

GATEWAY TO
**GLOBAL
AGING
DATA**

g2aging.org

Gateway Policy Explorer: Retirement Series

Mexico

Public Old-Age Health Insurance Plan Details

1992-2024

Authors

Alejandra Tantamango
David Knapp

Contributors

Emma Aguila
Jinkook Lee
Maciej Lis[†]
Rachel Lobo
Qinyi Ouyang
Drystan Phillips
Kanghong Shao
Michael Zhang
Robin Zhu

Version: 1.0 (November 2024)

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: Mexico, Public Old-Age Health Insurance Plan Details, 1992-2024*, Version: 1.0 (November 2024), University of Southern California, Los Angeles. <https://doi.org/10.25553/gpe.ret.hi.mex>”

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.

Mexico

Old-Age Health Insurance
Plan details 1992-2024 * †

The Mexican health insurance system provides medical care to individuals that are employed and make social insurance contributions to the Illness and Maternity Insurance [Seguro de Enfermedades y Maternidad]. Beneficiaries of the old-age pension and their dependent family members are also eligible to receive benefits. From 2004, the Popular Health Insurance [Seguro Popular] provides medical care to uninsured individuals who pay an annual fee per household. In 2020, the Popular Health Insurance [Seguro Popular] was replaced by the INSABI Health Insurance [Seguro del Instituto de Salud para el Bienestar - INSABI] which was later replaced by IMSS - Welfare [IMSS - Bienestar] in 2023.

Individuals covered under the Illness and Maternity Insurance [Seguro de Enfermedades y Maternidad] are eligible to receive medical, surgical, pharmaceutical and hospital care during the treatment of their illness as well as maternity care during pregnancy. Costs may be fully covered depending on the type of medical service received.

From 2004 to 2024, changes to the Popular Health Insurance [Seguro Popular] include the elimination of the annual fee per household as well as changes in coverage.

Key Dates

First law: 1943

Major changes since 1992: 2004, 2020, 2023

Contents

Chapter 1: Policy enacted 1992-2003	5
Overview	5
Eligibility	5
Coverage	5
Costs	6
Chapter 2: Policy enacted 2004-2019	7
Overview	7
Eligibility	7
Coverage	8
Costs	9
Chapter 3: Policy enacted 2020-2022	10
Overview	10
Eligibility	10
Coverage	11
Costs	12
Chapter 4: Policy enacted 2023-2024	13
Overview	13
Eligibility	13

* 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” + “[”.

Coverage	14
Costs	14
Tables and Formulas	16
Table 1: Annual Fees for the Popular Health Insurance (2004-2007)	17
Table 2: Annual Fees for the Popular Health Insurance (2008-2011)	18
Table 3: Annual Fees for the Popular Health Insurance (2012-2015)	19
Table 4: Annual Fees for the Popular Health Insurance (2016-2019)	20
Sources	21
Glossary of terms	23
Notes	23
Version information	24
Additional resources	24

Chapter 1: Policy enacted 1992-2003

Overview

The 1973 Social Security Law [Ley del Seguro Social] ([Diario Oficial de la Federación, 1973](#)) was the legal basis of the [Illness and Maternity Insurance](#) [Seguro de Enfermedades y Maternidad] for individuals that were employed and making social insurance contributions through their employer. Beneficiaries of the old-age pension and their dependent family members were also eligible to receive benefits. Benefits were administered by the Mexican Social Security Institute [Instituto Mexicano de Seguridad Social, IMSS].

Individuals covered under the [Illness and Maternity Insurance](#) [Seguro de Enfermedades y Maternidad] were eligible to receive medical, surgical, pharmaceutical and hospital care during the treatment of their illness as well as maternity care during pregnancy. Out-of-pocket costs had to be paid for certain procedures or medical devices such as plastic surgery, glasses or hearing aids.

This document focuses on benefits provided to workers in the private sector and the uninsured. Public sector workers are covered by other health insurance plans not covered in this document.

Additional reforms during this period include:

- Legislation ([Diario Oficial de la Federación, 1995](#)), enacted December 21, 1995 and effective July 1, 1997 introduced the [Family Health Insurance](#) [Seguro de Salud para Familia] as a voluntary option for uninsured individuals and their families who wish to receive medical care from the [Illness and Maternity Insurance](#) [Seguro de Enfermedades y Maternidad].

Eligibility

• Qualifications

An individual is eligible to receive benefits if they meet one of the following requirements ([Diario Oficial de la Federación, 1973,1995, Title II, Chapter IV](#)):

- ◊ Must be an insured individual paying social contributions ^[1]
- ◊ Must be receiving a pension benefit from the Social Security Institute ^[2]
- ◊ Must have one of the following relationships with the insured individual —
 - Wife
 - Husband
 - Domestic partner of the insured individual for the 5 years before receiving benefits for the first time
 - Individual with whom they had children with if they are both unmarried
- ◊ Must be the child of the insured individual under age 16
- ◊ Must be the parent of the insured individual and must economically depend on them

- **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: Yes

Coverage

An individual that is eligible to receive benefits will receive medical, surgical, pharmaceutical and hospital care during the treatment of their illness ([Diario Oficial de la Federación, 1973,1995, Title II, Chapter IV](#)) as follows:

Outpatient Care

Outpatient care is fully covered for eligible individuals.

Inpatient Care

Inpatient care is fully covered for eligible individuals including surgical care.

Pharmaceuticals

All pharmaceuticals are fully covered for eligible individuals.

