

OECD Health Statistics 2019

Definitions, Sources and Methods

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.

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

Country	Type of coverage available	Number of covered lives or number of policyholders	Voluntary or mandatory insurance	Individual or group policies (% of market if both policy types exist)	Life insurance products including health elements	Long-term care insurance (LTC)
Australia	Duplicate and supplementary.	Covered lives	Voluntary	Individual	Yes. Lump sums for medical conditions, serious illness, injury or permanent disability. Monthly benefits if unable to work due to illness or injury.	No
Austria	Complementary	Covered lives	Voluntary	-	-	-
Belgium	Complementary (primary small-risks coverage for self-employed)	Covered lives	- Voluntary (private companies and mutuelles) - Mandatory (long-term care in Flanders)	- 100% individual (mutuelles) - 25% individual and 75% group (private companies)	N.a. (private companies). No (mutuelles)	Yes (for Zorgverzekering in Flanders)
Private insurers	-	-	Voluntary		-	-
Mutuelles	-	-	Voluntary	Individual	No	Only if LTC treatment in hospitals, in framework of in-patient treatment
Hospitalisation						Only if LTC treatment in hospitals, in

Country	Type of coverage available	Number of covered lives or number of policyholders	Voluntary or mandatory insurance	Individual or group policies (% of market if both policy types exist)	Life insurance products including health elements	Long-term care insurance (LTC)
						framework of in-patient treatment
Zorgverzekering (Flanders only)	-	All population in Flanders	Mandatory	Individual	No	LTC only
Canada	Supplementary	Covered lives	Voluntary	10% individual and 90% group	Yes (e.g. critical illness insurance, disability insurance)	Yes
Chile	Primary PHI	3 393 662 (number of covered lives) in 2017	Mandatory or Mandatory plus a part voluntary to upgrade services	18.4% in 2017 (both groups)	N.a.	N.a.
	Complementary PHI	6 433 704 (number of covered lives) in 2017	Voluntary	34.9% in 2016 (both groups)	N.a.	N.a.
Czech Republic	Supplementary. Primary: for foreigners who are not eligible for public health insurance coverage.	-	Voluntary	Individual	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.	No
Denmark	Complementary, supplementary	Policyholders (number of policies taken out. Information on covered lives is n.a.).	Voluntary	Group and individual (% is n.a.)	No. Life insurance products generally do not include health elements.	No
Estonia	Primary and complementary	Number of policyholders (one for each person)	Voluntary	Individual -75%, Group - 25%	Yes	No
Finland	Supplementary	-	Voluntary	-	-	-

Country	Type of coverage available	Number of covered lives or number of policyholders	Voluntary or mandatory insurance	Individual or group policies (% of market if both policy types exist)	Life insurance products including health elements	Long-term care insurance (LTC)
France	Complementary	Covered lives	Voluntary	Individual and group	-	-
Germany	Primary, complementary and supplementary	Covered lives	Voluntary and mandatory	Individual and group (% of n.a)	Yes (e.g. permanent disability insurance)	Yes
Greece	Duplicate	-	Voluntary	-	Yes	-
Hungary	Supplementary	-	Voluntary	-	Yes	No
Iceland	Primary	Covered lives	Voluntary	Individual	Yes	Yes, but just recently offered
Ireland	Duplicate	2 million covered lives (including children)	Voluntary	Individual and group policies combined	Yes. Life companies offer products (critical illness, hospital cash, income replacement etc).	Yes. Life companies may offer long term care insurance.
Israel*	Complementary, Duplicate and Supplementary	Covered lives	Voluntary	Both	-	Yes, in addition to the health insurance.
Italy	-	-	-	-	-	-
Japan <i>Source: Financial Services Agency</i>	Complementary and supplementary	-	Voluntary (except the compulsory automobile liability insurance)	Individual and group	Yes (e.g. cancer insurance, specified disease insurance, etc.)	Yes
Korea	Complementary and supplementary	-	Voluntary	Individual	Yes	Yes
Latvia	Total	Number of persons insured	Voluntary	-	-	-
Lithuania	Duplicate, Complementary and Supplementary	Number of covered lives	Voluntary	Both: - individual 0.81% - group 99.19% (2018)	Yes (lump sum, critical illness)	No
Luxembourg	-	-	-	-	-	-
Mexico	Duplicate	-	Voluntary	-	-	No

