

GATEWAY TO
**GLOBAL
AGING
DATA**

g2aging.org

Gateway Policy Explorer: Long-Term Care Series

Slovakia

Long-Term Care In-Kind Benefit Plan Details

1992-2024

Authors

Yeeun Lee
David Knapp

Contributors

Ludovico Carrino
Jinkook Lee
Giacomo Pasini
Drystan Phillips
Kvetoslava Repková
Kanghong Shao

Version: 1.0 (November 2024)

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

Please cite as “Gateway to Global Aging Data (2024). *Gateway Policy Explorer: Slovakia, Long-Term Care In-Kind Benefit Plan Details, 1992-2024*, Version: 1.0 (November 2024), University of Southern California, Los Angeles. <https://doi.org/10.25553/gpe.ltc.kb.svk>”

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*.

Slovakia

In-Kind Benefits
Plan details 1992-2024 * †

In Slovakia, public long-term care (LTC) services for individuals with care needs are provided through in-kind benefits, including home care, community care, and residential care. Before 1998, Slovakia provided LTC services through their social security and public health insurance systems. In 1998, the Social Assistance Act replaced the Social Security Act as the law for regulating social services. Individuals were eligible for benefits under the social security system as long as they were a citizen of Slovakia. Individuals were eligible for benefits under the social assistance and healthcare systems as long as they were a citizen or permanent resident of Slovakia.

In 2008, the Social Services Act replaced the Social Assistance Act. While the systems provide similar benefits, the care needs assessments are different. The Social Assistance Act defined dependence for most LTC benefits based on essential life activities, household tasks, social activities, and disabilities. Dependence for transportation services was based on having a severe disability, which was defined as having a functional impairment of at least 50%. In contrast, the Social Services Act categorizes dependence into six levels, from Level 1, indicating no care needs, to Level 6, indicating the most severe care needs, with Level 2 being the minimum level required for support. Contributions vary by dependence level and type of benefit. Benefits are not taxed or means-tested.

Key Dates

First law: 1988

Major changes since 1992: 1998, 2008

Contents

Chapter 1: Policy enacted 1992-1997	5
Overview	5
Financing	6
Coverage	6
Benefit	7
Benefit eligibility	8
Care needs assessment	9
Benefit limitations	10
User costs	11
Chapter 2: Policy enacted 1998-2007	12
Overview	12
Financing	13
Coverage	13
Benefit	14
Benefit eligibility	15
Care needs assessment	16
Benefit limitations	18

* 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” + “[”.

User costs	18
Chapter 3: Policy enacted 2008-2024	20
Overview	20
Financing	21
Coverage	21
Benefit	22
Benefit eligibility	24
Care needs assessment	24
Benefit limitations	26
User costs	26
Tables and Formulas	28
Box 1: Examples of State Insured Individuals (Before 2004)	28
Table 1: Public Health Insurance Premiums (1994-2024)	29
Table 2: State Insured Rate (1995-2004)	30
Box 2: Examples of Disability Criteria for Admission to Social Care Institutions (Social Security Act) (1992-1998)	30
Table 3: Maximum Copayments for Meals in Social Care Institutions (Social Security Act) (1992-1998)	31
Table 4: Maximum Copayments for Services in Social Care Institutions (Social Security Act) (1993-1998)	31
Box 3: Maximum Copayments for Accommodation in Social Care Institutions (Social Security Act) (1993-1998)	31
Table 5: Maximum Copayments for Home Care and Care Service Facilities (Social Security Act) (1992-1998)	31
Box 4: Examples of State Insured Individuals (From 2004)	32
Box 5: Assessment Basis (2003)	32
Box 6: Assessment Basis (2024)	32
Box 7: Disabilities Justifying Care in Social Services Homes and Sheltered Housing Facilities	33
Box 8: Mental Disorders Justifying Care in Sheltered Housing Facilities	34
Box 9: Essential Activities and Tasks Justifying Home Nursing or Personal Assistance	34
Table 6: Functional Impairment Levels - Social Assistance Act (1998-2007)	35
Table 7: Monthly Living Wage (1998-2024)	36
Table 8: Social Services Act Dependence Levels	36
Box 10: Social Services Act Evaluation of Dependence (Part 1 of 3)	37
Box 11: Social Services Act Evaluation of Dependence (Part 2 of 3)	38
Box 12: Social Services Act Evaluation of Dependence (Part 3 of 3)	39
Box 13: Social Services Act Dependence Scale (Part 1 of 2)	40
Box 14: Social Services Act Dependence Scale (Part 2 of 2)	41
Table 9: Social Services Act Maximum Monthly Contribution Amounts	41
Sources	42
Glossary of terms	44
Notes	45
Version information	46
Additional resources	46

Chapter 1: Policy enacted 1992-1997

Overview

During this period, Slovakia provided long-term care (LTC) services through the social security and healthcare systems. In-kind benefits included home care, community care, and residential care.

Public Health Insurance

Public Health Insurance (verejné zdravotné poistenie) covers a wide range of healthcare and long-term care services for older adults with care needs. It is organized by the Ministry of Health (Ministerstvo zdravotníctva). Individuals are eligible for in-kind benefits through Public Health Insurance as long as they are a citizen or resident of Slovakia. There is no statutory form for the evaluation of dependence and access to services is determined by medical professionals on a discretionary basis. Institutional and home nursing care services that are prescribed by a physician are fully covered by Public Health Insurance. Meals and accommodation are paid out-of-pocket by the beneficiary. None of the benefits are taxed or means-tested.

Social Security

The Social Security Act (Zákon o sociálnom zabezpečení) is the key Slovakian legal framework that regulates social security benefits. It provides a wide range of services across several essential areas including pension security, sickness insurance, and social care, which includes LTC. Individuals are eligible for in-kind benefits through the Act as long as they are a citizen of Slovakia. Dependence is evaluated based on essential needs, health, age, disability, and difficult or adverse life circumstances. Individuals are required to contribute to the cost of services, meals, and accommodation, with fees capped at a maximum copayment. In social care institutions, excluding homes for pensioners, individuals are required to retain a specified portion of the [living wage](#). None of the benefits are taxed or means-tested.

Individuals with severe disabilities can choose to receive cash allowances instead of receiving services in-kind as long as they can ensure that the funds will be used exclusively for their intended care needs. For details about cash allowances provided by the Social Security Act, please refer to the policy document Slovakia Long-Term Care Cash Benefit Plan Details, 1992-2024 ([Gateway to Global Aging Data, 2024](#)).

This policy period (chapter) provides details on in-kind benefits covered by the Slovakian Social Security Act and Healthcare Acts from 1992 to 1997.

Statutory basis

Act no. 100/1988 on Social Security (Zákon č.100/1988 Z.z. o sociálnom zabezpečení) ([Slov-Lex, 1988a](#))

Decree no. 151/1988 implementing the Social Security Act and the Act of the Slovak National Council on the competence of the bodies of the Slovak Socialist Republic in social security (Vyhláška č.149/1988 Federálneho ministerstva práce a sociálnych vecí ktorou sa vykonáva zákon o sociálnom zabezpečení a zákon Slovenskej národnej rady o pôsobnosti orgánov Slovenskej socialistickej republiky v sociálnom zabezpečení) ([Slov-Lex, 1988b](#))

Decree no. 272/1990 about meals in social care facilities (Vyhláška č.272/1990 Ministerstva zdravotníctva a sociálnych vecí Slovenskej republiky o stravovaní v zariadeniach sociálnej starostlivosti) ([Slov-Lex, 1990](#))

Decree no. 111/1992 on reimbursement of costs for accommodation and basic care in homes for pensioners (Vyhláška č.111/1992 Ministerstva práce a sociálnych vecí Slovenskej republiky o úhrade nákladov za ubytovanie a základnú starostlivosť v domovoch-penziónoch pre dôchodcov) ([Slov-Lex, 1992](#))

Decree no. 250/1993 on the scope and closer conditions of service provision in social care institutions, on payment for services and pocket money (Vyhláška č.250/1993 Ministerstva práce, sociálnych vecí a rodiny Slovenskej republiky o rozsahu a bližších podmienkach poskytovania služieb v ústavoch sociálnej starostlivosti, o úhrade za služby a o vreckovom) ([Slov-Lex, 1993](#))

Act no. 273/1994 on Health Insurance (Zákon č.273/1994 Z.z. o zdravotnom poistení, financovaní zdravotného poistenia, o zriadení Všeobecnej zdravotnej poisťovne a o zriaďovaní rezortných, odvetvových, podnikových a občianskych zdravotných poisťovní) ([Slov-Lex, 1994a](#))

Act no. 277/1994 on Healthcare (Zákon č.277/1994 Z.z. o zdravotnej starostlivosti) ([Slov-Lex, 1994b](#))

Decree no. 304/1994 on the scope and closer conditions of service provision in social care institutions, on payment for services and pocket money (Vyhláška č.250/1993 Ministerstva práce, sociálnych vecí a rodiny Slovenskej republiky o rozsahu a bližších

podmienkach poskytovania služieb v ústavoch sociálnej starostlivosti, o úhrade za služby a o vreckovom) (Slov-Lex, 1994c)

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 voluntarily unemployed individuals (Slov-Lex, 1994a, §10-12). State insured individuals are economically inactive individuals whose contributions are paid by the state. Box 1 lists examples of individuals who are state insured. Voluntarily unemployed individuals are individuals who are not employees, self-employed, or state insured. Table 1 lists the premium rates by group. The rates for state-insured individuals from 1995-2004 are listed separately in Table 2. Insurance premiums are a percentage of an assessment basis, which differs by group and time.

Social Security

LTC services provided by the social security system are mainly financed by the state budget and beneficiary out-of-pocket payments (Slov-Lex, 1988a, 1988b).

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 (verejné zdravotné poistenie) covers care needs related to preventing care and health complications, alleviating disease symptoms, treating disease, prolonging life, and improving the quality of life (Slov-Lex, 1994a, §2).

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 (Slov-Lex, 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 Public Health Insurance if all of the following conditions are satisfied (Slov-Lex, 1994a, §3, §8)—

- Citizenship or residence requirement: Is a citizen or permanent resident of Slovakia ^[2]
- Age requirement: None
- Income or resource requirement: None

Social Security

An individual is covered under the Social Security Act if any of the following conditions are satisfied (Slov-Lex, 1988a, §3-§5)—

- Citizenship or residence requirement: Is a citizen of Slovakia
- Age requirement: None ^[7]
- Income or resource requirement: None

Benefit

Home care benefit

LTC home care benefits differ by benefit system.

Public Health Insurance

Home care benefits include (Slov-Lex, 1994b, §20a, §24)—

- Home nursing (also referred to as home healthcare) (domáca ošetrovateľská starostlivosť): nursing care provided in a home environment

Social Security

Home care benefits include (Slov-Lex, 1988a, §73(6), §88; Slov-Lex, 1988b, §57)—

- Home care service (opatrovateľská služba): domestic assistance and personal care provided to older adults in a home environment

Community care

LTC community care benefits differ by benefit system.

Public Health Insurance

None

Social Security

Community care benefits include (Slov-Lex, 1988a, §89; Slov-Lex, 1988b, §129)—

- Day care (denná starostlivosť): personal care, medical care, rehabilitation, personal equipment, and cultural and recreational activities provided to older adults on weekdays during working hours at social care institutions or day care facilities

Residential care

LTC residential care benefits differ by benefit system.

Public Health Insurance

Residential care benefits include (Slov-Lex, 1994b, §20a, §24)—

- Nursing homes (dom ošetrovateľskej starostlivosti): facilities that provide accommodation, continuous 24-hour nursing care, and personal care for no more than three months from the day of admission (6 months if provided to a person with a terminal illness or in a permanent vegetative state)

Social Security

Residential care benefits include (Slov-Lex, 1988a, §73(6), §87-§89; Slov-Lex, 1988b, §80, §86-§92, §127-§131)—

- Social care institutions (ústavná sociálna starostlivosť): facilities that provide accommodation, personal care, medical care, rehabilitation, personal equipment, and cultural and recreational activities. Social care institutions provide similar services but cater to different populations:
 - Institutions for physically disabled adult citizens (ústavy pre telesne postihnutých dospelých občanov): caters to individuals with severe physical disabilities who cannot receive care in their own environment and have completed compulsory schooling but are unable to secure employment due to their disabilities
 - Institutions for physically disabled adults with associated mental disabilities (ústavy pre telesne postihnutých dospelých občanov s pridruženým mentálnym postihnutím): caters to individuals who have physical and mental disabilities who have completed compulsory schooling but are unable to secure employment due to their disabilities
 - Institutions for physically disabled adult citizens with multiple defects (ústavy pre telesne postihnutých dospelých občanov s viacerými chybami): caters to individuals who have physical, mental, and sensory disabilities who have completed compulsory schooling but are unable to secure employment due to their disabilities
 - Institutions for adults with sensory disabilities (ústavy pre zmyslovo postihnutých dospelých občanov): caters to individuals with sensory disabilities (e.g., are blind or deaf) who cannot receive care in their own environment and have completed compulsory schooling but are unable to secure employment due to their disabilities
 - Institutions for mentally disabled adult citizens (ústavy pre mentálne postihnutých dospelých občanov): caters to individuals 26 years or older who require institutional care and have a severe mental disability and either a physical or sensory disability

- Retirement homes (domovy dôchodcov): caters to older adults who have reached the eligible age for receiving an old-age pension and need nursing care, social care, or complex care due to permanent health changes that family members cannot provide, as well as those requiring placement for other serious reasons
- Homes for pensioners (domovy - penzióny pre dôchodcov): caters to older adults who have reached the eligible age for receiving an old-age pension, are not employed, and whose overall health does not require complex care, allowing them to lead relatively independent lives
- Care service facilities for older citizens and severely disabled citizens (zariadenia opatrovateľskej služby pre starých občanov a ťažko zdravotne postihnutých občanov): provides accommodation, meals, and care services to older citizens and severely disabled individuals
- Care service facilities for the long-term stay of older citizens (zariadenia opatrovateľskej služby na dlhodobý pobyt starých občanov): provides accommodation, meals, and care services for older adults who are anticipated to experience a decline in health and self-sufficiency

Other benefits

Other LTC care benefits differ by benefit system.

