GATEWAY TO GLOBAL AGING DATA

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Gateway Policy Explorer: Retirement Series

Estonia

Public Old-Age Health Insurance Plan Details

1992-2025

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Preface

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

If you have feedback or questions or identify an error, please contact policy@g2aging.org.

Background — *Gateway Policy Explorer: Retirement Series*

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

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

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

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

Estonia

Old-Age Health Insurance
Plan details 1992-2025 * †

The Estonian health insurance system provides medical care to all insured population groups in Estonia. Individuals who are not insured only receive limited services - e.g. emergency care. Compulsory Health Insurance [Kohustusliku ravikindlustuse] is financed through payment of applicable taxes (certain groups are automatically entitled to health insurance or have their contributions covered by the state). Insured individuals' medical and dental care are covered by the Estonian Health Insurance Fund (EHIF). Individuals must contribute to the cost of their care through copayments for select care services and prescription medicines.

Key Dates
First law: 1992
Major changes since 1992: 2002

Contents

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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 1992-2001

Overview

Estonia has a public, national health insurance system, known as Compulsory Health Insurance [Kohustusliku ravikindlustuse], that covers the majority of costs associated with medical care services. Coverage for Compulsory Health Insurance was based on residency and payment of applicable taxes (certain groups were automatically eligible for services without making any contributions or had their contributions covered by the state). During this period, covered people chose to be an insured member of the regional sickness fund in their area. An insured individual's covered health care costs were paid by the insured's regional sickness fund. In certain cases, insured individuals had to contribute to the costs of their health care through copayments for their care services and pharmaceuticals.

The Estonian public, national health insurance system was overseen by the Ministry of Social Affairs (MoSA) until 1993. From 1991-1994, compulsory health insurance was organized by health insurance funds established by the county or city governments of Estonia (Riigi Teataja [State Gazette], §3(2), 1991). From 1994-2001, the Central Sickness Fund and 17 regional sickness funds (based in 15 counties and two cities) administered the health insurance system. The Central Sickness Fund organized, coordinated, and supervised the activities of the regional sickness funds.

The Health Insurance Act of 1992 provided compensation for time out of work due to health limitations, which were typically provided in disability, sickness, or unemployment insurance in other countries.

Policy changes during this period include:

- The Health Insurance Act of 1992 [Eesti Vabariigi ravikindlustusseadus] (Riigi Teataja [State Gazette], 1991), enacted June 12, 1991 and effective January 1, 1992, introduced the Compulsory Health Insurance system [Kohustusliku ravikindlustuse] and converted the system from a state-controlled system to a decentralized system. The new system separated financing and provision. Financing was controlled by 22 regional sickness funds controlled by county and city governments. Local statutes and rules for benefit determinations had to be approved by the national government. In addition, a health insurance tax was introduced with a contribution rate of 13% of employee salaries paid fully by employers.
- Amendments to the Health Insurance Act of 1992 (Riigi Teataja [State Gazette], §§2(1), 3(1), 1992, amended 1994), enacted March 22, 1994 and effective April 1, 1994, made the following reforms —
  - extended the coverage of Compulsory Health Insurance to pregnant women, unemployed individuals raising a child up to 3 years of age, and individuals treated as insured in other cases prescribed on the basis of the Pensions Act
  - redefined the contribution requirement to be covered by Compulsory Health Insurance as paying social tax or being a individual for whom social tax is paid for by the general budget of the Compulsory Health Insurance system
- Amendments to the Health Insurance Act of 1992 (Riigi Teataja [State Gazette], §§1(1), 6, 1992, amended 1999), enacted December 9, 1998 and effective January 1, 1999, extended Compulsory Health Insurance coverage to the spouse of an insured individual, all children up to 18 years of age, full-time students, parent or guardian of a individual with a disability under the age of 18, a caregiver of a individual with a disability.
- The Health Insurance Fund Act [Eesti Haigekassa seadus] (Riigi Teataja [State Gazette], 2000a), enacted June 14, 2000 and effective January 1, 2001, created the Estonian Health Insurance Fund (EHIF) [Eesti Haigekassa], which funded Compulsory Health Insurance benefits in accordance with the Health Insurance Act of 1992 and other national legislation. The Estonian Health Insurance Fund (EHIF) replaced the Central Sickness Fund as the administrator of the Compulsory Health Insurance system.

Eligibility

- **Qualifications**
  An individual was insured by Compulsory Health Insurance [Kohustusliku ravikindlustuse] if they met all of the following requirements:
  - Age requirement: None [1]
  - Contribution requirements: Varied during this period —
    - 1992 - March 1994: They were employed and their employer paid the worker's contribution to their regional insurance fund, which was 13% of the worker's gross salary.
    - April 1994 - 2001: They were employed and their employer paid the social tax, which was 33% of earned income (13% of earned income is allocated to the regional sickness fund, or the Estonian Tax Agency on behalf of the EHIF from 2001), or were a member of a population group covered by the state or were automatically entitled to compulsory health insurance coverage (Riigi Teataja [State Gazette], §2(1), 1991; §1(3), 1991, amended 1994).

A list of groups insured by Compulsory Health Insurance for whom the contribution requirement was covered is available in Box 1. Groups with covered contributions varied during this period. Additionally, social tax rates differed for self-employed people — additional information about self-employed tax rates and the portion of the social tax allocated for compulsory health insurance are detailed in Box 2.