Additionally, the insured individual or their wife/partner receive the following benefits during pregnancy, birth and postpartum:

- Obstetric care
- In kind help for training and promotion of breastfeeding for 6 months

- A basket with baby items at birth whose amount is determined by the Technical Council of the Mexican Social Security Institute [Instituto Mexicano de Seguridad Social, IMSS]

Costs

Insured individuals pay out-of-pocket costs for the following services ([Diario Oficial de la Federación, 2006, Article 42](#)):

- Outpatient Care: No out-of-pocket costs
- Inpatient Care: No out-of-pocket costs
- Pharmaceuticals: No out-of-pocket costs
- Plastic surgery: Individuals must pay all costs.
- Glasses, contact lenses, hearing aids and prostheses: Individuals must pay all costs.
- Surgery to correct myopia, hyperopia, presbyopia, astigmatism as long as there are conventional measures for correction: Individuals must pay all costs.
- Dental treatments with the exception of consequences of cleft lip and palate: Individuals must pay all costs.
- Medical procedures not accepted by medical science: Individuals must pay all costs.

Chapter 2: Policy enacted 2004-2019

Policy change in 2004

Legislation ([Diario Oficial de la Federación, 2003](#)), enacted May 15, 2003 and effective January 1, 2004, introduced the [Popular Health Insurance](#) [Seguro Popular de Salud] for individuals that do not make social insurance contributions

Additional reforms during this period include:

- Legislation ([Diario Oficial de la Federación, 2011b](#)), enacted February 15, 2011 and effective May 27, 2011, included children of insured individuals over age 16 as potential beneficiaries of the [Illness and Maternity Insurance](#) [Seguro de Enfermedades y Maternidad] if they cannot work because of a chronic illness.
- Legislation ([Diario Oficial de la Federación, 2014b](#)), enacted February 20, 2014, and effective April 2, 2014, introduced the right of having additional breaks during work hours in an appropriate and hygienic place for breastfeeding for working women who are insured under the [Illness and Maternity Insurance](#) [Seguro de Enfermedades y Maternidad] and are breastfeeding.

Overview

The 1973 Social Security Law [Ley del Seguro Social] ([Diario Oficial de la Federación, 1973](#)) was the legal basis of the [Illness and Maternity Insurance](#) [Seguro de Enfermedades y Maternidad] for individuals that were employed and making social insurance contributions through their employer. Beneficiaries of the old-age pension and their dependent family members were also eligible to receive benefits. Benefits were administered by the Mexican Social Security Institute [Instituto Mexicano de Seguridad Social, IMSS]. Uninsured individuals could choose to voluntarily enroll in the [Family Health Insurance](#) [Seguro de Salud para Familia] to receive benefits under this system.

Individuals covered under the [Illness and Maternity Insurance](#) [Seguro de Enfermedades y Maternidad] were eligible to receive medical, surgical, pharmaceutical and hospital care during the treatment of their illness as well as maternity care during pregnancy. Out-of-pocket costs had to be paid for certain procedures or medical devices such as plastic surgery, glasses or hearing aids.

The Mexican government introduced a pilot phase of the [Popular Health Insurance](#) [Seguro Popular de Salud] in 2001 including selected regions of 5 states: Colima, Jalisco, Aguascalientes, Tabasco and Campeche for households who were in the lower 60th percentile of the income distribution and were not covered under the Mexican Social Security Institute [Instituto Mexicano de Seguridad Social, IMSS]. This system was not introduced at the federal level until 2004 ([Diario Oficial de la Federación, 2002](#)).

From 2004, the [Popular Health Insurance](#) [Seguro Popular de Salud] was expanded to cover all regions of Mexico for individuals that were Mexican citizens and were not covered under the Mexican Social Security Institute [Instituto Mexicano de Seguridad Social, IMSS]. Individuals were eligible to receive medical care at the [First Level of Care](#), [Second Level of Care](#), and [Third Level of Care](#) as indicated in the annually published *Universal Catalog of Health Services* (CAUSES). Individuals had to pay an annual fee per household to receive benefits which depends on the household's total income. By 2020, the [Popular Health Insurance](#) [Seguro Popular de Salud] had provided coverage for 26 percent of the Mexican population while the [Illness and Maternity Insurance](#) [Seguro de Enfermedades y Maternidad] covered 37 percent of them ([Instituto Nacional de Estadística y Geografía, 2020](#)).

This document focuses on benefits provided to workers in the private sector and the uninsured. Public sector workers are covered by other health insurance plans not covered in this document.

Eligibility

• Qualifications

Requirements for health insurance coverage differ across the two Mexican health insurance system as follows:

[Illness and Maternity Insurance](#) [Seguro de Enfermedades y Maternidad]

An individual is eligible to receive benefits if they meet one of the following requirements ([Diario Oficial de la Federación, 1973, 1995, Title II, Chapter IV](#)):

- ◇ Must be an insured individual paying social contributions ^[1]
- ◇ Must be receiving a pension benefit from the Social Security Institute ^[2]
- ◇ Must have one of the following relationships with the insured individual —
 - Wife
 - Husband

- Domestic partner of the insured individual for the 5 years before receiving benefits for the first time
- Individual with whom they had children with if they are both unmarried
- ◇ Must be the child of the insured individual under age 16
- ◇ Must be the parent of the insured individual and must economically depend on them

Popular Health Insurance [Seguro Popular de Salud]

An individual is eligible to receive benefits if they meet all of the following requirements ([Diario Oficial de la Federación, 2003, Article 77](#)):

- ◇ Must be a Mexican citizen
- ◇ Must not receive any benefits from social security ^[3]
- ◇ Must pay a fee per household if their household belongs to a non-exempt income decile —see [Table 1](#) for details of fees per income decile for 2004-2007, [Table 2](#) for 2008-2011, [Table 3](#) for 2012-2015, [Table 4](#) for 2016-2019, and see *Quarterly average total current income per household in household deciles* ([Instituto Nacional de Estadística y Geografía, n.d](#)) for details of income deciles by year

- **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: Yes

Coverage

Health insurance coverage differs across the two Mexican health insurance system as follows:

Illness and Maternity Insurance [Seguro de Enfermedades y Maternidad]

An individual that is eligible to receive benefits will receive medical, surgical, pharmaceutical and hospital care during the treatment of their illness ([Diario Oficial de la Federación, 1973,1995, Title II, Chapter IV](#)) as follows:

Outpatient Care

Outpatient care is fully covered for eligible individuals.

