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Gateway Policy Explorer: Long-Term Care Series

Czech Republic

Long-Term Care In-Kind Benefit Plan Details 1992-2024

Authors

Rinaldo Naci
Yeeun Lee
Giacomo Pasini
David Knapp

Contributors

Jinkook Lee
Filip Pertold
Drystan Phillips
Kanghong Shao

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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: Long-Term Care Series

The *Gateway Policy Explorer* (<http://g2aging.org/policy-explorer>) is part of the Gateway to Global Aging Data (<http://g2aging.org>) project. The *Long-Term Care 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: Long-Term Care Series* are country and time. In the United States, policy is reported at the state level. We prioritize data collection for each country or state 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 or state and each broad category of policies covered in the *Gateway Policy Explorer: Long-Term Care Series*.

Czech Republic

In-Kind Benefits
Plan details 1992-2024 * †

In the Czech Republic, public long-term care (LTC) services for older individuals with care needs are delivered through in-kind benefits, which include home care, community care, and residential care. Before 2007, the Czech Republic provided LTC services through its social security and public health insurance systems. Individuals were eligible for in-kind benefits through public health insurance as long as they are a citizen or permanent resident of the Czech Republic and through the social security system as long as they were a citizen of the Czech Republic.

Key Dates

First law: 1988

Major changes since 1992: 2007

In 2007, the Social Services Act replaced the Social Security Act as the key legislation regulating social care services, including LTC. This change increased the scope of long-term care benefits, especially for residential care, and provided detailed definitions of the benefits available. User charges and the care needs assessment remained similar. Individuals are eligible for in-kind benefits through the social service system as long as they are a permanent resident of the Czech Republic. Benefits are not taxed or means-tested.

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* If you have questions or suggestions, please contact policy@g2aging.org.

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

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Chapter 1: Policy enacted 1992-2006

Overview

During this period, the Czech Republic's national government supports long-term care (LTC) services through its social security and public health insurance systems. In-kind benefits included home care, community care, and residential care.

Public Health Insurance

Public health insurance [Veřejné zdravotní pojištění] covers a wide range of health care and LTC services for older adults with care needs. Organized at the national level by the Ministry of Health, individuals are eligible for in-kind benefits through public health insurance if they are citizens or permanent residents of the Czech Republic. There is no statutory form for the evaluation of dependence and access to services is determined by healthcare providers and insurance companies on a discretionary basis. Health care and nursing services, whether delivered at home or in social service facilities, are fully covered by public health insurance when prescribed by a physician. Individuals are responsible for covering any expenses that fall outside the scope of public health insurance. None of the benefits are taxed or means-tested.

Since 1997, public health insurance in the Czech Republic has been regulated by the Health Insurance Act of 1997 [Zákon o veřejném zdravotním pojištění - 48/1997 Sb]. Before 1997, the healthcare system was regulated by various laws, including the General Health Insurance Act of 1991 [Zákon o všeobecném zdravotním pojištění - 550/1991 Sb]. LTC services were not included in public health insurance coverage until the 1997 reform ([Ministry of the Interior, 1991e](#)). Therefore, this document does not provide details of the public health insurance system before 1997.

Social Security

The Social Security Act [Zákon o sociálním zabezpečení] is the key legal framework for social welfare in the Czech Republic. Organized at the national level by the Ministry of Labor and Social Affairs and local level by municipalities, the Social Security Act provides a wide range of services across several essential areas including pension security, family support, and social care, which includes LTC. Individuals are eligible for in-kind benefits through the social security system as long as they are a citizen of the Czech Republic who reside in the country. There is no statutory form for the evaluation of dependence for LTC benefits provided by the Social Security Act. Access to services is determined by municipalities and local authorities on a discretionary basis. Individuals are required to contribute to the costs of meals, accommodation, and essential services in certain residential care facilities, such as social care institutions and retirement homes. These fees are capped at a maximum copayment and individuals must retain a specified portion of the living wage. None of the benefits are taxed or means-tested.

This policy period (chapter) provides details on in-kind benefits covered by the Czech Social Security Act and Health Insurance Act from 1992 to 2006.

Statutory basis

Act No. 100/1988 - Social Security Act (Zákon č. 100/1988 Sb. - Zákon o sociálním zabezpečení) ([Ministry of the Interior, 1988a](#))

Decree No. 149/1988 Sb. - Decree of the Federal Ministry of Labor and Social Affairs implementing the Social Security Act (Vyhláška č. 149/1988 Sb. - Vyhláška federálního ministerstva práce a sociálních věcí, kterou se provádí zákon o sociálním zabezpečení) ([Ministry of the Interior, 1988b](#))

Act No. 144/1991 - Act of the Czech National Council on changes in the competence of the authorities of the Czech Republic and the competence of municipalities in social security (Zákon č. 144/1991 Sb. - Zákon České národní rady o změnách v působnosti orgánů České republiky a o působnosti obcí v sociálním zabezpečení) ([Ministry of the Interior, 1991a](#))

Decree No. 182/1991 - Decree of the Ministry of Labor and Social Affairs of the Czech Republic, which implements the Act on Social Security and the Act of the Czech National Council on the Competence of the Authorities of the Czech Republic in Social Security (Vyhláška č. 182/1991 - Vyhláška ministerstva práce a sociálních věcí České republiky, kterou se provádí zákon o sociálním zabezpečení a zákon České národní rady o působnosti orgánů České republiky v sociálním zabezpečení) ([Ministry of the Interior, 1991b](#))

Decree No. 82/1993 Sb. - Decree of the Ministry of Labor and Social Affairs on reimbursements for stays in social care facilities (Vyhláška č. 82/1993 - Vyhláška ministerstva práce a sociálních věcí o úhradách za pobyt v zařízeních sociální péče) ([Ministry of the Interior, 1993a](#))

Decree No. 83/1993 Sb. - Decree of the Ministry of Labor and Social Affairs on meals in social care facilities (Vyhláška č. 83/1993 -

Vyhláška ministerstva práce a sociálních věcí o stravování v zařízeních sociální péče) ([Ministry of the Interior, 1993b](#))

Act No. 48/1997 - Act on Public Health Insurance (Zákon č. 48/1997 - Zákon o veřejném zdravotním pojištění) ([Ministry of the Interior, 1997](#))

Financing

Source of financing

The source of financing LTC benefits differs by benefit system.

