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# Gateway Policy Explorer: Retirement Series

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## Czech Republic

### Public Old-Age Health Insurance Plan Details

**1992-2022**

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## Preface

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

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

## Background — Gateway Policy Explorer: Retirement Series

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

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

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

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

## Author and Contributor Disclaimers

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

# Czech Republic

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

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

## Key Dates

First law: 1991

Major changes since 1992: 2007

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

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

## Chapter 1: Policy enacted 1992-2006

### Overview

The Czech Republic has a universal health care system with two main types of health insurance: Statutory health insurance (Zdravotní Pojištění, ZP) and private supplementary insurance. Private insurance plays a minor role compared to statutory health insurance. Health insurance is compulsory for all permanent residents and employees in the Czech Republic.

In the early 1990s, several key laws relating to the health care system were enacted: The General Health Insurance Act ([Act 550/1991](#)), the Act on the General Health Insurance Fund ([Act 551/1991](#)), and the Act on Departmental, Professional, Corporate, and Other Health Insurance Funds ([Act 280/1992](#)). These acts formed the core health legislation of the Czech Republic and remained largely the same since 1992.

Key laws during this period include:

- The Act on Public Health Insurance Premiums ([Act 592/1992](#)), effective January 1, 1993, introduced the premiums for statutory health insurance
- The Act on Public Health Insurance ([Act No. 48/1997](#)) replaced the General Health Insurance Act and incorporated relevant regulations of the [European Union](#). Effective April 1, 1997, the Act on Public Health Insurance regulates the scope and conditions for providing health care.

Other reforms in this period include:

- [Act 133/1997](#), effective June 26, 1997, introduced the carer's allowance
- [Act 127/1998](#), effective June 30, 1998, regulated that health insurance premium for juveniles placed in school facilities for institutional education and protective education is paid by state
- [Act 198/2002](#), effective January 1, 2003, regulated that health insurance premium for persons in volunteer service for at least 20 hours per week is paid by state
- [Act 213/2002](#), effective July 1, 2002, increased the amount of the carer's allowance
- [Act 218/2005](#), effective October 1, 2005, increased the amount of the carer's allowance
- [Act 350/2005](#), effective October 13, 2005, regulated that health insurance premium for persons granted asylum or visa of extended stay for more than 90 days and their children born in the Czech Republic is paid by state, if they do not have income from employment or self-employment

The Czech Republic provides long-term care for old or disabled people or those with chronic diseases through two systems —

- Long-term inpatient care covered by the statutory health insurance
- Care services and benefits regulated by the [Social Security Act](#), the [Decree of the Ministry of Labor and Social Affairs on reimbursements for stays in social care facilities](#), and the [Decree of the Ministry of Labor and Social Affairs on payment for the provision of social care in health facilities](#)

### Eligibility

#### • Qualifications

Statutory Health Insurance (Zdravotní Pojištění, ZP)

Coverage by ZP health insurance plan is mandatory for all permanent residents and employees. A monthly premium paid to the health insurance fund is required to maintain coverage. The amount of the insurance premium is 13.5% of a worker's earned income, up to 13.5% of 24 times the minimum wage. Depending on occupation and income level, premiums are paid differently:

- For employees: One third (4.5%) of the insurance premium is paid by the employee and two thirds (9%) are paid by the employer. For those who earn less than the minimum wage, they pay an additional premium of 13.5% of the difference between minimum wage and earned income —see [Table 1](#) for values of minimum wage over time
- For the self-employed: Fully paid (13.5%) by themselves
- For people without a taxable income (e.g., non-working spouses): 13.5% of the minimum wage paid by themselves, i.e., 2,187 Kč (value in 2022) —see [Table 1](#) for values of minimum wage over time

Additionally, premiums for the following groups are fully paid by the state:

- Dependent children
- Recipients of old-age pension
- Recipients of parental allowance
- Recipients of maternity leave allowance

- Registered job-seekers
- Recipients of social assistance benefit
- Recipients of care allowance and people caring for them, or child with long-term severe disability
- Persons in military service or civilian service, and persons in military training
- Persons in custody or sentence
- Juveniles placed in school facilities for institutional education and protective education, effective June 30, 1998
- Persons participating in volunteer service for at least 20 hours per week, effective January 1, 2003
- Persons who reach statutory retirement age but do not fulfill other conditions for entitlement to pension benefit and do not have income from employment, self-employment, and no pension from abroad, or this pension does not exceed the minimum wage
- Persons caring for at least one child under age 7 or at least two children under age 15 on a full-time basis
- Recipients of sickness benefit
- Persons granted asylum or visa of extended stay for more than 90 days and their children born in the Czech Republic, if they do not have income from employment or self-employment, effective October 13, 2005

#### Long-term Care (LTC)

The Czech Republic provides three cash benefits for patient's stays in social care institutions for different purposes: Food, housing, and necessary services. A patient must be citizen of the Czech Republic to receive these benefits.

