Private health insurance

Private health insurance comprises insurance schemes financed through private health premiums, i.e., payments that a policyholder agrees to make for coverage under a given insurance policy, where an insurance policy generally consists of a contract that is issued by an insurer to a covered person. Take up of private health insurance is often, but not always, voluntary (it may also be compulsory for employees as part of their working conditions). Premiums are non-income-related, although the purchase of PHI by a specific population group or by the population at large can be subsidised by the government. The pool of financing is not channelled nor administered through the government, even when the insurer is government-owned.

Private health insurance includes:
- Employer self-insured health benefits, whereby an employer self-insures health coverage instead of purchasing cover from an insurance company. The employer acts as an insurer in that it assumes insurance risk and is thereby often subject to the same regulatory requirements as other health insurers.
- Special schemes for government employees, where the government, in its role as employers, pays part or the whole premiums of private health insurance cover subscribed for its employees.

For the purpose of this data collection, private health insurance excludes the following schemes:
- Travel insurance covering the risk of illness or accidents incurred abroad;
- Employers or corporation health programmes for their employees that do not imply insurance (for example, direct supply of health services or reimbursement of certain health-related costs);
- Medical savings accounts, health savings accounts or similar schemes which offer pre-payment but do not imply risk sharing or pooling across individuals;
- Life and long-term care insurance schemes which include a health element, such as disease specific, lump sum, critical illness, income replacement, cash products, temporary or permanent disability, and long-term care insurance.

Data reporting:
Total PHI coverage: Total PHI coverage is a head count of all individuals covered by at least one PHI policy (including both individuals covered in their own name and dependents). To avoid duplications, it should not refer to the number of PHI policies sold in the country, as individuals may be covered by more than one PHI product. Similarly, total population coverage is not necessarily the sum of PHI coverage by different types, as an individual may hold more than one PHI policy.

Breakdown by type of PHI: Where possible, data has been broken down by private health insurance type. Where data could not be broken down by type or main role, they were reported only in the category “total”, or under the category that best represents the characteristics of PHI coverage in the country.

Primary PHI: private health insurance that represents the only available access to health coverage because i) there is no government/social coverage or individuals are not eligible to coverage under government/social programmes (principal); ii) individuals are entitled to government/social coverage but have chosen to opt out of such coverage (substitute).

Duplicate PHI: private health insurance that offers coverage for health services already included under government health insurance, while also offering access to different providers (e.g., private hospitals) or levels of service (e.g., faster access to care). It does not exempt individuals from
contributing to government health coverage programmes.

**Complementary PHI**: private health insurance that complements coverage of government/social insured services by covering all or part of the residual costs not otherwise reimbursed (e.g., cost-sharing, co-payments).

**Supplementary PHI**: private health insurance that provides coverage for additional health services not at all covered by the government/social scheme.

The table below indicates what coverage categories or types exist in countries, and data refer to.