Public Health Insurance

Public health insurance is mostly financed by insurance premiums collected from employees, employers, self-employed individuals, [state-insured individuals](#), and [individuals without taxable income \(OBZP\)](#) ([Ministry of the Interior, 1997](#), §§4-7). State insured individuals are economically inactive individuals whose contributions are paid by the state. [Box 1](#) lists examples of individuals who are state insured. Individuals without taxable income are those who have no income from employment or self-employment and are not state insured but are still required to pay insurance premiums. The premium is 13.5% of the assessment base for all groups. Employees contribute 4.5% of this amount (one-third) while employers contribute 9% (two-thirds). The assessment base differs by group ([VZP, 2024a, 2024b, 2024c, 2024d](#)):

- Employees and employers: gross salary
- Self-employed individuals:
 - ◊ 1997-2003: 35% of income from self-employment
 - ◊ 2004: 40% of income from self-employment
 - ◊ 2005: 45% of income from self-employment
 - ◊ 2006: 50% of income from self-employment
- State-insured: fixed values that are updated regularly - see [Table 1](#) for historical values
- OBZP: fixed minimum wage rates that are updated regularly - see [Table 2](#) for historical rates

Social Security

LTC services provided by the social security system are funded through the state budget and copayments made by beneficiaries ([Ministry of the Interior, 1988a](#), §§6, 115).

Coverage

This section discusses the scope of risks covered and the requirements to be eligible for benefits when the need for care arises. Dependence requirements are discussed in the later section on *Benefit Eligibility*.

Risk covered definition

The LTC risks covered differ by benefit system.

Public Health Insurance

Public Health Insurance covers care needs related to preventing care and health complications and improving or maintaining health ([Ministry of the Interior, 1997](#), §§13-14).

Social Security

The Social Security Act offers social care support for individuals facing care needs due to insufficient income, health issues, aging, or challenging life circumstances ([Ministry of the Interior, 1988a](#), §73).

Eligible population

The requirements to be eligible for LTC benefits when care needs arise differ by benefit system.

Public Health Insurance

An individual is covered under the public health insurance system if all of the following conditions are satisfied ([Ministry of the Interior, 1997](#), §3)—

- Citizenship or residence requirement:^[1] Is a permanent resident of the Czech Republic
- Age requirement: None
- Income or resource requirement: None

Social Security

An individual is covered under the social security system if all of the following conditions are satisfied ([Ministry of the Interior, 1988a, §§3-5](#))—

- Citizenship or residence requirement: Is a citizen of the Czech Republic
- Age requirement: None
- Income or resource requirement: None

Benefit**Home care benefit**

LTC home care benefits differ by benefit system.

Public Health Insurance

Home care benefits include ([Ministry of the Interior, 1997, §22](#); [DOP-HC, 2024](#))—

- Home nursing [domácí péče]: nursing care prescribed by a physician and delivered in a home setting, often referred to as home healthcare

Social Security

Home care benefits include ([Ministry of the Interior, 1988a, §88](#); [Ministry of the Interior, 1991b, §49](#)):

- Home care service [pečovatelská služba]: personal care and domestic assistance provided to severely disabled individuals and older adults who cannot perform essential household chores and activities of daily living or who require treatment for health conditions but lack support from family members

Community care

LTC community care benefits differ by benefit system.

Public Health Insurance

None

Social Security

Community care benefits include ([Ministry of the Interior, 1988a, §§87-89](#); [Ministry of the Interior, 1991b, §106](#))—

- Day care [denní stacionáře]: meals, care, and a variety of social, recreational, and cultural activities provided to older adults in social care facilities throughout the day

Residential care

LTC residential care benefits differ by benefit system.

Public Health Insurance

None

Social Security

Residential care benefits include ([Ministry of the Interior, 1988a, §§87-89](#); [Ministry of the Interior, 1991b, §§61-82](#))—

- Social care facilities [ústavní sociální péče]: facilities that provide meals, accommodation, and care to individuals with physical, mental, and sensory disabilities
- Retirement homes [domovy důchodců]: facilities that provide meals, accommodation, and care to pensioners who require complex care that cannot be provided by family members
- Homes for pensioners [domovy - penziony pro důchodce]: facilities that provide meals, accommodation, and a variety of social, recreational, and cultural activities provided to pensioners

Other benefits

Other LTC benefits differ by benefit system.

Public Health Insurance

Other care benefits include ([Ministry of the Interior, 1997, §13](#))—

- Transportation services [přepravní služba]: transportation services for individuals with care needs
- Aids and equipment [pomůcky]: provides aids such as wheelchairs and hearing aids to individuals with care needs

Social Security

Other care benefits include (Ministry of the Interior, 1988a, §86):

- Aids and equipment [pomůcky]: aids provided to individuals who are blind or have severe mobility issues

Provision of care

The provision of LTC services differs by benefit system.

Public Health Insurance

Services are offered by both public and private providers contracted by health insurance companies. In the mid-1990s, there were approximately 27 health insurance companies, but by the year 2000, that number had decreased to 9. Among them, the public General Health Insurance Company [Všeobecná Zdravotní Pojišťovna - VZP] has been the largest provider since 1992 (Rokosová and Háva, 2005).

Social Security

Services are provided by organizations and individuals contracted by municipalities and local authorities (Ministry of the Interior, 1991a, §14; Ministry of the Interior, 1991b, §108).

Benefit eligibility

Qualifying period

None

Minimum level of dependence

The minimum level of dependence for LTC benefits differs by benefit system.

Public Health Insurance

There is no minimum level of dependence for in-kind benefits provided by public health insurance. Access to services is determined by healthcare providers and insurance companies on a discretionary basis (Ministry of the Interior, 1997, §17).

Social Security

There is no minimum level of dependence for in-kind benefits provided by the social security system. Individuals are eligible to receive benefits if they meet one of the following conditions (Ministry of the Interior, 1988a, §73(1)):

- Their basic needs are insufficiently met by income from employment, pensions, sickness benefits, or other sources
- They need support due to health issues or age-related challenges
- They require assistance to overcome difficult or adverse life circumstances

The law does not provide definitions for “basic needs” or “insufficiently met,” nor does it clarify how health or age-related challenges are assessed, or what qualifies as a difficult or adverse life circumstance.