- ◇ Residency/citizenship requirements: Insured individuals had to be a resident of the Republic of Estonia (Riigi Teataja [State Gazette], §1(1), 1991). Compulsory health insurance for international citizens was organized in accordance with the procedure established by international agreements (Riigi Teataja [State Gazette], §2(4), 1991)
- ◇ Income or resource requirements: None [5]

- **To receive health benefits, does an individual have to claim them?** Answer: No, most groups are automatically enrolled, including pension recipients, employed individuals and children, individuals who are working age and individuals who are self-employed through the collection of tax information
- **To continue to receive health benefits, does an individual have to remain qualified?** Answer: Yes

Coverage

Compulsory Health Insurance [Kohustusliku ravikindlustuse] covered most common forms of health care, with the exception of certain medical services (e.g., cosmetic surgeries, optician services or alternative therapies).

Inpatient care

Covered inpatient services included:

- Hospital Services: Insured individuals received care at acute care hospitals (World Health Organization [WHO], 2000).
- Other services (unverified)[2] —
  - ◇ Inpatient nursing care: Insured individuals in stable condition who did not need constant medical care, but who needed support and medical procedures that exceeded the possibility of home nursing received inpatient nursing care. Support to a patient included help after a traumatic event or serious illness, during the exacerbation of a chronic condition, or to alleviate ailments caused by a serious condition. A referral for inpatient nursing care was provided by a privately owned family physician or family nurse or a specialist themselves.
  - ◇ Inpatient psychiatric care: Psychiatric treatment services and emergency psychiatric care was used for short-term crises and solving differential diagnostic and treatment situations.
  - ◇ Inpatient rehabilitation care: Covered care included standard or intensive rehabilitation that restored functions and functional rehabilitation for adults and people under 19 years old.

Outpatient care

Covered outpatient services included:

- Primary care: Prior to 1998, primary care was provided in polyclinics and ambulatories, owned by municipalities, or by few private providers (WHO, 2000). By 1998, primary care was provided by privately owned family physicians (Riigi Teataja [State Gazette], §1-5, 1997).
- Specialist ambulatory care: Services associated with specialties such as cardiology, oncology and hematology, psychiatry, gastroenterology, ophthalmology, specialist dentistry, facial and jaw surgery were provided by polyclinics, outpatient departments of hospitals and specialists with independent practices (Riigi Teataja [State Gazette], §§3-6, 2000c).
- Other services not clearly identified in law, but were services covered in future periods (next chapter) and the authors could not identify any evidence to suggest they would not have been covered during this period —
  - ◇ Day treatment services [Päevaravi]: Medical services provided by day treatment clinics were typically covered. Services provided by these clinics typically included surgical and non-surgical procedures. Surgical specialties included gynecology, general surgery, otorhinolaryngology, cataract operations and orthopedics. Non-surgical procedures included hemodialysis, chemotherapy, other therapies, orthopedics and different diagnostic procedures (European Observatory on Health Systems and Policies, 2023; Riigi Teataja [State Gazette], §20, 2024f).
  - ◇ Emergency services: Covered services included initial diagnosis and treatment of life-threatening diseases, injuries and intoxication, and if necessary, transportation to a hospital for care (Riigi Teataja [State Gazette], §16, 2024f).
  - ◇ Diagnostic services: Laboratory tests were covered based on a doctor's referral.
  - ◇ Mental health care: Treatment was provided by mental health nurses, psychiatrists and clinical psychologists in both inpatient and outpatient settings (Ministry of Social Affairs, 2024).

Pharmaceuticals

Medications prescribed by privately owned family physicians and specialists were typically covered, but varied in their copayments (Riigi Teataja [State Gazette], §§2, 5, 1993, amended 1995). Non-prescribed medication such as over-the-counter medications were not

covered (Riigi Teataja [State Gazette], §7, 1993, amended 1995).

Dental care
Covered services included dental care treatment, dental surgery, dental prostheses and orthodontics (Riigi Teataja [State Gazette], §§1-3, 1994).

Vision care
Covered services were limited to ophthalmological procedures (Riigi Teataja [State Gazette], §§25, 2001b). Optometrical and optician services were not covered by Compulsory Health Insurance (WHO, 2000).

Medical Aids/Devices
Information relating to medical aid/device coverage or reimbursement rates were not identified during this time period.

Other coverage areas
Disease prevention: Disease prevention program activities (e.g., for child and adolescent health, tuberculosis prevention, substance use prevention and cancer) were covered during this time period (WHO, 2000).

Costs

Compulsory Health Insurance [Kohustusliku ravikindlustuse] covered the majority of costs associated with medical care services. Out-of-pocket costs came from over-the-counter pharmaceuticals, copayments for primary care, specialized care, dental care, medical aids/devices and prescription pharmaceuticals (certain groups were exempt from copayments).

Inpatient care
There were no fees for hospital visits during this time period. Copayments were established by providers for above-standard accommodation (e.g., private room, television) (WHO, 2014).

Outpatient care [3]
Insured individuals had a copay that varied by where care was received:
- At a state or municipal medical institution: 5 Estonian Kroon (EEK) (Riigi Teataja [State Gazette], §§1(2), 2(1), 1995)
- At a private institution: Insured individual was charged according to provider-established pricelist (Riigi Teataja [State Gazette], §2(2), 1995a)
- Home visit: 15 EEK (Riigi Teataja [State Gazette], §2(1), 1995a)

Certain groups were exempt from visit fees —for a complete list, see Riigi Teataja [State Gazette] (1995) including:
- Individuals who received pensions (including state living allowances, old-age pensions on preferential terms and pensions for years of service)
- Individuals who were non-working parents, carers, or guardians that were caring for a child with a disability under the age of 18 or child with a disability since childhood
- Individuals who were non-working carers for a person with a disability (Group I)
- Individuals with certain medical/chronic conditions (Riigi Teataja [State Gazette], §2.3.9, 1995a)

Pharmaceuticals
Pharmaceuticals varied in out-of-pockets costs by the setting where they were obtained, an individual's health condition the drug was intended to treat, and for certain groups.
- Inpatient care: No copayment
- Other settings: Pharmaceuticals eligible for reimbursement needed to be on the list of reimbursable prescription medicines covered by the regional sickness fund. For covered pharmaceuticals, insured individuals paid a coinsurance rate in addition to the fixed copayment for outpatient pharmaceuticals. There were 2 tiers of coinsurance rates for outpatient pharmaceuticals (Riigi Teataja [State Gazette], §1(1.1-1.2.1), 1997, amended 1999)
  - 50% coinsurance rate (applicable to the amount exceeding 50 EEK) and 50 EEK copayment for general prescription medicines.
  - 10% coinsurance rate (applicable to the amount exceeding 20 EEK) and 20 EEK copayment for prescriptions for chronic conditions and for children ages 3 to 8, individuals receiving pensions, individuals with a disability.

