security regulations at national and sub-national levels and established a nationwide unified social security system for all citizens. Regarding health insurance, the Social Insurance Law made the following changes:

- Mandated that employees participate in the Urban Employee Basic Medical Insurance, which is jointly funded by employees and employers. The self-employed can opt-in by paying their own contributions.
- Required the State Council to further regulate and improve the New Rural Cooperative Medical Insurance system.
- Mandated that the Urban Resident Medical Insurance is funded by personal contributions and government subsidies.
- Allowed participants in the Urban Employee Basic Medical Insurance to be exempted from paying contributions after reaching the statutory retirement age if they meet certain contribution requirements.
- Mandated that medical costs of listed pharmaceuticals, medical services, medical aids, emergency care, and urgent care are reimbursable by health insurance.

Other reforms during this period include:

- The Guidance about Implementation of Residents' Critical Illness Insurance System (China's National Development and Reform Commission and 5 other ministries, 2012), published August 24, 2012, suggested local governments establish and implement critical illness insurance to provide reimbursement in the event of high medical expenses. The goal was for local governments to establish a relatively comprehensive supplementary healthcare support system by 2017.

Overview

China's publicly-provided health insurance system consists of four health insurance systems depending on type of employment and residence status. The Urban Employee Basic Medical Insurance (城镇职工医疗保险, 职工医保, abbreviated as employee's yi-bao) covers salaried workers and the self-employed. The Urban Resident Medical Insurance (城镇居民医疗保险) covers nonsalaried urban residents and college students. The New Rural Cooperative Medical Insurance (新型农村合作医疗保险, 合作医疗, abbreviated as he-zuo-yi-liao) covers rural residents. Additionally, the Government Medical Insurance (公费医疗) covers civil servants. This policy period (chapter) focuses on the Urban Employee Basic Medical Insurance, the Urban Resident Medical Insurance, and the New Rural Cooperative Medical Insurance.

The Urban Employee Basic Medical Insurance is funded primarily by employer and employee contributions. The Urban Resident Medical Insurance and the New Rural Cooperative Medical Insurance are financed primarily by subsidies from central and local governments.

The Chinese central government has overall responsibility for national health legislation, policy, and administration. Local governments (provinces, prefectures, cities, counties, and towns) are responsible for organizing and providing healthcare services. At the national level, the Ministry of Human Resources and Social Security, the National Health Commission, the National Development and Reform Commission, and the Ministry of Civil Affairs administer and oversee different aspects of public health insurance. At the sub-national level, the provincial bureaus of healthcare security administration are responsible. Currently we have collected a sample of local policies to illustrate variation in implementation at the local level. In future versions of this document, additional information will be made available by locality (i.e., provinces and municipalities, if applicable). The highlighted localities include: Jilin, Gansu, Guangdong, Shanghai, and Sichuan.

Eligibility

- **Qualifications**
  Eligibility for basic and critical illness insurance varies by system.

  Basic Medical Insurance
  An individual must continue to contribute to a health insurance system to be covered, and must re-enroll if their participation is interrupted for more than 2 months. Depending on the health insurance system a person is insured with, the contribution standard varies.
  - Urban Employee Basic Medical Insurance (State Council, 1998)
    * 6% of payroll paid by employers

    - 2% of earned income paid by employees themselves

  Local governments may adjust these contribution rates based on actual situations. See Table 1 for contribution rates in 5 select cities.[1]

  Individuals who have a long contribution history with the Urban Employee Basic Medical Insurance are exempted from contribution payments after they retire (Social Insurance Law, Chapter 3, Statement 27). The contribution requirement varies by city. See Table 2 for the requirements of lifelong health care in 5 select cities.

- Urban Resident Medical Insurance
  The State Council publishes the contribution amount every year, and local governments may increase the amount based on their local circumstances. See Table 3 for contribution amount as recommended by the State Council and in 5 select cities from 2010-2017.[1]

- New Rural Cooperative Medical Insurance
  The State Council publishes the contribution amount every year, and local governments may increase the amount based on their local circumstances. See Table 4 for State Council's contribution standards of the New Rural Cooperative Medical Insurance from 2010-2017.

Additionally, individuals may benefit from medical assistance (医疗救助) if they satisfy one of the following conditions:

- They are Dibao beneficiaries.
- They are recognized as extremely poor which typically means people of old age or disabilities, and teenagers under age 16 and who satisfy the following conditions:
  - They are not capable of working, i.e., they are at or above age 60, they have 1st or 2nd level disabilities, or they are under age 16.
  - They cannot provide subsistence for themselves, i.e., their income is lower than local Dibao standard.
  - They have no support obligators or their support obligators have limited means.
- They are recognized as individuals with difficulties by local governments.

The policy details associated with Dibao are covered in the separate policy document: *China Public Old-Age Social Assistance Plan Details*.

Critical Illness Insurance

Individuals may be enrolled with a critical illness insurance to cover high medical expenses. The contribution requirement varies by health insurance system.

- Urban Employee Basic Medical Insurance
  Participants are automatically enrolled with critical illness insurance and no additional contribution payment is needed.

- Urban Resident Medical Insurance, New Rural Cooperative Medical Insurance
  Depending on the local governments' policies, participants either need to make additional contributions or are automatically enrolled.

As required by the State Council, local governments will publish implementing policies by 2017 (China's National Development and Reform Commission and 5 other ministries, 2012).

- **To receive health benefits, does an individual have to claim them?** Answer: No
- **To continue to receive health benefits, does an individual have to remain qualified?** Answer: Yes

Coverage

Chinese public health insurance system reimburses medical costs of pharmaceuticals, treatments and services in the national and sub-national catalogues of medical insurance, urgent care, and rescue (State Council, 2010, Chapter 3, Statement 28, State Council, 2012). This typically includes inpatient care, primary and specialist care, prescription drugs, mental health care, physical therapy, emergency care, traditional Chinese medicine, certain dental services such as tooth extraction, and certain optometry services. Three catalogues of medical insurance serve as foundation of reimbursement eligibility:

- The National Catalogue of Drugs (State Council, 2023) lists all pharmaceuticals that are eligible for reimbursement.
- The National Catalogue of Diagnosis and Treatment lists all medical services that are eligible for reimbursement. Provincial governments publish their own catalogues which list either all reimbursable services (Guangdong Government, 2022a) or all ineligible services. The local catalogues typically provide wider coverage than the national catalogue.

- The National Catalogue of Medical Consumables is being developed (as of 2023) and will list all items that are eligible for reimbursement. Provincial governments publish their own catalogues which list either all reimbursable items (Guangdong Government, 2022b) or all ineligible items.

The National Catalogue of Drugs (State Council, 2023) divides all listed pharmaceuticals into two categories: Category I and Category II. Category I drugs are essential and affordable drugs and are directly reimbursed given the percentage set by local governments while Category II drugs are innovative and relatively more expensive drugs and are reimbursed proportionally after the insured pays the deductibles.

Inpatient Care
Patients need a referral from a doctor for inpatient care. Basic medical insurances cover inpatient care. The reimbursement rate and deductibles depend on level of the medical institution they choose and whether the insured is retired.

Outpatient Care
Regardless of type of medical insurance, a patient can freely choose medical institutions for outpatient healthcare services. The reimbursement rate and deductibles depend on level of the medical institution they choose. Medical institutions include clinic, county hospital (Level 1), municipal hospital (Level 2), and provincial hospital (Level 3). The care provider must be within the network to be eligible for reimbursement —local governments publish and update list of reimbursable medical institutions.

Pharmaceuticals
Pharmaceutical products that are eligible for reimbursement are listed in the National Catalogue of Drugs issued by the National Healthcare Security Administration (NHSA) and the Provincial Catalogue of Drugs issued by the provincial bureau of healthcare security administration. See Box 1 for more information on pharmaceuticals that are excluded from reimbursement.

Costs

Out-of-pocket costs have four major components (State Council, 2010, Chapter 3, Statement 28, State Council, 2012):

- Deductibles: 10% of local average wage according to the State Council guidelines. Local governments set their own amounts based on actual situations.
  - Inpatient care: The deductibles apply to every stay.
  - Outpatient care: The deductibles apply on an annual basis.
- Coinsurance: Coinsurance rates vary depending on type of care, type of health insurance, level of hospital and employment status of the insured. The State Council publishes guidelines on coinsurance rates while local governments may adjust them based on their local circumstances —see Table 5 for State Council guidelines on coinsurance rates.
- Reimbursement ceilings: 6 times local average wage according to the State Council guidelines. Local governments may adjust these amounts based on actual situations. The reimbursement ceilings apply on an annual basis.
- Ineligible medical costs: Pharmaceuticals, medical services and medical aids that are not listed on the three catalogues are not eligible for reimbursement. Additionally, medical costs from the following cases are not eligible for reimbursement —
  - Work-related injury
  - Preventive care such as vaccines (typically paid for by the government)
  - Health care costs incurred outside mainland China

Deductibles, coinsurance rates, and reimbursement ceilings vary by type of health insurance and differ across localities.