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

## Coverage

### Statutory Health Insurance (Zdravotní Pojištění, ZP)

The Act on Public Health Insurance ([Act 48/1997](#)) defines the basic scope of covered health care services for statutory health insurance. ZP covers services aiming at improving or maintaining the insured person's health condition —outpatient and inpatient medical care (including diagnostic care, rehabilitative care, long-term care), emergency care, preventive care, dispensary care, drugs and medical aids, transport, assessment service, and transport and autopsy of the deceased.

### Primary Health Care

Primary health care is provided by primary care physicians or specialists, including general practitioners (GPs) for adults, GPs for children and young people, dentists, and gynecologists. Patients can freely choose their primary health care physician and can re-register with a new physician every 6 months. For specialized care, the primary care physician may refer the patient to a specialized care facility which has a contract with the patient's health insurance fund. Insured persons may choose their care providers. While referrals from GPs for specialist care are encouraged, they are not required. A visit to a GP and a referral is recommended. ZP covers medical services provided by registered doctors that are contracted with the insurance funds.

### Inpatient Care

Hospitals have a contract with the health insurance funds to provide services to the insured. Patients need a referral from their primary care physician, emergency department physician or outpatient specialist to receive treatment at the inpatient care facility. Inpatient care is covered by ZP.

### Home Nursing Care

Home care is provided to patients in need of health care in their own social environment, e.g., patients with chronic disease whose medical condition requires professional care and when self-care or informal care is not sufficient. Home care needs to be prescribed and is fully covered by statutory health insurance.

### Pharmaceuticals

Prescribed pharmaceuticals that are eligible for full reimbursement are covered by ZP. The following items are typically not covered —

- Over-the-counter drugs
- Supportive and complementary drugs
- Contraceptives
- Potency drugs

### Medical Aids

Prescribed medical aids that are eligible for full reimbursement are covered by ZP.

#### Dental Care

Prophylactic dental treatment once a year (twice a year for children) and some standard dental treatments are covered by ZP. Annex No. 4 to [the Act on Public Health Insurance](#) provides a list of services that are eligible for full or partial reimbursement.

#### Travel Costs

The travel costs for the transport of the patient to the medical facility, from the facility to their permanent or temporary residence or social services facility are covered by ZP if the patient's health condition requires it. These reimbursements must be assessed by the attending physician.

#### Long-term care (LTC)

The Czech Republic provides social care to citizens in need due to health or age reasons, including the following benefit and services —

- A cash benefit known as carer's allowance provided to caregivers —
  - If the care-giver is caring for one person, the amount of the benefit is the difference between their income and 1.6 times of the subsistence minimum for basic needs. Effective July 1, 2002, the amount is increased to 1.6 times of the subsistence minimum for basic needs. Effective October 1, 2005, the amount is further increased to 2.25 times of the subsistence minimum for basic needs. See [Table 2](#) for rates over time.
  - If the care-giver is caring for two or more persons, the amount of the benefit is the difference between their income and 2.75 times of the subsistence minimum for basic needs. Effective July 1, 2002, the amount is increased to 2.75 times of the subsistence minimum for basic needs. Effective October 1, 2005, the amount is further increased to 2.25 times of the subsistence minimum for basic needs.
- Institutional social care and care in other social care facilities
- Nursing service

The costs of social care services provided in a medical facility and stays in a social care institution are eligible for reimbursement.

## Costs

#### Statutory Health Insurance (Zdravotní Pojištění, ZP)

ZP covers most of the health care services. Out-of-pocket payments mainly come from two sources: Over-the-counter pharmaceuticals and certain dental care services, and copayments on medical aids and prescription pharmaceuticals.

#### Pharmaceuticals

Patients pay for over-the-counter drugs and pharmaceuticals excluded from full reimbursement according to the Act on Public Health Insurance. For example, supportive and complementary drugs, contraceptives, and potency drugs are not reimbursed. Annex No. 2 to [the Act on Public Health Insurance](#) provides detailed information on eligibility of reimbursement for pharmaceuticals.

#### Medical Aids

Annex No. 1 to [the Act on Public Health Insurance](#) provides a list of services divided into three categories that determine the insured's out-of-pocket payments:

- Category N: Not covered by ZP —exceptions may be granted by the health insurance company
- Category W: Fully covered by ZP if certain conditions are met or maximum payments are met
- Category Z: Fully covered by ZP under certain conditions and upon approval of the health insurance company

#### Dental Care

Annex No. 4 to [the Act on Public Health Insurance](#) provides a list of dental care services and aids divided into three categories that determine the insured's out-of-pocket payments:

- Category I: Eligible for full reimbursement from statutory health insurance
- Category C: Eligible for partial reimbursement from statutory health insurance. ZP covers certain amount of the listed service as indicated in the act
- Category Z: Eligible for full reimbursement from statutory health insurance under certain conditions as indicated in the act and after approval of doctor

#### Long-term Care (LTC)

For stays in a social care institution, with the exception of pension home for pensioners, the citizen pays for the costs of food, housing, and necessary services. The amount of payment depends on care institution, housing type, and length of stay —

- [Table 3](#): For out-of-pocket payment for food
- [Table 4](#): For out-of-pocket payment for housing
- [Table 5](#): For out-of-pocket payment for necessary services

For social care in a medical facility, the insured pays 55 Kč per day ([Act 310/1993](#)). Persons under age 18 are exempted from this payment.

