

Health Care in the Slovak Republic

Health care is provided on the basis of the public (obligatory) health insurance (Act No. 580/2004 Coll. on health insurance). Accordingly everyone has the right for health care provision, for drugs and for medical devices free of charge in principle. In some certain cases (dentistry, drugs) the participation or full payment of patient on expenses on health care has been assigned by law.

Health care in the Slovak Republic is provided by public and private health care providers (physicians, dentists, hospitals, pharmacies etc.). General practitioners for children and adolescents, general practitioners for adults, gynecologists and dentists are providing health care to Slovak insured persons through contracts on health care provision concluded for the minimum period of 6 months.

Public and private health care providers generally conclude the contracts with the health insurance companies. However, there are some providers with no contract with health insurance companies. The health insurance companies reimburse the health care provided just by the health care providers who have concluded the contract with them.

There are 3 health insurance companies in the Slovak Republic:

1. General Health Insurance Company, Inc.

Všeobecná zdravotná poisťovňa, a. s.

www.vszp.sk

2. Health Insurance Company Dôvera, Inc.

DÔVERA zdravotná poisťovňa, a. s.

www.dovera.sk

3. Union Health Insurance Company, Inc.

Union zdravotná poisťovňa, a. s.

www.unionzp.sk

All of them are joint stock companies governing public resources and function in the whole of territory of the Slovak Republic. Everyone has the right to choose the health insurance company.

Insured person has the right for the health care provision at the selected contract health care provider. Information on the contract health care providers shall be supplied by the health insurance company.

If the out-patient medical treatment of specialist is needed, the referral of primary care physician is requested.

Dental health care - outpatient dental care

Only treatment of dentist with the use of standard materials is reimbursed by the public health insurance. If you are interested in health care using the above-standard materials, you will pay the price difference between standard and above-standard materials. Price of above-standard material is determined by each dental ambulance itself. Therefore the price for dental treatment and prosthetics varies in different clinics. The dentist is obliged to inform the patient in advance on the expenses for services with the patient participation and on the expenses of direct payment and in what amount.

In- patient health care

In case of need of hospitalization the referral of general practitioner is requested. If immediate hospitalization is requested the referral of general practitioner is not needed. In-patient health care and drugs are free of charge.

Transport of health care provision

The carrier charges 0.10 € per one km of drive for the provision of transport service related to the provision of health care. The payment is paid directly to the carrier after the ending of transport.

If emergency (life-saving) health service transport is requested there is no fee.

Drugs and medical device

If the sickness needs the usage of drugs/medicines or the usage of medical devices the general practitioner prescribes the prescription. Drugs and medical devices can be obtained in any of the pharmacies in Slovakia (there are more than one thousand pharmacies in Slovakia). The pharmacy is obliged to deliver the prescribed drug. It does not make any difference either it is the contract or non-contract pharmacy. Drugs are divided into three categories by competent law:

- medicines for the full payment of health insurance company
- medicines for partial payment of health insurance company and with the co-payment of the patient
- medicines for the full payment of the patient.

The physician who prescribes the prescription is obligated to inform on the category of the drug. When the category with the cost-sharing of the patient is concerned it is paid directly in the pharmacy. The pharmacy is obliged to issue the receipt of the amount of payment of the patient participation and of the co-payment. Patient does not claim for reimbursement of the cost-sharing and co-payment at the health insurance company.

Charges for services related to health care provision (co-payment of patient)

Accompanying person in the hospital

A service related to providing of health care is a stay of an **accompanying person** at the hospital.

Accompanying person pays € 3.30 per day, the first and last days count as one day.

Free stay of the accompanying person:

- accompany to the child under the three years of age,
- nursing mothers with babies,
- accompany to a person under 18 years of age receiving treatment for cancer.

Payment in pharmacy

The pharmacy will charge you 0.17 € for statistical processing of recipe or coupon for medical device.

Free of charge 0.17 € is if:

- the insured person presents the extract from prescription,
- the insured person presents the prescription for drugs or dietary foods, which are fully paid by insured person,
- the prescription is for vaccines labeled as "V" issued on one prescription.

Payment on emergency room services

In the case of need of emergency services you may visit out-patient emergency service units which operate on Monday-Friday 16:00 – 22:00 and on Saturday – Sunday 7:00-22:00. Out – patient emergency services may contain also home visiting service. After 10.00 p.m. only Hospital Emergency Services are available.

When visiting out-patient emergency service units, you are required to pay the fee of 2.00 €. When health care provider provides you with home visiting services, the fee of 10.00 € is charged. If is found necessary to send patient to in-patient emergency service units in the hospital after examination, the charge 2.00 € doesn't apply.

In the case of need of emergency services you may use Hospital Emergency Services (in – patient emergency services).

For in-patient emergency services you are required to pay the fee of 10.00 € with the exception of cases, when a patient is sent to Hospital Emergency Service units after examination by out-patient emergency service units and cases, concerning Hospital Emergency Services providing in district where no out-patient emergency service unit is operated. In these cases the fee of 2.00 € is charged.

When a patient is in a need of acute dental care, the dental emergency service units are available. The co-payment of the patient equals to 2.00 €.

Free of charge emergency room services:

- in cases that in-patient emergency services and out-patient emergency services are provided with regard to accident or immediately after accident (not in case when accident occurred due to an alcohol or drug misuse),
- if it is found necessary to keep the patient in the in-patient care in the hospital after examination by in-patient emergency service units and out-patient emergency service units
- in cases where health care provision in in-patient emergency service units took more than two hours.

Payment for transportation

The charge for the 1 km of transport by ambulance care is 0.10 €.

This charge doesn't apply if the insured person:

- is included in chronic dialysis or a transplant program,
- is provided by cancer or cardio-surgical treatment,
- with severe disabilities is dependent on the transport of personal motor cars,
- is transported from one hospital to another on the basis of the decision of the hospital.

For what not to pay

- For the medical material in the neither ambulance nor hospital (such as needles, syringes and bandages).
- General practitioner for children and adolescents, general practitioner for adults, gynecologist and dentist with contract with the health insurance company has no right to request payment from the insured person for the establishment and management of health records.
- The pharmacy may not require fee € 0.17 per prescription if the insured person is paying the full price of the medicinal product.
- Complaints regarding the health care provision can be filed to:
 - **Banská Bystrica Self Governing Region**, www.vucbb.sk
 - **Bratislava Self Governing Region**, www.region-bsk.sk
 - **Košice Self Governing Region**, www.vucke.sk
 - **Nitra Self Governing Region**, www.unsk.sk
 - **Prešov Self Governing Region**, www.po-kraj.sk

- **Trenčín Self Governing Region, www.tsk.sk**
- **Trnava Self Governing Region, www.trnava-vuc.sk**
- **Žilina Self Governing Region, www.regionzilina.sk**
- **Ministry of Health of the Slovak Republic, www.health.gov.sk**