Public Health Insurance

None

Social Security

Other care benefits include (Slov-Lex, 1988a, §86; Slov-Lex, 1988b, Annex 3)—

- Aids/equipment (pomôcok): aids provided to individuals who have a severe physical, sensory, or mental disability
- Transportation services (prepravná služba): provides help with transportation to individuals who have a severe physical, sensory, or mental disability

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 (Colombo and Tapay, 2003).

Social Security

Services are offered by both public and non-state providers (Slov-Lex, 1988a, §73a, §86, §79, §88).

Benefit eligibility

Qualifying period

None

Minimum level of dependence

The minimum level of dependence varies by benefit system.

Public Health Insurance

The laws regulating Public Health Insurance do not specify any statutory form for the evaluation of dependence, suggesting that there is no minimum level of dependence (Slov-Lex, 1994a).

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 (Slov-Lex, 1988a, §73):

- 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.

Social care institutions have additional eligibility criteria (Slov-Lex, 1988b, §94). 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. Similarly, individuals must have a disability recognized in the legislation to be eligible for transportation services. Examples include functional loss of one lower limb, heart conditions, and complete or partial blindness of both eyes ([Slov-Lex, 1988b](#), Annex 2, Annex 3). Users should refer to the legislation for the complete list.

Duration of benefit

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

Means testing

Means testing exists through income-related copayments. More details are provided in the user charges section.

Age requirement

The age requirement 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, certain benefits have an age requirement. For example, retirement homes and homes for pensioners only provide care to individuals who have reached the eligible age for receiving an old-age pension ([Slov-Lex, 1988b](#), §91-§92).

Care needs assessment

Definition of dependence

The definition of dependence varies by benefit system.

[Public Health Insurance](#)

The laws regulating Public Health Insurance only provide a general definition of dependence. Dependence is based on conditions, limitations, and disabilities that require the applicant to rely on nursing care, ambulatory care, institutional care, or pharmaceutical care ([Slov-Lex, 1994b](#), §2).

[Social Security](#)

Dependence for LTC in-kind benefits is based on essential needs, health, age, and difficult or adverse life circumstances ([Slov-Lex, 1988a](#), §73). In the context of social care institutions, dependence specifically relates to disabilities. [Box 2](#) provides examples of disabilities listed in the legislation.

Evaluation of dependence

The evaluation of dependence varies by benefit system.

[Public Health Insurance](#)

The laws regulating Public Health Insurance do not specify any statutory form for the evaluation of dependence, suggesting that access to services is determined by evaluators on a discretionary basis ([Slov-Lex, 1994a](#)).

[Social Security](#)

The Social Security Act does not specify any statutory form for the evaluation of dependence, suggesting that access to services is determined by evaluators on a discretionary basis. For social care institutions, the district office will assess the applicant's social circumstances and obtain a statement from the attending physician regarding their health condition ([Slov-Lex, 1988b](#), §6, §95). Additionally, individuals are assessed to determine if they have a disability that qualifies or disqualifies them from admission to a social care institution ([Slov-Lex, 1988b](#), Annex 8). The law specifies disabilities that qualify or disqualify individuals for admission to social care institutions. [Box 2](#) provides examples of disabilities listed in the legislation but users should refer to the legislation for the complete list.

Evaluators

Evaluators vary by benefit system.

Public Health Insurance

The laws regulating Public Health Insurance do not provide details on an evaluation of dependence, including evaluators. However, it does specify that individuals can submit complaints regarding incorrect decisions made by providers about their access to care or services, suggesting that medical professionals evaluate access to services ([Slov-Lex, 1994a](#)).

Social Security

Assessment committees, which include medical professionals, and general district offices evaluate dependence ([Slov-Lex, 1988b, §6, §95](#)).

Benefit limitations**Can you mix LTC benefits?**

Restrictions on combining benefits vary depending on the benefit system.

Public Health Insurance

Home nursing (also referred to as home healthcare) and residential care cannot be combined. Home nursing is only provided to individuals who do not require continuous 24-hour care, such as care in a nursing home ([Slov-Lex, 1994a, 1994b](#)).

Social Security

The Social Security Act does 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. Individuals are not eligible for a one-time allowance to purchase or repair a motor vehicle, nor for a general allowance for increased expenses, if they reside in a social care institution or a similar medical facility on a year-round basis. The Act does not specify any restrictions on combining in-kind benefits with other cash benefits, suggesting that in-kind benefits can be combined with cash benefits ([Slov-Lex, 1988a, 1988b](#)).

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

The option to choose between cash and benefits in kind varies depending on the benefit system.

Public Health Insurance

The laws regulating Public Health Insurance do not specify whether individuals have to choose between in-kind benefits and cash benefits, suggesting that there is no choice between the two ([Slov-Lex, 1994a, 1994b](#)).

Social Security

The Social Security Act does not specify whether individuals have to choose between in-kind benefits and cash benefits, suggesting that there is no choice between the two ([Slov-Lex, 1988a, 1988b](#)).

Can you receive LTC benefits with other social security benefits?

The rules regarding the accumulation of benefits with other social security benefits vary depending on the benefit system.

Public Health Insurance

The laws regulating Public Health Insurance do not specify any restrictions on receiving in-kind benefits with other social security benefits ([Slov-Lex, 1994a, 1994b](#)).

Social Security

The Social Security Act does not specify any restrictions on receiving in-kind benefits with other social security benefits ([Slov-Lex, 1988a, 1988b](#)).

User costs

User charges

User charges vary depending on the benefit system.

Public Health Insurance

Institutional and home nursing care services that are prescribed by a physician are fully covered by Public Health Insurance (Slov-Lex, 1994b, §5(1)(a), §20a, §24). Meals and accommodation are paid out-of-pocket by the beneficiary.

Social Security

For social care institutions, individuals cover the costs of meals, accommodation, and services (Slov-Lex, 1988a, §93). Meals are subject to a maximum copayment. Starting in November 1993, accommodation and some services are also subject to a maximum copayment in all social care institutions, except for homes for pensioners (Slov-Lex, 1988a, §87, §93). Table 3 and Table 4 list maximum copayments for meals and services in all social care institutions except homes for pensioners and Box 3 lists maximum copayments for accommodation. After paying these fees, individuals must retain a specified portion of the living wage (Slov-Lex, 1993, 1994c). The specific amounts they must retain for different types of care are:^[5]

- Yearly: 30% of the living wage
- Weekly: 47% of the living wage
- Daily: 74% of the living wage

Details about maximum copayments for meals in homes for pensioners have not been identified yet. For home care and care service facilities, services related to personal care, domestic assistance, and nursing care were offered at no cost or for a fee. Services with a fee were subject to a maximum copayment (Slov-Lex, 1988a, §92; Slov-Lex, 1988b, §57, Annex 1). Table 5 provides examples of services offered at no cost, along with the maximum copayment amounts for services that incur a fee. Users should refer to the legislation for the complete list.

Taxation of benefits

Regardless of the benefit system, the benefits are not subject to taxation.

Chapter 2: Policy enacted 1998-2007

Policy change in 1998

The Social Assistance Act, enacted May 19, 1998 and effective from July 1, 1998, replaced the Social Security Act. While both provide similar benefits—home care, community care, and residential care—the care needs assessments are different. The Social Security Act defined dependence based on essential needs, health, age, disability, and difficult or adverse life circumstances. The Social Assistance Act evaluates dependence for most LTC benefits based on essential life activities, household tasks, social activities, and disabilities. Dependence for transportation services is based on having a severe disability, which is defined as having a functional impairment of at least 50%. The impairment level is determined using a table from the legislation, which details various types of disabilities and their corresponding impairment percentages.

Additionally, in 2004, Slovakia reformed its healthcare system through the adoption of six major laws, which replaced the existing health regulations. Among other changes, the reform converted all public health insurance funds into joint-stock companies and introduced new processes for contracting and obtaining licenses and permits for healthcare providers. Although the reform introduced new regulatory frameworks and reorganized several aspects of the healthcare system, the benefits, eligibility criteria, assessments, and user charges remained unchanged ([Ministry of Health, n.d.](#)).

Other reforms during this period include:

- Act 453/2003, effective January 2004, replaced general regional and district offices with specialized offices from the Office of Labour, Social Affairs and Family as evaluators for Social Assistance benefits ([Slov-Lex, 2003c](#)).
- Act 25/2004, effective February 2004, eliminated the 20% increase for additional impairments in dependency evaluations for transportation services. The impairment level is now solely determined by the highest percentage rating from the table in the legislation, which details various disabilities and their corresponding impairment percentages ([Slov-Lex, 2004g](#)).

Overview

During this period, Slovakia provided long-term care (LTC) services through the social assistance and healthcare systems. In-kind benefits included home care, community care, and residential care.

Public Health Insurance

Public Health Insurance (*verejné zdravotné poistenie*) covers a wide range of healthcare and long-term care services for older adults with care needs. It is organized by the Ministry of Health (*Ministerstvo zdravotníctva*). Individuals are eligible for in-kind benefits through Public Health Insurance as long as they are a citizen or resident of Slovakia. There is no statutory form for the evaluation of dependence and access to services is determined by medical professionals on a discretionary basis. Institutional and home nursing care services that are prescribed by a physician are fully covered by Public Health Insurance. Meals and accommodation are paid out-of-pocket by the beneficiary. None of the benefits are taxed or means-tested.

Social Assistance

The Social Assistance Act (*Zákon o sociálnej pomoci*) is the key Slovakian legal framework that aims to address social challenges. Organized at the national level by the Ministry of Labour, Social Affairs and Family, the Social Assistance Act provides a wide range of services across several essential areas including assistance for individuals in financial need and other crisis situations, housing, disability, family support, and LTC. Individuals are eligible for in-kind benefits through the Act as long as they are a citizen or resident of Slovakia. Dependence for most LTC benefits is evaluated based on essential life activities, household tasks, and disabilities. Dependence for transportation services is based on having a severe disability, which is defined as having a functional impairment of at least 50%. The impairment level is determined using a table from the legislation, which details various types of disabilities and their corresponding impairment percentages. Individuals are required to contribute to the cost of care, meals, and accommodation and the contribution amount varies by income and the type of service provided. In social service facilities, they must retain a specified portion of the living wage. Some individuals qualify for complete exemption from service payments depending on their income. None of the benefits are taxed or means-tested.

Individuals with severe disabilities can choose to receive cash allowances instead of receiving services in-kind as long as they can ensure that the funds will be used exclusively for their intended care needs. For details about cash allowances provided by the Social Assistance Act, please refer to the policy document Slovakia Long-Term Care Cash Benefit Plan Details, 1992-2024 ([Gateway to Global Aging Data, 2024](#)).

This policy period (chapter) provides details on in-kind benefits covered by the Slovakian Social Assistance Act and Healthcare Acts

from 1998 to 2007.