<table>
<thead>
<tr>
<th>Country</th>
<th>Type of coverage available</th>
<th>Number of covered lives or number of policyholders</th>
<th>Voluntary or mandatory insurance</th>
<th>Individual or group policies (% of market if both policy types exist)</th>
<th>Life insurance products including health elements</th>
<th>Long-term care insurance (LTC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>Duplicate and supplementary.</td>
<td>Covered lives</td>
<td>Voluntary</td>
<td>Individual</td>
<td>Yes. Lump sums for medical conditions, serious illness, injury or permanent disability. Monthly benefits if unable to work due to illness or injury.</td>
<td>No</td>
</tr>
<tr>
<td>Austria</td>
<td>Complementary</td>
<td>Covered lives</td>
<td>Voluntary</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Belgium</td>
<td>Complementary (primary small-risks coverage for self-employed)</td>
<td>Covered lives</td>
<td>- Voluntary (private companies and mutuelles) - Mandatory (long-term care in Flanders)</td>
<td>- 100% individual (mutuelles) - 25% individual and 75% group (private companies)</td>
<td>N.a. (private companies). No (mutuelles)</td>
<td>Yes (for Zorgverzekering in Flanders)</td>
</tr>
<tr>
<td>Private insurers</td>
<td>-</td>
<td>-</td>
<td>Voluntary</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mutuelles</td>
<td>-</td>
<td>-</td>
<td>Voluntary</td>
<td>Individual</td>
<td>No</td>
<td>Only if LTC treatment in hospitals, in framework of in-patient treatment</td>
</tr>
<tr>
<td>Hospitalisation</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Only if LTC treatment in hospitals, in</td>
</tr>
<tr>
<td>Country</td>
<td>Type of coverage available</td>
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<td>-----------------------------</td>
</tr>
<tr>
<td>Zorgverzekering (Flanders only)</td>
<td>-</td>
<td>All population in Flanders</td>
<td>Mandatory</td>
<td>Individual</td>
<td>No</td>
<td>LTC only</td>
</tr>
<tr>
<td>Canada</td>
<td>Supplementary</td>
<td>Covered lives</td>
<td>Voluntary</td>
<td>10% individual and 90% group</td>
<td>Yes (e.g., critical illness insurance, disability insurance)</td>
<td>Yes</td>
</tr>
<tr>
<td>Chile</td>
<td>Primary PHI</td>
<td>3.196.477 (number of covered lives) in 2013</td>
<td>Mandatory or Mandatory plus a part voluntary to upgrade services</td>
<td>18.2% in 2013 (both groups)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Complementary PHI</td>
<td>3.781.135 (number of covered lives) in 2013</td>
<td>Voluntary</td>
<td>21.7% in 2013 (both groups)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>Supplementary</td>
<td>-</td>
<td>Voluntary</td>
<td>Individual</td>
<td>Life insurance products do not generally comprise coverage for health care services. - Disease specific and critical illness products, - Income replacement and cash products, - Temporary or permanent disability.</td>
<td>No</td>
</tr>
<tr>
<td>Denmark</td>
<td>Complementary, supplementary</td>
<td>Policyholders (number of policies taken out. Information on covered lives is n.a.)</td>
<td>Voluntary</td>
<td>Group and individual (% is n.a.)</td>
<td>No. Life insurance products generally do not include health elements.</td>
<td>No</td>
</tr>
<tr>
<td>Estonia</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Finland</td>
<td>Supplementary</td>
<td>-</td>
<td>Voluntary</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Country</td>
<td>Type of coverage available</td>
<td>Number of covered lives or number of policyholders</td>
<td>Voluntary or mandatory insurance</td>
<td>Individual or group policies (% of market if both policy types exist)</td>
<td>Life insurance products including health elements</td>
<td>Long-term care insurance (LTC)</td>
</tr>
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<td>-----------------------------</td>
</tr>
<tr>
<td>France</td>
<td>Complementary</td>
<td>Covered lives</td>
<td>Voluntary</td>
<td>Individual and group</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Germany</td>
<td>Primary, complementary and supplementary</td>
<td>Covered lives</td>
<td>Voluntary</td>
<td>Individual and group (% of n.a)</td>
<td>Yes (e.g. permanent disability insurance)</td>
<td>Yes</td>
</tr>
<tr>
<td>Greece</td>
<td>Duplicate</td>
<td>-</td>
<td>Voluntary</td>
<td>-</td>
<td>Yes</td>
<td>-</td>
</tr>
<tr>
<td>Hungary</td>
<td>Supplementary</td>
<td>-</td>
<td>Voluntary</td>
<td>-</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Iceland</td>
<td>Primary</td>
<td>Covered lives</td>
<td>Voluntary</td>
<td>Individual</td>
<td>Yes</td>
<td>Yes, but just recently offered</td>
</tr>
<tr>
<td>Ireland</td>
<td>Duplicate</td>
<td>2 million covered lives (including children)</td>
<td>Voluntary</td>
<td>Individual and group policies combined</td>
<td>Yes. Life companies offer products (critical illness, hospital cash, income replacement etc).</td>
<td>Yes. Life companies may offer long term care insurance.</td>
</tr>
<tr>
<td>Israel*</td>
<td>Complementary, Duplicate and Supplementary</td>
<td>Covered lives</td>
<td>Voluntary</td>
<td>Both</td>
<td>-</td>
<td>Yes, in addition to the health insurance.</td>
</tr>
<tr>
<td>Italy</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Japan</td>
<td>Complementary and supplementary</td>
<td>-</td>
<td>Voluntary</td>
<td>Individual and group</td>
<td>Yes (e.g. cancer insurance, specified disease insurance, etc.)</td>
<td>Yes</td>
</tr>
<tr>
<td>Korea</td>
<td>Complementary and supplementary</td>
<td>-</td>
<td>Voluntary</td>
<td>Individual</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mexico</td>
<td>Duplicate</td>
<td>-</td>
<td>Voluntary</td>
<td>-</td>
<td>-</td>
<td>No</td>
</tr>
<tr>
<td>Netherlands</td>
<td>Primary and supplementary</td>
<td>5.834 million, of which: - Policies entirely pertaining to private law (4.130 million)</td>
<td>Voluntary</td>
<td>48% individual, 52% group</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

Source: Financial Services Agency
<table>
<thead>
<tr>
<th>Country</th>
<th>Type of coverage available</th>
<th>Number of covered lives or number of policyholders</th>
<th>Voluntary or mandatory insurance</th>
<th>Individual or group policies (% of market if both policy types exist)</th>
<th>Life insurance products including health elements</th>
<th>Long-term care insurance (LTC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 onwards</td>
<td>Supplementary</td>
<td>Covered lives: approximately 15 million.</td>
<td>Voluntary</td>
<td>Individual and group (group max. 44%, but from the total insured population of 16.5 million)</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>New Zealand</td>
<td>Complementary and Supplementary</td>
<td>Covered lives</td>
<td>Voluntary</td>
<td>Individual and group</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Norway</td>
<td>Duplicate</td>
<td>-</td>
<td>Voluntary</td>
<td>-</td>
<td>-</td>
<td>No</td>
</tr>
<tr>
<td>Poland</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Portugal</td>
<td>-</td>
<td>-</td>
<td>Voluntary</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Slovak Republic</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Slovenia</td>
<td>Complementary</td>
<td>Insured persons and dependents</td>
<td>Voluntary</td>
<td>-</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Spain</td>
<td>Primary, duplicate</td>
<td>Covered lives</td>
<td>Voluntary</td>
<td>Individual</td>
<td>-</td>
<td>Yes</td>
</tr>
<tr>
<td>Sweden</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Switzerland</td>
<td>Supplementary</td>
<td>Covered lives</td>
<td>Voluntary</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Turkey</td>
<td>Complementary and supplementary</td>
<td>Policy holders</td>
<td>Voluntary</td>
<td>-</td>
<td>Critical illness</td>
<td>-</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>Duplicate</td>
<td>Covered lives</td>
<td>Voluntary</td>
<td>Individual and group (% is n.a.)</td>
<td>Critical illness</td>
<td>-</td>
</tr>
<tr>
<td>United States</td>
<td>Primary and complementary</td>
<td>Covered lives</td>
<td>Voluntary</td>
<td>-</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Note**: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