Inpatient Care

Inpatient care is fully covered for eligible individuals including surgical care.

Pharmaceuticals

All pharmaceuticals are fully covered for eligible individuals.

Additionally, the insured individual or their wife/partner receive the following benefits during pregnancy, birth and postpartum:

- Obstetric care
- In kind help for training and promotion of breastfeeding for 6 months
- Effective 2014. Additional breaks during work hours in an appropriate and hygienic place for breastfeeding
- A basket with baby items at birth whose amount is determined by the Technical Council of the Mexican Social Security Institute [[Instituto Mexicano de Seguridad Social, IMSS](#)]

Popular Health Insurance [Seguro Popular de Salud]

An individual that is eligible to receive benefits will receive care as follows:

Outpatient Care

Outpatient care at the [First Level of Care](#) is fully covered which includes primary care, preventive medicine, general and specialty medicine, dental care, family medicine

Inpatient Care

Inpatient care at the [Second Level of Care](#) is fully covered which includes medical care requiring hospitalization or emergency care in general surgery, internal medicine, pediatrics and obstetrics-gynecology. Additionally, services at the [Third Level of Care](#) are fully covered which includes medical and hospitalization services provided in high-specialty hospitals to care for complex diseases such as cancer, cardiovascular diseases, neurological diseases, metabolic diseases, renal diseases, and orthopedic diseases.

Pharmaceuticals

Pharmaceuticals are fully covered if included in the *Universal Catalog of Health Services* (CAUSES) which are published every year. See *Universal Catalog of Health Services 2019* (CAUSES) ([Gobierno de México, 2019](#)) for details of pharmaceuticals covered in 2019.

Costs

Out-of-pocket costs differ across the two Mexican health insurance system as follows:

Illness and Maternity Insurance [Seguro de Enfermedades y Maternidad]

Insured individuals pay out-of-pocket costs for the following services ([Diario Oficial de la Federación, 2006, Article 42](#)):

- Outpatient Care: No out-of-pocket costs
- Inpatient Care: No out-of-pocket costs
- Pharmaceuticals: No out-of-pocket costs
- Plastic surgery: Individuals must pay all costs.
- Glasses, contact lenses, hearing aids and prostheses: Individuals must pay all costs.
- Surgery to correct myopia, hyperopia, presbyopia, astigmatism as long as there are conventional measures for correction: Individuals must pay all costs.
- Dental treatments with the exception of consequences of cleft lip and palate: Individuals must pay all costs.
- Medical procedures not accepted by medical science: Individuals must pay all costs.

Popular Health Insurance [Seguro Popular de Salud]

There are no out-of-pocket costs associated with this system.

Chapter 3: Policy enacted 2020-2022

Policy change in 2020

Legislation ([Diario Oficial de la Federación, 2019b](#)), enacted November 29, 2019 and effective January 1, 2020, introduced the following changes to the health insurance system:

- Replaced the [Popular Health Insurance](#) [Seguro Popular de Salud] by the [INSABI Health Insurance](#) [Seguro del Instituto de Salud para el Bienestar - INSABI]
- Eliminated annual fees to receive benefits

Additional reforms during this period include:

- Legislation ([Diario Oficial de la Federación, 2020](#)), enacted November 30, 2020 and effective December 1, 2020, made all medical services under the [Third Level of Care](#) to be free for individuals receiving benefits under the [INSABI Health Insurance](#) [Seguro del Instituto de Salud para el Bienestar - INSABI].

Overview

The 1973 Social Security Law [[Ley del Seguro Social](#)] ([Diario Oficial de la Federación, 1973](#)) was the legal basis of the [Illness and Maternity Insurance](#) [Seguro de Enfermedades y Maternidad] for individuals that were employed and making social insurance contributions through their employer. Beneficiaries of the old-age pension and their dependent family members were also eligible to receive benefits. Benefits were administered by the Mexican Social Security Institute [Instituto Mexicano de Seguridad Social, IMSS]. Uninsured individuals could choose to voluntarily enroll in the [Family Health Insurance](#) [Seguro de Salud para Familia] to receive benefits under this system.

Individuals covered under the [Illness and Maternity Insurance](#) [Seguro de Enfermedades y Maternidad] were eligible to receive medical, surgical, pharmaceutical and hospital care during the treatment of their illness as well as maternity care during pregnancy. Out-of-pocket costs had to be paid for certain procedures or medical devices such as plastic surgery, glasses or hearing aids.

From 2004, the [Popular Health Insurance](#) [Seguro Popular de Salud] was introduced for individuals that were Mexican citizens and were not covered under the Mexican Social Security Institute [Instituto Mexicano de Seguridad Social, IMSS]. This system was replaced in 2020 by the [INSABI Health Insurance](#) [Seguro del Instituto de Salud para el Bienestar - INSABI] and extended eligibility to individuals living in Mexican territory.

Under the [INSABI Health Insurance](#) [Seguro del Instituto de Salud para el Bienestar - INSABI], individuals were eligible to receive medical care at the [First Level of Care](#), [Second Level of Care](#), and [Third Level of Care](#) (from December 2020). Individuals did not need to pay an annual fee to receive benefits.

This document focuses on benefits provided to workers in the private sector and the uninsured. Public sector workers are covered by other health insurance plans not covered in this document.