Basic Medical Insurance

- Urban Employee Basic Medical Insurance (UEBMI)
  - Changchun: Table 6 summarizes costs for UEBMI participants.
  - Chengdu
    - Table 7 summarizes costs for UEBMI participants.
    - Table 8 summarizes coinsurance rates for UEBMI participants.
  - Guangzhou: Table 9 summarizes costs for UEBMI participants.
  - Lanzhou: Table 10 summarizes costs for UEBMI participants.
  - Shanghai
    - Table 11 summarizes costs for employed UEBMI participants.
    - Table 12 summarizes costs for retired UEBMI participants.
    - Table 13 summarizes reimbursement ceilings for UEBMI participants.

- Urban Resident Medical Insurance (URMI)
  - Changchun: Table 14 summarizes costs for URMI participants.
  - Chengdu: The Urban and Rural Resident Basic Medical Insurance applies to this period —
    - Table 15 summarizes costs for URRBMI participants.
    - Table 16 summarizes critical illness insurance for URRBMI participants as of 2023.
  - Guangzhou: Table 17 summarizes costs for URMI participants.
  - Lanzhou: Table 18 summarizes costs for URMI participants.
  - Shanghai: Table 19 summarizes costs for URMI participants.

- New Rural Cooperative Medical Insurance (NRCMI)
  - Changchun: Table 20 summarizes costs for NRCMI participants.
  - Chengdu: Same as URMI
  - Lanzhou: Table 21 summarizes outpatient care costs for NRCMI participants.
  - Policy information of Guangzhou and Shanghai is not available.

Critical Illness Insurance (CII)

- Urban Employee Basic Medical Insurance (UEBMI)
  - Changchun: Table 6 summarizes CII for UEBMI participants.
  - Chengdu: Table 7 summarizes CII for UEBMI participants.
  - Guangzhou: Table 9 summarizes CII for UEBMI participants.
  - Lanzhou: Table 10 summarizes CII for UEBMI participants.
  - Shanghai
    - Table 11 summarizes CII for employed UEBMI participants.
    - Table 12 summarizes CII for retired UEBMI participants.

- Urban Resident Medical Insurance (URMI)
  - Changchun: Table 14 summarizes costs for URMI participants.
  - Chengdu: The Urban and Rural Resident Basic Medical Insurance applies to this period —see Table 16 for summary of critical illness insurance for URRBMI participants as of 2023.
  - Lanzhou: Table 18 summarizes costs for URMI participants.
  - Policy information of Guangzhou and Shanghai is not available.

- New Rural Cooperative Medical Insurance (NRCMI)
  - Changchun: Table 20 summarizes costs for NRCMI participants.
  - Chengdu: Same as URMI
  - Policy information of Guangzhou, Lanzhou, and Shanghai is not available.

Chapter 3: Policy enacted 2016-2023

Policy change in 2016

Opinions of the State Council on Integrating the Basic Medical Insurance System for Rural and Urban Residents (State Council, 2016), published January 12, 2016, made the following changes:

- The Urban Resident Medical Insurance (城镇居民医疗保险) and the New Rural Cooperative Medical Insurance (新型农村合作医疗保险，合作医疗, abbreviated as he-zuo-yi-liao), which covered nonsalaried urban residents and rural residents, were merged into the Urban and Rural Resident Basic Medical Insurance (城乡居民基本医疗保险，城乡医保, abbreviated as urban and rural resident's yi-bao).
- The coverage and out-of-pocket costs of medical insurance between rural residents and urban residents was to be standardized.
- Every province (city, or county) was required to make plans and establish timetables to merge the two medical insurance systems by the end of June in 2016.

Other reforms during this period include:

- Notices on promoting public health insurance in other provinces (MOHRSS, 2016; MOHRSS, 2017; NHSA, 2020; NHSA, 2022), aim to promote cross-province medical insurance accessibility, unify cross-provincial reimbursement policies and expand the pool of administrative region from the county level to city level or the provincial level.
- The State Council Institutional Reform Plan issued at the 13th National People's Congress (State Council, 2018), published March 17, 2018, established the National Healthcare Security Administration.
- Opinions of the National Healthcare Security Administration and the Ministry of Finance on the Establishment of a Unified Medical Benefit List (NHSA, 2021), published January 19, 2021, established a nationwide comprehensive list of covered medical benefits.

Overview

China provides near-universal healthcare coverage through publicly funded medical insurance. According to the National Healthcare Security Administration, the participation rate remained above 95% as of the end of 2022. China's publicly-provided health insurance consists of three health insurance systems depending on type of employment and residence status. The Urban Employee Basic Medical Insurance (城镇职工医疗保险，职工医保, abbreviated as employee's yi-bao) covers salaried workers and the self-employed. The Urban and Rural Resident Basic Medical Insurance (城乡居民基本医疗保险，城乡医保, abbreviated as urban and rural resident's yi-bao), which was formed by merging the Urban Resident Medical Insurance (城镇居民医疗保险) and the New Rural Cooperative Medical Insurance (新型农村合作医疗保险，合作医疗, abbreviated as he-zuo-yi-liao), covers nonsalaried urban residents, rural residents, and college students. Additionally, the Government Medical Insurance (公费医疗) covers civil servants. This policy period (chapter) focuses on the Urban Employee Basic Medical Insurance and the Urban and Rural Resident Basic Medical Insurance.

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  - Urban Employee Basic Medical Insurance (State Council, 1998)
    - 6% of payroll paid by employers
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    Local governments may adjust these contribution rates based on actual situations. See Table 1 for contribution rates in 5 select cities.[1]

    Individuals who have a long contribution history with the Urban Employee Basic Medical Insurance are exempted from contribution payments after they retire (Social Insurance Law, Chapter 3, Statement 27). The contribution requirement varies by city. See Table 2 for the requirements of lifelong health care in 5 select cities.

  - Urban and Rural Resident Basic Medical Insurance
    The State Council publishes the contribution amount every year, and local governments may increase the amount based on actual situations. See Table 22 for contribution standards as recommended by the State Council and in 5 select cities.[1]

  Additionally, individuals may benefit from medical assistance (医疗救助) if they satisfy one of the following conditions:
  - They are Dibao beneficiaries.
  - They are recognized as extremely poor which typically means people of old age or disabilities, and teenagers under age 16 and who satisfy the following conditions:
    - They are not capable of working, i.e., they are at or above age 60, they have 1st or 2nd level disabilities, or they are under age 16.
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  - Urban and Rural Resident Basic Medical Insurance
    Depending on the local governments' policies, participants either need to make additional contributions or are automatically enrolled.
- **To receive health benefits, does an individual have to claim them?** Answer: No
- **To continue to receive health benefits, does an individual have to remain qualified?** Answer: Yes

Coverage

Chinese public health insurance system reimburses medical costs of pharmaceuticals, treatments and services in the national and sub-national catalogues of medical insurance, urgent care, and rescue (State Council, 2010, Chapter 3, Statement 28, State Council, 2012). This typically includes inpatient care, primary and specialist care, prescription drugs, mental health care, physical therapy, emergency care, traditional Chinese medicine, certain dental services such as tooth extraction, and certain optometry services. Three catalogues of medical insurance serve as foundation of reimbursement eligibility:

- The National Catalogue of Drugs (State Council, 2023) lists all pharmaceuticals that are eligible for reimbursement.
- The National Catalogue of Diagnosis and Treatment lists all medical services that are eligible for reimbursement. Provincial governments publish their own catalogues which list either all reimbursable services (Guangdong Government, 2022a) or all ineligible services. The local catalogues typically provide wider coverage than the national catalogue.
- The National Catalogue of Medical Consumables is being developed (as of 2023) and will list all items that are eligible for reimbursement. Provincial governments publish their own catalogues which list either all reimbursable items (Guangdong Government, 2022b) or all ineligible items.

The National Catalogue of Drugs (State Council, 2023) divides all listed pharmaceuticals into two categories: Category I and Category II. Category I drugs are essential and affordable drugs and are directly reimbursed given the percentage set by local governments while Category II drugs are innovative and relatively more expensive drugs and are reimbursed proportionally after the insured pays the deductibles.