  Regional sickness funds did not reimburse more than 200 EEK per prescription.

Dental care

Most insured individuals who received dental care paid a copayment of 5 EEK. However, certain groups may have been exempt from paying this copayment (these groups are listed in Costs: Outpatient Care). There were also no out-of-pocket dental care costs for children up to age 18, adults receiving pensions, and individuals with conditions that impacted the need for dental care (Riigi Teataja [State Gazette], §1.3.1-1.3.6, 1994).

Vision care
Insured individuals receiving ophthalmological services paid a copayment of 5 EEK. However, certain groups might have been exempt from paying a copayment for vision care (these groups are listed in Costs: Outpatient Care).

Medical Aids/Devices
Information relating to medical aid or device copayments or reimbursement was not identified during this time period.

Chapter 2: Policy enacted 2002-2025

Policy change in 2002

Two major reforms in 2002 made substantial changes to the Estonian Compulsory Health Insurance for Estonians:

- The Health Insurance Act of 2002 [Ravikindlustuse seadus] (Riigi Teataja [State Gazette], 2002), enacted on June 19, 2002 and effective October 1, 2002, established clearer regulation of different aspects of the Compulsory Health Insurance system, including validity periods, benefits, reimbursement lists and levels for health services and pharmaceuticals, maximum levels for copayments and coinsurance for insured people and contractual relationships between the Estonian Health Insurance Fund (EHIF) and providers.
- The Health Services Organization Act [Tervishoiuteenuste korraldamise seadus] (Riigi Teataja [State Gazette], 2001a), enacted May 9, 2001 and effective June 1, 2002, detailed the organization and requirements for the provision of health care services and the procedure for managing, financing, and monitoring health care.

Other policy changes during this period include:

- A reform (Riigi Teataja [State Gazette], §3 (1), 2002), enacted December 12, 2002 and effective January 1, 2003, introduced a cash benefit as part of dental care coverage provided by the EHIF, cash benefits varied by population group —
  - ◇ introduced 150 EEK cash benefit for dental care for individuals 19 years of age and older
  - ◇ introduced 450 EEK cash benefit for pregnant women
  - ◇ introduced 300 EEK cash benefit for mothers of children under one year of age
  - ◇ introduced 300 EEK cash benefit for individuals with increased dental care need due to defined medical conditions
- A reform, (Riigi Teataja [State Gazette], §6, 2003), enacted November 26, 2002 and effective January 1, 2003, introduced an additional medicine benefit for individuals who spent more than a certain amount on coinsurance for prescription medicines in a year.
- An amendment (Riigi Teataja [State Gazette], §13, 2003, amended 2004), enacted August 5, 2003 and effective January 1, 2004, introduced a coinsurance rate of 20% for function-supporting inpatient medical rehabilitation.
- An amendment (Riigi Teataja [State Gazette], §3(1), 2007), enacted January 3, 2007 and effective January 14, 2007, increased the dental care benefit for adults from 150 EEK to 300 EEK and introduced a harmonized dental care benefit of 450 EEK for pregnant women, mothers of children under one year of age and individuals with increased dental care need due to defined medical conditions.
- A reform (Riigi Teataja [State Gazette], §1(5), 2010a), enacted October 29, 2010 and effective January 1, 2010, introduced a 15% coinsurance rate for inpatient nursing care.
- The Act on the Adoption of the Euro (Riigi Teataja [State Gazette], §§159(8-9), 2010b), enacted April 22, 2010 and effective January 1, 2011 —
  - ◇ introduced a copayment rate of 1.60€ for inpatient care
  - ◇ introduced a copayment rate of 3.20€ for outpatient specialized care
- The Health Insurance Amendment Act (Riigi Teataja [State Gazette], §§1-2, 2013), enacted December 20, 2012 and effective January 10, 2013 —
  - ◇ increased copayment rate for home visits from 3.20€ to 5€
  - ◇ increased copayment rate for inpatient care from 1.60€ to 2.50€
  - ◇ increased copayment rate for outpatient specialized care from 3.20€ to 5€
- A reform (Riigi Teataja [State Gazette], 2002, amended 2013), enacted May 22, 2013 and effective June 21, 2013, introduced Day treatment services [Päevaravi] as an outpatient healthcare service covered by the EHIF.
- The Work Ability Support Act (Riigi Teataja [State Gazette], §54(7), 2015), enacted November 19, 2014 and effective January 1, 2016, made the following revisions to the additional medicine benefit —
  - ◇ decreased the range of expenditure required for reimbursement from 384-640€ to 300-500€ (50% reimbursement rate)
  - ◇ decreased the range of expenditure required for reimbursement from 640-1,300€ to more than 500€ (75% reimbursement rate)
- The Health Insurance Act and Social Tax Act Amendment Act (Riigi Teataja [State Gazette], §19, 2017b), enacted December 14, 2016 and effective July 1, 2017, introduced in-kind benefit as part of dental care coverage for adults.
- An amendment, (Riigi Teataja [State Gazette], §74(12-15), 2017a), enacted April 27, 2017 and effective May 2, 2017, changed the level of dental care benefits for different adult population groups —
  - ◇ introduced a 30€ dental care benefit and 50% copayment for individuals at least 19 years of age
  - ◇ introduced a 85€ dental care benefit and 15% copayment for individuals receiving old-age pensions, individuals with partial or no capacity for work and individuals over 63 years of age, and individuals with increased dental care need due to defined medical conditions