**Number of covered lives or number of policyholders**: Please indicate whether data supplied refer to covered lives or number of policyholders. Data should, where possible, indicate the number of individuals covered by a private health insurance policy. This includes both individuals covered in their own name, and dependents of the policyholder (or other persons) covered via the policyholder insurance. The number of policyholders refers, conversely, to the number of individuals having purchased (or obtained, for example through an employer) a PHI.
policy.

**Voluntary or mandatory insurance.** Please indicate if in your country PHI is mandatory or voluntary. Often, take-up of insurance is voluntary, even though participation can be encouraged, for example through tax breaks or other fiscal advantages, or when it is taken up by employees as a condition of employment. Take-up of private health insurance can also be mandated by law or act. Employer sponsored insurance taken by employers for their employees is voluntary even if individual employees are covered as a condition of their contract.

**Individual policies or group policies.** Please indicate if in your country PHI is offered as individual or group policies (or both). Insurance policies can be purchased by individuals or by employers on behalf of their employees. Group policies can be paid by the employer, deducted from wages, or a combination. If data are available, please indicate the % of the market of both policy types.

**Life insurance products including health elements.** Please tick the box here if insurance companies offer life products which include a health element. If information is available, please specify what products exist (e.g., disease specific, lump sum, critical illness, income replacement, cash products, temporary or permanent disability insurance).

**Long-term care insurance.** Please tick the box here if insurance companies offer private long-term care insurance.

**Sources and Methods**

**Australia**

**Source:** Coverage data are regularly reported by the Private Health Insurance Administration Council (PHIAC). See Private Health Insurance Administration Council, Quarterly Statistics June. PHIAC, Canberra.

**Methodology:**
- Data as of 30th June.
- Total and Duplicate PHI are sourced from PHIAC Hospital Insurance Tables. These record the number of persons with hospital coverage, which provide for in-hospital treatment by a doctor of choice and other costs not covered by Medicare, including hospital accommodation. Supplementary PHI is sourced from the PHIAC General Treatment Table. It records the number of persons with general treatment (or extras) coverage, which provides benefits for services such as physiotherapy, dental treatment and optical treatment.
- From 1st July 2000, a penalty was introduced for people joining a health benefits organisation for hospital coverage after reaching 30 years old. This penalty is 2% above the base rate for each year over 30 years old in which the policy holder was not a member of a health benefits fund. Between 1999 and 2000, there was a notable increase in the number of people with private health insurance.

**Break in time series in 2007:** From 1st April 2007, general treatment policies replaced ancillary policies. General treatment policies cover treatment similar to that previously known as ancillary but can also cover hospital-substitute treatment and Chronic Disease Management Programs. Many hospital treatment-only policies were reclassified as hospital and general treatment combined policies, causing an artificial increase in the series of supplementary PHI.


**Austria**

**Source:** Verband der Versicherungsunternehmen Österreichs.

**Coverage:**
- Roughly a third of the Austrian population is covered by private health insurance. Private health insurance is mostly complementary or supplementary. There is also an element of duplication with the social insurance system, as private health insurance may result in shorter waiting times for operations and treatment in general. Most contracts signed with private health insurance companies are for insurance covering expenses for hospital care.
- **Supplementary health insurance** covers services not reimbursed by social health insurance. Examples for additional benefits covered by private health insurance are services related to alternative medicine, dental care, sickness benefits (in some cases), psychotherapy or certain medication. Supplementary health insurance also covers treatment by private physicians (who have not signed a contract with social insurance) and/or in-patient care in the private ward of public hospitals or in private hospitals ([Austrian Insurance Association](http://www.vvo.at/krankenversicherung-in-osterrich.html), Health Insurance, available at http://www.vvo.at/krankenversicherung-in-osterrich.html, on 25th January 2008), thereby offering added choice of provider and more responsive treatment options.
- **Complementary health insurance** covers the cost incurred by an insured individual who consults a private physician who has not signed a contract with a social insurance (to a maximum of 80% of the tariff the social health insurance fund would have paid). Complementary private health insurance covering only user-charges does not exist.
in Austria. The insurance providing a per diem cash benefit for hospital care can be used to cover user-charges resulting from hospital care, but the insured can also use the money to pay for other expenses, e.g. related to child care, household help, etc. Other complementary health insurance concerns a small group of individuals (including those who opted out of statutory social health insurance based on §5 GSVG. Gewerbliches Sozialversicherungsgesetz (Insurance Act for the Self Employed) can sign up for substitutive private health insurance (17000 persons covered in 2003; Federal Ministry of Health and Women, 2003, Quantitative and qualitative assessment and analysis of individuals not covered by health insurance in Austria, Final report. Vienna).

- There are also other primary health insurance cases: i) persons not captured by statutory social health insurance or who did not subscribe to voluntary insurance with social health insurance could subscribe to private health insurance instead (Mossialos, E., Merkur, S., Ladurner, J. et al. (2007). Incentives, payment mechanisms. Commissioned by the Main organisation of Austrian social insurance institutions. Vienna); ii) freelance members in chambers were given the opportunity to opt out of compulsory social insurance in the year 2000. §5 GSVG form the legal basis of opting out. At the end of the third quarter of 2005 freelancers constituted about 8.6% of all those insured (Austrian Social Insurance Authority for Business, SVA, statistics).

**Belgium**

Source: Data can be obtained from the “Office de contrôle des mutualités et des unions nationales de mutualité” (http://users.skynet.be/ocm.cdz/) on complementary insurances organised by sickness funds and from the Belgium “Union professionnelle des entreprises d’assurance” (http://www.assuralia.be/) for those organised by private insurance companies.

Coverage:
Private health insurance is offered by mutuelles and private insurers. Mutuelles provide complementary private non-profit insurance.
- Private insurers: persons covered (both individual and group policies).
- Mutuelles: Individual policies, no life insurance products including health elements. Hospitalisation insurance policies: treatment in hospitals and homes for the elderly. Persons covered.

**Canada**

Source: Canadian Life and Health Insurance Association Inc., Statistical Services Division: special tabulations.

Coverage:
- Estimated number of Canadians covered under private supplementary health insurance, after elimination of double counting (for example, double counting arises when family members are covered under separate benefit plans for each spouse - thus each spouse would be counted as a certificate holder under their own plan and as a dependent under their spouse’s plan while their dependent children would be counted twice).
- Private supplementary health insurance provides coverage for the cost of prescription drugs, dental care, vision care, special duty nursing and other paramedical services, semi-private or private hospital rooms, ambulance services and other health care goods and services not covered by the public system.
- Estimates include coverage provided under individual and group insurance plans as well as uninsured employer arrangements. Some uninsured arrangements, under which employers provide benefits to employees outside of an insurance contract, are also administered by insurance companies and by not-for-profit health care benefit providers such as provincial Blue Cross organisations.
- Includes coverage by all for-profit life and health insurance companies operating in Canada as well as non-profit insurers such as the provincial Blue Cross organisations.

**Chile**

Sources: Private Social Health Insurance (ISAPRES) through Superintendencia de Health (SuperSalud), Insurers Association of Chile (AACH).

Complementary PHI from 2014: Insurance and Securities Superintendence (Superintendencia de valores y seguros).

Coverage:
- Data coverage is nationwide.
- Data of Compulsory Insurance of Traffic Accidents are not included.
- Data of Voluntary Insurance of Personal Accidents are not included.
- Data are collected annually.
- **Primary PHI:** the Private Social Health Insurance (ISAPRES) has the characteristics mentioned above. The Health System of Chile is very special in this sense, as the ISAPRES are for profit private institutions which manage compulsory social contributions and voluntary premiums. This insurance is for employees and their relatives, who voluntarily choose this kind of insurance instead of Public Social Health Insurance (FONASA). Both schemes offer a minimum package of health services, but the beneficiaries of ISAPRES can upgrade health services (more services coverage and/or access to quality facilities) through an additional voluntary premium to be paid. In this sense, most people accept enhanced health services (coverage and quality). The information is available in the web page of Superintendent of Health at [http://www.supersalud.gob.cl/documentacion/569/w3-propertyvalue-3742.html](http://www.supersalud.gob.cl/documentacion/569/w3-propertyvalue-3742.html) (in Spanish).

**Break in series in 2014:** From 2014 onwards, the coverage of complementary private insurance also includes any private complementary insurance that provide some degree of health protection. In practice, this change allows to include life insurances that cover certain (not all) health-related areas. Therefore, this change increases the number of people with private complementary health insurance.

**Czech Republic**

*From 2006 onwards:*

**Sources:** Czech National Bank, Section of Regulation and Supervision on Insurance Companies.

**Estimate by the Institute of Health Information and Statistics of the Czech Republic.**

**Coverage:**

- Only negligible appearance of private health insurance in the Czech Republic (only for foreigners who are not eligible for public health insurance coverage - primary PHI - and for services not covered from public health insurance - supplementary PHI).
- Less than 1% of population is covered by private health insurance.

**Until 2005:**

**Source:** Ministry of Finance, Office of the State Supervision in Insurance and the Pensions Funds.

**Further information:** [http://www.mfcr.cz](http://www.mfcr.cz).

**Denmark**

**Source:** Danish Insurance Information Service.

**Coverage:** Data available from 2001, counting the paying members of the 10 biggest health insurance companies in the country. Coverage is thus not complete and the numbers should therefore be regarded as a minimum number of private health insurances.

**Break in series from 2003:** Data also include children who are covered indirectly from their parents’ health insurance policy.

**Methodology:** Definition not available.

**Further information:** [www.forsikringopension.dk](http://www.forsikringopension.dk).

**Estonia**

Data not available. Only one insurance company provides health insurance products in Estonia.

**Finland**

**Sources:**

*Since 2009:* Federation of Finnish Financial Services.


**Coverage:** The total numbers include the number of private health insurance policies purchased for children and adults (paid by themselves) and those paid by employers. The numbers are collected from different insurance companies, and it is assumed that one person has no more than one private health insurance policy during one year.