Inpatient Care
Patients need a referral from a doctor for inpatient care. Basic medical insurances cover inpatient care. The reimbursement rate and deductibles depend on level of the medical institution they choose and whether the insured is retired.

Outpatient Care
Regardless of type of medical insurance, a patient can freely choose medical institutions for outpatient healthcare services. The reimbursement rate and deductibles depend on level of the medical institution they choose. Medical institutions include clinic, county hospital (Level 1), municipal hospital (Level 2), and provincial hospital (Level 3). The care provider must be within the network to be eligible for reimbursement —local governments publish and update list of reimbursable medical institutions.

Pharmaceuticals
Pharmaceutical products that are eligible for reimbursement are listed in the National Catalogue of Drugs issued by the National Healthcare Security Administration (NHSA) and the Provincial Catalogue of Drugs issued by the provincial bureau of healthcare security administration. See Box 1 for more information on pharmaceuticals that are excluded from reimbursement.

Costs

Out-of-pocket costs have four major components (State Council, 2010, Chapter 3, Statement 28; State Council, 2012):

- Deductibles: 10% of local average wage according to the State Council guidelines. Local governments set their own amounts based on actual situations.
  - Inpatient care: The deductibles apply to every stay.
  - Outpatient care: The deductibles apply on an annual basis.
- Coinsurance: Coinsurance rates vary depending on type of care, type of health insurance, level of hospital and employment status of the insured. The State Council publish guidelines on coinsurance rates while local governments may adjust them based on actual situations —see Table 5 for State Council guidelines on coinsurance rates.
- Reimbursement ceilings: 6 times local average wage according to the State Council guidelines. Local governments may adjust these amounts based on actual situations. The reimbursement ceilings apply on an annual basis.
- Ineligible medical costs: Pharmaceuticals, medical services and medical aids that are not listed on the three catalogues are not eligible for reimbursement. Additionally, medical costs from the following cases are not eligible for reimbursement:
  - Work-related injury
  - Preventive care such as vaccines (typically paid for by the government)
  - Health care costs incurred outside mainland China

Deductibles, coinsurance rates, and reimbursement ceilings vary by type of health insurance and differ across localities.

Basic Medical Insurance

- Urban Employee Basic Medical Insurance (UEBMI)

  - Changchun: Table 6 summarizes costs for UEBMI participants.
  - Chengdu
    * Table 7 summarizes costs for UEBMI participants.
    * Table 8 summarizes coinsurance rates for UEBMI participants.
  - Guangzhou: Table 9 summarizes costs for UEBMI participants.
  - Lanzhou: Table 10 summarizes costs for UEBMI participants.
  - Shanghai
    * Table 11 summarizes costs for employed UEBMI participants.
    * Table 12 summarizes costs for retired UEBMI participants.
    * Table 13 summarizes reimbursement ceilings for UEBMI participants.

- Urban and Rural Resident Basic Medical Insurance (URRBMI)
  - Changchun: Table 23 summarizes costs for URRBMI participants.
  - Chengdu
    * Table 15 summarizes costs for URRBMI participants.
    * Table 16 summarizes critical illness insurance for URRBMI participants as of 2023.
  - Guangzhou: Table 24 summarizes costs for URRBMI participants.
  - Lanzhou: Table 25 summarizes costs for URRBMI participants.
  - Shanghai: Table 26 summarizes costs for URRBMI participants.

Critical Illness Insurance (CII)

- Urban Employee Basic Medical Insurance (UEBMI)
  - Changchun: Table 6 summarizes CII for UEBMI participants.
  - Chengdu: Table 7 summarizes CII for UEBMI participants.
  - Guangzhou: Table 9 summarizes CII for UEBMI participants.
  - Lanzhou: Table 10 summarizes CII for UEBMI participants.
  - Shanghai
    * Table 11 summarizes CII for employed UEBMI participants.
    * Table 12 summarizes CII for retired UEBMI participants.

- Urban and Rural Resident Basic Medical Insurance (URRBMI)
  - Changchun: Table 23 summarizes CII for URRBMI participants.
  - Chengdu: Table 16 summarizes CII for URRBMI participants as of 2023.
  - Lanzhou: Table 25 summarizes CII for URRBMI participants.
  - Shanghai: Table 26 summarizes CII for URRBMI participants.
  - Policy information of Guangzhou is not available.

Tables and Formulas

Table 1: Contribution Rates of the Urban Employee Basic Medical Insurance in Select Cities (2010-present)

City	Employer Contribution Rate	Employee Contribution Rate	Self-employed Contribution Rate
Changchun	7% of payroll	2% of earned income	A fixed amount published every year + 1% of the fixed amount for critical illness insurance
Chengdu	From 2024: 6.5% of payroll 2023: 6.9% of payroll 2020-2022: 6.7% of payroll 2009-2019:7.5% of payroll	2% of earned income	9.5% of 80% of the local annual average wage or 4% of the local annual average wage in the previous year
Guangzhou	From December 1, 2022: 6% of payroll Before December 1, 2022: 8% of payroll	2% of earned income	From December 1, 2022: 8% of the local annual average wage in the previous year Before December 1, 2022: 10% of the local annual average wage in the previous year
Lanzhou	8% of payroll	2% of earned income	5.4% of the local annual average wage in the previous year
Shanghai	From December 1, 2013: 9% of payroll for UEBMI, and 2% of payroll for local supplement Before December 1, 2013: 10% of payroll for basic medical insurance	2% of earned income	14% of 60% to 300% of the local annual average wage in the previous year, decreased to 11% in 2023

Source: Author's compilation from regulations published by municipal people's governments (Guangzhou Municipal People's Government, 2008b, Chengdu Municipal People's Government, 2008a, Changchun Municipal People's Government, 2011, 2022, Lanzhou Municipal People's Government, 2022, Shanghai Municipal People's Government, 2013).

Table 2: Contribution Requirement to be Exempted from Contributions to Urban Employee Basic Medical Insurance in 5 Select Cities

City	Contribution Requirement
Changchun	30 years for men, 25 years for women
Chengdu	From January 1, 2009: 20 years for men, 15 years for women; Before January 1, 2009: 15 years
Guangzhou	15 years for individuals insured on or after January 1, 2014, out of which 10 years of contributions must be made in Guangzhou; 10 years for individuals insured before December 31, 2013 and contributed before January 31, 2014
Lanzhou	30 years for men, 25 years for women, out of which at least 5 years of contributions must be made in Lanzhou
Shanghai	15 years

Source: Author's compilation from regulations published by municipal people's governments (Guangzhou Municipal People's Government, 2008, Chengdu Municipal People's Government, 2008a, Changchun Municipal People's Government, 2011, 2022, Lanzhou Municipal People's Government, 2022, Shanghai Municipal People's Government, 2013).

Note: Individuals who do not meet the contribution requirements may make a lump-sum payment at retirement to benefit from the contribution exemption.

Table 3: Contribution Amount for the Urban Resident Medical Insurance (2010-2017)

Year	State Council	Guangzhou	Changchun	Lanzhou	Shanghai
2017	180¥/year	-	240¥/year	-	-
2016	150¥/year	-	220¥/year	-	-
2015	120¥/year	-	200¥/year	120¥/year	< age 18: 90¥/year < age 60: 680¥/year < age 70: 500¥/year ≥age 70: 340¥/year
2014	90¥/year	< age 18: 120¥/year < age 60: 600¥/year ≥age 60: 800¥/year	200¥/year	100¥/year	< age 18: 90¥/year < age 60: 680¥/year < age 70: 500¥/year ≥age 70: 340¥/year
2013	Not identified	<18: 120¥/year < age 60: 600¥/year ≥age 60: 800¥/year	200¥/year	100¥/year	< age 18: 90¥/year < age 60: 680¥/year < age 70: 500¥/year ≥age 70: 340¥/year
2012	Not identified	<18: 80¥/year < age 60: 480¥/year ≥age 60: 500¥/year	200¥/year	100¥/year	< age 18: 80¥/year < age 60: 620¥/year < age 70: 460¥/year ≥age 70: 310¥/year
2011	Not identified	<18: 80¥/year < age 60: 480¥/year ≥age 60: 500¥/year	200¥/year	80¥/year	< age 18: 80¥/year < age 60: 620¥/year < age 70: 460¥/year ≥age 70: 310¥/year
2010	Not identified	<18: 80¥/year < age 60: 480¥/year ≥age 60: 500¥/year	200¥/year	80¥/year	< age 18: 60¥/year < age 60: 480¥/year < age 70: 360¥/year ≥age 70: 240¥/year

Source: Author's compilation from the notices published by the Ministry of Human Resources and Social Security of the People's Republic of China (MOHRSS, 2010, MOHRSS, 2015), and regulations published by local governments (Guangzhou People's Government, 2008a)
Note: Data for Chengdu is not available.