Residential care benefits have additional eligibility criteria (Ministry of the Interior, 1991b, §75). The law specifies disabilities that qualify or disqualify individuals for admission. Box 2 provides examples of disabilities listed in the legislation that qualify or disqualify individuals for admission but users should refer to the legislation for the complete list.

Duration of benefit

Across benefit systems, beneficiaries continue to receive benefits as long as they satisfy the coverage criteria (see Coverage section).

Means testing

Across benefit systems, individuals are eligible to receive services regardless of means.

Age requirement

The age requirement for LTC benefits differs by benefit system.

Public Health Insurance

None

Social Security

The Social Security Act does not have an age requirement to receive LTC benefits. However, admission to a home for pensioners [domovy - penzióny pro důchodce] requires individuals to be pensioners, which does include an age requirement.

Care needs assessment

Definition of dependence

The definition of dependence differs by benefit system. These systems only provide general definitions of dependence.

Public Health Insurance

Dependence is determined by conditions, limitations, and disabilities that require the applicant to rely on health care and nursing care (Ministry of the Interior, 1997, §13).

Social Security

Dependence is based on essential needs, health, age, and difficult or adverse life circumstances (Ministry of the Interior, 1988a, §73(1)).

Evaluation of dependence

The evaluation of dependence differs by benefit system.

Public Health Insurance

There is no statutory form for the evaluation of dependence for LTC benefits provided by public health insurance. Access to services is determined by healthcare providers and insurance companies on a discretionary basis (Ministry of the Interior, 1997, §17).

Social Security

There is no statutory form for the evaluation of dependence for LTC benefits provided by the social security system. Access to services is determined by municipalities and local authorities on a discretionary basis. However, the following factors are considered in the assessment: health, age-related challenges, meeting essential needs, and difficult or adverse life circumstances. The law does not clarify how health and age-related challenges are assessed nor does it define essential needs or difficult or adverse life circumstances (Ministry of the Interior, 1988a, §§73, 94, 144).

Additionally, in residential care facilities, evaluators assess whether applicants have specific disabilities, as certain disabilities can qualify or disqualify individuals for admission (Ministry of the Interior, 1991b, §75). Box 2 provides examples of disabilities listed in the legislation that qualify or disqualify individuals for admission but users should refer to the legislation for the complete list.

Evaluators

Evaluators differ by benefit system.

Public Health Insurance

Healthcare providers and insurance companies evaluate dependence (Ministry of the Interior, 1997, §17).

Social Security

Municipalities and local authorities assess an individual's dependence in collaboration with the individual's physician and a doctor from the local social security administration (Ministry of the Interior, 1991a; Ministry of the Interior, 1991b).

Benefit limitations

Can you mix LTC benefits?

The Act on Public Health Insurance and the Social Security Act do not specify any restrictions on combining in-kind benefits, suggesting that different in-kind benefits can be combined. For example, individuals can receive both home nursing through public health insurance and home care from the Social Security Act (Ministry of the Interior, 1988a, 1988b; Ministry of the Interior, 1997).

Is there free choice between cash and benefits in-kind?

The Act on Public Health Insurance and the Social Security Act do not specify any restrictions on choosing between in-kind benefits and cash benefits, suggesting that they can be combined depending on the type of benefit (Ministry of the Interior, 1988a, 1988b; Ministry of the Interior, 1997).

Can you receive LTC benefits with other social security benefits?

The Act on Public Health Insurance and the Social Security Act do not specify any restrictions on receiving in-kind benefits with other social security benefits ([Ministry of the Interior, 1988a, 1988b](#); [Ministry of the Interior, 1997](#)).

User costs

User charges

User charges vary by benefit system.

Public Health Insurance

Healthcare and nursing services, whether delivered at home or in social service facilities, are fully covered by public health insurance when prescribed by a physician ([Ministry of the Interior, 1997](#), §22). Individuals are responsible for covering any expenses that fall outside the scope of public health insurance.

Social Security

In 1992, meals, accommodation, and essential services during a stay in certain residential care facilities, including social care institutions and retirement homes, were financed through the individual's pension ([Ministry of the Interior, 1988b](#), §125). However, individuals had to retain a certain amount of their pension, which varied depending on whether they received yearly, weekly, or daily care.^[2]

- Yearly stay: Fee of 1,200 CZK per month (must retain at least 30% of the pension, with a minimum of 310 CZK per month)
- Weekly stay: Fee of 880 CZK per month (must retain 560 CZK per month)
- Daily stay (day care): Fee of 330 CZK per month (must retain 770 CZK per month)

Individuals without a pension or those whose pensions fell below the specified minimums were exempt from covering these costs. Personal care provided at home or in an institution was free for individuals with an income below the living wage ([Ministry of the Interior, 1991b](#), §49(4); [Ministry of the Interior, 1991c](#)). Some personal care services were fully reimbursed, while those that required a fee were subject to a maximum copayment ([Ministry of the Interior, 1991b](#), §49, Annex 1). [Table 3](#) provides examples of services and their maximum copayments specified in the legislation, but users should refer to the legislation for the complete list. Aids were reimbursed either fully or partially, depending on the specific type of aid provided. For instance, bed rails were fully reimbursed, while electric wheelchairs received a partial reimbursement of 50% ([Ministry of the Interior, 1991b](#), Annex 4). In homes for pensioners, individuals covered all the costs ([Ministry of the Interior, 1988b](#), §129).

Since 1993, meals, accommodation, and essential services in specific residential care facilities, such as social care institutions and retirement homes, have been subject to a maximum copayment ([Ministry of the Interior, 1993a, 1993b](#)). Maximum copayments can be increased by up to 30% based on local conditions. Accommodation fees vary depending on the number of residents per room. Essential services include personal care and domestic assistance services such as cleaning, laundry, and preparing meals. The fees for essential services differ based on whether individuals are receiving daily (day care), weekly, or year-round residential care.^[2] Specific copayment amounts from 1993 to 2006 are detailed in [Table 4](#) for meals, [Table 5](#) for accommodation, and [Table 6](#) for essential services. Additionally, individuals are required to retain a portion of the living wage after covering their costs ([Ministry of the Interior, 1993a](#), §2). These amounts vary depending on whether someone receives yearly, weekly, or daily care:

- Yearly stay: 30% of the [living wage](#)
- Weekly stay: 60% of the living wage
- Daily stay (day care): 75% of the living wage

Taxation of benefits

In-kind benefits are not subject to taxation.