Statutory basis

Act no. 195/1998 on Social Assistance (Zákon č.195/1998 Z.z. o sociálnej pomoci) ([Slov-Lex, 1998a](#))

Act no. 576/2004 on Healthcare and Services Related to the Provision of Healthcare (Zákon č.576/2004 Z.z. o zdravotnej starostlivosti, službách súvisiacich s poskytovaním zdravotnej starostlivosti a o zmene a doplnení niektorých zákonov) ([Slov-Lex, 2004a](#))

Act no. 577/2004 on the Scope of Healthcare Paid by Public Health Insurance and on Payments for Services Related to the Provision of Healthcare (Zákon č.577/2004 Z.z. o rozsahu zdravotnej starostlivosti uhrádzanej na základe verejného zdravotného poistenia a o úhradách za služby súvisiace s poskytovaním zdravotnej starostlivosti) ([Slov-Lex, 2004b](#))

Act no. 578/2004 on Healthcare Providers, Health Workers, and Professional Organizations in the Health Sector (Zákon č.578/2004 Z.z. o poskytovateľoch zdravotnej starostlivosti, zdravotníckych pracovníkoch, stavovských organizáciách v zdravotníctve a o zmene a doplnení niektorých zákonov) ([Slov-Lex, 2004c](#))

Act no. 580/2004 on Health Insurance and on Amendments to Act no. 95/2002 Coll. on the Insurance Industry (Zákon č.580/2004 Z.z. o zdravotnom poistení a o zmene a doplnení zákona č. 95/2002 Z. z. o poisťovníctve a o zmene a doplnení niektorých zákonov) ([Slov-Lex, 2004d](#))

Act no. 581/2004 on Health Insurance Companies, Supervision of Healthcare and Amendments to Certain Laws (Zákon č.581/2004 Z.z. o zdravotných poisťovniach, dohľade nad zdravotnou starostlivosťou a o zmene a doplnení niektorých zákonov) ([Slov-Lex, 2004e](#))

Act no. 777/2004 issuing the List of diseases for which medical services are partially covered or not covered by public health insurance (Zákon č.777/2004 Z.z. ktorým sa vydáva Zoznam chorôb, pri ktorých sa zdravotné výkony čiastočne uhrádzajú alebo sa neuhrádzajú na základe verejného zdravotného poistenia) ([Slov-Lex, 2004f](#))

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 [voluntarily unemployed](#) individuals ([Slov-Lex, 1994a](#), §10-12; [Slov-Lex, 2004d](#), §11). State insured individuals are economically inactive individuals whose contributions are paid by the state. [Box 1](#) lists examples of individuals who are state insured before 2004 and [Box 4](#) from 2004. Voluntarily unemployed individuals are individuals who are not employees, self-employed, or state insured. [Table 1](#) lists the premium rates by group. The rates for state-insured individuals from 1995-2004 are listed separately in [Table 2](#). Insurance premiums are a percentage of an assessment basis, which differs by group and time. [Box 5](#) and [Box 6](#) define the assessment basis for each group in 2003 and 2024, respectively.

[Social Assistance](#)

Social assistance is financed by various sources, including state and self-government budgets,^[6] beneficiary out-of-pocket payments, and donations ([Slov-Lex, 1998a](#), §89).

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 (verejné zdravotné poistenie) covers care needs related to preventing care and health complications, alleviating disease symptoms, treating disease, prolonging life, and improving the quality of life (Slov-Lex, 1994a, §2; Slov-Lex, 2004b, §2-§7; Health Policy Institute, 2005).

Social Assistance

The Act on Social Assistance covers care needs and provides support for individuals who cannot meet basic living conditions or manage the consequences of severe disability independently or with family support (Slov-Lex, 1998a, §2).

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 Public Health Insurance if all of the following conditions are satisfied (Slov-Lex, 1994a, §3, §8; Slov-Lex, 2004d, §3)—

- Citizenship or residence requirement: Is a citizen or permanent resident of Slovakia ^[2]
- Age requirement: None
- Income or resource requirement: None

Social Assistance

An individual is covered under the Social Assistance Act if any of the following conditions are satisfied (Slov-Lex, 1998a, §2-4)—

- Citizenship or residence requirement: Is a citizen or permanent resident of Slovakia ^[1]
- Age requirement: None ^[9]
- Income or resource requirement: None

Benefit

Home care benefit

LTC home care benefits differ by benefit system.

Public Health Insurance

Home care benefits include (Slov-Lex, 1994b, §20a, §24; Slov-Lex, 2004a, §8)—

- Home nursing (also referred to as home healthcare) (domáca ošetrovateľská starostlivosť): nursing care provided in a home environment

Social Assistance

Home care benefits include (Slov-Lex, 1998a, §15, §37-38)—

- Home care service (opatrovateľská služba): domestic assistance and personal care provided to older adults in a home environment
- Personal hygiene (stredisko osobnej hygieny): help with personal hygiene provided to individuals receiving another care service such as home nursing (also referred to as home care)
- Laundry (práčovňa): help with laundry provided to individuals receiving another care service such as home nursing (also referred to as home care)

Community care

LTC community care benefits differ by benefit system.

Public Health Insurance

None

Social Assistance

Community care benefits include (Slov-Lex, 1998a, §18(8))—

- Day care center (denná starostlivosť): care provided on weekdays during working hours at social service facilities (zariadenia sociálnych služieb)

Residential care

LTC residential care benefits differ by benefit system.

Public Health Insurance

Residential care benefits include (Slov-Lex, 1994b, §20a, §24; Slov-Lex, 2004a, §10d and Slov-Lex, 2004c, §7)—

- Nursing homes (dom ošetrovateľskej starostlivosti): facilities that provide accommodation, continuous 24-hour nursing care, and personal care for no more than three months from the day of admission (6 months if provided to a person with a terminal illness or in a permanent vegetative state)

Social Assistance

Residential care benefits include (Slov-Lex, 1998a, §20, §24-25, §34)—

- Nursing homes (also referred to as care service facility) (zariadenie opatrovateľskej služby): facilities that provide care, meals, and accommodation to individuals who cannot receive care in their home and from their family
- Social services homes (domov sociálnych služieb): facilities that provide care, meals, accommodation, counseling, and occupational therapy to citizens with disabilities (Box 7 provides examples of disabilities listed in the legislation but users should refer to the legislation for the complete list) (Slov-Lex, 1998a, Annex 2)
- Retirement homes (domov dôchodcov): facilities that provide care, meals, accommodation, and counseling to old-age pension recipients who require continuous care of an individual and cannot receive that care from their family
- Sheltered housing facilities (zariadenie chráneného bývania): facilities that provide housing and supervision to individuals who have a disability or mental disorder (Box 7 provides examples of disabilities listed in the legislation but users should refer to the legislation for the complete list and Box 8 lists examples of mental disorders) (Slov-Lex, 1998a, Annex 2)

Other benefits

Other LTC care benefits differ by benefit system.

Public Health Insurance

None

Social Assistance

Other care benefits include (Slov-Lex, 1998a, §17)—

- Transportation services (prepravná služba): provides help with transportation to individuals who have a severe disability

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 (Colombo and Tapay, 2003). Before the 2004 healthcare reform,^[4] health insurance in Slovakia was available through various companies (Ministry of Health, n.d.). Following this reform, the market has been dominated by fewer providers. As of 2015, there were three main providers: the state-owned General Health Insurance Company (Všeobecná zdravotná poisťovňa) and two private firms, Union Health Insurance Company (Zdravotná poisťovňa Union) and Dôvera Health Insurance Company (Zdravotná poisťovňa Dôvera) (Slov-Lex, 2004e).

Social Assistance

Services are offered by both public and non-state providers (Slov-Lex, 1998a, §4).

Benefit eligibility

Qualifying period

None

Minimum level of dependence

The minimum level of dependence varies by benefit system.

Public Health Insurance

The laws regulating Public Health Insurance do not specify any statutory form for the evaluation of dependence, suggesting that there is no minimum level of dependence (Slov-Lex, 1994a; Slov-Lex, 2004a).

[Social Assistance](#)

To be eligible for care in a social services home, individuals must have a physical, mental, behavioral, or sensory disability, or a combination of these, as specified in the law. [Box 7](#) provides examples of disabilities listed in the legislation but users should refer to the legislation for the complete list ([Slov-Lex, 1998a](#), Annex 2). Similarly, to qualify for sheltered housing, individuals must either have a disability from the same list or a mental disorder listed in the legislation. The mental disorders are detailed in [Box 8](#). To be eligible for home nursing, an individual must need the help of another person with essential life activities, household tasks, or having contact with the social environment. However, the legislation does not stipulate a specific number of disabilities, disorders, or activities for qualification. [Box 9](#) provides examples of the essential life activities, household tasks, and ways to have contact with the social environment. For the complete list, users should refer to the legislation ([Slov-Lex, 1998a](#), Annex 1).

To be eligible for transportation services, individuals must have a severe disability. A severe disability is defined as having a functional impairment of at least 50%. The impairment level is determined using a table from the legislation, which details various types of disabilities and their corresponding impairment percentages. [Table 6](#) provides examples of disabilities and their impairment percentages but does not include the full list. For the complete table, users should refer to the legislation ([Slov-Lex, 1998a](#), §51, Annex 4).

Duration of benefit

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

Means testing

Means testing exists through income-related copayments. More details are provided in the user charges section.

Age requirement

The age requirement differs by benefit system.

[Public Health Insurance](#)

None

[Social Assistance](#)

The Social Assistance Act does not have an age requirement to receive LTC benefits. However, certain benefits have an age requirement. For example, retirement homes only provide care to individuals who are recipients of an old-age pension and to be eligible for an old-age pension, individuals must reach a certain age ([Slov-Lex, 1998a](#), §24).

Care needs assessment

Definition of dependence

The definition of dependence varies by benefit system.

[Public Health Insurance](#)

The laws regulating Public Health Insurance only provide a general definition of dependence. Dependence is based on conditions, limitations, and disabilities that require the applicant to rely on nursing care, ambulatory care, institutional care, or pharmaceutical care ([Slov-Lex, 1994b](#), §2; [Slov-Lex, 2004a](#) §7-§10).

[Social Assistance](#)

Dependence for LTC in-kind benefits is based on essential life activities, household tasks, social activities, and disabilities. [Box 9](#) provides examples of the essential life activities, household tasks, and ways to have contact with the social environment. For the complete list, users should refer to the legislation ([Slov-Lex, 1998a](#), Annex 1). [Box 7](#) provides examples of disabilities listed in the legislation but users should refer to the legislation for the complete list ([Slov-Lex, 1998a](#), Annex 2).

Dependence for transportation services is based on having a severe disability, which is defined as having a functional impairment level of at least 50%. A functional impairment is defined as a limitation in physical, sensory, or mental abilities that persists for more than one year. The impairment level is determined using a table from the legislation, which details various types of disabilities and their corresponding impairment percentages. [Table 6](#) provides examples of disabilities and their impairment percentages but does not include the full list. For the complete table, users should refer to the legislation ([Slov-Lex, 1998a](#), §50, Annex 4).

Evaluation of dependence

The evaluation of dependence varies by benefit system.

[Public Health Insurance](#)

The laws regulating Public Health Insurance do not specify any statutory form for the evaluation of dependence, suggesting that access to services is determined by evaluators on a discretionary basis ([Slov-Lex, 1994a](#); [Slov-Lex, 2004a](#), §17).

[Social Assistance](#)

For all in-kind benefits, a social assessment is conducted before the care needs assessment. The social assessment considers the individual's personal characteristics, family background, and overall environment. Personal characteristics refer to the individual's qualities and their capability to meet social needs through their own efforts. The overall environment refers to the individual's living conditions and the accessibility of public amenities, as these factors can significantly influence their integration into society ([Slov-Lex, 1998a](#), §52, §57).

After the social assessment, a care needs assessment is conducted for certain benefits. These assessments differ based on the type of in-kind benefit provided:

- Social services home
 - Individuals undergo a comprehensive evaluation to determine if they have a physical, mental, behavioral, or sensory disability, or a combination of these
 - [Box 7](#) provides examples of disabilities listed in the legislation but users should refer to the legislation for the complete list ([Slov-Lex, 1998a](#), Annex 2)
- Sheltered housing facility
 - Individuals must have either a disability from the same categories as the social services home or a recognized mental disorder
 - Details of the mental disorders are provided in [Box 8](#)
- Home nursing
 - Individuals are evaluated to assess whether they need assistance with essential life activities, household tasks, or social interactions
 - [Box 9](#) provides examples of the essential life activities, household tasks, and ways to have contact with the social environment but for the complete list, users should refer to the legislation ([Slov-Lex, 1998a](#), Annex 1)
- Transportation services
 - Individuals are assessed to determine whether they have a severe disability, which is defined as having a functional impairment level of at least 50%
 - [Table 6](#) provides examples of disabilities and their impairment percentages but does not include the full list. For the complete table, users should refer to the legislation ([Slov-Lex, 1998a](#), §50, Annex 4)
 - The impairment level is determined using a table from the legislation, which details various types of disabilities and their corresponding impairment percentages ([Slov-Lex, 1998a](#), §51). If an individual has multiple functional impairments, the degree of impairment is based on the highest percentage rating among them. Additionally, until February 2004, this rate could be increased by up to 20% to account for other impairments. For functional impairments not listed in the legal table, the degree of impairment is based on the most comparable functional impairment listed in the table.

Evaluators

Evaluators vary by benefit system.

[Public Health Insurance](#)

The laws regulating Public Health Insurance do not provide details on an evaluation of dependence, including evaluators. However, it does specify that individuals can submit complaints regarding incorrect decisions made by providers about their access to care or services, suggesting that medical professionals evaluate access to services ([Slov-Lex, 1994a](#); [Slov-Lex, 2004a](#), §17).

[Social Assistance](#)

Before 2004, general regional and district offices evaluated dependence. From 2004, specialized offices from the Office of Labour, Social Affairs and Family evaluate dependence ([Slov-Lex, 1998a](#), §4; [Slov-Lex, 2003](#)). Details regarding the evaluators' expertise, including whether they have medical training, have not been identified yet.

Benefit limitations

Can you mix LTC benefits?

Restrictions on combining benefits vary depending on the benefit system.

[Public Health Insurance](#)

Home nursing (also referred to as home healthcare) and residential care cannot be combined. Home nursing is only provided to individuals who do not require continuous 24-hour care, such as care in a nursing home ([Slov-Lex, 2004a §8-§9](#)).