Table 4: Contribution Amount of the New Rural Cooperative Medical Insurance (State Council Guidelines, 2010-2017)

Year	Contribution Amount
2017	180¥/year
2016	150
2015	120
2014	90
2013	70
2012	60
2011	50
2010	30
2009	20

Source: Author's compilation from notices published by the National Health Commission of the People's Republic of China (NHC, 2009, NHC, 2011, NHC, 2012, NHC, 2013, NHC, 2014, NHC, 2015, NHC, 2017)

Box 1: Pharmaceuticals Excluded from Reimbursement

The following drugs are excluded from reimbursements:

- Drugs where the dominant function concerns nutrition
- Medicinal animal organs and nuts
- Medicinal liquor made by steeping traditional Chinese medicinal materials
- Oral effervescent preparations and preparations with fruit flavor
- Blood and protein products (excluding those for emergency medical treatment)

Effective September 1, 2020, additional types of pharmaceuticals are excluded from the National Catalogue of Drugs (National Healthcare Security Administration, 2020):

- Drugs containing precious and endangered wild animals and plants in China
- Health supplements
- Preventive vaccines and contraceptives
- Drugs mainly used to enhance sexual function, treat hair loss, weight loss, beauty, smoking cessation, alcohol withdrawal, etc.
- Drugs that cannot be charged separately due to being included in diagnosis and treatment items
- Wine preparations, tea preparations, and various fruity preparations (except for children's medicines under special circumstances)
- Other drugs that do not comply with the basic medical insurance drug regulations

Table 5: Coinsurance Rate by State Council Guidelines

Care Type	Employment Status	Hospital Level	Coinsurance Rate
Inpatient care	Employed	Level 1	20%
		Level 2	25%
		Level 3	30%
	Retired	Level 1	15%
		Level 2	20%
		Level 3	25%
Outpatient care	-	-	50%

Source: State Council (2012)

Table 6: Summary of Reimbursement System of the Urban Employee Basic Medical Insurance in Changchun (2010-2023)

Type of Care		January 1, 2010 - December 31, 2011	January 1, 2012 - December 31, 2020	January 1, 2021 - December 31, 2022	From January 1, 2023
Inpatient Care	Deductibles	Province-level hospital and above: 1,000¥ City-level hospital: 700¥ County-level hospital: 400¥	Province-level hospital and above: 1,500¥ City-level hospital: 1,000¥ County-level hospital: 700¥ Community medical centers: 300¥	Level 1 hospital and below (originally community medical centers, clinics): 200¥ Level 2 hospital (originally county-level): 400¥ Level 3 hospital (originally city-level): 700¥ Level 3 hospital (originally province-level): 1,200¥	Level 1 hospital and below: 200¥ Level 2 hospital: 400¥ Level 3 hospital (originally city-level): 700¥ Level 3 hospital (originally province-level): 1,200¥ Additionally, annual deductible is 6,000¥
	Coinsurance Rate	Not identified	Not identified	Not identified	
	Reimbursement Ceiling	60,000¥/year	90,000¥/year	Not identified	Not identified
Outpatient Care	Deductibles	-	-	-	Level 1 hospital and below: 100¥ Level 2 hospital: 200¥ Level 3 hospital (originally city-level): 300¥ Level 3 hospital (originally province-level): 300¥
	Coinsurance Rate	70%	50%	50%	Level 1 hospital and below: 40% Level 2 hospital: 45% Level 3 hospital (originally city-level): 50% Level 3 hospital (originally province-level): 50%
	Reimbursement Ceiling	400¥/year	1,200¥/year	2,000¥/year	2,000¥/year
Critical Illness Insurance	Deductibles	Reimbursement ceiling of the basic medical insurance	Reimbursement ceiling of the basic medical insurance	Reimbursement ceiling of the basic medical insurance	Reimbursement ceiling of the basic medical insurance
	Coinsurance Rate	≤30,000¥: 25% ≤200,000¥: 15%	≤30,000¥: 25% ≤200,000¥: 15%	10%	10%
	Reimbursement Ceiling	200,000¥/year	200,000¥/year	500,000¥/year	500,000¥/year

Source: Author's compilation from publications by Changchun Municipal People's Government (Changchun Municipal People's Government, 2006, 2009, 2011, 2020, 2022)

Table 7: Summary of Reimbursement System of the Urban Employee Basic Medical Insurance in Chengdu (2010-2023)

Type of Care		
Inpatient Care	Deductibles	Community medical centers (including county clinics): 160¥ Level 1 hospital: 200¥ Level 2 hospital: 400¥ Level 3 hospital: 800¥
	Coinsurance Rate	Community medical centers (including county clinics): 5% Level 1 hospital: 8% Level 2 hospital: 10% Level 3 hospital: 15% Additionally, coinsurance rate decreases by age —see Table 8 for details
	Reimbursement Ceiling	4 times the local annual average wage in the previous year, increased to 6 times in 2016
Outpatient Care	Deductibles	200¥ if employed, 150¥ if retired
	Coinsurance Rate	Level 3 hospital: 50% if employed, 40% if retired Other medical institutions: 40% if employed, 30% if retired
	Reimbursement Ceiling	2,000¥ if employed, 2,500¥ if retired
Critical Illness Insurance	Deductibles	Community medical centers (including county clinics): 1600¥ Level 1 hospital: 200¥ Level 2 hospital: 400¥ Level 3 hospital: 800¥
	Coinsurance Rate	$<$ 10,000¥: 33% $<$ 30,000¥: 20% $<$ 50,000¥: 15% $\geq$50,000¥: 10%
	Reimbursement Ceiling	400,000¥/year

Source: National Healthcare Security Administration (2023)

Table 8: Coinsurance Rate of Urban Employee Basic Medical Insurance in Chengdu (2009-present)

Age	Hospital Level	Coinsurance Rate
< 50	Level 1	8%
	Level 2	10%
	Level 3	15%
	Community Service Center	5%
< 60	Level 1	6%
	Level 2	8%
	Level 3	13%
	Community Service Center	3%
<70	Level 1	4%
	Level 2	6%
	Level 3	11%
	Community Service Center	1%
< 80	Level 1	2%
	Level 2	4%
	Level 3	9%
	Community Service Center	0%
< 90	Level 1	0%
	Level 2	2%
	Level 3	7%
	Community Service Center	0%
≥90	Level 1	0%
	Level 2	0%
	Level 3	5%
	Community Service Center	0%

Source: Chengdu People's Government (2008)

Table 9: Summary of Reimbursement System of the Urban Employee Basic Medical Insurance in Guangzhou (2010-2023)

Type of Care		September 1, 2008 - June 30, 2015	July 1, 2015 - November 30, 2022	From December 1, 2022
Inpatient Care	Deductibles	Level 1 hospital: 500¥ if employed, 350¥ if retired Level 2 hospital: 1,000¥ if employed, 700¥ if retired Level 3 hospital: 2,000¥ if employed, 1,400¥ if retired	Level 1 hospital: 400¥ if employed, 280¥ if retired Level 2 hospital: 800¥ if employed, 560¥ if retired Level 3 hospital: 1,600¥ if employed, 1,120¥ if retired	Level 1: 250¥ Level 2: 500¥ Level 3: 1,000¥
	Coinsurance Rate	Level 1 hospital: 10% if employed, 7% if retired Level 2 hospital: 15% if employed, 10.5% if retired Level 3 hospital: 20% if employed, 14% if retired	Level 1 hospital: 10% if employed, 7% if retired Level 2 hospital: 15% if employed, 10.5% if retired Level 3 hospital: 20% if employed, 14% if retired	Level 1 hospital: 10% if employed, 7% if retired Level 2 hospital: 15% if employed, 10.5% if retired Level 3 hospital: 20% if employed, 14% if retired
	Reimbursement Ceiling	4 times the local annual average wage in the previous year	6 times the local annual average wage in the previous year	6 times the local annual average wage in the previous year
Outpatient Care	Coinsurance Rate	Same as inpatient care	Same as inpatient care	Level 1 and 2 hospitals: 20% if employed, 15% if retired Specialties and Level 3 hospital: 35% if employed, 30% if retired
	Reimbursement Ceiling	Cumulated with inpatient care	Cumulated with inpatient care	Cumulated with inpatient care
Critical Illness Insurance		When the medical costs exceed the annual reimbursement ceiling (i.e., 4 times the local annual average wage in the previous year), the coinsurance rate is 5% for both outpatient care and inpatient care. The reimbursement ceiling for critical illness insurance is 150,000¥/year.	When the medical costs exceed the annual reimbursement ceiling (i.e., 6 times the local annual average wage in the previous year), the coinsurance rate is 5% for both outpatient care and inpatient care. The reimbursement ceiling for critical illness insurance is 3 times the local annual average wage in the previous year	When the medical costs exceed the annual reimbursement ceiling (i.e., 6 times the local annual average wage in the previous year), the coinsurance rate is 5% for both outpatient care and inpatient care. The reimbursement ceiling for critical illness insurance is 3 times the local annual average wage in the previous year

Source: Author's compilation from publications of the Guangzhou Municipal People's Government (Guangzhou Municipal People's Government, 2008, 2015, 2022).