- A reform (Riigi Teataja [State Gazette], 2018), enacted December 6, 2017 and effective January 1, 2018 —
  - decreased the range of expenditure required for reimbursement from 300-500€ to 100-300€ (50% reimbursement rate)
  - introduced a 90% reimbursement rate towards the additional medicine benefit and required more than 300€ of individual expenditure to be eligible for a 90% reimbursement rate
  - introduced a harmonized co-payment of 2.50€ per prescription across all medicines
- An amendment (Riigi Teataja [State Gazette], §§74(12), 2018), enacted March 15, 2018 and effective April 1, 2018, increased the dental care benefit from 30€ to 40€ for individuals at least 19 years of age.
- An amendment (Riigi Teataja [State Gazette], §9, 2020), enacted August 13, 2020 and effective September 1, 2020, added remote consultations for specialized care to the list of health care services covered by the EHIF.
- A reform (Riigi Teataja [State Gazette], §77(15), 2022b), enacted December 23, 2021 and effective January 1, 2022, expanded the in-kind dental care benefit of 85€ and 15% copayment to include individuals who are registered unemployed and individuals receiving subsistence allowance.
- An amendment, (Riigi Teataja [State Gazette], §77(13, 15), 2024), enacted June 10, 2024 and effective July 1, 2024, changed the level of dental care benefits for different adult population groups.
  - increased the dental care benefit from 30€ to 60€ for individuals at least 19 years of age
  - increased the dental care benefit from 85€ to 105€ and decreased the dental care copayment from 15% to 12.5% for individuals receiving old-age pensions, individuals with partial or no capacity for work, individuals over 63 years of age, and individuals with increased dental care need due to defined medical conditions
- The Act on Amendments to the Family Benefits Act and Other Acts (Riigi Teataja [State Gazette], §3(1), 2025), enacted November 20, 2024 and effective January 1, 2025,
  - increased the copayment rate for inpatient care from 2.50€ to 5€
  - increased the copayment rate for outpatient specialized care from 5€ to 20€
  - increased the copayment rate for pharmaceuticals from 2.50€ to 3.50€
- An amendment (Riigi Teataja [State Gazette], §15, 2025b; Tervisekassa [Estonian Health Insurance Fund], 2024), enacted December 19, 2024 and effective January 1, 2025, decreased the coinsurance rate for inpatient nursing care to 10%.

Overview

Estonia has a public, national health insurance system, known as Compulsory Health Insurance [Kohustusliku ravikindlustuse], that covers the majority of costs associated with medical care services. Coverage for Compulsory Health Insurance is based on residency and payment of applicable taxes (certain groups are eligible for services without making any contributions or have their contributions covered by the state). An insured individual's covered health care costs are paid by the Estonian Health Insurance Fund (EHIF) [Eesti Haigekassa]. In certain cases, insured individuals must contribute to the costs of their health care through copayments for their care services and pharmaceuticals.

The Health Insurance Act of 2002 also provides compensation for time out of work due to health limitations, which are typically provided in disability, sickness, or unemployment insurance in other countries. These benefits are not covered in this document.

Eligibility

- **Qualifications**
  An individual is insured by Compulsory Health Insurance [Kohustusliku ravikindlustuse] if they meet all of the following requirements:
  - Age requirement: None [2]
  - Contribution requirements: They are employed, and their employer pays the Social Tax, which is 33% of earned income (13% of earned income is allocated to the EHIF), they are self-employed and pay the Social Tax, they are an individual automatically deemed eligible for Compulsory Health Insurance or a member of a population group whose contributions are covered by law. A list of groups insured by Compulsory Health Insurance for whom the contribution requirement is covered is available in Box 3. Insured population groups vary during this period.
  - Residency/citizenship requirements: An insured individual is a permanent resident of Estonia, an individual living in Estonia on the basis of a temporary residence permit or right of residence, or an individual legally staying and working in Estonia based on a temporary ground for stay (Riigi Teataja [State Gazette], §5(1), 2002, amended 2024).
  - Income or Resource Requirement: None [4]

- **To receive health benefits, does an individual have to claim them?** Answer: No, most groups are automatically enrolled, including pension recipients, employed individuals and children, individuals who are working age and individuals who are self-employed through the collection of tax information
- **To continue to receive health benefits, does an individual have to remain qualified?** Answer: Yes

Coverage

Compulsory Health Insurance [Kohustusliku ravikindlustuse] covers most common forms of health care.

- In-Kind Benefits [5]: Preventive and curative health services, and medical devices and medicinal products
- Cash benefits: Partial or complete reimbursement for expenses associated with pharmaceuticals and dental care (2002 - 2018)

Compulsory Health Insurance does not cover certain medical services (e.g., cosmetic surgeries, optician services or alternative therapies).

Inpatient care

Covered inpatient services include:

- Hospital Services: Insured individuals may receive treatment at acute care hospitals.[6]
- Inpatient nursing care: Insured individuals in stable condition who do not need constant medical care, but who need support and medical procedures that exceed the possibility of home nursing may receive inpatient nursing care. Support to a patient may include help after a traumatic event or serious illness, during the exacerbation of a chronic condition, or to alleviate ailments caused by a serious condition. A referral for inpatient nursing care is provided by a family physician or family nurse or a specialist themselves.
- Inpatient psychiatric care: Psychiatric treatment services and emergency psychiatric care may be used for short-term crises and solving differential diagnostic and treatment situations.
- Inpatient rehabilitation care: Covered care includes standard or intensive rehabilitation that restores functions and functional rehabilitation for adults and people under 19 years old.