Eligibility

• Qualifications

Requirements for health insurance coverage differ across the two Mexican health insurance system as follows:

[Illness and Maternity Insurance](#) [Seguro de Enfermedades y Maternidad]

An individual is eligible to receive benefits if they meet one of the following requirements ([Diario Oficial de la Federación, 1973, 1995, Title II, Chapter IV](#)):

- ◇ Must be an insured individual paying social contributions ^[1]
- ◇ Must be receiving a pension benefit from the Social Security Institute ^[2]
- ◇ Must have one of the following relationships with the insured individual —
 - Wife
 - Husband
 - Domestic partner of the insured individual for the 5 years before receiving benefits for the first time
 - Individual with whom they had children with if they are both unmarried
- ◇ Must be the child of the insured individual under age 16
- ◇ Must be the parent of the insured individual and must economically depend on them

INSABI Health Insurance [Seguro del Instituto de Salud para el Bienestar - INSABI]

An individual is eligible to receive benefits if they meet all of the following requirements (Diario Oficial de la Federación, 2019, Article 77):

- ◇ Must live in Mexican territory
- ◇ Must not receive any benefits from social security ^[3]

- **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: Yes

Coverage

Health insurance coverage differs across the two Mexican health insurance system as follows:

Illness and Maternity Insurance [Seguro de Enfermedades y Maternidad]

An individual that is eligible to receive benefits will receive medical, surgical, pharmaceutical and hospital care during the treatment of their illness (Diario Oficial de la Federación, 1973,1995, Title II, Chapter IV) as follows:

Outpatient Care

Outpatient care is fully covered for eligible individuals.

Inpatient Care

Inpatient care is fully covered for eligible individuals including surgical care.

Pharmaceuticals

All pharmaceuticals are fully covered for eligible individuals.

Additionally, the insured individual or their wife/partner receive the following benefits during pregnancy, birth and postpartum:

- Obstetric care
- In kind help for training and promotion of breastfeeding for 6 months
- Additional breaks during work hours in an appropriate and hygienic place for breastfeeding
- A basket with baby items at birth whose amount is determined by the Technical Council of the Mexican Social Security Institute [Instituto Mexicano de Seguridad Social, IMSS]

INSABI Health Insurance [Seguro del Instituto de Salud para el Bienestar - INSABI]

An individual that is eligible to receive benefits will receive care as follows:

Outpatient Care

Outpatient care at the **First Level of Care** is fully covered which includes primary care, preventive medicine, general and specialty medicine, dental care, family medicine.

Inpatient Care

From January to November 2020, inpatient care at the **Second Level of Care** is fully covered which includes medical care requiring hospitalization or emergency care in general surgery, internal medicine, pediatrics and obstetrics-gynecology. From December 2020, the **Third Level of Care** is included which fully covers medical and hospitalization services provided in high-specialty hospitals to care for complex diseases such as cancer, cardiovascular diseases, neurological diseases, metabolic diseases, renal diseases, and orthopedic diseases (Diario Oficial de la Federación, 2020).

Pharmaceuticals

Pharmaceuticals are fully covered under this system.

Costs

Out-of-pocket costs differ across the two Mexican health insurance system as follows:

Illness and Maternity Insurance [Seguro de Enfermedades y Maternidad]

Insured individuals pay out-of-pocket costs for the following services ([Diario Oficial de la Federación, 2006, Article 42](#)):

- Outpatient Care: No out-of-pocket costs
- Inpatient Care: No out-of-pocket costs
- Pharmaceuticals: No out-of-pocket costs
- Plastic surgery: Individuals must pay all costs.
- Glasses, contact lenses, hearing aids and prostheses: Individuals must pay all costs.
- Surgery to correct myopia, hyperopia, presbyopia, astigmatism as long as there are conventional measures for correction: Individuals must pay all costs.
- Dental treatments with the exception of consequences of cleft lip and palate: Individuals must pay all costs.
- Medical procedures not accepted by medical science: Individuals must pay all costs.

INSABI Health Insurance [Seguro del Instituto de Salud para el Bienestar - INSABI]

From January to November 2020, individuals had to pay for medical services received under the [Third Level of Care](#) which includes services received at high-specialty hospitals and care for diseases that need more technically complex care ([Diario Oficial de la Federación, 2020](#)). From December 2020, there are no out-of-pocket costs associated with this system.

Chapter 4: Policy enacted 2023-2024

Policy change in 2023

Legislation ([Diario Oficial de la Federación, 2023](#)), enacted April 28, 2023 and effective May 29, 2023, replaced the [INSABI Health Insurance](#) [Seguro del Instituto de Salud para el Bienestar - INSABI] by [IMSS - Welfare](#) [IMSS - Bienestar] which provides coverage at the [First Level of Care](#) and [Second Level of Care](#) only

Overview

The 1973 Social Security Law [[Ley del Seguro Social](#)] ([Diario Oficial de la Federación, 1973](#)) is the legal basis of the [Illness and Maternity Insurance](#) [Seguro de Enfermedades y Maternidad] for individuals that are employed and making social insurance contributions through their employer. Beneficiaries of the old-age pension and their dependent family members are also eligible to receive benefits. Benefits are administered by the Mexican Social Security Institute [Instituto Mexicano de Seguridad Social, IMSS]. Uninsured individuals may choose to voluntarily enroll in the [Family Health Insurance](#) [Seguro de Salud para Familia] to receive benefits under this system.

Individuals covered under the [Illness and Maternity Insurance](#) [Seguro de Enfermedades y Maternidad] are eligible to receive medical, surgical, pharmaceutical and hospital care during the treatment of their illness as well as maternity care during pregnancy. Out-of-pocket costs must be paid for certain procedures or medical devices such as plastic surgery, glasses or hearing aids.

From 2020, the [INSABI Health Insurance](#) [Seguro del Instituto de Salud para el Bienestar - INSABI] provides medical care benefits at the [First Level of Care](#), [Second Level of Care](#) and [Third Level of Care](#) for individuals that were Mexican citizens and were not covered under the Mexican Social Security Institute [Instituto Mexicano de Seguridad Social, IMSS]. In 2023, it was replaced by [IMSS - Welfare](#) [IMSS - Bienestar].

Under the [IMSS - Welfare](#) [IMSS - Bienestar], individuals are eligible to receive medical care at the [First Level of Care](#) and [Second Level of Care](#) with services ranging from primary care and ambulatory care to hospitalization and surgical interventions. Individuals must pay for medical care received under the [Third Level of Care](#) which includes services received at high-specialty hospitals and care for diseases that need more technically complex care.