Note: Deductibles for inpatient care are calculated per stay for up to 90 days. After 90 days of stay, the deductibles are recalculated.

Table 10: Summary of Reimbursement System of the Urban Employee Basic Medical Insurance in Lanzhou (2010-2023)

Type of Care		January 1, 2010 - December 31, 2011	January 1, 2012 - December 31, 2013	January 1, 2014 - December 31, 2022	From January 1, 2023
Inpatient Care	Deductibles	Not identified	Not identified	Level 1 hospital: 200¥ Level 2 hospital: 400¥ Level 3 hospital: 700¥ Level 3 A-class hospital: 1,000¥	Level 1 hospital: 200¥ Level 2 hospital: 400¥ Level 3 hospital: 700¥ Level 3 A-class hospital: 1,000¥
	Coinsurance Rate	Not identified	Not identified	≤10,000¥: 12% if employed, 9% if retired ≤20,000¥: 8% if employed, 6% if retired ≤60,000¥: 4% if employed, 3% if retired	≤10,000¥: 12% if employed, 9% if retired ≤20,000¥: 8% if employed, 6% if retired ≤60,000¥: 4% if employed, 3% if retired
	Reimbursement Ceiling	40,000¥/year	40,000¥/year	60,000¥/year	60,000¥/year
Outpatient Care	Deductibles	Not identified	Not identified	Not identified	200¥
	Coinsurance Rate	Not identified	Not identified	Not identified	Level 1 hospital: 35% if employed, 30% if retired Level 2 hospital: 40% if employed, 35% if retired Level 3 hospital: 45% if employed, 40% if retired
	Reimbursement Ceiling	Not identified	Not identified	Not identified	2,500¥/year
Critical Illness Insurance	Deductibles	40,000¥/year	40,000¥/year	60,000¥/year	60,000¥/year
	Coinsurance Rate	Not identified	Not identified	Not identified	Not identified
	Reimbursement Ceiling	240,000¥/year	300,000¥/year	None	None

Source: Author's compilation from publications by Lanzhou Municipal People's Government (Lanzhou Municipal People's Government, 2012, 2013, 2022)
Note: For multiple inpatient stays in a calendar year, the deductible decreases by 20% per visit from the second visit, but cannot be lower than 50% of original amount.

Table 11: Summary of Reimbursement System of the Urban Employee Basic Medical Insurance in Shanghai for Employed People (2010-2023)

Type of Care		January 1, 2010 - November 30, 2013	December 1, 2013 - June 30, 2023	From July 1, 2023
Inpatient Care	Deductibles	1,500¥	1,500¥	1,500¥
	Coinsurance Rate	15%	15%	15%
	Reimbursement Ceiling	70,000¥/year	See Table 13 for reimbursement ceilings over time	See Table 13 for reimbursement ceilings over time
Outpatient Care	Deductibles	1,500¥	1,500¥	500¥
	Coinsurance Rate	Born on or before December 31, 1955 and started working on or before December 31, 2000: 30% Born on or before December 31, 1965 and started working on or before December 31, 2000: 40% Born on or after January 1, 1966: 50%	< age 45: Level 1 hospital: 35% Level 2 hospital: 40% Level 3 hospital: 50% ≥age 45: Level 1 hospital: 25% Level 2 hospital: 30% Level 3 hospital: 40% Additionally, if they are born on or before December 31, 1955 and started working on or before December 31, 2000, their coinsurance rates are: Level 1 hospital: 25% Level 2 hospital: 30% Level 3 hospital: 30%	Level 1 hospital: 20% Level 2 hospital: 25% Level 3 hospital: 30%
	Reimbursement Ceiling	Cumulated with inpatient care	Cumulated with inpatient care	Cumulated with inpatient care
Critical Illness Insurance	Deductibles	Same as reimbursement ceiling of basic medical insurance	Same as reimbursement ceiling of basic medical insurance	Same as reimbursement ceiling of basic medical insurance
	Coinsurance Rate	20%	20%	20%

Source: Author's compilation from publications by Shanghai Municipal People's Government (Shanghai Municipal People's Government, 2010, 2013, 2022)

Table 12: Summary of Reimbursement System of the Urban Employee Basic Medical Insurance in Shanghai for Retired People (2010-2023)

Type of Care		January 1, 2010 - November 30, 2013	December 1, 2013 - June 30, 2023	From July 1, 2023
Inpatient Care	Deductibles	Retired on or before December 31, 2000: 700¥ Retired on or after January 1, 2001: 1,200¥	Retired on or before December 31, 2000: 700¥ Retired on or after January 1, 2001: 1,200¥	Retired on or before December 31, 2000: 700¥ Retired on or after January 1, 2001: 1,200¥
	Coinsurance Rate	8%	8%	8%
	Reimbursement Ceiling	70,000¥/year	See Table 13 for reimbursement ceilings over time	See Table 13 for reimbursement ceilings over time
	Deductibles	Retired on or before December 31, 2000: 300¥ Retired on or after January 1, 2001: 700¥	Retired on or before December 31, 2000: 300¥ Retired on or after January 1, 2001: 700¥	Retired on or before December 31, 2000: 200¥ Retired on or after January 1, 2001: 300¥
	Coinsurance Rate	Retired on or before December 31, 2000: Level 1 hospital: 10% Level 2 hospital: 15% Level 3 hospital: 20% Born on or before December 31, 1955, started working on or before December 31, 2000, and retired on or after January 1, 2001: Level 1 hospital: 15% Level 2 hospital: 20% Level 3 hospital: 25% Born on or before December 31, 1965, started working on or before December 31, 2000, and retired on or after January 1, 2001: Level 1 hospital: 30% Level 2 hospital: 35% Level 3 hospital: 40% Born on or after January 1, 1966 and retired on or after January 1, 2001: Level 1 hospital: 45% Level 2 hospital: 50% Level 3 hospital: 55%	< age 70: Level 1 hospital: 20% Level 2 hospital: 25% Level 3 hospital: 30% Additionally, if they are born or before December 31, 1955, started working on or before December 31, 2000, and retired on or after January 1, 2001, their coinsurance rates are: Level 1 hospital: 15% Level 2 hospital: 20% Level 3 hospital: 25% ≥age 70: Level 1 hospital: 15% Level 2 hospital: 20% Level 3 hospital: 25% Retired on or before December 31, 2000: Level 1 hospital: 15% Level 2 hospital: 20% Level 3 hospital: 25%	Retired on or before December 31, 2000: Level 1 hospital: 15% Level 2 hospital: 20% Level 3 hospital: 25% Retired on or after January 1, 2001: Level 1 hospital: 10% Level 2 hospital: 15% Level 3 hospital: 20%
	Reimbursement Ceiling	Cumulated with inpatient care	Cumulated with inpatient care	Cumulated with inpatient care
Critical Illness Insurance	Deductibles	Same as reimbursement ceiling of basic medical insurance	Same as reimbursement ceiling of basic medical insurance	Same as reimbursement ceiling of basic medical insurance
	Coinsurance Rate	20%	20%	20%

Source: Author's compilation from publications by Shanghai Municipal People's Government (Shanghai Municipal People's Government, 2010, 2013, 2022)

Table 13: Reimbursement Ceiling for Urban Employee Basic Medical Insurance in Shanghai (2010-2023)

Year	Reimbursement Ceiling
2023	610,000¥/year
2022	590,000
2021	570,000
2020	550,000
2019	530,000
2018	510,000
2017	460,000
2016	420,000
2013-2015	340,000
Before 2013	70,000

Source: Author's compilation from publications by Shanghai Municipal People's Government (Shanghai Municipal People's Government, 2010, 2013, 2017, 2018, 2020, 2021, 2022, 2023)