Outpatient care

Covered outpatient services include:

- Primary care: Services are provided by family physicians and nurses who are able to diagnose and treat most conditions. Patients may choose their family physician among the contractual partners of the EHIF. Consultations by e-mail and by phone are also provided.
- Specialist care: Services associated with different specialties, e.g., cardiology, oncology and hematology, psychiatry, gastroenterology, ophthalmology, specialist dentistry, facial and maxillofacial surgery (Riigi Teataja [State Gazette], §§2-3, 2022a).
- Day treatment services [Päevaravi]: Medical services provided by day treatment clinics are typically covered. Services provided by these clinics typically include surgical and non-surgical procedures. Surgical specialties include gynecology, general surgery, otorhinolaryngology, cataract operations and orthopedics. Non-surgical procedures include hemodialysis, chemotherapy, other therapies, orthopedics and different diagnostic procedures.[7] (European Observatory on Health Systems and Policies, 2023; Riigi Teataja [State Gazette], §20, 2024f)
- Emergency services: Covered services include initial diagnosis and treatment of life-threatening diseases, injuries and intoxication, and if necessary, transportation to a hospital for care (Riigi Teataja [State Gazette], §16, 2024f).
- Diagnostic services: Laboratory tests are covered based on a doctor's referral.
- Mental health care: Treatment is provided by mental health nurses, psychiatrists and clinical psychologists in both inpatient and outpatient settings (Ministry of Social Affairs, 2024)
- Remote consultations: Certain services are available by phone or virtually, including —
  - Specialist medical care (from 2020), video appointments are most often used in areas such as psychiatry, rehabilitation, internal medicine and neurology (Tervisekassa [Estonian Health Insurance Fund], 2022).
  - Therapies (from 2021), such as psychotherapy, physiotherapy, speech therapy, occupational therapy (Riigi Teataja [State Gazette], §§2-3, 5-7, 10, 2007, amended 2021).

Pharmaceuticals

Medications prescribed by family physicians, specialists, dentist or nurse are typically covered, but vary in their copayments. Non-prescribed medications (e.g., over-the-counter medications) are not covered (Riigi Teataja [State Gazette], §41(2), 2002, amended 2024).

Dental care

Covered services include a limited range of dental care procedures, compensation for dental prostheses, emergency dental care, dental treatment, and adult orthodontics. During this period, EHIF changed how it covers dental care services for adults [8]:

- 2003 - June 2017: Dental care and dental prostheses benefits were partly covered as a cash benefit for adults
- July 2017- present: Dental care and dental protheses benefit were partly covered as in-kind benefits for adults

Vision care

Covered services are limited to ophthalmological procedures (Riigi Teataja [State Gazette], 2024d). Optometrical and optician services are not covered by Health Insurance.

Medical Aids/Devices

Temporary prostheses after amputation, internal prostheses and stoma aids are covered by the EHIF. The EHIF reimburses self-care medical devices that can be used to treat diseases and injuries, or which help prevent the aggravation of diseases (Tervisekassa [Estonian Health Insurance Fund], 2025). Reimbursement for medical devices is limited to a list of covered medical devices published by the EHIF (Riigi Teataja [State Gazette], §§4-63, 2024g).

Other coverage areas

- Disease prevention: Covered preventative activities include health counseling, vaccinations and screening and health checks for patients with chronic conditions (Tervisekassa [Estonian Health Insurance Fund], 2024).

Costs

Compulsory Health Insurance [Kohustusliku ravikindlustuse] covers the majority of costs associated with medical care services. Out-of-pocket costs come from over-the-counter pharmaceuticals, copayments for primary care, specialized care, dental care, medical aids/devices and prescription pharmaceuticals (certain groups may be eligible for reduced copayments).

Inpatient care

Insured individuals have a copay and a coinsurance rate depending on the inpatient service:

- Hospital services (per hospitalization): 5€ daily bed fee – only charged for up to 10 days per hospitalization or a maximum of 50€ per case of illness for time spent at the hospital. Exceptions may apply. (Riigi Teataja [State Gazette], §71(1), 2002, amended 2025)
- Inpatient nursing care: 14.18 € (2025) —per day of nursing care and 5€ daily bed fee – only charged for up to 10 days per hospitalization; copayment rates for inpatient nursing care regularly change according to changes in the reference price for inpatient nursing care in a given year. (Tervisekassa [Estonian Health Insurance Fund], 2025)
- Coinsurance rates of inpatient care (Riigi Teataja [State Gazette], §15, 2024b):
  - Inpatient nursing care: 10% (15% from 2010, 10% from 2025)
  - Inpatient medical rehabilitation: 0% (20% from 2004-2022)
- Certain population groups are exempt from inpatient care fees:
  - Children
  - Pregnant women
  - Patients in intensive care units

Outpatient care

Insured individuals have a copay that varies by where care is received:

- At an institution contracted by EHIF: 20€
- At an institution not contracted by EHIF: Insured individuals are charged according to provider-established price list, up to a "reasonable" cost [9]
- Home visit: 5€

These rates have been in place since 2025. See Table 1 for visit fee rates over time. Certain groups are eligible for reduced visit fees:

- Individuals over age 63
- Individuals receiving disability or old-age pensions under the State Pension Insurance Act
- Individuals that have partial or no capacity to work under the Work Ability Allowance Act
- Children under 2 years of age
- Pregnant women

Pharmaceuticals

Pharmaceuticals vary in out-of-pocket costs by the setting where they are obtained, an individual's health condition the drug is intended to treat, active ingredient of pharmaceutical (original or generic) chosen by the individual and for certain groups. Reference prices are established for medicines with the same active ingredient. [10]