**Methodology:**
- Private insurance policies are duplicate (to the public services provided by the municipal and central hospital districts) and supplementary (to the national sickness insurance paid by KELA, Social Insurance Institution).

**France**

**Source:** The *Institut de recherche et documentation en économie de la santé* (Irdes) carries out a survey on health and social protection, every two years ("Enquête sur la santé et la protection sociale, ESPS"), which includes data on PHI coverage.

**Coverage:**
- **Type of coverage available:** Complementary. In France, complementary and supplementary insurances are gathered in complementary coverage contracts which also offer reimbursements for services not covered by Health insurance (such as eye surgery, paradental care, individual room in hospital, etc).

**Break in series in 2006:** Persons covered by the CMUC are included in the amount of persons covered by complementary health insurance, hence data compiled from three sources:
1) Irdes, ESPS survey, for persons covered by complementary health insurance, excluding CMUC. See [http://www.irdes.fr/EspaceRecherche/Enquetes/ESPS/EnqueteESPS.html](http://www.irdes.fr/EspaceRecherche/Enquetes/ESPS/EnqueteESPS.html).
2) CMUC Funds for persons covered by complementary health insurance via their CMUC. See [http://www.cmu.fr/site/cmu.php4?Id=3&cat=75](http://www.cmu.fr/site/cmu.php4?Id=3&cat=75).
3) Irdes, ESPS survey, for persons covered by complementary health insurance, including CMUC. See [http://www.irdes.fr/EspaceRecherche/Enquetes/ESPS/EnqueteESPS.html](http://www.irdes.fr/EspaceRecherche/Enquetes/ESPS/EnqueteESPS.html).

**Break in series in 2008** due to a change in calculation. From 2008, ESPS data include persons covered by CMUC, and the percentage calculated does not include persons who have replied “don’t know” to the survey question “do you benefit from a private complementary insurance and/or CMUC”.

**Germany**

**Source:** *Association of Private Health Insurance*, fully private health insurance and complementary private health insurance (“Krankheits-Vollversicherte” & “Zusatzversicherte”); Verband der Privaten Krankenversicherung 2015, *Zahlenbericht der privaten Krankenversicherung* 2014, Köln, pp. 25, 34.

**Federal Statistical Office.** Population statistics (total population: average of the year); Statistisches Bundesamt, *Fachserie 1, Reihe 1.3*, table 2.1.

**Coverage:**
- The number of persons with Primary Private Health Insurance refers to those fully covered under Private Health Insurance (Krankheits-Vollversicherte).
- A distinction between the persons taking out complementary and supplementary PHI is not possible. Complementary and Supplementary PHI are typically taken out by persons covered under the Statutory Health Insurance Scheme.

**Methodology:**
- Complementary PHI may include double counting.
- In 1996, a new calculation method was adopted by the Private Health Insurance Companies.
- Estimations of covered lives under complementary PHI are only available from 2005 onwards.

**Break in time series in 2011:**
- The population numbers prior to 2011 are taken from the Update of the Population based on earlier censuses (Former Federal Republic of Germany 1987, German Democratic Republic 1990).
- Starting from 2011 the population numbers are based on the Federal Census 2011 (census data as of 27 November 2015). Therefore, for the years from 2011 onwards, differences to previous publications of population-related numbers are possible.

**Further information:** [http://www.pkv.de](http://www.pkv.de); [http://www.destatis.de](http://www.destatis.de); [http://www.gbe-bund.de](http://www.gbe-bund.de).

**Greece**


**Coverage:**
- Almost the entire population is covered. The survey of the Hellenic Association of Insurance Companies includes a sample of companies which represent more than 80% of all insured population.
- The percentage of the population covered was estimated based on the revised Census by ELSTAT in 2014.

**Periodicity:** Data refer to 2002 and 2010-2014.

**Deviation from the definition:**
- Data refer to both life and health private insurance contracts, since they cannot be separated.
- For the period 2010 to 2014, data refer to contracts and not to the population covered (i.e., if somebody is a holder both of a personal and of a group contract, he or she is counted twice).

**Hungary**

Private health insurance in Hungary is negligible. Coverage is mostly supplementary and insurance is provided with life or accident insurance policies (e.g. eligibility for higher level of hotel service or per-diem-like wage supplement during hospital treatment). There is a small number of savings accounts which are not risk-based insurances.

**Iceland**

**Source:** Financial Supervisory Authority [http://].

**Coverage:** Data refer to number of lives covered by Icelandic Private Health Insurance, which, in this case, is to cover the cost of general health service in the period where people are not eligible for public health insurance. It is for foreigners who come to Iceland for both long and short stays and for Icelanders who have had a foreign address but are moving back to Iceland. It takes six months to become eligible for the public health insurance unless intergovernmental treaties say otherwise. Private health insurance purchased from abroad is not included. Other types of private health insurance exist but are not relevant for this data collection.

**Further information:** [http://www.fme.is/fme.nsf/pages/index.html].

**Ireland**

**Sources:**
- Department of Health, Public/Private Health Care arrangements and Private Health Insurance Unit.
- Coverage data are collected by the Health Insurance Authority ([http://www.hia.ie/publication/market-statistics/]).
- The European Community Panel Expenditure Survey (EPES), a survey on household income and living conditions, health, housing and work, conducted by Eurostat periodically, includes data on PHI for Ireland.