[Social Assistance](#)

Some benefits cannot be combined ([Slov-Lex, 1998a, §15\(8\), §34](#)):

- Home nursing and care in a nursing home (also referred to as care service facility)
- Cash allowance for personal assistance and certain benefits in-kind, such as home nursing or care in a nursing home
- Cash allowance for transportation and transportation services in-kind
- Cash allowance for a personal motor vehicle and residential care year-round

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

The option to choose between cash and benefits in kind varies depending on the benefit system.

[Public Health Insurance](#)

The laws regulating Public Health Insurance do not specify whether individuals have to choose between in-kind benefits and cash benefits, suggesting that there is no choice between the two ([Slov-Lex, 1994b](#); [Slov-Lex, 2004a-2004f](#)).

[Social Assistance](#)

Individuals have the option to choose between receiving a cash allowance or specific in-kind benefits. They must decide between a cash allowance for personal assistance or receiving in-kind services such as home nursing or care in a nursing home. Similarly, they must choose between a cash allowance for transportation and in-kind transportation services, as well as between a cash allowance for a personal motor vehicle or year-round residential care ([Slov-Lex, 1998a, §15\(8\), §34](#)).

Can you receive LTC benefits with other social security benefits?

The rules regarding the accumulation of benefits with other social security benefits vary depending on the benefit system.

[Public Health Insurance](#)

The laws regulating Public Health Insurance do not specify any restrictions on receiving in-kind benefits with other social security benefits ([Slov-Lex, 1994b](#); [Slov-Lex, 2004a-2004f](#)).

[Social Assistance](#)

The Act on Social Assistance does not specify any restrictions on receiving in-kind benefits with other social security benefits ([Slov-Lex, 1998a](#)).

User costs

User charges

User charges vary depending on the benefit system.

[Public Health Insurance](#)

Institutional and home nursing care services that are prescribed by a physician are fully covered by Public Health Insurance ([Slov-Lex, 1994b, §5\(1\)\(a\), §20a, §24](#); [Slov-Lex, 2004f, §1\(2\)](#) and Appendix 1). Meals and accommodation are paid out-of-pocket by the beneficiary ([Slov-Lex, 2004b, §38\(3\)](#)).

[Social Assistance](#)

Individuals are required to contribute towards the costs of care, meals, and accommodation. The fees are determined by their income and the type of service provided. Individuals are required to contribute to the cost of care in social service facilities but must retain a specified portion of the living wage. The specific amounts they must retain for different types of care are ^[5] ([Slov-Lex, 1998a, §15\(8\), §44](#)):

- Yearly care with meals: 20% of the living wage
- Yearly care without meals: 75% of the living wage

- Yearly care that includes lunch: 60% of the living wage
- Weekly care: 50% of the living wage
- Daily care: 75% of the living wage

Table 7 includes living wage amounts by year. Individuals whose income is at or below 1.2 times the living wage are exempt from paying for home nursing, transportation services, or residential care. Specific details regarding the calculation of contributions and the exact amounts required for different types of benefits have not been identified yet.

Taxation of benefits

Regardless of the benefit system, the benefits are not subject to taxation.

Chapter 3: Policy enacted 2008-2024

Policy change in 2008

The Social Services Act, enacted October 30, 2008 and effective from January 1, 2009, replaced the Social Assistance Act, among other acts.^[70] While both provide similar benefits—home care, community care, and residential care—the care needs assessments are different. The Social Assistance Act determined dependence based on medical and social assessments that focused on essential life activities, household tasks, social activities, and disabilities. However, the Social Services Act, provides a more detailed evaluation that includes both medical and social assessments. Dependence on assistance from another person is classified into six levels, each with a specific point range and designated daily and monthly care hours. Level 1 is for individuals with no care needs, while Level 6 is for those with the most severe care needs. The minimum level for receiving support is Level 2. Contributions vary by dependence level and type of benefit.

Other reforms during this period include:

- Act 421/2012, effective January 2013, introduced **dividend payers** as a new category of health insurance premium payers. Dividend payers are legal entities based in Slovakia that pay dividends ([Slov-Lex, 2013a](#)).
- Act 485/2013, effective January 2014, authorized the Ministry of Labour and Social Affairs to provide subsidies to selected service providers starting in 2014 ([Slov-Lex, 2013b](#)).

Overview

During this period, Slovakia provided long-term care (LTC) services through the social services and healthcare systems. In-kind benefits included home care, community care, and residential care.

Public Health Insurance

Public Health Insurance (*verejné zdravotné poistenie*) covers a wide range of healthcare and long-term care services for older adults with care needs. It is organized by the Ministry of Health (*Ministerstvo zdravotníctva*). Individuals are eligible for in-kind benefits through Public Health Insurance as long as they are a citizen or resident of Slovakia. There is no statutory form for the evaluation of dependence and access to services is determined by a team of evaluators on a discretionary basis. Institutional and home nursing care services that are prescribed by a physician are fully covered by Public Health Insurance. Meals and accommodation are paid out-of-pocket by the beneficiary. None of the benefits are taxed or means-tested.

Social Services

The Social Services Act (*Zákon o sociálnych službách*) is the key Slovakian legal framework that aims to address social challenges. Organized at the national level by the Ministry of Labour, Social Affairs and Family and at the self-government level,^[6] the Social Services Act provides a wide range of services across several essential areas including housing, disability, family support, and LTC. The Ministry of Labor creates national strategies and oversees social service providers while self-governments develop regional and local policies and set contributions ([Schmahl, 2022](#)). Individuals are eligible for in-kind benefits through the Act as long as they are a citizen or resident of Slovakia. The evaluation of dependence includes both a medical assessment and a social assessment and dependence is categorized into six levels. Level 1 is for individuals with no care needs and level 6 is for individuals with the highest care needs. To be eligible for LTC services, individuals must be placed in Level 2 or higher. Individuals pay a fee, which differs by dependence level and type of benefit. However, individuals need to be left with a certain amount of money after paying their contribution. None of the benefits are taxed or means-tested.

Individuals can choose to receive cash allowances instead of receiving services in-kind as long as they can ensure that the funds will be used exclusively for their intended care needs. For details about cash allowances provided by the Act No. 447/2008 Coll. on Disability Related Cash Benefits for Compensation of Severe Disability, please refer to the policy document Slovakia Long-Term Care Cash Benefit Plan Details, 1992-2024 ([Gateway to Global Aging Data, 2024](#)).

This policy period (chapter) provides details on in-kind benefits covered by the Slovakian Social Services Act and Healthcare Acts from 2008 to 2024.

Statutory basis

Act no. 576/2004 on Healthcare and Services Related to the Provision of Healthcare (*Zákon č.576/2004 Z.z. o zdravotnej starostlivosti, službách súvisiacich s poskytovaním zdravotnej starostlivosti a o zmene a doplnení niektorých zákonov*) ([Slov-Lex, 2004a](#))

Act no. 577/2004 on the Scope of Healthcare Paid by Public Health Insurance and on Payments for Services Related to the Provision of Healthcare (Zákon č.577/2004 Z.z. o rozsahu zdravotnej starostlivosti uhrádzanej na základe verejného zdravotného poistenia a o úhradách za služby súvisiace s poskytovaním zdravotnej starostlivosti) ([Slov-Lex, 2004b](#))

Act no. 578/2004 on Healthcare Providers, Health Workers, and Professional Organizations in the Health Sector (Zákon č.578/2004 Z.z. o poskytovateľoch zdravotnej starostlivosti, zdravotníckych pracovníkoch, stavovských organizáciách v zdravotníctve a o zmene a doplnení niektorých zákonov) ([Slov-Lex, 2004c](#))

Act no. 580/2004 on Health Insurance and on Amendments to Act no. 95/2002 Coll. on the Insurance Industry (Zákon č.580/2004 Z.z. o zdravotnom poistení a o zmene a doplnení zákona č. 95/2002 Z. z. o poisťovníctve a o zmene a doplnení niektorých zákonov) ([Slov-Lex, 2004d](#))

Act no. 581/2004 on Health Insurance Companies, Supervision of Healthcare and Amendments to Certain Laws (Zákon č.581/2004 Z.z. o zdravotných poisťovniach, dohľade nad zdravotnou starostlivosťou a o zmene a doplnení niektorých zákonov) ([Slov-Lex, 2004e](#))

Act no. 777/2004 issuing the List of diseases for which medical services are partially covered or not covered by public health insurance (Zákon č.777/2004 Z.z. ktorým sa vydáva Zoznam chorôb, pri ktorých sa zdravotné výkony čiastočne uhrádzajú alebo sa neuhrádzajú na základe verejného zdravotného poistenia) ([Slov-Lex, 2004f](#))

Act no. 448/2008 on Social Services and Amendments to the Trade Act (Zákon č.448/2008 Z.z. o sociálnych službách) ([Slov-Lex, 2008](#))

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, [voluntarily unemployed](#) individuals, and [dividend payers](#) (from 2013) ([Slov-Lex, 2004d](#), §11). State insured individuals are economically inactive individuals whose contributions are paid by the state. [Box 4](#) lists examples of individuals who are state insured. Voluntarily unemployed individuals are individuals who are not employees, self-employed, or state insured. Dividend payers are legal entities based in Slovakia that pay dividends. [Table 1](#) lists the premium rates by group. Insurance premiums are a percentage of an assessment basis, which differs by group and time. [Box 5](#) and [Box 6](#) define the assessment basis for each group in 2003 and 2024, respectively.

[Social Services](#)

Social services are financed by various sources, including the budgets of municipalities and public social service providers, beneficiary out-of-pocket payments, social enterprises, and donations ([Slov-Lex, 2008](#), §71). From 2014, the Ministry of Labour, Social Affairs, and Family provides subsidies to selected service providers ([Slov-Lex, 2013b](#)). As of 2024, the subsidy is provided to all municipal and non-public semi-residential care and residential care LTC providers ([Slov-Lex, 2008](#), §71(6), §78a).

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 (verejné zdravotné poistenie) covers care needs related to preventing care and health complications, alleviating disease symptoms, treating disease, prolonging life, and improving the quality of life ([Slov-Lex, 2004b](#), §2-§7 and [Health Policy Institute, 2005](#)).

[Social Services](#)

The Act on Social Services covers care needs related to maintaining or improving an individual's ability to lead an independent life and integrate into society. These needs can arise due to a lack of necessary conditions to satisfy basic life needs or as a result of factors such as old age, severe disability, or adverse health conditions ([Slov-Lex, 2008, §2](#)).

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 Public Health Insurance if all of the following conditions are satisfied ([Slov-Lex, 2004d, §3](#))—

- Citizenship or residence requirement: Is a citizen or permanent resident of Slovakia ^[2]
- Age requirement: None
- Income or resource requirement: None

[Social Services](#)

An individual is covered under the Social Services Act if all of the following conditions are satisfied ([Slov-Lex, 2008, §3](#))—

- Citizenship or residence requirement: Is a citizen or permanent resident of Slovakia ^[3]
- Age requirement: None ^[8]
- Income or resource requirement: None

Benefit

Home care benefit

LTC home care benefits differ by benefit system.

[Public Health Insurance](#)

Home care benefits include ([Slov-Lex, 2004a, §8](#))—

- Home nursing (domáca ošetrovateľská starostlivosť): nursing care provided in a home environment

[Social Services](#)

Home care services include ([Slov-Lex, 2008, §41 and Annex 4](#))—

- Personal care (úkony sebaobsluhy): help with ADLs such as eating, personal hygiene, dressing, and using the toilet
- Domestic assistance (úkony starostlivosti o svoju domácnosť): help with household-related activities such as household chores, buying groceries, and preparing meals

Community care

LTC community care benefits differ by benefit system.

[Public Health Insurance](#)

None

[Social Services](#)

Community care benefits include ([Slov-Lex, 2008, §40](#))—

- Day care center (denný stacionár): facilities that provide LTC services including personal care, meals, social rehabilitation, and social counseling during the day but do not provide accommodation

Residential care

LTC residential care benefits differ by benefit system.

[Public Health Insurance](#)

Residential care benefits include ([Slov-Lex, 2004a, §10d and Slov-Lex, 2004c, §7](#))—

- Nursing homes (dom ošetrovateľskej starostlivosti): facilities that provide accommodation, continuous 24-hour nursing care, and personal care for no more than three months from the day of admission (6 months if provided to a person with a terminal illness or in a permanent vegetative state)

[Social Services](#)

Residential care benefits include ^[5] ([Slov-Lex, 2008, §34-§39](#))—

- Residential homes (referred to as facilities for older adults in Slovakia) (zariadenie pre seniorov): facilities that provide accommodation, nursing care, and personal care to individuals who have reached retirement age
- Nursing homes (referred to as facilities for nursing services in Slovakia) (zariadenie opatrovateľskej služby): facilities that provide accommodation, nursing care, and personal care
- Social services homes (domov sociálnych služieb): facilities that provide accommodation, nursing care, and personal care to individuals who are either i) categorized in dependence level 5 or higher or ii) blind or partially blind and categorized in dependence level 3 or higher
- Supported housing facilities (zariadenie podporovaného bývania): facilities that provide accommodation, social counselling, social rehabilitation, and activation for individuals who are 16 years or older and under retirement age who are dependent on help or supervision for performing ADLs, IADLs, and social activities
- Rehabilitation centers (rehabilitačné stredisko): facilities that provide up to 3 months of accommodation, personal care, and social rehabilitation and counseling to individuals with visual or hearing impairments
- Specialized care facilities (špecializované zariadenie): facilities that provide accommodation, personal care, nursing care, counselling, and activation to individuals in dependence level 5 or higher and who have conditions such as Parkinson's disease, Alzheimer's disease, pervasive developmental disorders, multiple sclerosis, schizophrenia, dementia, AIDS, or severe organic psychosyndrome

Other benefits

Other LTC care benefits differ by benefit system.