- Inpatient care: No copayment
- Other settings: Pharmaceuticals eligible for reimbursement must be on the list of reimbursable prescription medicines covered by the EHIF. If the retail price of a prescribed medicine is above the reference price, insured individuals must pay the difference between the reference and retail price in addition to the fixed copayment for outpatient pharmaceuticals —this condition is only relevant to individuals choosing to purchase prescribed medications above the reference price. There are 4 tiers of coinsurance rates for outpatient pharmaceuticals (Riigi Teataja [State Gazette], §44(1-4), 2002, amended 2024):
  - ◇ 50% coinsurance rate (applicable to the amount exceeding the reference price) and 3.50€ copayment for general prescription medicines (with a cap at 12.79€ per prescription from 2002-2012)
  - ◇ 25% coinsurance rate (applicable to the amount exceeding the reference price) and 3.50€ copayment for prescription medicines for chronic conditions
  - ◇ 10% coinsurance rate (applicable to the amount exceeding the reference price) and 3.50€ copayment for prescription medicines for chronic conditions for those aged 4-16, individuals receiving disability or old-age pensions under the State Pension Insurance Act, people with partial or no capacity to work under the Work Ability Allowance Act or individuals over 63 years of age
  - ◇ 0% coinsurance rate and 3.50€ copayment for prescription medicines intended for the treatment of serious, life-threatening, epidemic-spread or severe pain-causing diseases and for children under 4 years of age

  From 1993-2017, pharmaceuticals for chronic conditions were subject to lower copayments. See Table 2 for pharmaceutical copayments over time.

The EHIF also provides a supplemental benefits for total annual pharmaceutical costs each calendar year through an additional medicine benefit (Riigi Teataja [State Gazette], §47(6-8), 2002, amended 2024). From 2018, EHIF reimburses annual out-of-prescription costs exceeding 100€ at the following rates:

- 100-300€ annual costs: 50% from the part exceeding 100€
- More than 300€ annual costs: 75% from the part exceeding 300€ (90% from 2014)

See Box 4 for changes in the annual additional medicine benefit over time.

Dental care

Insured individuals receiving dental care pay the outpatient care copayment, certain groups may be eligible for a reduced fee (these are the same groups eligible for reduced fees from outpatient care). The EHIF sets maximum reimbursement rates for dental care providers. Individuals receiving dental care are responsible for 100% of the costs in excess of the maximum reimbursement rate. From 2024, the EHIF provides individuals with the following annual dental care benefits to offset uncovered costs associated with essential dental care services. See Box 5 for changes in dental care and dental prostheses benefits over time. There are 2 coinsurance rates for dental care:

- 50% coinsurance rate and 5€ visit fee for adults
- 15% coinsurance rate (from 2024, 12.5%) and 5€ visit fee for old-age pensioners and individuals receiving pensions for incapacity for work, individuals with partial or no capacity for work, individuals over 63 years of age, individuals with increased dental care need due to defined medical conditions pregnant women, mothers of children under one year of age, registered unemployed individuals, and individuals receiving subsistence allowance

Vision care

Insured individuals receiving ophthalmological services pay the outpatient care copayment, certain groups may be eligible for a reduced fee (these are the same groups eligible for reduced fees from outpatient care).

Medical Aids/Devices

Apart from the 50% or 10% coinsurance rate, insured individuals must also pay the amount exceeding the reference price of a medical aid or device (Riigi Teataja [State Gazette], §48(6), 2002, amended 2024).[11] The EHIF provides a list of medical aids and devices that may be reimbursed.

Other coverage areas

- Disease Prevention: Preventative services (e.g., health counselling, vaccinations, health screenings) are fully covered by the EHIF (Riigi Teataja [State Gazette], §34, 2002, amended 2024)

Tables and Formulas

Box 1: Categories of individual covered by health insurance (1992-2001)

Estonian social tax contribution covers the health insurance costs for:

- Contractors
- Employers
- Family members of farm workers
- Individual workers
- Individuals working on the basis of an activity permit and their dependent family members
- Other dependents
- Individuals receiving pensions in Estonia
- Unemployed individuals
- Other persons prescribed by law (e.g., persons registered in military service and their dependent family members)

During this period, additional categories of non-contributing persons have been added, including:

- From March 1994 (Riigi Teataja [State Gazette], §2(1), 1991; §1(3), 1994)
  - Pregnant women
  - Persons who are registered unemployed raising a child up to 3 years of age
  - Persons treated as insured in other cases prescribed on the basis of the Pensions Act
  - All children up to 18 years of age
  - Full-time students
  - Persons registered unemployed
  - One parent or guardian of a person with a disability under the age of 18
- From January 1999 (Riigi Teataja [State Gazette], §2, 1991; §1(1), 1998)
  - A caregiver of a person with a disability

Source: Riigi Teataja [State Gazette] (§2(1), 1992; §2(1), 1994; §2, 1998)

Box 2: Social Tax Rates and Allocations for Health Insurance

From 1992-1994, the social tax for employed workers was 13% of earned income (Riigi Teataja [State Gazette], §4(1), 1992). Since 1994, the Social Tax for employed workers as been 33% of earned income, of which 13% is allocated to compulsory health insurance (Riigi Teataja [State Gazette], §1(5), 1990, amended 1993).