**Coverage:**
- All PHI membership is most appropriate to the Duplicate PHI Category, as an individual who has PHI does not permanently forfeit his/her right to avail of the public system and the coverage provided by private health insurance largely mirrors that available to public patients in public hospitals. However, for an episode of care, if an individual chooses to avail of PHI, he or she will forfeit their right to avail of the public system for the duration of treatment for that episode of care. Population Statistics were taken from the Central Statistics Office Website.
- **Total PHI coverage:** Some health insurance policies have primary care coverage (e.g. GP coverage). In addition there are a number of people enrolled in cash plans. These are policies that pay out cash for GP visits and some hospital out-patient visits. They are not indemnity policies.
- Primary care in Ireland refers to the first line care available - i.e. attendance at a general practitioner and certain out-patient and related treatments/visits.
- **Complementary PHI:** All persons in Ireland have some level of coverage under the public health system, though there are eligibility variations in relation to level of treatment and need for payment. Hence, all private health insurance contains an element of duplication.

**Methodology:** The information refers to the situation at 31st December.

**Israel**

**Source:** Household Expenditure Surveys conducted by the Central Bureau of Statistics.

**Coverage:**
- As of 1997, the survey is annual and the population includes the entire urban and non-urban population except for collective settlements (kibbutzim and collective moshavim) and nomads in the southern district.
- Health insurance includes only payments for supplemental health insurance offered by the four official health sick funds and policies sold by insurance companies.
- Supplementary insurance in Israel includes components from both Duplicate and Supplementary PHI (according to the OECD definitions). PHI provided by insurance companies includes components from Duplicate, Complementary
and Supplementary insurance. Therefore in Duplicate and Supplementary PHI are included both Supplementary
insurance by the sick funds and insurance provided by insurance companies. In Complementary insurance, only
insurance provided by insurance companies is included.
- Data refer to covered lives.


**Note:** The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities.
The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli
settlements in the West Bank under the terms of international law.

**Italy**

Data not available.

**Japan**

Data not available.

**Korea**

**Source:** Korea Insurance Development Institute, unpublished data.

**Methodology:**
- All private insurance companies should cooperate on providing information, following the Insurance Business Act.
Data have been collected by those mandatory reporting on private insurance contracts.
- Private health insurance in Korea is both complementary and supplementary. However, it is not possible to classify
it by detailed type. There is no primary health insurance scheme nor duplicate health insurance scheme in Korea.
Since the national health insurance covers the entire population in Korea from 1989, no one is covered by primary
health insurance and duplicate health insurance.
- Data include medical payment insurances and quasi-insurances such as mutual-benefit associations.

**Luxembourg**

For affiliated persons only:

**Source:** Caisse Médico-Chirurgicale Mutualiste du Luxembourg (CMCM), files concerning the common
regime.

**Methodology:** Data as of 31st December.

**Source of the denominator for the rate of persons covered by complementary insurance:** STATEC.

**Coverage:** PHI is available for:
- any person insured by a Luxembourg caisse de maladie.
- or insured by a sickness insurance institution from a nearby country.
- or insured by a common regime under the Assurance Maladie des Communautés Européennes or
similar, whose headquarters would be in the Grand-Duché of Luxembourg or in nearby regions
(Provinces de Liège et de Luxembourg in the case of Belgium; Départements de Meurthe-et-Moselle
et Moselle in the case of France, and Rhénanie-Palatinat and Sarre in the case of Germany).
- Affiliation to PHI can be maintained even when going abroad.
- CMCM provides coverage for additional health services, for instance for surgical interventions and hospitalisations
in Luxembourg and abroad, for dental treatments, etc.
- There are other complementary health insurers in Luxembourg, however, data on their coverage rate is not
available.

**Mexico**

**Sources:**
- Data reported by the Comisión Nacional de Seguros y Fianzas (CNSF), the regulatory body for insurance
companies.
- Proyecciones de la población 1990-2030, Consejo Nacional de la Población (CONAPO) used to calculate the
percentage of total population.

**Coverage:**
The number of persons covered by private health insurance are observed data and not estimates. All the insurance companies report the information directly to CNSF. Some persons who have social security coverage and government health coverage also have private health insurance. The data do not contain information about the insurance health companies but it is not representative (less than 1%).

**Methodology:**

- Data for the period 2000-2014.
- Data available on the number of persons covered by private health insurance but not on the number of policies sold.

**Note:** Between 2000-2006, the insurance companies reported health medical expenses information for three kinds of groups: “individual”, “group” and “collective”. From 2007, the information on health medical expenses is reported only for two kinds of groups: “individual” and “group”. The information about “group” now includes “collective”. As a result, recent modifications on regulation may explain the peak observed in 2007 in the number and percentage of population covered by PHI.

**Further information:** The sources of the CNSF are public and can be consulted at the following websites: Anuarios estadísticos de la CNSF 2000-2013, available at [http://www.cnsf.gob.mx/Difusion/Paginas/AAnuarios.aspx](http://www.cnsf.gob.mx/Difusion/Paginas/AAnuarios.aspx); and Sistema estadístico de Accidentes y Enfermedades de la CNSF, available at [http://www.cnsf.gob.mx/EntidadesSupervisadas/InstitucionesSociedadesMutualistas/Paginas/AccidentesEnfermedades.aspx](http://www.cnsf.gob.mx/EntidadesSupervisadas/InstitucionesSociedadesMutualistas/Paginas/AccidentesEnfermedades.aspx).