## Chapter 2: Policy enacted 2007-2022

### Policy change in 2007

The Public Budgets Stabilization Act ([Act 261/2007](#)), enacted October 16, 2007 and effective January 1, 2008, made several key changes to the health care system:

- Change in maximum amount of statutory health insurance premium
- Introduced regulatory fees for a number of health services
- Changes to price setting and reimbursement rates for pharmaceuticals
- Introduction of an annual maximum for copayments of medical services and pharmaceuticals that are not fully reimbursed
- Regulated that health insurance premium for people caring for recipients of care allowance at Level I and under age 10 is paid by state

Other key reforms to the health care system during this period include:

- [Act 59/2009](#), effective April 1, 2009, changed the annual maximum amount of out-of-pocket payments for children under age 18 and insured persons over age 65
- [Act 362/2009](#), effective January 1, 2010, increased the maximum amount of the statutory health insurance premium
- [Act 298/2011](#), effective December 1, 2011, changed the regulatory fees for various services, and regulated that health insurance premium for persons in civil service is not paid by state
- Act on Health Services ([Act 372/2011](#)), effective April 1, 2012, overhauled the legal framework and enlarged it to include further topics such as reproductive medicine
- [Act 250/2014](#), effective January 1, 2015, regulated that health insurance premium for spouses or registered partners of civil servants is paid by state
- [Act 256/2014](#), effective January 1, 2015, eliminated regulatory fees for health care services except for the emergency care
- [Act 47/2016](#), effective July 1, 2016, regulated that health insurance premium for persons in military training is not paid by state
- [Act 200/2017](#), effective January 1, 2018, regulated that health insurance premium for persons over age 26 and studying full-time in a doctoral program in a university in the Czech Republic for the first time is paid by state
- [Act 290/2017](#), effective January 1, 2018, changed the annual maximum amount of out-of-pocket payments for certain groups
- [Act 282/2018](#), effective January 1, 2020, decreased annual maximum amount of copayments for insured persons with disability at Degree 3
- [Act 540/2020](#), effective January 1, 2021, eliminated the maximum amount of the statutory health insurance premium

For better integration of the long-term care (LTC) system, [the Social Services Act](#), enacted March 31, 2006 and effective January 1, 2007, replaced [the Decree of the Ministry of Labor and Social Affairs on reimbursements for stays in social care facilities](#) and made the following changes together with the [Decree implementing the Act on Social Services](#) —

- Defined the coverage and out-of-pocket payment for long-term care services
- Replaced the carer's allowance with the care allowance (Příspěvek na péči). The care allowance is a cash benefit provided to persons who are dependent on the assistance of another person due to a long-term unfavorable health condition, and is not targeted at old-age persons

Other key reform to the long-term care system during this period includes:

- [Act 310/2017](#), effective June 1, 2018, introduced a new benefit known as the long-term nursing allowance provided to caregivers of recipients of care allowance

## Overview

The Czech Republic has a universal health care system with two main types of health insurance: Statutory health insurance (zdravotní pojištění) and private supplementary insurance. Private insurance plays a minor role compared to statutory health insurance. Health insurance is compulsory for all permanent residents in Czech Republic.

Since the 1990s, three key laws form the legal basis of the health care system: The Act on Public Health Insurance ([Act No. 48/1997](#)), the Act on the General Health Insurance Fund ([Act 551/1991](#)), and the Act on Departmental, Professional, Corporate, and Other Health Insurance Funds ([Act 280/1992](#)).

While access to the health care system since 1992 has remained universal and there have been limited changes in benefits, the Public Budgets Stabilization Act ([Act 261/2007](#)), enacted October 16, 2007 and effective January 1, 2008, introduced multiple changes to the health sector.

The Czech Republic provides long-term care for old or disabled people or those with chronic diseases through two systems —

- Long-term inpatient care covered by the statutory health insurance
- Long-term care services and a cash benefit known as care allowance regulated by the [Social Services Act](#) and the [Decree Implementing the Act on Social Services](#). The Social Services Act covers a wide range of social services which are not specifically targeted at old-age persons, including social counseling, social care services, and social prevention services

Effective June 1, 2018, a new benefit known as long-term nursing allowance is provided to citizens who stay at home to take care of a family member for whom the attending physician of a hospital providing inpatient care (usually a hospital) has decided that their state of health needs home day care after discharge from hospitalization. Any caregiver responsible for long-term nursing of the patient may apply for this benefit.