Chapter 2: Policy enacted 2007-2024

Policy change in 2007

In 2007, the Social Services Act replaced the Social Security Act as the key legislation regulating social care services in the Czech Republic, including long-term care. This change increased the scope of long-term care benefits, especially for residential care, and provided detailed definitions of the benefits available. Both Acts define dependency in terms of age and health, but the Social Security Act highlights challenging social circumstances, whereas the Social Services Act emphasizes the need for assistance due to illness and disability. Neither Act includes a statutory form for assessing dependency for benefits, leaving evaluators to determine eligibility at their discretion. Both Acts set limits on the total copayment amount that beneficiaries are expected to pay. Additionally, both Acts require individuals in residential care to retain a certain amount of their income after covering costs.

Overview

During this period, the Czech Republic's national government supports long-term care (LTC) services through its social services and public health insurance systems. In-kind benefits included home care, community care, and residential care.

Public Health Insurance

Public health insurance [Veřejné zdravotní pojištění] covers a wide range of health care and long-term care services for older adults with care needs. Organized at the national level by the Ministry of Health, individuals are eligible for in-kind benefits through public health insurance if they are citizens or permanent residents of the Czech Republic. There is no statutory form for the evaluation of dependence and access to services is determined by healthcare providers and insurance companies on a discretionary basis. Health care and nursing services, whether delivered at home or in social service facilities, are fully covered by public health insurance when prescribed by a physician. Individuals are responsible for covering any expenses that fall outside the scope of public health insurance. None of the benefits are taxed or means-tested.

Social Services

The Social Services Act [Zákon o sociálních službách] is the key legal framework for social support in the Czech Republic. Organized at the national level by the Ministry of Labor and Social Affairs and local level by municipalities, the Social Services Act provides a wide range of services, including social counseling and social care, which covers LTC. Individuals are eligible for in-kind benefits through the social services system as long as they are a permanent resident of the Czech Republic. There is no statutory form for the evaluation of dependence for benefits provided by the Social Services Act. Access to services is determined by providers and social workers from regional and local authorities on a discretionary basis. Individuals are required to contribute to the costs of meals, accommodation, and care, which are capped at a maximum copayment. In residential care, individuals must retain a specified portion of the living wage. None of the benefits are taxed or means-tested.

Individuals who are unable to care for themselves and need support from others can receive cash benefits alongside in-kind services as long as they can ensure that the funds will be used exclusively for their intended care needs. For details about cash benefits provided by the Social Services Act, please refer to the policy document Czech Republic Long-Term Care Cash Benefit Plan Details, 2007-2024 (Gateway to Global Aging Data, 2024).

This policy period (chapter) provides details on in-kind benefits covered by the Czech Social Services Act and Health Insurance Act from 2007 to 2024.

Statutory basis

Act No. 48/1997 - Act on Public Health Insurance (Zákon č. 48/1997 - Zákon o veřejném zdravotním pojištění) (Ministry of the Interior, 1997)

Act No. 108/2006 - Social Services Act (Zákon č. 108/2006 - Zákon o sociálních službách) (Ministry of the Interior, 2006a)

Decree No. 505/2006 - Decree implementing the Act on Social Services (Vyhláška č. 505/2006 - Vyhláška, kterou se provádějí některá ustanovení zákona o sociálních službách) (Ministry of the Interior, 2006b)

Act No. 372/2011 - Act on Health Services and Conditions of Their Provision (Zákon č. 372/2011 Sb. - Zákon o zdravotních službách a podmínkách jejich poskytování) (Ministry of the Interior, 2011)

Financing

Source of financing

The source of financing LTC benefits differs by benefit system.

Public Health Insurance

Public health insurance is mostly financed by insurance premiums collected from employees, employers, self-employed individuals, [state-insured individuals](#), and [individuals without taxable income \(OBZP\)](#) ([Ministry of the Interior, 1997](#), §§4-7). State insured individuals are economically inactive individuals whose contributions are paid by the state. [Box 1](#) lists examples of individuals who are state insured. Individuals without taxable income are those who have no income from employment or self-employment and are not state insured but are still required to pay insurance premiums. The premium is 13.5% of the assessment base for all groups. Employees contribute 4.5% of this amount (one-third) while employers contribute 9% (two-thirds). The assessment base differs by group ([VZP, 2024a, 2024b, 2024c, 2024d](#)):

- Employees and employers: gross salary
- Self-employed individuals:
 - ◊ 2007-2022: 50% of income from self-employment
 - ◊ 2023-2024: 50% of the tax base from self-employment
- State-insured: fixed values that are updated regularly - see [Table 1](#) for historical values
- OBZP: fixed minimum wage rates that are updated regularly - see [Table 2](#) for historical rates

Social Services

LTC social services are funded through subsidies from the state budget and copayments made by beneficiaries ([Ministry of the Interior, 2006a](#), §§71, 101-105).

Coverage

This section discusses the scope of risks covered and the requirements to be eligible for benefits when the need for care arises. Dependence requirements are discussed in the later section on *Benefit Eligibility*.

Risk covered definition

The LTC risks covered differ by benefit system.

Public Health Insurance

Public Health Insurance covers care needs related to preventing care and health complications and improving or maintaining health ([Ministry of the Interior, 1997](#), §§13-14).

Social Services

The Social Services Act covers care needs related to aging, health, disability, and social wellbeing ([Ministry of the Interior, 2006a](#), §§1-3).

Eligible population

The requirements to be eligible for LTC benefits when care needs arise differ by benefit system.

Public Health Insurance

An individual is covered under the public health insurance system if all of the following conditions are satisfied ([Ministry of the Interior, 1997](#), §3)—

- Citizenship or residence requirement:^[1] Is a permanent resident of the Czech Republic
- Age requirement: None
- Income or resource requirement: None

Social Services

An individual is covered under the social services system if all of the following conditions are satisfied ([Ministry of the Interior, 2006a](#), §4)—

- Citizenship or residence requirement:^[3] Is a permanent resident of the Czech Republic
- Age requirement: None
- Income or resource requirement: None

Benefit

Home care benefit

LTC home care benefits differ by benefit system.