Table 14: Summary of Reimbursement System of the Urban Resident Medical Insurance in Changchun (2008-2019)

Type of Care		January 1, 2008 - June 30, 2014	July 1, 2014 - December 31, 2019
Inpatient Care	Deductibles	Province-level hospitals and above: 900¥/stay City-level hospitals: 600¥ District-level hospitals: 300¥	County hospitals and community health service centers: 200¥/stay District-level hospitals: 400¥/stay City-level hospitals: 800¥/stay Province-level hospitals: 1,100¥/stay
	Coinsurance Rate	≤5,000¥: Province-level hospitals and above: 60% City-level hospitals: 50% District-level hospitals: 40% ≤45,000¥ Province-level hospitals and above: 55% City-level hospitals: 45% District-level hospitals: 35%	County hospitals and community health service centers: ≤60,000¥: 20% ≤160,000¥: 15% District-level hospitals: ≤30,000¥: 30% ≤60,000¥: 25% ≤160,000¥: 20% City-level hospitals: ≤30,000¥: 35% ≤60,000¥: 30% ≤160,000¥: 25% Province-level hospitals: ≤30,000¥: 45% ≤60,000¥: 40% ≤160,000¥: 35%
	Reimbursement Ceiling	45,000¥/year	160,000¥/year
Outpatient Care	Coinsurance Rate	Critical illness: Same as inpatient care Pharmaceuticals: 10% if age at or over 600, 15% otherwise	Pharmaceuticals: 10% if age at or over 600, 15% otherwise
	Reimbursement Ceiling	Critical illness: Same as inpatient care	-
Critical Illness Insurance	Deductibles	-	-
	Coinsurance Rate	-	Cumulated with basic medical insurance

Source: Author's compilation from publications of the Changchun Municipal People's Government Changchun Municipal People's Government, 2007b, 2014)

Note: For residents under 50 years old (including 50 years old) and over 18 years old (excluding school students), for every two years of continuous participation in the Urban Resident Medical Insurance, the inpatient care coinsurance rtae will decrease by 1 percentage point for each period, to a minimum of 20%.

Table 15: Summary of Reimbursement System of the Urban and Rural Resident Basic Medical Insurance in Chengdu (2010-2023)

Type of Care		January 1, 2009 - November 24, 2019	From November 25, 2019
Inpatient Care	Deductibles	County clinics: 50¥ Community medical centers and Level 1 hospital: 100¥ Level 2 hospital: 200¥ Level 3 hospital: 500¥	Community medical centers (including county clinics): 100¥ Level 1 hospital: 100¥ Level 2 hospital: 200¥ Level 3 hospital: 500¥
	Coinsurance Rate	County clinics: 35% for 1st level contributor, 10% for 2nd and 3rd level contributors Community medical centers and Level 1 hospital: 40% for 1st level contributor, 20% for 2nd level contributor, and 15% for 3rd level contributor Level 2 hospital: 45% for 1st level contributor, 35% for 2nd level contributor, and 20% for 3rd level contributor Level 3 hospital: 65% for 1st level contributor, 50% for 2nd level contributor, and 35% for 3rd level contributor	Community medical centers (including county clinics): 5% for low and high level contributors Level 1 hospital: 15% for low level contributor, 13% for high level contributor Level 2 hospital: 25% for low level contributor, 18% for high level contributor Level 3 hospital: 47%% for low level contributor, 32% for high level contributor
	Reimbursement Ceiling	40,000¥ for 1st level contributor, 50,000¥ for 2nd level contributor, 80,000¥ for 3rd level contributor	
Outpatient Care	Coinsurance Rate	40%	40%
	Reimbursement Ceiling	200¥/year	200¥/year

Source: Author's compilation from publications of the Chengdu Municipal People's Government (Chengdu Municipal People's Government, 2008b, 2019).

Table 16: Critical Illness Insurance of Urban and Rural Resident Basic Medical Insurance in Chengdu (as of 2023)

Type of Care		
Urban and Rural Resident Critical Illness Insurance	Deductibles	50% of urban and rural residents' disposable income in the previous year (or 25% if they are receiving social assistance)
	Coinsurance Rate	< 5,000¥: 40% (or 35% if they are receiving social assistance) < 20,000¥: 15% (or 10% if they are receiving social assistance) < 50,000¥: 10% (or 5% if they are receiving social assistance) ≥50,000¥: 4%
	Reimbursement Ceiling	None
Critical Illness Assistance Supplementary Insurance	Deductibles	Community medical centers (including county clinics): 100¥ Level 1 hospital: 100¥ Level 2 hospital: 200¥ Level 3 hospital: 500¥
	Coinsurance Rate	< 10,000¥: 33% < 30,000¥: 20% < 50,000¥: 15% ≥50,000¥: 10%
	Reimbursement Ceiling	400,000¥/year

Source: National Healthcare Security Administration (2023)

Note: The insured's medical costs are first reimbursed by the Urban and Rural Resident Basic Medical Insurance, then by the Urban and Rural Resident critical illness insurance, and at last by the Critical Illness Assistance Supplementary Insurance.

Table 17: Summary of Reimbursement System of the Urban Resident Medical Insurance in Guangzhou (2008-2016)

Type of Care		January 1, 2008 - June 30, 2011	July 1, 2011 - December 31, 2016
Inpatient Care	Deductibles	Level 1 hospital: 350¥ if retired or age over SRA, 500¥ otherwise Level 2 hospital: 700¥ if retired or age over SRA, 1,000¥ otherwise Level 3 hospital: 1,400¥ if retired or age over SRA, 2,000¥ otherwise	Level 1 hospital: 280¥ if retired or age over SRA, 400¥ otherwise Level 2 hospital: 560¥ if retired or age over SRA, 800¥ otherwise Level 3 hospital: 1,120¥ if retired or age over SRA, 1,600¥ otherwise
	Coinsurance Rate	Level 1 hospital: 30% Level 2 hospital: 40% Level 3 hospital: 50%	Level 1 hospital: 25% Level 2 hospital: 35% Level 3 hospital: 45%
	Reimbursement Ceiling	2 times the local employee's average income in the previous year, increased to 3 times in 2010	6 times the urban and rural residents' disposable income in the previous year
Outpatient Care	Coinsurance Rate	50%	40%
	Reimbursement Ceiling	100¥/month	100¥/month

Source: Author's compilation from publications of the Guangzhou Municipal People's Government (Guangzhou Municipal People's Government, 2011)

Note: The coinsurance rate for inpatient care decreases by 5 percentage of point if the insured has a continued participation for two or more years, or if they were previously insured with the Urban Employee Basic Medical Insurance.

Table 18: Summary of Reimbursement System of the Urban Resident Medical Insurance in Lanzhou (2008-2016)

Type of Care		December 22, 2009 - December 31, 2016
Inpatient Care	Deductibles	Not identified
	Coinsurance Rate	Level 1 hospital: 30% Level 2 hospital: 35% Level 3 hospital: 40%
	Reimbursement Ceiling	25,000¥/year
Outpatient Care	Coinsurance Rate	Not identified
	Reimbursement Ceiling	Not identified
Critical Illness Insurance	Coinsurance Rate	40%
	Reimbursement Ceiling	35,000¥/year

Source: Author's compilation from publications of the Lanzhou Municipal People's Government (Lanzhou Municipal People's Government, 2009a)
Note: If an insured resident is hospitalized multiple times within one insurance year, starting from the second hospitalization, the deductibles will be reduced by 20%. However, the reduction shall not be less than 50% of the original amount.