## Eligibility

### • Qualifications

#### Statutory Health Insurance (Zdravotní Pojištění, ZP)

Coverage by ZP health insurance plan is mandatory for all permanent residents and employees. A continued monthly premium paid to the health insurance fund is required to maintain coverage. The amount of the insurance premium is 13.5% of a worker's earned income, up to 13.5% of 48 times of their average wage which is calculated from the two years preceding the current calendar year. Effective January 1, 2010, the maximum amount is increased from 48 times to 72 times of one's average wage. The maximum amount of premium is eliminated on January 1, 2021. Depending on occupation and income level, premiums are paid differently:

- For employees: One third (4.5%) of the insurance premium is paid by the employee and two thirds (9%) are paid by the employer. For those who earn less than the minimum wage, they pay an additional premium of 13.5% of the difference between minimum wage and earned income —see [Table 1](#) for values of minimum wage over time
- For the self-employed: Fully paid (13.5%) by themselves
- For people without a taxable income (e.g., non-working spouses): 13.5% of the minimum wage paid by themselves, i.e., 2,187 Kč (value in 2022) —see [Table 1](#) for values of minimum wage over time

Additionally, premiums for the following groups are fully paid by the state:

- Dependent children
- Recipients of pension
- Recipients of parental allowance
- Recipients of maternity leave allowance
- Registered job-seekers
- Recipients of social assistance benefit and their jointly assessed household members
- Recipients of care allowance at Level II, III or IV, and people caring for them, and people caring for recipients of care allowance at Level I and under age 10, effective January 1, 2008
- Persons in military service or civil service, changed to persons in military training (effective December 1, 2011, and eliminated July 1, 2016)
- Persons in detention, sentence, or institutional protective treatment
- Recipients of sickness benefit
- Persons with disability at Degree 3 or who have reached the statutory retirement age but who do not qualify for a third-degree invalidity pension or old-age pension and do not have income from employment, self-employment and no pension from abroad, or this pension does not exceed the minimum wage
- Persons caring for at least one child under age 7 or at least two children under age 15 on a full-time basis
- Juveniles placed in school facilities for institutional education and protective education
- Persons participating in volunteer services for more than 20 hours per week
- Spouses or registered partners of civil servants, effective January 1, 2015
- Persons granted asylums or a visa to stay for more than 90 days, and their children born in the Czech Republic, if they do not have income from employment or self-employment
- Persons over age 26 and studying full-time in a doctoral program in a university in the Czech Republic for the first time, effective January 1, 2018

#### Long-term Care (LTC)

The Czech Republic long-term care (LTC) system provides a need-based cash benefit, known as care allowance, to people dependent on the help of another person due to a long-term unfavorable health condition. To receive care allowance, one must satisfy the following conditions:

- One must be dependent on the assistance of another person
- Older than age 1

An assessment of assistance dependency for long-term care is required. The ability to conduct basic living activities is assessed: Mobility, orientation, communication, eating, dressing and footwear, body hygiene, exercise of physiological needs, health care, personal activities, and household care (except for people under age 18). The assessment classifies applicants for LTC into 4 dependency levels and provides different amount of care allowance. For people under age 18 and above, different amount of care allowance is provided.

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

## Coverage

### Statutory Health Insurance (Zdravotní Pojištění, ZP)

The Act on Public Health Insurance ([Act 48/1997](#)) defines the basic scope of covered health care services for statutory health insurance. ZP covers services aiming at improving or maintaining the insured person's health condition —outpatient and inpatient medical care (including diagnostic care, rehabilitative care, long-term care), emergency care, preventive care, dispensary care, drugs and medical aids, transport, assessment service, and transport and autopsy of the deceased.

### Primary Health Care

Primary health care is provided by primary care physicians or specialists, including general practitioners (GPs) for adults, GPs for children and young people, dentists, and gynecologists. Patients can freely choose their primary health care physician and can re-register with a new physician every 6 months. For specialized care, the primary care physician may refer the patient to a specialized care facility which has a contract with the patient's health insurance fund. Insured persons may choose their care providers. While referrals from GPs for specialist care are encouraged, they are not required. A visit to a GP and a referral is recommended. ZP covers medical services provided by registered doctors that are contracted with the insurance funds.

### Inpatient Care

Hospitals have a contract with the health insurance funds to provide services to the insured. Patients need a referral from their primary care physician, emergency department physician or outpatient specialist to receive treatment at the inpatient care facility. Inpatient care is covered by ZP.

### Home Nursing Care

Home care is provided to patients in need of health care in their own social environment, e.g., patients with chronic disease whose medical condition requires professional care and when the self-care or informal care is not sufficient. Home care needs to be prescribed and is fully covered by statutory health insurance.