[Public Health Insurance](#)

Home care benefits include ([Ministry of the Interior, 1997](#), §22; [Ministry of the Interior, 2011](#), §10; [DOP-HC, 2024](#))—

- Home nursing [domácí péče]: nursing care prescribed by a physician and delivered in a home setting, often referred to as home healthcare

[Social Services](#)

Home care benefits include ([Ministry of the Interior, 2006b](#), §§5, 6, 9)—

- Home care service [pečovatelská služba]: personal care and domestic assistance are provided to individuals who have reduced independence due to age, chronic illness, or disability, and who require support from another individual

Community care

LTC community care benefits differ by benefit system.

[Public Health Insurance](#)

None

[Social Services](#)

Community care benefits include ([Ministry of the Interior, 2006b](#), §§11-12)—

- Day care or day service center [denní stacionáře nebo centra denních služeb]: facilities that provide meals, personal assistance, socio-therapeutic activities, and training to enhance motor, psychological, and social abilities and skills during the day

Residential care

LTC residential care benefits differ by benefit system.

[Public Health Insurance](#)

None

[Social Services](#)

Residential care benefits include ([Ministry of the Interior, 2006b](#), §§13-17; [Czech Alzheimer Society, 2024a, 2024b](#))—

- Weekly care facilities [týdenní stacionáře]: facilities that provide a comprehensive range of services, including meals, personal assistance, socio-therapeutic activities, recreational programs, and training to enhance motor, psychological, and social skills throughout the workweek
- Homes for individuals with disabilities [domovy pro osoby se zdravotním postižením]: facilities that provide a comprehensive range of services, including meals, personal assistance, socio-therapeutic activities, recreational programs, and training to enhance motor, psychological, and social skills for individuals with disabilities
- Homes for older adults [domovy pro seniory]: facilities that provide a comprehensive range of services, including meals, personal assistance, socio-therapeutic activities, recreational programs, and training to enhance motor, psychological, and social skills for older adults
- Specialized care homes [domovy se zvláštním režimem]: facilities that provide a comprehensive range of services, including meals, personal assistance, socio-therapeutic activities, recreational programs, and training to enhance motor, psychological, and social skills for individuals requiring personalized care, such as those with Alzheimer's or dementia
- Sheltered housing [chráněné bydlení]: facilities that provide a home-like living environment, as well as meals, personal assistance, socio-therapeutic activities, recreational programs, and training to enhance motor, psychological, and social skills

Other benefits

Other LTC benefits differ by benefit system.

[Public Health Insurance](#)

Other care benefits include ([Ministry of the Interior, 1997](#), §13):

- Transportation services [přepravní služba]: provides help with transportation to individuals with care needs
- Aids and equipment [pomůcky]: provides aids such as wheelchairs and hearing aids to individuals with care needs

[Social Services](#)

Other care benefits include ([Ministry of the Interior, 2006b](#), §6)—

- Assistance with outdoor travel [doprovázení dospělých]: assistance with traveling to public services, recreational activities, and medical appointments

Provision of care

The provision of LTC services differs by benefit system.

[Public Health Insurance](#)

Services are offered by both public and private providers contracted by health insurance companies. As of 2024, there are seven health insurance companies. Among them, the public General Health Insurance Company [Všeobecná Zdravotní Pojišťovna - VZP] has been the largest provider since 1992 ([Alexa, 2015](#); [Bryndová et al., 2023](#)).

[Social Services](#)

Services are provided by public and private providers, as well as non-governmental and non-profit organizations ([Sowa-Kofta, 2010](#); [Ministry of Internal Affairs and Communications, 2024](#))

Benefit eligibility

Qualifying period

None

Minimum level of dependence

The minimum level of dependence for LTC benefits differs by benefit system.

[Public Health Insurance](#)

There is no minimum level of dependence for in-kind benefits provided by public health insurance. Access to services is determined by healthcare providers and insurance companies on a discretionary basis ([Ministry of the Interior, 1997](#), §19).

[Social Services](#)

There is no minimum level of dependence for in-kind benefits provided by the Social Services Act. Access to services is determined by providers and social workers from regional and local authorities on a discretionary basis ([Ministry of the Interior, 2006a](#), §§94, 95, 109; [Sowa-Kofta, 2010](#)).

Duration of benefit

Across benefit systems, beneficiaries continue to receive benefits as long as they satisfy the coverage criteria (see Coverage section).

Means testing

Across benefit systems, individuals are eligible to receive services regardless of means.

Age requirement

None

Care needs assessment

Definition of dependence

The definition of dependence differs by benefit system. These systems only provide general definitions of dependence.

[Public Health Insurance](#)

Dependence is determined by conditions, limitations, and disabilities that require the applicant to rely on health care and nursing care ([Ministry of the Interior, 1997](#), §13).

[Social Services](#)

Dependence is based on age, chronic or mental illness, disabilities that may require assistance from others, and the ability to participate in everyday life and society ([Ministry of the Interior, 2006a](#), §§2, 38-51).

Evaluation of dependence

The evaluation of dependence differs by benefit system.

Public Health Insurance

There is no statutory form for the evaluation of dependence for benefits provided by public health insurance. Access to services is determined by healthcare providers and insurance companies on a discretionary basis ([Ministry of the Interior, 1997](#), §19).

Social Services

There is no statutory form for the evaluation of dependence for benefits provided by the Social Services Act. Access to services is determined by providers and social workers from regional and local authorities on a discretionary basis ([Ministry of the Interior, 2006a](#), §§94, 95, 109; [Sowa-Kofta, 2010](#)). Providers typically request that applicants include a current medical report from their physician as part of their application ([Sue Ryder, 2021](#); [CPOS Město Touškov, 2024](#); [Jihoměstská sociální, 2024](#)).

Evaluators

Evaluators differ by benefit system.

Public Health Insurance

Healthcare providers and insurance companies evaluate dependence ([Ministry of the Interior, 1997](#), §19).