Table 19: Summary of Reimbursement System of the Urban Resident Medical Insurance in Shanghai (2008-2015)

Type of Care		January 1, 2008 - October 17, 2012	October 18, 2012 - December 31, 2015
Inpatient Care	Deductibles	None	Level 1 hospital: 50¥/stay Level 2 hospital: 100¥/stay Level 3 hospital: 300¥/stay
	Coinsurance Rate	≥age 18: 50% ≥age 60: 40% ≥age 70: 30%	Level 1 hospital: 25% if under age 60, 15% otherwise Level 2 hospital: 35% if under age 60, 25% otherwise Level 3 hospital: 45% if under age 60, 35% otherwise
	Reimbursement Ceiling	Not identified	Not identified
Outpatient Care	Coinsurance Rate Reimbursement Ceiling	50%	
Critical Illness Insurance	Coinsurance Rate Reimbursement Ceiling	Not identified 46,700¥/year	Not identified 280,000¥/year

Source: Author's compilation from publications of the Shanghai Municipal People's Government (Shanghai Municipal People's Government, 2007, 2012)

Table 20: Summary of Reimbursement System of the New Rural Cooperative Medical Insurance in Changchun (2007-2019)

Type of Care		County Clinics	District-Level Hospitals	Hospitals above District-Level
Inpatient Care	Deductibles	None	None	None
	Coinsurance Rate	≤300¥: 70% ≤5,000¥: 50% > 5,000¥: 40%	≤300¥: 80% ≤5,000¥: 60% > 5,000¥: 50%	≤300¥: 80% ≤5,000¥: 70% > 5,000¥: 60%
	Reimbursement Ceiling	20,000¥/year	20,000¥/year	20,000¥/year
Outpatient Care	Coinsurance Rate	Not identified	Not identified	Not identified
	Reimbursement Ceiling	Not identified	Not identified	Not identified
Critical Illness Insurance	Deductibles	3,000¥/stay	3,000¥/stay	3,000¥/stay
	Coinsurance Rate	20%	20%	20%

Source: Changchun Municipal People's Government (2007a)

Table 21: Summary of Reimbursement System of the New Rural Cooperative Medical Insurance in Lanzhou (2007-2016)

Type of Care		January 1, 2010 - December 31, 2016
Outpatient Care	Deductibles	None
	Coinsurance Rate	County-level hospital: 75% County clinics (including level 1 hospital): 60% Village health center: 50%
	Reimbursement Ceiling	County-level hospital: 30¥/visit County clinics (including level 1 hospital): 12¥/visit Village health center: 10¥/visit

Source: Changchun Municipal People's Government (2009b)

Table 22: Contribution Amount of the Urban and Rural Resident Basic Medical Insurance (2015-2023)

Year	State Council Guidelines	Changchun	Chengdu	Guangzhou	Lanzhou	Shanghai
2024	Not published	Not published	Low: 405¥/year High: 515¥/year	528¥/year	Not published	Not published
2023	380¥/year	360¥/year	Low: 375¥/year High: 485¥/year	483¥/year	380¥/year	≥70: 545¥/year ≥60: 715¥/year ≥18: 885¥/year <18: 245¥/year
2022	350¥/year	360¥/year	Low: 320¥/year High: 460¥/year	483¥/year	380¥/year	≥70: 520¥/year ≥60: 690¥/year ≥18: 860¥/year <18: 220¥/year
2021	320¥/year	320¥/year	Low: 280¥/year High: 460¥/year	456¥/year	350¥/year	≥70: 480¥/year ≥60: 650¥/year ≥18: 820¥/year <18: 180¥/year
2020	280¥/year	290¥/year	Low: 220¥/year High: 440¥/year	366¥/year	280¥/year	≥70: 430¥/year ≥60: 600¥/year ≥18: 790¥/year <18: 155¥/year
2019	250¥/year	-	Low: 200¥/year High: 400¥/year	288¥/year	250¥/year	≥70: 390¥/year ≥60: 555¥/year ≥18: 740¥/year <18: 130¥/year
2018	220¥/year	-	Low: 180¥/year High: 360¥/year	199¥/year	250¥/year	≥70: 370¥/year ≥60: 535¥/year ≥18: 720¥/year <18: 110¥/year
2017	220¥/year	-	Low: 160¥/year High: 320¥/year	182¥/year	180¥/year	≥70: 370¥/year ≥60: 535¥/year ≥18: 720¥/year <18: 110¥/year
2016	150¥/year	-	Low: 130¥/year High: 230¥/year	167¥/year	180¥/year	≥70: 340¥/year ≥60: 500¥/year ≥18: 680¥/year <18: 100¥/year
2015	120¥/year	-	Low: 90¥/year High: 190¥/year	152¥/year	150¥/year	-
2014	-	-	Low: 70¥/year High: 180¥/year	-		-

Source: Author's compilation from searches about regulations published by the State Council and municipal people's governments (National Healthcare Security Administration, 2023, Guangzhou Municipal People's Government, 2023, Chengdu Municipal People's Government, 2023, Changchun Municipal People's Government, 2023b, Lanzhou Municipal People's Government, 2023, Shanghai Municipal Healthcare Security Administration, 2023).

Table 23: Summary of Reimbursement System of the Urban and Rural Resident Basic Medical Insurance in Changchun (2020-2023)

Type of Care		
Inpatient Care	Deductibles	Level 1 hospital and below (including community medical centers, village clinics): 200¥ or 100¥ for Dibao beneficiaries Level 2 hospital (originally county-level hospitals): 400¥ or 100¥ for Dibao beneficiaries Level 3 hospital (originally city-level hospitals): 800¥ or 200¥ for Dibao beneficiaries Level 3 hospital (originally province-level hospitals): 1,200¥ or 300¥ for Dibao beneficiaries
	Coinsurance Rate	< 30,000¥: Level 1 hospital and below (including community medical centers, village clinics): 20% Level 2 hospital (originally county-level hospitals): 30% Level 3 hospital (originally city-level hospitals): 40% Level 3 hospital (originally province-level hospitals): 45% < 60,000¥ Level 1 hospital and below (including community medical centers, village clinics): 15% Level 2 hospital (originally county-level hospitals): 25% Level 3 hospital (originally city-level hospitals): 35% Level 3 hospital (originally province-level hospitals): 40% ≥60,000¥ Level 1 hospital and below (including community medical centers, village clinics): 10% Level 2 hospital (originally county-level hospitals): 20% Level 3 hospital (originally city-level hospitals): 30% Level 3 hospital (originally province-level hospitals): 35%
	Reimbursement Ceiling	200,000¥
Outpatient Care	Deductibles	Village clinic: None Level 1 hospital and community medical centers: 100¥ Level 2 hospital: 200¥
	Coinsurance Rate	50%
	Reimbursement Ceiling	Village clinic: 100¥ Others: 1,000¥
Critical Illness Insurance	Deductibles	10,000¥ or 3,000¥ for Dibao beneficiaries
	Coinsurance Rate	Same as the Urban and Rural Resident Basic Medical Insurance
	Reimbursement Ceiling	200,000¥/year

Source: Author's compilation from publications by Changchun Municipal Bureasu of Healthcare Security (Changchun Municipal Bureasu of Healthcare Security, 2020)

Table 24: Summary of Reimbursement System of the Urban and Rural Resident Basic Medical Insurance in Guangzhou (2010-2023)

Type of Care		
Inpatient Care	Deductibles	Level 1 hospital: 150¥ Level 2 hospital: 300¥ Level 3 hospital: 500¥
	Coinsurance Rate	Level 1 hospital: 10% Level 2 hospital: 20% Level 3 hospital: 40% in 2018, decreased to 30% from 2019-2021
	Reimbursement Ceiling	Level 1 hospital: 500¥ Level 2 hospital: 1,000¥ Level 3 hospital: 1,500¥
Outpatient Care	Coinsurance Rate	40%
	Reimbursement Ceiling	600¥/year

Source: Author's compilation from publications of the Guangzhou Municipal People's Government (Guangzhou Municipal People's Government, 2021).
Note: Deductibles for inpatient care are calculated per stay for up to 90 days. After 90 days of stay, the deductibles are recalculated.

Table 25: Summary of Reimbursement System of the Urban and Rural Resident Basic Medical Insurance in Lanzhou (2017-2023)