### Pharmaceuticals

Prescribed pharmaceuticals that are eligible for full reimbursement are covered by the statutory health insurance. The following items are typically not covered —

- Over-the-counter drugs
- Supportive and complementary drugs
- Contraceptives
- Potency drugs

### Medical Aids

Prescribed medical aids that are eligible for full reimbursement are covered by ZP.

### Dental Care

Prophylactic dental treatment once a year (twice a year for children) and some standard dental treatments are covered by ZP. Annex No. 4 to the [Act on Public Health Insurance](#) provides a list of services that are eligible for full or partial reimbursement.

### Travel Costs

The travel costs for the transport of the patient to the medical facility, from the facility to their permanent or temporary residence or social services facility are covered by ZP if the patient's health condition requires. These reimbursements must be assessed by the attending physician.

### Long-term care (LTC)

LTC system provides a cash benefit known as care allowance and in-kind benefits for residential care services and care services at home or other social service facilities.

#### Care Allowance

The amount of care allowance depends on the assessed care level and age: (value in 2022)

- For persons under age 18:
  - Grade I: 3,300 Kč
  - Grade II: 6,600 Kč
  - Grade III: 13,900 Kč
  - Grade IV: 19,200 Kč
- For persons over age 18:
  - Grade I: 880 Kč
  - Grade II: 4,400 Kč
  - Grade III: 12,800 Kč
  - Grade IV: 19,200 Kč

See [Table 6](#) and [Table 7](#) for amounts of care allowance for persons under age 18 and persons over age 18 over time.

#### Residential Care Services

Residential care services are provided to people with reduced self-sufficiency due to age, chronic illness, or disability in various care centers. A care center accepts patients belonging to their target group based on a patient's age, place of residence, illness, and health condition. Residential care services typically include accommodation, food, nursing services, and basic health care. Inpatient care, therapy, and other care services may be available depending on the care provider. The maximum amount of reimbursement varies between services. See [Table 8](#) for details.

#### Care Services at Home or Other Social Service Facilities

Care services at home or other social service facilities are provided to people with reduced self-sufficiency due to age, chronic illness, or disability, and to families with children whose situation requires the help of another person. These services typically include assistance with daily activities, personal hygiene, food, household, and social contact. The maximum amount of reimbursement depends on the type of activity that requires assistance. See [Table 9](#) for details.

## Costs

### Statutory Health Insurance (Zdravotní Pojištění, ZP)

ZP covers most of the health care services. Out-of-pocket payments mainly come from three sources: Over-the-counter pharmaceuticals and certain dental care services, copayments on medical aids and prescription pharmaceuticals, regulatory fees for various types of services.

#### Regulatory Fees

The insured pays a regulatory fee to the medical facility that provided health care services. The amount of regulatory fees depend on types of services —

- For visit of outpatient care: 30 Kč, eliminated January 1, 2015
- For visit of inpatient care (hospital stays): increased from 60 Kč to 100 Kč (effective December 1, 2011), and eliminated January 1, 2015
- For prescribed pharmaceuticals: changed from 30 Kč per item to 30 Kč per prescription (effective December 1, 2011), and eliminated January 1, 2015
- For visit of emergency care: 90 Kč

See [Table 10](#) for summary of regulatory fees over time.

#### Pharmaceuticals

Patients pay for over-the-counter drugs and pharmaceuticals excluded from full reimbursement according to the Act on Public Health Insurance. For example, supportive and complementary drugs, contraceptives, and potency drugs are not reimbursed. Annex No. 2 to [the Act on Public Health Insurance](#) provides detailed information on eligibility of reimbursement for pharmaceuticals.

#### Medical Aids

Annex No. 1 to [the Act on Public Health Insurance](#) provides a list of services divided into three categories that determine the insured's out-of-pocket payments:

- Category N: Not covered by statutory health insurance. Exceptions may be granted by the health insurance company
- Category W: Fully covered by statutory health insurance if certain conditions are met or maximum payments are met
- Category Z: Fully covered by statutory health insurance under certain conditions and upon approval of the health insurance company

#### Dental Care

Annex No. 4 to [the Act on Public Health Insurance](#) provides a list of dental care services and aids divided into three categories that determine the insured's out-of-pocket payments:

- Category I: Eligible for full reimbursement from statutory health insurance
- Category C: Eligible for partial reimbursement from statutory health insurance. ZP covers certain amount of the listed service as indicated in the act
- Category Z: Eligible for full reimbursement from statutory health insurance under certain conditions as indicated in the act and after approval of doctor

#### Capping on Copayments

Effective January 1, 2008, there is an annual limit on copayments for medical services and pharmaceuticals that are not fully reimbursed. ZP pays for costs exceeding this maximum amount. The maximum amount was initially set at 5,000 Kč for everyone. Over time, certain groups have had their maximum amount lower:

- For insured persons over age 70: decreased from 5,000 Kč to 2,500 Kč (effective April 1, 2009), and then to 500 Kč (effective January 1, 2018)
- For insured persons who are recipients of Degree 3 disability pension and insured persons with Degree 3 disability but who were not granted disability pension for not fulfilling contribution requirement: decreased from 5,000 Kč to 500 Kč (effective January 1, 2020)
- For children under age 18 and insured persons over age 65: decreased from 5,000 Kč to 2,500 Kč (effective April 1, 2009), and then to 1,000 Kč (effective January 1, 2018)

See [Table 11](#) for annual maximum amount of copayments for different groups over time.