Public Health Insurance

None

Social Services

Other care benefits include (Slov-Lex, 2008, §18, §42-§47)—

- Transportation services (prepravná služba): provides help with transportation to individuals who have a severe disability
- Meal delivery (donáška jedla do domu): service that provides meals to the individual's home
- Aids/equipment rental (požičiavanie pomôcok): a social service providing aids and equipment to those with severe disabilities or health conditions needing assistance
- Help with administrative tasks related to personal assistance (sprostredkovanie osobnej asistencie): assistance with drafting contracts for personal assistance, processing hours worked by personal assistants, and disbursing payments per regulations
- Assistance with basic social activities (základné sociálne aktivity): help with social activities
- Supervision (sprievodcovská služba a predčitateľská služba):^[11] supervision for carrying out ADLs, IADLs, and engaging in outdoor and social activities provided to individuals who are blind, partially blind, or have an intellectual disability
- Interpreting services (tlmočnická služba): services offered to individuals who are deaf or have severe bilateral hearing loss, especially for official matters, medical visits, and engaging in activities of interest

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 (European Commission, 2016). Before the 2004 healthcare reform,^[4] health insurance in Slovakia was available through various companies (Ministry of Health, n.d.). Following this reform, the market has been dominated by fewer providers. As of 2015, there were three main providers: the state-owned General Health Insurance Company (Všeobecná zdravotná poisťovňa) and two private firms, Union Health Insurance Company (Zdravotná poisťovňa Union) and Dôvera Health Insurance Company (Zdravotná poisťovňa Dôvera) (Slov-Lex, 2004e).

Social Services

Social services are offered by both public and non-public providers. Public providers include regions and municipalities and non-public providers include non-governmental organizations and religious institutions (Schmahl, 2022; Seberini et al., 2023).

Benefit eligibility

Qualifying period

None

Minimum level of dependence

The minimum level of dependence varies by benefit system.

[Public Health Insurance](#)

The laws regulating Public Health Insurance do not specify any statutory form for the evaluation of dependence, suggesting that there is no minimum level of dependence ([Slov-Lex, 2004a §17](#)).

[Social Services](#)

The minimum level of dependence is level 2, which corresponds to 85 to 104 points ([Slov-Lex, 2008, Annex 3](#)). However, to receive care in residential care facilities, the minimum level is higher. For example, in social services homes (domov sociálnych služieb), the minimum level is 5 or 3 for individuals who are partially or completely blind. Each level is assigned a specific point range and average daily and monthly dependency duration in hours. The indicated hours represent the expected range of time someone will be dependent on another person. [Table 8](#) lists dependence levels by point range and average daily and monthly dependency duration.

Duration of benefit

The duration of benefits varies by benefit system.

[Public Health Insurance](#)

Beneficiaries continue to receive benefits as long as they satisfy the coverage criteria (see Coverage section).

[Social Services](#)

Beneficiaries continue to receive benefits as long as they satisfy the coverage criteria (see Coverage section). Beneficiaries are subject to re-evaluation based on their reassessment dates. Reassessment dates are determined during the evaluation of dependence. Evaluators set these dates based on their assessment of when a follow-up review of the individual's care needs will be required. However, those with chronic conditions or conditions that are not expected to change are exempt from re-evaluations ([Slov-Lex, 2008, §49\(9\)](#)).

Means testing

Means testing exists through income-related copayments. More details are provided in the user charges section.

Age requirement

The age requirement differs by benefit system.

[Public Health Insurance](#)

None

[Social Services](#)

The Social Services Act does not have an age requirement to receive LTC benefits. However, certain residential benefits have an age requirement. Residential homes, which are also referred to as facilities for older adults in Slovakia, only provide care to individuals who have reached retirement age. Additionally, in supported housing facilities, individuals have to be 16 years or older but under retirement age ([Slov-Lex, 2008, §34, §35](#)).

Care needs assessment

Definition of dependence

The definition of dependence varies by benefit system.

[Public Health Insurance](#)

The laws regulating Public Health Insurance only provide a general definition of dependence. Dependence is based on conditions, limitations, and disabilities that require the applicant to rely on nursing care, ambulatory care, institutional care, or pharmaceutical care ([Slov-Lex, 2004a §7-§10](#)).

[Social Services](#)

Dependence is categorized into six levels ([Slov-Lex, 2008](#), Annex 3). Level 1 is for individuals with no care needs and level 6 is for individuals with the highest care needs. Each level is assigned a specific point range and average daily and monthly dependency duration in hours. The indicated hours represent the expected range of time someone will be dependent on another person. A lower score range indicates lower independence and therefore a higher level of care need. For example, individuals in level 1 score between 105 to 120 points of independence and are not dependent for care. Individuals in level 6 score between 0 to 24 points of independence and are dependent for more than 12 hours per day and more than 360 hours per month. [Table 8](#) lists dependence levels by point range and average daily and monthly dependency duration.

Evaluation of dependence

The evaluation of dependence varies by benefit system.

[Public Health Insurance](#)

The laws regulating Public Health Insurance do not specify any statutory form for the evaluation of dependence, suggesting that access to services is determined by evaluators on a discretionary basis ([Slov-Lex, 2004a §17](#)).

[Social Services](#)

The evaluation of dependence includes both a medical assessment and a social assessment ([Slov-Lex, 2008](#), §49-§50). The medical assessment is based on a medical report written by the applicant's physician. Based on the medical report, a medical assessment specialist of the regional or municipal office assesses twelve specific activities, assigning a score of 0, 5, or 10 to each. The description associated with the score varies by activity but generally indicates fully dependent (0 points), partially dependent (5 points), and independent (10 points). Within each activity, there are specific tasks to consider. For example, under eating and drinking, tasks like placing food on a plate and pouring liquid into a glass are included. However, these sub-tasks are not assessed individually. Instead, the overall activity of eating and drinking is evaluated as a whole. While the specific tasks are not evaluated individually, they are considered.

For instance, to achieve a score of 5 points in eating and drinking, individuals must rely on the help of another person for at least 2 tasks of eating ([Slov-Lex, 2008](#), Annex 3). [Box 10](#), [Box 11](#), and [Box 12](#) list the twelve activities alongside their corresponding tasks. [Box 13](#) and [Box 14](#) provide score descriptions for each activity. The points in each activity are summed to obtain a final score, which is used to place individuals into one of six dependence levels. The medical assessment specialist will then determine the date for reassessment. However, individuals with chronic conditions or conditions that are not expected to change are exempt from re-evaluations.

A social assessment is then conducted to evaluate the applicant's social situation. The assessment is individualized and is based on four criteria: individual characteristics, family environment and support, ability to participate in society, and supervision requirements. Based on the findings from both the medical and social assessments, evaluators prepare a report outlining the specific types of care best suited to the applicant's needs. This report includes the individual's level of dependence, the estimated range of time they will need assistance, the services and activities required, and a date of reassessment.

Evaluators

Evaluators vary by benefit system.

[Public Health Insurance](#)

The laws regulating Public Health Insurance do not provide details on an evaluation of dependence, including evaluators. However, it does specify that individuals can submit complaints regarding incorrect decisions made by providers about their access to care or services, suggesting that providers evaluate access to services ([Slov-Lex, 2004a, §17](#)).

[Social Services](#)

Physicians and social workers evaluate dependence ([Slov-Lex, 2008](#), §49-50).

Benefit limitations

Can you mix LTC benefits?

Restrictions on combining benefits vary depending on the benefit system.

[Public Health Insurance](#)

Home care and residential care cannot be combined. Home nursing is only provided to individuals who do not require continuous 24-hour care, such as care in a nursing home ([Slov-Lex, 2004a §8-§9](#)).

[Social Services](#)

Home care services, including home nursing, cannot be combined with residential care or the personal assistance cash benefit. Individuals being cared for by someone receiving a caregiver allowance are generally ineligible for home care benefits, unless the caregiver is undergoing inpatient care in a medical facility, receiving respite care, or providing up to 8 hours of care per month ([Slov-Lex, 2008, §41](#)).

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

The option to choose between cash and benefits in kind varies depending on the benefit system.

[Public Health Insurance](#)

The laws regulating Public Health Insurance do not specify whether individuals have to choose between in-kind benefits and cash benefits, suggesting that there is no choice between the two ([Slov-Lex, 2004a-2004f](#)).

[Social Services](#)

Individuals are required to choose between receiving in-kind benefits under the Social Services Act or receiving the personal assistance cash benefit ([Slov-Lex, 2008](#)).

Can you receive LTC benefits with other social security benefits?

The rules regarding the accumulation of benefits with other social security benefits vary depending on the benefit system.

[Public Health Insurance](#)

The laws regulating Public Health Insurance do not specify any restrictions on receiving in-kind benefits with other social security benefits ([Slov-Lex, 2004a-2004f](#)).

[Social Services](#)

The Social Services Act does not specify any restrictions on receiving in-kind benefits with other social security benefits ([Slov-Lex, 2008](#)).

User costs

User charges

User charges vary depending on the benefit system.

[Public Health Insurance](#)

Institutional and home nursing care services that are prescribed by a physician are fully covered by Public Health Insurance ([Slov-Lex, 2004f, §1\(2\)](#) and Appendix 1). Meals and accommodation are paid out-of-pocket by the beneficiary ([Slov-Lex, 2004b, §38\(3\)](#)).

[Social Services](#)

Individuals pay a fee, which differs by dependence level and type of benefit ([Slov-Lex, 2008-2024, §72, Annex 5, Annex 6](#)). The fee for residential care is different from the fee for home care and day care. [Table 9](#) lists the maximum user cost rates by year, dependence level, and type of benefit from 2008 to 2024. Municipalities are responsible for setting their own user rates, so these rates may vary between municipalities ([Schmahl, 2022](#)).

Additionally, individuals need to be left with a certain amount of money after paying their fees.

- From 2008-2013:
 - Home care or day care: retain at least 1.3 times the [living wage](#)
 - Yearly ^[5] residential care: retain at least 20% of the living wage
 - Weekly ^[5] residential care: retain at least 50% of the living wage

- From 2014-2024:
 - Home care or day care: retain at least 1.4 times the living wage from 2014-2017 (increased to 1.6 in 2018 and 1.65 in 2020)
 - Yearly residential care: retain at least 25% of the living wage (at least 75% in facilities with no meals)
 - Weekly residential care: retain at least 60% of the living wage (at least 85% in facilities with no meals)

Individuals whose income fell below these specified thresholds were exempt from payments ([Slov-Lex, 2008-2024, §73](#)). [Table 7](#) includes living wage amounts by year.

Taxation of benefits

Regardless of the benefit system, the benefits are not subject to taxation.

Tables and Formulas

Box 1: Examples of State Insured Individuals (Before 2004)

- Dependent children
- Recipients of a pension (excluding employees, self-employed individuals, and dependents of self-employed individuals whose income is higher than 3,000 Sk)
- Recipients of a pension from the Czech Republic (excluding employees, self-employed individuals, and dependents of self-employed individuals whose income is higher than 3,000 Sk)
- Caregivers of children under the age of three or a long-term severely disabled child under the age of 18 who require special care and do not reside in a year-round or weekly-stay facility
- Individuals who are not entitled to a pension due to caring for a child or loved one and are not gainfully employed due to their age
- Foreign nationals and stateless persons who have been granted refugee status and are not employees, self-employed, or dependents of self-employed individuals
- Soldiers of basic military service and persons performing civil service under the conditions that their income does not exceed 3,000 Sk

Source: §10(6) of [Slov-Lex \(1994a\)](#)

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

Table 1: Public Health Insurance Premiums (1994-2024)

Group	1994-2000	2001-2004	2005-2019	2020-2023	2024
Employee (%)	3.7	4	4 (2)	4 (2)	4 (2)
Employer (%)	10 (2.6)	10 (2.6)	10 (5)	10 (5)	11 (5.5)
Self-employed (%)	13.7 (6.3 from 1998)	14 (6.3)	14 (7)	14 (7)	15 (7.5)
State-insured (%)	Provided in Table 2	Provided in Table 2	4	Not identified yet	5
Voluntarily Unemployed (%)	13.7	14	14 (7)	14 (7)	15 (7.5)
Dividend Payer (from 2013) (%)			14	14	14

Source: §10-12 of [Slov-Lex \(1994a\)](#); §12-§13 of [Slov-Lex \(2004d\)](#)

Notes: The rates in parentheses apply to individuals and employees with disabilities. In 2013, a new premium rate group was introduced for dividend payers. This group includes legal entities based in Slovakia that pay dividends. Insurance premiums are a rate of an "assessment basis", which differs by group and time. [Box 6](#) and [Box 5](#) define the assessment basis for each group in 2003 and 2024, respectively.