This document focuses on benefits provided to workers in the private sector and the uninsured. Public sector workers are covered by other health insurance plans not covered in this document.

Eligibility

• Qualifications

Requirements for health insurance coverage differ across the two Mexican health insurance system as follows:

[Illness and Maternity Insurance](#) [Seguro de Enfermedades y Maternidad]

An individual is eligible to receive benefits if they meet one of the following requirements ([Diario Oficial de la Federación, 1973,1995, Title II, Chapter IV](#)):

- ◇ Must be an insured individual paying social contributions ^[1]
- ◇ Must be receiving a pension benefit from the Social Security Institute ^[2]
- ◇ Must have one of the following relationships with the insured individual —
 - Wife
 - Husband
 - Domestic partner of the insured individual for the 5 years before receiving benefits for the first time
 - Individual with whom they had children with if they are both unmarried
- ◇ Must be the child of the insured individual under age 16
- ◇ Must be the parent of the insured individual and must economically depend on them

[IMSS - Welfare](#) [IMSS - Bienestar]

An individual is eligible to receive benefits if they meet all of the following requirements ([Diario Oficial de la Federación, 2023, Article 77](#)):

- ◇ Must live in Mexican territory
- ◇ Must not receive any benefits from social security ^[3]

- **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: Yes

Coverage

Health insurance coverage differs across the two Mexican health insurance system as follows:

Illness and Maternity Insurance [Seguro de Enfermedades y Maternidad]

An individual that is eligible to receive benefits will receive medical, surgical, pharmaceutical and hospital care during the treatment of their illness ([Diario Oficial de la Federación, 1973,1995, Title II, Chapter IV](#)) as follows:

Outpatient Care

Outpatient care is fully covered for eligible individuals.

Inpatient Care

Inpatient care is fully covered for eligible individuals including surgical care.

Pharmaceuticals

All pharmaceuticals are fully covered for eligible individuals.

Additionally, the insured individual or their wife/partner receive the following benefits during pregnancy, birth and postpartum:

- Obstetric care
- In kind help for training and promotion of breastfeeding for 6 months
- Additional breaks during work hours in an appropriate and hygienic place for breastfeeding
- A basket with baby items at birth whose amount is determined by the Technical Council of the Mexican Social Security Institute [Instituto Mexicano de Seguridad Social, IMSS]

IMSS - Welfare [IMSS - Bienestar]

An individual that is eligible to receive benefits will receive care as follows ([Gobierno de México, n.d.](#)):

Outpatient Care

Outpatient care at the [First Level of Care](#) is fully covered which includes ambulatory care, primary care consultation, nursing services, prenatal control, nutrition monitoring, preventive medicine, immunizations, primary emergency and injury care, management of diarrhea cases at home, antiparasitic treatment for families, management of acute respiratory infections, tuberculosis prevention and control, prevention and control of chronic diseases such as diabetes mellitus and high blood pressure, prevention and monitoring of cervical cancer, pregnancy, general and specialty medicine, and prevention of dental diseases.

Inpatient Care

Inpatient care at the [Second Level of Care](#) is fully covered which includes medical care requiring hospitalization or emergency care in labor and delivery, surgical interventions, childbirth and postpartum care, neonatal care, laboratory, x-rays, diagnosis and treatment of cervical cancer, and detection and control of chronic-degenerative diseases.

Pharmaceuticals

Pharmaceuticals are fully covered under this system.

Costs

Out-of-pocket costs differ across the two Mexican health insurance system as follows:

Illness and Maternity Insurance [Seguro de Enfermedades y Maternidad]

Insured individuals pay out-of-pocket costs for the following services ([Diario Oficial de la Federación, 2006, Article 42](#)):

- Outpatient Care: No out-of-pocket costs
- Inpatient Care: No out-of-pocket costs
- Pharmaceuticals: No out-of-pocket costs
- Plastic surgery: Individuals must pay all costs.

- Glasses, contact lenses, hearing aids and prostheses: Individuals must pay all costs.
- Surgery to correct myopia, hyperopia, presbyopia, astigmatism as long as there are conventional measures for correction: Individuals must pay all costs.
- Dental treatments with the exception of consequences of cleft lip and palate: Individuals must pay all costs.
- Medical procedures not accepted by medical science: Individuals must pay all costs.

IMSS - Welfare [IMSS - Bienestar]

Individuals must pay for medical services received under the [Third Level of Care](#) which includes services received at high-specialty hospitals and care for diseases that need more technically complex care.

Tables and Formulas

Table 1: Annual Fees for the Popular Health Insurance (2004-2007)

Fiscal Year	Income Deciles	Annual fee
2004	I	240.00
	II	360.00
	III	600.00
	IV	1,080.00
	V	1,800.00
	VI	2,280.00
	VII	3,000.00
	VIII	3,600.00
	IX	4,800.00
	X	6,000.00
2005	I	No fee
	II	No fee
	III	640.00
	IV	1,255.00
	V	1,860.00
	VI	2,540.00
	VII	3,270.00
	VIII	5,065.00
	IX	6,740.00
	X	10,200.00
2006	I	No fee
	II	No fee
	III	661.31
	IV	1,296.79
	V	1,921.94
	VI	2,624.58
	VII	3,378.89
	VIII	5,233.66
	IX	6,964.44
	X	10,539.66
2007	I	No fee
	II	No fee
	III	688.09
	IV	1,349.31
	V	1,999.78
	VI	2,730.88
	VII	3,515.74
	VIII	5,445.62
	IX	7,246.50
	X	10,966.52

Source: [Comisión Nacional de Protección Social en Salud \(2004\)](#); [Diario Oficial de la Federación \(2005, 2006a,; 2007\)](#)

Note: From 2005, families in the 20th percentile (deciles I and II) are exempted from paying a contribution towards the Popular Health Insurance.