Social Services

Social workers from regional and local authorities and providers evaluate dependence ([Ministry of the Interior, 2006a](#), §§94, 95, 109).

Benefit limitations

Can you mix LTC benefits?

The Act on Public Health Insurance and the Social Services Act do not specify any restrictions on combining in-kind benefits, suggesting that different in-kind benefits can be combined. For example, individuals can receive both home nursing through public health insurance and personal assistance from the Social Services Act ([Ministry of the Interior, 1997](#); [Ministry of the Interior, 2006a, 2006b](#)).

Is there free choice between cash and benefits in-kind?

The Act on Public Health Insurance and the Social Services Act do not specify any restrictions on choosing between in-kind benefits and cash benefits, suggesting that they can be combined depending on the type of benefit. For instance, individuals can receive the [Care Allowance](#) under the Social Services Act and receive in-kind benefits through the Social Security Act or Public Health Insurance Act ([Ministry of the Interior, 1997](#); [Ministry of the Interior, 2006a, 2006b](#)).

Can you receive LTC benefits with other social security benefits?

The Act on Public Health Insurance and the Social Services Act do not specify any restrictions on receiving in-kind benefits with other social security benefits ([Ministry of the Interior, 1997](#); [Ministry of the Interior, 2006a, 2006b](#)).

User costs

User charges

User charges vary by benefit system.

Public Health Insurance

Healthcare and nursing services, whether delivered at home or in social service facilities, are fully covered by public health insurance when prescribed by a physician ([Ministry of the Interior, 1997](#), §§19-22). Individuals are responsible for covering any expenses that fall outside the scope of public health insurance.

Social Services

For home care and community care, services are subject to a maximum copayment ([Ministry of the Interior, 2006a](#), §75; [Ministry of the Interior, 2006b](#), §§5-12). [Table 7](#) lists maximum copayment amounts for home care and [Table 8](#) for community care from 2007 to 2024. For residential care, individuals are responsible for covering the costs of meals, accommodation, and care, all of which are subject to a maximum copayment. Furthermore, individuals must ensure that they retain a specified portion of their income after these payments ([Ministry of the Interior, 2006a](#), §73; [Ministry of the Interior, 2006b](#), §§13-17). In 2007, individuals were required to retain 15% of their income. Starting in 2008, this requirement increased to 25% for those in weekly care facilities, while individuals in all other residential care settings, including homes for individuals with disabilities, homes for older adults, specialized care homes, and sheltered housing, continued to retain 15% of their income. [Table 9](#) lists maximum copayments for meals, accommodation, and care in residential care facilities from 2007 to 2024.

Taxation of benefits

In-kind benefits are not subject to taxation.

Tables and Formulas

Box 1: Examples of State Insured Individuals

- Dependent children
- Pension recipients - For health insurance purposes, a person who has been granted a pension is considered a pensioner:
 - ◊ Until December 31, 1992, according to the regulations of the Czechoslovak Federal Republic
 - ◊ From January 1, 1993, according to the regulations of the Czech Republic, or also according to the regulations of the Slovak Republic, but only if the pension was calculated taking into account the period of employment prior to January 1, 1993, with an employer based in the territory of the former common state
- Parental allowance recipients
- Job seekers, including job seekers who have accepted short-term employment
- Individuals on maternity leave or parental leave

Source: §7 of [Ministry of the Interior \(1997\)](#)

Notes: State insured individuals are economically inactive individuals whose contributions are paid by the state.

Table 1: State-Insured Individuals Assessment Basis and Premium (1997-2024)

Period	Assessment Basis	Insurance Premium
From Jan 2024	15,440 CZK	2,085 CZK
Jan 2023 - Dec 2023	14,074	1,900
Sep 2022 - Dec 2022	11,014	1,487
Jan 2022 - Aug 2022	14,570	1,967
Jan 2021 - Dec 2021	13,088	1,767
Jun 2020 - Dec 2020	11,607	1,567
Jan 2020 - May 2020	7,903	1,067
Jan 2019 - Dec 2019	7,540	1,018
Jan 2018 - Dec 2018	7,177	969
Jan 2017 - Dec 2017	6,814	920
Jan 2016 - Dec 2016	6,444	870
Jul 2014 - Dec 2015	6,259	845
Nov 2013 - Jun 2014	5,829	787
Jan 2010 - Oct 2013	5,355	723
Jan 2008 - Dec 2009	5,013	677
Jan 2007 - Dec 2007	5,035	680
Apr 2006 - Dec 2006	4,709	636
Feb 2006 - Mar 2006	4,144	560
Jan 2006	3,798	513
Jan 2005 - Dec 2005	3,556	481
Jan 2004 - Dec 2004	3,520	476
Jan 2003 - Dec 2003	3,458	467
Jul 2001 - Dec 2002	3,250	439
Jul 1998 - Jun 2001	2,900	392
Jan 1998 - Jun 1998	2,120	287
Jul 1996 - Dec 1997	2,000	270

Source: VZP, 2024a

Notes: State insured individuals are economically inactive individuals whose contributions are paid by the state. The premium is 13.5% of the assessment base for all groups. The assessment base differs by group.

Table 2: OBZP Assessment Basis and Premium (1997-2024)

Period	Assessment Basis/Minimum Wage	Insurance Premium
From Jan 2024	18,900 CZK	2,552 CZK
Jan 2023 - Dec 2023	17,300	2,336
Jan 2022 - Dec 2022	16,200	2,187
Jan 2021 - Dec 2021	15,200	2,052
Jan 2020 - Dec 2020	14,600	1,971
Jan 2019 - Dec 2019	13,350	1,803
Jan 2018 - Dec 2018	12,200	1,647
Jan 2017 - Dec 2017	11,000	1,485
Jan 2016 - Dec 2016	9,900	1,337
Jan 2015 - Dec 2015	9,200	1,242
Aug 2013 - Dec 2014	8,500	1,148
Jan 2007 - Jul 2013	8,000	1,080
Jul 2006 - Dec 2006	7,955	1,074
Jan 2006 - Jun 2006	7,570	1,022
Jan 2005 - Dec 2005	7,185	970
Jan 2004 - Dec 2004	6,700	905
Jan 2003 - Dec 2003	6,200	837
Jan 2002 - Dec 2002	5,700	770
Jan 2001 - Dec 2001	5,000	675
Jul 2000 - Dec 2000	4,500	608
Jan 2000 - Jun 2000	4,000	540
Jul 1999 - Dec 1999	3,600	486
Jan 1999 - Jun 1999	3,250	439
Jan 1998 - Dec 1998	2,650	358
Jan 1996 - Dec 1997	2,500	338

Source: VZP, 2024b

Notes: OBZP or individuals without taxable income are those who have no income from employment or self-employment and are not state insured but are still required to pay insurance premiums. The premium is 13.5% of the assessment base for all groups. The assessment base differs by group. The assessment base for OBZP is the minimum wage.