#### Long-term Care (LTC)

The out-of-pocket payment for residential care services depends on the service provider and is capped at different levels —

- Weekly stationary (Týdenní stacionář): The patient pays a maximum of 75% of the care allowance they are granted and the amount must not exceed 75% of their total income
- Home for people with disability: The patient pays the amount of the care allowance they are granted and the amount must not exceed 85% of their total income
- Home for people of old-age: The patient pays the amount of the care allowance they are granted and the amount must not exceed 85% of their total income
- Home with a special regime: The patient pays the amount of the care allowance they are granted and the amount must not exceed 85% of their total income

Costs beyond the granted maximum amount of reimbursement for care services are paid by the patient.

## Tables and Formulas

**Table 1: Minimum Wage (1992-2022)**

Year	Minimum Wage
Jan 1, 1992 - Feb 10, 1992	2,000 Kč/month
Feb 11, 1992 - Dec 31, 1995	2,200
1996 - 1997	2,500
1998	2,650
Jan 1, 1999 - Jun 30, 1999	3,250
Jul 1, 1999 - Dec 31, 1999	3,600
Jan 1, 2000 - Jun 30, 2000	4,000
Jul 1, 2000 - Dec 31, 2000	4,500
2001	5,000
2002	5,700
2003	6,200
2004	6,700
2005	7,185
Jan 1, 2006 - Jun 30, 2006	7,570
Jul 1, 2006 - Dec 31, 2006	7,955
Jan 1, 2007 - Jul 31, 2013	8,000
Aug 1, 2013 - Dec 31, 2014	8,500
2015	9,200
2016	9,900
2017	11,000
2018	12,200
2019	13,350
2020	14,600
2021	15,200
2022	16,200

**Source:** § 2 of Government Decree No. 99/1991 Coll., of the Czech and Slovak Federative Republic on setting the minimum wage ([ČESKO, 1991](#)), § 2 of Government Decree No. 53/1992 Coll., Of the Czech and Slovak Federal Republic on the Minimum Wage([ČESKO, 1992](#)), § 2 of Government Decree No. 303/1995 Coll., Government decree on the minimum wage ([ČESKO, 1995](#)), § 2 of Government Decree No. 567/2006 Coll., on the minimum wage, on the lowest levels of the guaranteed wage, on the definition of a difficult working environment and on the amount of the supplement to the wage for work in a difficult working environment ([ČESKO, 2006](#))

**Table 2: Amount of Benefit Granted for Basic Needs (1991-2006)**

Year	< 6 years old	<10 years old	< 15 years old	< 26 years old	≥26 years old
Nov 29, 1991 - Feb 28, 1993	900 Kč	1,000 Kč	1,200 Kč	1,300 Kč	1,200 Kč
Mar 1, 1993 - Jan 31, 1994	1,020	1,130	1,360	1,470	1,360
Feb 1, 1994 - Dec 30, 1994	1,120	1,240	1,500	1,620	1,500
1995	1,230	1,360	1,620	1,780	1,680
Jan 1, 1996 - Sep 30, 1996	1,320	1,460	1,730	1,900	1,800
Oct 1, 1996 - Jun 30, 1997	1,410	1,560	1,850	2,030	1,920
Jul 1, 1997 - Mar 31, 1998	1,480	1,640	1,940	2,130	2,020
Apr 1, 1998 - Mar 31, 2000	1,560	1,730	2,050	2,250	2,130
Apr 1, 2000 - Sep 30, 2001	1,600	1,780	2,110	2,310	2,190
Oct 1, 2001 - Dec 22, 2004	1,690	1,890	2,230	2,450	2,320
Dec 23, 2004 - Dec 31, 2005	1,720	1,920	2,270	2,490	2,360
Jan 1, 2006 - Dec 31, 2006	1,750	1,950	2,310	2,530	2,400