**Netherlands**

**Sources:** Coverage data available from Vektis (Information centre for the care insurers) and the Dutch Central Statistics Bureau.

**Coverage:** Private health insurance in the Netherlands is predominantly supplementary, however, some complementary items may be also covered, e.g. co-payments for pharmaceuticals (but coverage of obligatory co-sharing is forbidden by law).

**Break in series in 2006:** From 2006, the new Health Insurance Act (Zorgverzekeringswet) requires all residents to take out a health insurance. The system is operated by private health insurance companies; the insurers are obliged to accept every resident in their area of activity. Until 2006, the third layer is private insurance for those with an income above the stated income level and for supplementary insurance. From 2006, the third layer is only for supplementary insurance.

**New Zealand**

**Source:** Health Funds Association of New Zealand Inc (HFANZ).

**Coverage:**

- Lives covered figures are provided by HFANZ from 1998 to 2015 as at 31st December.
- HFANZ has reviewed which classification of insurance type best represents PHI in New Zealand in accordance with the OECD definitions. 68% of lives covered are via elective surgical and specialist care policies, which generally cover surgeries and specialist costs also funded via the public system. These can be strictly termed duplicate health insurance. A further 32% of lives covered are via comprehensive policies, which are in broad terms a mix of duplicate, supplementary and complementary cover. HFANZ has indicated that on a claim value basis, the dominant factor for claims under comprehensive policies is surgery and specialist costs similar to those funded publicly. On this basis, comprehensive policies have also been classified as duplicate insurance.
- It is noted that the shift from comprehensive to duplicate insurance has been a gradual process, where in the past decade PHI has moved from predominantly complementary to predominantly duplicate. Because total claims paid under major medical policies first exceeded comprehensive policy claims in 2005, data from that year onward have been recast as duplicate insurance.

**Methodology:**

- Private health insurance is voluntary in New Zealand.
- Percentage of population calculated on the basis of 4,650,000 population as an estimate for 31st December 2015.


**Norway**

Data not available. In Norway, the Government offers full coverage of health insurance. Private health insurance is duplicate insurance of the public system. Statistics Norway has no data on the duplicate private health insurance.
Poland

Data not available.

Portugal


Coverage:
- After 2007, this sector continues to grow gradually. This trend can be observed in individual health insurances and among employers.

2006: Decrease in total and duplicate coverage, as about 45000 people cancelled their health insurance and some of them got new health insurance in 2007 due to different levels of health care provided/offered by each insurance company, and also differences on the charges with the insurance. This situation led to the cancellation of many individual insurances and the choice of other options.
- In 2005, more than half of the number of individuals covered is duplicate PHI (52.2%). In the other 47.8%, a significant percentage is also duplicate PHI, and the remainder is complementary and supplementary PHI. However, the share of each type of coverage cannot be distinguished.

Slovak Republic

Private health insurance is negligible in the Slovak Republic.
- “...The legislative framework on health insurance companies is defined from January 1, 2005 by Act No. 581/2005 (Coll.) on health insurance companies, healthcare supervision and on the amendment and supplementing of certain laws in wording of later legislation, Act. no. 580/2004 (Coll.) on health insurance and on the amendment and supplementing of Act.No. 95/2002 (Coll.) on insurance and on the amendment and supplementing of certain laws in wording of later legislation, as well as Act No. 576/2004 (Coll.) on healthcare, healthcare-related services and on the amendment and supplementing of certain laws in wording of later legislation and by Act No. 577/2004 (Coll.) on the scope of healthcare covered by public health insurance and on settlements for healthcare-related services in wording of later legislation...”. Quotation from a publication of the Statistical Office of the Slovak Republic: Selected Indicators on Health Insurance Companies, the Social Insurance Agency and the Centres of Labour, Social Affairs and family.

Slovenia

Source: Statistical Office of the Republic of Slovenia (SURS), gathering and preparing joint data from different insurance companies.

Coverage: Data include insured persons and dependents.

Methodology:
- Private health insurance is voluntary insurance. There are no tax breaks or other fiscal advantages, and there is no condition of employment regarding PHI.
- Private health insurance is offered both as individual (complementary insurance) and as a group insurance (possible for supplementary, parallel and other insurance).
- Insurance companies offer life products with critical illnesses and accident insurance with lump sum payments and daily indemnity or daily compensation. Insurance companies do not offer private long-term care insurance as part of PHI.

Spain

Sources: Ministerio de Sanidad, Servicios Sociales e Igualdad (Ministry of Health, Social Services and Equality) and National Statistics Institute (INE):
2014: Encuesta Europea de Salud en Español, EESE (European Health Interview Survey in Spain, EHIS).

Coverage:
- Share of the population who has taken up a private health insurance policy.
- For 2014, population aged 15 years old and over. Differences between total population and population 15 and over are small for this indicator, e.g. under 0.2% in 2011.
Further information: http://www.msssi.gob.es/.

Sweden

Source: Insurance Sweden (Svensk Försäkring) and Statistics Sweden (Population statistics).