Box 2: Examples of Disability Criteria for Admission to Residential Care Facilities

- Disabilities that qualify individuals for admission into residential care
 - ◊ Serious congenital defects of an orthopedic nature requiring the use of complex orthopedic aids
 - ◊ Severe congenital neurological defects characterized by significant motor innervation deficits, particularly affecting the spine, limbs, and sphincters
 - ◊ Congenital syndromes that impact multiple systems and lead to substantial challenges in self-care
 - ◊ Hereditary, systemic, metabolic, and endocrine disorders impacting the nervous system, resulting in significantly reduced function that can be partially improved with orthopedic aids
 - ◊ Impairments in sensory functions, primarily vision and hearing, that lead to substantial limitations in orientation and communication
- Disabilities that disqualify individuals from admission into residential care
 - ◊ Individuals who require treatment in an inpatient medical facility and have the following disabilities are ineligible for admission into a residential care facility:
 - Psychosis and mental disorders that pose a risk of harm to the individual or others, or whose behavior disrupts the ability to coexist within a community
 - Tuberculosis, excluding P III and M III stages as well as other stabilized and inactive forms, requires confirmation from a specialist physician at the appropriate medical facility
 - Venereal diseases in the acute stage are addressed directly, while those in the chronic stage require assessment and validation by a specialist physician at the appropriate medical facility

Source: Annex 7 of [Ministry of the Interior \(1991b\)](#)

Notes: The law specifies disabilities that qualify or disqualify individuals for admission to residential care facilities. This box provides examples of disabilities listed in the legislation that qualify or disqualify individuals for admission into residential care facilities. Users should refer to the legislation for the complete list.

Table 3: Maximum Copayments for Care Services - Social Security Act (1992)

Service	Maximum Daily Copay (CZK)
Meal delivery	3
Help with personal hygiene	5
Help with shopping and necessary errands	5
Bathing including hair washing in the beneficiary's home	10
Preparing meals	Fully reimbursed
Domestic assistance	Fully reimbursed
Washing small personal linen including ironing	Fully reimbursed
Help with going to an appointment	Fully reimbursed

Source: Annex 1 of [Ministry of the Interior \(1991b\)](#)

Notes: In 1992, some nursing and personal care services were fully reimbursed, while those that required a fee were subject to a maximum copayment. This table provides examples of services and their maximum copayments specified in the legislation, but users should refer to the legislation for the complete list.

Table 4: Maximum Copayments for Meals - Social Security Act (1993-2006)

Period	Residential Care	Day Care
Feb 1993 - Jun 1994	29.70 - 40 CZK /day	16.30 - 22 CZK /day
Jul 1994 - Jul 1995	29.70 - 45	16.30 - 24.80
Aug 1995 - Oct 1996	36 - 50	19.80 - 27.50
Nov 1996 - Jul 1998	40 - 56	22 - 30.80
Aug 1998 - Jan 2004	40 - 62	22 - 34.10
Feb 2004 - Dec 2006	40 - 63	22- 35

Source: [Ministry of the Interior \(1993b\)](#)

Notes: The copayments listed apply to standard diets and do not cover special diets, such as those for diabetic patients. These fees apply to social care institutions and retirement homes, but they do not apply to homes for pensioners.

Table 5: Maximum Copayments for Accommodation - Social Security Act (1993-2006)

Year	Room with 3 or more residents	Room with 2 residents	Room with 1 resident
Feb 1993 - Jun 1994	5 CZK per day	9 CZK per day	15 CZK per day
Jul 1994 - Jul 1995	7	12	20
Aug 1995 - Oct 1996	9	14	22
Nov 1996 - Aug 1997	14	19	27
Sep 1997 - Jul 1998	23	28	36
Aug 1998 - Aug 1999	28	35	47
Sep 1999 - Feb 2001	36	43	55
Mar 2001 - Dec 2001	44	51	63
Jan 2002 - Jan 2003	48	56	69
Feb 2003 - Jan 2005	51	60	73
Feb 2005 - Jan 2006	56	65	78
Feb 2006 - Dec 2006	61	70	83

Source: §1 of [Ministry of the Interior \(1993a\)](#)

Notes: These fees apply to social care institutions and retirement homes, but they do not apply to homes for pensioners.

Table 6: Maximum Copayments for Essential Services - Social Security Act (1993-2006)

Period	Weekly or Yearly	Daily
Feb 1993 - Jun 1994	10 CZK /day	5 CZK /day
Jul 1994 - Jul 1995	13	6
Aug 1995 - Mar 1996	16	8
Apr 1996 - Oct 1996	24	12
Nov 1996 - Aug 1997	33	16
Sep 1997 - Jul 1998	39	22
Aug 1998 - Aug 1999	48	26
Sep 1999 - Feb 2001	50	28
Mar 2001 - Dec 2001	54	32
Jan 2002 - Jan 2003	58	34
Feb 2003 - Jan 2004	60	35
Feb 2004 - Jan 2005	63	37
Feb 2005 - Jan 2006	66	39
Feb 2006 - Dec 2006	68	41

Source: §1 of [Ministry of the Interior \(1993a\)](#)

Notes: Essential services include personal care and domestic assistance services such as cleaning, laundry, and preparing meals. Care is available on a daily, weekly, or yearly basis. Daily care does not include accommodation, whereas both weekly and yearly care do. Weekly care is provided only on working days, while yearly care is offered throughout the entire year. These fees apply to social care institutions and retirement homes, but they do not apply to homes for pensioners.