Table 2: Annual Fees for the Popular Health Insurance (2008-2011)

Fiscal Year	Income Deciles	Annual fee
2008	I	No fee
	II	No fee
	III	713.96
	IV	1,400.04
	V	2,074.97
	VI	2,833.56
	VII	3,647.93
	VIII	5,650.38
	IX	7,518.97
	X	11,378.86
2009	I	No fee
	II	No fee
	III	713.96
	IV	1,400.04
	V	2,074.97
	VI	2,833.56
	VII	3,647.93
	VIII	5,650.38
	IX	7,518.97
	X	11,378.86
2010	I	No fee
	II	No fee
	III	713.96
	IV	1,400.04
	V	2,074.97
	VI	2,833.56
	VII	3,647.93
	VIII	5,650.38
	IX	7,518.97
	X	11,378.86
2011	I	No fee
	II	No fee
	III	No fee
	IV	No fee
	V	2,074.97
	VI	2,833.56
	VII	3,647.93
	VIII	5,650.38
	IX	7,518.97
	X	11,378.86

Source: [Diario Oficial de la Federación \(2008; 2009,; 2010,;2011a\)](#)

Note:

1. From 2005, families in the 20th percentile (deciles I and II) are exempted from paying a contribution towards the Popular Health Insurance.
2. From 2011, families in the 40th percentile (deciles III and IV) are exempted from paying a contribution towards the Popular Health Insurance.

Table 3: Annual Fees for the Popular Health Insurance (2012-2015)

Fiscal Year	Income Deciles	Annual fee
2012	I	No fee
	II	No fee
	III	No fee
	IV	No fee
	V	2,074.97
	VI	2,833.56
	VII	3,647.93
	VIII	5,650.38
	IX	7,518.97
	X	11,378.86
2013	I	No fee
	II	No fee
	III	No fee
	IV	No fee
	V	2,074.97
	VI	2,833.56
	VII	3,647.93
	VIII	5,650.38
	IX	7,518.97
	X	11,378.86
2014	I	No fee
	II	No fee
	III	No fee
	IV	No fee
	V	2,074.97
	VI	2,833.56
	VII	3,647.93
	VIII	5,650.38
	IX	7,518.97
	X	11,378.86
2015	I	No fee
	II	No fee
	III	No fee
	IV	No fee
	V	2,074.97
	VI	2,833.56
	VII	3,647.93
	VIII	5,650.38
	IX	7,518.97
	X	11,378.86

Source: *Diario Oficial de la Federación (2012; 2013,; 2014b,;2015)*

Note: From 2011, families in the 40th percentile (deciles III and IV) are exempted from paying a contribution towards the Popular Health Insurance

Table 4: Annual Fees for the Popular Health Insurance (2016-2019)

Fiscal Year	Income Deciles	Annual fee
2016	I	No fee
	II	No fee
	III	No fee
	IV	No fee
	V	2,074.97
	VI	2,833.56
	VII	3,647.93
	VIII	5,650.38
	IX	7,518.97
	X	11,378.86
2017	I	No fee
	II	No fee
	III	No fee
	IV	No fee
	V	2,074.97
	VI	2,833.56
	VII	3,647.93
	VIII	5,650.38
	IX	7,518.97
	X	11,378.86
2018	I	No fee
	II	No fee
	III	No fee
	IV	No fee
	V	2,074.97
	VI	2,833.56
	VII	3,647.93
	VIII	5,650.38
	IX	7,518.97
	X	11,378.86
2019	I	No fee
	II	No fee
	III	No fee
	IV	No fee
	V	2,074.97 pesos
	VI	2,833.56
	VII	3,647.93
	VIII	5,650.38
	IX	7,518.97
	X	11,378.86

Source: *Diario Oficial de la Federación (2016; 2017; 2018; 2019a)*

Note: From 2011, families in the 40th percentile (deciles III and IV) are exempted from paying a contribution towards the Popular Health Insurance.

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>).

Comisión Nacional de Protección Social en Salud (2004). Informes programático-presupuestarios. [Programmatic-budgetary reports]. Available in Spanish only. As of June 13, 2024. [\[Link\]](#)

Diario Oficial de la Federación (1973). Ley del Seguro Social. [Social Security Law]. Available in Spanish only. As of October 31, 2023. [\[Link\]](#)

Diario Oficial de la Federación (1994). Ley del Seguro Social 1793, Última reforma publicada DOF 29-12-1994. [Social Security Law 1973. Last reform published DOF 12-29-1994]. Available in Spanish only. As of October 31, 2023. [\[Link\]](#)

Diario Oficial de la Federación (1995). Ley del Seguro Social. [Social Security Law]. Available in Spanish only. As of October 31, 2023. [\[Link\]](#)

Diario Oficial de la Federación (2002). Acuerdo por el que la Secretaría de Salud da a conocer las Reglas de Operación e indicadores de gestión y evaluación del Seguro Popular de Salud. [Agreement by which the Ministry of Health announces the Operating Rules and management and evaluation indicators of the Popular Health Insurance]. Available in Spanish only. As of May 10, 2024. [\[Link\]](#)

Diario Oficial de la Federación (2003). Decreto por el que se reforma y adiciona la Ley General de Salud. [Decree by which the General Health Law is reformed and added]. Available in Spanish only. As of April 30, 2024. [\[Link\]](#)

Diario Oficial de la Federación (2005). Lineamientos para la afiliación, operación, integración del padrón nacional de beneficiarios y determinación de la cuota familiar del Sistema de Protección Social en Salud. [Guidelines for affiliation, operation, integration of the national registry of beneficiaries and determination of the family quota of the Social Health Protection System]. Available in Spanish only. As of April 30, 2024. [\[Link\]](#)