Table 2: State Insured Rate (1995-2004)

Year	Rate
1995	13.7% of 54% of the minimum wage
1996-1997	13.7% of 80% of the minimum wage
1998	13.7% of 73% of the assessment base of Slovak koruna (SKK) 2,700
1999-2000	13.7% of 76.5% of the assessment base of SKK 2,700
2001	14% of the assessment base of SKK 2,400
2002	14% of the assessment base of SKK 2,750
2003	14% of the assessment base of SKK 2,890
2004	14% of the assessment base of SKK 3,464

Source: [Slov-Lex \(1995-2004\)](#)

Notes: State insured individuals are economically inactive individuals whose contributions are paid by the state. Rates from 1995 are set annually by the State Budget Act.

Box 2: Examples of Disability Criteria for Admission to Social Care Institutions (Social Security Act) (1992-1998)

- Disabilities that qualify individuals for admission into social care institutions
 - 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
 - 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 social care institutions
 - Individuals who require treatment in an inpatient medical facility and have the following disabilities are ineligible for admission into a social care institution:
 - * Infectious and parasitic diseases of all types and stages when the individual can be a source of infection
 - * 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
 - * Psychosis and mental disorders that may pose a risk to the individual or others

Source: Annex 8 of [Slov-Lex \(1998b\)](#)

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

Table 3: Maximum Copayments for Meals in Social Care Institutions (Social Security Act) (1992-1998)

Year	Meals (SKK)
1992- August 1994	33 (18.10 for day care)
September 1994-1998	33 to 46.20

Source: [Slov-Lex \(1990, 1993, 1994c\)](#)

Notes: The copayments listed apply to standard diets and do not cover special diets, such as those for diabetic patients. The copayments apply to all social care institutions except for homes for pensioners.

Table 4: Maximum Copayments for Services in Social Care Institutions (Social Security Act) (1993-1998)

Year	Services (SKK)
November 1993-1994	5 (2 for day care)
1995-1998	7 (3 for day care)

Source: [Slov-Lex \(1990, 1993, 1994c\)](#)

Notes: Maximum copayments start in November 1993 for services. Services include washing, cleaning, and ironing of clothing and bed linen, food preparation, and personal hygiene services. The copayments apply to all social care institutions except for homes for pensioners.

Box 3: Maximum Copayments for Accommodation in Social Care Institutions (Social Security Act) (1993-1998)

- The daily fee for accommodation is calculated by multiplying the daily rate per square meter of floor area by the size of the individual's room. To determine the size of the floor area occupied by the individual, the total floor area of the room is divided by the number of persons using that room.
 - Daily rate for 1 square meter of floor area
 - * November 1993-1994: 0.50 SKK
 - * 1995-1998: 1 SKK
- This fee can be increased by:
 - 7 SKK if the room is occupied by one individual
 - 4 SKK if the room is occupied by two individuals
 - 2 SKK if the room is occupied by three individuals and if there is more than 8 square meters of floor area per individual

Source: [Slov-Lex \(1993, 1994c\)](#)

Notes: Maximum copayments start in November 1993 for accommodation. The copayments apply to all social care institutions except for homes for pensioners.

Table 5: Maximum Copayments for Home Care and Care Service Facilities (Social Security Act) (1992-1998)

Service	Maximum Daily Copay (SKK)
Simple nursing care	5
Household maintenance	7
Preparing meals	8
Routine personal hygiene	No cost
Bathing including hair washing at the recipient's home	No cost
Meal delivery	No cost

Source: Annex 1 of [Slov-Lex \(1988b\)](#)

Notes: For home care and care service facilities, services related to personal care, domestic assistance, and nursing care were offered at no cost or for a fee. Services with 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.

Box 4: Examples of State Insured Individuals (From 2004)

- Dependent children
- Recipients of a pension (excluding recipients of a widow's pension, a widower's pension, and an orphan's pension)
- Parental allowance recipient
- Individuals who have reached retirement age but are not entitled to a pension
- Individuals who have a disability but are not entitled to a disability pension
- Soldiers
- Recipients of a caregiving allowance
- Full time caregivers of children under the age of 6
- Individuals residing year-round in a social services facility or other court-designated facility

Source: §11(8) of [Slov-Lex \(2004d\)](#)

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

Box 5: Assessment Basis (2003)

The assessment basis for employees is their income earned during the relevant year, which is subject to income tax. For employers, the assessment basis is the total assessment bases of their employees. Self-employed individuals are assessed based on half of the proportionate part of their income tax base for the relevant year. State-insured individuals have a fixed assessment basis of 2,890 Slovak koruna (SKK). Voluntarily unemployed individuals' assessment basis is determined by the income subject to income tax earned in the calendar year for which the premium is paid. The minimum assessment basis, except for state-insured individuals, is 3,000 SKK, and the maximum is 32,000 SKK.

Source: §12-§13 of [Slov-Lex \(1994a\)](#)

Notes: Insurance premiums are a rate of an "assessment basis," which differs by group and time. This box defines the assessment basis of different groups in 2003.

Box 6: Assessment Basis (2024)

The assessment basis of employees includes payment provided by their employer, which includes, among many other sources, gross salary, severance pay, standby compensation, employee income related to the use of a motor vehicle for business and private purposes, and benefits provided by the employer upon the first termination of employment, service relationship, or civil service relationship. The assessment basis of employers is equal to the assessment bases of their employees. The assessment basis of self-employed individuals is the portion of their taxable income from their business activities earned during the calendar year in which the premium is paid. This does not include premiums paid for mandatory health, sickness, and pension insurances, nor contributions for retirement savings. The state-insured assessment basis is 12 times the average monthly wage. The assessment basis of voluntarily unemployed individuals is the income subject to income tax earned during the calendar year in which the premium is paid. The assessment basis of dividend payers is the amount of dividends paid in the previous calendar year.

Source: §12-§13 of [Slov-Lex \(2004d\)](#)

Notes: Insurance premiums are a rate of an "assessment basis," which differs by group and time. This box defines the assessment basis of different groups in 2024.

Box 7: Disabilities Justifying Care in Social Services Homes and Sheltered Housing Facilities**Physical Disabilities**

- Nervous system
 - Multiple sclerosis
 - Epilepsy
 - Parkinson's disease
- Movement and support
 - Disorders of the spine
 - Osteoporosis
 - Chronic osteomyelitis
- Disability of limbs
 - Loss of both upper limbs
 - Complete loss of one upper and one lower limb
 - Loss of all ten fingers
- Urinary tract disease
 - Complete urinary incontinence
 - Anomalies with moderate to severe impairment of function and physical performance
- Head and face
 - Conditions after craniocerebral trauma (with contusion of the brain, with intracranial bleeding) with permanent disorders in the neurological, psychiatric, psychological and sensory areas
 - Facial disfigurement, severe deformities of bony and soft parts of the face affecting facial expressions, articulation, chewing, etc.
- Other physical disabilities comparable to the listed disabilities

Mental and Behavioral Disorders

- Personality and behavior disorders in adults, mild impairment of social adaptability
- Intellectual disability
- Chronic forms of psychotic disorders
- Neurotic stress and somatoform disorders
- Other mental disorders and behavioral disorders comparable to the listed disabilities

Sensory Disabilities

- Eyesight
 - Complete blindness in both eyes
 - Practical blindness of both eyes
 - Low vision (V 3/60 - 1/60)
- Hearing and balance disorders
 - Bilateral practical deafness
 - Bilateral total deafness
 - Bilateral severe hearing loss in adults
- Other sensory disabilities comparable to the listed disabilities

Source: Annex 2 of [Slov-Lex \(1998a\)](#)

Notes: To be eligible for care in a social services home or sheltered housing facility, individuals must have a physical, mental, behavioral, or sensory disability, or a combination of these, as specified in the legislation. This box includes examples of disabilities from the legislation, but does not cover the full list. The legislation does not stipulate a specific number of disabilities for qualification.

Box 8: Mental Disorders Justifying Care in Sheltered Housing Facilities

- Schizophrenia, schizotypal disorders and delusional disorders
- Affective disorders
- Personality disorders, chronic disorders, neurotic disorders and organic mental disorders
- Specific personality disorders of adults
- Intellectual disability
 - Mild intellectual disability
 - Moderate intellectual disability
 - Severe intellectual disability
- Other mental disorders comparable to the disorders listed in the first to fifth points

Source: Annex 3 of [Slov-Lex \(1998a\)](#)

Notes: To be eligible for care in a sheltered housing facility, individuals must have a disability or mental disorder. The legislation does not stipulate a specific number of disorders for qualification.

Box 9: Essential Activities and Tasks Justifying Home Nursing or Personal Assistance**Essential Life Activities**

- Routine personal hygiene tasks including shaving, assistance with dressing and undressing, assistance with moving to a wheelchair or bed, and assistance with using the toilet
- Bathing, including hair washing
- Supervision

Household Tasks

- Shopping and other necessary activities related to the operation of the household
- Work related to household maintenance item Preparing meals
- Washing and ironing clothes

Contact with the Social Environment

- Accompanying (medical examination, to deal with official matters, work, or other public events)

Source: Annex 1 of [Slov-Lex \(1998a\)](#)

Notes: To be eligible for care in a sheltered housing facility, individuals must need the help of another person with essential life activities, household tasks, or having contact with the social environment. This box includes examples of disabilities from the legislation, but does not cover the full list. The legislation does not stipulate a specific number of activities for qualification.

Table 6: Functional Impairment Levels - Social Assistance Act (1998-2007)

Type of disability	Rate of functional impairment (%)
Personality and behavior disorders in adults	
a) slight impairment of social adaptability	20
b) severe impairment of social adaptability	50
Affective mood disorders (manic, depressive, periodic)	
a) light forms	20
b) moderate severe forms	30
c) difficult forms	60
Parkinson's	
a) easy form (voluntary movement)	20
b) moderately severe form	40-60
c) severe form (tremor, rigidity, bradykinesia)	60-80
Limitation of mobility of both shoulder joints	
a) light	20
b) intermediate	30
c) severe	40
Complete urinary incontinence	50-70

Source: Annex 4 [Slov-Lex \(1998a\)](#)

Notes: Individuals must have a severe disability to be eligible for transportation services. A severe disability is defined as having a functional impairment of at least 50%. The impairment level is determined using a table from the legislation, which details various types of disabilities and their corresponding impairment percentages. This table includes some disabilities and rates from the legislation, but does not cover the full list.

Table 7: Monthly Living Wage (1998-2024)

Year	Monthly Living Wage
1998 - June 1999	3,000 SKK
July 1999 - June 2000	3,230
July 2000 - June 2001	3,490
July 2001 - June 2002	3,790
July 2002 - June 2003	3,930
July 2003 - June 2004	4,210
July 2004 - June 2005	4,580
July 2005 - June 2006	4,730
July 2006 - June 2007	4,980
July 2007 - June 2008	5,130
July 2008 - June 2009	5,390
July 2009 - June 2010	185.19 €
July 2010 - June 2011	185.38
July 2011 - June 2012	185.83
July 2012 - June 2013	194.58
July 2013 - June 2017	198.09
July 2017 - June 2018	199.48
July 2018 - June 2019	205.07
July 2019 - June 2020	210.20
July 2020 - June 2021	214.83
July 2021 - June 2022	218.06
July 2022 - June 2023	234.42
July 2023 - June 2024	268.88
July - 2024 - June 2025	273.99

Source: Slov-Lex (1998b, 2003b); Ministry of Labour, Social Affairs and Family (2024)

Notes: The monthly living wage rates provided are applicable to one adult. Slovakia joined the European Union in 2004, but it did not adopt the euro as its official currency until January 2009. Prior to this transition, Slovakia used the Slovak koruna (SKK) as its currency. Therefore, the rates from 1998 to 2008 are in koruna and the rates from 2009 to 2024 are in euros.

Table 8: Social Services Act Dependence Levels

Dependence Level	Score	Average Daily Dependency Duration (Hours)	Average Monthly Dependency Duration (Hours)
1	105-120	0	0
2	85 - 104	2-4	60-120
3	65-84	4-6	120-180
4	45-64	6-8	180-240
5	25-44	8-12	240-360
6	0 - 24	12+	360+

Source: Annex 3 of Slov-Lex (2008)

Notes: The indicated hours represent the expected range of time someone will be dependent on another person.

Box 10: Social Services Act Evaluation of Dependence (Part 1 of 3)**1. Eating and drinking**

- Placing food on a plate
- Pouring liquids into a glass or cup and being able to carry them
- Safe transfer of food and liquids from one place to another
- Preparation of food and liquids before consumption (such as removing and opening packaging, peeling fruits and vegetables, opening bottles)
- Dividing (slicing) food into smaller pieces
- Carrying food and drink to the mouth
- Consuming food and drinks in the usual way
- Recognizing the temperature of food and drinks
- Determining the contents of food and beverage packaging
- Determining the expiration date from food and beverage packaging
- Dosing and taking digestive enzymes according to the quantity and composition of the food consumed
- Maintaining proper hydration

2. Emptying the bladder

- Transfer to and from the toilet
- Continuous monitoring and assistance during bladder emptying
- Handling of clothing before and after emptying to prevent contamination
- Assuming a suitable position when emptying the bladder (when using a toilet or a base bowl, respectively a urine bottle)
- Proper cleaning after emptying the bladder

3. Emptying the colon/bowel

- Transfer to and from the toilet
- Continuous monitoring and assistance, including massage during bowel emptying
- Handling of clothing before and after emptying to prevent contamination
- Assuming a suitable position for bowel emptying (when using a toilet or bedpan)
- Proper cleansing after bowel emptying

4. Personal hygiene

- Washing hands, feet, face, armpits, external genitals
- Changing sanitary napkins and diapers
- Cleaning teeth or dentures
- Preparation of tools for shaving and shaving
- Combing hair, washing and conditioning hair
- Cleaning the ears, nose and sinuses (for example, suctioning secretions from the upper respiratory tract)
- Cleaning the lower respiratory tract (for example, thinning and coughing up mucus)
- Cleaning, cutting or filing fingernails
- Cleaning, cutting or filing toenails
- Make-up

Source: Annex 3 of [Slov-Lex \(2008\)](#)

Notes: The activities in bold are the ones subject to assessment, while the sub-activities listed under each bolded activity are considered but not individually assessed.

Box 11: Social Services Act Evaluation of Dependence (Part 2 of 3)**5. Bathing**

- Performing an overall bath including hair washing
- Checking the water temperature
- Using bathing tools/equipment (sponge, shampoo, shower gel, pumice stone, etc.)
- Drying and moisturizing

6. Dressing and undressing

- Selecting clothing appropriate to the situation, environment, and weather conditions
- Recognizing the different parts of clothing and their proper layering
- Independently dressing and undressing garments
- Putting on and taking off footwear (including tying and untying shoe laces)
- Applying and removing support aids
- Coordinating clothing colors
- Recognizing the cleanliness of clothes and footwear

7. Changing positions, sitting, and standing

- Changing body position from lying down to sitting or standing and vice versa, possibly with the use of aids
- Transitioning from sitting to another position and vice versa (e.g., from a wheelchair to a car, from a wheelchair to a bed, from a wheelchair to a toilet)
- Turning from side to side, onto the back, and onto the stomach
- Maintaining a seated position for at least 30 minutes
- Standing and maintaining a standing position for at least 10 minutes, possibly with support or using aids

8. Moving up and down the stairs

- Ascending and descending stairs independently, with the use of aids, or with the assistance of another individual

Source: Annex 3 of [Slov-Lex \(2008\)](#)

Notes: The activities in bold are the ones subject to assessment, while the sub-activities listed under each bolded activity are considered but not individually assessed.

Box 12: Social Services Act Evaluation of Dependence (Part 3 of 3)**9. Moving on a flat surface**

- Walking at least 50 steps without assistance, with the option to use aids such as crutches, cane, walker, or moving with a wheelchair for at least 50 meters without assistance
- Maintaining the desired direction while walking or moving with a wheelchair
- Walking or moving with a wheelchair around obstacles or over obstacles

10. Orientation in the environment

- Orienting oneself within the space of the apartment or house
- Orienting oneself in the immediate vicinity of the apartment, house, school, or workplace
- Orienting oneself in unfamiliar surroundings
- Navigating in traffic
- Recognizing familiar individuals
- Leaving the apartment, house, or facility where the individual is accommodated
- Returning to the apartment, house, or facility where the individual is accommodated
- Differentiating between sounds and their direction
- Recognizing time and orientation in time
- Distinguishing between different spaces within the apartment, house, or facility where the individual is accommodated

11. Adherence to a treatment regimen

- Following the instructions of the treating physician
- Recognizing the correct medication, correct dosage, and preparing the medication
- Regular intake of medications and application of ointments
- Administering subcutaneous injections (such as insulin injections)
- Adhering to a prescribed diet

12. Need for supervision

- Needs supervision for activities 1 - 11

Source: Annex 3 of [Slov-Lex \(2008\)](#)

Notes: The activities in bold are the ones subject to assessment, while the sub-activities listed under each bolded activity are considered but not individually assessed.

Box 13: Social Services Act Dependence Scale (Part 1 of 2)**1. Eating and Drinking**

- 0 pts: Relies on the help of another person for most of the acts of eating
- 5 pts: Relies on the help of another person for at least 2 acts of eating
- 10 pts: Is able to perform all acts of eating independently

2. Emptying the bladder

- 0 pts: Is dependent on the help of another person for most of the actions of emptying the bladder
- 5 pts: Is dependent on the help of another person for at least 2 acts of emptying the bladder
- 10 pts: Is able to perform all actions of emptying the bladder

3. Emptying the colon/bladder

- 0 pts: Relies on the help of another person for most of the actions of emptying the colon
- 5 pts: Relies on the help of another person for at least 2 bowel movements
- 10 pts: Is able to perform all actions of colon emptying

4. Personal Hygiene

- 0 pts: Is dependent on the help of another person for the majority of actions to ensure personal hygiene
- 5 pts: Is dependent on the help of another person for at least 3 steps to ensure personal hygiene
- 10 pts: Is able to perform all actions to ensure personal hygiene

5. Bathing

- 0 pts: Relies on the help of another person for most of the actions of a general bath
- 5 pts: Is dependent on the help of another person for at least 2 steps of a general bath
- 10 pts: Is able to perform all tasks of a general bath

6. Dressing and undressing

- 0 pts: Is dependent on the help of another person for most of the acts of dressing and undressing
- 5 pts: Relies on the help of another person for at least 2 acts of dressing and undressing
- 10 pts: Is able to perform all the steps of dressing and undressing

7. Changing positions, sitting, and standing

- 0 pts: Is dependent on the help of another person for most actions of changing position, sitting, and standing
- 5 pts: Is dependent on the help of another person for at least 2 acts of changing position, sitting, and standing
- 10 pts: Is able to perform all actions of changing position, sitting, and standing

8. Moving up and down the stairs

- 0 pts: Is unable to move up the stairs even with the use of aids or with the help of another person
- 5 pts: Is dependent on the help of another person when moving up the stairs
- 10 pts: Is able to move independently on the stairs with or without the use of aids

9. Moving on a flat surface

- 0 pts: Relies on the help of another person to move on a flat surface
- 5 pts: Is dependent on the help of another person for at least 1 act of movement on a flat surface
- 10 pts: Is able to perform all actions related to moving on a flat surface

10. Orientation in the environment

- 0 pts: Is dependent on the help of another person for most tasks of orientation in the natural environment
- 5 pts: Relies on the help of another person for at least 2 acts of orientation in the natural environment
- 10 pts: Is able to perform all tasks of orientation in a natural environment

Source: Annex 3 of [Slov-Lex \(2008\)](#)

Box 14: Social Services Act Dependence Scale (Part 2 of 2)**11. Adherence to a treatment regimen**

- 0 pts: Is dependent on the help of another person for most of the actions of complying with the treatment regimen
- 5 pts: Relies on the help of another person for at least 2 acts of compliance with the treatment regimen
- 10 pts: Is able to perform all actions of compliance with the treatment regime

12. Need for supervision

- 0 pts: Is dependent on continuous supervision for most activities or the individual with cystic fibrosis is dependent on supervision for at least 4 activities
- 5 pts: Is dependent on supervision during the day for at least 3 activities
- 10 pts: Is not dependent on supervision for any of the activities

Source: Annex 3 of [Slov-Lex \(2008\)](#)

Table 9: Social Services Act Maximum Monthly Contribution Amounts

Year	Dependence Level	Residential Care (€)	Home Care and Day Care (€)
2008-2017	2	62.21	89.82
	3	124.41	179.68
	4	177.65	269.47
	5	248.82	359.29
	6	310.99	449.18
2018-2024	2	87	89.82
	3	195.75	179.68
	4	261	269.47
	5	369.75	359.29
	6	456.75	449.18

Source: Annex 5 and Annex 6 of [Slov-Lex \(2008-2024\)](#)

Notes: Dependence level 1 does not have rates since individuals qualify for benefits starting from level 2.

Sources

This section records key sources consulted when we collected the institutional details reported in this document. Archived versions of these sources are available at the Gateway Policy Explorer website (<http://g2aging.org/policy-explorer>).

Colombo, F. and Tapay, N. (2003). The Slovak Health Insurance System and The Potential Role for Private Health Insurance: Policy Challenges. Available in English. As of August 15, 2024. [\[Link\]](#)

European Commission (2013). Slovakia Health Care & Long-Term Care Systems. Available in English. As of August 15, 2024. [\[Link\]](#)

Gateway to Global Aging Data (2024). Slovakia Long-Term Care Cash Benefit Plan Details 1998-2024. Available in English only. As of August 30, 2024. [\[Link\]](#)

Health Policy Institute (2005). Slovak Health Reform. Available in English. As of August 15, 2024. [\[Link\]](#)

Ministry of Health (n.d.). Systémy zdravotníctva vo fáze prechodu [Healthcare systems in transition]. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Ministry of Labour, Social Affairs, and Family (2024). Životné minimum [Living wage]. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Schmahl, G. (2022). The Slovak Long-Term Care System. Available in English. As of August 15, 2024. [\[Link\]](#)

Seberini, A. et al. (2023). Long-term integrated care for older adults. Available in English. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (1988a). Zákon zo 16. júna 1988 o sociálnom zabezpečení [Law of June 16, 1988 on social security]., Zbierke zákonov Slovenskej republiky, 100/1988, June 16, 1988. Available in Slovak only. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (1988b). Vyhláška Ministerstva zdravotníctva a sociálnych vecí Slovenskej socialistickej republiky zo 6. septembra 1988 ktorou sa vykonáva zákon o sociálnom zabezpečení a zákon Slovenskej národnej rady o pôsobnosti orgánov Slovenskej socialistickej republiky v sociálnom zabezpečení [Decree of the Ministry of Health and Social Affairs of the Slovak Socialist Republic of September 6, 1988 implementing the Act on Social Security and the Act of the Slovak National Council on the Scope of Authorities of the Slovak Socialist Republic in Social Security]., Zbierke zákonov Slovenskej republiky, 151/1988, September 6, 1988. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (1990). Vyhláška Ministerstva zdravotníctva a sociálnych vecí Slovenskej republiky z 21. júna 1990 o stravovaní v zariadeniach sociálnej starostlivosti [Decree of the Ministry of Health and Social Affairs of the Slovak Republic on catering in social care facilities]., Zbierke zákonov Slovenskej republiky, 272/1990, June 21, 1990. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (1992). Vyhláška Ministerstva práce a sociálnych vecí Slovenskej republiky z 21. februára 1992 o úhrade nákladov za ubytovanie a základnú starostlivosť v domovoch-penziónoch pre dôchodcov [Decree of the Ministry of Labor and Social Affairs of the Slovak Republic on reimbursement of costs for accommodation and basic care in boarding houses for pensioners]., Zbierke zákonov Slovenskej republiky, 111/1992, February 21, 1992. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (1993). Vyhláška Ministerstva práce, sociálnych vecí a rodiny Slovenskej republiky z 22. októbra 1993 o rozsahu a bližších podmienkach poskytovania služieb v ústavoch sociálnej starostlivosti, o úhrade služby a o vreckovom [Decree of the Ministry of Labour, Social Affairs and Family of the Slovak Republic on the scope and detailed conditions of the provision of services in social welfare institutions, on the payment of services and pocket money]., Zbierke zákonov Slovenskej republiky, 250/1993, October 22, 1993. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (1994a). Zákon z 24. augusta 1994 o zdravotnom poistení, financovaní zdravotného poistenia, o zriadení Všeobecnej zdravotnej poisťovne a o zriaďovaní rezortných, odvetvových, podnikových a občianskych zdravotných poisťovní [Act of 24 August 1994 on health insurance, financing of health insurance, on the establishment of the General Health Insurance Company and on the establishment of departmental, sectoral, corporate and civil health insurance companies]., Zbierke zákonov Slovenskej republiky, 273/1994, August 24, 1994. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (1994b). Zákon z 24. augusta 1994 o zdravotnej starostlivosti [Act of 24 August 1994 on health care]., Zbierke zákonov Slovenskej republiky, 277/1994, August 24, 1994. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (1994c). Vyhláška Ministerstva práce, sociálnych vecí a rodiny Slovenskej republiky z 28. októbra 1994 o rozsahu a bližších podmienkach poskytovania služieb v ústavoch sociálnej starostlivosti, o úhrade za služby a o vreckovom [Decree of the Ministry of Labour, Social Affairs and Family of the Slovak Republic dated 28 October 1994 on the scope and detailed conditions of the provision

of services in social care institutions, on payment for services and on pocket money]., Zbierke zákonov Slovenskej republiky, 304/1994, October 28, 1994. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (1995). Zákon zo 7. marca 1995 o štátnom rozpočte Slovenskej republiky na rok 1995 a o zmene a doplnení niektorých zákonov [Act of March 7, 1995 on the State Budget of the Slovak Republic for 1995 and on Amendments to Certain Acts]., Zbierke zákonov Slovenskej republiky, 58/1995, March 7, 1995. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (1996). Zákon z 13. decembra 1995 o štátnom rozpočte na rok 1996 a o zmene a doplnení niektorých zákonov [Act of 13 December 1995 on the state budget for 1996 and on the amendment of certain laws]., Zbierke zákonov Slovenskej republiky, 304/1995, December 13, 1995. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (1997a). Zákon zo 7. decembra 1996 o štátnom rozpočte na rok 1997 a o zmene a doplnení niektorých zákonov [Act of 7 December 1996 on the state budget for 1997 and on the amendment of certain laws]., Zbierke zákonov Slovenskej republiky, 386/1996, December 7, 1996. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (1997b). Zákon z 12. decembra 1997 o štátnom rozpočte na rok 1998 [Act of 12 December 1997 on the state budget for 1998]., Zbierke zákonov Slovenskej republiky, 375/1997, December 12, 1997. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (1998a). Zákon z 19. mája 1998 o sociálnej pomoci [Act of 19 May 1998 on social assistance]., Zbierke zákonov Slovenskej republiky, 195/1998, May 19, 1998. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (1998b). Zákon z 3. apríla 1998 o životnom minime a o ustanovení súm na účely štátnych sociálnych dávok [Act of 3 April 1998 on the minimum living wage and on the establishment of amounts for the purposes of state social benefits]., Zbierke zákonov Slovenskej republiky, 125/1998, April 3, 1998. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (1999a). Zákon z 26. marca 1999 o štátnom rozpočte na rok 1999 [Act of 26 March 1999 on the state budget for 1999]., Zbierke zákonov Slovenskej republiky, 63/1999, March 26, 1999. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (1999b). Zákon zo 16. decembra 1999 o štátnom rozpočte na rok 2000 [Act of 16 December 1999 on the state budget for the year 2000]., Zbierke zákonov Slovenskej republiky, 372/1999, December 16, 1999. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (2000). Zákon z 13. decembra 2000 o štátnom rozpočte na rok 2001 [Act of 13 December 2000 on the state budget for 2001]., Zbierke zákonov Slovenskej republiky, 472/2000, December 13, 2000. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (2001). Zákon z 13. decembra 2001 o štátnom rozpočte na rok 2002 [Act of 13 December 2001 on the state budget for 2002]., Zbierke zákonov Slovenskej republiky, 586/2001, December 13, 2001. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (2002). Zákon z 11. decembra 2002 o štátnom rozpočte na rok 2003 [Act of 11 December 2002 on the state budget for 2003]., Zbierke zákonov Slovenskej republiky, 750/2002, December 11, 2002. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (2003a). Zákon z 12. decembra 2003 o štátnom rozpočte na rok 2004 [Act of 12 December 2003 on the state budget for 2004]., Zbierke zákonov Slovenskej republiky, 598/2002, December 12, 2003. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (2003b). Zákon z 28. októbra 2003 o životnom minime a o zmene a doplnení niektorých zákonov [Act of October 28, 2003 on the living wage and on the amendment of certain laws]., Zbierke zákonov Slovenskej republiky, 601/2003, October 28, 2003. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (2003c). Zákon z 30. októbra 2003 o orgánoch štátnej správy v oblasti sociálnych vecí, rodiny a služieb zamestnanosti a o zmene a doplnení niektorých zákonov [Act of 30 October 2003 on state administration bodies in the field of social affairs, family and employment services and on amendments to certain laws]., Zbierke zákonov Slovenskej republiky, 453/2003, October 30, 2003. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (2004a). Zákon z 21. októbra 2004 o zdravotnej starostlivosti, službách súvisiacich s poskytovaním zdravotnej starostlivosti a o zmene a doplnení niektorých zákonov [Act of 21 October 2004 on health care, services related to the provision of health care and on the amendment of certain laws]., Zbierke zákonov Slovenskej republiky, 576/2004, October 21, 2004. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (2004b). Zákon z 21. októbra 2004 o rozsahu zdravotnej starostlivosti uhrádzanej na základe verejného zdravotného poistenia a o úhradách za služby súvisiace s poskytovaním zdravotnej starostlivosti [Act of 21 October 2004 on the scope of health care covered by public health insurance and on payments for services related to the provision of health care]., Zbierke zákonov Slovenskej republiky, 576/2004, October 21, 2004. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

republiky, 577/2004, October 21, 2004. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (2004c). Zákon z 21. októbra 2004 o poskytovateľoch zdravotnej starostlivosti, zdravotníckych pracovníkoch, stavovských organizáciách v zdravotníctve a o zmene a doplnení niektorých zákonov [Act of October 21, 2004 on health care providers, health workers, professional organizations in the health sector and on the amendment of certain laws]., Zbierke zákonov Slovenskej republiky, 578/2004, October 21, 2004. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (2004d). Zákon z 21. októbra 2004 o zdravotnom poistení a o zmene a doplnení zákona č. 95/2002 Z. z. o poisťovníctve a o zmene a doplnení niektorých zákonov [Act of 21 October 2004 on health insurance and on amendments to Act no. 95/2002 Coll. on the insurance industry and on the amendment of certain laws]., Zbierke zákonov Slovenskej republiky, 580/2004, October 21, 2004. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (2004e). Zákon z 21. októbra 2004 o zdravotných poisťovniach, dohľade nad zdravotnou starostlivosťou a o zmene a doplnení niektorých zákonov [Act of 21 October 2004 on health insurance companies, supervision of health care and amending certain laws]., Zbierke zákonov Slovenskej republiky, 581/2004, October 21, 2004. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (2004f). Zákon z 15. decembra 2004 ktorým sa vydáva Zoznam chorôb, pri ktorých sa zdravotné výkony čiastočne uhrádzajú alebo sa neuhrádzajú na základe verejného zdravotného poistenia [Act of December 15, 2004 issuing the List of diseases for which medical services are partially covered or not covered by public health insurance]., Zbierke zákonov Slovenskej republiky, 777/2004, December 15, 2004. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (2004g). Vyhláška Ministerstva spravodlivosti Slovenskej republiky z 15. decembra 2003 ktorou sa ustanovujú vzory tlačív na podávanie návrhov na zápis do obchodného registra a zoznam listín, ktoré je potrebné k návrhu na zápis priložiť [Decree of the Ministry of Justice of the Slovak Republic dated December 15, 2003, which establishes sample forms for submitting proposals for registration in the commercial register and a list of documents that must be attached to the proposal for registration]., Zbierke zákonov Slovenskej republiky, 25/2004, December 15, 2003. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (2008). Zákon z 30. októbra 2008 o sociálnych službách a o zmene a doplnení zákona č. 455/1991 Zb. o živnostenskom podnikaní (živnostenský zákon) v znení neskorších predpisov [Act of 30 October 2008 on social services and on amendments to Act no. 455/1991 Coll. on trade entrepreneurship (Trade Act) as amended]., Zbierke zákonov Slovenskej republiky, 448/2008, October 30, 2004. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (2013a). Zákon z 29. novembra 2012 ktorým sa mení a dopĺňa zákon č. 580/2004 Z. z. o zdravotnom poistení a o zmene a doplnení zákona č. 95/2002 Z. z. o poisťovníctve a o zmene a doplnení niektorých zákonov v znení neskorších predpisov a ktorým sa mení a dopĺňa zákon č. 581/2004 Z. z. o zdravotných poisťovniach, dohľade nad zdravotnou starostlivosťou a o zmene a doplnení niektorých zákonov v znení neskorších predpisov [Act of November 29, 2012 amending Act No. 580/2004 Coll. on health insurance and on amendments to Act no. 95/2002 Coll. on the insurance industry and on the amendment of certain laws as amended and amending Act no. 581/2004 Coll. on health insurance companies, supervision of health care and amendments to certain laws as amended]., Zbierke zákonov Slovenskej republiky, 421/2012, November 29, 2012. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Slov-Lex (2013b). Zákon z 28. novembra 2013 ktorým sa mení a dopĺňa zákon č. 448/2008 Z. z. o sociálnych službách a o zmene a doplnení zákona č. 455/1991 Zb. o živnostenskom podnikaní (živnostenský zákon) v znení neskorších predpisov v znení neskorších predpisov [Act of November 28, 2013 amending Act No. 448/2008 Coll. on social services and on amendments to Act no. 455/1991 Coll. on trade entrepreneurship (Trade Act) as amended as amended]., Zbierke zákonov Slovenskej republiky, 485/2013, November 28, 2013. Available in Slovak. As of August 15, 2024. [\[Link\]](#)

Smatana, M. et al. (2016). Health Systems in Transition - Slovakia Health system review. Available in English. As of August 15, 2024. [\[Link\]](#)

Glossary of terms

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

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.

Dividend payers (Platiteľ dividend): Dividend payers are legal entities based in Slovakia that distribute dividends and constitute a distinct group of health insurance premium payers.

Instrumental activities of daily living (IADL): A set of activities that are used to assess independence but are not essential for functional living, including preparing meals, shopping, managing finances, and taking medications.

Living wage (Životné 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 (verejné zdravotné poistenie): A compulsory system that covers a range of medical and long-term care services, funded by contributions from various payers, including employers, employees, and the state, among others.

Social Assistance Act (Zákon o sociálnej pomoci): Provides the legal framework for social assistance services. It aims to support individuals and families in need through financial aid, services, and benefits to ensure a minimum standard of living and social inclusion.

Social Security Act (Zákon o sociálnom zabezpečení): Provides the framework for providing social security benefits. It provides a wide range of services across several essential areas including pension security, sickness insurance, and social care, which includes LTC.

Social Services Act (Zákon o sociálnych službách): Provides the framework for providing social services. It regulates the provision of various support services aimed at improving the quality of life for individuals in need, including older adults and individuals with disabilities, to ensure their well-being and integration into society.

State insured individuals (Poistenec štátu): Economically inactive individuals whose health insurance contributions are covered by the state, constituting a distinct group of health insurance premium payers.

Voluntarily unemployed individuals (Dobrovoľne nezamestnaná osoba): Individuals who are neither employees, self-employed, nor state-insured, forming a distinct group of health insurance premium payers.

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 Social Assistance Act residence requirement if they are a foreigner, stateless person, refugee, or immigrant residing in Slovakia under authorization from the competent authority.
2. 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 Slovakia, being self-employed in Slovakia, being an asylum seekers, being a foreigner residing in Slovakia without a legal representative or guardian and receiving care in a social services facility, being a foreigner arrested in Slovakia, or being in custody or serving a prison sentence.
3. Individuals who are not permanent residents can satisfy the Social Services Act residence requirement by meeting one of the following conditions, among others: being an asylum seekers, being a family member of an individual with permanent residence in Slovakia, being granted supplementary protection, or being granted temporary refuge.
4. In 2004, Slovakia reformed its healthcare system with six new laws, replacing previous laws and regulations. This included converting public health insurance funds into joint-stock companies and revising contracting and licensing processes for providers. Despite these changes, benefits, eligibility, assessments, and user charges remained unchanged.
5. Care is provided on a daily, weekly, or yearly basis. Daily care is offered on weekdays during regular working hours but does not include housing. Weekly care is offered Monday through Friday, excluding Saturdays, Sundays, public holidays, and the holidays immediately before or after weekends. Yearly care is offered every day including public holidays and the holidays immediately before after weekends.
6. Self-governments in Slovakia refer to decentralized administrative units that manage local affairs. They consist of two main levels: municipalities and self-governing regional units referred to as higher territorial units.

7. The Social Security Act does not have an age requirement to receive LTC benefits. However, certain benefits have an age requirement. For example, retirement homes and homes for pensioners only provide care to individuals who have reached the eligible age for receiving an old-age pension.
8. The Social Services Act does not have an age requirement to receive LTC benefits. However, certain residential benefits have an age requirement. Residential homes, which are also referred to as facilities for older adults in Slovakia, only provide care to individuals who have reached retirement age. Additionally, in supported housing facilities, individuals have to be 16 years or older.
9. The Social Assistance Act does not have an age requirement to receive LTC benefits. However, admission to a retirement home (domov dôchodcov) requires individuals to be old-age pensioners, which does include an age requirement.
10. The Act No. 195/1998 Coll. on Social Assistance was replaced by several laws, including the Act on Help in Material Need, the Act on Social-Legal Protection of Children and Social Curatorship, the Act on Cash Benefits for the Compensation of Severe Disability, and the Act on Social Services.
11. Also referred to as guide service or reading assistance service.

Version information

Current Version: 1.0 (November 2024)

Version History

- 1.0 (November 2024): First version.

Additional resources

The following resources provide additional details for the interested reader:

Health Policy Institute. Available in English. As of September 10, 2024.

Available at: https://www.hpi.sk/cdata/Documents/reform_laws.pdf

Features: A comprehensive report that details the various laws enacted during the 2004 reform

Ministry of Health. Available in Slovak. As of September 10, 2024.

Available at: https://www.health.gov.sk/Zdroje?/Sources/dokumenty/IZP/pdf/health_systems_in_transition_slovakia.pdf

Features: A detailed report analyzing the key aspects of the 2004 healthcare reform

Ministry of Justice of the Slovak Republic. Available in Slovak. As of September 10, 2024.

Available at: <https://www.slov-lex.sk/domov>

Features: Legislative database that offers both current and historical versions of laws governing long-term care (LTC) in Slovakia