Table 7: Maximum Copayments for Services in Home Care - Social Services Act (2007-2024)

Year	Personal Assistance	Domestic Assistance	Meal Delivery	Errands	Laundry
Jan 2007 - Dec 2007	85 CZK per hour	85 CZK per hour	20 CZK per delivery	100 CZK per errand	50 CZK per kg of laundry
Jan 2008 - Dec 2011	100	100	20	100	50
Jan 2012 - Dec 2013	120	120	25	110	60
Jan 2014 - Feb 2022	130	130	30	115	70
Mar 2022 - Dec 2022	135	135	40	140	80
Jan 2023 - Jun 2024	155 (80 hours or less per month); 135 (80+ hours per month)	155 (80 hours or less per month); 135 (80+ hours per month)	50	160	90
From Jul 2024	165 (80 hours or less per month); 145 (80+ hours per month)	165 (80 hours or less per month); 145 (80+ hours per month)	60	170	100

Source: §§5-9 of [Ministry of the Interior, 2006b](#)

Notes: Services are subject to a maximum copayment. Domestic assistance includes activities such as routine cleaning and household maintenance and general shopping and errands. Errands include buying clothes and necessary household equipment.

Table 8: Maximum Copayments for Services in Community Care - Social Services Act (2007-2024)

Year	Day Care (CZK per hour)	All day meals (CZK per day)	Lunch only (CZK per day)
Jan 2007 - Dec 2007	85	140	70
Jan 2008 - Dec 2011	100	150	75
Jan 2012 - Dec 2013	120	160	75
Jan 2014 - Feb 2022	130	170	75
Mar 2022 - Dec 2022	135	205	95
Jan 2023 - Jun 2024	155 (80 hours or less per month); 135 (80+ hours per month)	235	105
From Jul 2024	165 (80 hours or less per month); 145 (80 hours+ per month)	255	115

Source: §§11-12 of [Ministry of the Interior, 2006b](#)

Notes: Day care services include personal assistance with activities such as dressing, toileting, eating, and maintaining personal hygiene.

Table 9: Maximum Copayments for Residential Care - Social Services Act (2007-2024)

Year	Accommodation (CZK per day)	All day meals (CZK per day)	Lunch only (CZK per day)
Jan 2007 - Dec 2007	160	140	70
Jan 2008 - Jul 2009	180	150	75
Aug 2009 - Dec 2011	180	150	75
Jan 2012 - Dec 2013	200	160	75
Jan 2014 - Feb 2022	210	170	75
Mar 2022 - Dec 2022	250	205	95
Jan 2023 - Dec 2023	280	235	105
Jan 2024 - Dec 2024	305	255	115

Source: §§13-17 of [Ministry of the Interior, 2006b](#)

Notes: In residential care facilities, individuals are responsible for covering the costs of meals, accommodation, and care, all of which are subject to a maximum copayment. Accommodation also includes services such as cleaning, laundry, dressing, and ironing.

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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” + “[”.

Activities of daily living (ADL): A common set of activities related to personal care used to assess independence, including bathing or showering, dressing, getting in and out of bed or a chair, walking, using the toilet, and eating.

Care Allowance (Příspěvek na péči): A cash benefit provided by the Social Services Act (Zákon o sociálních službách) to individuals who require assistance due to long-term illness or disability. It aims to help cover the costs of care and support, whether provided by family members or professional caregivers. The amount of the allowance varies based on the level of dependency.

Individuals without taxable income (Osoby bez zdanitelných příjmů - OBZP): Individuals without taxable income are those who have no income from employment or self-employment and are not state insured but are still required to pay insurance premiums.

Living wage (Životní minimum): The legally regulated minimum income threshold for an individual. It denotes the level below which a person is deemed to be in material need and is used to assess eligibility for various forms of social assistance and benefits.

Public Health Insurance (Veřejné zdravotní pojištění): The Czech Republic’s public health insurance system provides universal coverage to all residents and is funded through mandatory contributions from employers, employees, self-employed individuals, state-insured individuals, and individuals without taxable income. It ensures access to a wide range of medical services, including preventive care, hospital treatment, medications, and LTC.

Social Security System (Sociální zabezpečení): The social security system in the Czech Republic offers financial support and services in areas such as pensions, disability benefits, unemployment insurance, and social care, including long-term care. It aims to protect individuals against economic risks and ensure a basic standard of living.

Social Service System (Sociální služby): The social services system in the Czech Republic supports vulnerable populations, including older adults, disabled individuals, and families in need. It offers a range of services, such as social counseling, housing assistance, and social care, including long-term care. The system aims to promote social inclusion, enhance quality of life, and ensure access to essential resources for those facing social challenges.

State insured individuals (Státní pojištěnci): State insured individuals are economically inactive individuals whose contributions are paid by the state.

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. Individuals who are not permanent residents can satisfy the Health Act residence requirement by meeting one of the following conditions, among others: being employed by an employer based in the Czech Republic, being granted asylum, or being granted temporary protection.
2. Care is available on a daily, weekly, or yearly basis. Daily care does not include accommodation, whereas both weekly and yearly care do. Weekly care is provided only on working days, while yearly care is offered throughout the entire year.
3. Individuals who are not permanent residents can meet the residence requirement of the Social Services Act by fulfilling one of the following conditions: being granted asylum, being a foreigner who holds a long-term residence permit for more than 3 months, or being a citizen and a family member of a citizen of a member state of the European Union.

Version information

Current Version: 1.0 (February 2025)

Version History

- 1.0 (February 2025): First version.

Additional resources

The following resources provide additional details for the interested reader:

Ministry of the Interior. Available in Czech. As of November 2, 2024.

Available at: <https://www.e-sbirka.cz/>

Features: Offers access to both current and historical versions of laws, including those relevant to long-term care (LTC), in the Czech Republic

Sowa, A (2010). The System of Long-Term Care in the Czech Republic. Available in Czech. As of November 2, 2024.

Available at: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1710618

Features: Provides an overview of long-term care in the Czech Republic, detailing the regulations governing it and the benefits available to individuals

VZP. Available in Czech. As of November 2, 2024.

Available at: <https://www.vzp.cz/platci/informace>

Features: Provides information about health insurance premiums by payer group in the Czech Republic, including both current and historical rates along with relevant calculations