Diario Oficial de la Federación (2006a). Proyecto de Modificación a la Norma Oficial Mexicana NOM-009-SSA2-1993, Para el fomento de la salud del escolar. [Modification Project to the Official Mexican Standard NOM-009-SSA2-1993, To promote the health of schoolchildren]. Available in Spanish only. As of June 13, 2024. [\[Link\]](#)

Diario Oficial de la Federación (2006b). Reglamento de Prestaciones Médicas del Instituto Mexicano del Seguro Social. [Regulations for Medical Benefits of the Mexican Social Security Institute]. Available in Spanish only. As of April 30, 2024. [\[Link\]](#)

Diario Oficial de la Federación (2007). Aviso por el que se dan a conocer las cuotas familiares del Sistema de Protección Social en Salud. [Notice announcing the family fees of the Social Health Protection System]. Available in Spanish only. As of June 13, 2024. [\[Link\]](#)

Diario Oficial de la Federación (2008). Aviso por el que se dan a conocer las cuotas familiares del Sistema de Protección Social en Salud. [Notice announcing the family fees of the Social Health Protection System]. Available in Spanish only. As of June 13, 2024. [\[Link\]](#)

Diario Oficial de la Federación (2009). Aviso que establece los niveles de las cuotas familiares del Sistema de Protección Social en Salud para 2009. [Notice establishing the levels of family contributions of the Social Health Protection System for 2009]. Available in Spanish only. As of June 13, 2024. [\[Link\]](#)

Diario Oficial de la Federación (2010). Aviso que establece los niveles de las cuotas familiares del Sistema de Protección Social en Salud para 2010. [Notice establishing the levels of family contributions of the Social Health Protection System for 2010]. Available in Spanish only. As of June 13, 2024. [\[Link\]](#)

Diario Oficial de la Federación (2011a). Aviso que establece los niveles de las cuotas familiares del Sistema de Protección Social en Salud para 2011. [Notice that establishes the levels of family contributions of the Social Health Protection System for 2011]. Available in Spanish only. As of April 30, 2024. [\[Link\]](#)

Diario Oficial de la Federación (2011b). Decreto por el que se reforman los artículos 6 y 134 de la Ley del Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado, y 64 y 84 de la Ley del Seguro Social. [Decree reforming articles 6 and 134 of the Law of the Institute of Security and Social Services of State Workers, and 64 and 84 of the Social Security Law]. Available in Spanish only. As of April 30, 2024. [\[Link\]](#)

Diario Oficial de la Federación (2012). Aviso que establece los niveles de las cuotas familiares del Sistema de Protección Social en Salud para 2012. [Notice establishing the levels of family contributions of the Social Health Protection System for 2012]. Available in

Spanish only. As of June 13, 2024. [\[Link\]](#)

Diario Oficial de la Federación (2013). Aviso que establece los niveles de las cuotas familiares del Sistema de Protección Social en Salud para 2013. [Notice establishing the levels of family contributions of the Social Health Protection System for 2013]. Available in Spanish only. As of June 13, 2024. [\[Link\]](#)

Diario Oficial de la Federación (2014a). Aviso que establece los niveles de las cuotas familiares del Sistema de Protección Social en Salud para 2014. [Notice establishing the levels of family contributions of the Social Health Protection System for 2014]. Available in Spanish only. As of June 13, 2024. [\[Link\]](#)

Diario Oficial de la Federación (2014b). Decreto por el que se adicionan y reforman diversas disposiciones de la Ley General de Salud; de la Ley Federal de los Trabajadores al Servicio del Estado, Reglamentaria del Apartado B) del artículo 123 Constitucional; de la Ley del Seguro Social; de la Ley del Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado; de la Ley para la Protección de los Derechos de Niñas, Niños y Adolescentes, y de la Ley General de Acceso de las Mujeres a una Vida Libre de Violencia. [Decree by which various provisions of the General Health Law are added and reformed; of the Federal Law of Workers in the Service of the State, Regulatory of Section B) of Article 123 of the Constitution; of the Social Security Law; of the Law of the Institute of Security and Social Services of State Workers; of the Law for the Protection of the Rights of Girls, Boys and Adolescents, and the General Law of Women's Access to a Life Free of Violence]. Available in Spanish only. As of April 30, 2024. [\[Link\]](#)

Diario Oficial de la Federación (2015). Aviso que establece los niveles de las cuotas familiares del Sistema de Protección Social en Salud para 2015. [Notice establishing the levels of family contributions of the Social Health Protection System for 2015]. Available in Spanish only. As of June 13, 2024. [\[Link\]](#)

Diario Oficial de la Federación (2016). Aviso que establece los niveles de las cuotas familiares del Sistema de Protección Social en Salud para el ejercicio fiscal 2016. [Notice that establishes the levels of family contributions of the Social Health Protection System for the fiscal year 2016]. Available in Spanish only. As of June 13, 2024. [\[Link\]](#)

Diario Oficial de la Federación (2017). Aviso que establece los niveles de las cuotas familiares del Sistema de Protección Social en Salud para 2017. [Notice establishing the levels of family contributions of the Social Health Protection System for 2017]. Available in Spanish only. As of June 13, 2024. [\[Link\]](#)

Diario Oficial de la Federación (2018). Aviso que establece los niveles de las cuotas familiares del Sistema de Protección Social en Salud para 2018. [Notice establishing the levels of family contributions of the Social Health Protection System for 2018]. Available in Spanish only. As of June 13, 2024. [\[Link\]](#)

Diario Oficial de la Federación (2019a). Aviso que establece los niveles de las cuotas familiares del Sistema de Protección Social en Salud para el ejercicio fiscal 2019. [Notice that establishes the levels of family contributions of the Social Health Protection System for the fiscal year 2019]. Available in Spanish only. As of April 30, 2024. [\[Link\]](#)

Diario Oficial de la Federación (2019b). Decreto por el que se reforman, adicionan y derogan diversas disposiciones de la Ley General de Salud y de la Ley de los Institutos Nacionales de Salud. [Decree by which various provisions of the General Health Law and the Law of the National Health Institutes are reformed, added and repealed]. Available in Spanish only. As of April 30, 2024. [\[Link\]](#)