Coverage: 
- According to Swedish Insurance, a Swede has no more than one private health insurance, i.e. the number of subscribed private health insurance is consistent with the number of people who have private health insurance. During 2014, approximately 622 000 Swedes had a private health care insurance of whom most was paid by their employer. The private health care insurance complements the system of public welfare and social protection. Health care insurance gives access to care faster and can also help towards covering some costs that arise in connection with health care. The number of private health care insurances has increased in recent years.

Methodology: Population as of 1 November.

Switzerland


Coverage: Percentage of population aged 15 years old and over covered by a private insurance for in-patient care in private and half-private divisions (choice of physician and higher accommodation level).

Turkey

Source: Data collected from statistics of the Association of the Insurance, Reinsurance and Pension Companies of Turkey.

Coverage: 
- Private health Insurance companies in Turkey include two main types of coverage: “in-patient coverage” and “out-patient coverage”:
  - In-patient coverage includes surgical or non-surgical treatments from a hospital, doctor, surgery, assistant, anesthesia and other medical service fees or other expenses that will occur during the insured person’s treatment in a hospital, as well as intensive care and ambulance costs.
  - Out-patient coverage includes the doctor’s examination, diagnostic procedures (MRI, CT scan and laboratory tests, etc.), small interventions within the outpatient treatment, and drug costs.
  - In addition to these two main types of coverage, glasses (glass/frame/lens) are covered with extra premiums, and there is also a third coverage which includes dental expenses.

Methodology: 
- Health insurance is insurance against the risk of incurring medical expenses among individuals. With the approval of the medical advisors of insurance companies, all of the insured’s medical expenses, surgical expenses, long or short-term treatments, surgery or treatment-related expenses are fully reimbursed within the maximum limits or considered as exemption. Although there are differences among the practices of insurance companies, periodical health checks, expenses without any medical reason, and other similar expenses are generally not covered.
  - Within the context of the Insurance Supervision Law, No: 5684, Article 24, the Association of the Insurance and Reinsurance Companies of Turkey is a legal entity established for the development of the insurance profession, empowerment of solidarity among insurance companies and elimination of unfair competition among members. All insurance and reinsurance companies working in Turkey have to become a member of the Association within the month following the granting of their license.

United Kingdom

Sources: 
2003 onwards: Liang & Buisson.
**United States**

**Source:** Centers for Disease Control and Prevention/National Center for Health Statistics/National Health Interview Survey (NHIS). Unpublished data from the NHIS public use data file, various years.

**Coverage:** National representative sample of the U.S. civilian non-institutionalised population. Include all ages.

**Deviation from the definition:** Data match OECD definition. Calculation methods match OECD definition.
- The US health plan category “complementary private health insurance coverage” includes all private coverage and individuals who also receive any type of public health coverage.
- The survey prevalence is the result of a household survey that collects information on health care coverage.
- The definition for the US health plan category “public health plan coverage” includes Medicaid, State Children’s Health Insurance Program (SCHIP), state-sponsored or other government-sponsored health plans, including Medicare, disability, military plans, and a number of other very small public health coverage programs.
- The survey prevalence does not include government employees, who are considered to have “employer-based coverage” for purposes of this survey.
- The NHIS is an ongoing nationwide sample survey in which data is collected through personal household interviews. Information is obtained on personal and demographic characteristics including race and ethnicity by self-report. Information is also obtained on illness, injuries, impairments, chronic conditions, utilisation of health resources, and other health topics.
- The sample design plan of NHIS follows a multistage probability design that permits a continuous survey of the non-institutionalised population residing in the United States.

**Estimation:** Percent estimates were weighted to represent the U.S. civilian non-institutionalised population for each time period.

**Further information:** NHIS website, [http://www.cdc.gov/nchs/nhis.htm](http://www.cdc.gov/nchs/nhis.htm).

**Total public and primary private health insurance**


**Coverage:**
- 2015: Estimates for January to September 2015 only, from the National Health Interview Survey. Data cover all ages.
- This report from the National Center for Health Statistics (NCHS) presents selected estimates of health insurance coverage for the civilian non-institutionalised U.S. population based on data from the January-September 2015 National Health Interview Survey (NHIS).
- In the first 9 months of 2015, 9.1% of the population (28.8 million persons of all ages) were uninsured at the time of interview, i.e. 90.9% of the population were insured.

**NON-OECD ECONOMIES**

**Brazil**

**Source:** Ministério da Saúde/Agência Nacional de Saúde - Sistema de Informações de Beneficiários e IBGE - Base demográfica.

China

Data not available.

Colombia

**Source of data:** Quality of Life Survey of DANE  
**Coverage:** National.  
**Deviation from the definition:** The data reported corresponds to persons who have voluntary health plans. These plans are funded entirely by the affiliates or their companies and they can only be acquired if people are affiliated to the contributory scheme of social security in health.

India

Data not available.

Indonesia

Data not available.

Russian Federation

**Source:** BusinessStat, Overview “Analysis of the market of medical services in the Russian Federation in 2011-2015, Forecasts for 2016-2020”. Table “Quantity of patients of voluntary/private health insurance, Russian Federation, 2011-2015 (head counts)”.  
**Coverage:** Data for 2011-2015.  
**Further information:** [http://businesstat.ru](http://businesstat.ru).

South Africa

**Methodology:** Calculated from Medical Schemes beneficiaries per population from Stats SA mid-year estimates for each year.  

[http://www.oecd.org/health/health-data.htm](http://www.oecd.org/health/health-data.htm)