**Source:** § 2 of Act No. 463/1991 Coll. on the subsistence minimum amount ([ČESKO, 1991](#))

**Table 3: Long-term Care Out-of-Pocket Payment for Food (1993-2006)**

Year	Retirement Home and Other Institutions	Day Care Center
Mar 1, 1993 - Jun 30, 1994	29.70 - 40.00 Kč/day	16.30 - 22.00 Kč/day
Jul 1, 1994 - Jul 31, 1995	29.70 - 45.00	16.30 - 24.80
Aug 1, 1995 - Oct 31, 1996	36.00 - 50.00	19.80 - 27.50
Nov 1, 1996 - Jul 31, 1998	40.00 - 56.00	22.00 - 30.80
Aug 1, 1998 - Jan 31, 2004	40.00 - 62.00	22.00 - 34.10
Feb 1, 2004 - Dec 31, 2006	40.00 - 63.00	22.00 - 35.00

**Source:** § 8 of Decree No. 83/1993 Coll., of the Ministry of Labor and Social Affairs on meals in social care facilities ([ČESKO, 1993](#))

**Table 4: Long-term Care Out-of-Pocket Payment for Housing (1993-2006)**

Year	Room with 3 or more Patients	Room with 2 Patients	Room with 1 Patient
Jul 1, 1994 - Jul 30, 1995	7 Kč/day	12 Kč/day	20 Kč/day
Aug 1, 1995 - Oct 31, 1996	9	14	22
Nov 1, 1996 - Aug 31, 1997	14	19	27
Sep 1, 1997 - Jul 30, 1998	23	28	36
Aug 1, 1998 - Aug 31, 1999	28	35	47
Sep 1, 1999 - Feb 28, 2001	36	43	55
Mar 1, 2001 - Dec 31, 2001	44	51	63
Jan 1, 2002 - Jan 31, 2003	48	56	69
Feb 1, 2003 - Jan 31, 2005	51	60	73
Feb 1, 2005 - Jan 31, 2006	56	65	78
Feb 1, 2006 - Dec 31, 2006	61	70	83

**Source:** § 1 of Decree No. 82/1993 Coll., Of the Ministry of Labor and Social Affairs on payments for stays in social care facilities ([ČESKO, 1993](#))

**Table 5: Long-term Care Out-of-Pocket for Necessary Services (1993-2006)**

Year	For a Yearly or Weekly Stay	For a Daily Stay
Jul 1, 1994 - Jul 30, 1995	13 Kč/day	6 Kč/day
Aug 1, 1995 - Mar 31, 1996	16	8
Apr 1, 1996 - Oct 31, 1996	24	12
Nov 1, 1996 - Aug 31, 1997	33	16
Sep 1, 1997 - Jul 30, 1998	39	22
Aug 1, 1998 - Aug 31, 1999	48	26
Sep 1, 1999 - Feb 28, 2001	50	28
Mar 1, 2001 - Dec 31, 2001	54	32
Jan 1, 2002 - Jan 31, 2003	58	34
Feb 1, 2003 - Jan 31, 2004	60	35
Feb 1, 2004 - Jan 31, 2005	63	37
Feb 1, 2005 - Jan 31, 2006	66	39
Feb 1, 2006 - Dec 31, 2006	68	41

**Source:** § 1 of Decree No. 82/1993 Coll., Of the Ministry of Labor and Social Affairs on payments for stays in social care facilities ([ČESKO, 1993](#))

**Table 6: Care Allowance for Persons Under Age 18 (2007-present)**

Year	Grade I	Grade II	Grade III	Grade IV
Jan 1, 2007 - Jul 30, 2009	3,000 Kč/month	5,000 Kč/month	9,000 Kč/month	11,000 Kč/month
Aug 1, 2009 - Dec 31, 2011	3,000	5,000	9,000	12,000
Jan 1, 2012 - Jul 30, 2016	3,000	6,000	9,000	12,000
Aug 1, 2016 - Mar 31, 2019	3,300	6,600	9,900	13,200
From Apr 1, 2019	3,300	6,600	13,900	19,200

**Source:** § 11 of Act No. 108/2006 Coll., on social services ([ČESKO, 2006](#))

**Table 7: Care Allowance for Persons Over Age 18 (2007-present)**

Year	Grade I	Grade II	Grade III	Grade IV
Jan 1, 2007 - Dec 31, 2010	2,000 Kč/month	4,000 Kč/month	8,000 Kč/month	11,000 Kč/month
Jan 1, 2011 - Jul 30, 2016	800	4,000	8,000	12,000
Aug 1, 2016 - Mar 31, 2019	800	4,400	8,800	13,200
From Apr 1, 2019	800	4,400	12,800	19,200

**Source:** § 11 of Act No. 108/2006 Coll., on social services ([ČESKO, 2006](#))

**Table 8: Maximum Amount of Reimbursement for Long-term Residential Care Services (2007-present)**

Year	Accommodation	Food
2007	160 Kč/day	140 Kč/day 70 Kč for lunch
Jan 1, 2008 - Jul 31, 2009	180	150 Kč/day 75 Kč for lunch
Aug 1, 2009 - Dec 31, 2011	180	150 Kč/day 75 Kč for lunch
2012 - 2013	200	160 Kč/day 75 Kč for lunch
Jan 1, 2014 - Feb 28, 2022	210	170 Kč/day 75 Kč for lunch
Mar 1, 2022 - present	250	205 Kč/day 95 Kč for lunch