Individuals who are not employed workers must pay the following payment rates towards health insurance:

- Farm families
  - 1992 - March 1994: 1.6% of farm's good production (Riigi Teataja [State Gazette], §4(2), 1992)
  - April 1994 - 2024: Individuals who receive income from business shall pay social tax on income received, but not an amount larger than ten times the officially established minimum wage —per month (Riigi Teataja [State Gazette], §1(5), 1990, amended 1993).
- Individuals working on the basis of an activity license: An annual mandatory health insurance payment equal to 36% of the annual tax rate of the activity license (Riigi Teataja [State Gazette], §4(3), 1992)
- Other self-employed: Varies by time period —
  - 1992 - March 1994: 5.7% of the total income of the business by an individual employee (Riigi Teataja [State Gazette], §4(3), 1992)
  - April 1994 - 2024: 13% of gross income (Riigi Teataja [State Gazette], §1(5), 1990, amended 1993)

Source: Riigi Teataja [State Gazette] (§§4(1-3), 1992; §1(5), 1990, amended 1993)

Box 3: Categories of Insured Individuals (2002-present)

Insured persons include:

- Those who are eligible for coverage without contributing (such as children and persons unable to work)
- Those whose contributions are paid by employers (13% of wages) or who are self-employed
- Those who are covered by contributions from the state (e.g., persons who are registered unemployed)
- Those who are covered on the basis of international agreements
- Those who voluntarily enroll in health insurance

Non-contributing persons who are equated with insured persons include (Riigi Teataja [State Gazette], §5(4), 2002; §5(3), 2002):

- Persons under 19 years of age
- Persons receiving a state pension granted in Estonia
- Pregnant women
- A dependent spouse of an insured person who has up to five years left until retirement
- A student studying in an educational institution with a training permit up to the age of 24 and a student studying in an inpatient form of education or in another form of education based on medical indications
- Persons on parental leave with children younger than 3
- Registered unemployed
- Caregiver of a person with a disability
- Military persons

During this period, additional categories of non-social taxpayers have been added, including:

- From 2014: a person who has a partial or no work capacity identified on the basis of the Work Ability Support Act (Riigi Teataja [State Gazette], §5(4), 2002; §55(1), amended 2015)
- From 2018: a monk or nun belonging to the membership of a monastery entered in the register of religious associations (Riigi Teataja [State Gazette], §5(4), 2002; §8(2), amended 2018)

Source: Riigi Teataja [State Gazette] (§5, 2002; §55(1), 2015; §8(2), 2018; §48(1), 2024)

Table 1: Home visit, Outpatient Specialist Care and Bed Day Fees (2002-present)

Service	2002-2010	2011-2012	2013-2024	2025
Home visit (by a primary care provider)	50 EEK	3.20€	5€	
Outpatient Specialist Care	50 EEK	3.20€	5€	20€
Bed Day Fee	25 EEK	1.60€	2.50€	5€

Source: Riigi Teataja [State Gazette] (§72, 2002; §72, 2011; §72, 2013; 2025, §§12, 14)

Table 2: Pharmaceutical Copayment Rates (1993-present)

Type of Prescription Medicine	1993-1994	1995-1998	1999-2010	2011-2017	2018-2024	2025
General Prescription Medicine (50% coinsurance rate)	30 EEK	40 EEK	50 EEK	3.19€	2.50€	3.50€
Prescription Medicines for Chronic Conditions (25% coinsurance rate)	5 EEK	10 EEK	20 EEK	1.27€	2.50€	3.50€
Prescription Medicines for Children under Age 4 (Effective 2014)				1.17€	2.50€	3.50€

Source: Riigi Teataja [State Gazette] (§4(1-2), 1993; §§ 4(1-4), 5, 6, 1995; , §1(1.1-1.2.1), 1995, amended 1999; §72(1-2), 2012; §1(7), 2018a; §3(1), 2025)

Note: Individuals between 4-16 years of age, individuals receiving disability or old-age pensions under the State Pension Insurance Act, people with partial or no capacity to work under the Work Ability Allowance Act and individuals over 63 years of age are eligible for a 10% coinsurance rate for prescriptions treating chronic conditions.

Box 4: Additional Medicine Benefit (2002- present)

Supplementary benefits meant to partially compensate beneficiaries for out-of-pocket costs related to pharmaceuticals have changed over time:

- 2002-2010:
  - 6,000-10,000 EEK annual costs: 50% from the part exceeding 6,000 EEK
  - 10,000-20,000 EEK annual costs: 75% from the part exceeding 10,000 EEK
- 2011-2015:
  - 384-640€ annual costs: 50% from the part exceeding 384€
  - 640-1,300€ annual costs: 75% from the part exceeding 640€
- 2016-2017:
  - 300-500€ annual costs: 50% from the part exceeding 300€
  - more than 500€ annual costs: 75% from the part exceeding 500€
- 2018-2024:
  - 100-300€ annual costs: 50% from the part exceeding 100€
  - more than 300€ annual costs: 90% from the part exceeding 300€

Source: Riigi Teataja [State Gazette] (§3, 2002; §47(4-5), 2011; §55(7), 2015; §1(13), 2018)

Box 5: Dental Care and Dental Prostheses Benefit (2003-present)

Supplementary benefits meant to partially compensate beneficiaries for out-of-pocket costs related to dental care have changed over time:

- 2003-2006:
  - 150 EEK for individuals 19 years of age and older
  - 450 EEK for pregnant women
  - 300 EEK for mothers of children under one year of age
  - 300 EEK for individuals with increased dental care need due to defined medical conditions
  - 2,000 EEK dental prostheses benefit (per three years) for individuals at least 63 years of age
- 2007- 2008:
  - 300 EEK for individuals 19 years of age and older
  - 450 EEK for pregnant women, mothers of children under one year of age and individuals with increased dental care need due to defined medical conditions
  - 4000 EEK dental prostheses benefit (per three years) for individuals over 63 years of age
- 2009 - 2010
  - 300 EEK for individuals older than 63 years of age and individuals receiving old age-pensions and individuals with partial or no capacity for work
  - 450 EEK for pregnant women, mothers of children under one year of age and individuals with increased dental care need due to defined medical conditions
  - 4000 EEK dental prostheses benefit (per three years) for individuals over 63 years of age
- 2011 - June 2017:
  - 19.18€ for individuals older than 63 years of age and individuals receiving old age-pensions and individuals with partial or no capacity for work
  - 28.77€ for pregnant women, mothers of children under one year of age and individuals with increased dental care need due to defined medical conditions
  - 255.65€ dental prostheses benefit (per three years) for individuals over 63 years of age
- July 2017-2018:
  - 30€ for individuals at least 19 years of age
  - 85€ for individuals receiving old-age pensions, individuals with partial or no capacity for work and individuals over 63 years of age, pregnant women, mothers of children under one year of age, and individuals with increased dental care need due to defined medical conditions
  - 260€ dental prostheses benefit (per three years) for individuals over 63 years of age, individuals at least 19 years of age who receive pensions for disability or old-age and individuals with partial or no capacity for work
- 2018-2023
  - 40€ for individuals at least 19 years of age
  - 85€ for individuals receiving old-age pensions, individuals with partial or no capacity for work and individuals over 63 years of age, pregnant women, mothers of children under one year of age, and individuals with increased dental care need due to defined medical conditions
  - 260€ dental prostheses benefit (per three years) for individuals over 63 years of age, individuals at least 19 years of age who receive pensions for disability or old-age and individuals with partial or no capacity for work
- 2024-present:
  - 60€ for individuals at least 19 years of age
  - 105€ for individuals receiving old-age pensions, individuals with partial or no capacity for work and individuals over 63 years of age, pregnant women, mothers of children under one year of age, individuals with increased dental care need due to defined medical conditions, registered unemployed individuals, and individuals receiving subsistence allowance
  - The dental prostheses benefit (per three years) and groups eligible for coverage have not changed since 2018

Source: Riigi Teataja [State Gazette] (§§3(1-5), 2003; §3, 2007; §4, 2011; §74(12-15), 2017;§§74(12), 77, 2018; §77(13, 15), 2024; §80, 2024)
Note: Dental care benefits for individuals 19 years of age and older were abolished due to economic crisis in Estonia in 2009 and restored in July of 2017 (Habicht, T. & Evetovits, T., 2015). The abolishment of dental care benefits did not include individuals older than 63 years of age, individuals receiving old age-pensions or individuals with partial or no capacity for work.

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Glossary of terms

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

Additional Medicine Benefit: A supplemental benefit provided by the Estonian Health Insurance Fund (EHIF) for total annual pharmaceutical costs each calendar year

Central Sickness Fund: The Central Sickness Fund was a single public independent entity that administered the Estonian health insurance system from 1994-2001.

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

Coinsurance: In the United States, coinsurance typically refers to a percentage of the total cost that an individual pays for covered services. In Estonia, the more commonly used term for this type of payment is copayment. In the United States, copayment is a fixed amount that an individual pays for covered services.

Compulsory Health Insurance [Kohustusliku ravikindlustuse]: Health insurance coverage provided to all residents of Estonia (Riigi Teataja, 2002)

Estonian Health Insurance Fund (EHIF) [Eesti Haigekassa]: The Estonian Health Insurance Fund (EHIF) is an independent public legal body responsible for the financial administration of the national health insurance system since 2001.

Estonian Kroon (EEK): The Estonian Kroon (EEK) was the official currency of Estonia until 2011.

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.

Regional sickness funds: Regional sickness funds collected contributions for health insurance from 1992-1994.

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. Age requirements are only applicable in systems where public health insurance is limited by a person's age (e.g., Medicare in the United States). Estonia's public health insurance has no such limits for coverage.
2. Other inpatient services were not clearly identified in law, but are services covered in a future period and the authors could not identify any evidence to suggest they would not have been covered during this period.
3. Visit fee is charged for a visit to the doctor or dentist
4. Income or resources requirements are only applicable in systems where public health insurance is restricted to people with limited means (e.g., Medicaid in the United States). Estonia's public health insurance has no such requirements for coverage.
5. Services relating to abortion and In-vitro Fertilization (IVF) are included in the benefits package covered by the EHIF and will not be discussed in this document.
6. Acute care hospitals include regional, central, general, local, and rehabilitation care hospitals
7. Surgical day surgery specialties include gynecology, general surgery, otorhinolaryngology, cataract operations, orthopedics, and vascular surgery. Non-surgical procedures include hemodialysis, chemotherapy, other therapies, orthopedics and different diagnostic procedures
8. Dental care is fully covered for children, individuals up to 19 years of age, individuals with disabilities and individuals with certain oncological and hematological conditions
9. Details clarifying reasonable costs associated outpatient visit fees have not been identified but may be included in updated versions of this document
10. Reference prices for pharmaceuticals are based on internal price referencing, pharmaceuticals are grouped by active ingredient, routine of administration and pharmaceutical form and second lowest price, which is used to set the reference price.
11. The limit of the liability to pay the fee taken over from the insured person by the Health Insurance Fund is 50 percent, if there is an alternative to the use of the medical device, a treatment cheaper than the reference price of the medical device or the medical device's sales package, or a cheaper medical device from another group of medical devices or other cheaper medical device available in Estonia.

Version information

Current Version: 1.0 (May 2025)

Version History

- 1.0 (May 2025): First version.

Additional resources

The following resources provide additional details for the interested reader:

Tervisekassa [Estonian Health Insurance Fund]
Available at: https://www.tervisekassa.ee/en
Features: Provides information on available health and dental care services, pharmaceuticals and additional services offered by Estonian healthcare.

Riigi Teataja [State Gazette]
Available at: https://www.riigiteataja.ee/index.html
Features: Provides access to laws and regulations in Estonia.