Diario Oficial de la Federación (2020). Acuerdo por el que se modifica el diverso por el que se emiten los criterios generales y la metodología a los que deberán sujetarse los procesos de clasificación socioeconómica de pacientes en los establecimientos que presten servicios de atención médica de la Secretaría de Salud y de las entidades coordinadas por dicha Secretaría, publicado el 27 de mayo de 2013. [Agreement that modifies the various criteria that issue the general criteria and methodology to which the socioeconomic classification processes of patients in the establishments that provide medical care services of the Ministry of Health and the coordinated entities]. Available in Spanish only. As of April 30, 2024. [\[Link\]](#)

Diario Oficial de la Federación (2023). Decreto por el que se reforman, adicionan y derogan diversas disposiciones de la Ley General de Salud, para regular el Sistema de Salud para el Bienestar. [Decree by which various provisions of the General Health Law are reformed, added and repealed, to regulate the Health System for Well-being]. Available in Spanish only. As of April 30, 2024. [\[Link\]](#)

Gobierno de México (n.d.). Atención a la Salud: Servicios y acciones otorgadas en las unidades de salud de primer y segundo nivel. [Health Care: Services and actions provided in first and second level health units]. Available in Spanish only. As of May 8, 2024. [\[Link\]](#)

Gobierno de México (2019). Catálogo Universal de Servicios de Salud (CAUSES) 2019. [Universal Catalog of Health Services (CAUSES)]

2019]. Available in Spanish only. As of May 8, 2024. [\[Link\]](#)

Instituto Nacional de Estadística y Geografía (n.d). Ingreso corriente total promedio trimestral por hogar en deciles de hogares. [Quarterly average total current income per household in household deciles]. Available in Spanish only. As of May 14, 2024. [\[Link\]](#)

Instituto Nacional de Estadística y Geografía (2020). Población con afiliación a servicios de salud por entidad federativa según institución, 2020 [Population with affiliation to health services by federal entity according to institution, 2020]. Available in Spanish only. As of May 29, 2024. [\[Link\]](#)

Glossary of terms

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

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

First Level of Care: Primary care. Services provided to outpatients to prevent and early detect diseases.

IMSS-Welfare [Servicios de Salud del Instituto Mexicano de Seguridad Social para el Bienestar; IMSS - Bienestar]: Benefits given to individuals not covered by the Mexican Social Security System. It replaced the INSABI Health Insurance in 2023.

INSABI Health Insurance [Seguro del Instituto de Salud para el Bienestar - INSAB]: Benefits given to individuals not covered by the Mexican Social Security System. It replaced the Popular Health Insurance in 2020.

Illness and Maternity Insurance [Seguro de Enfermedades y Maternidad]: Health insurance for individuals that make or have made social insurance contributions to the IMSS. Dependent family members who live in the same household as the qualified individual is also eligible to receive benefits.

Popular Health Insurance [Seguro Popular de Salud]: Health insurance introduced in 2004 for individuals that were not insured under Social Security.

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.

Second Level of Care: Medical care requiring hospitalization or emergency care in general surgery, internal medicine, pediatrics and obstetrics-gynecology.

Family Health Insurance [Seguro de Salud para Familia]: Voluntary track to receive benefits under the Illness and Maternity Insurance.

Third Level of Care: Medical services provided in high-specialty hospitals to care for complex diseases such as cancer, cardiovascular diseases, neurological diseases, metabolic diseases, renal diseases, and orthopedic diseases.

Notes

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

1. Before the 1973 law was reformed in 1994, employers and workers pay a rate based on the worker’s daily salary while the government pay 20% of the total amount the employer contributed ([Diario Oficial de la Federación, 1973, Articles 114-115](#)). From 1994 to 1997, employers pay 8.750% and workers 3.125% of the worker’s daily salary while the government pay 7.143% of the total amount the employer contributed ([Diario Oficial de la Federación, 1994, Articles 114-115](#)). For individuals that started working after July 1997 or transferred to the new system introduced by the 1997 law, the employer contributes 13.9% of the daily general minimum wage valid for the Federal District/Mexico City. If the worker’s daily salary is larger than three times the general minimum wage valid in the Federal District/Mexico City, the employer pays 6% and the worker pays 2% of the difference between the daily

base salary and three times the general minimum wage valid in Federal District/Mexico City. The government pays 13.9% of the general minimum wage valid in the Federal District/Mexico City ([Diario Oficial de la Federación, 1995, Article 106](#)).

2. Individuals that qualify because they are receiving a pension must be receiving a pension from disability, old age, early retirement, widowhood, orphanhood or ancestry.
3. Benefits given by the Mexican Social Security Institute (IMSS) are the following:
 - Work Risk Insurance (Seguro de Riesgos de Trabajo, SRT)
 - Illness and Maternity Insurance (Seguro de Enfermedades y Maternidad, SEM)
 - Disability and Life Insurance (Seguro de Invalidez y Vida, SIV)
 - Retirement, Unemployment and Old Age Insurance (Seguro de Retiro, Cesantía y Vejez, SRCV)
 - Daycare and Social Benefits Insurance (Seguro de Guarderías y Prestaciones Sociales, SGPS)

Version information

Current Version: 1.0 (November 2024)

Version History

- 1.0 (November 2024): First version

Additional resources

The following resources provide additional details for the interested reader:

González Block MA, Reyes Morales H, Cahuana Hurtado L, Balandrán A, Méndez E, Allin S. Mexico: Health system review. *Health Systems in Transition*, 2020; 22(2): i–222. Available at: <https://iris.who.int/bitstream/handle/10665/334334/HiT-22-2-2020-eng.pdf?sequence=1&isAllowed=y>

Features: Report that discusses the structure of the Mexican health care system and analyzes its development in coverage, policy reforms and system performance.