Type of Care		January 1, 2018 - July 8, 2018	July 9, 2018 - April 30, 2021	From May 1, 2021
Inpatient Care	Deductibles	Level 1 hospital: 200¥ Level 2 hospital: 400¥ Level 3 hospital (city-level): 1,000¥ Level 4 hospital (province-level): 2,400¥	Level 1 hospital: 200¥ Level 2 hospital: 400¥ Level 3 hospital (city-level): 1,000¥ Level 4 hospital (province-level): 2,400¥	Level 1 hospital: 200¥ Level 2 hospital: 400¥ Level 3 hospital (city-level): 1,000¥ Level 4 hospital (province-level): 2,400¥
	Coinsurance Rate	Level 1 hospital: 15%, or 10% for Dibao beneficiaries Level 2 hospital: 20%, or 15% for Dibao beneficiaries Level 3 hospital (city-level): 30%, or 25% for Dibao beneficiaries Level 4 hospital (province-level): 40%, or 35% for Dibao beneficiaries	Level 1 hospital: 10%, or 5% for Dibao beneficiaries Level 2 hospital: 15%, or 10% for Dibao beneficiaries Level 3 hospital (city-level): 25%, or 20% for Dibao beneficiaries Level 4 hospital (province-level): 35%, or 30% for Dibao beneficiaries	Level 1 hospital: 10%, or 5% for Dibao beneficiaries Level 2 hospital: 15%, or 10% for Dibao beneficiaries Level 3 hospital (city-level): 25%, or 20% for Dibao beneficiaries Level 4 hospital (province-level): 35%, or 30% for Dibao beneficiaries
	Reimbursement Ceiling	40,000¥/year	40,000¥/year	50,000¥/year
Outpatient Care	Deductibles	10¥/visit	10¥/visit	10¥/visit
	Coinsurance Rate	40%	40%	40%
	Reimbursement Ceiling	100¥/year	100¥/year	130¥/year
Critical Illness Insurance	Deductibles	-	5,000¥ of out-of-pocket payment, or 2,000¥ of out-of-pocket payment for Dibao beneficiaries	5,000¥ of out-of-pocket payment, or 2,000¥ of out-of-pocket payment for Dibao beneficiaries
	Coinsurance Rate	-	≤10,000¥: 40% or 28% for Dibao beneficiaries ≤20,000¥: 35% or 23% for Dibao beneficiaries ≤50,000¥: 30% or 18% for Dibao beneficiaries ≤100,000¥: 25% or 13% for Dibao beneficiaries > 100,000¥: 20% or 10% for Dibao beneficiaries	≤10,000¥: 40% or 28% for Dibao beneficiaries ≤20,000¥: 35% or 23% for Dibao beneficiaries ≤50,000¥: 30% or 18% for Dibao beneficiaries ≤100,000¥: 25% or 13% for Dibao beneficiaries > 100,000¥: 20% or 10% for Dibao beneficiaries
	Reimbursement Ceiling	-	None	None

Source: Author's compilation from publications by Lanzhou Municipal People's Government (Lanzhou Municipal People's Government, 2017, 2018, 2021)

Note: For multiple inpatient stays in a calendar year, the deductible decreases by 20% per visit from the second visit, but cannot be lower than 50% of original amount.

Table 26: Summary of Reimbursement System of the Urban and Rural Resident Basic Medical Insurance in Shanghai (2016-2023)

Type of Care		From January 1, 2016
Inpatient Care	Deductibles	Level 1 hospital: 50¥ Level 2 hospital: 100¥ Level 3 hospital: 300¥
	Coinsurance Rate	< age 60: Level 1 hospital and below: 20% Level 2 hospital: 25% Level 3 hospital: 40% ≥age 60: Level 1 hospital and below: 10% Level 2 hospital: 20% Level 3 hospital: 30%
	Reimbursement Ceiling	Not identified
Outpatient Care	Deductibles	< age 60: 500¥ ≥age 60: 300¥
	Coinsurance Rate	Level 1 hospital and below: 30% Level 2 hospital: 40% Level 3 hospital: 50%
	Reimbursement Ceiling	Not identified
Critical Illness Insurance	Coinsurance Rate	From January 1, 2022: 40%, or 35% for Dibao beneficiaries

Source: Author's compilation from publications by Shanghai Municipal People's Government (Shanghai Municipal People's Government, 2015)

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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" + "[".

Actuarial Month : An element in the calculation of monthly own old-age benefit. The pension amount from individual account is the sum in the account divided by the number of actuarial month which varies by age of retirement. Effective 2006, actuarial month is 139 if a person retires at age 60, or 101 if retired at age 65.

All-China Federation of Trade Unions: A national trade union center of the People's Republic of China, with which all enterprise-level trade unions must be affiliated.

Basic Health Insurance: A public health insurance that aims to cover basic healthcare services and costs. It consists of the Employee Basic Medical Insurance and the Urban and Rural Resident Basic Medical Insurance, and the latter was formed by merging the Urban Resident Medical Insurance and the New Rural Cooperative Medical Insurance.

Basic Pension for Enterprise Employees : A pension system that covers all employees. The self-employed can be insured by voluntary contributions.

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

Critical Illness Insurance: A supplementary health insurance that aims to cover high medical expenses. Participants in the Urban Employee Basic Medical Insurance are automatically enrolled and no additional contribution payment is needed. Participants in the Urban and Rural Resident Basic Medical Insurance either make additional contributions or are automatically enrolled, depending on local governments' policies.

Dibao (Minimum Livelihood Guarantee) : A national means-tested social assistance benefit managed by local governments.

Enterprise Annuity : A voluntary supplementary pension scheme introduced in 2004 for private sector employees. It is funded by contributions from employers and employees. The exact contribution rates are negotiated and determined by employers and employees given State Council's recommended rates. In 2023, employers' contribution is at most 8% of payroll and the total contribution from employers and employees is at most 12% of payroll.

Government Medical Insurance : A public health insurance that covers civil servants.

Hukou: A household registration system where each citizen must be registered at birth. The registry, which is hukou itself, contains individual demographic information, including hukou status (urban or rural), legal address, sector of activity, religion, and physical description. Hukou entitles a person to their designated citizenship rights such as social insurance and social assistance. Migrants are excluded from local government services because they do not satisfy the locality requirements.

Individual Account: One of the two components of the own old-age benefit. Contributions from employers and employees themselves are saved in the insured's individual account and form the basis of benefit calculation. Effective January 1, 2006, employers no longer contribute to individual accounts.

Labor Insurance Regulation: China's first regulation on social insurance regarding labor workers in state-owned enterprises.

National Healthcare Security Administration: A sub-ministry-level government agency directly under the State Council of the People's Republic of China. It is responsible for administration and oversight of public health insurance.

New Rural Cooperative Medical Insurance : A public health insurance which covers rural residents.

New Rural Pension : A new pension system introduced in 2009 that expanded coverage of the old rural pension to all rural residents regardless of hukou status.

Ministry of Human Resources and Social Security of the People's Republic of China (MOHRSS): A ministry under the State Council of the People's Republic of China which is responsible for national labor policies, standards, regulations, and management of national social security.

Occupational Annuity : A mandatory supplementary pension scheme introduced in 2014 for public sector employees. Employers' contribution rate is 8% of payroll and employees' contribution rate is 4% of earned income.

Old Rural Pension : A county-level rural pension established by the Ministry of Civil Affairs in 1992. It was created for rural residents with urban hukou, including employees in county-owned enterprises, private enterprises, self-employed people, and migrant workers.

Private Pensions : A supplementary pension scheme, formally established in 2022. The annual contribution maximum is set at 12,000¥ in 2022.

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 Account : A component of the post-1995 Basic Pension for Enterprise Employees, that is financed on a pay-as-you-go basis. Contributions to the social account are paid by employers, at a recommended level of 20% of total payroll.

Social Insurance Law: China's first national law on social insurance, which was adopted in October 2010 and was implemented in July 2011. The Social Insurance Law consolidated social security regulations at national and sub-national levels and established a nationwide unified social security system for all citizens.

Urban and Rural Resident Pension : A new pension system established in 2014 by merging the New Rural Pension and Urban Resident Pension. It aims to cover all citizens who are not insured with the Basic Pension for Enterprise Employees. The Urban and Rural Resident Pension consists of a social account and an individual account.

Urban and Rural Resident Basic Medical Insurance : A public health insurance system formed by merging the Urban Resident Medical Insurance and the New Rural Cooperative Medical Insurance. It covers nonsalaried urban residents, rural residents, and college students.

Urban Employee Basic Medical Insurance : A public health insurance which covers salaried workers and the self-employed.

Urban Resident Medical Insurance : A public health insurance which covers nonsalaried urban residents and college students.

Urban Resident Pension : A pension scheme established in 2011 by the State Council for urban residents who have no formal work history and therefore are not insured with the Basic Pension for Enterprise Employees.

Notes

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1. Local governments are responsible for organizing and providing healthcare services (typically provincial bureaus of healthcare security administration). Currently we have collected a sample of local policies to illustrate variation in implementation at the local level. Five provinces – Jilin, Gansu, Guangdong, Shanghai, Sichuan – are selected based on their representativeness regarding local economic development, demographic structure, health behaviors, geographic locations, and administrative autonomy. For instance, in terms of local economic development, Shanghai, Guangdong, and Sichuan represent economically developed provinces while Jilin and Gansu represent less developed areas. In terms of geographical regions, Jilin is located in North China, Gansu and Sichuan in Western China, Guangzhou in South China and Shanghai in Central China. Specifically,

because of pooling of health insurance administration at city level, the capital cities of the five select provinces are chosen for data collection of health insurance. The highlighted cities are: Changchun, Chengdu, Guangzhou, Lanzhou, and Shanghai.

Version information

Current Version: 1.0 (December 2023)

Version History

- 1.0 (December 2023): First version.

Additional resources

The following resources provide additional details for the interested reader: