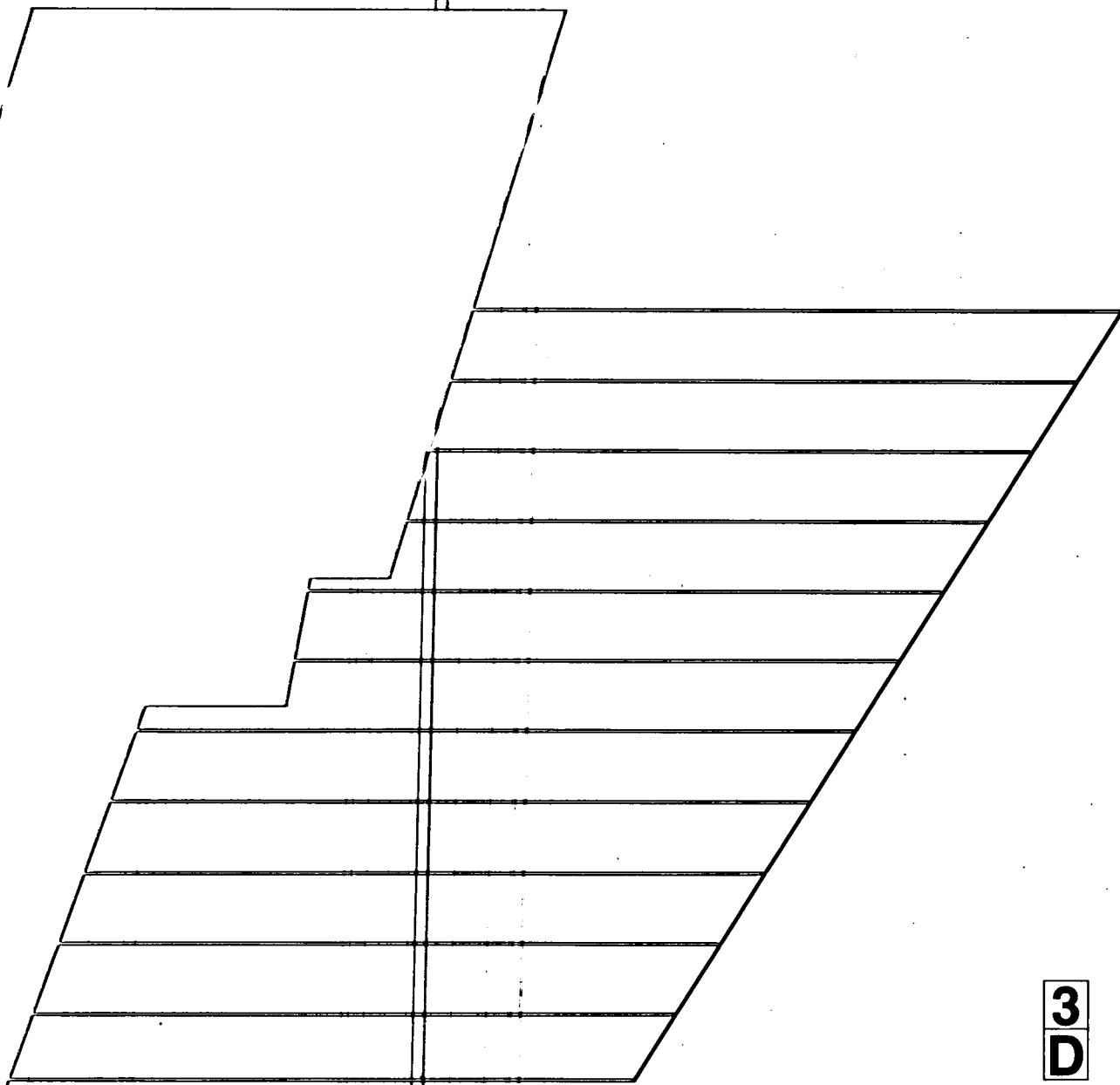




**DIGEST OF STATISTICS
ON SOCIAL PROTECTION
IN EUROPE**

Volume 5: Sickness

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Y. Franchet
Generaldirektor

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To ensure that the vast quantity of accessible data is made widely available, and to help each user make proper use of this information, Eurostat has set up two main categories of document: statistical documents and publications.

The statistical document is aimed at specialists and provides the most complete sets of data: reference data where the methodology is well-established, standardized, uniform and scientific. These data are presented in great detail. The statistical document is intended for experts who are capable of using their own means to seek out what they require. The information is provided on paper and/or on diskette, magnetic tape, CD-ROM. The white cover sheet bears a stylized motif which distinguishes the statistical document from other publications.

The publications proper tend to be compiled for a well-defined and targeted public, such as educational circles or political and administrative decision-makers. The information in these documents is selected, sorted and annotated to suit the target public. In this instance, therefore, Eurostat works in an advisory capacity.

Where the readership is wider and less well-defined, Eurostat provides the information required for an initial analysis, such as yearbooks and periodicals which contain data permitting more in-depth studies. These publications are available on paper or in videotext databases.

To help the user focus his research, Eurostat has created 'themes', i.e. subject classifications. The statistical documents and publications are listed by series: e.g. yearbooks, short-term trends or methodology in order to facilitate access to the statistical data.

Y. Franchet
Director-General

Pour établir, évaluer ou apprécier les différentes politiques communautaires, la Commission européenne a besoin d'informations.

Eurostat a pour mission, à travers le système statistique européen, de répondre aux besoins de la Commission et de l'ensemble des personnes impliquées dans le développement du marché unique.

Pour mettre à la disposition de tous l'importante quantité de données accessibles et faire en sorte que chacun puisse s'orienter correctement dans cet ensemble, deux grandes catégories de documents ont été créées: les documents statistiques et les publications.

Le document statistique s'adresse aux spécialistes. Il fournit les données les plus complètes: données de référence où la méthodologie est bien connue, standardisée, normalisée et scientifique. Ces données sont présentées à un niveau très détaillé. Le document statistique est destiné aux experts capables de rechercher, par leurs propres moyens, les données requises. Les informations sont alors disponibles sur papier et/ou sur disquette, bande magnétique, CD-ROM. La couverture blanche ornée d'un graphisme stylisé démarque le document statistique des autres publications.

Les publications proprement dites, peuvent, elles, être réalisées pour un public bien déterminé, ciblé, par exemple l'enseignement ou les décideurs politiques ou administratifs. Des informations sélectionnées, triées et commentées en fonction de ce public lui sont apportées. Eurostat joue, dès lors, le rôle de conseiller.

Dans le cas d'un public plus large, moins défini, Eurostat procure des éléments nécessaires à une première analyse, les annuaires et les périodiques, dans lesquels figurent les renseignements adéquats pour approfondir l'étude. Ces publications sont présentées sur papier ou dans des banques de données de type vidéotex.

Pour aider l'utilisateur à s'orienter dans ses recherches, Eurostat a créé les thèmes, c'est-à-dire une classification par sujet. Les documents statistiques et les publications sont répertoriés par série — par exemple, annuaire, conjoncture, méthodologie — afin de faciliter l'accès aux informations statistiques.

Y. Franchet
Directeur général

**DIGEST OF STATISTICS
ON SOCIAL PROTECTION
IN EUROPE**

Volume 5: Sickness

Theme
Population and social conditions
Series
Studies and research



Cataloguing data can be found at the end of this publication.

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This study was carried out for EUROSTAT by Françoise Duchesne.

Eurostat would like to thank the Working Party on Social Protection Statistics and the representatives of the Member States who have collaborated in compiling this publication.

Part I INTRODUCTION

At regular intervals Eurostat publishes⁽¹⁾ aggregate data on current social protection expenditure and receipts⁽²⁾, which are compiled and presented using the European ESSPROS methodology⁽³⁾. One classification of the benefits is by "functions", in other words by risk, eventuality or need covered.

The Digest of Statistics on Social Protection in Europe - of which this paper will represent Volume V devoted to the **Sickness function** - provides more detailed data on the amounts paid out.

1. Objectives

The object of the Digest of Statistics on Social Protection in Europe is to obtain, in respect of each function, a breakdown by type of benefit paid and the corresponding numbers of beneficiaries. However, in view of the difficulties encountered in collecting comparable data on beneficiaries in the Sickness function, Eurostat decided to delay publication of this volume. A specific study is to be made of it later.

This breakdown by type of benefit, specific to each function and identical for all Member States, should enable more precise comparisons at European level (cf. Part III) and more detailed analyses at country level (cf. Part II) to be undertaken concurrently, and the two approaches to be combined.

The fact sheets which describe the main features of national benefits (cf. Part IV) for a given function - i.e. the agency which procures the benefits, the conditions governing eligibility and the method of calculating them - should be of great assistance in interpreting the data.

Lastly, the collecting of data at two different levels, i.e. the "agencies" or administrative units in the case of ordinary ESSPROS statistics, and at the level of national benefits in the case of data in the Digest, enables validity checks to be made by crosschecking.

2. Classifications

ESSPROS classifies social protection benefits as follows⁽⁴⁾:

- by country
- by function (or social risk)
- by scheme (or grouping of administrative units referred to as agencies)
- by type of benefit (general types, identical for all functions).

The classification and presentation of statistical results in the Digest are based on this ESSPROS classification, subject to the following clarifications.

a) Each volume of the Digest contains data for one of the twelve **functions**. Volume V covers sickness as defined in point 5.1 of this introduction (only the expenditure amounts are given in this volume).

b) The data are presented by **country** (Part II), and summarized in the **comparative tables** (Part III).

c) They are classified in three **groups of schemes**:

- Basic scheme
- Supplementary schemes
- Means-tested welfare schemes

These correspond to the ESSPROS groups of schemes.

As a reminder, and without repeating the full definitions in the methodology, the basic schemes (paragraph 317) are schemes which, pursuant to laws or regulations, provide for primary protection against one or more risks.

The supplementary schemes, known as **complementary or supplementary** in the ESSPROS methodology (paragraph 326), are schemes which presuppose that, in the case in question, primary benefits are being granted under a basic scheme.

The means-tested welfare schemes are known as "schemes relating to other forms of social protection" in the ESSPROS methodology (paragraph 329). Only benefits specifically intended for sick persons, e.g. medical aid provided by local authorities to persons who are sick and indigent. When these payments are made as a last resort in accordance with rules which apply to the entire population, they are classified under the **Poverty function**⁽⁵⁾.

In the ESSPROS (paragraph 316) the first two groups of schemes are subdivided into national, general, special (further subdivided) and voluntary schemes. So as not to overburden the tables, and since the Digest is not meant to give an institutional analysis of the schemes, these subdivisions have not been included here.

d) Since the **types of benefits** considered in this Digest are specific to each function, they differ from the types of benefits in the ESSPROS (paragraph 605), which are common to all the functions and therefore more general (see classification plan further on).

This change reflects the attempt to obtain uniform classifications for all countries in the most appropriate way for providing an analysis by function from one country to another. The "types" in the Digest and in the ESSPROS differ therefore not in concept but in the level at which the benefits enjoyed by the household are presented. These types are generic e.g., daily allowances, dental care, etc., and combine national benefits covering the same risks under a law or a specific regulation: e.g. in Belgium, in the case of the daily allowances paid by the social security institution under the basic schemes, allowances paid to statutory agents of the Belgian Railways (SNCB) and to employees of the Merchant Navy (RTM).

The various types of benefits and their definitions are listed in point 5.2 of this introduction. The national types of benefits are given in the descriptive forms (Part IV).

It can be concluded from the above that the Digest uses the ESSPROS methodology but groups the benefits differently under the various schemes and types.

3. Method used to compile the Digest

Eurostat requested an expert from each country to supply, in respect of each function for the period 1980-1991, detailed data regarding the amounts of benefits paid and the numbers of beneficiaries, accompanied by the relevant descriptive forms.

From an analysis of this raw material, Eurostat compiled an initial classification of types of benefits common to all the countries. The national types of benefits were then broken down in accordance with this classification. The breakdowns of data were revised and the data and descriptive forms were supplemented.

This work was carried out in close cooperation with the Member States. The link with the ESSPROS data was maintained throughout the project. As a result of this work, some corrections will be made to the ESSPROS data.

The present volume has undoubtedly benefited from the experience gained in producing Volumes 1-4, dealing with the Old age, Invalidity/Disability, Survivors and Family functions, which have already been published.

They are to be updated and improved at a later date. The volumes on the other functions are in preparation.

4. Presentation of data

This introduction, containing definitions of the Sickness function and the types of benefits specific to it, is followed by country tables for the period 1980-1991⁽⁶⁾ (Part II). These tables give the amounts of the benefits expressed in national currency.

Part III contains an analysis of the data on the basis of comparative tables. This part of the publication gives an overview of the trends in, and structure of, expenditure on the Sickness function in the European Union and in each of the Member States.

Part IV contains descriptive forms giving the main characteristics of national types of benefit for the Sickness function. It shows the agency which procures the benefits, the conditions for eligibility⁽⁷⁾ and the method of calculating the benefits.

To facilitate comparisons of the structures, the tables list all the types of benefit, even if no data are available. A colon ":" indicates that the data are not available and a hyphen "-" indicates that they do not exist in the Member State in question.

It must be emphasized that the data for the Federal Republic of Germany refer to the situation prior to 3 October 1990. Statistics on the former GDR are not yet available.

5.1. Sickness function: Content

"Sickness" must be understood in the strict sense as a more or less deep-seated alteration in the health of the

individual, affecting his physical or mental health in general.

This function includes:

- a. wage/salary payment and allowances intended as total or partial compensation for the loss of income resulting from the suspension of an occupation because of sickness;
- b. payments to compensate for, or in addition to the above benefits;
- c. payments to all protected persons equivalent to all or part of the cost of medical care⁽⁸⁾ of a preventive or therapeutic nature; with regard to prevention, the main areas covered are medical check-ups, vaccination campaigns, health education, preventive measures etc.
- d. expenditure of public health services, insofar as it relates to allowances or medical care;
- e. other forms of social assistance for sick persons.

The following are excluded:

- a. medical care given to an individual or a disabled person (handicapped person, etc.) as specific treatment for their invalidity or disability, i.e. in direct relation to the particular condition of the person concerned⁽⁹⁾;
- b. medical care given to victims of occupational accidents or workers suffering from occupational illnesses, insofar as this care is directly related to the injury or diseases in question⁽¹⁰⁾;
- c. pre-natal, obstetrical and post-natal medical care⁽¹¹⁾;
- d. medical care given to conscripted military personnel during their compulsory military service⁽¹²⁾;
- e. any payments made to supplement allowances granted on account of family responsibilities⁽¹³⁾.

5.2. Sickness function: Definitions of types of benefits

11. **Continued payment of wage or salary:** benefit paid to the beneficiary while not working because of sickness, and equal to full earnings. It is paid either by the employer or by the social security institution (other than the employer).

A. Continued payment of wage or salary by employer

B. Continued payment of wage or salary by social security institution.

12. **Sickness allowances:** payment, as a flat rate or a proportion of earnings, to offset partly earned income lost following interruption of activity because of sickness. It is paid either by the

employer or by the social security institution (other than the employer).

A. Sickness allowances paid by employer

B. Sickness allowances paid by social security institution.

13. **Other cash benefits:** Benefits received by beneficiaries, for reasons linked to their state of health, which cannot be classified under the above headings.

21. **In-patient care:** accomodation and therapeutic medical care supplied by medical and paramedical hospital staff⁽¹⁴⁾ to patients during their stay in hospital (at least one night). This heading comprises the supply of medicines, medical products and prostheses, laboratory tests and other examinations during hospitalization, but does not comprise prevention.

22. **Out-patient care:** therapeutic care supplied by medical or paramedical personnel, except for care supplied during a stay in a hospital (at least one night) or care to be classified separately under other headings (see below). It comprises out-patient care given by hospital, nursing home (not predominantly medical), doctors' surgeries or at home.

23. **Pharmaceutical products:** pharmaceutical products prescribed or supplied directly to out-patients.

24. **Dental care:** dental treatment, provision of dental products and prostheses, to out-patients.

25. **Medical prostheses:** optical appliances (spectacles, contact lenses, etc.) hearing aids, orthopaedic

devices and other medical prostheses supplied to out-patients.

26. **Laboratory tests and other examinations:** laboratory tests, radiology and various other examinations provided for out-patients other than those provided during a stay in hospital or for preventive purposes.

27. **Prevention:** systematic and collective check-ups and preventive screening, including those conducted at work⁽¹⁵⁾ and school; does not include benefits which are not explicitly for preventive purposes.

28. **Other benefits in kind:** benefits which cannot be classified under one of the above headings; these include in particular transportation of sick persons (by ambulance treatmetc.), periods of convalescence or courses of ent.

6. Other statistics on the value of benefits in kind

For several years the OECD has published data on health care. The basis of the OECD health accounts statistics differs from that of the present study on the Sickness function. The OECD and Eurostat have specific objectives in their approach to this branch. In order to avoid confusion or over-hasty comparisons of the statistics, a review of the main methodological differences between the two international organizations is provided in an annex to this publication.

Notes

(1) Cf. statistical document "Social protection expenditure and receipts, 1980-1992".

(2) The expenditure comprises mainly social protection benefits and the agencies' operating costs.

(3) European System of Integrated Social Protection Statistics.

(4) Eurostat - "European System of Integrated Social Protection Statistics (Esspros), Methodology - Part I, 1981".

(5) Highlighting benefits which guarantee adequate resources to sick people but which are not peculiar to them, and classifying these benefits under the Sickness function, would reduce the usefulness of the General neediness function, which is designed to provide a comparable measure of efforts to reduce poverty.

(6) For Belgium and Greece the time series stops at 1990.

(7) The conditions of entitlement to the benefits fall into four main categories, viz: qualifying period, waiting period, (maximum) duration of benefit, and any other conditions.

- Qualifying period: minimum statutory period of employment, coverage or contributions, that the applicant must fulfil in order to qualify for the benefit.

- Waiting period: period during which benefits are not granted following the occurrence of the event covered by the benefit. There is often a waiting period for benefits in cash, but hardly ever for benefits in kind.

- Duration of benefit: maximum period during which the benefit is granted to the beneficiary. In the case of cash benefits under the Sickness function, the period of payment ends when the insured person recovers his earning capacity, is declared to be an invalid (permanent invalidity) or dies.

- Other conditions of entitlement.

(8) Medical care includes the following goods and services:

- services provided by doctors (general practitioner or a specialist) or other medical personnel, within or outside establishment (in out-patients department, surgeries, and home);

- stays in hospital: medical treatment and maintenance;

- dental care;

- medicines and prostheses: medicines and pharmaceutical products, optical appliances (spectacles, contact lenses etc.) and hearing aids, orthopaedic products and prostheses, dental products and prostheses;
- other medical services: laboratory analyses, radiological and electro-physical examinations, hydrotherapy, salt-water and sea-air, functional rehabilitation, transport for sick persons, health education and disease prevention campaigns, vaccinations and immunizations, etc.

- (9) These benefits should be classified under the **Invalidity/Disability** function
- (10) These benefits should be classified under the **Occupational accidents and diseases** function
- (11) These benefits should be classified under the **Maternity** function
- (12) The cost of this care is not regarded as social protection expenditure.
- (13) These supplements should be classified under the **Family** function.
- (14) Physiotherapists, orthodontists, etc.
- (15) Prevention of occupational diseases is included in the **Occupational accidents and diseases** function.

ESSPROS	DIGEST - VOL. V: SICKNESS
<p style="text-align: center;">SCHEMES</p> <p>Basic</p> <ul style="list-style-type: none"> . Nationals . General . Special <ul style="list-style-type: none"> - statutory - other occupational - for victims of political events and natural disasters - other special . Voluntary <p>Complementary or supplementary</p> <ul style="list-style-type: none"> . National . General . Special <ul style="list-style-type: none"> - statutory - other occupational - for victims of political events and natural disasters - other special . Voluntary <p>Relating to other forms of social protection</p>	<p style="text-align: center;">SCHEMES</p> <p>Basic</p> <p>Supplementary</p> <p>Means-tested</p>
<p style="text-align: center;">TYPES OF BENEFITS (same for all functions)</p> <p>Cash benefits</p> <ul style="list-style-type: none"> . Income maintenance <ul style="list-style-type: none"> - long-term periodic - short-term periodic - paid once only . To compensate for special expenditure <ul style="list-style-type: none"> - long-term periodic - short-term periodic - paid once only . Other <ul style="list-style-type: none"> - long-term periodic - short-term periodic - paid once only <p>Benefits in kind</p> <ul style="list-style-type: none"> . Reimbursement <ul style="list-style-type: none"> - medical care - social assistance - other reimbursement . Directly provided benefits <ul style="list-style-type: none"> - medical care - social assistance - other direct benefits 	<p style="text-align: center;">TYPES OF BENEFITS (specific to Sickness function)</p> <p>Cash benefits</p> <ul style="list-style-type: none"> . Continued payment of wage or salary <ul style="list-style-type: none"> - by employer - by social security institution . Daily allowances <ul style="list-style-type: none"> - paid by employer - paid by social security institution . Other cash benefits <p>Benefits in kind</p> <ul style="list-style-type: none"> . In-patient care . Out-patient care . Pharmaceutical products . Dental care . Medical Prostheses . Laboratory tests and other examinations . Prevention . Other benefits in kind

**SICKNESS FUNCTION
TYPE OF BENEFIT CLASSIFICATION PLAN**

GS	GT	T	
1		BASIC SCHEMES	
		10	Cash benefits
			Continued payment of wage or salary
		11	A. by employer
			B. by social security institution
		12	Daily allowances
			A. paid by employer
			B. paid by social security institution
		13	Other cash benefits
		14	Data not available by type of benefit
		20	Benefits in kind
			In-patient care
			Out-patient care
			Pharmaceutical products
			Dental care
			Medical Prostheses
			Laboratory tests and other examinations
			Prévention
			Other benefits in kind
			Data not available by type of benefit
2		SUPPLEMENTARY SCHEMES	
		10	Cash benefits
			Continued payment of wage or salary
		11	A. by employer
			B. by social security institution
		12	Daily allowances
			A. paid by employer
			B. paid by social security institution
		13	Other cash benefits
		14	Data not available by type of benefit
		20	Benefits in kind
			In-patient care
			Out-patient care
			Pharmaceutical products
			Dental care
			Medical Prostheses
			Laboratory tests and other examinations
			Prévention
			Other benefits in kind
			Data not available by type of benefit
3		MEANS-TESTED SCHEMES	
		10	Cash benefits
			Continued payment of wage or salary
		11	A. by employer
			B. by social security institution
		12	Daily allowances
			A. paid by employer
			B. paid by social security institution
		13	Other cash benefits in kind
		14	Data not available by type of benefit
		20	Benefits in kind
			In-patient care
			Out-patient care
			Pharmaceutical products
			Dental care
			Medical Prosthese
			Laboratory tests and other examinations
			Prévention
			Other benefits in kind
			Data not available by type of benefit

GS: group of schemes
GT: group of types of benefit
T: type of benefit

Part II COUNTRY TABLES

Benefits in Mio BFR

[illegible]

GS	GT	T		Form n°	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	
	20		Benefits in kind	(d)		142123	155122	170455	187479	198399	203156	230063	249772	251239	268354	295689	:
	21		. In-patient care														
			- Employees in the private and public sector (INAMI, general scheme	(e)	30	30205	33699	37906	42564	45361	43144	50384	54672	52303	60143	67640	:
			- Self employed (INAMI)	(e)	31	3552	3910	4447	4846	5059	4739	5484	5570	5655	6090	7139	:
			- SNCB employees (up to 1 January 1991)	(e,o)	32	:	:	:	:	:	:	:	:	:	:	:	-
			- Merchant navy personnel	(e)	33	43	45	49	59	65	58	56	65	61	64	63	:
			- Persons working outside the EEC and former colonials - Voluntary insurance (OSSOM)	(e)	34	100	106	124	118	159	157	153	157	139	164	158	183
	22		. Out patient care														
			- Employees in the private and public sector (INAMI, general scheme	(f)	30	67973	74059	70174	75627	83306	87766	99990	108373	108801	114455	123377	:
			- Self employed (INAMI)	(f)	31	4505	4830	4348	4921	5480	5660	6616	7199	7534	8108	9105	:
			- SNCB employees (up to 1 January 1991)	(f,o)	32	:	:	:	:	:	:	:	:	:	:	:	-
			- Merchant navy personnel	(f)	33	56	60	54	61	67	69	77	83	82	79	69	:
			- Persons working outside the EEC and former colonials - Voluntary insurance (OSSOM)	(f)	34	104	122	135	149	171	183	175	183	158	186	206	230
	23		. Pharmaceutical products														
			- Employees in the private and public sector (INAMI, general scheme		30	20764	21148	21078	23472	23790	26668	28900	31761	35119	37427	41583	:
			- Self employed (INAMI)		31	603	629	660	791	886	1072	1095	1242	1373	1459	1765	:
			- SNCB employees (up to 1 January 1991)	(o)	32	:	:	:	:	:	:	:	:	:	:	:	-
			- Merchant navy personnel		33	15	15	16	17	18	18	19	25	24	23	22	:
			- Persons working outside the EEC and former colonials - Voluntary insurance (OSSOM)		34	51	57	60	70	76	79	81	87	86	99	104	125
	24		. Dental care														
			- Employees in the private and public sector (INAMI, general scheme		30	3923	4098	4146	4169	4465	4863	6117	6599	6844	7807	8621	:
			- Self employed (INAMI)		31	19	20	21	22	21	22	26	28	32	34	40	:
			- SNCB employees (up to 1 January 1991)	(o)	32	:	:	:	:	:	:	:	:	:	:	:	-
			- Merchant navy personnel		33	3	3	3	3	3	3	5	5	5	5	4	:
			- Persons working outside the EEC and former colonials - Voluntary insurance (OSSOM)		34	:	:	:	:	:	:	:	:	:	:	:	:
	25		. Medical prostheses														
			- Employees in the private and public sector (INAMI, general scheme		30	1374	1187	1888	2167	2514	1554	3277	3716	3996	4627	5268	:
			- Self employed (INAMI)		31	19	20	110	137	169	28	241	296	336	391	486	:
			- SNCB employees (up to 1 January 1991)	(o)	32	:	:	:	:	:	:	:	:	:	:	:	-
			- Merchant navy personnel		33	1	1	1	2	2	0	0	0	0	0	0	:
			- Persons working outside the EEC and former colonials - Voluntary insurance (OSSOM)		34	6	6	7	7	8	9	10	10	10	12	10	15
	26		. Laboratory tests and other examinations														
			- Employees in the private and public sector (INAMI, general scheme		30	:	:	:	:	:	:	:	:	:	:	:	:
			- Self employed (INAMI)		31	:	:	:	:	:	:	:	:	:	:	:	:
			- SNCB employees (up to 1 January 1991)	(o)	32	:	:	:	:	:	:	:	:	:	:	:	-
			- Merchant navy personnel		33	:	:	:	:	:	:	:	:	:	:	:	:
			- Persons working outside the EEC and former colonials - Voluntary insurance (OSSOM)		34	60	69	85	83	117	122	131	141	125	130	116	129

[illegible]

GS	GT	T	Form n°	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
		20	Benefits in kind	4623	4753	5100	5557	5801	6144	6782	7230	7603	7970	8462	:
		21	. In-patient care												
			- General insurance Payments in case of hospitalization, family assistance	40	:	:	:	:	:	:	:	:	:	:	:
		22	. Out patient care												
			- Self employed "minor risks" (voluntary insurance)	41											
		23	. Pharmaceutical products												
			- Self employed "minor risks" (voluntary insurance)	41											
		24	. Dental care												
			- Self employed "minor risks" (voluntary insurance)	41											
		25	. Medical prostheses												
			- Self employed "minor risks" (voluntary insurance)	41											
		26	. Laboratory tests and other examinations												
			- Self employed "minor risks" (voluntary insurance)	41											
		27	. Prevention	-											
		28	. Other benefits in kind												
			- Self employed "minor risks" (voluntary insurance)	41											
			- General insurance (mutual societies)-Tuberculosis (n)	42	:	:	:	:	:	:	:	:	:	:	:
			- General insurance (mutual societies)-Ambulance services (n)	43	:	:	:	:	:	:	:	:	:	:	:
			- General insurance (mutual societies)-Courses of treatment (n)	44	:	:	:	:	:	:	:	:	:	:	:
			- General insurance (mutual societies)-Various benefits (n)	45	:	:	:	:	:	:	:	:	:	:	:
		29	. Data which cannot be broken down by type of benefit												
			- Self employed "minor risks" (voluntary insurance)	41											
			General insurance (mutual societies) (n)	43,44,45	4311	4355	4600	4986	5324	5639	6216	6637	7050	7492	7960
			SNCB supplementary scheme Social work funds	48	312	398	500	571	477	505	566	593	553	478	502
3			MEANS TESTED SCHEMES	3540	3966	4283	4652	4796	4949	5088	5327	5296	5560	5866	:
	10		Cash benefits	0	0	0	0	0	0	0	0	0	0	0	0
		11	. Continued payment of wage or salary												
			A. By employer	-											
			B. By social security institution	-											
		12	. Daily allowances												
			A. By employer	-											
			B. By social security institution	-											
		13	. Other cash benefits												
		20	Benefits in kind	3540	3966	4283	4652	4796	4949	5088	5327	5296	5560	5866	:
		21	. In-patient care	-											
		22	. Out patient care	-											
		23	. Pharmaceutical products	-											
		24	. Dental care	-											
		25	. Medical prostheses	-											
		26	. Laboratory tests and other examinations	-											
		27	. Prevention	-											
		28	. Other benefits in kind	-											
			- Various CPAS benefits	47	3540	3966	4283	4652	4796	4949	5088	5327	5296	5560	5866
		29	. Data which cannot be broken down by type of benefit	-											
			TOTAL SICKNESS		199724	215337	232654	252303	261856	269462	312477	319148	323217	345466	374369

Benefits in Mio de DKR

GS	GT	T		Form n°	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
1			BASIC SCHEMES		27966.3	29505.8	33206.6	33551.8	34290.0	36912.5	38874.8	40237.4	44263.6	44197.9	45575.5	47567.7
	10		Cash benefits		7813.8	7173.0	7537.0	6338.1	6256.1	7168.8	8118.8	8926.7	10887.7	9621.2	9975.4	9168.3
		11	. Continued payment of wage or salary													
			A. Paid by the employer	-												
			- All employees - Sickness benefit	1	:	:	:	:	:	:	:	:	:	:	:	:
			B. Paid by social security institution	-												
		12	. Sickness allowance													
			A. Paid by the employer													
			B. Paid by social security institution													
			- All the labour force - Daily sickness allowance	2	7729.9	7071.2	7419.8	6239.8	6159.4	7063.8	8009.4	8784.7	10731.1	9455.0	9782.0	8961.3
			- Self employed and housewives - Voluntary Sickness benefit	3	83.9	101.8	117.2	98.3	96.7	105.0	109.4	142.0	156.6	166.2	193.4	207.0
		13	. Other cash benefits	-												
	20		Benefits in kind		20152.5	22332.8	25669.6	27213.7	28033.9	29743.7	30756.0	31310.7	33375.9	34576.7	35600.1	38399.4
		21	. In patient care													
			- Whole population - In-patient care	4	:	:	:	:	20846.9	21905.2	22553.9	22798.6	23825.5	24838.3	25758.4	26955.9
		22	. Out patient care													
			- Whole population - Health insurance	5	:	:	:	:	3110.4	3422.2	3504.5	3512.1	3952.0	4146.2	4382.3	4769.4
			- Whole population - Medical care at home	6	:	:	:	:	653.7	741.5	820.7	949.0	1074.3	1229.4	1382.0	1645.3
			- Sailors - Health care	7	:	:	:	:	0.0	0.0	0.0	0.0	7.4	7.9	9.3	8.1
		23	. Pharmaceutical products													
			- Whole population - Health insurance	5	:	:	:	:	1465.4	1625.1	1769.8	1782.5	2036.4	1944.6	1682.6	2656.8
		24	. Dental care													
			- Whole population - Health insurance	5	:	:	:	:	690.3	725.8	773.1	771.7	894.8	824.3	843.4	852.1
			- Children - Free dental care	8	:	:	:	:	961.5	987.1	978.6	1067.6	1125.1	1124.7	1112.0	1112.9
		25	. Medical prostheses	-												
		26	. Laboratory tests and other examinations													
			- Whole population - Health insurance	5	:	:	:	:	:	:	:	:	:	:	:	:
		27	. Prevention		164.7	171.4	187.3	196.4	192.1	213	221.5	270.5	284.3	277.5	231.9	215.6
			- Health inspections	9	:	:	:	:	:	:	:	:	:	:	:	:
			- Research and observation	10	:	:	:	:	:	:	:	:	:	:	:	:
			- Assistance for drug addicts and alcoholics, birth control	11	:	:	:	:	:	:	:	:	:	:	:	:
			- Health education and anti smoking campaigns	12	:	:	:	:	:	:	:	:	:	:	:	:
			- Miscellaneous subsidies	13	:	:	:	:	:	:	:	:	:	:	:	:
			- Help to victims of accidents due to vaccination	14	:	:	:	:	:	:	:	:	:	:	:	:
	28		. Other benefits in kind													
	29		. Breakdowns not available		19987.8	22161.4	25482.3	27017.3	113.6	123.8	133.9	158.7	176.1	183.8	198.2	183.3

GS	GT	T	Form n°	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
2		SUPPLEMENTARY SCHEMES		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	10	<i>Cash benefits</i>													
	11	. Continued payment of wage or salary													
		A. Paid by the employer	-												
		B. Paid by social security institution	-												
	12	. Sickness allowance													
		A. Paid by the employer	-												
		B. Paid by social security institution	-												
	13	. Other cash benefits	-												
	20	<i>Benefits in kind</i>													
	21	. In-patient care	-												
	22	. Out patient care	-												
	23	. Pharmaceutical products	-												
	24	. Dental care	-												
	25	. Medical prostheses	-												
	26	. Laboratory tests and other examinations	-												
	27	. Prevention	-												
	28	. Other benefits in kind	-												
	29	. Breakdowns not available	-												
3		MEANS TESTED WELFARE SCHEMES		:	:	:	:	:	:	:	:	:	:	:	:
	10	<i>Cash benefits</i>													
	11	. Continued payment of wage or salary	-												
		A. Paid by the employer	-												
		B. Paid by social security institution	-												
	12	. Sickness allowance													
		A. Paid by the employer	-												
		B. Paid by social security institution	-												
	13	. Other cash benefits	-												
		- Assistance with personal contribution to health costs	15	:	:	:	:	:	:	:	:	:	:	:	:
	20	<i>Benefits in kind</i>													
	21	. In-patient care	-												
	22	. Out patient care	-												
	23	. Pharmaceutical products	-												
	24	. Dental care	-												
	25	. Medical prostheses	-												
	26	. Laboratory tests and other examinations	-												
	27	. Prevention	-												
	28	. Other benefits in kind	-												
	29	. Breakdowns not available	-												
		TOTAL SICKNESS		27966.3	29505.8	33206.6	33551.8	34290.0	36912.5	38874.8	40237.4	44263.6	44197.9	45575.5	47567.7

SICKNESS

Germany (*)

Benefits in Mio de DM

GS	GT	T	Form n°	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
1		BASIC SCHEMES		114144	120155	118865	122968	128931	139885	148221	155876	165354	161717	175666	194229
	10	<i>Cash benefits</i>		30346	29559	26582	27332	29005	30873	33383	35381	35373	37444	41471	45647
	11	. Continued payment of wage or salary													
		A. Paid by the employer	1	23681	23110	20678	21545	22699	24489	26503	27986	27587	29581	32637	35408
		- All employees - Earnings maintenance	-												
		B. Paid by social security institution	-												
	12	. Sickness allowance													
		A. Paid by the employer	-												
		B. Paid by social security institution													
		- employees insured under government scheme (G.K.V)	2	6665	6449	5904	5787	6306	6384	6880	7395	7786	7863	8834	10239
		- employees insured under private scheme (P.K.V)	:	:	:	:	:	:	:	:	:	:	:	:	:
	13	. Other cash benefits	-												
	20	<i>Benefits in kind</i>		83798	90596	92283	95636	99926	109012	114838	120495	129981	124273	134195	148582
	21	. In-patient care													
		- Compulsory and voluntary members - Health insurance (GKV)	3	28370	30409	32483	33246	35436	38051	40683	42699	44405	44598	48370	53324
	22	. Out patient care													
		- Compulsory and voluntary members - Health insurance (GKV)	3	14938	16041	16473	17318	18443	19157	19791	20456	21096	22044	23698	26011
	23	. Pharmaceutical products													
		- Compulsory and voluntary members - Health insurance (GKV)	3	16942	18355	18295	19155	21023	22490	24170	25997	28500	27246	29654	33161
	24	. Dental care													
		- Compulsory and voluntary members - Health insurance (GKV)	3	5293	5688	5822	6056	6326	6404	6885	7076	7378	7376	7824	8739
	25	. Medical prostheses													
		- Compulsory and voluntary members - Health insurance (GKV)	3	7021	7773	6693	6354	7000	7306	6583	6006	9211	4638	4596	5333
	26	. Laboratory tests and other examinations													
		- Compulsory and voluntary members - Health insurance (GKV)	3	:	:	:	:	:	:	:	:	:	:	:	:
	27	. Prevention													
		- Compulsory and voluntary members - Health insurance (GKV)	3	:	:	:	:	:	:	:	:	:	:	:	:
	28	. Other benefits in kind													
		- Compulsory and voluntary members - Health insurance (GKV)	3	1934	2203	1878	2841	3329	3598	4010	4471	4740	3186	4055	4840
		- Employees - Industrial Health Service	4	650	715	775	785	845	875	920	1000	1075	1115	1150	1220
		- Farmers - Assistance on the farm and at home	5	186	196	202	212	236	265	301	337	358	234	237	346
		- Cover for children during recreation	6	87	86	72	65	67	138	142	146	150	:	:	:
		- Support and advice	7	2359	2552	2599	2578	2725	2814	2905	3110	3250	3240	3527	3780
		- Pensioners' scheme - Socio-medical service	8	255	260	272	284	292	309	327	361	390	388	435	487
	29	. Breakdown not available by type of benefit													
		- Civil servants, magistrates - Reimbursement of costs	9	5406	5899	6264	6322	3774	7134	7656	8319	8950	9645	10143	10719
		- Persons abroad - Reimbursement of costs	10	357	419	455	420	430	471	465	517	478	563	506	622

(*) The data correspond to the territorial situation before 03.10.1990.

GS	GT	T		Form n°	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
2			SUPPLEMENTARY SCHEMES		:	:	:	:	:	:	:	:	:	:	:	:
	10		Cash benefits		:	:	:	:	:	:	:	:	:	:	:	:
	11		. Continued payment of wage or salary													
		A.	Paid by the employer	-												
		B.	Paid by social security institution	-						.						
	12		. Sickness allowance													
		A.	Paid by the employer													
		-	Employees - Supplementary cash benefit	11	:	:	:	:	:	:	:	:	:	:	:	:
		B.	Paid by social security institution	-												
	13		. Other cash benefits													
	20		Benefits in kind													
	21		. In-patient care	-												
	22		. Out patient care	-												
	23		. Pharmaceutical products	-												
	24		. Dental care	-												
	25		. Medical prostheses	-												
	26		. Laboratory tests and other examinations	-												
	27		. Prevention	-												
	28		. Other benefits in kind	-												
	29		. Breakdowns not available	-												
3			MEANS TESTED WELFARE SCHEMES		39	35	20	5	5	13	15	7	9	9	9	9
	10		Cash benefits		39	35	20	5	5	13	15	7	9	9	9	9
	11		. Continued payment of wage or salary													
		A.	Paid by the employer	-												
		B.	Paid by social security institution	-												
	12		. Sickness allowance													
		A.	Paid by the employer	-												
		B.	Paid by social security institution	-												
	13		. Other cash benefits													
		-	aid for tuberculosis patients	12	39	35	20	5	5	13	15	7	9	9	9	9
	20		Benefits in kind													
	21		. In-patient care	-												
	22		. Out patient care	-												
	23		. Pharmaceutical products	-												
	24		. Dental care	-												
	25		. Medical prostheses	-												
	26		. Laboratory tests and other examinations	-												
	27		. Prevention	-												
	28		. Other benefits in kind	-												
	29		. Breakdowns not available	-												
			TOTAL SICKNESS		114183	120190	118885	122973	128936	139898	148236	155883	165363	161726	175675	194238

Benefits in Mio de DR

GS	GT	T		Form n°	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
1			BASIC SCHEMES		33748	43148	49460	57614	70092	87604	99292	116673	140997	167353	210977	:
	10		Cash benefits		3575	4479	5762	6471	8329	11323	10499	10897	11381	13008	15953	:
		11	. Continued payment of wage or salary													
			A. Paid by the employer													
			- Public sector employees, including civil servants	1	:	:	:	:	:	:	:	:	:	:	:	:
			B. Paid by social security institution	-												
		12	. Sickness allowance													
			A. Paid by the employer													
			- Employees in the private sector	2	:	:	:	:	:	:	:	:	:	:	:	:
			- Public sector employees, including civil servants	1	:	:	:	:	:	:	:	:	:	:	:	:
			B. Paid by social security institution													
			- Employees in the private sector (IKA)	(a) 3	3575	4479	5762	6471	8329	11323	10499	10897	11381	13008	15953	:
		13	. Other cash benefits	-												
	20		Benefits in kind		30173	38669	43698	51143	61763	76281	88793	105776	129616	154345	195024	:
		21	. In-patient care	(b)												
			- Employees in the private sector (IKA)	(c,f) 4	6593	8067	8940	9639	11414	13058	14093	15939	17113	21458	24926	:
			- Craftsmen and traders (TEBE)	(d,f) 5	1044	1261	1375	1224	835	788	1088	1301	1492	1796	2443	:
			- Agricultural workers and farmers (OGA)	(e,f) 6	5056	5260	5352	5922	6494	7022	7500	9522	11532	12762	15795	:
			- Public sector employees, including civil servants	7	1446	1896	2114	2727	2903	2916	3737	4353	5711	7301	9085	:
		22	. Out patient care													
			- Employees in the private sector (IKA)	(c,f) 4	4393	5329	6613	7726	9788	12860	14291	15411	18866	22197	27672	:
			- Craftsmen and traders (TEBE)	(d,f) 5	139	276	296	353	362	374	425	470	511	516	629	:
			- Agricultural workers and farmers (OGA)	(e,f) 6	:	:	:	:	:	:	:	:	:	:	:	:
			- Public sector employees, including civil servants	7	1165	1530	1614	1997	1927	2366	3126	3857	4272	5444	6656	:
		23	. Pharmaceutical products													
			- Employees in the private sector (IKA)	(c,f) 4	5153	7155	7895	9379	12288	15665	16690	22768	28540	33319	44368	:
			- Craftsmen and traders (TEBE)	(d,f) 5	395	498	620	562	598	918	1313	1400	1650	1822	2550	:
			- Agricultural workers and farmers (OGA)	(e,f) 6	300	450	550	2241	5205	6980	9900	10875	15048	17240	22365	:
			- Public sector employees, including civil servants	7	2122	3302	3789	4167	4007	5373	7412	8974	11297	13233	16990	:
		24	. Dental care													
			- Employees in the private sector (IKA)	(c,f) 4	:	:	:	:	:	:	:	:	:	:	:	:
			- Agricultural workers and farmers (OGA)	(e,f) 6	:	:	:	:	:	:	:	:	:	:	:	:
			- Public sector employees, including civil servants	7	287	584	630	621	585	785	997	1026	1090	1355	1648	:
		25	. Medical prostheses													
			- Employees in the private sector (IKA)	(c,f) 4	921	1480	1863	2193	2839	4036	4240	5311	6630	8004	10175	:
			- Craftsmen and traders (TEBE)	(d,f) 5	69	74	117	140	71	72	105	149	187	197	246	:
			- Agricultural workers and farmers (OGA)	(e,f) 6	:	:	:	:	:	:	:	:	:	:	:	:
			- Public sector employees, including civil servants	7	28	14	43	55	120	194	266	378	458	627	731	:
		26	. Laboratory tests and other examinations													
			- Employees in the private sector (IKA)	(c,f) 4	:	:	:	:	:	:	:	:	:	:	:	:
			- Craftsmen and traders (TEBE)	(d,f) 5	202	304	388	451	387	522	589	624	716	923	1160	:
			- Agricultural workers and farmers (OGA)	(e,f) 6	:	:	:	:	:	:	:	:	:	:	:	:
			- Public sector employees, including civil servants	7	585	771	981	1108	1131	1351	1903	2218	3046	4367	5563	:
		27	. Prevention													
			- Employees in the private sector (IKA)	(c,f) 4	183	244	263	279	346	397	394	380	470	562	533	:
			- Craftsmen and traders (TEBE)	(d,f) 5	:	:	:	:	:	:	:	:	:	:	:	:
			- Agricultural workers and farmers (OGA)	(e,f) 6	:	:	:	:	:	:	:	:	:	:	:	:

GS	GT	T	Form n°	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991		
2		- Public sector employees, including civil servants	7	:	:	:	:	:	:	:	:	:	:	:	:		
		28 . Other benefits in kind															
		- Employees in the private sector (IKA)	(c)	4	92	174	255	359	463	604	724	820	987	1222	1489	:	
		29 . Breakdowns not available															
		SUPPLEMENTARY SCHEMES			0	0	0	0	0	0	0	0	0	0	0	0	
		10 <i>Cash benefits</i>			0	0	0	0	0	0	0	0	0	0	0	0	
		11 . Continued payment of wage or salary															
		A. Paid by the employer	-														
		B. Paid by social security institution	-														
		12 . Sickness allowance															
		A. Paid by the employer	-														
		B. Paid by social security institution	-														
		13 . Other cash benefits	-														
		20 <i>Benefits in kind</i>			0	0	0	0	0	0	0	0	0	0	0	0	
		21 . In-patient care	-														
		22 . Out patient care	-														
		23 . Pharmaceutical products	-														
		24 . Dental care	-														
		25 . Medical prostheses	-														
		26 . Laboratory tests and other examinations	-														
		27 . Prevention	-														
		28 . Other benefits in kind	-														
		29 . Breakdowns not available	-														
		3		MEANS TESTED SCHEMES			0	0	0	0	0	0	0	0	0	0	0
				10 <i>Cash benefits</i>			0	0	0	0	0	0	0	0	0	0	0
				11 . Continued payment of wage or salary													
				A. Paid by the employer	-												
				B. Paid by social security institution	-												
				12 . Sickness allowance													
A. Paid by the employer	-																
B. Paid by social security institution	-																
13 . Other cash benefits	-																
20 <i>Benefits in kind</i>					0	0	0	0	0	0	0	0	0	0	0		
21 . In-patient care	-																
22 . Out patient care	-																
23 . Pharmaceutical products	-																
24 . Dental care	-																
25 . Medical prostheses	-																
26 . Laboratory tests and other examinations	-																
27 . Prevention	-																
28 . Other benefits in kind	-																
29 . Breakdowns not available	-																
TOTAL SICKNESS				33748	43148	49460	57614	70092	87604	99292	116673	140997	167353	210977	:		

SICKNESS

Spain

Benefits in Mio PTA

GS	GT	T		Form n°	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
1			BASIC SCHEMES		655462	754155	866788	958837	1049902	1175111	1331778	1517347	1741415	2013830	2342939	2727130
	10		<i>Cash benefits</i>		128041	141793	170953	183212	193455	205254	225176	248560	283986	342704	412125	491817
		11	Continued payment of wage or salary													
			A. By the employer													
			- Employees - continued payment of wage or salary during temporary incapacity for work	1	14024	15645	18453	20055	20621	21156	23577	26588	30708	37685	45397	49167
			- Judges, officials (central and local government), military personnel - continued payment of wage or salary during temporary incapacity for work	2	17197	19736	22130	25665	27595	30517	33961	37757	41076	47235	53112	58573
			B. By social security institution	-												
		12	Daily allowances													
			A. By the employer													
			B. By social security institution													
			- Employees and self employed - Allowance for temporary incapacity for work	3	96558	106123	127947	136812	144793	153100	167119	183626	211583	257041	312865	383270
			- Members of the liberal professions - Allowance for temporary incapacity for work	4	262	289	319	365	403	443	493	545	571	707	714	797
			- Victims of an outbreak of poisoning - Allowance paid for temporary incapacity for work	5	-	0	2104	315	43	38	26	44	48	36	37	10
		13	Other cash benefits	-												
	20		<i>Benefits in kind</i>		527421	612362	695835	775625	856447	969857	1106602	1268787	1457429	1671126	1930814	2235313
		21	In-patient care													
			- Employees, self-employed, students - Reimbursement	8	557	577	548	682	608	466	549	569	772	1384	1685	1279
			- Employees, self-employed, students - Direct provision	9	213875	255221	290314	318501	349381	389077	441976	506980	577173	652175	744362	855338
		22	Out patient care													
			- Employees, self-employed, students - Reimbursement	6	1949	0	0	89	188	189	256	177	300	581	734	577
			- Employees, self-employed, students - Direct provision	7	136730	161176	174234	199613	221458	255942	294099	336628	394090	458125	533371	614800
		23	Pharmaceutical products													
			- Employees, self-employed, students - Direct provision	10	109058	121858	147507	163951	181319	201705	227375	257050	293947	338440	393107	450765
		24	Dental care													
			- Employees, self-employed, students - Direct provision	11	2537	2889	3007	3271	3551	3796	4008	4309	4810	5023	5695	6546
		25	Medical prostheses													
			- Employees, self-employed, students - Reimbursement	(a) 12	:	:	:	:	:	:	:	:	:	:	:	:
		26	Laboratory tests and other examinations													
			- Employees, self-employed, students - Direct provision of laboratory tests	13	9569	11111	12647	14108	15928	23079	31913	40164	49214	59947	72158	82930
			- Employees, self-employed, students - Direct provision of radiological examinations	14	9755	11531	13201	15110	17248	20341	24424	28518	32893	38269	44346	50967
		27	Prevention													
			- Employees, self-employed, students - Direct provision	15	1858	2065	2294	2549	2832	3115	3427	3770	4147	4561	5017	5766
		28	Other benefits in kind													
			- Employees, self employed, students - Reimbursement of expenditure on transport for sick persons	16	2816	2931	4522	3247	3099	4036	4877	5592	6277	6575	5511	6842
			- Employees, self employed, students Direct provision of transport for sick persons	17	1527	2382	1955	3662	5862	6440	7023	8137	8682	12196	14096	18075

GS	GT	T		Form n°	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
2		29	- Pensioners in the social security systems - Direct provision of hydrotherapy	18	-	-	-	-	-	-	-	-	-	269	711	994
			. Breakdowns not available by type of benefit													
			- Judges, officials (central and local government) military personnel officials - Reimbursement of health care which cannot be broken down by type	19	1	3	60	16	16	67	4	7	15	8	14	6
			- Employees - Direct provision of health care non detachable by types	20	675	772	898	1023	995	992	1254	1468	1888	2072	2262	2316
			- Members of liberal professions Direct provision of health care which cannot be broken down by type	21	180	190	200	211	224	238	251	264	278	297	462	550
			- Judges, officials (central and local government), military personnel Direct provision of health care which cannot be broken down by type	22	34354	37675	42466	47609	51754	58389	63180	73167	80955	89215	105293	135571
			SUPPLEMENTARY SCHEMES		22266	25178	29116	32227	34633	37260	42308	50534	58097	64500	78761	86981
		10	<i>Prestations en espèces</i>		12950	15071	18207	20429	21965	23596	27461	31948	38311	47447	57658	63802
		11	Cash benefits													
			A. By the employer	-												
			B. By social security institution	-												
		12	. Sickness allowance													
			A. By the employer													
			- Judges, civil servants, military personnel - Allowance paid by the employer in cases of temporary incapacity for work (voluntary)	24	12652	14679	17770	20075	21475	23023	26554	30923	36803	45225	54740	59770
			B. By social security institution													
			- Judges, civil servants, military personnel - Allowance paid by social security during temporary incapacity for work (compulsory)	23	298	392	437	354	490	573	907	1025	1508	2222	2918	4032
		13	. Other cash benefits	-												
		20	<i>Benefits in kind</i>		9316	10107	10909	11798	12668	13664	14847	18586	19786	17053	21103	23179
		21	. In-patient care													
		22	. Out patient care													
		23	. Pharmaceutical products													
		24	. Dental care													
		25	. Medical prostheses													
		26	. Laboratory tests and other examinations													
		27	. Prevention													
		28	. Other benefits in kind													
		29	. Breakdowns not available													
			- Employees and self employed - Direct provision of health care which cannot be broken down by type (voluntary)	25	9316	10107	10909	11798	12668	13664	14847	18586	19786	17053	21103	23179

GS	GT	T		Form n°	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
3			MEANS TESTED SCHEMES		32328	44438	51917	60301	80461	89668	93174	98499	111181	124997	139807	153826
	10		<i>Cash benefits</i>		0	0	0	0	0	0	0	0	0	0	0	0
		11	. Continued payment of wage or salary	-												
			A. By the employer	-												
			B. By social security institution													
		12	. Sickness allowance													
			A. By the employer	-												
			B. By social security institution	-												
		13	. Other cash benefits	-												
	20		<i>Benefits in kind</i>		32328	44438	51917	60301	80461	89668	93174	98499	111181	124997	139807	153826
		21	. In-patient care													
		22	. Out patient care													
		23	. Pharmaceutical products													
		24	. Dental care													
		25	. Medical prostheses													
		26	. Laboratory tests and other examinations													
		27	. Prevention													
		28	. Other benefits in kind													
		29	. Breakdowns not available by type of benefit													
			- All residents - Direct provision of health care which cannot be broken down by type	26	32328	44438	51917	60301	80461	89668	93174	98499	111181	124997	139807	153826
			TOTAL SICKNESS		710056	823771	947821	1051365	1164996	1302039	1467260	1666380	1910693	2203327	2561507	2967937

SICKNESS

France

benefits in Mio FF

GS	GT	T		Form n°	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
1			BASIC SCHEMES		:	188199	221724	246229	278536	294860	319141	326720	346602	379907	407920	431389
	10		<i>Cash benefits</i>		:	19322	22168	23784	24953	26558	27288	25943	26343	28188	30331	32433
		11	. Continued payment of wage or salary													
			A. By employer													
			- Short term Continued payment of wage or salary	:	:	:	:	:	:	:	:	:	:	:	:	:
			B. By social security institution	-												
		12	. Daily allowances													
			A. By employer													
			- Officials, employees of the post - Daily sickness allowances (long term)	1	:	5448	6378	7072	7403	7910	8221	6330	8163	8748	9069	9381
			B. By social security institution													
			- Agricultural employees and farmers - Daily allowances	(a) 2	:	13452	15357	16274	17187	18232	18633	19106	17777	19013	20819	22599
		13	. Other cash benefits													
			- Employees, military personnel, miners, RATP staff - Social security fund assistance	3	:	422	433	438	363	416	434	507	403	427	443	453
	20		<i>Benefits in kind</i>		:	168877	199556	222445	253583	268302	291853	300777	320259	351719	377589	398956
		21	. In-patient care													
			- Employees and similar, persons in receipt of private income or pensions, self employed - Health care	(b,c) 4	:	98264	117446	129222	149138	151842	163957	172557	179745	196189	211043	221381
		22	. Out patient care													
			- Employees and similar, persons in receipt of private income or pensions, self employed - Health care	(b,d) 4	:	25866	29786	35224	39065	42407	46538	48026	53192	58013	63018	67434
		23	. Pharmaceutical products													
			- Employees and similar, persons in receipt of private income or pensions, self employed - Health care	(b) 4	:	26136	30542	32843	36502	41759	45834	43515	47651	54497	57358	61205
		24	. Dental care													
			- Employees and similar, persons in receipt of private income or pensions, self employed - Health care	(b) 4	:	7243	8399	9407	10292	11024	11758	11939	12617	13009	13207	13623
		25	. Medical prostheses													
			- Employees and similar, persons in receipt of private income or pensions, self employed - Health care	(b) 4	:	1671	1935	2135	2789	2977	3268	3398	3522	4219	5283	6070
		26	. Laboratory tests and other examinations													
			- Employees and similar, persons in receipt of private income or pensions, self employed - Health care	(b) 4	:	4288	4988	5804	6617	7403	8188	8511	9639	10899	10943	11699
		27	. Prevention													
		28	. Other benefits in kind	(b)	:	:	861	958	1001	1014	1100	1255	1083	1121	1055	1132
			- Employees and similar, persons in receipt of private income or pensions, self employed - Health care	(b,f) 4	:	4548	5502	6809	8166	9790	11055	11748	12772	13838	15605	16293
		29	. Data which cannot be broken down by type of benefit	-												

GS	GT	T		Form n°	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	
2			SUPPLEMENTARY SCHEMES		69.53	82.59	106.53	125.00	138.91	152.34	168.31	201.59	217.41	147.72	160.01	172.86	
	10		Cash benefits		42.00	44.00	47.00	49.00	52.00	55.00	58.00	60.00	62.00	:	:	:	
	11		. Continued payment of wage or salary														
			A. By the employer														
			- Employees of private enterprises - earnings maintenance	(n)	19	42.00	44.00	47.00	49.00	52.00	55.00	58.00	60.00	62.00	:	:	:
			B. By social security institution		-												
	12		. Sickness allowance														
			A. By the employer		-												
			- Employees of private enterprises - earnings maintenance	(o)	19	:	:	:	:	:	:	:	:	:	:	:	
			B. By social security institution		-												
	13		. Other cash benefits		-												
	20		Benefits in kind		27.53	38.59	59.53	76.00	86.91	97.34	110.31	141.59	155.41	147.72	160.01	172.86	
	21		. In-patient care														
			- Voluntary Health Insurance	(p)	20	27.53	38.59	59.53	76.00	86.91	97.34	110.31	141.59	155.41	147.72	160.01	172.86
	22		. Out patient care		-												
	23		. Pharmaceutical products		-												
	24		. Dental care		-												
	25		. Medical prostheses		-												
	26		. Laboratory tests and other examinations		-												
	27		. Prevention		-												
	28		. Other benefits in kind		-												
	29		. Breakdowns not available		-												

GS	GT	T		Form n°	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
3			MEANS-TESTED WELFARE SCHEMES		67.76	84.50	107.11	104.72	112.43	125.96	138.10	144.09	151.45	178.78	180.75	201.19
	10		<i>Cash benefits</i>		0.56	0.70	0.87	0.40	0.44	0.47	0.50	0.55	0.55	0.57	0.61	0.66
		11	. Continued payment of wage or salary													
			A. By the employer	-												
			B. By social security institution	-												
		12	. Sickness allowance													
			A. By the employer	-												
			B. By social security institution													
			- Infectious disease allowance	21	0.56	0.70	0.87	0.40	0.44	0.47	0.50	0.55	0.55	0.57	0.61	0.66
		13	. Other cash benefits													
	20		<i>Benefits in kind</i>		67.20	83.80	106.25	104.32	111.98	125.49	137.60	143.54	150.90	178.21	180.14	200.53
		21	. In-patient care													
			- Services in public hospitals	6	:	:	:	:	:	:	:	:	:	:	:	:
		22	. Out patient care													
			- Medical card holders - General Practitioner Services	22	28.40	36.80	48.19	42.06	42.89	51.65	58.48	61.98	62.41	76.47	69.19	83.66
		23	. Pharmaceutical products													
			- Medical card holders - Medicines	23	27.60	35.00	43.81	46.54	52.71	56.70	61.42	63.42	70.79	83.54	88.86	93.03
		24	. Dental care	:												
		25	. Medical prostheses	:												
		26	. Laboratory tests and other examinations	-												
		27	. Prevention	-												
		28	. Other benefits in kind	-												
		29	. Breakdowns not available													
			- Medical card holders - Dental, aural and ophthalmic services	23	11.20	12.00	14.25	15.72	16.38	17.14	17.70	18.14	17.70	18.21	22.09	23.84
			TOTAL SICKNESS		710.39	843.40	977.99	1058.88	1134.55	1236.99	1308.36	1318.91	1313.28	1305.11	1345.58	1486.87

Benefits in Mrd LIT

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SICKNESS

Luxembourg

Benefits in Mio LFR

GS	GT	T		Form n°	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
1			BASIC SCHEMES		6907	8360	9245	9595	10592	11395	12574	13827	14908	16678	18158	19716
	10		<i>Cash benefits</i>		1235	1363	1445	1456	1585	1774	1898	2088	2146	2356	2583	2814
		11	. Continued payment of wage or salary													
			A. By employer													
			- Private sector employees during first 3 months		:	:	:	:	:	:	:	:	:	:	:	:
			- Officials and statutory employees		:	:	:	:	:	:	:	:	:	:	:	:
			B. By social security institution													
			- Private sector employees - Sickness allowance in cash	1												
			* Manual workers		1199	1324	1394	1405	1530	1709	1837	2009	2062	2245	2439	2660
			* Employees		31.3	35	46.1	45.7	47.9	59	55.1	70.5	73.9	99	127.3	133.9
		12	. Daily allowances													
			A. By employer	-												
			B. By social security institution													
			- Self-employed - Sickness benefit in cash	2	4	4	5	5	7	6	5	9	10	12	17	20
			- Employees - Sickness benefit when admitted to hospital (a)	3	:	:	:	:	-	-	-	-	-	-	-	-
			- Dependants of employees or self employed - Household allowance when admitted to hospital (a)	4	:	:	:	:	-	-	-	-	-	-	-	-
		13	. Other cash benefits	-												
	20		<i>Benefits in kind</i> (b)		5673	6998	7800	8139	9007	9621	10676	11739	12762	14322	15575	16902
		21	. In-patient care													
			- Insured persons and dependants in all sickness funds - Pension	5	1557	1732	2003	2090	2250	2268	2497	2849	2920	3097	3340	3587
			- Insured persons and dependants in all sickness funds - Flat rate payments for surgery and anaesthetics	6	240	242	266	358	394	422	479	508	535	597	731	810
		22	. Out patient care													
			- Insured persons and dependants in all sickness funds - Consultations and home calls	7	1499	1652	1811	1828	1956	2157	2333	2505	2716	3037	3238	3563
		23	. Pharmaceutical products													
			- Insured persons and dependants in all sickness funds	8	1121	1236	1360	1383	1546	1736	1925	2154	2384	2684	2865	3055
		24	. Dental care													
			- Insured persons and dependants in all sickness funds - Medical dental care	9	299	349	365	366	394	438	453	493	531	562	592	630
			- Insured persons and dependants in all sickness funds - Dental prostheses	10	221	253	270	258	272	296	313	335	364	404	415	457
		25	. Medical prostheses													
			- Insured persons and dependants in all sickness funds - Spectacles and visual aids	11	29	103	104	102	114	140	152	161	178	250	256	257
			- Insured persons and dependants in all sickness funds - Other prostheses (c)	12	:	:	:	:	:	:	:	:	:	:	:	:
		26	. Laboratory tests and other examinations													
			- Insured persons and dependants in all sickness funds - Analyses and laboratory tests	13	139	508	585	666	766	883	1005	1154	1307	1507	1702	1806
			- Insured persons and dependants in all sickness funds - Radiological examinations and treatment and electrical/physical treatment	14	182	208	237	238	268	288	327	379	457	539	609	647
		27	. Prevention													
			- Residents - Preventive medicine	15	243	285	304	318	404	308	417	244	250	324	347	483

GS	GT	T		Form n°	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
3			MEANS-TESTED ASSISTANCE		:	:	:	:	:	:	:	:	:	:	:	:
	10		<i>Cash benefits</i>		-	-	-	-	-	-	-	-	-	-	-	-
		11	. Continued payment of wage or salary													
			A. By employer	-												
			B. By social security institution	-												
		12	. Daily allowances													
			A. By employer	-												
			B. By social security institution	-												
		13	. Other benefits in kind	-												
	20		<i>Benefits in kind</i>		:	:	:	:	:	0	1	-	-	-	-	-
		21	. In-patient care	-												
		22	. Out patient care	-												
		23	. Pharmaceutical products	-												
		24	. Dental care	-												
		25	. Medical prostheses	-												
		26	. Laboratory tests and other examinations	-												
		27	. Prevention	-												
		28	. Other benefits in kind													
			- Recipients of a solidarity pension - Health care	(e)	:	:	:	:	:	0	1	-	-	-	-	-
		29	. Data which cannot be broken down													
			TOTAL SICKNESS		6907	8360	9245	9595	10592	11395	12574	13827	14908	16678	18158	19716

SICKNESS

The Netherlands

Benefits in Mio HFL

GS	GT	T		Form n°	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	
1			BASIC SCHEMES		23034.6	23680.3	24656.1	24564.3	24576.4	25774.0	27033.9	28413.2	29569.7	30639.7	34737.7	36012.6	
	10		Cash benefits		11760.3	11470.2	11401.4	10831.2	10767.1	10773.9	11269.7	11487.0	12148.2	13058.9	15820.4	15023.2	
		11	. Continued payment of wage or salary														
			A. By the employer														
			- Civil servants (and searchers) - Continued payment of wage or salary (DSO)	(a)	1	3931.9	3830.1	3877.7	3417.7	3335.9	3175.0	3096.9	3038.9	3004.1	2984.1	3957.9	3069.5
			B. By social security institution		-												
		12	. Sickness allowance														
			A. By the employer														
			- Civil servants - Continued payment of wage or salary (DSO)	(b)	1	:	:	:	:	:	:	:	:	:	:	:	:
			- Employees - Sickness Supplement (ZW)	2	706.7	694.2	670.9	673.9	675.6	856.5	881.6	873.9	1077.3	1388.7	1443.5	1581.5	
			B. By social security institution														
			- Employees - Sickness Benefit (ZW)	2	6095.3	5811.4	5717.8	5561.5	5576.7	5504.8	5951.0	6174.4	6590.5	7174.4	8895.2	8888.8	
		13	. Other cash benefits														
			- Civil servants - Reimbursement of contributions (IRZA)	3	792.5	857.5	825.2	866.0	843.4	898.0	917.7	984.7	1034.0	1041.7	1127.0	1162.9	
			- Other direct payments (ZVO etc.)	:	233.9	277.0	309.8	312.1	335.5	339.6	422.5	415.1	442.3	470.0	396.8	320.5	
	20		Benefits in kind	(c)	11274.3	12210.1	13254.7	13733.1	13809.3	15000.1	15764.2	16926.2	17421.5	17580.8	18917.3	20989.4	
		21	. In-patient care														
			- Employees - Compulsory Health Insurance (ZFW vp + ZFW-b + Goodwillfonds)	(d,e)	4, 5	4704.1	5106.1	5560.0	5806.9	5527.3	6593.0	6623.0	6708.8	6862.5	6215.9	6266.3	6982.5
			- Local civil servants (IZR/IZA)	(f)	6, 7	348.5	374.8	404.2	415.1	422.1	435.3	434.5	451.4	490.9	420.3	424.1	474.6
			- Policemen (DGVP)	(g)	8	55.6	61.6	67.0	70.7	88.0	87.6	68.2	69.4	69.5	67.4	69.0	73.8
			- Whole population - Exceptional sickness expenses (AWBZ)	(h)	9	145.7	147.4	150.0	147.8	140.0	141.3	139.8	147.2	159.4	160.1	162.7	183.3
		22	. Out patient care														
			- Employees - Compulsory Health Insurance (ZFW)	(i,e)	4, 5	2959.6	3156.5	3356.1	3560.9	3527.6	3711.4	4293.9	4469.7	4458.6	4438.8	4824.0	5281.8
			- Local civil servants (IZR/IZA)	(j)	6, 7	204.6	223.8	239.1	246.9	260.0	246.7	258.3	270.0	297.7	326.7	326.2	353.3
			- Policemen (DGVP)	8	48.2	50.3	53.7	56.7	57.2	56.9	58.5	60.5	65.3	68.6	71.4	76.3	
			- Whole population - Exceptional sickness expenses (AWBZ)	(k)	9	646.3	844.5	800.5	872.9	903.1	931.7	1046.2	1107.6	1157.5	1188.7	1247.6	1375.0
		23	. Pharmaceutical products														
			- Employees (ZFW)	(e)	4, 5	1229.7	1319.1	1459.9	1379.8	1528.3	1556.7	1987.7	2121.4	2223.0	2315.3	2743.5	2988.8
			- Local civil servants (IZR/IZA)	(l)	6, 7	77.3	84.0	91.3	98.3	107.4	116.5	127.0	137.8	128.5	144.4	151.4	161.0
			- Policemen (DGVP)	(l)	8	13.8	14.8	16.4	17.7	18.9	20.3	21.9	23.7	24.4	25.0	28.4	28.2
			- Whole population - Exceptional sickness expenses (AWBZ)	9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
		24	. Dental care														
			- Employees (ZFW)	(e)	4, 5	512.9	582.3	622.9	603.4	695.5	633.2	753.0	738.4	725.4	713.8	760.3	837.9
			- Local civil servants (IZR/IZA)	6, 7	92.3	102.5	109.6	109.3	104.8	101.7	103.9	104.8	103.0	116.1	128.8	135.2	
			- Policemen (DGVP)	8	15.4	16.5	18.3	18.9	18.1	16.4	16.5	16.6	17.6	17.6	19.3	20.9	
			- Whole population - Exceptional sickness expenses (AWBZ)	9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
		25	. Medical prostheses														
			- Employees (ZFW)	(e)	4, 5	113.8	131.4	147.2	154.1	162.0	172.7	218.1	243.5	312.7	:	:	:
			- Local civil servants (IZR/IZA)	6, 7	21.1	22.1	24.1	25.3	28.0	27.7	35.2	37.2	34.8	23.0	22.7	23.0	
			- Policemen (DGVP)	8	1.8	2.0	2.8	2.9	3.0	3.4	3.7	3.9	4.3	1.4	1.6	2.7	
			- Whole population - Exceptional sickness expenses (AWBZ)	9	:	:	:	:	:	:	:	:	:	520.0	626.0	700.5	

GS	GT	T	Form n°	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	
2		26 . Laboratory tests and other examinations														
		- Employees (ZFW)	(e) 4, 5	:	:	:	:	:	:	:	:	:	:	:	:	
		- Local civil servants (IZR/IZA)	6, 7	:	:	:	:	:	:	:	:	:	:	:	:	
		- Policemen (DGVP)	8	:	:	:	:	:	:	:	:	:	:	:	:	
		- Whole population - Exceptional sickness expenses (AWBZ)	9	:	:	:	:	:	:	:	:	:	:	:	:	
		27 . Prevention														
		- Employees (ZFW)	(e) 4, 5	:	:	:	:	:	:	:	:	:	:	:	:	
		- Local civil servants (IZR/IZA)	6, 7	:	:	:	:	:	:	:	:	:	:	:	:	
		- Policemen (DGVP)	8	:	:	:	:	:	:	:	:	:	:	:	:	
		- Whole population - Exceptional sickness expenses (AWBZ)	9	:	:	:	:	:	:	:	:	:	:	:	:	
		28 . Other benefits in kind														
		- Employees (ZFW)	(e,m) 4, 5	5.4	17.7	4.6	23.4	48.0	5.8	-603.7	1.4	54.6	60.6	25.0	72.2	
		- Local civil servants (IZR/IZA)	(n) 6, 7	3.1	7.3	11.5	5.7	7.6	4.8	4.0	6.0	1.8	3.2	3.3	3.4	
		- Policemen (DGVP)	(o) 8	-0.9	0.8	-0.7	-0.9	-0.6	-0.7	-0.8	-1.6	-1.7	-7.4	-1.4	-8.5	
		- Whole population - Exceptional sickness expenses (AWBZ)	(p) 9	76.0	-55.4	116.2	117.3	163.0	137.7	175.3	208.5	231.7	761.3	1017.1	1223.5	
		29 . Breakdowns not available														
		Total by agency for benefits in kind														
		- Employees - Compulsory Health Insurance (ZFW)	4, 5	9525.5	10313.1	11150.7	11528.5	11488.7	12672.8	13272.0	14283.2	14636.8	13744.4	14619.1	16163.2	
		- Local civil servants (IZR/IZA)	6, 7	746.9	814.5	879.8	900.6	929.9	932.7	962.9	1007.2	1056.7	1033.7	1056.5	1150.5	
		- Policemen (DGVP)	8	133.9	146.0	157.5	166.0	184.6	183.9	168.0	172.5	179.4	172.6	188.3	193.4	
		- Whole population - Exceptional sickness expenses (AWBZ)	9	868.0	936.5	1066.7	1138.0	1206.1	1210.7	1361.3	1463.3	1548.6	2630.1	3053.4	3482.3	
		SUPPLEMENTARY SCHEMES		3770.1	3934.3	4146.1	4197.9	4055.3	4145.9	2625.9	2040.0	2040.8	2045.7	2047.9	2054.3	
		10 Cash benefits		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.8	5.8	5.8	7.8	8.3
		11 . Continued payment of wage or salary														
		A. By the employer	-													
		B. By social security institution	-													
		12 . Sickness allowance														
		A. By the employer	-													
		B. By social security institution	-													
		13 . Other cash benefits	-													
		- Supplementary benefits act (TW)		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.8	5.8	5.8	7.8	8.3
		20 Benefits in kind		3770.1	3934.3	4146.1	4197.9	4055.3	4145.9	2625.9	2035.2	2035.0	2039.9	2040.1	2046.0	
		21 . In-patient care														
		- Voluntary and supplementary Health insurance (ZFW vr + ZFW av, vrijw.)	(e) 10	883.9	986.3	1109.5	1146.4	1071.2	1128.3	321.3	-	-	-	-	-	-
		22 . Out patient care														
		- Voluntary and supplementary Health insurance (ZFW vr + ZFW av, vrijw.)	(e) 10	512.8	551.9	590.5	618.4	577.8	606.9	173.3	2.1	-	-	-	-	-
		23 . Pharmaceutical products														
		- Voluntary and supplementary Health insurance (ZFW vr + ZFW av, vrijw.)	(e) 10	187.7	200.1	222.8	214.3	200.2	211.0	60.0	-	-	-	-	-	-
		24 . Dental care														
		- Voluntary and supplementary Health insurance (ZFW vr + ZFW av, vrijw.)	(e) 10	129.8	148.1	174.9	176.3	165.7	158.6	59.7	30.2	27.0	22.0	27.1	25.8	

GS	GT	T		Form n°	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
3		25	. Medical prostheses - Voluntary and supplementary Health insurance (ZFW vr + ZFW av, vrijw.)	(e) 10	37.2	33.4	38.0	31.3	37.2	38.0	13.8	5.5	5.3	6.8	5.8	8.8
		26	. Laboratory tests and other examinations	-												
		27	. Prevention	-												
		28	. Other benefits in kind - Voluntary and supplementary Health insurance (ZFW vr + ZFW av, vrijw.)	(e) 10	38.7	33.5	28.4	28.2	19.2	18.1	11.8	10.4	14.7	22.1	17.2	20.4
		29	. Breakdowns not available - Special health insurance for aged people	(e) 11	:	:	:	:	:	:	:	-	-	-	-	-
			MEANS TESTED SCHEMES		-	-	-	-	-	-	-	-	-	-	-	-
	10		<i>Cash benefits</i>		-	-	-	-	-	-	-	-	-	-	-	-
		11	. Continued payment of wage or salary A. By the employer B. By social security institution	- -												
		12	. Sickness allowance A. By the employer B. By social security institution	- -												
		13	. Other cash benefits	-												
	20		<i>Benefits in kind</i>		-	-	-	-	-	-	-	-	-	-	-	-
		21	. In-patient care	-												
		22	. Out patient care	-												
		23	. Pharmaceutical products	-												
		24	. Dental care	-												
		25	. Medical prostheses	-												
		26	. Laboratory tests and other examinations	-												
		27	. Prevention	-												
		28	. Other benefits in kind	-												
		29	. Breakdowns not available	-												
			TOTAL SICKNESS		26804.7	27614.6	28802.2	28762.2	28631.7	29919.9	29659.8	30453.2	31610.5	32685.4	36785.6	38066.9

SICKNESS

Portugal

Benefits in Mio ESC

GS	GT	T		Form n°	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
1			BASIC SCHEMES		47758	64365	74382	105384	131054	174175	207580	236953	288269	323871	393514	495690
	10		Cash benefits		7940	10581	12256	14625	17812	20368	24277	31131	38485	45511	56484	69028
		11	. Continued payment of wage or salary													
			A. By the employer													
			- Bank employees - Continued payment of wage or salary	1	58.6	102.6	128.7	173.8	191.9	263.0	317.0	476.3	600.0	685.2	781.1	859.2
			- Employees of Directorate General for Public Accounts (DGCP) - Recovery of lost earnings	2	:	:	:	:	:	:	:	:	:	1.1	1.0	2.2
			- Civilian or military employees in public service - Compensation for loss of earnings through sickness	3	1.5	2.1	2.3	2.4	2.3	2.5	2.9	2.9	3.6	2.5	1.1	1.6
			B. By social security institution	-												
		12	. Sickness allowance													
			A. By the employer	-												
			B. By social security institution													
			- Employees and self-employed (IGFSS)	4	6944.7	8908.5	10568.1	13046.0	16349.5	18954.2	22419.3	30632.0	37870.6	44811.2	55682.1	68142.5
			- Employees of Social Security Institutions (IGFSS)	5	103.5	135.5	152.7	48.1	21.9	21.0	20.6	20.2	10.8	10.4	14.6	18.8
			- Farm workers (IGFSS)	6	831.9	1432.4	1404.1	1354.9	1246.4	1127.6	1517.1	(a)	(a)	(a)	(a)	(a)
			- Maritime manual workers (Voluntary health scheme) (IGFSS)	7	-	-	-	-	-	-	-	-	-	0.3	3.7	3.4
		13	. Other cash benefits	-												
	20		Benefits in kind		39818	53784	62126	90758	113242	153807	183303	205822	249784	278360	337030	426662
		21	. In-patient care													
			- Resident and non-resident population	8	21145.6	26227.4	30081.7	51106.6	64678.8	85064.6	99007.9	103363.6	132921.9	155676.6	194088.5	250930.6
			- Civil servants (ADSE)	9	152.7	230.9	254.0	236.0	210.9	285.3	233.1	266.3	337.2	358.7	485.1	637.4
			- Bank employees (b)	10	20.2	27.1	46.4	151.8	199.2	220.8	116.9	261.5	294.3	268.1	341.4	455.7
			- Employees of public enterprises	11	-	-	-	249.5	310.6	388.2	396.1	457.2	556.5	961.4	979.5	1279.8
			- Members of armed forces (SSFA)	12	0.5	1.5	1.2	2.1	3.3	2.8	7.1	6.8	7.5	1.7	1.9	2.6
		22	. Out patient care													
			- Resident and non-resident population	8	1119.1	1264.0	1390.1	1537.2	1357.0	1764.3	1616.3	2250.6	2294.1	4934.1	7573.9	10093.4
			- Employees of the National Emergency Institute	13	-	-	-	0.3	0.4	0.5	1.0	2.3	1.0	1.5	2.2	3.0
			- Employees of the Employment and Vocational Training Institute	14	16.6	15.1	17.1	14.2	16.1	19.5	32.2	35.4	38.4	41.3	44.8	81.7
			- Central Government civil servants (ADSE)	15	365.1	480.4	646.4	748.2	1188.7	1700.0	2143.4	2516.8	2493.8	2860.4	3339.3	3651.0
			- Members of armed forces (GF, GNR, PSP)	16	319.7	358.6	502.1	676.7	896.8	1132.3	1148.9	1467.0	1636.2	1884.2	2368.8	2955.1
			- Civil servants (ADSE)	9	496.4	782.0	774.5	575.7	407.9	477.5	511.1	515.3	604.9	461.2	626.0	822.4
			- Bank employees (b)	10	84.1	103.7	148.4	245.4	304.0	402.3	559.9	717.3	846.7	1078.2	1319.6	1661.6
			- Employees of public enterprises	17	94.6	127.4	192.0	600.7	747.7	934.6	1518.9	1089.2	1228.0	1576.9	1600.0	1254.8
			- Employees of the National Civil Defence Service	18	0.0	0.0	0.0	0.0	0.0	0.0	0.6	1.0	0.9	0.8	1.1	1.3
			- Employees of insurance companies	19	2220.3	2704.3	3363.3	4254.8	5574.9	7109.8	8312.4	10261.5	10525.6	10797.8	11076.4	12184.1
			- Employees of Ministry of Finance (Provident Fund)	20	0.0	0.0	0.0	0.0	0.9	0.7	0.8	1.5	1.2	1.3	1.8	1.2
		23	. Pharmaceutical products													
			- Resident and non-resident population	8	8170.3	11007.9	12221.0	14158.4	17772.6	23273.8	33520.1	42133.0	47519.3	51994.2	56469.1	68482.1
			- Central Government civil servants (ADSE)	15	52.8	55.5	65.5	111.5	129.5	243.1	186.6	185.1	117.7	138.3	162.0	178.8
			- Members of armed forces (GF, GNR, PSP)	16	408.7	484.0	656.8	944.8	1066.5	1605.5	2161.1	2931.1	2844.3	2296.9	2587.2	3224.5
			- Civil servants (ADSE)	9	1280.9	1686.4	2313.7	2883.5	2959.9	3680.4	5150.8	6339.6	6800.9	6214.5	8356.5	10979.3
			- Bank employees (b)	10	238.2	282.5	356.2	494.0	703.7	900.2	926.3	1090.0	1198.8	1122.4	1458.3	1772.5
			- Employees of public enterprises	21	96.1	121.8	146.7	234.7	291.9	364.1	591.3	755.1	890.2	1199.5	1221.5	1547.5
			- Members of armed forces (SSFA)	12	0.9	0.8	0.6	0.9	0.9	1.0	2.5	9.1	10.9	2.5	2.8	3.9

GS	GT	T		Form n°	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
3	20		Benefits in kind		28.3	27.7	25.7	45.4	50.9	65.8	78.5	88.3	77.2	194.8	217.1	260.0
		21	. In-patient care	-												
		22	. Out patient care													
			- Medical care for members of Mutual Aid associations (c)	33	28.3	27.7	25.7	45.4	50.9	65.8	78.5	88.3	77.2	194.8	217.1	260.0
		23	. Pharmaceutical products	-												
		24	. Dental care	-												
		25	. Medical prostheses	-												
		26	. Laboratory tests and other examinations	-												
		27	. Prevention	-												
		28	. Other benefits in kind	-												
		29	. Breakdowns not available													
	10		MEANS TESTED SCHEMES		88	161	153	360	369	433	511	642	786	1007	1112	1459
			Cash benefits		-	-	-	-	-	-	-	-	-	-	-	-
		11	. Continued payment of wage or salary													
			A. By the employer	-												
			B. By social security institution	-												
	20	12	. Sickness allowance													
			A. By the employer	-												
			B. By social security institution	-												
		13	. Other cash benefits	-												
			Benefits in kind		88	161	153	360	369	433	511	642	786	1007	1112	1459
	21		. In-patient care	-												
			- Indigent persons in the Lisbon district	34	-	-	-	189.9	235.9	230.9	283.2	301.0	398.4	561.1	563.0	410.6
		22	. Out patient care													
			- Indigent persons in the Lisbon district	34	-	-	-	6.0	8.9	11.9	15.3	45.5	41.7	39.8	83.4	60.8
			- Medical care for members and non-members by Private Solidarity Institutes (IPSS)	35	85.7	157.9	147.6	163.8	123.4	156.6	176.3	222.8	272.8	340.7	408.9	447.7
			- Medical care by Portuguese Red Cross	36	2.7	3.0	5.7	0.0	0.0	0.0	0.0	0.0	0.0	0.7	5.0	7.2
		23	. Pharmaceutical products													
			Indigent persons in the Lisbon district	34	-	-	-	-	-	-	-	-	-	-	-	456.7
		24	. Dental care													
		25	. Medical prostheses													
			- Persons in need in the Lisbon district	34	:	:	:	:	:	:	:	:	:	:	:	28.6
		26	. Laboratory tests and other examinations	-												
		27	. Prevention	-												
	28		. Other benefits in kind													
			- Medico-social subsidies for persons in need (IGFSS)	37	-	-	-	-	0.8	33.6	35.7	72.4	73.5	64.2	51.4	45.7
			- Ambulance services for indigent persons in the Lisbon district	34	:	:	:	:	:	:	:	:	:	:	:	1.8
	29		. Breakdowns not available													
			TOTAL SICKNESS		47875	64554	74561	105789	131474	174674	208169	237683	289133	325072	395140	497805

Benefits in Mio UKL

GS	GT	T	(a)	Form n°	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
1			BASIC SCHEMES		9171	10196	10926	11755	12588	13239	14814	15979	17985	18859	20892	24340
	10		Cash benefits		682	708	582	797	819	855	970	1069	1126	1227	1232	1029
		11	. Continued payment of wage or salary													
			A. By employer	-												
			B. By social security institution	-												
		12	. Daily allowances													
			A. By employer	-												
			B. By social security institution													
			- Employees - statutory sick pay (SSP)	1	-	-	-	518	527	565	779	865	924	981	970	721
			- Employees and self-employed - sickness benefit (SB)	2	682	708	582	279	292	290	191	204	202	246	262	308
		13	. Other cash benefits	-												
	20		Benefits in kind		8489	9488	10344	10958	11769	12384	13844	14910	16859	17632	19660	23311
		21	. In-patient care													
			- Whole population - hospital and community services	3	4119	4564	4879	5151	5469	5749	6520	6927	7849	8170	9012	11020
			- Military personnel - health services (b)	4	191	212	207	211	231	228	243	244	260	281	290	318
		22	. Out patient care													
			- Whole population - hospital and community services	3	1538	1704	1823	1924	2043	2147	2435	2587	2931	3052	3366	4117
			- Whole population - family health services (c)	5	2220	2543	2933	3149	3463	3666	3974	4421	4988	5252	5975	6627
			- Military - health services (b)	4	:	:	:	:	:	:	:	:	:	:	:	:
		23	. Pharmaceutical products													
			- Whole population - family health services (c)	5	:	:	:	:	:	:	:	:	:	:	:	:
			- Military - health services (b)	4	:	:	:	:	:	:	:	:	:	:	:	:
		24	. Dental care													
			- Whole population - hospital and community services	3	61	67	72	76	80	85	96	102	115	120	133	162
			- Whole population - family health services (c)	5	:	:	:	:	:	:	:	:	:	:	:	:
			- Military - health services (b)	4	:	:	:	:	:	:	:	:	:	:	:	:
		25	. Medical prostheses													
			- Whole population - hospital and community services (c)	5	:	:	:	:	:	:	:	:	:	:	:	:
			- Military - health services (b)	4	:	:	:	:	:	:	:	:	:	:	:	:
		26	. Laboratory tests and other examinations													
			- Whole population - family health services (c)	5	:	:	:	:	:	:	:	:	:	:	:	:
			- Military - health services (b)	4	:	:	:	:	:	:	:	:	:	:	:	:
		27	. Prevention													
			- Whole population - family health services	3	139	154	165	174	185	194	221	234	265	276	305	373
			- Whole population - family health services (c)	5	:	:	:	:	:	:	:	:	:	:	:	:
			- Military - health services (b)	4	:	:	:	:	:	:	:	:	:	:	:	:
		28	. Other benefits in kind													
			- Whole population - hospital and community services (d)	3	199	221	237	250	265	279	316	336	381	396	437	535
			- Child guidance	6	22	23	28	23	33	36	39	59	70	85	142	159
		29	. Breakdowns not available	-												

GS	GT	T	Form n°	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
2															
		SUPPLEMENTARY SCHEMES		1680	2010	2043	2683	2848	3045	3533	3798	4026	4254	4482	4710
	10	<i>Cash benefits</i>		1680	2010	2043	2683	2848	3045	3533	3798	4026	4254	4482	4710
	11	. Continued payment of wage or salary													
		A. By employer													
		- Employees - Continued payment of wage or salary	7	1680	2010	2043	2683	2848	3045	3533	3798	4026	4254	4482	4710
		B. By social security institution	-												
	12	. Sickness allowance													
		A. By employer	-												
		B. By social security institution	-												
	13	. Other cash benefits	-												
	20	<i>Benefits in kind</i>		-	-	-	-	-	-	-	-	-	-	-	-
	21	. In-patient care	-												
	22	. Out patient care	-												
	23	. Pharmaceutical products	-												
	24	. Dental care	-												
	25	. Medical prostheses	-												
	26	. Laboratory tests and other examinations	-												
	27	. Prevention	-												
	28	. Other benefits in kind	-												
	29	. Breakdowns not available													
3															
		MEANS-TESTED SCHEMES		41	39	52	70	78	82	97	113	75	107	103	171
	10	<i>Cash benefits</i>		41	39	52	70	78	82	97	113	75	107	103	171
	11	. Continued payment of wage or salary													
		A. By employer	-												
		B. By social security institution	-												
	12	. Sickness allowance													
		A. By employer	-												
		B. By social security institution													
		- Whole population - income support (IS)	8	34	32	44	62	70	73	86	102	63	93	87	152
	13	. Other cash benefits													
		Charitable payments by friendly societies in the case of illness	9	7	7	8	8	8	9	11	11	12	14	16	19
	20	<i>Benefits in kind</i>		-	-	-	-	-	-	-	-	-	-	-	-
	21	. In-patient care	-												
	22	. Out-patient care	-												
	23	. Pharmaceutical products	-												
	24	. Dental care	-												
	25	. Medical prostheses	-												
	26	. Laboratory tests and other examinations	-												
	27	. Prevention	-												
	28	. Other benefits in kind	-												
	29	. Breakdowns not available	-												
		TOTAL SICKNESS		10892	12245	13021	14508	15514	16366	18444	19890	22086	23220	25477	29221

FOOTNOTES - TABLE OF SOCIAL PROTECTION EXPENDITURE UNDER THE SICKNESS FUNCTION

BELGIUM

- (a) The figures for the proportion by the social security (INAMI) are included with the allowances paid to employees by the INAMI (Form 29).
- (b) Scheme abolished in 1987.
- (c) The figures also include the amounts by the INAMI during the first four weeks of illness (cumulated with the guaranteed earnings for manual workers). In addition, before 1990, maternity benefit was taken into account in the figures.
- (d) In Belgium, invalids enjoy preferential rates of reimbursement for general and specialized medical care, including pharmaceutical products. Since it was not possible to make a breakdown in accordance with the ESSPROS methodology (cf. paragraphs 5.1 and 5.2 of Part I), the data are shown in the Sickness function.
- (e) This heading, "In-patient care", comprises only the costs of lodging and food (daily price). Since it cannot be shown separately, medical care is included under the heading out patient care.
- (f) This heading, "Out patient care", includes, as well as out patient care, medical care given in hospital.
- (g) The heading "Other benefits" includes stays in a sanatorium or other establishment, and physical and occupational rehabilitation.
- (h) The heading "Other benefits" includes care provided by truss makers and orthopaedists, travel costs for tuberculosis and cancer patients, physical and occupational rehabilitation, etc.
- (i) Miscellaneous
- (j) The heading "Other benefits" includes transport, blood plasma and miscellaneous items.
- (k) In accordance with the ESSPROS methodology this benefit should have been shown in the Invalidity/Disability function, not the Sickness function.
- (l) This heading includes regulation and re invoicing.
- (m) This heading covers care linked to social illnesses, care given abroad, vaccinations, care linked to tuberculosis, rehabilitation, dialysis, and other non itemized medical care.
- (n) Although this expenditure has been incorporated into this study, a strict interpretation of ESSPROS (paragraph 208b) would require it to be excluded from the field of social protection. In fact, the covering of risks arises from private initiatives taken by individuals or households exclusively in their own interests, and this expenditure is neither provided for by law or regulation, nor by the terms of agreements or contracts (within an enterprise or trade or profession).
- (o) As from 1991 the sickness/invalidity insurance scheme (SNCB employees' health care) falls under the general scheme for employed persons.

DENMARK

GERMANY

GREECE

- (a) Since they cannot be shown separately, supplements for dependent children are included in these amounts. As a general rule, this expenditure falls under the Family function.
- (b) The government subsidy to hospitals is not included in these figures, which are consequently far too low.
- (c) Expenditure relating to "Laboratory tests and other examinations" are included under the heading "Out patient care"; expenditure for special treatment such as radiotherapy, electrotherapy, diathermy and electro-convulsive therapy are included under the heading Medical prostheses.
Expenditure relating to "Dental care" is included under the heading "Out patient treatment" and to dental prostheses under the heading "Medical prostheses".
Some preventive care in the form of checkups is included in "Outpatient care", "Laboratory tests and other examinations" or "In-patient care".
- (d) Expenditure on special treatment such as haemocatharsis and pacemakers are included under the heading "Medical prostheses".
Some preventive care in the form of checkups is included in "Outpatient care", "Laboratory tests and other examinations" or "In-patient care".
- (e) Up to 1988 expenditure on axenic tomography and medical prostheses was included under the heading "In-patient care". Expenditure on axenic tomography was DR 119 million in 1989 and DR 174 million in 1990. Expenditure on haemocatharsis was DR 183 million in 1989 and DR 199 million in 1990.
- (f) The figures for medical care also include data relating to the Maternity, Invalidity/Disability, Occupational accident/illness functions. It is not possible to break down these data in accordance with the ESSPROS methodology.
In addition, only the three main social security funds, viz. IKA, TEBE and OGA (which cover approximately 80% of the entire population of members of all existing health funds) and the public sector.

FOOTNOTES - TABLE OF SOCIAL PROTECTION EXPENDITURE UNDER THE SICKNESS FUNCTION

SPAIN

(a) Figures not available

FRANCE

(a) This heading includes settlements for dependents, since information is lacking to extract them and incorporate them into the Family function.

(b) In the absence of a breakdown by agency, the figures for all the agencies together are given here for information.

(c) These figures include the overall payment to hospitals.

(d) These figures include the payment by CNAM of contributions in respect of practitioners and medical auxiliary personnel under an agreement.

(f) These data include the reimbursement of subsistence costs in establishments for disabled children and should be classified under the "invalidity" risk and not "sickness".

(g) Although this expenditure has been incorporated into this study, a strict interpretation of ESSPROS (paragraph 208b) would require it to be excluded from the field of social protection. In fact, the covering of risks arises from private initiatives taken by individuals or households exclusively in their own interests and this expenditure is neither provided for by law or regulation, nor by the terms of agreements or contracts (within an enterprise or profession or trade).

IRELAND

(a) The data for sickness payments are estimated for certain years (surveys for 1981, 1984 and 1988 and estimated interpolations for the other years).

(b) The data also include invalidity and accident payments (a fairly small percentage of the total). The PRB allocation plan was considerably revised in 1983 and the benefits reduced as a consequence.

(c) Only aggregated data are available for each year on expenditure, including only government financing of private psychiatric hospitals.

(d) The regional, county and district hospitals are financed entirely by central government, the expenditure shows the entire cost of their management. Voluntary public hospitals generally have private administration, and their private financing by rights and other income is not shown in the data on expenditure, which concerns the part of government finance for their services. Expenditure includes services provided without hospitalization.

(e) Total expenditure for private health establishments (voluntary private hospitals, private health establishments etc.) represent the government subsidy or the subsidized proportion of their total operating costs.

(f) The figures cover non holders of a medical card who have incurred expenditure on medicines above a given monthly threshold. Expenditure covers the amount of the complete allocation in excess of this threshold, which is raised at intervals.

(g) The data cover vaccination against diphtheria/poliomyelitis for children under two years of age and against German measles for females aged 12-14 years. The expenditure covers the vaccination programme completely.

(h) Miscellaneous services are included in the expenditure, but most are linked to water fluoridization.

(i) Expenditure covering the paediatric examination of children of pre school age and school health services and the examination of persons beginning work for the first time.

Examinations for metabolism defects in newly born children is not explicitly specified, since it is included in the general hospital costs for maternity.

(j) Expenditure covers the running costs for a consultative committee on drugs

(k) Expenditure concerns the running costs of a health education service (mainly administration and publicity).

(l) The whole of the government subsidy is included in this function, even though the recipients could be classified in the Old age or Family functions.

(m) Expenditure concerns only the running costs for public sector ambulances, with a small component of subsidy to private services.

(n) Expenditure was estimated.

(o) The data are included in "Continued payment of wage and salary".

(p) The Voluntary Health Insurance Board's financial year begins on 28 February. The expenditure shown for the calendar year is usually that for the financial year in which most of the months fall (e.g. the financial year 1987-88 was used for 1987). Administrative costs are not included. The other private health insurance schemes are not included because at present there are no data sources, but it is considered that the voluntary insurance schemes cover the great majority of persons not covered by government schemes and who have a "private" health insurance.

ITALY

(a) The figures for medical care also include data relating to the Maternity function. It is not possible to break down the data in accordance with the ESSPROS methodology.

(b) The figures are included in the National Health Service (USL).

(c) Includes courses of thermal treatment.

(d) Includes data classified as prevention in Italy (for example, relating to health laboratories, veterinary services, certain out patients services and clinical analyses linked to prevention), but do not correspond strictly to Eurostat's definition for this heading.

FOOTNOTES - TABLE OF SOCIAL PROTECTION EXPENDITURE UNDER THE SICKNESS FUNCTION

LUXEMBOURG

- (a) These benefits were granted up to 1983.
- (b) Medical care for invalid persons are included in the Sickness function; a breakdown of the data in accordance with the ESSPROS methodology (cf. paragraphs 5.1 and 5.2 of part I) is not available.
- (c) Figures relating to these "Other prostheses" are included under the heading "Other therapeutic methods, renal dialyses and other treatments".
- (d) Although this expenditure has been incorporated into this study, a strict interpretation of ESSPROS (paragraph 208b) would require it to be excluded from the field of social protection. In fact, the covering of risks arises from private initiatives taken by individuals or households exclusively in their own interests and this expenditure is neither provided for by law or regulation, nor by the terms of agreements or contracts (within an enterprise or profession or trade).
- (e) This scheme was abolished in 1986, with the creation of the guaranteed minimum income.

NETHERLANDS

- (a) During the first 18 months of sick leave, permanent employees receive their full earnings (12 months for temporary employees). At the end of this period they receive sickness payments amounting to 70% of earnings (80% before 1987). The figures on sickness payments are included in earnings maintenance. In addition, the data include those on earnings maintenance (DSO) in the Maternity function.
- (b) The figures for this heading are included in earnings maintenance.
- (c) Benefits in kind also include the cost of medical care for invalids or disabled persons (since they cannot be extracted from the other health insurance costs and classified in an appropriate function).
- (d) Including specialists and hospitals.
- (e) In 1987 the law on social security (ZFW) was amended. The voluntary health insurance (ZFW vrijwillig) and health insurance for old persons (ZFW bejaard) disappeared. The insured persons concerned were divided between compulsory health insurance (ZFW verplicht) and the private health insurance companies. Since 1989 the whole system of health insurance has been in the process of being reformed in accordance with the Dekker Commission recommendations which has a substantial effect on the figures as from 1989. The scheme for sailors is still in existence, but the figures are included in those for the compulsory scheme.
- (f) Including specialists, hospital care, day care and exceptional medical treatment.
- (g) Including specialists, hospital care, day care and exceptional medical treatment.
- (h) Including day care in health establishments, psychiatric care for TPR patients, abortion clinics and children's clinics.

- (i) Including doctors, physiotherapy (including corrective gymnastics and hearing and speech therapy), and extra mural and semi extramural care.
- (j) Including doctors and external treatment.
- (k) Including home care organizations and psycho social care.
- (l) Including medicines and preparations.
- (m) Including transport, adjustment for previous years and miscellaneous (including supplementary insurance less exceptional payments).
- (n) Including transport, miscellaneous and recovery cases.
- (o) Including transport and recovery cases.
- (p) Including subsidies and adjustments.

PORTUGAL

- (a) Since 1987 this expenditure has been included in the general social security scheme (sheet 4)
- (b) These data are incomplete and represent 60% about of the total: they refer solely to the region "Sul e Ilhas"; the figures relating to the northern and central areas are not available at present.
- (c) Although this expenditure has been incorporated into this study, a strict interpretation of ESSPROS (paragraph 208b) would require it to be excluded from the field of social protection. In fact, the covering of risks arises from private initiatives taken by individuals or households exclusively in their own interests and this expenditure is neither provided for by law or regulation, nor by the terms of agreements or contracts (within an enterprise or profession or trade).

UNITED KINGDOM

- (a) The data refer to the financial year running from the beginning of April to the end of March in the following year. For example, the 1991 financial year runs from 1 April 1991 to 31 March 1992.
- (b) The data for this agency are not available separately. They are included for those with the heading "In-patient care" in Form 3.
- (c) The figures for pharmaceutical products, dental care, laboratory tests and other examinations and prevention are not available separately at this stage. They are included under the heading "Out patient care" in Form 5.
- (d) Ambulance services for the whole of the "hospital and community services" include expenditure which should be classified in the Maternity, Invalidity/Disability and Occupational accident/illness functions.

NOTE: In order to interpret the data correctly and completely, reference must be made to the footnotes to the country and the descriptive forms (Part IV)

NOTE: In order to interpret the data correctly and completely, reference must be made to the footnotes to the country tables (Part II) and the descriptive forms (Part IV)

Part III ANALYSIS AND COMPARATIVE TABLES

This publication presents the results from a statistical study on social protection sickness benefits over the period 1980-1991, which was carried out by Eurostat in collaboration with the twelve Member States of the European Community. The aim of this publication is to provide a complete table of the benefits available under the Sickness function.

As in Volumes I, II, III and IV of the Digest, which deal with the Old age, Invalidity/disability, Family and Survivors functions, a common pattern of Community classification has been applied to disaggregated benefit data. The statistics on sickness benefit expenditure throw a new insight into this major branch of social security, and allow comparisons to be made between the countries of the European Union.

The country tables (Part II) give all the available data for the Sickness function (non-available data are marked with a colon, ":").

This section - Part III - includes comparative tables and comments on the main features of the social protection schemes providing sickness benefits in the Member States. The introduction to the analysis contains some remarks on the comparability of the data. The structure of this text is as follows:

0. Remarks on comparability of the data
 1. Trends in benefit amounts
 2. Benefits per capita
 3. Benefit amounts and GDP
 4. Breakdown by type of benefit
 - 4.1 Breakdown by groups of schemes
 - 4.2 Breakdown of benefits by cash and kind
 - 4.3 Breakdown of benefits in kind by type
 - 4.4 Breakdown of cash benefits by type
5. Future work
6. Comparative tables

Remarks on the comparability of the data

When the data on the Sickness function are compared - for several countries - some care must be exercised.

The analysis discussed in the present part deals, in general, with the three following groups of schemes, basic schemes, supplementary schemes and means-tested schemes. However, in some countries, since the data were not always available, the schemes are not always described in full detail.

Accordingly, there are gaps in the data on means-tested schemes in some statistical series on cash benefits in Denmark, and in some series on benefits in kind in Ireland and Portugal. Some data on the supplementary schemes are not available for cash benefits in Germany, Ireland and Portugal and for benefits in kind in Belgium and Luxembourg.

In addition, particularly in the case of the supplementary schemes, it is often difficult to draw the line between what falls within the field of social protection and what does not. Some countries wanted it to be stated in the benefits study

that a strict interpretation of the ESSPROS methodology would have excluded social protection. This applies to Belgium, France, Portugal and Luxembourg as regards benefits in kind, which are provided, as a supplement to basic cover.

As in the case of the other social protection functions, we consider here both cash benefits, eg. allowances paid under social security during sick leave, and also benefits in kind, i.e. health care. These two categories of benefit are dealt with jointly in most of the analyses. However, it must be remembered that the patterns are different. In all the Member States, benefits in kind are increasing in relation to cash benefits for the Sickness function (cf. 4.2). In 1980 the breakdown for the whole of the European Union was 21% for cash benefits and 79% for benefits in kind, whereas in 1991 it was 16% and 84% respectively.

There are often gaps in the data on cash benefits in the statistics on income maintenance and allowances paid by the employer. The figures for these are not available for any - or at least some - of the agencies in most of the Member States. The above-mentioned rates are therefore not representative of the relative proportions of benefits in cash and in kind.

In addition, the following notes on the individual countries must be borne in mind.

- Germany: Data for the Federal Republic of Germany refer to the situation prior to 3 October 1990. Statistics on the former GDR are not yet available.

- France: The data for the Sickness function for 1980 were not supplied to Eurostat. For comparisons between countries and the calculation of European averages for this year, the 1981 figures were used instead.

- Belgium: At the time of collecting the data, figures were still not available for 1991. For country-to-country comparisons and the calculation of European averages for this year, the 1990 figures were used instead of the 1991.

- Greece: for the same reasons as for Belgium, the 1990 data were used instead of the 1991 data. It should also be noted that, over the whole of the period, the amounts for sickness benefits were very small. This is partly for methodological reasons. In Greece, the government gives a large subsidy to the hospitals. Since it is not attributed to individuals (paragraph 411 of ESSPROS), it is not included in Digest study. In addition, the study covers only the main social security schemes in this country, i.e. IKA for employees in industry and commerce, TEBE for self employed craftsmen and traders, and OGA for farmworkers in the rural areas (these schemes cover approximately 80% of the total population of members of all existing health funds) and the public sector.

The notes concerning cases where the data for one year has been used for another year, are indicated by asterisks in the tables in this chapter.

These various factors militate against comparability from one country to another, and analysing patterns within individual countries would be more meaningful.

1. Trends in benefit amounts

Over the period 1980-1991 expenditure on health benefits rose, in terms of current prices, by 128.5%. Table A shows the variations broken down by type of scheme.

Table A: Sickness benefit amounts EUR - 1980 and 1991 (millions of ECUs at current prices) and change over the period

Scheme	1980	1991	%
Basic	131 589.1	301 242.4	+128.9
Supplementary	5 704.4	13 837.1	+142.6
Means-tested	1 871.2	2 980.2	+59.3
Total	139 164.7	318 059.7	+128.5

To take account of the variations in price over the reference period, a comparison was made ignoring general inflation, by deflating the data by the consumer price index. At constant 1985 prices, growth was 31.4% between 1980 and 1991 (see Table B). In view of the recession and budgetary restrictions on government spending, benefits for the whole of the European Union have in fact increased only very moderately, ignoring general inflation.

Table B: Sickness benefit amounts EUR - 1980 and 1991 (millions of ECUs, at constant prices of 1985) and change over the period

Schemes	1980	1991	%
Basic	185 598.2	244 316.6	+31.6
Supplementary	8 045.7	11 222.3	+39.5
Means-tested	2 639.2	2 417.0	-8.4
Total	196 283.1	257 956.0	+31.4

Various factors affect the trend in total sickness expenditure. These are of a technical and demographic nature. Technological innovations in the medical field are often expensive. However, in some cases, they produce an overall improvement in efficiency since they can give more rapid and more accurate diagnoses and more effective treatments. The aging of the population is generating pressure upwards on care consumption, since older people tend to have more need of health care, and means that the care systems must be adapted to the new special needs.

Although the figures in this study cannot take full account of transfers, the fairly small increase in sickness benefits represents an indication of the replacement of some of the collective charges for the expenditure by an increase in charges to the individual.

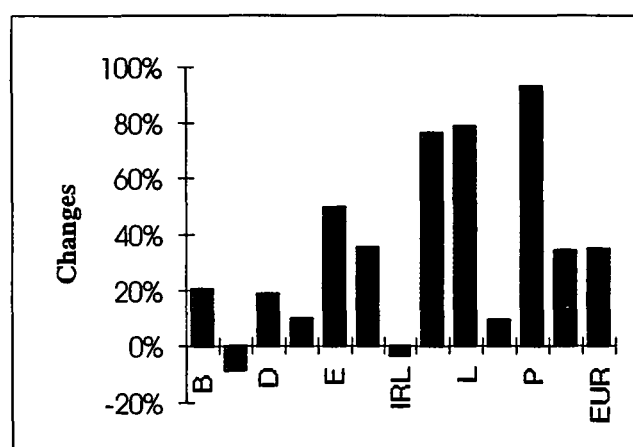
In almost all the countries, reforms have been put in place to reduce the increase in collective expenditure on the sickness branch. Most government authorities have tried to shift part of the cost which they were bearing into the household budget, for example by increasing the

proportion of the cost to be paid by the patient. This means that total expenditure, including also expenditure by the beneficiaries - either directly, or indirectly via private insurance schemes - has certainly increased to a much greater extent.

In the southern countries of the Union, collective coverage for Health risks has been extended to the whole of the population. A national health service available to all has been set up in Italy (coming into force in 1980), Portugal (1979), Greece (1983), and Spain (1986). However, the increase in costs caused by this has prompted the various governments to transfer a major proportion of the costs to the patient, in particular by making them pay a proportion of the costs of pharmaceutical products, medical examinations or various medical visits and consultations.

The general pattern for the European Union as a whole masks differing trends in the individual Member States (cf. fig. 1).

Fig. 1: Changes at constant prices (national currencies deflated by the consumer price index), 1991/1980



Ignoring general inflation, the increases in sickness benefit amounts were greatest in Portugal (93.1%), Luxembourg (78.5%), Italy (76.6%) and Spain (49.8%). They were more moderate in France (35.4%), Belgium (20.2%) and Germany (18.8%) and substantially lower in the other countries (9.8% in Greece and 9.7% in the Netherlands). The trend in these amounts was downwards in Ireland (-3.2%) and Denmark (-8.2%).

These changes, ignoring general inflation, can be attributed either to changes in price of sickness rates for sickness benefits or to volume effects. At this stage, unfortunately, this study cannot show these two factors separately.

2. Benefits per capita

Within the European Union there is a large disparity between the *per capita* sickness benefit amounts (cf. Table C). In 1991 the Member States spent an average ECU 968.2 *per capita* in the form of sickness benefits in cash and in kind.

Greece and Portugal spent less than half of this average. In Ireland, Spain and the United Kingdom expenditure was

equivalent to 56.7%, 61.1% and 74.5% of this figure respectively. Belgium and Italy were close to the average, but their figures were much lower than those for the Netherlands (107.0%), Denmark (120.5%), France 124.4%), Luxembourg (124.6%) and Germany (153.5%).

Table C: Per capita sickness benefits in 1991

	ECU	as a percentage of EUR
B*	878.5	90.7
DK	1 167.0	120.5
D	1 486.3	153.5
GR*	103.8	10.7
E	591.6	61.1
F	1 204.3	124.4
IRL	549.6	56.7
I	936.8	96.7
L	1 206.3	124.6
NL	1 035.9	107.0
P	282.6	29.2
UK	721.2	74.5
EUR12	968.2	100.0

In 1980, the average *per capita* expenditure of the Union on sickness benefits was equivalent to ECU 437.4. At constant prices (1985), it rose from ECU 616.9 in 1980 to ECU 785.2 in 1991, an increase of 27.3%.

3. Benefit amounts and GDP

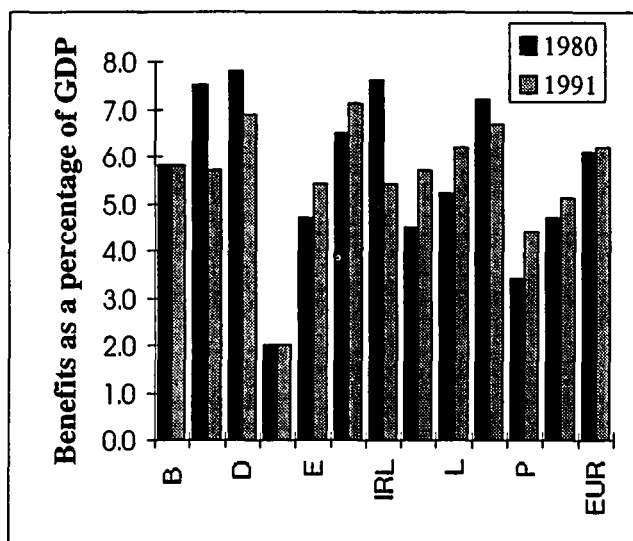
Table D shows the correlation between a country's wealth, measured here by gross domestic product (GDP) *per capita*, and *per capita* expenditure on sickness. The higher the GDP, the greater tendency for the country to spend more resources on sickness.

Table D: Sickness benefit (in decreasing order) and per capita GDP (ECU) 1991

	Sickness benefits	GDP	GDP index (EUR=100)
D	1 486	21 547	(136.7)
L	1 206	19 505	(123.7)
F	1 204	17 007	(107.9)
DK	1 167	20 444	(129.7)
NL	1 036	15 560	(98.7)
I	937	16 392	(104.0)
B*	878	15 167	(96.2)
UK	721	14 112	(89.5)
E	592	10 935	(69.4)
IRL	550	10 262	(65.1)
P	283	6 423	(40.7)
GR*	104	5 190	(32.9)
EUR12	968	15 762	(100.0)

During the period 1980-1991 the difference between the maximum and minimum rates of expenditure in relation to GDP was reduced slightly in the Union countries. The range was 2.0-7.8% in 1980, and 2.0-6.9% in 1991. The corresponding figures, excluding Greece, were 3.4%-7.8% in 1980 and 4.4-6.9% in 1991. The average for the whole of the European Union increased very slightly over the 10-year period, from 6.1% of GDP in 1980 to 6.2% in 1991.

Fig. 2: Sickness benefits as a proportion of GDP, 1980 - 1991



The proportion of GDP allocated to the Sickness function was reduced in four Member States, viz. Denmark (from 7.5% to 5.7% between 1980 and 1991), Germany (from 7.8% to 6.9%), Ireland (from 7.6% to 5.4%) and the Netherlands (from 7.2% to 6.7%). This means that sickness expenditure changed less quickly than gross domestic product, which produces a value of the respective elasticity smaller than unity (see box below) in Table E. It should be noted that, in Ireland, the reduction in this ratio "sickness expenditure"/GDP is due not only to a strict monitoring of the health budget but also to a very substantial increase in GDP over the same period (196% at current prices).

Elasticity is an economic term which measures, in absolute value, the relation between relative variations (i.e. as a percentage). Thus, the elasticity of *per capita* expenditure on the Sickness function in relation to *per capita* GDP shows the relation between the rate of increase in expenditure on the Sickness function and the rate of increase in *per capita* GDP. An elasticity of 0.8 indicates an increase of 8% in sickness expenditure for an increase of 10% in GDP.

This proportion of GDP accounted for by the Sickness function was stable in Belgium (5.8%) and Greece (2.0%). The elasticities are close to unity for these two Member States, in other words the expenditure amounts which can be imputed to the Sickness function increased more or less in line with GDP.

Table E: Elasticities of per capita sickness benefit in relation to per capita GDP over the period 1980 - 1991 (nominal values)

B*	1.02	IRL	0.55
DK	0.57	I	1.39
D	0.76	L	1.34
GR*	1.02	NL	0.75
E	1.22	P	1.36
F*	1.17	UK	1.14

The proportion of GDP accounted for by sickness expenditure grew in the other countries, the elasticities being greater than unity. This is scarcely surprising in the case of Spain (increase from 4.7% to 5.4%), Italy (from 4.5% to 5.7%), Portugal (from 3.4% to 4.4%) and the United Kingdom (from 4.7% to 5.1%), in view of the initial low level of their health expenditure and the extension of the system of collective coverage for health rises in the southern countries, where national health systems were set up. On the other hand, in spite of their efforts, France and Luxembourg did not manage to restrict the increase in sickness expenditure, which continued to grow not only in absolute terms but also in relation to national wealth (rising from 6.5% to 7.1% in France and from 5.2% to 6.2% in Luxembourg).

4. Breakdown by type of benefit

The results of the statistical survey on the Sickness function provide an occasion for making an overall evaluation, for the European Union and each of the Member States, of the relative weight of the various benefits.

Under this heading the study examines:

- breakdown by basic, supplementary and means-tested schemes;
- breakdown of benefits into cash and in kind;
- breakdown of benefits in kind by type;
- breakdown of cash benefits by type.

4.1 Breakdown by type of schemes

In the statistics in this study, 94.7% of sickness benefits are classified under basic schemes, compared with 4.4% under supplementary schemes and 0.9% under means-tested schemes.

This breakdown by type of schemes should be interpreted with care. Seven of the Member States provide no data - or very little - in the supplementary and means-tested schemes, viz. Denmark, Germany, Greece, Luxembourg, Italy, the Netherlands and Portugal. The other countries provide the breakdowns given in Table F.

Table F: Breakdown by type of schemes (%) in 1980 and in 1991

		Basic schemes	Supplementary schemes	Means-tested schemes
B	1980	94.6	3.6	1.8
	1990	94.0	4.4	1.6
E	1980	92.3	3.1	4.6
	1991	91.9	2.9	5.2
F	1981	91.4	5.1	3.5
	1991	90.0	8.4	1.5
IRL	1980	80.7	9.8	9.5
	1991	74.8	11.6	13.5
UK	1980	84.2	15.4	0.4
	1991	83.3	16.1	0.6

For the countries on which information is available, it is interesting to note the overall trend over a period. In each country the proportion accounted for by basic schemes fell between 1980 and 1991. Except for Spain, this trend favours the supplementary schemes in all cases, and the means-tested schemes in some cases.

This may be due in part to the difficulties of the governments in meeting their financial commitments, as a result of the current economic slowdown in all the Member States. A proportion of the expenditure on basic schemes seems to have been taken over by the supplementary schemes, private insurance schemes or by increased contributions payable directly by the individual or households (cf. section 1 of this chapter).

4.2 Breakdown of benefits by cash and kind

Benefits in kind represent the largest proportion of total benefit under the basic, supplementary and means-tested schemes.

As stated in the introduction, it must nevertheless be emphasized that the data on sickness benefits are not exhaustive, particularly as regards cash benefits. Table G, which gives the breakdown between benefits in cash and those in kind should therefore be interpreted with care.

**Table G: Breakdown of benefits into cash and kind
(%), 1991**

	Cash	Kind
B*	17.2	82.8
DK	18.3	80.7
D	23.5	76.5
GR	7.6	92.4
E	18.7	81.3
F*	7.3	92.7
IRL	19.3	80.7
I	3.6	96.4
L	14.3	85.7
NL	41.7	58.3
P	13.9	86.1
UK	20.2	79.8
EUR 12	16.4	83.6

It can be seen that over a period there is relative increase in benefits in kind. Ignoring general inflation, cash benefits increased over the reference period by 3.5% whereas benefits in kind increased by 38.7% (see Table H).

Table H: Sickness benefit amounts EUR - 1980 and 1991 (millions of ECUs at constant prices, deflation by the general consumer price index)

	1980	1991	%
Cash	40 736.2	42 176.0	+ 3.5 %
Kind	155 546.8	215 780.0	+ 38.7 %
Total	196 283.0	257 956.0	+ 31.4 %

4.3 Breakdown of benefits in kind by type

Overall in the European Union, in 1991, 46.6% of expenditure on benefits in kind went on hospital care, 22.3% on out-patient care, 16.0% on pharmaceutical products and 15.1% on other types of benefits.

This breakdown for the European Union is based on the various structures in the Member States. Table I gives, for each country, the breakdown by type of benefit in kind.

Table I: Breakdown of benefits in kind by type (%), 1991

	In-patient care	Out-patient care	Pharm. products	Other
B*	25.4	44.9	14.7	15.0
DK	70.2	16.7	6.9	6.2
D	35.9	17.5	22.3	24.3
GR*	26.8	17.9	44.2	11.1
E	38.4	27.6	20.2	13.8
F	55.5	16.9	15.3	12.3
IRL	86.0	:	3.8	10.2
I	55.0	14.3	17.3	13.4
L	26.0	21.1	18.1	34.8
NL	36.8	33.8	15.1	14.3
P	59.4	7.7	20.2	12.7
UK	48.6	46.1	:	35.3
EUR 12	46.6	22.3	16.0	15.1

For Belgium the proportion of in-patient care is underestimated and that of out-patient care overestimated. This is because the heading "in-patient care" comprises only the costs of board and lodging (daily price). Medical care, since it cannot be shown separately, comes under the heading of out-patient care.

The breakdown for Greece is due in part to the methodological reasons already mentioned above, i.e. that the government gives a substantial subsidy to the hospitals. Since this subsidy cannot be attributed to individuals (ESSPROS, paragraph 411), it is not included in the Digest study. This produces a very low proportion under this heading, and a corresponding "over-estimate" for the other headings, particularly pharmaceutical products.

The breakdown by type for Ireland and the United Kingdom is not complete.

4.4 Breakdown of cash benefit by type

In view of the statistical shortcomings of the series on cash benefits, a country-to-country comparison of these data was not undertaken.

In cases of sick leave, the various Member States protect the individual to varying degrees against loss of income due to interruption of activity.

In some cases the cash benefits are paid by the employer, in others by a social security institution and in some cases jointly by both. Often the rate of the benefit varies over the period of sickness.

The conditions for eligibility vary not only from one country to another but also from one scheme to another in the same Member State. Where there is a qualifying period for the benefit, this period refers to a period - already elapsed - of employment, insurance, or contribution to the social security fund. In other cases, there is provision for a "fallow" interval, i.e. a period during which no benefit is paid even though the risk

covered has materialized. In addition, the duration of a benefit in kind varies widely depending on the category of the person covered.

The reader will find copious information for studying national trends in the tables in Part II and for the descriptive analysis in the forms in Part IV.

5. Future work

Eurostat decided not to include the section relating to the number of beneficiaries in this volume on the Sickness function, since there were major problems of comparability. The Statistical Office intends to continue its work in this field. Before publishing this data, a supplementary methodological study is required to improve the comparability of this type of data from one country to another.

It should also be noted that a "public health" unit was recently set up in Eurostat. The purpose of this unit is, in the long term, to organize the collection of data on health for a number of key indicators with overall cohesion relating to the various sections of this branch, viz. morbidity, health infrastructure, health care, living conditions, prevention, economic aspects, etc. This work is to be carried out in conjunction with other Commission departments, in particular DG V - Health and Safety Directorate, and with other international bodies such as WHO and the OECD.

1. SICKNESS: AMOUNTS OF BENEFITS BY TYPE - 1991 (N.B. THE BREAKDOWN BY TYPE OF BENEFIT IS INCOMPLETE FOR SOME COUNTRIES? FOR SOME OR ALL OF THE AGENCIES, AND MAKES THE RELATIVE WEIGHT ASSIGNED TO THE BENEFITS SHOWN HERE INCORRECT)

	B	DK	D	GR	E	F	IRL	I	L	NL	P	UK	EUR (n)
	(1990)			(1990)			Mio ECU						
1 BASIC SCHEMES	8297.5	6014.7	94710.7	1047.5	21212.5	61862.6	1449.3	53100.8	466.9	15583.3	2775.2	34721.2	301242.4
10 <i>Cash benefits</i>	1327.8	1159.3	22258.6	79.2	3828.3	4651.0	373.5	1822.3	66.7	6500.8	386.5	1467.9	43921.8
11 . Continued payment of wage or salary													
A. by employer	:	:	17265.8	:	838.6	:	167.0	:	:	1328.2 (i)	4.8	-	19604.6
B. by social security institution	566.6	-	-	-	-	-	-	-	66.2	-	-	-	632.8
12 . Daily allowances													
A. paid by employer	252.4	1133.1	-	:	-	1345.3	-	:	-	684.3	-	-	3415.1
B. paid by social security institution	508.8	26.2	4992.8	79.2	2989.7	3240.8	206.5 (g)	:	0.5	3846.4	381.6	1467.9	17740.1
13 . Other cash benefits	-	-	-	-	-	65.0	-	:	-	641.9	-	-	706.9
14 . Data cannot be broken down by type of benefit								1822.3					1822.3
20 <i>Benefits in kind</i>	6969.7 (a)	4855.4	72452.2	968.3 (d)	17384.2	57211.6	1075.8	51278.5 (i)	400.3 (a)	9082.5 (a)	2388.7	33253.4	257320.6
21 . In-patient care	1767.8 (b)	3408.5	26002.1	259.4 (e)	6667.9	31746.8 (f)	925.1 (h)	28226.6	104.1	3338.1	1418.2	16173.8 (k)	120038.3
22 . Out-patient care	3129.2	812.1	12683.6	173.6	4790.1	9670.3	:	7344.6	84.4	3066.4	183.1	15326.4 (l)	57263.8
23 . Pharmaceutical products	1024.7	335.9	16170.1	428.3	3508.8	8777.0	40.5	8855.1	72.4	1375.2	482.5	:	41070.6
24 . Dental care	204.2	248.5	4261.3	8.2	51.0	1953.6	15.8	:	25.7	430.1	:	231.1	7429.5
25 . Medical Prostheses	135.9	:	2600.5	55.4	:	870.5	4.6	0.0	6.1	313.1	7.0	:	3992.9
26 . Laboratory tests and other examinations	2.7	:	:	33.4	1042.3	1677.7	:	:	58.1	0.0	133.5	:	2947.6
27 . Prevention	:	27.3	:	2.6	44.9	179.4	34.1	2452.3 (j)	11.4	0.0	0.0	532.1	3284.2
28 . Other benefits in kind	107.2	-	5204.4	7.4	201.7	2336.5 (a)	55.7	2323.2	38.1	558.5	164.4	990.0 (m)	11986.9
29 . Data cannot be broken down by type of benefit	580.7	23.2	5530.1	-	1077.6	-	-	:	-	-	-	-	7211.7
2 SUPPLEMENTARY SCHEMES	388.5	-	:	-	677.1	5796.5	225.1	-	:	27.4	3.7	6718.9	13837.1
10 <i>Cash benefits</i>	189.0	-	:	-	496.6	348.6	:	-	-	3.6	2.2	6718.9	7759.0
20 <i>Benefits in kind</i>	199.5 (c)	-	-	-	180.4	5447.9 (c)	225.1	-	:	23.8	1.5 (c)	-	6078.2
3 MEANS-TESTED SCHEMES	138.3	:	4.4	-	1197.4	1054.3	262.0	71.7	-	-	8.2	243.9	2980.2
10 <i>Cash benefits</i>	-	:	4.4	-	-	1.3	0.9	71.7	-	-	-	243.9	322.2
20 <i>Benefits in kind</i>	138.3	:	-	-	1197.4	1053.0	261.2	-	-	-	8.2	-	2658.0
TOTAL 1 + 2	8685.9	6014.7	94710.7	1047.5	21889.6	67659.1	1674.5	53100.8	466.9	15610.7	2778.9	41440.1	315079.5
TOTAL 1 + 2 + 3	8824.2	6014.7	94715.1	1047.5	23087.0	68713.4	1936.5	53172.5	466.9	15610.7	2787.0	41684.0	318059.7

(a) These data include medical care (or part of it) given to invalids. It is not possible to break down these data in accordance with the ESSPROS methodology. (b) This heading comprises only the costs of lodging and food (daily price). Since it cannot be shown separately, medical care is included under the heading "out-patient care". (c) This heading includes benefits which a strict interpretation of ESSPROS would require to be excluded. (d) Since they cannot be shown separately, medical care falling under the Maternity, Disability/Invalidity and Occupational accident/illness functions. In addition, only the three main social security funds, viz. IKA, TEBE and OGA and the public sector are included. (e) The government subsidy to hospitals is not included in these figures. (f) These figures include the overall payment to hospitals. (g) These figure also refer to allowances for invalidity and accidents. (h) The regional, county and district hospitals are financed entirely by government, the expenditure shows the entire cost of their management. The figures also include services provided without hospitalization. (i) These figures represent the data referring to the Maternity function. (j) These figures do not conform to the definition for prevention. (k) Expenditure also includes services provided without hospitalization. (l) The figures relating to pharmaceutical products, laboratory tests and other examinations are incorporated into out-patient care heading. (m) This heading includes expenditure which should be classified in the Maternity, Invalidity/Disability and Occupational accident/illness functions. The EUR indices should be interpreted with care, particularly where the data are not available at all, or only in part, in some countries. This applies particularly to cash benefits paid by the employer or benefits in kind such as laboratory tests or preventive measures. MORE DETAILED FOOTNOTES ARE FOUND IN THE INDIVIDUAL COUNTRY TABLES

2. SICKNESS: TRENDS OF BENEFIT AMOUNTS IN NATIONAL CURRENCIES AT 1985 PRICES

	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
	INDEX 1980 = 100											
BELGIUM												
TOTAL	100.0	100.2	99.6	100.3	97.9	96.1	110.0	110.6	110.7	114.8	120.2	:
Basic schemes	100.0	100.2	99.6	100.3	97.9	95.9	109.9	110.2	109.9	114.1	119.4	:
Supplementary schemes	100.0	98.5	96.7	97.4	95.2	99.9	116.2	124.2	135.5	138.4	148.7	:
Means-tested schemes	100.0	104.1	103.4	104.3	101.1	99.5	101.0	104.1	102.3	104.2	106.3	:
DENMARK												
TOTAL	100.0	94.4	96.5	91.1	87.7	90.1	91.6	91.2	95.9	91.4	91.8	93.6
Basic schemes	100.0	94.4	96.5	91.1	87.7	90.1	91.6	91.2	95.9	91.4	91.8	93.6
Supplementary schemes	-	-	-	-	-	-	-	-	-	-	-	-
Means-tested schemes	:	:	:	:	:	:	:	:	:	:	:	:
GERMANY												
TOTAL	100.0	99.0	93.0	93.2	95.4	101.2	107.3	112.7	118.0	112.3	118.8	126.9
Basic schemes	100.0	99.0	93.0	93.2	95.4	101.2	107.4	112.7	118.0	112.3	118.8	127.0
Supplementary schemes	:	:	:	:	:	:	:	:	:	:	:	:
Means-tested schemes	100.0	84.4	45.8	11.1	10.8	27.5	31.8	14.8	18.8	18.3	17.8	17.2
GREECE												
TOTAL	100.0	102.7	97.3	94.3	96.9	101.5	93.5	94.4	100.5	104.9	109.8	:
Basic schemes	100.0	102.7	97.3	94.3	96.9	101.5	93.5	94.4	100.5	104.9	109.8	:
Supplementary schemes	-	-	-	-	-	-	-	-	-	-	-	-
Means-tested schemes	-	-	-	-	-	-	-	-	-	-	-	-
SPAIN												
TOTAL	100.0	101.2	101.9	100.8	100.5	104.1	107.8	116.4	127.4	137.5	149.8	163.8
Basic schemes	100.0	100.4	101.0	99.5	98.1	101.8	106.0	114.8	125.8	136.2	148.5	163.1
Supplementary schemes	100.0	98.6	99.8	98.4	95.1	94.9	99.0	112.4	123.3	128.1	146.6	152.8
Means-tested schemes	100.0	119.9	122.6	126.8	152.2	157.3	150.2	150.9	162.5	171.0	179.2	186.1
FRANCE (1981)												
TOTAL	:	100.0	105.1	106.8	112.3	113.4	119.4	119.4	124.4	131.1	135.4	138.9
Basic schemes	:	100.0	105.3	106.7	112.6	112.5	118.6	117.7	121.6	128.6	133.6	136.9
Supplementary schemes	:	100.0	104.8	110.9	119.6	145.9	172.9	189.8	215.6	222.8	218.0	228.8
Means-tested schemes	:	100.0	99.2	101.8	94.6	90.0	64.9	60.5	62.4	63.3	61.7	60.4

2 continuation SICKNESS: TRENDS OF BENEFIT AMOUNTS IN NATIONAL CURRENCIES AT 1985 PRICES

	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
INDEX 1980 = 100												
IRELAND												
TOTAL	100.0	98.7	97.6	95.8	94.4	97.7	99.5	97.2	94.8	90.5	90.4	96.8
Basic schemes	100.0	98.1	94.6	93.0	91.1	93.8	94.5	89.0	84.5	84.1	83.6	89.8
Supplementary schemes	100.0	98.7	108.7	115.5	118.1	122.9	130.8	151.9	160.3	104.6	109.8	115.0
Means-tested schemes	100.0	103.6	112.1	99.3	98.1	104.3	110.2	111.4	114.6	130.0	127.2	137.3
ITALY												
TOTAL	100.0	107.5	113.1	116.6	113.5	117.5	120.1	136.4	147.0	149.4	167.8	176.6
Basic schemes	100.0	107.6	113.3	116.8	113.8	117.8	120.4	136.8	147.5	149.9	168.4	177.3
Supplementary schemes	-	-	-	-	-	-	-	-	-	-	-	-
Means-tested schemes	100.0	85.8	74.5	65.0	59.4	53.1	52.0	51.3	50.4	50.0	48.8	49.1
LUXEMBOURG												
TOTAL	100.0	112.0	113.2	108.1	112.2	116.0	127.6	140.4	149.2	161.5	169.5	178.5
Basic schemes	100.0	112.0	113.2	108.1	112.2	116.0	127.6	140.4	149.2	161.5	169.5	178.5
Supplementary schemes	:	:	:	:	:	:	:	:	:	:	:	:
Means-tested schemes	:	:	:	:	:	:	:	:	:	:	:	:
NETHERLANDS												
TOTAL	100.0	96.9	95.9	93.1	89.8	92.0	91.0	94.0	97.0	99.5	110.0	109.7
Basic schemes	100.0	96.4	95.0	92.0	89.2	91.5	95.8	101.1	104.4	107.0	118.4	118.0
Supplementary schemes	100.0	102.4	107.3	106.8	96.8	98.7	29.2	2.4	2.4	2.5	2.5	2.7
Means-tested schemes	-	-	-	-	-	-	-	-	-	-	-	-
PORTUGAL												
TOTAL	100.0	112.5	106.0	120.0	115.4	128.4	137.0	143.0	158.8	158.3	170.0	193.1
Basic schemes	100.0	112.4	106.0	119.9	115.3	128.4	137.0	142.9	158.7	158.1	169.7	192.8
Supplementary schemes	100.0	81.6	61.8	87.1	75.5	81.8	87.4	89.9	71.7	160.5	374.3	430.3
Means-tested schemes	100.0	151.8	118.1	221.0	175.3	172.4	182.0	209.1	233.9	265.4	259.0	306.6
UNITED KINGDOM												
TOTAL	100.0	100.6	98.5	104.9	106.8	106.2	115.8	119.9	126.9	123.7	124.1	134.4
Basic schemes	100.0	99.5	98.2	100.9	102.9	102.1	110.4	114.4	122.7	119.4	120.8	133.0
Supplementary schemes	100.0	107.1	100.2	125.7	127.1	128.1	143.8	148.4	149.9	147.0	141.5	140.5
Means-tested schemes	100.0	85.1	104.5	134.4	142.6	141.4	161.8	180.9	114.5	151.5	133.2	209.0
EUR (1985 ECU)												
TOTAL	100.0	93.7	97.9	102.3	106.9	109.1	116.1	119.4	124.1	126.7	130.9	134.7
Basic schemes	100.0	93.6	98.0	102.0	106.6	108.1	115.4	118.3	122.4	125.0	129.9	133.6
Supplementary schemes	100.0	96.1	99.7	110.8	117.6	137.8	156.5	170.0	190.1	192.3	186.0	192.1
Means-tested schemes	100.0	91.9	93.7	99.1	95.1	92.0	70.1	66.9	68.3	69.6	67.9	67.2

3. SICKNESS: BENEFIT AMOUNTS AS A PERCENTAGE OF GDP AND PER CAPITA - 1980

	B	DK	D	GR	E	F	IRL	I	L	NL	P	UK	EUR
<i>(All schemes combined)</i>	(1981)												
	Millions of ECUs												
(1) TOTAL	4919.6	3572.9	45235.1	568.9	7101.9	34109.9	1050.9	14554.3	170.1	8993.6	688.3	18199.2	139164.7
(2) Cash benefits	1217.7	998.3	12037.4	60.3	1414.1	3366.9	287.3	1079.7	30.4	4260.6	114.2	4015.1	28882.0
(3) Benefits in kind	3701.8	2574.6	33197.7	508.6	5687.8	30743.0	763.6	13474.5	139.7	4733.0	574.2	14184.1	110282.7
GDP in 1980 (ECU 000 000)	85009.3	47755.6	583152.7	28840.5	152133.8	523980.5	13847.3	325990.1	3274.3	124082.1	20537.1	386306.8	2294910.0
POPULATION in 1980 (x 1 000)	9846.8	5123.0	61566.3	9642.5	37386.1	54181.8	3401.0	56433.9	364.9	14149.8	9766.3	56329.7	318192.1
	As a percentage												
(1) TOTAL as a percentage of GDP	5.8	7.5	7.8	2.0	4.7	6.5	7.6	4.5	5.2	7.2	3.4	4.7	6.1
(2) Cash benefits as a percentage of GDP	1.4	2.1	2.1	0.2	0.9	0.6	2.1	0.3	0.9	3.4	0.6	1.0	1.3
(3) Benefits in kind as a percentage of GDP	4.4	5.4	5.7	1.8	3.7	5.9	5.5	4.1	4.3	3.8	2.8	3.7	4.8
	ECU												
(1) TOTAL per capita	499.6	697.4	734.7	59.0	190.0	629.5	309.0	257.9	466.3	635.6	70.5	323.1	437.4
(2) Cash benefits per capita	123.7	194.9	195.5	6.2	37.8	62.1	84.5	19.1	83.3	301.1	11.7	71.3	90.8
(3) Benefits in kind per capita	375.9	502.6	539.2	52.7	152.1	567.4	224.5	238.8	382.9	334.5	58.8	251.8	346.6

4. SICKNESS: BENEFIT AMOUNTS AS A PERCENTAGE OF GDP AND PER CAPITA - 1991

	B	DK	D	GR	E	F	IRL	I	L	NL	P	UK	EUR
<i>(All schemes combined)</i>	(1990)			(1990)									
	Millions of ECUs												
(1) TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
(2) Cash benefits	1655.1	1159.3	22258.6	79.2	5522.3	6052.6	634.7	1822.3	66.7	6504.4	396.8	8186.7	54338.7
(3) Benefits in kind	7169.1	4855.4	72452.2	968.3	17564.6	62659.5	1301.0	51278.5	400.3	9106.3	2390.2	33253.4	263398.8
GDP in 1991 (ECU 000 000)	151179.0	105367.4	1373100.7	52360.3	426724.1	970338.5	36161.4	930437.3	7550.4	234490.3	63343.3	815677.9	5166730.5
POPULATION in 1991 (x 1 000)	10045.2	5154.0	63725.7	10088.7	39024.9	57055.4	3523.8	56760.0	387.1	15069.6	9861.7	57800.9	328497.0
	As a percentage												
(1) TOTAL as a percentage of GDP	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
(2) Cash benefits as a percentage of GDP	1.1	1.1	1.6	0.2	1.3	0.6	1.8	0.2	0.9	2.8	0.6	1.0	1.1
(3) Benefits in kind as a percentage of GDP	4.7	4.6	5.3	1.8	4.1	6.5	3.6	5.5	5.3	3.9	3.8	4.1	5.1
	ECU												
(1) TOTAL per capita	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
(2) Cash benefits per capita	164.8	224.9	349.3	7.9	141.5	106.1	180.1	32.1	172.2	431.6	40.2	141.6	165.4
(3) Benefits in kind per capita	713.7	942.1	1136.9	96.0	450.1	1098.2	369.2	903.4	1034.1	604.3	242.4	575.3	801.8

Part IV DESCRIPTIVE FORMS BY TYPE OF BENEFIT

BELGIUM			
Agency	Form Number	Agency	Form number
Private enterprises (manual workers' scheme)	1	Employer (staff scheme)	2
SCOPE/BENEFIT		SCOPE/BENEFIT	
Manual workers - continued payment of wage or salary by employer		Private sector staff and public sector temporary staff - continued payment of wage or salary by employer (before action by the INAMI, Form 29)	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: 2 weeks (a): - Other conditions: <ul style="list-style-type: none"> * after the probationary period and during the validity of the work contract as manual worker; * medical certificate. 		<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: one month (a) - Other conditions: <ul style="list-style-type: none"> * work contract for over 3 months; * after the probationary period; * during the period of the work contract as staff (intellectual worker) <p>NB: If these conditions are not met, the manual workers' scheme applies.</p> <ul style="list-style-type: none"> * medical certificate 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
100% of earnings during the first week 86.97% of earnings during the second week (- 26.97% of earnings during the third and fourth week (cumulated with the INAMI payment, see Form 3))		100% of earnings for one month	
REMARKS		REMARKS	
Figures not available (a) This benefit may be followed by the maintenance of earnings by an employer in conjunction with the INAMI (Form 3).		Figures not available (a) This benefit is followed where applicable by that paid by the INAMI (Form 29).	

BELGIUM			
Agency	Form Number	Agency	Form Number
Institut National d'Assurance Maladie Invalidité (INAMI) and employer	3	Central and local government	4
SCOPE/BENEFIT Manual workers - continued payment of wage or salary by employer and social security fund (a)		SCOPE/BENEFIT Civil Servants (permanent and similar) and local government employees (small municipalities and provinces) - continued payment of wage or salary by employer.	
CONDITIONS FOR ELIGIBILITY - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: 2 weeks (corresponding to the third and fourth week of continuous sickness) - Other conditions: * the sickness must last for at least 2 weeks without interruption. * medical certificate.		CONDITIONS FOR ELIGIBILITY - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: 21 working days per annum, can be cumulated. NB: Beyond the age of 60 years, limited to a maximum of 365 days, after which the person is automatically retired (the redundancy procedure cannot be applied in this case). - Other condition: medical certificate.	
BENEFIT FORMULA (AMOUNT) During the third and fourth week of continuous illness the Institut National d'Assurance Maladie Invalidité pays manual workers 60% of their gross daily earnings, while the employer pays 26.97% of this amount, which means that manual workers maintain the same net earnings during the first month (because they are not obliged to pay social security contributions during this period).		BENEFIT FORMULA (AMOUNT) 100% of earnings	
REMARKS - Beyond one month of continuous sickness, see Form 29. - Figures not available separately. The proportion paid by the social security is included with the payments made to staff by the INAMI (see Form 29). (a) Follows the continued payment of wage or salary by the employer (i.e. paid the first two weeks of the sickness, see the benefit formula in Form 1).		REMARKS Figures not available NB: after this period the person may be made available (see Form 16).	

BELGIUM			
Agency	Form Number	Agency	Form Number
Municipal authorities	5	Centres publics d'Aide Social (C.P.A.S.)	6
SCOPE/BENEFIT		SCOPE/BENEFIT	
Municipal authorities' employees - continued payment of wage or salary by employer		Employees of CPAS hospitals - continued payment of wage or salary by employer	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
As in the civil service scheme (Form 4)		As for the civil service scheme (Form 4)	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
100% of earnings		100% of earnings	
REMARKS		REMARKS	
Figures not available.		Figures not available.	

BELGIUM

Agency	Form Number	Agency	Form Number
Telegraph and telephone authorities (RTT Belgacom)	7	Airways authority	8
SCOPE/BENEFIT		SCOPE/BENEFIT	
Employees of the RTT/Belgacom - continued payment of wage or salary by employer		Airways authority employees - continued payment of wage or salary by employer	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
As for civil service scheme (Form 4)		As for the civil service scheme (Form 4)	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
100% of earnings		100% of earnings	
REMARKS		REMARKS	
Figures not available		Figures not available.	

BELGIUM			
Agency	Form Number	Agency	Form Number
Post Office authorities (PTT La Poste)	9	Maritime Transport Authority employees	10
SCOPE/BENEFIT Post Office employees - continued payment of wage or salary by employer		SCOPE/BENEFIT Maritime Transport Authority employees - continued payment of wage or salary by employer	
CONDITIONS FOR ELIGIBILITY As for the civil service scheme (Form 4)		CONDITIONS FOR ELIGIBILITY As for the civil service scheme (Form 4)	
BENEFIT FORMULA (AMOUNT) 100% of earnings		BENEFIT FORMULA (AMOUNT) 100% of earnings	
REMARKS Figures not available.		REMARKS Figures not available.	

BELGIUM			
Agency	Form Number	Agency	Form Number
Municipalities	11	Municipalities	12
SCOPE/BENEFIT		SCOPE/BENEFIT	
Water Board employees - continued payment of wage or salary by employer		Radio and Television companies' employees (BRT/RTBF) - continued payment of wage or salary by employer	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
As for civil service scheme (Form 4)		As for civil service scheme (Form 4)	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
100% of earnings		100% of earnings	
REMARKS		REMARKS	
Figures not available.		Figures not available	

BELGIUM			
Agency	Form Number	Agency	Form Number
Central Administration, Réfibel	13	Belgian National Railways (SNCB) schemes	14
SCOPE/BENEFIT		SCOPE/BENEFIT	
Réfibel employees - continued payment of wage or salary by employer		Statutory agents of the SNCB - continued payment of wage or salary by employer	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
As for civil service scheme (Form 4)		- Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: for employees with: * less than 15 years of service: 180 days * between 15 and 25 years of service: 270 days * more than 25 years of service: 365 days - Other condition: medical certificate	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
100% of earnings		100% for a period based on number of years	
REMARKS		REMARKS	
- Agency abolished on 1 January 1987 - Figures not available		Figures not available	

BELGIUM			
Agency	Form Number	Agency	Form Number
Assistance and provident fund for sailors under the Belgian flag ("Merchant Navy Sailors" scheme)	15	Central and local government	16
SCOPE/BENEFIT		SCOPE/BENEFIT	
Sailors under the Belgian flag continued payment of wage or salary by employer		Local government officials and employees (small municipalities and province). Sickness allowances paid by employer during the non active period	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: 3 months on register of pool of sailors and minimum of 50 days service - Waiting period: 1 day (but not applied in practice) - Maximum duration of benefit: as long as the sailor does not leave the ship and is sick. 		<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: not fixed (beyond the age of 60 years, limited to 365 days) - Other condition: medical certificate. 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
100% of earnings		60% of earnings	
REMARKS		REMARKS	
Figures not available		<ul style="list-style-type: none"> - This benefit follows that in Form 4 (continued payment of wage or salary by employer). - Figures not available. 	

BELGIUM			
Agency	Form Number	Agency	Form Number
Local government	17	Centres Publics d'Aide Sociale (CPAS)	18
SCOPE/BENEFIT		SCOPE/BENEFIT	
Local government employees - sickness allowances paid by employer		Employees of CPAS hospitals - sickness allowances paid by employer	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
As for the "Central and local government" scheme (Form 16)		As for the "Central and local government" scheme (Form 16)	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
As for "Central and local government" scheme (60% of earnings)		As for "Central and local government" scheme (60% of earnings)	

BELGIUM			
Agency	Form Number	Agency	Form Number
Telegraph and telephone authorities (RTT Belgacom)	19	Airways authority (RVA)	20
SCOPE/BENEFIT Agents of the RTT/Belgacom - sickness allowances paid by employer		SCOPE/BENEFIT Airways authority employees - sickness allowance by employer	
CONDITIONS FOR ELIGIBILITY As for "Central and local government" scheme (Form 16)		CONDITIONS FOR ELIGIBILITY As for "Central and local government" scheme (Form 16)	
BENEFIT FORMULA (AMOUNT) As for the "Central and local government" scheme (60% of earnings)		BENEFIT FORMULA (AMOUNT) As for the "Central and local government" scheme (60% of earnings)	

BELGIUM			
Agency	Form Number	Agency	Form Number
Post Office authorities (PTT La poste)	21	Maritime Transport Authority (RTM)	22
SCOPE/BENEFIT Statutory and contractual personnel of the postal authority - sickness allowances paid by employer		SCOPE/BENEFIT Agents of the Maritime Transport Authority - sickness allowances paid by employer	
CONDITIONS FOR ELIGIBILITY As for "Central and local government" scheme (Form 16)		CONDITIONS FOR ELIGIBILITY As for "Central and local government" scheme (Form 16)	
BENEFIT FORMULA (AMOUNT) As for the "Central and local government" scheme (60% of earnings)		BENEFIT FORMULA (AMOUNT) As for the "Central and local government" scheme (60% of earnings)	

BELGIUM			
Agency	Form Number	Agency	Form Number
Water distribution administrations	23	BRT and RTBF Administration	24
SCOPE/BENEFITS		SCOPE/BENEFITS	
Water Board employees - sickness allowances paid by employer		Radio end television companies' employees (BRT/TBF) - sickness allowances paid by employer	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
As for "Central and local government" scheme (Form 16)		As for "Central and local government" scheme (Form 16)	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
As for the "Central and local government" scheme (Form 16)		As for "Central and local government" scheme (Form 16)	

BELGIUM			
Agency	Form Number	Agency	Form Number
Central Government, Réfribel	25	Belgian Railways Benefits Funds (SNCB)	26
SCOPE/BENEFIT Réfribel employees - Sickness allowances paid by employer		SCOPE/BENEFIT Statutory Agents of the SNCB - Sickness allowances paid by employer	
CONDITIONS FOR ELIGIBILITY As for "Central and local government" scheme (Form 16)		CONDITIONS FOR ELIGIBILITY <ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: not fixed - Other conditions: <ul style="list-style-type: none"> * entitlement to sick leave must be exhausted (continued payment of wage or salary), cf. Form 14; * medical certificate required. 	
BENEFIT FORMULA (AMOUNT) As for "Central and local government" scheme (60% of earnings).		BENEFIT FORMULA (AMOUNT) 80% of earnings	
REMARKS Agency abolished 1 January 1987.		REMARKS This benefit follows that of Form 14 (continued payment of wage or salary by employer).	

BELGIUM			
Agency	Form Number	Agency	Form Number
Assistance and provident funds for sailors under the Belgian flag, "Merchant Navy Sailors" Scheme.	27	Institut National d'Assurance Maladie Invalidité (INAMI, self-employed persons scheme)	28
SCOPE/BENEFIT		SCOPE/BENEFIT	
Sailors under the Belgian flag - Sickness allowances paid by employer.		Self employed persons and, as from 1 January 1991, assistant spouse with voluntary insurance Sickness allowances paid by the social security organization	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: 3 months on register of sailors and minimum of 50 days service, - Waiting period: 1 day (but not applied in practice), - Maximum duration of benefit: 1 year, - Other conditions: <ul style="list-style-type: none"> * the sailor must no longer be on board of the ship, * medical certificate required. 		<ul style="list-style-type: none"> - Qualifying period for benefit: 6 months membership of a sickness fund proof of contributions during this period must be submitted; - Waiting period: 3 months; - Maximum duration of benefit: 9 months (after the 3 months of incapacity for work which do not give entitlement to the benefit); - Other condition: must have ceased all gainful employment. 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
60% of standard daily earnings, with a maximum daily ceiling.		As at 1 November 1992, Bfrs 654 or Bfrs 531 per day (excluding Sundays) depending on whether the beneficiary has dependants.	
		REMARKS	
		<ul style="list-style-type: none"> - There must be persons with voluntary insurance (assistant spouses). - In accordance with the ESSPROS methodology, supplements for dependants should be classified in the Family function, but it was not possible to separate the data from the Sickness function. 	

BELGIUM			
Agency	Form Number	Agency	Form Number
Institut National d'Assurance Maladie Invalidité (INAMI - general scheme)	29	Institut National d'Assurance Maladie Invalidité (INAMI - General scheme)	30
SCOPE/BENEFIT Persons with a work contract (in the private sector and temporary employees in the public sector), unemployed persons - Sickness allowances paid by the social security institution (for primary incapacity for work) after the period in which the continued payment of wage or salary was received.		SCOPE/BENEFIT Employees and other categories - Health care. The scheme covers, more precisely, employees (manual workers, staff, statutory personnel and officials), widows, invalids, pensioners and orphans, unemployed persons, students, disabled persons and persons not protected by a scheme. As from 1 January 1991 it also covers SNCB statutory agents. Dependants of the above categories are also covered.	
CONDITIONS FOR ELIGIBILITY <ul style="list-style-type: none"> - Qualifying period for benefit: 6 months membership of a sickness fund with 120 days worked or equivalent, except in cases of exemption from this period and submission of contribution vouchers, - Waiting period: (1 day, which is not applied in practice because of continued payment wage or salary by employer) - Maximum duration of benefit: 1 year. 		CONDITIONS FOR ELIGIBILITY <ul style="list-style-type: none"> - Qualifying period for benefit: 6 months insurance, including 120 days worked or the equivalent with a minimum of paid contributions; - Waiting period: - - Maximum duration of benefit: unlimited (for as long as the insured person's condition persists). 	
BENEFIT FORMULA (AMOUNT) 60% of salary up to a maximum Bfrs 2 050 per day (in the 6 day week scheme) as at 1 November 1992. This benefit is paid only after one month of continuous sickness (following continued payment of wage or salary by employer, cf. Forms 2 and 3.		BENEFIT FORMULA (AMOUNT) The amounts given below are given as an indication (as at 1 January 1992). There are many exceptions and special cases, but it is difficult to cover these here. There are two categories of insured persons, the ordinary eligible people (A.O.) and widows, invalids, pensioners and orphans (V.I.P.Os) with an annual gross family income of less than Bfrs 382 068 plus Bfrs 70 931 per dependant (average index for 1990). The preferential V.I.P.Os, i.e. those whose income does not exceed the above ceiling, receive the increased , insurance benefit. * Preferential V.I.P.Os must make a personal contribution of 10% of the cost of of the benefit (or a lump sum) for consultations with a general practitioner or a specialist. The other beneficiaries must make a personal contribution of 20% of the fees (or a lump sum)	
REMARKS <ul style="list-style-type: none"> - In the case of manual workers, the INAMI pays 60% of earnings during the third and fourth week of sickness, but in conjunction with the employer's continued payment of wage or salary. - This is why this benefit is described in Form 3 as "manual workers' continued payment of wage or salary by the INAMI and the employer" - The figures also include the payments made by the INAMI during the first four weeks of sickness (cumulated with the guaranteed earnings for manual workers). In addition, before 1990 maternity benefits were taken into account in the figures. 			

BELGIUM

<div>Agency</div> <div>Form Number</div> <div>30 (continuation)</div>	<div>Agency</div> <div>Form Number</div> <div>30 (continuation)</div>
<p>* Home nursing care is free for preferential V.I.P.Os, whereas other beneficiaries must pay 25% of the fees. All beneficiaries must make a personal contribution to transport costs. As from 1 April 1991, the requirement to pay a lump sum for nursing care in a home depends on the dependency of the beneficiary.</p> <p>* Dental care is provided free of charge to preferential V.I.P.Os, but other beneficiaries must make a personal contribution of up to 25% of the fees. The patient's contribution is reduced for conservation and preventive care, depending on age or benefit. There is no charge for radiology.</p> <p>* Preferential V.I.P.Os who are out patients receive medicines free of charge for most made up prescriptions. . Other beneficiaries must pay a lump sum personal contribution depending on the category of the prescription (anything up to Bfrs 50). (The personal contribution is Bfrs 70 for some preparations). . For special pharmaceutical products the percentage to be paid personally by the beneficiary is different for the preferential V.I.P.Os and the other beneficiaries, and depends on the category of the medicine. Category A: free of charge to V.I.P.Os and other beneficiaries; Category B: patient's contribution of 15% (with a ceiling of Bfrs 200) for V.I.P.Os and 25% (with a ceiling of Bfrs 300) for the others; Category C: own payment of 50% (with a ceiling of Bfrs 300 for V.I.P.Os and Bfrs 500 for the others); Category Cs: patient contribution of 60% (no ceiling); Category Cx: patient contribution of 75% (no ceiling); Category D: patient contribution of 100%. . For hospitalized patients (V.I.P.Os or others), the general prescriptions are incorporated into the daily price). The flat rate payment is Bfrs 25 per day of subsistence for special pharmaceutical products.</p>	<p>* for in-patient care all beneficiaries pay a proportion in the daily maintenance price, as from the first day of hospitalization. This contribution is Bfrs 97 for preferential V.I.P.Os and dependants in the descending line. It is Bfrs 244 for other beneficiaries. Depending on the beneficiary's category, these amounts increase as from the 91st day of hospitalization (from the 365th day in a psychiatric hospital).</p>
	<p>REMARKS</p> <p>The calculation is based on the scales of fees laid down by agreement between the insurance institutions and doctors' associations. If there are no such agreements, these are laid down by the government authorities.</p> <p>NB: benefits are paid from sources other than the INAMI, but these cannot be covered here.</p>

BELGIUM			
Agency	Form Number	Agency	Form Number
Institut National d'Assurance Maladie Invalidité (INAMI - Scheme for self-employed)	31	Fonds des oeuvres sociales et Caisse des soins de santé de la Société nationale des Chemins de Fers Belges (up to 1 January 1991).	32
SCOPE/BENEFIT Self employed - "Major risks" health care. Scope: comprises, more precisely, self employed persons in gainful employment, assistants, similar persons, invalid self employed persons, pensioners, widows and orphans of self employed persons, and dependants of the above.		SCOPE/BENEFIT Statutory agents of the S.N.C.B. health care. The scheme covers, more precisely, statutory agents of the S.N.C.B. (i.e. ordinary eligible persons, V.I.P.Os of agents of the S.N.C.B. and dependants of S.N.C.B. agents.	
CONDITIONS FOR ELIGIBILITY - Qualifying period for benefit: 6 months from the date of affiliation to a sickness fund, with proof of contributions proving the insured person's rights; - Waiting period: - - Maximum duration of benefit: unlimited (for as long as the insured person's condition persists).		CONDITIONS FOR ELIGIBILITY - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: -	
BENEFIT FORMULA (AMOUNT) Same INAMI benefit as for the general scheme, but limited to a restricted number of benefits considered to be "major risks", i.e. hospitalization, implants, prostheses and various appliances, haemodialysis at home, etc.		BENEFIT FORMULA (AMOUNT) In general, S.N.C.B. agents are reimbursed in full for their medical expenses (but a personal contribution may be required). However, this reimbursement is made by two different funds. The Caisse des soins de santé acts in the same way as the sickness fund for the general scheme for employees. The personal contribution of employees is reimbursed to agents of the S.N.C.B. by the Caisse de solidarité sociale. In addition, the fund also pays for transportation of sick persons and certain convalescent therapeutic treatments. For dependants of ordinary eligible persons, the benefit varies from 50% to 75% of the tariff. In some cases the benefit may exceed 75% of the charge. For dental care (including prostheses) it is 100%.	
		REMARKS As from 1 January 1991 the INAMI (general scheme) has been responsible for managing the "health care" benefits for agents of the S.N.C.B. (cf. Form 30).	

BELGIUM			
Agency	Form Number	Agency	Form Number
Assistance and provident funds for sailors under the Belgian flag, "Merchant Navy Sailors" scheme.	33	Office de Sécurité Sociale d'Outre mer (OSSOM)	34
SCOPE/BENEFIT Sailors - Health care. The scheme covers, more precisely, sailors (captains, other officers, crew and shore based personnel), pensioned sailors, widows, invalids and orphans, persons working in the merchant navy who are "unemployed" (pool of merchant navy sailors) or "on leave" (e.g. convalescent leave or annual leave), and dependants of the above.		SCOPE/BENEFIT Voluntary insurance for employees working outside the EEC - Health care. The scheme covers, more precisely, persons with at least 16 years' contribution to a pension fund, persons in receipt of sickness and invalidity allowances in accordance with the law, widows, orphans, sick or invalid pensioners and dependants.	
CONDITIONS FOR ELIGIBILITY <ul style="list-style-type: none"> - Qualifying period for benefit: must be registered in the pool of unemployed merchant navy sailors for at least 3 months as sailing or shore based personnel and must have 50 days of service during this period. - Waiting period: - - Maximum duration of benefit: unlimited. - Other conditions: must be affiliated to the C.S.P. 		CONDITIONS FOR ELIGIBILITY <ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - - Other conditions: <ul style="list-style-type: none"> * must be aged between 50 and 57 as a function of the length of insurance; * must be actually and normally resident in Belgium in the absence of medical authorization to the contrary (maximum 6 months). This condition does not apply to Belgians or there must be a reciprocal agreement. Nationals of the EEC obtain benefits when they reside in the EEC * must not be eligible for benefits of the same kind under another scheme, either Belgian or foreign. 	
BENEFIT FORMULA (AMOUNT) See INAMI general scheme.		BENEFIT FORMULA (AMOUNT) INAMI scales.	

BELGIUM			
Agency	Form Number	Agency	Form Number
Ministry of Public Health.	35	Ministry of Public Health - Medical services to enterprises services	36
SCOPE/BENEFIT		SCOPE/BENEFIT	
Prevention, P.M.S. examinations of school children.		Medical examinations in enterprises.	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for the benefit: - - Waiting period: - - Maximum duration of benefit: - 		<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: unlimited 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
Medical and psychological examinations of school children (aptitudes, etc.)			

BELGIUM			
Agency	Form Number	Agency	Form Number
War Invalids National Office	37	Independent insurance schemes (mutual societies)	38
SCOPE/BENEFIT War invalids - Free care for former combat personnel (in relation to the infirmity/invalidity giving right to pension).		SCOPE/BENEFIT Independent insurance companies - Daily allowances paid by the mutual society (for primary incapacity). The scheme covers persons affiliated to this service. These are self employed persons, some members of religious communities (a) and persons resident in border regions in the case of hospitalization.	
CONDITIONS FOR ELIGIBILITY - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: unlimited		CONDITIONS FOR ELIGIBILITY - Qualifying period for benefit: must complete 6 months affiliation to a mutual society for this service - Waiting period: - - Maximum duration of benefit: 3 months	
BENEFIT FORMULA (AMOUNT) Total reimbursement of expenditure on health care, in-patient care, thermal treatments in relation to the infirmity/invalidity giving right to pension.		BENEFIT FORMULA (AMOUNT) Amount of benefit laid down in accordance with the statutes of the mutual associations.	
REMARKS In accordance with the ESSPROS methodology, this benefit forms part of the Invalidity function and should have been classified in that function.		REMARKS Voluntarily insured persons only. This expenditure is incorporated into this study, although a strict interpretation of ESSPROS (paragraph 208b) would require this expenditure to be excluded from the field of social protection. In fact, the covering of risks arises from private initiatives taken by individuals or households exclusively in their own interests and this expenditure is neither provided for by law or regulation, nor by the terms of agreements or contracts (within an enterprise or profession or trade). (a) Self employed persons and certain members of religious communities are not insured under the compulsory insurance scheme for the first 3	

BELGIUM			
Agency	Form Number	Agency	Form Number
Independent insurance schemes (mutual societies)	39	Independent insurance schemes (mutual societies)	40
SCOPE/BENEFIT Independent insurance companies - Various benefits.		SCOPE/BENEFIT Independent insurance companies - family allowance in the event of hospitalization and/or assistance to families. The scheme covers true members of mutual societies for females, students aged between 14 and 25 years and children under 14 years.	
CONDITIONS FOR ELIGIBILITY - Qualifying period for benefit: must complete 6 months affiliation to a mutual society for this service - Waiting period: - - Maximum duration of benefit: variable		CONDITIONS OF ELIGIBILITY - Qualifying period for benefit: must complete 6 months affiliation to a mutual society (for females) for this service; - Waiting period: - - Maximum duration of benefit: for as long as the person is hospitalized or family assistance is necessary.	
BENEFIT FORMULA (AMOUNT) Amount of benefit laid down in accordance with the statutes of the mutual associations.		BENEFIT FORMULA (AMOUNT) The amount of the allowances is laid down by the statutes of the mutual societies for females. In general, it is a daily flat rate.	
REMARKS Voluntarily insured persons only. Although this expenditure is incorporated into this study, a strict interpretation of ESSPROS (paragraph 208b) would require it to be excluded from the field of social protection. In fact, the covering of risks arises from private initiatives taken by individuals or households exclusively in their own regulation, nor by the terms of agreements or contracts (within an enterprise or profession or trade).		REMARKS Voluntarily insured persons only. Although this expenditure is incorporated into this study, a strict interpretation of ESSPROS (paragraph 208b) would require it to be excluded from the field of social protection. In fact, the covering of risks arises from private initiatives taken by individuals or households exclusively in their own interests and this expenditure is neither provided for by law or regulation, nor by the terms of agreements or contracts (within an enterprise or profession or trade).	

BELGIUM			
Agency	Form Number	Agency	Form Number
Independent insurance schemes (mutual societies)	41	Independent insurance schemes (mutual societies)	42
SCOPE/BENEFIT Independent insurance companies - "Minor risks" health care. The scheme covers persons affiliated to this scheme viz. self employed persons, certain members of religious communities and dependants in these categories.		SCOPE/BENEFIT Independent insurance companies - Health care organized by national unions: cost of placement in connection with protection against tuberculosis. The scheme covers persons affiliated to the health care scheme (minor risks) organized by the federations and their dependants.	
CONDITIONS FOR ELIGIBILITY - Qualifying period for benefit: must have completed a 6 month period of being affiliated to a mutual society for this scheme and have paid the appropriate contribution; - Waiting period: - - Maximum duration of benefit: unlimited provided that contributions are paid regularly.		CONDITIONS FOR ELIGIBILITY - Maximum duration of benefit: unlimited provided that the contributions are paid regularly.	
BENEFIT FORMULA (AMOUNT) As for compulsory insurance except for preferential reimbursement scales granted to widows, invalids, pensioners and orphans which are not applied and benefits provided abroad which are not covered.		BENEFIT FORMULA (AMOUNT) As for compulsory insurance except for preferential reimbursement scales granted to widows, invalids, pensioners and orphans which are not applied and benefits provided abroad which are not covered.	
REMARKS Voluntarily insured persons only.			

BELGIUM			
Agency	Form Number	Agency	Form Number
Independent insurance schemes (mutual societies)	43	Independent insurance schemes (mutual societies)	44
SCOPE/BENEFIT Independent insurance companies - Transport for sick persons by motor ambulance or other means of transport for journeys to a general or maternity hospital. The scheme covers all insured persons under all the schemes and their dependants affiliated to this scheme (in connection with insurance which is supplementary to compulsory insurance).		SCOPE/BENEFIT Independent insurance companies - Stay in a convalescence establishment. The scheme covers all insured persons under all the schemes and their dependants affiliated to this scheme (in connection with insurance which is supplementary to compulsory insurance).	
CONDITIONS FOR ELIGIBILITY <ul style="list-style-type: none"> - Qualifying period for benefit: must have completed a 6 month period of being affiliated to a mutual society for this scheme and have paid the appropriate contribution; - Waiting period: - - Maximum duration of benefit: unlimited provided that contributions are paid regularly. 		CONDITIONS FOR ELIGIBILITY <ul style="list-style-type: none"> - Qualifying period for benefit: must have completed a 6 month period of being affiliated to a mutual society for this scheme and have paid the appropriate contribution; - Waiting period: - - Maximum duration of benefit: laid down by the consulting doctor, but with a maximum of 60 days. 	
BENEFIT/FORMULA (AMOUNT) The amount of the benefit is laid down in the statutes of the mutual association.		BENEFIT FORMULA (AMOUNT) The amount of the benefit is laid down in the statutes of the mutual association. This must be free of charge in the therapeutic treatment establishments approved by the national unions. In all other establishments, the benefit may be restricted to a lump sum.	

BELGIUM			
Agency	Form Number	Agency	Form Number
Independent insurance schemes (mutual societies)	45	Red Cross	46
SCOPE/BENEFIT Independent insurance companies - Various benefits in the context of national unions (health risks during stays abroad, in-patient care, etc.). The scheme covers all persons insured under this scheme and their dependants.		SCOPE/BENEFIT Residents - various benefits	
CONDITIONS FOR ELIGIBILITY <ul style="list-style-type: none"> - Qualifying period for benefit: must have completed a 6 month period of being affiliated to a mutual society for this scheme and have paid the appropriate contribution; - Waiting period: - - Maximum duration of benefit: in accordance with the statutory provisions and the nature of the benefits and for as long as the contributions are paid. 		CONDITIONS FOR ELIGIBILITY <ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - 	
BENEFIT FORMULA (AMOUNT) The amount of the benefits is laid down by the statutes of the mutual associations. Benefits may be one off and paid at the time, or periodical benefits.		BENEFIT FORMULA (AMOUNT) Operations of the Belgian Red Cross (C.R.B.)	

BELGIUM	
<div>Agency<div>Centres Publics d'Aide Sociale (C.P.A.S.)</div></div> <div>Form Number<div>47</div></div>	
<div>SCOPE/BENEFIT<div>Persons with few resources - Various benefits</div></div>	
<div>CONDITIONS FOR ELIGIBILITY<div>- Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: -</div></div>	
<div>BENEFIT FORMULA (AMOUNT)</div>	
<div>REMARKS<div>This heading comprises benefits not specific to sickness.</div></div>	

DENMARK			
Agency	Form Number	Agency	Form number
Employers	1	Social services departments in the municipalities	2
SCOPE/BENEFIT		SCOPE/BENEFIT	
All employees - Sickness benefit		All the labour force - daily allowances for sickness	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit : The employee must have been employed by the same employer for at least 3 weeks, have worked for at least 40 hours during the 4 weeks preceding the period of absence because of sickness and have a permanent job. - Waiting period : none now (1 day before 1987) - Duration of benefit: <ul style="list-style-type: none"> * before 1983: 5 weeks; * 1983-1987: 13 weeks; * 1987-1988: 5 weeks; * 1988-1990: 1 week for private sector employees and 13 weeks for public sector employees * from April 1990: 2 weeks for private sector employees, the whole period of sickness for public sector employees. - Other condition: must be employees who are absent from work because of sickness 		<ul style="list-style-type: none"> - Qualifying period for benefit: - Waiting period: - <ul style="list-style-type: none"> * employees: payment to the protected person after the period covered by employer (before 1983: 5 weeks' absence, 1983-1987: 13 weeks' absence, 1987-1988: 5 weeks' absence, 1988-1990: for private sector employees: 1 week's absence, for public sector employees: 13 weeks' absence; from April 1990: for private sector employees 2 weeks, and for public sector employees the whole sickness period) * self-employed persons: as for employees after 3 weeks' absence because of sickness; * unemployed persons: as for employees - Maximum duration of benefit: 52 weeks within 18 calendar months - Other conditions: must be part of the labour force and have a sick note. 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
100% of average gross earnings but not more than the current maximum, which was DKRS 2 556 per week on 1 July 1993.		Cf. Form 1	
REMARKS		REMARKS	
If the conditions listed under the heading "qualifying period for benefit" are not met, or the employer does not fulfil his obligations, the sick pay benefit is paid by the social services departments in the municipalities (cf. Form 2).		The figures also include the daily allowances for sickness paid by the municipalities during the period which should be covered by the employer (cf. Form 1).	

DENMARK			
Agency	Form Number	Agency	Form number
Social services departments in the municipalities	3	Counties (local authorities)	4
SCOPE/BENEFIT		SCOPE/BENEFIT	
Self-employed persons (and other persons not in receipt of earnings)- Voluntary health insurance benefits		Whole population - Hospitalization	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: first 3 weeks of absence because of sickness if beneficiary has been insured from the first day - Other conditions: must be absent from work because of sickness. 		<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - (until recovery or discharge in a condition suitable for treatment by a general practitioner) - Other conditions: <ul style="list-style-type: none"> * all persons domiciled in Denmark are entitled to this benefit. Immigrants are generally entitled to benefits 6 weeks after taking up residence (except in the Faeroe Islands and Greenland, where they are covered immediately). * in emergencies, direct application may be made, otherwise on a doctor's recommendation * the condition governing hospital treatment is, as a general rule, that the person be domiciled in the county in which the hospital is situated. In the case of temporary residence in a county persons may be hospitalized and treated in a emergency if it would not be safe to move them to a hospital in their own area. 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
Maximum DKRS 2 556 per week (1 July 1992)		Free hospitalization or out-patient care, and subsistence during hospitalization (no charge in public hospitals, and costs exceeding the public tariff in approved private hospitals). Free ambulance or other special transport may be provided if the circumstances require it.	

DENMARK			
Agency	Form Number	Agency	Form number
The counties (local authorities)	5	Municipal Social Services	6
SCOPE/BENEFIT		SCOPE/BENEFIT	
Whole population - health insurance		Whole population - Medical care at home (home nursing, especially after discharge from hospital)	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - - Other conditions: <ul style="list-style-type: none"> * all persons domiciled in Denmark are entitled to this benefit. Immigrants are generally entitled to benefits 6 weeks after taking up residence (except in the Faeroe Islands and Greenland, where they are covered immediately). * persons must be registered as insured under the Group 1 or Group 2 schemes. They are free to choose between the two types of insurance (persons living in institutions have their own doctors and national service personnel fall outside these two groups). . Group 1: insured persons are entitled to free medical care, subsidized dental treatment, physiotherapy, etc. They choose a particular general practitioner (it is possible to change each year). They may consult specialists free of charge on referral by a general practitioner. . Group 2: insured persons are entitled to subsidized medical care but pay the balance themselves in advance. In the case of other benefits, payments under the scheme and those payable by the claimant are calculated on the same basis as for Group 1. Claimants may consult the doctor and specialist of their choice. 		<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - - Other condition: referral by a medical practitioner 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
<p>For Group 1, medical care is free of charge and for Group 2 it is subsidized (on the same basis as for Group 1).</p> <p>For Groups 1 and 2, contributions towards the cost of dental care vary (less for young persons and free up to the age of 18, cf. Form 8) (in 1993). For Group 2, the contribution is that part of the cost which exceeds the amount fixed for the first category.</p>		<p>Home nursing is free for beneficiaries. (The government refunds the municipalities 50%)</p>	

DENMARK			
Agency	Form Number	Agency	Form number
Government	7	Social services departments in the municipalities	8
SCOPE/BENEFIT		SCOPE/BENEFIT	
Sailors - Health care (regular examination of sailors, sailors taken ill abroad, etc.)		Children - Free dental care	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - - Other condition: - 		<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - - Other condition: must be a child or young person under the age of 18 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
<p>The benefits comprise medical examinations, particularly those concerned with tuberculosis, treatment and care in the event of sickness, transport home for sailors who have contracted diseases, etc.</p> <p>Free for the beneficiaries.</p>		<p>Free preventive dental treatment and dental care either at the local clinic or with a private dental practitioner who has concluded an agreement with the municipal administration board.</p>	

DENMARK			
Agency	Form Number	Agency	Form number
Counties and municipality of Copenhagen	9	Government (National serum institute, The Danish institute for clinical epidemiology)	10
SCOPE/BENEFIT		SCOPE/BENEFIT	
Health inspections		Research and observation	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - - Other condition: - 		<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - - Other condition: - 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
Monitoring, registration of diseases, isolation procedures, etc.		Serum Institute: research, monitoring of contagious diseases, production of vaccines, vaccination. Danish institute for clinical epidemiology: registration of the incidence of diseases in Denmark	

DENMARK			
Agency	Form Number	Agency	Form number
Municipalities	11	Government	12
SCOPE/BENEFIT		SCOPE/BENEFIT	
Help for drug addicts and alcoholics, birth control		Health information and anti-smoking campaigns	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - - Other condition: application must be made to the local social services or a proposal made resulting from investigations by services or an application to a birth control clinic. 		<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - - Other condition: - 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
<p>Counselling, guidance, treatment, stay in an institution, etc.</p> <p>Free to beneficiaries</p>		<p>It is the task of the Prevention Council to support efforts to protect health and prevent sickness and accidents, in the health sector and other sectors of society.</p> <p>It is the task of the Anti Smoking Council to support efforts to limit the annoyance caused by smoking and its damaging effects on both active and passive smokers.</p>	

DENMARK			
Agency	Form Number	Agency	Form number
Government	13	Government	14
SCOPE/BENEFIT		SCOPE/BENEFIT	
Miscellaneous subsidies		Assistance to people who have met with accidents due to vaccination (treatment, rehabilitation, assistance and, in some cases, compensation)	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - - Other condition: - 		<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - - Other condition: must have been harmed by vaccination: <ul style="list-style-type: none"> * the disease against which the vaccination protected must be covered by the law on free vaccinations. * the person must have suffered permanent disability or loss of employment. 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
Subsidies to organizations such as the blood donors, the Danish Red Cross, private convalescent home for tuberculosis patients, and other associations or undertakings which fall under the general Sickness function.		Compensation payable to persons who has been vaccinated (or their surviving relatives) for accidents linked to vaccination. The benefits include medical treatment, rehabilitation, assistance, compensation for incapacity for work, permanent disability, or loss of employment.	

DENMARK		
Agency	Form Number	
Municipal social services	15	
SCOPE/BENEFIT		
Assistance with the personal part of health costs (medical treatment, medicines, etc.)		
CONDITIONS FOR ELIGIBILITY		
- Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - - Other condition: must be sick persons who cannot pay the proportion they are required to pay under the health insurance scheme		
BENEFIT FORMULA (AMOUNT)		
Subsidy varies according to a Ministry of Health list		

GERMANY			
Agency	Form Number	Agency	Form number
Employers	1	Health insurance (Gesetzliche Krankenversicherung, G.K.V.)	2
SCOPE/BENEFIT		SCOPE/BENEFIT	
All employees - Continued payment of wage or salary		Employees covered by national health insurance scheme - Sickness benefit	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit : - - Waiting period : - - Maximum duration of benefit : 6 weeks (prolongation possible by trade agreement and for civil servants) - Other condition : incapacity for work due to illness 		<ul style="list-style-type: none"> - Qualifying period for benefit : - - Waiting period : - (after end of continued payment of wage or salary, cf. Form 1) - Maximum duration of benefit : up to 78 weeks in a 3-year period for the same illness - Other conditions : <ul style="list-style-type: none"> * all employees with earnings below the contribution ceiling (of DM 58 500 in the Länder of the former FRG, and DM 43 200 in the Länder of the former DDR in 1991) and employees with earnings above the contribution ceiling who were formerly covered by one of the funds and who have maintained their cover by voluntary contributions. * membership. * incapacity for work due to illness 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
Gross earnings		80% of basic earnings in the case of compulsorily insured persons For persons covered voluntarily under social security health insurance, benefit is linked to their option of obtaining cover for loss of income also during periods of incapacity for work.	
REMARKS			
This benefit may be followed by sickness benefit (cf. Form 2)			

GERMANY			
Agency	Form Number	Agency	Form number
Health insurance (Gesetzliche Krankenversicherung, G.K.V.)	3		3 (continuation)
SCOPE/BENEFIT		<ul style="list-style-type: none">- Pharmaceutical products : contribution required for Pharmaceutical products prescribed (DM 3 for each in the old Länder and DM 1.5 in the new in 1991). Free for children and in special cases.- Dental care : free except for Dental crowns for which the reimbursement is only 50% in the old Länder and 80% in the new Länder.- Medical prostheses : contribution of 10% required. Corrective lenses, corrective hearing aids, prostheses and other appliances are free.	
Compulsory and voluntary members (and family dependants) - Social security sickness insurance			
CONDITIONS FOR ELIGIBILITY <ul style="list-style-type: none">- Qualifying period for benefit : -- Waiting period : -- Maximum duration of benefit : -- Other conditions :<ul style="list-style-type: none">* membership (directly or indirectly)* Compulsory members are:<ul style="list-style-type: none">a) employees whose earnings are below a given ceiling (DM 58 500 in the old Länder and DM 43 200 in the new Länder in 1991);b) employees with earnings above the contribution ceiling who were formerly covered by one of the funds and who have maintained their cover by voluntary contributions;c) unemployed persons;d) pensioners who were covered by one of the funds for at least half of their working life;e) Compulsory insurance also covers students and certain categories of self-employed persons, such as persons working at home, midwives, artists, craftsmen and authors.* Voluntary members are employees whose earnings are above the ceiling, self-employed persons and civil servants.			
BENEFIT FORMULA (AMOUNT) <ul style="list-style-type: none">- In-patient care : free in government hospitals, but a daily contribution is required during the 2 first weeks (DM 10 per day in the old Länder, and DM 2.50 per day in the new Länder in 1991)- Out-patient care : free		REMARKS <ul style="list-style-type: none">- This insurance covers approximately 90% of the population.- Includes voluntary contributors- The employer is required to pay them 50% of the insurance premium.	

GERMANY			
Agency	Form Number	Agency	Form number
Employers	4	Agricultural old age funds	5
SCOPE/BENEFIT		SCOPE/BENEFIT	
Employees - Industrial health sector benefits		Farmers - Assistance on the farm and at home	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit : - - Waiting period : - - Maximum duration of benefit : - - Other condition : - 		<ul style="list-style-type: none"> - Qualifying period for benefit : - - Waiting period : - - Maximum duration of benefit : maximum 3 months - Other condition : temporary incapacity for work of the farmer or his spouse because of hospitalization 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
Benefits partly compulsory, partly voluntary; first aid		Replacement or reimbursement of costs	

GERMANY			
Agency		Agency	
Form Number		Form number	
Assistance to young persons (local authorities)		All schemes providing sickness benefits	
6		7	
SCOPE/BENEFIT		SCOPE/BENEFIT	
Cover for children during recreation periods		Support and advice	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
- Qualifying period for benefit : - - Waiting period : - - Maximum duration of benefit : - (short-term benefit) - Other condition : -		No conditions	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
Set by local authority responsible for young persons		Advice and benefits in kind	
REMARKS			
No data available			

GERMANY			
Agency	Form Number	Agency	Form number
General retirement scheme	8	Federal and Länder governments, local authorities, state enterprises Public law enterprises	9
SCOPE/BENEFIT		SCOPE/BENEFIT	
Retirement scheme - Socio-medical service		Civil servants and judges (including those in retirement and their survivors) and their dependants - reimbursement of medical care costs	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit : - - Waiting period : - - Maximum duration of benefit : (single payment) - Other condition : restricted to insured and retired persons in the general scheme 		<ul style="list-style-type: none"> - Qualifying period for benefit : - - Waiting period : - - Maximum duration of benefit : - - Other condition : - 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
Free medical examination, especially if application is made for a stay in a health centre or sanatorium		<p>Civil servants and judges (including those in retirement and their survivors) and their dependants are reimbursed a certain percentage of their health care expenditure on presentation of the accounts.</p> <p>Protected person : 50% of expenses Pensioner : 70% of expenses Spouse : 70% of expenses Children : 80% of expenses</p>	
		REMARKS	
		This group of persons uses private health insurance to cover the amount not reimbursed by the employer.	

GERMANY			
Agency	Form Number	Agency	Form number
Health insurance	10	Employers	11
SCOPE/BENEFIT Persons abroad - Reimbursement of medical care costs		SCOPE/BENEFIT Employees - Supplementary cash benefits	
CONDITIONS FOR ELIGIBILITY - Qualifying period for benefit : - - Waiting period : - - Maximum duration of benefit : - - Other condition : membership of national scheme		CONDITIONS FOR ELIGIBILITY - Qualifying period for benefit : - - Waiting period : - - Maximum duration of benefit : varies - Other condition : -	
BENEFIT FORMULA (AMOUNT) Benefits (reimbursement) in accordance with Community law or bilateral agreement		BENEFIT FORMULA (AMOUNT) Benefits equal to the difference between earnings and the amount paid by social security (cf. Form 2).	
		REMARKS No breakdown available (data included with Form 1)	

GERMANY		
Agency	Form Number	
Social security assistance (local authorities)	12	
SCOPE/BENEFIT		
Tuberculosis benefit		
CONDITIONS FOR ELIGIBILITY		
- Qualifying period for benefit : - - Waiting period : - - Maximum duration of benefit : individually different - Other conditions : sickness, distress, indigence (means-tested)		
BENEFIT FORMULA (AMOUNT)		
Allowance depends on degree of indigence		

GREECE			
Agency	Form Number	Agency	Form number
Public sector	1	Employer	2
SCOPE/BENEFIT Public sector employees, including civil servants - Continued payment of wage or salary and sickness allowances.		SCOPE/BENEFIT Private sector employees - Sickness allowances	
CONDITIONS FOR ELIGIBILITY - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: 12 months continued payment of wage or salary, plus 12 months allowances.		CONDITIONS FOR ELIGIBILITY - Qualifying period for benefit: * to be eligible for the benefit for the first 3 days: 10 working hours with the same employer, * to be eligible for the allowance for the subsequent days: 10 days of work with the same employer, plus the conditions for eligibility for the IKA sickness benefit - Waiting period: - - Maximum duration of benefit: one month (of working days) per annum.	
BENEFIT FORMULA (AMOUNT) - Continued payment of wage or salary: in the event of sick leave, the Government continues to pay the salaries for a maximum period equivalent to the same number of months as the civil servant has years of service, up to 12 consecutive months. For certain serious illnesses, the above duration is doubled. Days of sick leave in the course of the last 5 years are not taken into account. - Sickness allowances: when the civil servant has more than three years of service, the Government may continue to pay half the civil servant's earnings up to a maximum of a further 12 months.		BENEFIT FORMULA (AMOUNT) - For the first three days: 50% of daily earnings per working day. - From the 4th to the 30th day: difference between daily earnings and sickness benefit granted by the IKA, i.e. 75% of daily earnings from the 4th to the 15th day and 50% of daily earnings from the 16th to the 30th day.	
		REMARKS Figures not available	

GREECE			
Agency		Form Number	
Institute for social insurance (IKA)		3	
SCOPE/BENEFIT		There is an increase of 10% for each dependent member of the family. The benefit (including increases) must not exceed the daily earnings for the 8th insurance class, nor 70% of the daily earnings of the insured person's insurance class.	
Private sector employees - Sickness benefits			
CONDITIONS FOR ELIGIBILITY			
<ul style="list-style-type: none">- Qualifying period of benefit:<ul style="list-style-type: none">* to receive benefit for 182 days: 100 days' contributions during the year preceding that of the sickness or during the previous 15 months except for the last 3;* for 360 days: 300 days' contributions during the 2 years preceding that of the sickness;* to receive benefit for 720 days: the insured person must have the required number of contribution days to be eligible for an invalidity pension (1500 days of insurance during the past 5 years or between 300 and 4200 contribution days depending on the age at which the invalidity occurred).- Waiting period: 3 days;- Maximum duration of benefit: 182, 360 or 720 days depending on number of days' contributions.			
BENEFIT FORMULA (AMOUNT)		REMARKS	
<ul style="list-style-type: none">- Between the 4th and 15th day of absence for sickness the IKA grants 25% of the average daily earnings for the insured person's class of insurance (there are 28 classes of insurance corresponding to the actual earnings of the persons insured).- As from the 15th day: the IKA pays the insured person 50% of the average daily earnings in his insurance class.			
		In general, increases for dependent children form part of the Family function. Nevertheless, they are mentioned here because the relevant statistical data cannot be extracted.	

GREECE			
Agency	Form Number	Agency	Form number
Institute for social insurance (IKA)	4		4 (Continuation)
SCOPE/BENEFIT Private sector employees - Health care This benefit is for private sector employees and dependent members of their families. It also covers pensioned private sector employees and the dependent members of their family and, under certain conditions, unemployed persons and the dependent members of their family. TEBE and TAE pensioners (traders' fund) has been part of the IKA since 1 July 1983.		<ul style="list-style-type: none">- Medical prostheses: the beneficiary's contribution is 25% of the price laid down by the Government. Medical prostheses are free of charge for paraplegics.- Prevention: prevention benefits include vaccinations, check-ups (included in expenditure on in-patient or out-patient care), the financing of research institutes and organizations for the prevention of illnesses, social assistance, certain IKA subsidies for holiday camps for children, allowances to social provident institutions agreed (for covering deaf-and-dumb people), etc.- other benefits: In certain cases IKA pays the costs of transporting sick persons and the persons accompanying them.	
CONDITIONS FOR ELIGIBILITY <ul style="list-style-type: none">- Qualifying period for benefit: 50 days' contribution (42 for building workers) during the year previous to that of the illness or during the past 15 months except the last 3. The number of days' contribution is reduced by half in the event of an accident (not due to work).- Waiting period:-- Maximum duration of benefit: unlimited.			
BENEFIT FORMULA (AMOUNT) <ul style="list-style-type: none">- In-patient care: care is given free of charge In IKA clinics and hospitals (generally in class C) and in agreed hospitals and clinics.- Out-patient care: care is given free of charge by medical or paramedical personnel belonging to IKA or under an agreement with IKA.- Laboratory tests and other examinations: Laboratory tests and other examinations are generally made free of charge in the IKA laboratories or, in certain cases, in agreed clinics or agreed private laboratories.- Pharmaceutical products: the beneficiary's contribution is 25% for medicines prescribed by the doctor. This rate may be reduced in certain cases. Medicines are free of charge in the case of chronic illnesses.- Dental care: see Out-patient care.			
		REMARKS In cases of emergency the insured person can be cared for in a hospital (clinic) with which there is no agreement, in the case of out-patient care, by medical or paramedical personnel without an agreement. The patient must then advance the costs and obtain reimbursement by IKA on the basis of the IKA scale of charges. In certain exceptional cases, as regards in-patient and out-patient care, when the therapy cannot be administered in Greece, the insured person may obtain the care abroad.	

GREECE			
Agency Insurance Fund for craftsmen and traders (TEBE)		Form Number 5	
SCOPE/BENEFIT Self-employed workers: craftsmen and traders (TEBE) health care The scheme covers active persons and also the dependent members of their family. TEBE pensioners receive the IKA sickness benefits as from 1 January 1983.		Agency Form number 5 (Continuation) <	

GREECE			
Agency		Form Number	
National institute of agricultural insurances (OGA)		6	
SCOPE/BENEFIT		<div>- Dental care: see out-patient care.</div> <div>- Medical prostheses: Medical prostheses are free of charge to the beneficiary. In some cases, beneficiaries must pay a contribution on the basis of the government tariff.</div> <div>- Prevention: Prevention benefits include vaccinations and check-ups.</div>	
Agricultural workers and farmers (OGA) - Health care			
CONDITIONS FOR ELIGIBILITY			
<div>The scheme covers active farmers and agricultural workers and dependent members of their families, OGA pensioners and dependent members of their families, plus inhabitants of municipalities of fewer than 5 000 inhabitants who are not eligible for health care benefits from other funds.</div> <div><div>- Qualifying period of benefit:-</div><div>- Waiting period:-</div><div>- Maximum duration of benefit: unlimited</div></div>			
BENEFIT FORMULA (AMOUNT)		<div>REMARKS</div> <div><div>- In cases of emergency the insured person can be cared for In a hospital (clinic) with which there is no agreement, in the case of out-patient care, by medical or paramedical personnel without an agreement. The patient must then advance the costs and obtain reimbursement by TEBE on the basis of the TEBE scale of charges. In certain exceptional cases, for in-patient and out-patient care, when the therapy cannot be administered in Greece, the insured person may obtain the care abroad.</div><div>- Out-patient care and dental care, laboratory tests and other examinations in public hospitals or health centres do not require any contribution from the OGA (since the hospitals are subsidized by the Government).</div></div>	
<div><div>- In-patient care: care is given free In public hospitals and clinics which have an agreement with the OGA.</div><div>- Out-patient care: help is given free of charge by the doctors (government employees) in health centres and hospitals.</div><div>- Laboratory tests and other examinations: Laboratory tests and other examinations are carried out free of charge by agricultural doctors (government employees) in health centres and hospitals. In some cases, when the tests or examinations cannot be carried out at hospital or in the case of special examinations (such as magnetic tomography), they can be carried in private laboratories with an agreement.</div><div>- Pharmaceutical products: the beneficiary's contribution is 25% for medicines prescribed by the doctor. This rate may be reduced in certain cases. Medicines are free in cases of chronic sickness.</div></div>			

GREECE			
Agency		Form Number	
Public sector		7	
SCOPE/BENEFIT		<div>- Medical prostheses: Medical prostheses are free to the beneficiary. In certain cases a contribution is claimed from him on the basis of the government scales. The contribution for members of the family is generally 25% for the spouse and 30% for children.</div> <div>- Prevention: Prevention benefits comprise vaccinations and check-ups.</div>	
Public sector employees, including civil servants - Health care.			
CONDITIONS FOR ELIGIBILITY			
<div>The scheme includes civil servants and the dependent members of their family, pensioned civil servants or military personnel and dependent members of their family, and, lastly, members of the families of active firemen and active policemen.</div> <div><div>- Qualifying period of benefit:-</div><div>- Waiting period:-</div><div>- Maximum duration of benefit: unlimited</div></div>			
BENEFIT FORMULA (AMOUNT)		REMARKS	
<div><div>- In-patient care: care is given In public hospitals and clinics with an agreement with the public sector. It is free for working persons and the contribution for dependent members of the family is 10%.</div><div>- Out-patient care: care is given free of charge by doctors with an agreement with the public sector and in hospitals.</div><div>- Laboratory tests and other examinations: Laboratory tests and other examinations are carried out in laboratories with an agreement with the public sector or in hospitals. They are free of charge for working persons and pensioners. In the laboratory, the contribution is 25% for the spouse and 30% for children. In hospitals, the contribution for members of the family is 10%.</div><div>- Pharmaceutical products: the beneficiary's contribution is 25% for medicines prescribed by the doctor. This rate can be reduced in certain cases. Medicines are free in the case of chronic sickness.</div><div>- Dental care: Dental care is given by doctors with an agreement with the public sector. The beneficiary advances the costs and then claims reimbursement on the basis of government scales.</div></div>			

SPAIN			
Agency	Form Number	Agency	Form number
Enterprises, General Government	1	General Government	2
SCOPE/BENEFIT Employees - continued payment of wage or salary by the employer at the beginning of a period of temporary incapacity for work because of a non-occupational disease or accident		SCOPE/BENEFIT Judges, civil servants, military personnel, local government officials - continued payment of wage or salary by the employer at the beginning of a period of temporary incapacity for work	
CONDITIONS FOR ELIGIBILITY - The beneficiary must be receiving health care. - The benefit must be established by an agreement at sectoral or company level, or by a voluntary decision of the employer.		CONDITIONS FOR ELIGIBILITY The beneficiary must be receiving health care.	
BENEFIT FORMULA (AMOUNT) Earnings are maintained during the waiting period (3 days) before the beneficiary is entitled to the social security allowance.		BENEFIT FORMULA (AMOUNT) Total earnings are maintained for three months. Subsequently, the employer is obliged to pay only basic earnings plus triennial increases; supplements are paid by the provident funds for civil servants etc.	

SPAIN			
Agency	Form Number	Agency	Form number
National Social Security Institute (INSS) or Seamen's Social Institute(ISM)* or other institutions**	3	Mutual provident societies for the liberal professions	4
SCOPE/BENEFIT Employees and self-employed persons: - Allowance paid by social security in case of temporary incapacity for work because of a non-occupational disease or accident		SCOPE/BENEFIT Members of the liberal professions - Allowance paid under social security in the event of temporary incapacity for work	
CONDITIONS FOR ELIGIBILITY - Contributions must have been paid for a given period: * for a non-occupational disease: 180 days during the 5 years preceding sickness. * For a non-occupational accident: no previous period of contribution is required. - Other condition: - the beneficiary must be receiving health care under the social security system.		CONDITIONS FOR ELIGIBILITY Conditions vary depending on the scheme.	
BENEFIT FORMULA (AMOUNT) 60 % of basic benefit from the 4th to the 20th day. 75 % of basic benefit from the 21st day on. Benefit basis: the employee's basic contribution for non-occupational risks in the month prior to the date of the absence divided by the number of days to which this contribution corresponds. As from 23 July 1992: the payment of the allowance is payable by the employer from the 4th to the 15th day of absence.		BENEFIT FORMULA (AMOUNT) Amount varies depending on the scheme.	
REMARKS * Scheme for sailors and dockers ** Replaces the social security system institutions			

SPAIN			
Agency	Form Number	Agency	Form number
Central Government	5	National Health Institute (INSALUD), Seamen's Social Institute (ISM)	6
SCOPE/BENEFIT		SCOPE/BENEFIT	
Victims of an outbreak of poisoning: allowance paid under social security in the event of temporary incapacity for work		Employees, self-employed persons and students - Reimbursement for out-patient care	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - The beneficiary must be receiving health care consequent to an outbreak of poisoning which occurred in 1981. - The beneficiary must not be entitled to a sickness allowance from any social security scheme. 		Usually, health care is provided directly by the social security system. Therefore reimbursements are made only exceptionally, in cases of emergency etc. Cf. Form 7.	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
Cf. Form 3.		The payment is intended to cover part or all of the sum spent by the beneficiary.	

SPAIN			
Agency	Form Number	Agency	Form number
National Health Institute (INSALUD), Seamen's Social Institute (ISM)	7	National Health Institute (INSALUD), Seamen's Social Institute (ISM), National Social Security Institute (INSS)	8
SCOPE/BENEFIT		SCOPE/BENEFIT	
Employees, the self-employed and students - Direct provision of out-patient care		Employees, self-employed persons and students - Reimbursement for in-patient care	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
1) must be insured or in an equivalent position 2) must be a pensioner or in receipt of regular benefit. 3) must be a dependant of 1) or 2), i.e. spouse, member of family in the descending or ascending line, brother, sister, adopted child or de facto foster child of 1) or 2), or of the spouse. Eligibility is acquired on the date of insurance, and takes effect the following day. It is maintained without a break regardless of changes of employment, if no more than five days elapse between termination and giving notice of insurance to the new company or in the new job. Medical care is provided throughout the whole of the period of sickness.		Usually, health care is provided directly by the social security system. Therefore reimbursements are made only exceptionally, in cases of emergency etc. Cf. Form 7.	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
Medical care includes services provided by doctors (general practitioners or specialists) and other medical personnel, within or outside establishments (out-patient departments, surgeries or at home). It may be received in the patient's usual place of residence or elsewhere.		Cf. Form 9.	

SPAIN			
Agency	Form Number	Agency	Form number
National Health Institute (INSALUD), or Seamen's Social Institute (ISM)*, or National Social Services Institute (INSERSO)**	9	National Health Institute (INSALUD) or Seamen's Social Institute (ISM)*	10
SCOPE/BENEFIT Employees, self-employed persons and students - Direct provision of in-patient care		SCOPE/BENEFIT Employees, self-employed persons and students - Direct provision of pharmaceutical products	
CONDITIONS FOR ELIGIBILITY Cf. Form 7.		CONDITIONS FOR ELIGIBILITY Cf. Form 7.	
BENEFIT FORMULA (AMOUNT) In-patient care includes stays in hospitals, medical treatment and maintenance. It may be received in the usual place of residence of the beneficiary or elsewhere.		BENEFIT FORMULA (AMOUNT) Provision of prescribed medicines and pharmaceutical products: 1) is free for pensioners and persons receiving a temporary invalidity allowance. 2) is subject to a contribution from the beneficiary to the selling price to the general public: - when the medicines are for particular chronic diseases, when they are used frequently, and when they are marked with a particular sign and are on a list: . as from 1978: 5-50 PTA; . as from 25 July 1993: 10%, with a ceiling of 400 PTA. - In all other cases (as from 1978): 40%.	
REMARKS * Scheme for sailors and dockers. ** Provision of geriatric care in its retirement homes only.		REMARKS * Scheme for sailors and dockers.	

SPAIN			
Agency	Form Number	Agency	Form number
National Health Institute (INSALUD)	11	National Health Institute (INSALUD)	12
SCOPE/BENEFIT		SCOPE/BENEFIT	
Employees, self-employed persons and students - Direct provision of dental care		Employees, self-employed persons and students - Reimbursement for medical prostheses	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
Cf. Form 7.		Cf. Form 7.	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
Dental care comprises extractions and certain types of treatment.		Benefit comprises the supply and replacement of dental and orthopaedic prostheses, optical appliances (spectacles, lenses) and hearing aids.	

SPAIN			
Agency	Form Number	Agency	Form number
National Health Institute (INSALUD)	13	National Health Institute (INSALUD)	14
SCOPE/BENEFIT Employees, self-employed persons and students - Direct provision of laboratory tests		SCOPE/BENEFIT Employees, self-employed persons and students - Direct provision of radiological examinations	
CONDITIONS FOR ELIGIBILITY Cf. Form 7.		CONDITIONS FOR ELIGIBILITY Cf. Form 7.	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	

SPAIN

Agency	Form Number	Agency	Form number
National Health Institute (INSALUD)	15	National Health Institute (INSALUD) or Seamen's Social Institute (ISM)* or National Social Security Institute (INSS)	16
SCOPE/BENEFIT Employees, self-employed persons and students - Direct provision of preventive care (other check-ups, etc.)		SCOPE/BENEFIT Employees, self-employed persons and students - Reimbursement for expenditure on transport for sick persons	
CONDITIONS FOR ELIGIBILITY Cf. Form 7.		CONDITIONS FOR ELIGIBILITY Cf. Form 7.	
BENEFIT FORMULA (AMOUNT) Prevention services vary depending on needs.		BENEFIT FORMULA (AMOUNT) When health care must be provided in some other place, the social security system reimburses the beneficiary for the travel expenditure incurred by the patient and the person accompanying the patient.	
		REMARKS * Scheme for sailors and dockers.	

SPAIN			
Agency	Form Number	Agency	Form number
National Health Institute (INSALUD) or Seamen's Social Institute (ISM)*	17	National Social Services Institute (INSS)	18
SCOPE/BENEFIT Employees, self-employed persons and students - Direct provision of transport for sick persons		SCOPE/BENEFIT Pensioners in the social security system - Direct provision of hydrotherapy	
CONDITIONS FOR ELIGIBILITY Cf. Form 7.		CONDITIONS FOR ELIGIBILITY <ul style="list-style-type: none"> - must be a pensioner in the social security system or a dependant of the pensioner. - must be 65 years old or over. - must not be suffering from a mental disorder which could affect integration with the community, or a contagious or infectious disease, except when the therapeutic treatments are specifically intended for such sick persons. - must be self-sufficient. 	
BENEFIT FORMULA (AMOUNT) In cases of emergency or in special circumstances, the social security system provides directly, at its expense, transport for the sick person to or from the hospital by ambulance etc.		BENEFIT FORMULA (AMOUNT) Hydrotherapy, thermal treatments in a spa, etc. The benefit consists of the difference between the running costs of the therapeutic treatment and the contributions paid by the beneficiary.	
REMARKS * Scheme for sailors and dockers.			

SPAIN			
Agency	Form Number	Agency	Form number
Provident funds for judges, civil servants, military personnel and local government officers	19	Mutual provident societies and other organizations replacing those of the social security system	20
SCOPE/BENEFIT		SCOPE/BENEFIT	
Judges, civil servants, military personnel, local government officials - Reimbursement for health care which cannot be broken down by type		Employees - Direct provision of health care which cannot be broken down by type	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
Conditions vary depending on the scheme. Usually, health care is provided directly by the social security system. Therefore reimbursements are made only exceptionally, in cases of emergency etc.		Cf. Form 7.	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
The payment is intended to cover part or all of the sum spent by the beneficiary.		Cf. Forms 7 and 9.	

SPAIN			
Agency		Form Number	
Liberal professions' mutual provident societies		21	
Agency		Form number	
Local Government, provident funds for judges, civil servants, military personnel and local government officials		22	
SCOPE/BENEFIT		SCOPE/BENEFIT	
Members of the liberal professions - Direct provision of health care which cannot be broken down by type		Judges, civil servants, military personnel, local government officials - Direct provision of health care to the beneficiary	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
Conditions vary depending on the scheme.		Conditions vary depending on the scheme.	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
Benefits vary depending on the scheme.		Benefits vary depending on the scheme.	

SPAIN			
Agency	Form Number	Agency	Form number
Provident funds for judges, civil servants and military personnel	23	Enterprises, General Government	24
SCOPE/BENEFIT		SCOPE/BENEFIT	
Judges, civil servants, military personnel - Allowance paid under social security during temporary incapacity for work		Employees - Allowance paid by the employer in the event of temporary incapacity for work because of a non-occupational disease or accident	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<p>Period of contribution required: 6 months.</p> <p>The benefit is paid as from the beginning of the fourth month of temporary incapacity.</p> <p>Maximum duration: 18 months as from the beginning of the temporary incapacity.</p> <p>The beneficiary must be receiving health care and the basic benefit (cf. Form 2).</p>		<ul style="list-style-type: none"> - The beneficiary must be receiving health care and the basic benefit (cf. Form 3). - The benefit must be established by an agreement at sectoral or company level, or by a voluntary decision by the employer. 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
<p>80% of basic benefit.</p> <p>Basic benefit: basic earnings plus triennial increases in one year divided by 12</p> <p>The total amount of basic plus supplementary benefit must not exceed the beneficiary's total earnings when working.</p>		<p>Usually, the benefit consists of the payment by the employer of the difference between earnings and the allowance paid under the social security system.</p>	

SPAIN			
Agency	Form Number	Agency	Form number
Enterprises or Mutual societies	25	General Government, Private non-profit institutions	26
SCOPE/BENEFIT Employees and self-employed persons - direct provision of health care which cannot be broken down by type		SCOPE/BENEFIT All residents - direct provision of health care which cannot be broken down by type	
CONDITIONS FOR ELIGIBILITY Conditions vary depending on the scheme.		CONDITIONS FOR ELIGIBILITY - must not be covered by any social security scheme. - must be without resources.	
BENEFIT FORMULA (AMOUNT) Benefits vary depending on the scheme.		CONDITIONS FOR ELIGIBILITY See Forms 7 and 9.	

FRANCE			
Agency	Form Number	Agency	Form number
Employer	1	General scheme for employees in industry and commerce (a), Special professional scheme and agricultural schemes (b), French national abroad.	2
SCOPE/BENEFIT		SCOPE/BENEFIT	
Post Office civil servants, employees - Daily sickness benefits (long-term).		Employees and affiliates of agricultural schemes - Daily benefits.	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit:- - Waiting period:- - Maximum duration of benefit: 5 years continuous period. - Other condition: sickness must be certified as serious and causing invalidity (list with possible action by a medical committee). 		<ul style="list-style-type: none"> - Qualifying period for benefit: <ul style="list-style-type: none"> * for benefits for less than 6 months: must have been in paid employment for 200 hours in the course of the previous 3 months; * for benefits for over 6 months: must have been in paid employment for 800 hours over the previous 12 months. - Waiting period: 3 days. - Maximum duration of benefit: 3 consecutive years. 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
100%		<p>For the general scheme and the agricultural scheme (in 1991):</p> <ul style="list-style-type: none"> * 50% of basic daily earnings (FF 193.66) within the limit of the contribution ceiling * with 3 children, 66.66% (FF 258.22) as from the 31st day * minimum in the case of a long-term sickness after the 7th month: 1/365 of the minimum amount of invalidity pension (FF 42.09) 	
		REMARKS	
		<p>Since a breakdown is impossible, the supplements for dependants could not be classified in the Family function.</p> <p>(a) CNAMTS</p> <p>(b) agricultural schemes (agricultural employees - MSA), mines, sailors (ENIM), notary's clerks (CRPCEN), chambers of commerce, Paris transport system</p>	

FRANCE			
Agency	Form Number	Agency	Form number
General schemes (CNAMTS) Statutory special schemes (military fund, ENIM, CANSSM, RATP)	3	General schemes (a), statutory special schemes (b) and occupational schemes (c).	4
SCOPE/BENEFIT		SCOPE/BENEFIT	
Employees, military personnel, naval personnel, miners, RATP agents - Social security funds.		Employees and similar persons, recipients of a private income or pension, self-employed persons - Health care.	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
The scheme also covers dependants of insured persons.		The scheme also covers dependants of insured persons.	
<ul style="list-style-type: none"> - Qualifying period for benefit:- - Waiting period:- - Maximum duration of benefit:- - Other conditions: <ul style="list-style-type: none"> * the conditions for eligibility for statutory and supplementary benefits do not have to be met; * Social survey; * Not renewable without a new decision. 		<ul style="list-style-type: none"> - Qualifying period for benefit: <ul style="list-style-type: none"> * must have been in paid employment for 120, 200, 600 or 1200 hours during the preceding month, quarter or year; * otherwise, must provide proof of having made contributions in excess of 1 040 times the SMIC hourly rate in the last 6 months; - Waiting period:- - Maximum duration of benefit: unlimited (during the qualifying period for the benefit, i.e. until the end of the 12-month period after the date on which the affiliation expires). 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
Varies depending on the expenditure linked to the sickness.		Reimbursement at various rates, on the basis of a social security responsibility scale. <ul style="list-style-type: none"> - Practitioner's fees: 75% except in the Départements of Alsace and Moselle and notary's clerks (90%), the SNCF and the Banque de France (80%), and the CANAM (50%). - Medical auxiliary staff fees: 65% except for the Départements of Alsace and Moselle and notary's clerks (90%), the SNCF and the Banque de France (80%), French nationals abroad (75%) and the CANAM (50%). - Medicines: 100%, 70% or 40% for the general scheme and depending on the type of product (rates of 90%, 80% and 50% are applicable for other schemes). 	

FRANCE			
Agency	Form Number	Agency	Form number
	4 (Continuation)	Employer	5
<p>- In-patient care: 80% except for notary's clerks (90%), the SNCF and the Départements of Alsace and Moselle (100%). Serious hospitalization cases are covered 100% in all the schemes.</p> <p>- Laboratory tests: 65% except for notary's clerks and the Départements of Alsace and Moselle (90%), the SNCF (80%), the Banque de France (75%) and the CANAM (50%).</p> <p>- Transport costs: 70% except for notary's clerks and the Départements of Alsace and Moselle (100%) and the CANAM (80%).</p> <p>- Optical and orthopaedic appliances, prostheses: 70% except for notary's clerks and Départements of Alsace and Moselle (90%) and the CANAM (80%).</p> <p>- Thermal treatments: 100% if prescribed by a doctor, otherwise 75% of the fees and 70% of other costs (general scheme).</p> <p>Reimbursement in full for certain sicknesses, certain treatments and certain classes of insured persons (war pensioners, recipients of an industrial accident pension).</p> <p>The reimbursement rates are increased for all long-term sickness.</p> <p>The figures relating to these benefits include to social services benefits, viz.:</p> <p>- the overall payment to hospitals included under the heading "In-patient care";</p> <p>- the coverage by the CANAM of the contributions for practitioners and auxiliary medical staff under an agreement included under "out-patient care".</p>		SCOPE/BENEFIT	
		<p>Employees in certain enterprises - Supplementary benefit (for the proportion not covered by social security) to maintain full earnings.</p>	
		<p>CONDITIONS FOR ELIGIBILITY</p> <p>The scheme covers, in general, all enterprises affected by the 1978 law on monthly payment (in particular the major nationalized industries and, for the most part, private corporate and quasi-corporate enterprises, whether or not financial).</p> <p>- Qualifying for benefit: the 1978 law laying down minimum conditions (which can be improved under agreements) stipulates 3 years service in the enterprise as a condition for eligibility for this benefit.</p> <p>- Waiting period:-</p> <p>- Maximum duration of benefit: various depending on the agreement.</p> <p>- Other condition: certification that the sickness warrants absence from work.</p>	
		<p>BENEFIT FORMULA (AMOUNT)</p> <p>- During the first 3 days of absence: 100% of earnings (corresponding to the 3 days not covered by social security).</p> <p>- As from the fourth day: supplement to the benefit paid by social security in order to maintain full earnings.</p>	
REMARKS		REMARKS	
<p>(a) CNAMTS</p> <p>(b) CANAM, farmers, miners, sailors, notary's clerks, members of religious organizations</p> <p>(c) military personnel, SNCF, RATP, Banque de France, Water Board, Chambers of Commerce</p>		<p>Figures not available.</p>	

FRANCE			
Agency	Form Number	Agency	Form number
Supplementary schemes and mutual societies	6	Supplementary schemes for employees and mutual associations.	7
SCOPE/BENEFIT		SCOPE/BENEFIT	
Employees and self-employed persons - Daily allowances		Employees - Other cash benefits (benefits from the social funds of the schemes for miners and military personnel).	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: various depending on the contract. - Waiting period: various depending on the contract. - Duration of benefit: various depending on the contract (3 consecutive years). - Other condition: individual or group contract (compulsory or optional) with a provident institution. 			
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
The accumulated total of this supplementary benefit and the daily benefits paid by the social security institution concerned must not exceed the beneficiary's earnings.			
REMARKS			
<ul style="list-style-type: none"> - This formula, particularly in the form of collective (or group) agreements, forms a supplement, on the one hand, to the statutory social protection schemes and monthly payment agreements and, on the other hand, more advantageous schemes established by collective bargaining. - Supplements for independents are not classified in the Family function, because of lack of information. 			

FRANCE			
Agency	Form Number	Agency	Form number
Supplementary schemes and mutual associations.	8	Other social protection schemes (local authorities, Government)	9
SCOPE/BENEFIT Voluntary insurance - Supplementary sickness benefits. Social insurance (employees) - Supplementary extra-statutory benefits paid by social security funds (care, thermal treatments, allowances for dialysis). The scheme also covers the spouses and children of members contributing to the mutual association.		SCOPE/BENEFIT Sick and indigent residents - Monthly allowance for medical aid.	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY - Qualifying period for benefit:- - Waiting period: 3 months from start of medical coverage - Maximum duration of benefit: unlimited (during the period of sickness) - Other condition: applicant must be over 15 years of age, without resources and unable to work.	
BENEFIT FORMULA (AMOUNT) Supplement (up to 100% of the initial payment) to social security benefits in kind.		BENEFIT FORMULA (AMOUNT) Equal to special old age allowance (a third of the allowance for hospitalized persons).	
REMARKS Although this expenditure is incorporated into this study, strict interpretation of ESSPROS (paragraph 208b) would require it to be excluded from the field of social protection. In fact, the covering of risks arises from private initiatives taken by individuals or households exclusively in their own interests and this expenditure is neither provided for by law or regulation, nor by the terms of agreements or contracts (within an enterprise or profession or trade).			

FRANCE	
Agency	Form Number
Other social protection schemes (local authorities, Government)	10
SCOPE/BENEFIT	
French nationals or persons resident in France who are sick and indigent - Medical aid provided by local authorities.	
CONDITIONS FOR ELIGIBILITY	
- Qualifying period of benefit:- - Waiting period:- - Maximum duration of benefit:- - Other condition: decision of an ad hoc committee	
BENEFIT FORMULA (AMOUNT)	
Coverage of out-patient care, pharmaceutical products wholly or partly (balance to be paid by the sick person).	
REMARKS	
Figures cannot be broken down.	

IRELAND			
Agency	Form Number	Agency	Form number
Central Government - Sick leave payments	1	Local government - Sick leave payments	2
SCOPE/BENEFIT		SCOPE/BENEFIT	
Central government employees - Sick leave payments		Local government employees - Sick leave payments	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: <ul style="list-style-type: none"> * must be full-time permanent and pensionable employee, * subject to minimum 5 years service for full long-term entitlement (minimum 2 years service) - Waiting period: - - Maximum duration of benefit: unlimited - Other condition: - (medical certificate required if sickness period is more than 2 days) 		As for central government employees (cf. Form 1)	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
Continued payment of wage or salary: <ul style="list-style-type: none"> - full maintenance for six months - half pay for next six months - appropriate superannuation rate thereafter 		As for central government employees (cf. Form 1)	

IRELAND			
Agency		Form Number	
Central government (Ministry of Social Welfare Occupational Accidents Fund - OIF)		3	
SCOPE/BENEFIT			
Employees (and outworkers) - Disability benefit (Standard flat rate allowance)			
CONDITIONS FOR ELIGIBILITY			
<div>- Qualifying period for benefit:<ul style="list-style-type: none">* 39 weeks social insurance contributions (PRSI) paid,* 39 weeks social insurance contributions (PRSI) in the relevant tax year paid/credited,* In addition, at least 13 weeks contributions must have been paid in 5 relevant tax years. To obtain the full benefit, income must exceed certain weekly earning levels.</div> <div>- Waiting period: 3 days</div> <div>- Maximum duration of benefit:<ul style="list-style-type: none">* if 260 PRSI contributions have been paid: continuous up to age of 66* if 39-259 contributions have been paid: 52 weeks' benefit</div> <div>- Other conditions:<ul style="list-style-type: none">(* incapacity for work due to illness for at least 3 days)* be between 16 and 66 years of age.</div>			
BENEFIT FORMULA (AMOUNT)			
<div>With 39 contributions or more and earnings of IRL 70 or more in the relevant tax year: the full personal rate is payable.</div> <div>With 39 contributions or more and earnings of less than IRL 70 in the relevant tax year: a reduced rate is payable.</div>			
REMARKS			
Additional payments are made for adult dependants and children (cf. Family function)			

IRELAND			
Agency	Form Number	Agency	Form number
Central Government (Ministry of Social Welfare, Social Security Dept.)	4	Dept. of Health - Health Boards (Local government) - health services	5
SCOPE/BENEFIT		SCOPE/BENEFIT	
Employees - Pay-related benefit/Supplement to disability benefit		Persons with a mental illness requiring hospitalization - Psychiatric hospital services	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: <ul style="list-style-type: none"> * earnings in excess of IRL 69 per week (IR) in the relevant contribution year, i.e. $IRL\ 69 \times 50 = IRL\ 3.450$ per annum (year taken as 50 working weeks) - Waiting period: 3 weeks - Maximum duration of benefit: 375 days (for a 6-day week) - Other conditions: <ul style="list-style-type: none"> * must be in receipt of disability benefit (Form 3), * must be out of work because of illness for over 3 weeks, * must be between 16 and 66 years of age. 		(none) Qualifying period for benefit: - (not applicable) Waiting period: - (not applicable) Maximum duration of benefit: - (duration of the illness)	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
<ul style="list-style-type: none"> - PRB is calculated as 12% of the reckonable earnings between a threshold of IRL 69 per week IR, below which no PRB is paid, and a ceiling of IRL 220 per week, above which no PRB is paid. This maximum PRB (for earnings of 220 per week or IRL 11 000 per annum was IRL 18.50 per week, 1988 rates). - For claimants receiving disability benefit the combined weekly payments of flat-rate benefit and PRB may not exceed 75% of reckonable earnings. 		Not applicable: treatment is free of charge. (Medical care is provided directly)	
REMARKS			
As from 6th April 1992 pay-related benefit (PRB) with disability benefit is no longer payable.			

IRELAND			
Agency		Form Number	
Dept. of Health - Health Boards (local government) - Health services		6	
SCOPE/BENEFIT		<p>- Charges are made for beds in semi-private wards in all hospitals (Health Boards and Voluntary hospitals. These currently range from IRL 96/day Regional/Voluntary teaching hospitals) for private beds to IRL 27.50/day for a semi-private bed in a Health Board District Hospital.</p> <p>- Operation fees are too varied to be classified here.</p> <p>As from 1 June 1991 the medical care provided in hospital by specialists is free.</p>	
CONDITIONS FOR ELIGIBILITY			
(none)			
Medical care: (1) provided directly to medical card holders (2) part-reimbursement to non-holders of medical cards			
BENEFIT FORMULA (AMOUNT)			
<p>- Services provided free to medical card holders (who are means tested) and their dependants</p> <p>- Services provided at a (subsidized) charge to non-holders of medical cards. Thus all non-holders of medical cards are entitled to hospitalization in a public ward, subject to a charge of IRL 15 per day, up to a maximum charge of IRL 100. Persons whose income exceeds IRL 16 700 per annum (in 1991) are liable to consultants' fees.</p>			
		REMARKS	
		<p>Three levels of public hospital services are available, depending on the patient's area of residence and the facilities required, viz.: Regional, County and District.</p> <p>In addition there are voluntary public hospitals, under a variety of private management arrangements, funded mainly by the government.</p>	

IRELAND			
Agency	Form Number	Agency	Form number
Dept. of Health - Health Boards (local government) - Health services	7	Ministry of Health - Health Boards (Local government) - Health services	8
SCOPE/BENEFIT		SCOPE/BENEFIT	
Residents - Free out-patient care for certain long-term illnesses (benefits in kind provided directly)		All persons over 16 years of age - Subsidy for medicines purchased (reimbursement above a threshold)	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: - (none) - Waiting period: - (none) - Maximum duration of benefit: unlimited - Other condition: persons not eligible for medical cards who are suffering from certain long-term sicknesses or disabilities 		<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: variable - Maximum duration of benefit: expenditure on medicines during one calendar month only - Other conditions: <ul style="list-style-type: none"> * must be a person who is not a holder of a medical card and who must purchase prescribed medicines, * expenditure on medicines must exceed the specified monthly level - currently IRL 32/month (1990). 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
Free general medical care. Flat rate charges in certain circumstances.		Reimbursement of expenditure without limit over the monthly threshold.	
REMARKS			
Data not available separately.			

IRELAND			
Agency	Form Number	Agency	Form number
Ministry of Health - Health Boards (local government) - Health services	9	Central Government - Ministry of Social Welfare (social security benefits)	10
SCOPE/BENEFIT		SCOPE/BENEFIT	
Residents - Free medicines scheme for certain long-term illnesses (benefits in kind provided directly)		Employees - dental, optical and hearing care (the dependant spouse of an insured person is also a beneficiary)	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: - (not applicable) - Waiting period: - (not applicable) - Maximum duration of benefit: unlimited - Other conditions: <ul style="list-style-type: none"> * persons, not eligible for medical cards who have certain long-term illness which require treatment with medicines * the illness must be on the specified list of long-term illnesses, viz. diabetes, epilepsy, spina bifida/hydrocephalus, and related mental conditions, arteriosclerosis, cystic fibrosis, PKU, Parkinson's disease, acute forms of leukaemia, muscular dystrophy, paralysis, haemophilia, and children's mental illness. 		<ul style="list-style-type: none"> - Qualifying period for benefit: Insured workers who satisfy the PRSI conditions, viz.: <ul style="list-style-type: none"> (a) under 21 years of age - 39 weeks PRSI paid (b) 21 to 23 years of age - 39 weeks PRSI paid and 39 weeks paid or credited in the relevant tax year (c) 23 to 66 years of age - 208 weeks PRSI paid and 39 weeks paid or credited in the relevant tax year (d) over 66 years of age - 208 weeks PRSI paid and 39 weeks paid or credited in either of the two tax years before reaching 66 years of age. - Waiting period: - - Maximum duration of the benefit: depends on the specific treatments; no limits in terms of number of applications during the year. - Other condition: employees aged between 16 and 66 years of age 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
Medicines are supplied (free of charge) through pharmacies. (Pharmacists are reimbursed for the cost of medicines supplied free of charge to authorized persons.)		<ul style="list-style-type: none"> - Some items of treatment are free of charge: (a) extractions, scaling, polishing of teeth, most fillings and root treatments in certain circumstances; (b) spectacles with standart frames are free of charge, also sight tests; (c) practitioners are reimbursed without any charge to beneficiaries. 	

IRELAND

Agency	Form Number										
<p align="center">10 (Continuation)</p> <p>- Other items are charged above a fixed threshold, viz.: (a) fitting and repair of dentures, (b) repair of spectacles, (c) contact lenses if more expensive than the cost of standard glasses and (d) hearing aids, for which the authorities will pay half the cost up to a maximum of IRL 200, and half the cost of repairs up to the same limit.</p>	<table border="1"> <tr> <th data-bbox="1170 137 1710 198">Agency</th><th data-bbox="1710 137 2158 198">Form number</th></tr> <tr> <td data-bbox="1170 198 1710 299">Ministry of Health - Health Boards (local government) - health services</td><td data-bbox="1710 198 2158 299">11</td></tr> <tr> <td colspan="2" data-bbox="1170 299 2158 461"> SCOPE/BENEFIT Residents (mainly infants under 2 years of age for vaccination) - Prevention of infectious diseases (screening and vaccination) </td></tr> <tr> <td colspan="2" data-bbox="1170 461 2158 677"> CONDITIONS FOR ELIGIBILITY No conditions Infectious diseases mainly comprise diphtheria, poliomyelitis, rubella and tuberculosis. </td></tr> <tr> <td colspan="2" data-bbox="1170 677 2158 1191"> BENEFIT FORMULA (AMOUNT) Free of charge </td></tr> </table>	Agency	Form number	Ministry of Health - Health Boards (local government) - health services	11	SCOPE/BENEFIT Residents (mainly infants under 2 years of age for vaccination) - Prevention of infectious diseases (screening and vaccination)		CONDITIONS FOR ELIGIBILITY No conditions Infectious diseases mainly comprise diphtheria, poliomyelitis, rubella and tuberculosis.		BENEFIT FORMULA (AMOUNT) Free of charge	
Agency	Form number										
Ministry of Health - Health Boards (local government) - health services	11										
SCOPE/BENEFIT Residents (mainly infants under 2 years of age for vaccination) - Prevention of infectious diseases (screening and vaccination)											
CONDITIONS FOR ELIGIBILITY No conditions Infectious diseases mainly comprise diphtheria, poliomyelitis, rubella and tuberculosis.											
BENEFIT FORMULA (AMOUNT) Free of charge											
REMARKS											
Dental care, hearing and optical services are free of charge for children under 6 years of age and of primary school age.											

IRELAND			
Agency		Form Number	
Ministry of Health - Health Boards (local government) - Public health protection programme		12	
Agency		Form number	
Ministry of Health - Health Boards (local government) - Public health protection programme		13	
SCOPE/BENEFIT		SCOPE/BENEFIT	
Residents - miscellaneous public health protection schemes (preventive measures)		All children in relevant age group (mainly those aged up to 12 years of age) - Child health examinations, screening programme	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
None		None	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
Not applicable - free of charge to individuals (benefits in kind provided directly and other)		Not applicable - free of charge to individuals (benefits in kind provided directly)	

IRELAND			
Agency	Form Number	Agency	Form number
Ministry of Health - Health Boards (local government) - Public health protection programme	14	Ministry of Health - National Drugs Advisory Board (local government) - Public health protection programme	15
SCOPE/BENEFIT Residents - Food, Hygiene and Standards service (Inspectorate) (Inspectorate to enforce hygiene standards in manufacturing and selling)		SCOPE/BENEFIT Residents - Drugs Advisory Service (National Drugs Advisory Board) (Monitoring of drugs with regard to their side effects and their safety for human consumption)	
CONDITIONS FOR ELIGIBILITY None		CONDITIONS FOR ELIGIBILITY None	
BENEFIT FORMULA (AMOUNT) Not applicable (Benefits in kind provided directly for all the population)		BENEFIT FORMULA (AMOUNT) Not applicable (Benefits in kind provided directly)	

IRELAND			
Agency	Form Number	Agency	Form number
Ministry of Health - Health Education Bureau - Public health protection programme	16	Ministry of Health - Health Boards (local government) - general welfare programme	17
SCOPE/BENEFIT		SCOPE/BENEFIT	
Health Education etc. for the general public (information and advertising bureaux)		Grants to voluntary welfare agencies (cash grants to voluntary agencies providing general welfare services)	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
None		None	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
Not applicable		Not applicable (Cash benefits provided directly - mostly long-term)	

IRELAND			
Agency	Form Number	Agency	Form number
Ministry of Health - Health Boards (local government) - health services	18	Private enterprise	19
SCOPE/BENEFIT		SCOPE/BENEFIT	
Residents - Ambulance service (emergency and routine transfer of patients)		Employees of private enterprises - continued payment of wage or salary during sickness	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
None		<p>Wide variety of schemes in operation, with different eligibility conditions (no statutory regulations). Many schemes distinguish between manual and non-manual workers.</p> <ul style="list-style-type: none"> - Qualifying period for benefit: many schemes require a minimum period of service - Waiting period: - - Maximum duration of benefit: wide variety of duration periods - Other condition: - (Employees unable to work because of sickness) 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
Charges at discretion of the Health Board (benefits in kind mostly provided directly, small contribution in some cases)		<p>Wide variety of amounts.</p> <p>Either continued payment of wage or salary (with or without incorporation of social security disability benefit - cf. Form 3) or flat rate payment under the company insurance policy</p>	
REMARKS			
Free of charge for medical card holders			

IRELAND			
Agency	Form Number	Agency	Form number
Voluntary Health Insurance Board (government agency)	20	Ministry of Health - Health Boards (local government), general welfare schemes	21
SCOPE/BENEFIT		SCOPE/BENEFIT	
Voluntary health insurance (in-patient care) (health insurance scheme, with cost of benefits covered in proportion to contributions)		Maintenance allowance in the event of a particular infectious disease (welfare benefits paid weekly to patients in financial need)/Continued payment of wage or salary over a long period)	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: - (none) - Waiting period: - (none) - Maximum duration of benefit: unlimited, subject to special restrictions on certain treatments and on total reimbursement - Other conditions: <ul style="list-style-type: none"> * persons and dependants insured for the current year who require in-patient care * the insured pay flat-rate premiums for themselves and for their dependants, giving current-year coverage for hospital charges, some fees and specified out-patient services * three levels of cover available for in-patient care, depending on type of hospital selected by the insured person * scale of insurance by units of cover up to a maximum for both subsistence and treatment * certain treatments are not covered (e.g. for drug addiction) 		<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: while sickness persists or until the patient's financial circumstances change - Other conditions: <ul style="list-style-type: none"> * recipients must be suffering from one of a number of specified infectious diseases (of which the main one is tuberculosis), * patient must satisfy a means test. 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
Benefits in kind, reimbursement for medical care <ul style="list-style-type: none"> - Full reimbursement (with maximum unit cover) for hospital maintenance charge - pro-rata for reduced cover - cover for treatment provides flat-rate part-reimbursement according to the type of fees covered by the insurance 		<ul style="list-style-type: none"> - The maximum personal rate (in 1992) was IRL 57.20 per week, but the rate varies according to means. - The supplement for a dependent spouse was IRL 43.30 per week. - The supplement for children was IRL 12.50 per week for each child. 	
REMARKS		REMARKS	
This scheme covers 30% of the population (in 1988). Serious illness is not covered for five years if the condition existed prior to the date of joining the scheme.		Supplements for dependants are not classified under the Family function because this information is not available separately. Data refer to beneficiaries only.	

IRELAND			
Agency	Form Number	Agency	Form number
Ministry of Health - Health Boards (local government) - Other general health services	22	Health Boards - Other general health services	23
SCOPE/BENEFIT		SCOPE/BENEFIT	
Medical card holders (and their dependants) - general practitioner's services (doctors' fees, cost of prescribed medicines and preparations) (benefits in kind provided directly)		Medical card holders (and their dependants) - dental, aural and ophthalmic services (social security assistance scheme)	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: unlimited use of service by holders of a medical card and their dependants - Other conditions: <ul style="list-style-type: none"> * Claimants must consult an approved general practitioner and/or require prescribed medicines/preparations * In general, there is a means test for entitlement to a medical card * Claimants must attend the doctor (on a approved list) with whom they have been registered through the local Health Board (private consultations are not included in this service) 		<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: variable - Maximum duration of benefit: - (no limit to use of services) - Other condition: there is a means test for entitlement to a medical card 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
Services of a general practitioner and prescribed medicines/appliances are supplied free of charge (cost met fully by government)		Services, in the form of examinations, treatment or appliances as required, are provided free of charge by either local clinics or private doctors	

ITALY			
Agency	Form Number	Agency	Form number
Central government and local authorities	1	National Social Security Institution (INPS), temporary allowance scheme for employees	2
SCOPE/BENEFIT		SCOPE/BENEFIT	
Civil servants - Daily allowance (all central government and local authority employees)		Employees (a) - Daily allowance	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit : - - Waiting period : none - Maximum duration of benefit : 12 months plus 6 months (plus a further 6 months with authorization). The benefit period must not be longer than 2.5 years in a 5-year period. - Other condition : must be an employee of central or local government and be absent from work because of sickness. 		<ul style="list-style-type: none"> - Qualifying period for benefit : - Waiting period : 3 days (none if the claimant falls ill again with the same illness in the month following recovery) - Maximum duration of benefit : from the fourth to the 180th day of sick leave - Other conditions : <ul style="list-style-type: none"> * must be an employee aged at least 14 years, but not an employee of central government, an apprentice or in some other specific category, or entitled to benefits paid direct by the employer. The benefit is not payable if the sickness occurs within the 2 months after the claimant ceases to be active following dismissal or expiry of employment contract. * must be up-to-date with social security contributions and be absent from work because of illness. 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
<p>100% of earnings in the first 12 months of illness, reduced to half in the following 6 months. As from the 19th month, the worker is not entitled to any benefit.</p> <p>Entitlement to family allowances continues and the period of sickness is taken into account for severance pay (cf. Form 20 in the Family function publication).</p>		<p>The amount is equivalent to a percentage of total average daily earnings during the month preceding sickness (this average is calculated differently depending on the sector of activity). In 1993 the percentages were as follows:</p> <ul style="list-style-type: none"> - 50% from the 4th to the 20th day of sickness, 	
REMARKS			
The total of these amounts has never been estimated because there are no direct or indirect indicators. They are therefore not included in the amounts given in the social accounts figures.			

ITALY

Agency	Form Number
<p align="right">2 (Continuation)</p> <p>- 66% from the 21st to the 180th day of sickness. For workers with no dependants, these percentages are reduced by 2/5 during hospitalization. For claimants who are unemployed or who have been dismissed, the amount is reduced by 2/3 if the sickness occurs within 60 days following dismissal or expiry of employment contract.</p>	<p align="right">3</p> <p>National Social Security Institution (INPS), compulsory tuberculosis insurance</p> <p>SCOPE/BENEFIT</p> <p>All employees in the private sector and their dependants - Tuberculosis insurance</p> <p>CONDITIONS FOR ELIGIBILITY</p> <ul style="list-style-type: none"> - Qualifying period for benefit: 1 year of contributions - Waiting period: - - Maximum duration of benefit: A distinction must be made between the daily allowance, post-treatment benefits, end-of-year bonus, health care benefit and maintenance allowance. <ul style="list-style-type: none"> * daily allowance: paid throughout the period of out-patient treatment (or home treatment with authorization); * end-of-year bonus * post-treatment benefit: 2 years; * treatment and maintenance benefit: 2 years, can be extended indefinitely if the conditions are fulfilled. - Other conditions: <ol style="list-style-type: none"> 1. must be an employee over 14 year of age and have contracted tuberculosis. Daily allowance payable only to persons not in receipt of full earnings; 2. must be an employee in one of the categories insured against tuberculosis, have paid 52 weekly contributions or be either retired or a farmer, share-cropper, schoolteacher, or head of an educational establishment, or be related to the claimant in one of the following ways: spouse, dependent child (or equivalent, e.g. dependent sibling up to 21 years of age, or 26 if university student, with no age-limit if there is a permanent disability causing incapacity for work), dependant in the ascending line (or equivalent over 60 years of age (men) or 55 (women), with no age-limit if there is a permanent disability causing incapacity for work).
REMARKS	
<p>Employees (white-collar workers) and senior management in commerce and industry receive this benefit as laid down in the national collective agreements.</p> <p>(a) Persons employed in the industrial, trade and craft sector, farm workers, employees in the banking, insurance and fiscal services sector.</p>	

ITALY			
Agency	Form Number	Agency	Form number
	3 (Continuation)	Local Health-care Unit (USL) (National Health Service)	4
<p>In the case of farmers and share-croppers, the benefit covers all relatives and equivalent normally residing and working on the farm land. Children and other collateral dependants are entitled to the benefit even if they are over the age limits, provided that they already received them once and that no more than 2 years have elapsed since the end of the last period of health care.</p> <p>3. Conditions for receipt of daily allowances until resumption of full earnings: must be hospitalized or receiving out-patient treatment (or home care, with authorization)</p> <p>4. Conditions for receipt of post-treatment allowances: must be clinically cured following at least two months treatment</p> <p>5. Conditions for receipt of care and maintenance benefit following payment of post-treatment allowances for two years: capacity for work must be reduced by at least 50% because of tuberculosis, in which case the care and maintenance benefit cannot be cumulated with normal earnings, continued payment of wage or salary benefit or earnings when engaged in a full-time activity.</p>		SCOPE/BENEFIT	
		Whole population under National Health Service	
		CONDITIONS FOR ELIGIBILITY	
		<ul style="list-style-type: none">- Qualifying period for benefit: -- Waiting period: -- Maximum duration of benefit: - (until the end of the treatment)- Other conditions:<ul style="list-style-type: none">* must be ill and predisposed to a sickness or in circumstances conducive to contracting a sickness;* must have a medical prescription from a doctor approved by the USL to be entitled to reimbursement for medical prescriptions;* must have prior authorization issued by the USL to be entitled to reimbursement for consultations of specialists, diagnoses and clinical analyses;* must be in living or environmental conditions which necessitate an improvement as regards health.	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
<ul style="list-style-type: none">- Daily benefit: amount equal to the sickness benefit for the first 180 days, after which a statutory lump-sum amount is set. (This amount is reduced by half if the beneficiary is not the main insured person).- Post-treatment benefit: amount set annually and is reduced by half if the beneficiary is not the main insured person.- Care and maintenance benefit: amount set annually, and is the same for the insured person as for dependants. The amount is index-linked to changes in the minimum pensions under the general compulsory scheme and is supplemented by head of household allowances in accordance the provisions and procedures in industry.- In December, all beneficiaries receive an end-of-year allowance equal to thirty times the maximum daily benefit for December.		<p>The benefit relates to the provision, either against reimbursement or free of charge, of in-patient care, medical prescriptions, out-patient care given by general practitioners or specialists, diagnoses and clinical analyses, thermal treatments, prevention and preventive treatments, and the monitoring of health conditions and other kinds of assistance.</p> <p>Benefits in the form of goods or services, after deduction of the claimant's contribution for medicines, consultations of specialists, diagnoses and clinical analyses and thermal treatments.</p> <p>There are statutory income ceilings depending on the number of dependants. Beyond these income limits, the beneficiary's contribution varies depending on the insured person's income. There are two categories, viz.:</p> <p>A = insured persons below the income ceiling; B = insured persons above the income ceiling.</p>	

ITALY

Agency	Form Number	Agency	Form number
	4 (Continuation)	University hospitals (CHU)	5
At the end of 1993 the reimbursement scales were as follows:		SCOPE/BENEFIT	
<p>* Consultation of a specialist: Cat. A: between LIT 15 000 and LIT 70 000. Cat. B: full costs up to LIT 100 000, plus 10% of the costs above that amount.</p> <p>* Laboratory tests: Cat. A: 50% of the cost up to a maximum of LIT 70 000. Cat. B: full costs up to LIT 100 000, plus 10% of the costs above that amount.</p> <p>* thermal treatment: Cat. A: 50% of the cost up to a maximum of LIT 50 000 for each treatment phase. Cat. B: full cost up to a maximum of LIT 100 000, plus 10% of the costs beyond that amount.</p> <p>* Pharmaceutical products: Cat. A: 50% of the cost up to a maximum of LIT 50 000 Cat. B: full cost up to a maximum of LIT 40 000, plus 10% of the costs beyond that amount.</p> <p>* In-patient care: (in government hospitals) Cat. A: - Cat. B: -</p>		CONDITIONS FOR ELIGIBILITY	
A flat rate amount is payable for each prescription, except for medicines for Category B.		<p>- Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - (until the end of the treatment) - Other condition: - (must be sick)</p>	
<p>Except for pharmaceutical products, the prescription charge is not payable by persons whose income is lower than the statutory minimum (revised at regular intervals), or by to that laid down from time to time in the relevant regulations and by protected categories, i.e. invalids, pensioners with an annual income of less than LIT 16 000 000, pregnant women, drug addicts, and victims of terrorism.</p> <p>In the case of pharmaceutical products, these categories are totally exempt from any contribution requirement for 22 pharmaceutical prescriptions, after which the costs of medicines are reimbursed at the scales for Category A.</p>		BENEFIT FORMULA (AMOUNT)	
		Free in-patient care	

ITALY	
Agency	Form Number
Regions	6
SCOPE/BENEFIT	
Whole population - social security benefits	
CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none">- Qualifying period for benefit: -- Waiting period: -- Maximum duration of benefit: until the reason for the payments no longer exists: usually for periods of not longer than a year- Other conditions:<ul style="list-style-type: none">* must have contracted an infectious disease such as leprosy, malaria or some other socially disadvantageous disease;* must have insufficient income.	
BENEFIT FORMULA (AMOUNT)	
Amounts vary according to need.	

LUXEMBOURG			
Agency	Form Number	Agency	Form number
Private sector employees sickness funds	1	Sickness fund for self-employed persons, sickness fund for private-sector employees and agricultural sickness fund for farmers.	2
SCOPE/BENEFIT		SCOPE/BENEFIT	
Employees - Sickness benefit in cash		Self-employed workers - Cash benefit for sickness	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit:- - Waiting period: none for manual workers, 3 months for staff in private sector. - Maximum duration of benefit: 52 weeks (in the event of incapacity for work persisting beyond a total of 26 weeks, the sickness fund must inform the authorities so that an invalidity pension can be granted if applicable). - Other conditions: <ul style="list-style-type: none"> * A medical certificate is required for any period of incapacity for work exceeding 3 days. * Benefits may be refused if the insured persons have injured themselves intentionally, been involved in fighting or evaded the fund's monitoring measures. * The benefit is paid as from the 1st day of incapacity for work. It is not paid when earnings are maintained during the period of incapacity for work (which is statutory for public sector employees) and in accordance with an agreement (for private-sector employees). 		<ul style="list-style-type: none"> - Qualifying period for benefit:- - Waiting period: the month when sickness began and the following three months - Maximum duration of benefit: 52 weeks - Other conditions: <ul style="list-style-type: none"> * Incapacity for work must be confirmed by a medical certificate. * Benefits may be refused if the insured persons have injured themselves intentionally, been involved in fighting or evaded the fund's monitoring measures. 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
<p>The cash benefit for sicknesses is calculated on the basis of the gross earnings which the insured persons would have received if they had continued to work during the period of sick leave.</p> <p>Cash benefits for sickness are liable to social security contributions and income tax.</p>		<p>The cash benefit per day of incapacity for work is a standard 1/30th of the monthly minimum social wage. If the insured person can prove loss of greater earnings, the cash benefit is increased up to a maximum of 140% of this amount.</p>	

LUXEMBOURG			
Agency	Form Number	Agency	Form number
Sickness funds for salaried and self-employed persons (CNAMO, CMOA, CMEP, CMPI)	3	Sickness funds for employees and self-employed persons (CNAMO, CMOA, CMEP, CMPI)	4
SCOPE/BENEFIT		SCOPE/BENEFIT	
Employees and self-employed persons - Sickness benefit in the event of hospitalization		Co-insured dependants of employees or self-employed persons - Family allowance in the event of hospitalization	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit:- - Waiting period: cf. conditions for cash benefit - Maximum duration of benefit: cf. conditions for cash benefit - Other conditions: <ul style="list-style-type: none"> * An insured person in gainful employment must be hospitalized at the expense of the sickness fund. * The insured person must not be receiving maintained earnings under statutory or contractual provisions. * There must be no co-insured person who is a dependant of the insured person. 		<ul style="list-style-type: none"> - Qualifying period for benefit:- - Waiting period: cf. conditions for cash benefit - Maximum duration of benefit: cf. conditions for cash benefit - Other conditions: <ul style="list-style-type: none"> * An insured person in gainful employment must be hospitalized at the expense of the sickness fund. * The insured person must not be receiving continued payment of wage or salary under statutory or contractual provisions. 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
<ul style="list-style-type: none"> - The benefit per working day corresponds to 1/3 of the semi-net amount of the cash benefit for sickness, i.e. after deduction of social security contribution. - If the insured person has an obligation to provide food, the benefit is increased up to the amount of this obligation, but must not exceed the amount for the family allowance. 		<ul style="list-style-type: none"> - For the first 10 days, the benefit is equal to the cash benefit for sickness. - As from the 11th day, the benefit is equal to 85% of the semi-net benefit, i.e. after deduction of social security contributions. The benefit is liable to tax. 	
REMARKS		REMARKS	
Benefits granted up to 1983.		Benefits granted until 1983.	

LUXEMBOURG			
Agency	Form Number	Agency	Form number
All sickness funds	5	All sickness funds	6
SCOPE/BENEFIT		SCOPE/BENEFIT	
Compulsory and voluntary insured persons and co-insured persons -In-patient care (subsistence).		Compulsory and voluntary insured persons and co-insured persons - Flat rate amounts for surgery and anaesthetics	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: <ul style="list-style-type: none"> * in general no qualifying period is required for benefits; accordingly the periods of affiliation to another sickness fund are assimilated to those for the current fund; periods completed under the legislation of any other country with which the Grand Duchy is linked by Community regulations or by an agreement are taken into account. * three months for persons with an optional insurance. - Waiting period:- (in case of need, hospitalization can be granted as from the first day of sickness). - Maximum duration of benefit: as long as the sickness requires treatment in hospital, provided that it is not simply lodging that is required. 		<ul style="list-style-type: none"> - Qualifying period for benefit: cf. Form 5. - Waiting period:- (none) - Maximum duration of benefit:- - Other condition: the benefit must be granted in a hospital and charged at the rates agreed between the sickness funds and the providers of health care. 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
<ul style="list-style-type: none"> - in-patient care is covered at the rates laid down in the agreement between the hospitals and the sickness funds union up to scales for a 2nd-class room with 2 beds. - Since January 1983 insured persons have had to contribute to subsistence in hospitals at the rate of Flux 40 for the index number of 100 of cost of living per day (=Flux 198 on 1 January 1991). 		Reimbursement in accordance with the standard scales.	

LUXEMBOURG			
Agency	Form Number	Agency	Form number
All sickness funds	7	All sickness funds	8
SCOPE/BENEFIT Compulsorily and voluntarily insured persons and co-insured persons - Consultations and visits		SCOPE/BENEFIT Compulsorily and voluntarily insured persons and co-insured persons - Pharmaceutical expenses	
CONDITIONS FOR ELIGIBILITY <ul style="list-style-type: none"> - Qualifying period for benefit: cf. Form 5. - Waiting period:- (none) - Maximum duration of benefit:- (Unlimited. When the affiliation expires cover continues for 26 weeks in the case of sickness which is being treated). - Other condition: Without previous authorization or accepted proof, cover does not extend to more than one consultation or visit per 24 hours, or to more than two consultations or visits by specialist doctors of different disciplines within a 24-hour period. 		CONDITIONS FOR ELIGIBILITY <ul style="list-style-type: none"> - Qualifying period for benefit: cf. Form 5. - Waiting period:- (none) - Maximum duration of benefit: (Unlimited. When the affiliation expires cover continues for 26 weeks in the case of sickness which is being treated). - Other conditions: <ul style="list-style-type: none"> * Medicines must have been obtained on prescription. * Cover extends to 3 medicines per prescription, unless a medical certificate is submitted. * Cover does not extend to special pharmaceutical products advertised to the general public, diet and health food, reconstituents and fortifiers including medicines with a vitamin base. 	
BENEFIT FORMULA (AMOUNT) <ul style="list-style-type: none"> - Medical operations and supplies are covered at the scales laid down in the agreements. - Insured person's contribution (except for hospital treatment): <ul style="list-style-type: none"> * 20% of an ordinary visit for the first visit made in a 28-day period. * 5% for other visits or consultations. - Medical treatment abroad which is duly authorized will be reimbursed at the scales applicable to insured persons under the foreign social security scheme. 		BENEFIT FORMULA (AMOUNT) <ul style="list-style-type: none"> - The normal rate of reimbursement is 80% of the price. - Medicines for a specific therapeutical purpose and those administered during in-patient care are reimbursed at a preferential rate of 100%. 	

LUXEMBOURG			
Agency	Form Number	Agency	Form number
All sickness funds	9	All sickness funds	10
SCOPE/BENEFIT Compulsorily and voluntarily insured persons and co-insured persons - Medical/dental care		SCOPE/BENEFIT Compulsorily and voluntarily insured persons and co-insured persons - corrective appliances and other medical supplies: dental prostheses.	
CONDITIONS FOR ELIGIBILITY <ul style="list-style-type: none"> - Qualifying period for benefit: cf. Form 5. - Waiting period:- (none) - Maximum duration of benefit:- (Unlimited. When the affiliation expires cover continues for 26 weeks in the case of sickness which is being treated). - Other condition: Without previous authorization or accepted proof, cover does not extend to more than one consultation or visit per 24 hours, or to more than two consultations or visits by specialist doctors of different disciplines within a 24-hour period. 		CONDITIONS FOR ELIGIBILITY <ul style="list-style-type: none"> - Qualifying period for benefit: cf. Form 5. - Waiting period:- (none) - Maximum duration of benefit:- (Unlimited. When the affiliation expires cover continues for 26 weeks in the case of sickness which is being treated). - Other conditions: <ul style="list-style-type: none"> * fixed prostheses for more than 2 teeth are covered only on authorization of the medical supervisory authority; they can be renewed only once in 15 years with the authorization of the medical supervisory authority. * removable prostheses can be replaced only once every five years. * Orthodontic treatment is covered when authorized by the medical supervisory authority. 	
BENEFIT FORMULA (AMOUNT) <ul style="list-style-type: none"> - Medical/dental care and supplies are covered at the scales laid down in the collective agreements with doctors and dentists. - The insured person's contribution is 5% for consultations. 		BENEFIT FORMULA (AMOUNT) <ul style="list-style-type: none"> - Dental prostheses are covered at the rate of 80% of the scales, except for maxillo-facial restorative prostheses, for which cover is 100%. - The personal contribution of 20% is not taken in account for insured persons who can prove that they have consulted the dentist annually for at least 2 years on preventive grounds. - Precious metals are not covered. - Orthodontic treatment is covered only once. 	

LUXEMBOURG			
Agency	Form Number	Agency	Form number
All sickness funds	11	All sickness funds	12
SCOPE/BENEFIT		SCOPE/BENEFIT	
Compulsorily and voluntarily insured persons and co-insured persons - Spectacles and visual aids.		Compulsorily and voluntarily insured persons and co-insured persons - corrective appliances and other medical supplies: other prostheses.	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none">- Qualifying period for benefit: cf. Form 5.- Waiting period:- (none)- Maximum duration of benefit:-<ul style="list-style-type: none">* Replacement of frames and lenses: 3 years* contact prostheses: 4 years* artificial eye in enamel: 1 year* artificial eye in plastic: 3 years except for children (2 years)- Other conditions:<ul style="list-style-type: none">* Except in the event of a change in dioptre, the fund covers for a single type vision only one frame and one pair of lenses every 3 years.* For children aged up to 14 years coverage is only on medical prescription.		<ul style="list-style-type: none">- Qualifying period for benefit: cf. Form 5- Waiting period:- (none)- Maximum duration of benefit: up to date for renewal- Other condition: benefits granted against medical prescription and on authorization of the medical supervisory authority.	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
Cover up to the scales and in accordance with the procedures laid down in the agreements between sickness funds and opticians.		Reimbursement at the scales laid down in the agreements.	

LUXEMBOURG			
Agency	Form Number	Agency	Form number
All sickness funds	13	All sickness funds	14
SCOPE/BENEFIT Compulsorily and voluntarily insured persons and co-insured persons - Therapeutic and adjuvant treatments: analyses and laboratory tests.		SCOPE/BENEFIT Compulsorily and voluntarily insured persons and co-insured persons - Radiological examination and treatment and electro-physical treatment.	
CONDITIONS FOR ELIGIBILITY - Qualifying period for benefit: cf. Form 5 - Waiting period:- (none) - Maximum duration of benefit:- (no limits on duration during affiliation; however, eligibility for benefit is maintained for 26 weeks for sicknesses in the course of treatment). - Other condition: benefit granted on medical prescription only.		CONDITIONS FOR ELIGIBILITY - Qualifying period for benefit: cf. Form 5 - Waiting period:- (none) - Maximum duration of benefit:- - Other condition: benefit granted on medical prescription.	
BENEFIT FORMULA (AMOUNT) Coverage up to the scales and in accordance with the procedures laid down in the agreements between sickness funds and laboratories.		BENEFIT FORMULA (AMOUNT) The cost of hiring appliances and material provided on the occasion of an examination or treatment by radiotherapy is covered up to the scales laid down in the agreements.	

LUXEMBOURG			
Agency	Form Number	Agency	Form number
Central Government, various forms of assistance	15	All sickness funds	16
SCOPE/BENEFIT		SCOPE/BENEFIT	
Residents - Preventive medicine		Compulsorily and voluntarily insured persons and co-insured persons - Travel and transport expenses.	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit:- - Waiting period:- - Maximum duration of benefit:- 		<ul style="list-style-type: none"> - Qualifying period for benefit: cf. Form 5. - Waiting period:- (none) - Maximum duration of benefit:- - Other conditions: <ul style="list-style-type: none"> * within the country: for a distance exceeding 10 km (both ways) to go to the doctor, dentist, hospital, clinic or medical supervisory authority; and on a medical certificate duly substantiated for transport by ambulance or taxi to or from the clinic or hospital. * abroad: (a) in the event of treatment, consultation or hospitalization abroad at the nearest specialized university centre and for a maximum distance of 400 km and on medical certificate, for an accompanying person; and on submission of a medical certificate substantiating the costs of transport by ambulance in a specialized university hospital or similar abroad for a maximum distance of 400 km; (b) or in the event of transport to a Luxembourg hospital in the case of sickness contracted abroad. 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
<p>Preventive medicine: examinations, vaccinations, intensive examinations, medical supervision.</p> <p>Prevention programmes, awareness and information campaigns.</p>		<ul style="list-style-type: none"> - Travel costs to the nearest doctor: 2nd class railway fare. - Transport costs: on the basis of the official scales for road carriage by ambulance. 	

LUXEMBOURG			
Agency	Form Number	Agency	Form number
All sickness funds	17	All sickness funds	18
SCOPE/BENEFIT Compulsorily and voluntarily insured persons and co-insured persons - Convalescent stays and other.		SCOPE/BENEFIT Compulsorily and voluntarily insured persons and co-insured persons - corrective appliances and other medical supplies: drip-feeds.	
CONDITIONS FOR ELIGIBILITY <ul style="list-style-type: none"> - Qualifying period for benefit: cf. Form 5. - Waiting period:- (none) - Maximum duration of benefit: therapeutic treatment periods must not exceed 21 days per annum. - Other conditions: <ul style="list-style-type: none"> * An application with details accompanied by a full medical file from the doctor in charge and with the assent of the medical supervisory authority must be submitted. * A convalescent stay can be granted after a major surgical operation, a long period of in-patient care or a serious illness. * thermal and hydrotherapeutic treatments are restricted to three per case unless special authorization is obtained. 		CONDITIONS FOR ELIGIBILITY <ul style="list-style-type: none"> - Qualifying period for benefit: cf. Form 5 - Waiting period:- (none) - Maximum duration of benefit:- (no limits on duration during affiliation; however, eligibility for benefit is maintained for 26 weeks for sicknesses in the course of treatment). - Other condition: granted on the occasion of a medical treatment and on prescription from the doctor in charge. 	
BENEFIT FORMULA (AMOUNT) <ul style="list-style-type: none"> - Cover at the rates and scales laid down in the agreements and in accordance with supervisory and surveillance measures laid down in the statutes. - Travel costs are not covered. 		BENEFIT FORMULA (AMOUNT) On the basis of the price agreed between the sickness funds and the Red Cross.	

LUXEMBOURG			
Agency	Form Number	Agency	Form number
All sickness funds.	19	Central Government, various forms of assistance.	20
SCOPE/BENEFIT		SCOPE/BENEFIT	
Compulsorily and voluntarily insured persons and co-insured persons - corrective appliances and other medical supplies: paramedical care.		Engaged couples - medical examination before marriage	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: cf. Form 5 - Waiting period:- (none) - Maximum duration of benefit:- (no limits on duration during affiliation; however, eligibility for benefit is maintained for 26 weeks for sicknesses in the course of treatment). - Other condition: granted on the medical prescription and with the agreement of the medical supervisory authority. 		<ul style="list-style-type: none"> - Qualifying period for benefit:- - Waiting period:- - Maximum duration of benefit:- <p>Engaged couples produce to the registrar a medical certificate attesting that the clinical and radiological examinations and laboratory tests have been carried out.</p>	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
Reimbursement on the scales and in accordance with the procedures laid down in the agreements.			

LUXEMBOURG			
Agency	Form Number	Agency	Form number
Mutual medical/surgical fund	21	National solidarity fund	22
SCOPE/BENEFIT (Voluntary) members of a mutual aid society and the mutual medical/surgical fund - Supplementary benefits in kind		SCOPE/BENEFIT Recipients of a solidarity pension and their family - Health care.	
CONDITIONS FOR ELIGIBILITY <ul style="list-style-type: none"> - Qualifying period for benefit: there may be a probationary period for new members. - Waiting period:- - Maximum duration of benefit:- - Other condition: must be affiliated. 		CONDITIONS FOR ELIGIBILITY <ul style="list-style-type: none"> - Qualifying period for benefit:- - Waiting period:- - Maximum duration of benefit: for as long as the reasons for granting a solidarity pension remain valid. - Other condition: must meet the conditions for obtaining a solidarity pension and pay a contribution of Flux 40 per month (single person) with a supplement of Flux 20 for each dependant in terms of a cost of living index number equal to 100. 	
BENEFIT FORMULA (AMOUNT) Cover for certain expenditure relating to medical and dental care not reimbursed by the statutory sickness insurance scheme. The scales and amounts of cover are adjusted periodically.		BENEFIT FORMULA (AMOUNT) Cover by a national solidarity fund for medical care received.	
REMARKS For persons with voluntary insurance only. Although this expenditure is incorporated into this study, a strict interpretation of ESSPROS (paragraph 208b) would require it to be excluded from the field of social protection. In fact, the covering of risks arises from private initiatives taken by individuals or households exclusively in their own interests and this expenditure is neither provided for by law nor by regulation, or the terms of agreements or contracts (within an enterprise or profession or trade).			

NETHERLANDS			
Agency	Form Number	Agency	Form number
Government (local and regional authorities)	1	Trade insurance associations, regional bodies, private industry	2
SCOPE/BENEFIT		SCOPE/BENEFIT	
Civil servants (including teachers) - Continued payment of wage or salary (DSO)		Supplementary sickness benefit (ZW)	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none">- Qualifying period for benefit : -- Waiting period : -- Maximum duration of benefit : 18 months in the case of permanent employees, 12 months in the case of temporary employees- Other condition : civil servants must be unable to work because of sickness		<ul style="list-style-type: none">- Qualifying period for benefit: -- Waiting period: 2 days for certain groups of employees (no waiting period if the employee's association has such a provision in its regulations)- Maximum duration of benefit: 1 year- Other conditions:<ul style="list-style-type: none">* until the age of 65 years;* beneficiaries must be insured and unable to work because of sickness and give notification within 24 hours of falling sick.	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
<ul style="list-style-type: none">- Full earnings for 18 months, thereafter 70% for permanent staff (80% before 1987).- Full earnings for 12 months, thereafter 70% for temporary staff (80% before 1987).		70% of daily earnings up to a maximum	
		Employment contracts usually specify that the employer will make up the statutory benefit to 100% of net earnings at work. The difference is usually co-insured under the law on sickness benefits.	
		REMARKS	
		<p>In 1986, the statutory percentage of sickness benefit was reduced from 80% to 70% of the normal earnings. As from that year, employers pay more supplementary benefits.</p> <p>If 70% of a person's daily earnings is less than the minimum social income, a supplement can be claimed under the law on supplementary benefits (which is means-tested).</p>	

NETHERLANDS			
Agency	Form Number	Agency	Form number
Government, local and regional government Social security insurance funds, nationalized industries	3	Health Insurance Funds	4
SCOPE/BENEFIT		SCOPE/BENEFIT	
Civil servants - Reimbursement of contributions (IRZA)		Employees (and their dependants) whose income is below a statutory ceiling - law on compulsory health insurance (ZFW)	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - - Other conditions: <ul style="list-style-type: none"> * must be a civil servant who is not compulsorily insured under the law on sickness benefits and not eligible for benefits from the civil service health insurance fund or the Police health Service, excluding servicemen; * must be unable to work because of sickness. 		<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: unlimited, but for certain services there is a limit on in-patient care (1 year). - Other conditions: <ul style="list-style-type: none"> * must be employed in the private sector (or seamen), unemployed persons, or elderly persons who were insured under this compulsory scheme during their working life (for at least 3 years after the age of 60); * must be registered in accordance with the law on health insurance; * income must be below a certain ceiling per year (Hfl 50 150 in 1989, Hfl 50 900 in 1990). There is no income ceiling for persons over the age of 65; * Since the beginning of 1988 earned income and social security benefits, where the latter form part of compulsory health insurance, have been added together for the purpose of deciding whether an individual's income falls below the ceiling and determining total contributions payable (no contributions are due in respect of the amount by which an individual's annual income exceeds an annually determined figure, Hfl 42 640 in 1989) ("Social security in the Netherlands", Ministerie van Sociale Zaken, 1990). 	
BENEFIT FORMULA (AMOUNT)			
<p>The amount must be such that after deduction of income tax:</p> <ul style="list-style-type: none"> - voluntarily insured persons receive half of the due premium; - other persons and their spouses receive half of the average weighted benefit due under the private standard health insurance; - children under 16 also receive half of the average weighted benefit due under the corresponding standard health insurance; - students between the age of 16 and 27 receive half of the reduced benefit given by the voluntary health insurance fund. 			
REMARKS			
Concerns persons insured voluntarily.			

NETHERLANDS			
Agency	Form Number	Agency	Form number
	4 (Continuation)	Health Insurance Funds, Health Insurance Funds for Seamen	5
BENEFIT FORMULA (AMOUNT)		SCOPE/BENEFIT	
In general, these health services are supplied free of charge, provided that contributions have been paid, but there are also statutory provisions governing certain benefits, such medicines, specialist treatment, certain forms of dental treatment and transport other than by ambulance. In exceptional cases, patients may be reimbursed for expenses incurred in connection with medical care in the Netherlands or abroad ("Social Security in the Netherlands", Ministerie van Sociale Zaken, 1990).		Employees in the private sector (seamen) and in particular certain categories (including recipients of a long-term benefit) with an income below a certain level (and their dependants provided that they can be considered as co-insured) - Compulsory health insurance (ZFW-vp)	
		CONDITIONS FOR ELIGIBILITY	
		<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: unlimited, with the exception of in-patient care (1 year) and physiotherapy (fixed number of sessions) - Other condition: Insurance or co-Insurance with a health Insurance fund 	
		BENEFIT FORMULA (AMOUNT)	
		In addition to supplementary payments for some benefits, and in accordance with the more detailed description in the Decree governing compulsory health fund insurance, reimbursement for: medical and surgical care, dental care, pharmaceutical products, in-patient care, artificial aids, transport, care in hearing centres, psychiatric day or night treatment, non-clinical haemodialyses, respiratory treatment, day treatment in a rehabilitation centre, and care in a thrombosis unit.	
REMARKS			
In 1987 the law on social security (ZFW) was changed. Firstly, the voluntary health insurance (ZFW-vrijwillig) and the health insurance for old persons (ZFW-bejaard) were abolished. Insured persons were taken over partly by the compulsory health insurance scheme (ZFW verplicht) and partly by private health insurance companies. Furthermore, since 1989 the whole system of health insurance has been in a state of change in accordance with the recommendations of the Dekker Committee. This has a substantial effect on the figures as from 1989.		REMARKS	
		As from 1987, the figures are included in the compulsory systems.	

NETHERLANDS			
Agency	Form Number	Agency	Form number
Local and regional government	6	Local and regional government	7
SCOPE/BENEFIT Local government officials (and their families and survivors provided that they are not insured elsewhere, and retired civil servants) - Reimbursement of health costs (Provincial Authorities Health Insurance Scheme, IZR)		SCOPE/BENEFIT Local government officials (and their families and survivors provided that they are not insured elsewhere, and retired civil servants) - Reimbursement of health costs (Civil servants health insurance scheme, IZA)	
CONDITIONS FOR ELIGIBILITY - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: unlimited, except for in-patient care (1 year) - Other condition: membership of the scheme		CONDITIONS FOR ELIGIBILITY - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: unlimited, except for in-patient care (1 year) - Other condition: membership of the scheme	
BENEFIT FORMULA (AMOUNT) In addition to supplementary payments for some benefits, and in accordance with the more detailed description in the Decree governing compulsory health fund insurance, reimbursement for: medical and surgical care, dental care, pharmaceutical products, in-patient care, artificial aids, transport, care in hearing centres, psychiatric day or night treatment, non-clinical haemodialyses, respiratory treatment, day treatment in a rehabilitation centre, and care in a thrombosis unit.		BENEFIT FORMULA (AMOUNT) In addition to supplementary payments for some benefits, and in accordance with the more detailed description in the Decree governing compulsory health fund insurance, reimbursement for: medical and surgical care, dental care, pharmaceutical products, in-patient care, artificial aids, transport, care in hearing centres, psychiatric day or night treatment, non-clinical haemodialyses, respiratory treatment, day treatment in a rehabilitation centre, and care in a thrombosis unit.	

NETHERLANDS			
Agency	Form Number	Agency	Form number
Police health service (DGVP)	8	Health insurance funds Administrators of the health insurance schemes of private insurance companies	9
SCOPE/BENEFIT		SCOPE/BENEFIT	
Policemen - Police medical insurance (DGVP)		Whole population - Law on exceptional medical costs (AWBZ)	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: unlimited, except for in-patient care (1 year) - Other condition: Insurance or co-Insurance with a health Insurance fund 		<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - (in-patient care from 1 year) - Maximum duration of benefit: unlimited - Other conditions: <ul style="list-style-type: none"> * health insurance must have been taken out * authorization from the insurer is required for several benefits, such as admission to hospital. 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
<p>In addition to supplementary payments for some benefits, and in accordance with the more detailed description in the Decree governing compulsory health fund insurance, reimbursement for: medical and surgical care, dental care, pharmaceutical products, in-patient care, artificial aids, transport, care in hearing centres, psychiatric day or night treatment, non-clinical haemodialyses, respiratory treatment, day treatment in a rehabilitation centre, and care in a thrombosis unit.</p>		<p>In general, the services are free of charge, provided that contributions have been paid, but there are also statutory provisions regarding a contribution from the insured person.</p> <p>Reimbursement is made for admission to and stays in hospital, aids and prostheses.</p> <p>The patient pays part of the costs of admission to and stays in a medical establishment (hospitals, nursing establishments, establishments for the mentally handicapped, day treatment centres for the handicapped, and hostels), vaccinations, screening for metabolic diseases, home nursing and treatment in out-patient clinics for mental disorders.</p> <p>In determining the charges payable in connection with admission to an institution, the patient's individual circumstances are taken into account, in particular whether they are married (or have a permanent partner other than a spouse) or live alone: persons in the latter category pay higher charges, since their household expenses are reduced by admission to one of these establishments to a greater extent than those of someone living with a spouse or other partner, whose household costs are not greatly altered ("Social security in the Netherlands", Ministerie van Sociale Zaken, 1990).</p>	

NETHERLANDS			
Agency	Form Number	Agency	Form number
Health insurance funds	10	Health insurance fund for old people (ZFW, bej.)	11
SCOPE/BENEFIT Voluntary health insurance (ZFW-vrijw.)		SCOPE/BENEFIT Persons over 65 years of age with an income below a certain level (voluntary Membership) and dependants (provided that they can be considered as co-insured) - Health insurance	
CONDITIONS FOR ELIGIBILITY <ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: unlimited, with the exception of in-patient care (1 year) and physiotherapy (fixed number of sessions) - Other condition: Insurance or co-Insurance with a health Insurance fund 		CONDITIONS FOR ELIGIBILITY <ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: unlimited, with the exception of in-patient care (1 year) and physiotherapy (fixed number of sessions) - Other condition: Insurance or co-Insurance with a health Insurance fund 	
BENEFIT FORMULA (AMOUNT) In addition to supplementary payments for some benefits, and in accordance with the more detailed description in the Decree governing compulsory health fund insurance, reimbursement for: medical and surgical care, dental care, pharmaceutical products, in-patient care, artificial aids, transport, care in hearing centres, psychiatric day or night treatment, non-clinical haemodialyses, respiratory treatment, day treatment in a rehabilitation centre, and care in a thrombosis unit.		BENEFIT FORMULA (AMOUNT) In addition to supplementary payments for some benefits, and in accordance with the more detailed description in the Decree governing compulsory health fund insurance, reimbursement for: medical and surgical care, dental care, pharmaceutical products, in-patient care, artificial aids, transport, care in hearing centres, psychiatric day or night treatment, non-clinical haemodialyses, respiratory treatment, day treatment in a rehabilitation centre, and care in a thrombosis unit.	
REMARKS Until 1987 (cf. Form 4)		REMARKS Until 1987 (cf. Form 4)	

PORTUGAL			
Agency	Form Number	Agency	Form number
Banks	1	Direcção Geral da Contabilidade Pública (Directorate-General for Public Service Accounting)	2
SCOPE/BENEFIT		SCOPE/BENEFIT	
Bank employees - Continued payment of wage or salary		Employees of the Directorate-General for Public Service Accounting - Continued payment of wage or salary	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none">- Qualifying period for benefit: In the event of sickness, the applicant must have completed at least one year of service.- Waiting period: -		<ul style="list-style-type: none">- Qualifying period for benefit: none (must be civil servant in post)- Waiting period: 30 days, whether consecutive or not, in a calendar year.- Maximum duration of benefit: 30 days earnings.- Other condition: Application must be made by the person concerned to the agency responsible.	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
The amount may not be less than the gross value of the earnings of the lowest level of the group concerned.		1/6 of earnings or basic salary	

PORTUGAL

Agency	Form Number	Agency	Form number
Cofre de Previdência do Ministerio das Finanças (Ministry of Finance Provident Fund)	3	Regime Geral de Segurança Social (General Social Security Scheme)	4
SCOPE/BENEFIT		SCOPE/BENEFIT	
Civil servants or other government employees: Continued payment of wage or salary		Employees and self-employed persons - Sickness benefit (IGFSS)	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: at least one year of service. - Waiting period: none. - Maximum duration of benefit: 90 days per annum, cumulable during the year - Other condition: must be a civilian or military employee in a public service or an affiliated government enterprise. 		<ul style="list-style-type: none"> - Qualifying period for benefit: membership of scheme for at least six calendar month, and contributions must have been paid for at least twelve days for which payments were recorded for work actually carried out during the four months immediately preceding the period of incapacity for work. - Waiting period: For each period of sickness, no benefit is paid usually for a period of 3 days in the case of employees or 60 days in the case of self-employed persons. If fewer than 60 days elapse between the date of resuming work and the next period of sickness, the two periods of sickness will be counted as a single period. There is no waiting period in the event of hospitalization. - Maximum duration of benefit: The maximum period for payment of benefit is 1 095 ays for employees and 365 days for self-employed persons (unlimited in the case of tuberculosis). 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
Compensation in any one year may not exceed 90 days' basic earnings or 7.5% of the amount insured, the maximum insurable amount being ESC 1 million.		The daily amount is equal to 65% of average earnings as defined by the formula R/180, where R represents the total remuneration paid in the six-month period between the third and the eighth month preceding the date on which the period of sickness began. This amount may not be less than 30% of the fixed minimum earnings in the beneficiary's sector of activity. In the case of long-term sickness (incapacity for uninterrupted periods of more than 365 days), the daily amount increases to 70% of average earnings calculated as explained above. Holiday and end-of-year bonuses are not counted in calculating R (80% if there are several dependants). There is a higher rate for tuberculosis.	

PORTUGAL			
Agency	Form Number	Agency	Form number
Social Security institutions - IGFSS (Instituto de Gestão Financeira da Segurança Social)	5	Special Social Security Scheme for Agricultural Activities	6
SCOPE/BENEFIT		SCOPE/BENEFIT	
Sickness benefit for employees of social security institutions (IGFSS)		Farm workers' sickness benefit	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
See Form for civilian or military employees (Form 3).		<ul style="list-style-type: none"> - Qualifying period for benefit: membership of scheme for at least six months and contributions up-to-date. Contributions must also have been paid for at least eight days during the three months preceding the onset of sickness. - Waiting period: For each period of sickness, no benefit will be paid for a period of 3 days. If fewer than 90 days elapse between the date of resuming work and the next period of sickness, the two periods of sickness will be counted as a single one. - Maximum duration of benefit: The maximum term of payment of benefit is 1 095 days. 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
Cf. general scheme for civilian or military employees (Form 3).		<p>1980-84: ESC 70-100 per day, depending on the monthly contribution. 1985: ESC 100-330 per day, depending on the monthly contribution. 1986: ESC 120-390 per day, depending on the monthly contribution. 1987-91: as for the general scheme. Since 1987 the amount of benefit has been the same as that paid under the general social security scheme).</p>	

PORTUGAL			
Agency	Form Number	Agency	Form number
Voluntary Social Security Scheme	7	Departamento de Gesto Financeiro dos Serviços de Saúde (Health Service Financial Management Department)	8
SCOPE/BENEFIT		SCOPE/BENEFIT	
Sickness benefit for maritime workers working on foreign or collective fishing vessels and covered by this scheme		Costs of medical care for resident and non-resident population	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
See form for general scheme.		<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: unlimited - Other condition: membership of Social Security Scheme or proof of no entitlement to benefit under a health insurance scheme. 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
See form for general scheme.		<ul style="list-style-type: none"> - In-patient care: There is no contribution to charges in public wards (or for a private rooms if prescribed by a doctor). For a private room freely chosen by the beneficiary, charges are payable in full by the beneficiary, as well as hospital and private clinic charges. - Out-patient care: Fees payable for care at a health centre or similar approved establishment are covered at a proportionate rate. - Pharmaceutical products: reimbursement at various rates, viz. 100%, 80% or 50% of the retail price. - Laboratory tests and Other examinations: a proportionate contribution is payable for each examination and laboratory test. - Other benefits: The costs of treatment for physiotherapy and physical rehabilitation are reimbursed at a proportionate rate. Haemodialysis: free of charge. For other care, the rate of the patient's contribution varies according to the type of care provided. All costs relating to compulsory vaccinations are covered. 	

PORTUGAL			
Agency	Form Number	Agency	Form number
Assistência na Doença aos Servidores do Estado (ADSE) (Civil Servants' Sickness Insurance Fund)	9	Sindicato dos Bancários (Association of Bank Employees)	10
SCOPE/BENEFIT		SCOPE/BENEFIT	
Costs of medical care for civil servants and their dependants (spouse, children and parents)		Costs of medical care for bank employees and their dependants	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - (depending on the validity of the beneficiary's card). - Other condition: membership of the ADSE (public services sickness insurance scheme); no coverage under any other social protection scheme; payment of a contribution of 1% from earnings. 		<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - (depending on the validity of the beneficiary's card). - Other condition: membership of the Association. Contributions of 1.75% paid to the Fundo Sindical de Assistência (FSA) (the Association's medical insurance fund). 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
<ul style="list-style-type: none"> - In-patient care: If the beneficiary is treated by a hospital which has no agreement with the ADSE, the ADSE will meet a proportion of the fees paid by the beneficiary in accordance with a standard table. Protection is guaranteed for treatment by a government hospital or a private clinic covered by an agreement. - Out-patient care: most of the fees for treatment in approved centres are reimbursed by the ADSE and the rest is paid by the beneficiary. Fees for treatment elsewhere are reimbursed on the basis of a given rate with a ceiling, the reimbursement period and the maximum amount of treatment. - Pharmaceutical products: the costs of medicines paid by the government are reimbursed at either 100%, 80% or 50% of the retail price. - Laboratory tests and other examinations: Under the agreed scheme, most of the costs are met by the ADSE and the rest by the beneficiary. Under the "free choice" system, costs are reimbursed at a given rate with a ceiling, and for a maximum amount of treatment during the period concerned. - Medical consultation and special tests: most of the costs are paid by the fund and the rest by the beneficiary. 		<ul style="list-style-type: none"> - In-patient care: Reimbursement of fees paid to public hospitals or specialist clinics at a rate of up to 100% of the SAMS (Serviços de Assistência Médico-Social) table. - Out-patient care: For treatment given by internal medical staff, the proportion of fees payable by the beneficiary is established by issuing a card giving entitlement to medical care. In other cases the beneficiary pays the difference between the fees charged by the medical practitioner and the proportion reimbursed by the SAMS, which must not be less than the value laid down for treatment by internal medical staff (80% of the SAMS figure). - Pharmaceutical products: 80% of the invoiced amount is reimbursed, or 100% in the case of special medicines for chronic conditions. - Medical prostheses: under certain circumstances, the costs of acquiring or altering a prosthesis will be covered if it was prescribed by a medical specialist. The beneficiary is entitled to a further contribution of up to 20% of the SAMS figure to cover the cost of acquiring a prosthesis or orthodontic appliance. - Laboratory tests and other examinations: Medical prescription specifying tests to be carried out. If the tests are carried out by a SAMS clinic, the beneficiary pays 20% of the costs, in accordance with the table. If they are done elsewhere, the beneficiary pays the difference between the cost and the proportion paid later by SAMS. 	

PORTUGAL			
Agency	Form Number	Agency	Form number
Government enterprises: CTT (=PTT), RDP (Radiodifusão Portuguesa = Portugese Broadcasting company), INCM (Imprensa Nacional - casa de Moeda = National Printing Office - National Mint)	11		11 (Continuation)
SCOPE/BENEFIT		<div>- INCM: if treated by the employer's social services the employee pays 10% of the costs in the table; costs incurred in other hospitals are reimbursed at rates varying between the minimum rate of 20% and the limit laid down by the employer.</div> <div>- RDP: the employer reimburses a percentage of the costs incurred in public hospitals (in accordance with the ADSE rates); employees in private clinics have a sum deducted each month from their earnings.</div>	
Costs of in-patient care for employees of government enterprises and their dependants			
CONDITIONS FOR ELIGIBILITY			
<div>- Qualifying period for benefit: -</div> <div>- Waiting period: -</div> <div>- Maximum duration of benefit: - (depending on the validity of the beneficiary's card).</div> <div>- Other condition:</div> <div>* CTT: membership of health insurance scheme.</div> <div>* INCM: 2% deduction from monthly earnings if a member of CGA (Caixa Geral de Aposentaes - general pension fund); 1.5% deduction if a member of Regime Geral (general scheme).</div> <div>* RDP: No conditions are imposed on officials of the former Emissora Nacional; members of the general scheme pay contributions to the Provident Fund.</div>			
BENEFIT FORMULA (AMOUNT)		REMARKS	
<div>- CTT: the employer covers 100% of costs incurred in government hospitals or hospitals belonging to charitable organizations, and 80% of costs incurred elsewhere.</div>			
		CTT: for payment of some of the costs which they must bear, employees may use a credit system involving a 5% deduction from monthly earnings.	

PORTUGAL			
Agency	Form Number	Agency	Form number
Serviços Sociais das Forças Armadas (SSFA) (Armed Forces Social Services)	12	Instituto Nacional de Emergência Médica (National Medical Emergency Institute)	13
SCOPE/BENEFIT		SCOPE/BENEFIT	
Costs of medical care for members of all three branches of the armed forces and their dependants		Costs of out-patient care for employees of the National Emergency Institute and their dependants	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - (depending on the validity of the beneficiary's card). - Other condition: membership of SSFA; payment of a monthly contribution consisting of a percentage of the beneficiary's earnings or pension(s). 		<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - (depending on the validity of the beneficiary's card). - Other conditions: membership of the ADSE (public services sickness insurance scheme) and payment of a contribution of 1% of earnings. 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
<ul style="list-style-type: none"> - in-patient care: Beneficiaries receive a proportion of their expenses at a rate laid down by each branch of the armed forces. The balance is payable by the beneficiaries. - Pharmaceutical products: Beneficiaries receive a proportion of their expenses at a rate laid down by each branch of the armed forces. The beneficiaries pay the balance. - Laboratory tests and Other examinations: Beneficiaries receive a proportion of their expenses at a rate laid down by each branch of the armed forces. The outstanding fees are payable by the beneficiaries. The reimbursement is equivalent to 75% of the health care prices, up to certain ceilings laid down in the tariffs. 		<p>Most of the fees for treatment in approved centres are reimbursed by the scheme and the rest is paid by the beneficiary. Fees for treatment elsewhere (under the "free choice" system) are reimbursed on the basis of a given rate with a ceiling, the reimbursement period and the maximum amount of treatment.</p>	
REMARKS			
If the costs exceed 10% of monthly earnings beneficiaries may ask pay by means of a monthly deduction from earnings.			

PORTUGAL			
Agency	Form Number	Agency	Form number
Instituto de Emprego e Formação Profissional (Employment and Vocational Training Institute)	14	Central government	15
SCOPE/BENEFIT		SCOPE/BENEFIT	
Costs of out-patient care for employees of the Employment and Vocational Training Institute and their dependants		Costs of medical care for civil servants and their dependants	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - (depending on the validity of the beneficiary's card). - Other conditions: membership of the ADSE (public services sickness insurance scheme); no coverage under any other social protection scheme; payment of a contribution of 1% of earnings. 		<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - (depending on the validity of the beneficiary's card). - Other condition: membership of the ADSE (public services sickness insurance scheme) and payment of a contribution of 1% of monthly earnings. 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
<p>Most of the fees for treatment in approved centres are reimbursed under the scheme and the rest is paid by the beneficiary. Fees for treatment elsewhere (under the "free choice" system) are reimbursed on the basis of a given rate with a ceiling, the reimbursement period and the maximum amount of treatment. Reimbursements are made in accordance with a table which is updated annually. The beneficiary pays the difference between the amount paid and the amount reimbursed.</p>		<ul style="list-style-type: none"> - Out-patient care: most of the fees for treatment in approved centres are reimbursed under the scheme and the rest is paid by the beneficiary. Fees for treatment elsewhere (under the "free choice" system) are reimbursed by the ADSE on the basis of a given rate with a ceiling, the reimbursement period and the maximum amount of treatment. - Pharmaceutical products: the costs of medicines paid by the government are reimbursed at the following rates: 100%, 80% and 50% of the retail price. - Other benefits: Reimbursements are made in accordance with the ADSE tables. <p>The beneficiary pays the difference between the amount paid and the amount reimbursed.</p>	

PORTUGAL			
Agency	Form Number	Agency	Form number
Armed forces sickness insurance fund	16	Government enterprises: CTT (=PTT), RDP (Radiodifusão Portuguesa = Portuguese Broadcasting company), INCM (Imprensa Nacional - casa de Moeda = National Printing Office - National Mint)	17
SCOPE/BENEFIT		SCOPE/BENEFIT	
Costs of medical care for members of armed forces (GF, GNR, PSP) and their dependants		Costs of out-patient care for employees of government enterprises and their dependants	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - (depending on the validity of the beneficiary's card). - Other condition: membership of Guarda Fiscal (GF), Guarda Nacional Republicana (GNR) or Polícia de Segurança Pública (PSP). 		<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - (depending on the validity of the beneficiary's card). - Other conditions: <ul style="list-style-type: none"> * CTT: membership of health insurance scheme. * RDP: Employees pay an amount of between ESC 70.00 and ESC 80.00 for a note entitling them to treatment. * INCM: 2% deduction from monthly earnings if a member of CGA (Caixa Geral de Aposentações - general pension fund); 1.5% deduction if a member of the Regime Geral (general scheme). 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
<ul style="list-style-type: none"> - Out-patient care: free treatment at approved health centres. 75% of fees payable for private consultations is reimbursed up to a limit laid down in a table. - Pharmaceutical products: 75% of retail price. - Medical prostheses: free if obtained from units of the GNR, GF or PSP or other approved sources. Under the "free choice" system, 75% is reimbursed up to the limit laid down in the prosthesis table. - Laboratory tests and examinations: free treatment at GNR, GF or PSP units or at other approved health centres. Under the "free choice" system, 75% of the cost of each examination is reimbursed up to a limit laid down in the special medical tests table. - Other benefits: <ul style="list-style-type: none"> * For ambulance services, the fund covers costs at the official price of the most economical mode of public transport (rail, road or sea). Air travel: the official price at the most economical tariff of the national airline (subject to a medical or hospital certificate). Car travel: a rate per km or per hour (subject to medical or hospital certification). Ambulance transport: 100% of cost (subject to medical or hospital certification). * Nursing services are free of charge to members of the GE, GNR and PSP and affiliated associations under the standard conditions (nursing care must be prescribed by a doctor and supplied by qualified nursing staff). 		<ul style="list-style-type: none"> - CTT: The employer pays 80% under the agreed scheme. Specialist treatment outside this scheme, provided for under the private plan of the Instituto de Obras Sociais (IOS) (Social Works Institute), is covered up to an agreed ceiling. - RDP: Employees covered by the general scheme who consult doctors with whom the employer has an agreement do not pay at the time of the consultation, but a monthly amount is subsequently deducted from their earnings based on the cost of the treatment. For public-sector employees (of the former Emissora Nacional), the employer pays the fees up to a fixed maximum, the employee meeting the remaining costs (same rates as for the ADSE scheme). 	

PORTUGAL

Agency	Form number
17 (Continuation)	Serviço Nacional de Protecção Civil (National Civil Defence Service) 18
<p>- INCM: The employee pays 10% to establishments which have agreements with the employer. Under the "free choice" system, an amount varying between 20% and the ceiling laid down by the employer is reimbursed.</p>	<p>SCOPE/BENEFIT</p> <p>Costs of out-patient care for employees of the National Civil Defence Service and their dependants</p>
	<p>CONDITIONS FOR ELIGIBILITY</p> <ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - (depending on the validity of the beneficiary's card) - Other conditions: membership of the ADSE (public services sickness insurance scheme); payment of a contribution of 1% of earnings.
	<p>BENEFIT FORMULA (AMOUNT)</p> <p>Most of the fees for treatment in approved centres are reimbursed by the ADSE and the rest is paid by the beneficiary. Fees for treatment elsewhere (under the "free choice" system) are reimbursed on the basis of a given rate with a ceiling, the reimbursement period and the maximum amount of treatment.</p>
<p>REMARKS</p> <p>Medical examinations are dealt with separately (as from 1989)</p>	

PORTUGAL			
Agency	Form Number	Agency	Form number
Insurance companies	19	Cofre de Previdencia do Ministerio das Finanças (Ministry 20 of Finance Provident Fund)	20
SCOPE/BENEFIT		SCOPE/BENEFIT	
Costs of out-patient care for employees of insurance companies and their dependants		Costs of out-patient care for Ministry employees and their dependants	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - (in accordance with particular conditions; renewed by tacit agreement year by year). - Other condition: employees pay a monthly contribution covering their entire family. 		<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - (depending on the validity of the beneficiary's (card) - Other conditions: membership of the ADSE (public services sickness insurance scheme); no coverage under any other social protection scheme; payment of a contribution of 1% of earnings. 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
75% of costs reimbursed.		Most of the fees for treatment in approved centres are reimbursed by the ADSE and the rest is paid by the beneficiary. Fees for treatment elsewhere (under the "free choice" system) are reimbursed on the basis of a given rate with a ceiling, the reimbursement period and the maximum amount of treatment.	

PORTUGAL			
Agency	Form Number	Agency	Form number
Government enterprises: CTT (=PTT), RDP Radiodifusão Portuguesa = Portuguese Broadcasting Company), INCM (Imprensa Nacional - Casa de Moeda = National Printing Office - National Mint)	21	Funchal Hospital	22
SCOPE/BENEFIT		SCOPE/BENEFIT	
Costs of medicines for employees of government enterprises and their dependants		Residents and non-residents - Costs of treatment requiring special apparatus	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - (depending on the validity of the beneficiary's card) - Other conditions: <ul style="list-style-type: none"> * CTT: membership of health insurance scheme (CAS). * INCM: 2% deduction from monthly earnings if a member of CGA (Caixa Geral de Aposentações - general pension fund); 1.5% deduction if a member of Regime Geral (general scheme). * RDP: No conditions are imposed on officials of the former Emissora Nacional; members of the general scheme pay contributions to the Provident Fund. 		<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - (depending on the validity of the beneficiary's card). - Other conditions: membership of the general social security scheme; medical prescription for the special treatment. 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
<ul style="list-style-type: none"> - CTT: The employer pays 75% of the cost of medicines, or 100% in the case of chronic conditions. - INCM: conditions as for national health service (SNS). - RDP: Employees covered by the general scheme: as for SNS. Maximum of 60% in the public sector (the former Emissora Nacional). 		Varies depending on apparatus.	

PORTUGAL			
Agency	Form Number	Agency	Form number
Government enterprises: CTT (=PTT), RDP Radiodifusão Portuguesa = Portuguese Broadcasting Company), INCM (Imprensa Nacional - Casa de Moeda = National Printing Office and National Mint)	23	Government enterprises: CTT (=PTT), RDP Radiodifusão Portuguesa = Portuguese Broadcasting Company), INCM (Imprensa Nacional - Casa de Moeda = National Printing Office and National Mint)	24
SCOPE/BENEFIT		SCOPE/BENEFIT	
Employees of government enterprises and their dependants - Costs of prostheses		Employees of these enterprises and their dependants - Costs of special medical tests	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - (depending on the validity of the beneficiary's card) - Other conditions: <ul style="list-style-type: none"> * CTT: membership of health insurance scheme. * INCM: 2% deduction from monthly earnings if a member of CGA (Caixa Geral de Aposentações - general pension fund); 1.5% deduction if a member of Regime Geral (general scheme). 		<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - (depending on the validity of the beneficiary's card). - Other conditions: <ul style="list-style-type: none"> * CTT: membership of health insurance scheme. * INCM: 2% deduction from monthly earnings if a member of CGA (Caixa Geral de Aposentações - general pension fund); 1.5% deduction if a member of Regime Geral (general scheme). 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
<ul style="list-style-type: none"> - CTT: 80% of the cost of medical prostheses, corrective apparatus or compensatory appliances duly prescribed by a medical specialist and acquired with the prior agreement of the Social Works Institute is reimbursed. - INCM: the percentages reimbursed vary depending on the circumstances and are subject to laid down by the employer. 		<ul style="list-style-type: none"> - CTT: 80% is paid by the employer under the approved scheme. - INCM: 80% is paid by the employer. - RDP: as for the other health costs. 	

PORTUGAL			
Agency		Form Number	
Rodoviária Nacional (National Highways Authority)		25	
Agency		Form number	
Instituto Nacional de Emergência Médica (INEM - National Medical Emergency Institute)		26	
SCOPE/BENEFIT		SCOPE/BENEFIT	
Consultations of specialists on the results of medical check-ups at the workplace		Residents and non-residents - Ambulance service	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - - Other condition: referral to specialist by occupational health physician. 		<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - - Other condition: justified call-out of fire and ambulance services. 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
As for other special medical tests.		INEM covers all ambulance costs connected with emergencies. If fire-brigade ambulance services are used for non-emergency transport such as bringing a patient home from hospital, the user is required to pay the costs.	

PORTUGAL			
Agency	Form Number	Agency	Form number
Social Security institutions - IGFSS (Instituto de Gestão Financeira da Segurança Social)	27	Government enterprises: CTT (=PTT), RDP Radiodifusão Portuguesa = Portuguese Broadcasting Company), INCM (Imprensa Nacional - Casa de Moeda = National Printing Office and National Mint)	28
SCOPE/BENEFIT		SCOPE/BENEFIT	
Medico-social services for employees of the Social Security institutions and their dependants		Costs of nursing services for employees of government enterprises and their dependants	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - (depending on the validity of the beneficiary's card). - Other conditions: membership of the ADSE (public services sickness insurance scheme); no coverage under any other social protection scheme; payment of a contribution of 1% of earnings. 		<ul style="list-style-type: none"> - Waiting period: - - Maximum duration of benefit: - (depending on the validity of the beneficiary's card). - Other conditions: <ul style="list-style-type: none"> * CTT: membership of health insurance scheme. * INCM: 2% deduction from monthly earnings if a member of CGA (Caixa Geral de Aposentações - general pension fund); 1.5% deduction if a member of Regime Geral (general scheme). 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
Under the agreed scheme, the beneficiary pays a small percentage of the costs in accordance with the ADSE table. Under the "free choice" system, fees are reimbursed on the basis of a given rate with a ceiling, the reimbursement period and the maximum amount of treatment.		Free of charge.	

PORTUGAL			
Agency	Form Number	Agency	Form number
Government enterprises: CTT (=PTT), RDP Radiodifusão Portuguesa = Portuguese Broadcasting Company), INCM (Imprensa Nacional - Casa de Moeda = National Printing Office and National Mint)	29	Government enterprises: CTT (=PTT), RDP Radiodifusão Portuguesa = Portuguese Broadcasting Company), INCM (Imprensa Nacional - Casa de Moeda = National Printing Office and National Mint)	30
SCOPE/BENEFIT		SCOPE/BENEFIT	
Costs of ambulance services for employees of government enterprises and their dependants		Other services for employees of government enterprises and their dependants	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Waiting period: - - Maximum duration of benefit: - (depending on the validity of the beneficiary's card). - Other conditions: CTT: membership of health insurance scheme. 		<ul style="list-style-type: none"> - Waiting period: - - Maximum duration of benefit: - (depending on the validity of the beneficiary's card). - Other conditions: RDP: No conditions are imposed on officials of the former Emissora Nacional; members of the general scheme pay contributions to the Provident Fund. 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
Transport of beneficiaries by ambulance is paid for by the employer, where necessary subject to a medical certificate.		Former Emissora Nacional: amounts as set out in the ADSE tariff tables.	
REMARKS		REMARKS	
CTT: any beneficiary who is called on to pay the costs may request a 5% monthly deduction from earnings.		The balance is payable by the beneficiary. If the amount payable exceeds 10% of monthly earnings, a monthly deduction from earnings of 5% may be requested in order to pay the amount.	

PORTUGAL			
Agency	Form Number	Agency	Form number
CP/Rodoviária Nacional (National Highways Authority)	31	Banks	32
SCOPE/BENEFIT Sickness benefit supplement		SCOPE/BENEFIT Cleaners and maintenance workers - Sickness benefit supplement	
CONDITIONS FOR ELIGIBILITY <ul style="list-style-type: none">- Qualifying period for benefit: -- Waiting period: 30 days- Maximum duration of benefit: 1095 days- Other conditions: Period of sickness certified by medico-social service as in excess of 30 days and less than 1 095 days. Sickness benefit supplement cannot be paid unless benefit is paid by Social Security.		CONDITIONS FOR ELIGIBILITY <ul style="list-style-type: none">- Qualifying Period for benefit: membership of scheme for at least six calendar months.- Waiting period: 30 days.- Maximum duration of benefit: 1095 days.- Other condition: sickness benefit supplement cannot be paid unless benefit is paid by Social Security.	
BENEFIT FORMULA (AMOUNT) The difference between the benefit paid by Social Security and the net earnings for the occupational category of the employee concerned.		BENEFIT FORMULA (AMOUNT) The difference between the benefit paid by Social Security and the net earnings for the occupational category of the employee concerned.	

PORTUGAL			
Agency	Form Number	Agency	Form number
Associações de Socorros Mútuos (Mutual Aid Associations)	33	Santa Casa da Misericórdia de Lisboa (SCML)	34
SCOPE/BENEFIT		SCOPE/BENEFIT	
Medical care for members of these associations		Medical care for indigent persons in the Lisbon district	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: have been member of a mutual aid association for at least 6 months. - Waiting period: - - Maximum duration of benefit: unlimited (if contributions paid). - Other conditions: membership of an association; payment of a monthly contribution of ESC 310 per member of household. 		<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - (depending on the validity of the beneficiary's card). - Other condition: see the different types of benefit 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
Fees paid on submission of medical invoice or receipt.		<ul style="list-style-type: none"> - In-patient care: the benefit is free of charge for the beneficiaries. a referral to public hospitals or SCML health services is necessary. - Out-patient care: Beneficiaries must be resident In the catchment area of the health centre. Care is free of charge. - Pharmaceutical products: For holders of the SCML health service card, the costs of medicines provided by the Lisbon Regional Health Authority (ARSL) are subsidized. Medicines on prescription are provided free of charge by the SCML pharmacy service. - Medical prostheses: the costs of orthopaedic appliances are reimbursed In full to holders of the SCML health service card. A medical prescription and proof of need must be produced. - Other benefits: free ambulance services for hospital patients or patients receiving medical care at home for medical examinations, therapy or transfer to another hospital. 	
REMARKS			
Although this expenditure is incorporated into this study, a strict interpretation of ESSPROS (paragraph 208b) would require it to be excluded from the field of social protection. In fact, the covering of risks arises from private initiatives taken by individuals or households exclusively in their own interests and this expenditure is neither provided for by law or regulation, nor by the terms of agreements or contracts (within an enterprise or profession or trade).			

PORTUGAL			
Agency	Form Number	Agency	Form number
Instituições Particulares de Solidariedade Social (IPSS) (Private Social Solidarity Institutes)	35	Portuguese Red Cross	36
SCOPE/BENEFIT		SCOPE/BENEFIT	
Medical care for members and non-members		Medical care	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - - Other conditions: <ul style="list-style-type: none"> * members: monthly contribution. * Indigent persons: local authority certificate of indigence. 		<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - (depending on the validity of the beneficiary's card) - Other condition: Members and all Persons without sufficient financial resources to meet medical fees (local authority certificate of indigence required). 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
<ul style="list-style-type: none"> - Members receive a discount on a number of types of medical care which are listed. - Non-Members pay full fees. - Persons in financial difficulty receive care free of charge. 		Free of charge for indigent persons	

PORTUGAL	
Agency IGFSS (Instituto de Gestão Financeira da Segurança Social)social assistance scheme	Form Number 37
SCOPE/BENEFIT Medico-social subsidies for indigent persons	
CONDITIONS FOR ELIGIBILITY - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - - Other conditions: membership of social security scheme or provide proof of no entitlement to benefit under a health insurance scheme. Proof of indigence.	
BENEFIT FORMULA (AMOUNT) The scheme meets the proportion of costs payable by the person concerned.	

UNITED KINGDOM			
Agency	Form Number	Agency	Form number
Central Government	1		1 (Continuation)
SCOPE/BENEFIT			
Employees - Statutory Sick Pay (SSP)			
CONDITIONS FOR ELIGIBILITY			
<ul style="list-style-type: none"> - Qualifying period for benefit: Persons must have earned enough to pay National Insurance contributions. - Waiting period: 3 days - Maximum duration of benefit: maximum entitlement is 28 weeks in a period of incapacity for work. In the case of pregnancy, SSP can be suspended as from the 11th week before the expected date of birth - cf. SMP (in Maternity function). - Other conditions: <ul style="list-style-type: none"> * must be an employee, i.e. aged 16 or over and gainfully employed under a contract of service. Upper age limits are 65 for men, 60 for women; * average pay in 8 weeks prior to sickness must at least equal the minimum earnings level for liability to National Insurance contributions - £56.00 from April 1993; * employee must be incapable of working on the days concerned. 			
BENEFIT FORMULA (AMOUNT)		REMARKS	
A taxable, short-term, flat-rate, weekly cash payment is payable for each qualifying day, at a daily rate that varies according to the employee's normally weekly earnings, as follows:		Payment is made initially by the employer, not the government, but employers can deduct the SSP paid out from the National Insurance Contributions due to each month to the government.	
In 1993	Normal weekly earnings	SSP (per week)	While SSP is being received there is no right to sickness benefit (Sickness benefit, cf. Form 2).
	Less than £ 56	0	If SSP is inadequate to meet requirements, income support can be claimed.
	£ 56 to £ 194.99	£ 46.95	Independently of SSP, employers can operate their own sick pay schemes under their own rules.
	£ 195 or more	£ 52.50	
		Scheme started in 1983	

UNITED KINGDOM			
Agency	Form Number	Agency	Form number
Central Government	2		2 (Continuation)
SCOPE/BENEFIT Employees and self-employed persons insured under National Insurance Scheme - Sickness Benefit (SB)			
CONDITIONS FOR ELIGIBILITY <ul style="list-style-type: none"> - Qualifying period for benefit: claimants must satisfy the contribution conditions as follows: <ul style="list-style-type: none"> * have paid contributions of at least 25 times the lower earnings level in any one tax year; * have paid or have been credited with at least 50 times the lower earnings limit in both over the past two tax years. - Waiting period: no benefit is paid for the first three days of sickness; or if the claimant is off work for less than four consecutive days (not counting Sundays). There are exceptions affecting people receiving certain medical treatments and those who run out of SSP. - Maximum duration of benefit: payable for a maximum of 168 days during a period of incapacity for work (then normally replaced by invalidity benefit) - Other condition: claimant must be incapable of work because of illness or disablement. 			
BENEFIT FORMULA (AMOUNT) A contributory, non-taxable, short-term, flat-rate, weekly cash payment. In April 1993, basic rate was £ 42.70 per week plus an additional £ 26.40 per week for one adult dependant. There are also supplements for dependent children, but only for beneficiaries of pensionable age (these supplements for dependants are classified in this function because it was not possible to split them and classify them under the Family function).		REMARKS <ul style="list-style-type: none"> - Most people who work for an employer and who pay National Insurance contributions as an employed person do not receive sickness benefit but are entitled to Statutory Sick Pay (SSP). - Employed persons must have paid enough National Insurance contributions and have run out of entitlement to SSP or be excluded from SSP. Different rules govern unemployed persons, self-employed and persons not in the work force. 	

UNITED KINGDOM			
Agency	Form Number	Agency	Form number
Central Government	3	Central Government: Ministry of Defence	4
SCOPE/BENEFIT		SCOPE/BENEFIT	
Whole population - Hospital and community health care		Military personnel including beneficiary's family in certain circumstances - Health services	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
<ul style="list-style-type: none"> - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - (as below/as long as treatment is required) - Other condition: residence in the United Kingdom is a chief qualification, which entitles the resident to free treatment and advice from a local doctor and to in-patient/out-patient care from a National Health Service hospital. 		<ul style="list-style-type: none"> - Qualifying period for benefit: throughout tenure of armed forces' contract - Waiting period: - - Maximum duration of benefit: - (as below/as long treatment is necessary) - Other condition: member of the British armed forces 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
Benefits include free in-patient and out-patient medical care from NHS hospitals and community health services.		Free health care services for members of the armed forces and in some cases for members of their family depending on location and whether primary and secondary care. In general, prescriptions and dental care are free for those members of the armed forces stationed in the UK, but members of their family would be liable for some charges, as in the case of persons under the NHS.	

UNITED KINGDOM			
Agency	Form Number	Agency	Form number
Central Government	5	Local Government	6
SCOPE/BENEFIT Whole population - family health services (i.e. through doctors, dentists, ophthalmic surgeons, pharmaceutical services)		SCOPE/BENEFIT Whole population - child guidance	
CONDITIONS FOR ELIGIBILITY - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - (as below/as long as required) - Other condition: residence in U.K.		CONDITIONS FOR ELIGIBILITY - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - - Other condition: any child/adolescent aged up to 16 (or 20 if still in full-time education) considered to have a mental problem.	
BENEFIT FORMULA (AMOUNT) Free care provided by the NHS; charges are made for prescriptions, spectacles, dental examinations and treatment (including dentures), and optical examinations. Certain groups e.g. pensioners, children and expectant mothers are exempt from some of the charges; for example, about 80 per cent of products dispensed under prescription are supplied free of charge.		BENEFIT FORMULA (AMOUNT) Children/adolescents receive free treatment for mental health problems.	

UNITED KINGDOM			
Agency	Form Number	Agency	Form number
Employers	7	Central Government	8
SCOPE/BENEFIT		SCOPE/BENEFIT	
Employees - continued payment of wage or salary		Whole population - Income support (I.S.) for short-term sickness	
CONDITIONS FOR ELIGIBILITY		CONDITIONS FOR ELIGIBILITY	
Wide variety of schemes in operation with different eligibility conditions. There are no statutory regulations. Some schemes require a minimum period of service.		<ul style="list-style-type: none"> - Qualifying period for benefit: - (none) - Waiting period: - (none) - Maximum duration of benefit: no limit - Other conditions: <ul style="list-style-type: none"> * Income support is payable to persons aged 18 or over; persons aged 16/17 years may be entitled in specific circumstances. * Persons who are incapable of work because of illness and whose resources fall below a prescribed minimum. * The sick do not have to fulfil the available-for-work condition in order to receive Income Support. * All other conditions and rates of payment are the same as described in Income Support for invalidity/disability. The disability premium is not payable while another benefit, e.g. invalidity benefit, is being paid during the 28 weeks of sickness giving eligibility for benefits. 	
BENEFIT FORMULA (AMOUNT)		BENEFIT FORMULA (AMOUNT)	
Different formulae for different employers, but continued payment of wage or salary would rule out the simultaneous payment of SSP (cf. Form 1).		Income Support is an income-related benefit; the amount paid depends upon the beneficiary's financial resources such as income and savings.	

UNITED KINGDOM		
Agency Registry of Friendly Societies	Form Number 9	
		SCOPE/BENEFIT Total population - Charitable payments by friendly societies, sickness payments
		CONDITIONS FOR ELIGIBILITY - Qualifying period for benefit: - - Waiting period: - - Maximum duration of benefit: - - Other condition: - No set eligibility criteria except the conditions implied by the Sickness, Old age or Family function.
BENEFIT FORMULA (AMOUNT) Charitable payments according to need.		

**ANNEX REVIEW OF THE MAIN METHODOLOGICAL
DIFFERENCES BETWEEN THE EUROSTAT
STUDY ON THE SICKNESS FUNCTION AND
THE OECD HEALTH ACCOUNTS**

Review of the main methodological differences between the EUROSTAT study on the Sickness function and the OECD health accounts

For many years the OECD has published health care statistics. The OECD database covers a very wide field (comprising a variety of aspects and covering 24 countries) and the series go back to 1960 for some indicators. The last OECD publication on this subject, entitled "OECD Health Systems - Facts and Trends" (1993), has been used as a reference to supplement the comparative tables it contains.

As explained below, the basis for the OECD statistics is different from that for the EUROSTAT study on the Sickness function. In particular, the OECD does not record cash benefits, hence the reason for taking account here only of benefits in kind for the Sickness function. In this annex these are compared with the concepts which are closest in the OECD health accounts.

The Digest of which this volume forms part is based on the Eurostat ESSPROS methodology (European System of Integrated Statistics on Social Protection, 1981). It should be noted that the Digest gives only a part of the data collected under ESSPROS. It is confined solely to social protection benefits (benefits constitute the proportion of social protection expenditure paid to the beneficiaries), leaving aside the other current expenditure such as the institutions' operating costs and excluding capital transactions.

**Table 1: Classification of social protection expenditure
(Table B of the ESSPROS methodology)**

1. Current transactions
→ 11. <i>Social protection benefits</i>
12. Operating costs
121. Compensation of employees
122. Purchases of goods and services
123. Taxes linked to production
13. Other current expenditure
14. Current transfers between agencies
2. Capital transactions
21. Gross fixed capital formation
22. Investment aids

The EUROSTAT study on the Sickness function and the OECD health accounts have specific objectives. The purpose of this annex is to clarify the main conceptual differences between these two international organizations in order to avoid confusion and over-hasty comparisons of the statistics. These methodological differences can affect several levels, such as the definition of the field covered by the statistics, the units of observation and the definition of the headings.

A. Field covered by the statistics

Three major components can be identified, viz. the approach indicated by the statistics collected (beneficiaries/sources of finance), type of expenditure breakdown (sickness/health) and scope of the Sickness function/health expenditure.

1. Approach indicated by the statistics collected

The EUROSTAT study of the Sickness function is set up on an approach based on the recipients of social protection benefits. On the other hand, in its health accounts, the OECD looks at the financing aspect in its entirety, considering on the one hand "public expenditure" and on the other hand "private expenditure", i.e. the proportion payable by patients in the case of health care or private insurance schemes covering these charges. The discriminatory element in the OECD statistics therefore refers to the sources of finance.

ESSPROS defines social protection expenditure as any expenditure involved in meeting costs incurred by individuals or households as a result of the materialization of certain risks, contingencies or needs, insofar as this expenditure gives rise to the intervention of a third party, without there being any simultaneous equivalent counterpart by the beneficiary (ESSPROS, paragraph 206).

The OECD concept of public expenditure covers health expenditure financed by the public sector, i.e. central and local authorities, healthboard and social insurance institutions.

There is only a partial overlap between concepts of public expenditure and social protection expenditure. For example, some elements which are not included in the EUROSTAT study on the Sickness function are included in the OECD "public expenditure". A case in point is the subsidies granted by government authorities to health-care institutions. These subsidies are not included in the Sickness function study because they are not granted to individuals. This could produce substantial differences in the figures when the data are compared. A reference to these differences will be made later in connection with in-patient care.

On the other hand, private health insurance contracted for by an employer for the benefit of his employees may theoretically be included in the EUROSTAT social protection field (in practice the statistics can give rise to problems of access) whereas it is not included in the concept of public expenditure. This also applies to non-profit institutions, such as religious organizations which offer health benefits to the most indigent (these benefits should be classified under the means-tested assistance schemes in ESSPROS).

2. Type of distribution of expenditure (sickness/health)

In ESSPROS, the nature of risks, contingencies or needs refers to the various social protection functions, i.e. Sickness, Invalidity/infirmity, Old age, Maternity etc. Through this functional breakdown, in general the methodology, for the sickness branch, automatically excludes benefits linked to other functions such as Maternity, Old age etc., whereas this is not the case in the OECD health accounts. Thus, obstetrical care is included in the OECD health accounts, whereas it is excluded by

definition from the ESSPROS Sickness function, where it falls under the Maternity function.

3. Scope of the Sickness function/health expenditure

In addition, as shown in Table 2 below, the scope of the Sickness function differs from that of the OECD health expenditure. The health accounts cover items which are not included in this volume of the Digest on the Sickness function, in particular investment expenditure, administrative costs, research and development etc.

Table 2: Scope of the Sickness function (EUROSTAT) and health expenditure (OECD)

EUROSTAT <i>(only in so far as benefits in kind are concerned)</i> OECD	OECD
<p>Sickness function (ESSPROS, paragraphs 511, 512 and 513):</p> <p>Sickness must be understood in the strict sense as a more or less deep seated alteration in the health of the individual, affecting his physical or mental health in general. This function includes:</p> <ul style="list-style-type: none"> a. <i>payments of wages or salaries and allowances intended as 'total or partial compensation for the loss of income resulting from the suspension of an occupation because of sickness';</i> b. <i>payments replacing or supplementing the above benefits;</i> c. <i>payments to all protected persons equivalent to all or part of the cost of medical care of a preventive or therapeutic nature; with regard to prevention, the main areas covered are medical check-ups, vaccination campaigns, health education, preventive measures etc.</i> <p>Medical care includes the following goods and services:</p> <ul style="list-style-type: none"> * <i>services provided by doctors (general practitioners or specialists) and other medical personnel, within or outside establishments (in out-patients departments, surgeries and at home)</i> * <i>stays in hospitals: medical treatment and maintenance;</i> * <i>dental care;</i> * <i>medicines and prostheses: medicines and pharmaceutical products, optical appliances (spectacles, lenses), and hearing aids, orthopaedic products and prostheses, dental products and prostheses;</i> * <i>other medical services: laboratory tests, radiological and electro-physical examinations, hydrotherapy, salt-water and sea-air therapeutic treatments, functional rehabilitation, transport of sick persons, health education and disease prevention campaigns, vaccinations and immunisations, etc.</i> <ul style="list-style-type: none"> d. <i>expenditure on public services, insofar as it relates to allowances or medical care;</i> e. <i>other forms of social assistance related to sickness.</i> <p>The following are excluded:</p> <ul style="list-style-type: none"> a. <i>medical care given to individuals or disabled persons (handicapped persons, etc.) as specific treatment for their invalidity or disability, i.e. in direct relation to the particular condition of the person concerned;</i> b. <i>medical care given to victims of occupational accidents or workers suffering from occupational diseases, insofar as this care is directly related to the injury or disease in question;</i> c. <i>pre-natal, obstetrical and post-natal medical care;</i> d. <i>medical care given to conscripted military personnel during their compulsory military service;</i> e. <i>any payments made to supplement allowances granted on account of family responsibilities.</i> 	<p>Health expenditure:</p> <p>Total expenditure on health care should comprise:</p> <ul style="list-style-type: none"> a. <i>household final consumption on medical care and health expenses including goods and services purchased at the consumers'own initiative, such as non prescription or over-the-counter (OTC) medicines and the cost-sharing part of publicly-financed or supplied care;</i> b. <i>government-supplied health services including schools, those in prisons and the armed forces, as well as special public health programmes such as vaccination campaigns, services for minority groups, etc.;</i> c. <i>investment in clinics, laboratories etc;</i> d. <i>administration costs;</i> e. <i>research and development, excluding outlays by pharmaceutical firms;</i> f. <i>industrial medicine (often treated as an intermediate consumption) where possible (e.g. medical outlays of workers' compensation boards);</i> g. <i>outlays of voluntary organizations, caritative institutions and non-governmental health plans.</i> <p>Medical care refers to in-patients and out-patients care, medicine and other pharmaceutical products, medical equipment and therapeutic appliances, and ambulance services.</p>

B. Units of observation

ESSPROS uses as a unit of observation the agency, which is defined both by its object (protection against one or more risks, contingencies or needs, or for one or more categories of persons, as the case may be) and, in general, by the existence of separate accounts (ESSPROS, paragraph 305). These units of observation are broken down into various types of schemes, which arise from the basic protection, supplementary protection or means-tested assistance.

- * Basic scheme: social protection scheme providing benefits granted in accordance with legal provisions or other regulations.

The basic expenditure represents the main means used by the country to guarantee social coverage of the sickness risk to persons protected by the relevant registration and regulations.

- * Supplementary scheme: social protection scheme offering the benefits supplied with the aim of supplementing or extending the benefits to which the individual is entitled by virtue of belonging to a basic scheme covering the sickness risk.
- * Means-tested assistance scheme: social protection scheme offering benefits supplied to persons whose income does not exceed a threshold laid down in the regulations, and which in this case concerns the Sickness function. Beneficiaries must be able to prove that they are in need and, in some cases, must undergo a check on their resources.

The data are not broken down by agency in the health accounts produced by the OECD.

C. Definition of headings

Different definitions may appear under the same heading. For instance, the heading "out-patient care" has a very different coverage in the two international organizations, as illustrated in Table 3 below. This table compares the definition of the types of benefits used by EUROSTAT with the nearest concept used by the OECD.

Apart from the differences linked to fields of observation (in particular the functional breakdown of principle for EUROSTAT), this comparative table shows that the definitions for the following headings are close to each other:

- pharmaceutical products;
- dental care;
- medical prostheses/therapeutic appliance.

The definitions for the other headings differ to a greater extent, which makes the data less comparable.

- In the OECD system, ambulatory care includes physician services, dental services and services of other professional persons concerned with health care. If dental care is omitted from this heading the OECD concept is closer to EUROSTAT's out-patient care concept, but there is still a discrepancy in the figures.

- For in-patient care, the EUROSTAT study on the Sickness function includes only theoretically benefits to the beneficiaries. In the OECD statistics include, since they cannot be eliminated entirely, the teaching and research functions of the hospital.

It should also be noted that in theory EUROSTAT excludes from this field, by definition, hospitalization at home and day care hospitalization.

In certain countries, such as Belgium, Greece and Luxembourg, the Government pays a substantial subsidy to the hospitals. Since this subsidy is not allocated on an individual basis (ESSPROS paragraph 411), it is not included in the EUROSTAT study. This subsidy explains part of the difference between the two organizations. For instance, in Belgium in 1990 the discrepancy for this heading is BFR 34 thousand million, the subsidy being BFR 29 thousand million.

Table 3: Comparison of headings definitions

EUROSTAT	OECD (only in so far as public expenditure is concerned)
<p>In-patient care Accommodation and therapeutic medical care provided by hospital medical and paramedical staff (physiotherapists, orthodontists etc.) to patients during their stay in hospital (at least one night). This heading includes the provision of medicines, medical products and prostheses, laboratory tests and other examinations during hospitalization, but does not include prevention.</p>	<p>Total expenditure on in-patient care: Current expenditure, exclusive of investment outlays, on in-patient institutions including public and private hospitals for acute, chronic and convalescent care. All types are included: general hospitals, special hospitals such as paediatric, orthopaedic, cancer, rehabilitation, extended care, mental hospitals, tuberculosis hospitals (sanatoriums). In general it includes expenditure on pharmaceutical consumed during in-patient care and expenditure on resident physicians' salaries, as well as operation room fees, and charges for hospital-based nursing care. When several tiers of providers of care co-assist, the accounts are consolidated, i.e. are net of inter-institutional transfers. Only medical benefits are included. Compensation for lost wages, allowances for disablement and funeral benefits are classified as Continued payment of wage or salary expenditure.</p>
<p>Out-patient care Therapeutic care provided by hospital medical and paramedical staff, except for care given to patients during a stay in hospital (at least one night), or care which should be classified separately under other headings (see below). It includes out-patient care given in hospital, in nursing home (not preponderantly of a medical nature), in a surgery or at home.</p>	<p>Total expenditure on ambulations care: The sum of current expenditure on: - physicians' services (general practitioners and specialists), including osteopaths; - dental services; - other professional health services, such as physiotherapists, optometrists, chiropractors, pediatricists, speech therapists, psychologists, dieticians, occupational therapists, natural therapists, acupuncturists, hypnotherapists, and occupational health nurses. The services supplied by the out-patient department of the hospital/institution are included in this series unless otherwise indicated. The expenditure includes value added taxes (VAT) where applicable. The services of professionals working under salary for hospitals, nursing homes or some other type of health care establishment are reported with expenditure for the services offered by the establishment (...).</p>
<p>Pharmaceutical products Pharmaceutical products prescribed or provided directly to out-patients.</p>	<p>Total expenditure on pharmaceutical goods purchased in ambulatory care: Consumption of pharmaceutical products includes prescriptions and self-medication, often referred to as over-the-counter (OTC) products. The series includes the pharmacist's remuneration when the latter is separate from the price of medicine and excludes pharmaceutical consumed in hospitals. The expenditure includes VAT and sales taxes where applicable.</p>
<p>Dental care Dental treatment, provision of dental products and prostheses to out-patients.</p>	<p>Total expenditure on dental services: Expenditures on professional health services provided by dentists.</p>
<p>Medical prostheses Optical appliances (spectacle, contact lenses, etc), hearing aids, orthopaedic appliances and other medical prostheses supplied to out-patients.</p>	<p>Total expenditure on therapeutic appliances: Expenditure on therapeutic appliances and materials (e.g. optical equipment, hearing devices, wheel-chairs etc.), excluding dental prostheses or appliances supplied in hospitals. The expenditure includes VAT and sales taxes where applicable.</p>
<p>Laboratory tests and other examinations Laboratory tests, radiology and other examinations provided to out-patients, excluding those provided during a stay in hospital or as preventive measures.</p>	<p>Total expenditure on pathology tests and laboratory services. Total expenditure on diagnostic imaging and radiology</p>
<p>Prevention Systematic and collective check-ups and preventing screening, including examinations at work* and in schools. Excludes benefits which are not explicitly aimed at prevention.</p>	<p>Expenditure on occupational health services: Expenditure incurred by employers on or off business premises for the surveillance of employees health and therapeutic care Expenditure on school health services</p>
<p>Other benefits Benefits which cannot be classified under one of the above headings. Includes transport for invalids (by ambulance, etc.), periods of convalescence and periods of therapeutic treatment.</p>	<p><i>In future the OECD accounts will combine the new breakdowns comprising in particular ambulance and transportation of sick persons services.</i></p>

ES**Clasificación de las publicaciones de Eurostat****TEMA**

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- 1** Estadísticas generales (azul oscuro)
- 2** Economía y finanzas (violeta)
- 3** Población y condiciones sociales (amarillo)
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- E** Métodos
- F** Estadísticas breves

GR**Ταξινόμηση των δημοσιεύσεων της Eurostat****ΘΕΜΑ**

- 0** Διάφορα (ροζ)
- 1** Γενικές στατιστικές (βαθύ μπλε)
- 2** Οικονομία και δημοσιονομικά (βιολετί)
- 3** Πληθυσμός και κοινωνικές συνθήκες (κίτρινο)
- 4** Ενέργεια και βιομηχανία (μπλε)
- 5** Γεωργία, δάση και αλιεία (πράσινο)
- 6** Εξωτερικό εμπόριο (κόκκινο)
- 7** Εμπόριο, υπηρεσίες και μεταφορές (πορτοκαλί)
- 8** Περιβάλλον (τουρκουάζ)
- 9** Έρευνα και ανάπτυξη (καφέ)

ΣΕΙΡΑ

- A** Επετηρίδες και ετήσιες στατιστικές
- B** Συγκυριακές στατιστικές
- C** Λογαριασμοί και έρευνες
- D** Μελέτες και έρευνα
- E** Μέθοδοι
- F** Στατιστικές εν συντομία

IT**Classificazione delle pubblicazioni dell'Eurostat****TEMA**

- 0** Diverse (rosa)
- 1** Statistiche generali (blu)
- 2** Economia e finanze (viola)
- 3** Popolazione e condizioni sociali (giallo)
- 4** Energia e industria (azzurro)
- 5** Agricoltura, foreste e pesca (verde)
- 6** Commercio estero (rosso)
- 7** Commercio, servizi e trasporti (arancione)
- 8** Ambiente (turchese)
- 9** Ricerca e sviluppo (marrone)

SERIE

- A** Annuari e statistiche annuali
- B** Statistiche sulla congiuntura
- C** Conti e indagini
- D** Studi e ricerche
- E** Metodi
- F** Statistiche in breve

DA**Klassifikation af Eurostats publikationer****EMNE**

- 0** Diverse (rosa)
- 1** Almene statistikker (mørkeblå)
- 2** Økonomi og finanser (violet)
- 3** Befolkning og sociale forhold (gul)
- 4** Energi og industri (blå)
- 5** Landbrug, skovbrug og fiskeri (grøn)
- 6** Udenrigshandel (rød)
- 7** Handel, tjenesteydelser og transport (orange)
- 8** Miljø (turkis)
- 9** Forskning og udvikling (brun)

SERIE

- A** Årbøger og årlige statistikker
- B** Konjunkturstatistikker
- C** Tællinger og rundspørger
- D** Undersøgelser og forskning
- E** Metoder
- F** Statistikoversigter

EN**Classification of Eurostat publications****THEME**

- 0** Miscellaneous (pink)
- 1** General statistics (midnight blue)
- 2** Economy and finance (violet)
- 3** Population and social conditions (yellow)
- 4** Energy and industry (blue)
- 5** Agriculture, forestry and fisheries (green)
- 6** External trade (red)
- 7** Distributive trades, services and transport (orange)
- 8** Environment (turquoise)
- 9** Research and development (brown)

SERIES

- A** Yearbooks and yearly statistics
- B** Short-term statistics
- C** Accounts and surveys
- D** Studies and research
- E** Methods
- F** Statistics in focus

NL**Classificatie van de publicaties van Eurostat****ONDERWERP**

- 0** Diverse (roze)
- 1** Algemene statistiek (donkerblauw)
- 2** Economie en financiën (paars)
- 3** Bevolking en sociale voorwaarden (geel)
- 4** Energie en industrie (blauw)
- 5** Landbouw, bosbouw en visserij (groen)
- 6** Buitenlandse handel (rood)
- 7** Handel, diensten en vervoer (oranje)
- 8** Milieu (turkoois)
- 9** Onderzoek en ontwikkeling (bruin)

SERIE

- A** Jaarboeken en jaarstatistieken
- B** Conjunctuurstatistieken
- C** Rekeningen en enquêtes
- D** Studies en onderzoeken
- E** Methoden
- F** Statistieken in het kort

DE**Gliederung der Veröffentlichungen von Eurostat****THEMENKREIS**

- 0** Verschiedenes (rosa)
- 1** Allgemeine Statistik (dunkelblau)
- 2** Wirtschaft und Finanzen (violet)
- 3** Bevölkerung und soziale Bedingungen (gelb)
- 4** Energie und Industrie (blau)
- 5** Land- und Forstwirtschaft, Fischerel (grün)
- 6** Außenhandel (rot)
- 7** Handel, Dienstleistungen und Verkehr (orange)
- 8** Umwelt (türkis)
- 9** Forschung und Entwicklung (braun)

REIHE

- A** Jahrbücher und jährliche Statistiken
- B** Konjunkturstatistiken
- C** Konten und Erhebungen
- D** Studien und Forschungsergebnisse
- E** Methoden
- F** Statistik kurzgefaßt

FR**Classification des publications d'Eurostat****THÈME**

- 0** Divers (rose)
- 1** Statistiques générales (bleu nuit)
- 2** Économie et finances (violet)
- 3** Population et conditions sociales (jaune)
- 4** Énergie et industrie (bleu)
- 5** Agriculture, sylviculture et pêche (vert)
- 6** Commerce extérieur (rouge)
- 7** Commerce, services et transports (orange)
- 8** Environnement (turquoise)
- 9** Recherche et développement (brun)

SÉRIE

- A** Annuaire et statistiques annuelles
- B** Statistiques conjoncturelles
- C** Comptes et enquêtes
- D** Études et recherche
- E** Méthodes
- F** Statistiques en bref

PT**Classificação das publicações do Eurostat****TEMA**

- 0** Diversos (rosa)
- 1** Estatísticas gerais (azul-escuro)
- 2** Economia e finanças (violeta)
- 3** População e condições sociais (amarelo)
- 4** Energia e indústria (azul)
- 5** Agricultura, silvicultura e pesca (verde)
- 6** Comércio externo (vermelho)
- 7** Comércio, serviços e transportes (laranja)
- 8** Ambiente (turquesa)
- 9** Investigação e desenvolvimento (castanho)

SÉRIE

- A** Anuários e estatísticas anuais
- B** Estatísticas conjunturais
- C** Contas e inquéritos
- D** Estudos e investigação
- E** Métodos
- F** Estatísticas breves

European Commission

Digest of statistics on social protection in Europe
Volume 5: Sickness

Luxembourg: Office for Official Publications of the European Communities

1995 — 193 pp. — 21,0 x 29,7 cm

Theme 3: Population and social conditions (yellow)
Series D: Studies and research

ISBN 92-826-8239-0

Price (excluding VAT) in Luxembourg: ECU 21

The aim of this publication is to present comparable statistics for the function 'sickness' (see Esspros). It brings together data on the different types of benefits specific to each of the Member States. In order to assure comparability, these different types of benefits have been regrouped into standard European categories. These categories form three groups of schemes: 'Basic schemes', and 'Supplementary schemes', as well as the 'Means-tested welfare schemes'.

Statistics cover the period 1980-91 and show expenditure on benefits.

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