**Source:** § 6 of Decree No. 505/1991 Coll. decree implementing the Act on Social Services ([ČESKO, 2006](#))

**Table 9: Maximum Amount of Reimbursement for Long-term Care Services (2007-present)**

Year	Assistance with Daily Activities	Assistance with Personal Hygiene	Assistance with Food and Drink Preparation	Assistance with Household	Assistance with Social Contact	Age-appropriate Food	Food Delivery	Big Purchase (e.g., weekly purchase)	Laundry Services (e.g., washing, ironing)
2007	85 Kč/hour	85 Kč/hour	85 Kč/hour	85 Kč/hour	85 Kč/hour, effective July 4, 2007	140 Kč/day 70 Kč for lunch	20 Kč	100 Kč	50 Kč/kilogram of laundry
Jan 1, 2008 - Jul 31, 2009	85	85	85	85	85	150 Kč/day 75 Kč for lunch	20	100	50
Aug 1, 2009 - Dec 31, 2011	100	100	100	100	100	150 Kč/day 75 Kč for lunch	20	100	50
2012 - 2013	120	120	120	120	120	160 Kč/day 75 Kč for lunch	25	110	60
Jan 1, 2014 - Feb 28, 2022	130	130	130	130	130	170 Kč/day 75 Kč for lunch	30	115	70
Mar 1, 2022 - present	135	135	135	135	135	205 Kč/day 95 Kč for lunch	40	140	80

**Source:** § 6 of Decree No. 505/1991 Coll. decree implementing the Act on Social Services ([ČESKO, 2006](#))

**Table 10: Regulatory Fees (2008-2022)**

Year	Outpatient Care	Inpatient Care	Pharmaceuticals	Emergency Care
Jan 1, 2008 - Nov 30, 2011	30 Kč/visit	60 Kč/visit	30 Kč/item	90 Kč/visit
Dec 1, 2011 - Dec 31, 2014	30	100	30 Kč/prescription	90
From Jan 1, 2015	0	0	0	90

**Source:** § 16a of Act No. 48/1997 Coll. on public health insurance ([ČESKO, 1997](#))

**Table 11: Annual Maximum Amount of Copayments**

Year	Persons over age 70	Persons over age 65	Persons with Disability at Degree 3	Children under age 18	Other Persons	Insured
Jan 1, 2008 - Mar 31, 2009	5,000 Kč	5,000 Kč	5,000 Kč	5,000 Kč	5,000 Kč	
Apr 1, 2009 - Dec 31, 2017	2,500	2,500	5,000	2,500	5,000	
Jan 1, 2018 - Dec 31, 2019	500	1,000	5,000	1,000	5,000	
From Jan 1, 2020	500	1,000	500	1,000	5,000	

**Source:** § 16 (b) of Act No. 48/1997 Coll. on public health insurance ([ČESKO, 1997](#))

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ČESKO (2020). Zákona č. 540/2020 Sb., zákon, kterým se mění zákon č. 586/1992 Sb., o daních z příjmů, ve znění pozdějších předpisů, a některé další zákony v souvislosti s paušální daní [Act No. 540/2020 Coll., The Act Amending Act No. 586/1992 Coll., On Income Taxes, as amended, and certain other acts in connection with flat-rate taxes]. Only available in Czech. As of August 4, 2022. [\[Link\]](#)

## 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.

**European Union (EU):** The European Union is an economic and political union of 27 countries.

**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.

**Subsistence Minimum (1992-2006):** Částky životního minima in Czech, effective from 1992 to 2006. A minimum income threshold of a citizen stipulated by the Law on Subsistence Minimum (Zákon o životním minimu, Act 463/1991). It is calculated as a sum of a benefit to ensure maintenance and basic personal needs and a benefit to cover necessary household costs.

## Version information

*Current Version: 1.1 (August 2023)*

## Version History

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

## Additional resources

The following resources provide additional details for the interested reader:

Czech Republic: Health System Review 2015.

Available at: <https://eurohealthobservatory.who.int/publications/i/czech-republic-health-system-review-2015>

Features: Provides summary and details of current version of the Czech Republic health care system.

Other papers of interest include:

- European Commission (2022). Czech Republic - Healthcare.  
Available at: <https://ec.europa.eu/social/main.jsp?catId=1106&langId=en&intPagelId=4473>
- Ministerstva Zdravotnictví [Ministry of Health] (2020). Overview of legal regulations under the responsibility of the Ministry of Health for health insurance.  
Available at: <https://www.mzcr.cz/zdravotni-pojisteni/>
- Všeobecná Zdravotní Pojišťovna [The General Health Insurance Fund].  
Available at: <https://www.vzp.cz/>