Country	Type of coverage available	Number of covered lives or number of policyholders	Voluntary or mandatory insurance	Individual or group policies (% of market if both policy types exist)	Life insurance products including health elements	Long-term care insurance (LTC)
Netherlands						
Up to 2005	Primary and supplementary	5.834 million, of which: - Policies entirely pertaining to private law (4.130 million) - Standardised policies regulated under the WTZ scheme (0.817 million) - Policies for civil servants (0.888 million)	Voluntary	48% individual, 52% group	No	No
2006 onwards	Supplementary	Covered lives: approximately 15 million.	Voluntary	Individual and group (group max. 44%, but from the total insured population of 16.5 million)	No	No
New Zealand	Duplicate, Complementary and Supplementary	Covered lives	Voluntary	Individual and group	Yes	No
Norway	Duplicate	-	Voluntary	-	-	No
Poland	-	-	-	-	-	-
Portugal	-	-	Voluntary	-	-	-
Slovak Republic	-	-	-	-	-	-
Slovenia	Complementary	Insured persons and dependents	Voluntary	-	Yes	No
Spain	Primary, duplicate	Covered lives	Voluntary	Individual	-	Yes
Sweden	-	-	-	-	-	-
Switzerland	Supplementary	Covered lives	Voluntary	-	-	-
Turkey	Complementary and supplementary	Policy holders	Voluntary	-	Critical illness	-
United Kingdom	Duplicate	Covered lives	Voluntary	Individual and group (% is n.a.)	Critical illness	-
United States	Primary and complementary	Covered lives	Voluntary	-	No	Yes

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:

1995 onwards: From 1 July 2015, responsibility for the prudential supervision of private health insurers transferred from the Private Health Insurance Administration Council (PHIAC) to the Australian Prudential Regulation Authority (APRA). See **Private Health Insurance Membership Trends**, APRA, Sydney. Available to download at <https://www.apra.gov.au/publications/private-health-insurance-statistical-trends>.

Population estimates from the **Australian Bureau of Statistics**. Australian Demographic Statistics ABS Cat. No. 3101.0. Canberra: ABS.

Methodology:

- Data as of 30th June.
- Total PHI is sourced from 'Total Insured Persons'.
- Duplicate PHI is sourced from 'Total Hospital Treatment'. This records the number of persons with hospital coverage, which provides for in-hospital treatment by a doctor of choice and other costs not covered by Medicare, including hospital accommodation.
- Supplementary PHI is sourced from 'Total General Treatment'. 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 – Supplementary PHI:** 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.

 **Break in time series in 1998 – Total PHI:** From 1998, total PHI is equal to total insured persons.

Further information: APRA, <http://www.apra.gov.au/>.

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**, Health Insurance, available at <http://www.vvo.at/krankenversicherung-in-osterreich.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-for-profit insurance.

- Private insurers: persons covered (both individual and collective contracts).

- Mutuelles: Individual policies, no life insurance products including health elements.

From 2013: includes hospitalisation insurance contracts with ‘Insurance organisations of mutual solidarity’ (VMOB/SMA): treatment in hospitals. Persons covered.

From 2003: facultative hospitalisation contracts (categories 200+201).

Methodology: In principle, private health insurances in Belgium are only allowed to insure acts that are not covered in the mandatory social security health insurance, or the copayments. Therefore, private insurance as ‘primary coverage’ (Primary PHI) is not applicable in Belgium. Duplicate insurance is also not applicable in Belgium.

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 Superintendence of 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.

Methodology:

- 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> (in Spanish).

- **Complementary PHI:** The health insurances offered for insurance companies are considered. Coverage includes reimbursement of hospitalisation, consultations, exams and pharmaceuticals. The information is published in the web page of Insurers Association of Chile at <http://portal.aach.cl/Estudios.aspx?M=7> (in Spanish). 2018 data is an estimate, and the 2016-2017 growth has been used for its projection.

 **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.

Further information:

The percentages of the participation of the different insurance companies with respect to the total population were updated since the new population projections of the National Statistics Institute (INE) were used since 1992.

See <http://www.censo2017.cl/>.

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>.

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 in 2003:** Data from 2003 onwards also include children who are covered indirectly from their parents' health insurance policy.

Methodology: Definition not available.

Further information: www.forsikringogpension.dk.

Estonia

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

Finland

Sources:

Since 2009: Federation of Finnish Financial Services.

Until 2006: Private services in social welfare and health. Official Statistics of Finland. Social protection. Helsinki. National Institute for Health and Welfare.

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.

- Data for the years 1999-2006 do not cover private health insurance policies paid by employers.

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).


- No data available for 2007-2008.

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, parodontal 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>.

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>.

3) Irdes, ESPS survey, for persons covered by complementary health insurance, including CMUC. See

<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 2018, *Zahlenbericht der privaten Krankenversicherung 2017*, Köln, pp. 25, 32 and 33.

Federal Statistical Office, Population statistics (total population: average of the year).

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.

 **Breaks in time series:**

- Starting from 2011 the population numbers are based on the Federal Census 2011 (census data as of 27 November 2015).

- On the basis of the 2011 census, the population figures were recalculated for methodological purposes for the reporting years 1995 to 2010. The results of this recalculation only serve to adjust statistical time series and results; however, they do not represent an official revision of the previous population figures before the census. Therefore, for the years from 1995 onwards, differences to previous publications of population-related numbers are possible.

- Estimations of covered lives under complementary PHI are only available from 2005 onwards, hence affecting the total PHI coverage from 2005 onwards.

- In 1996, a new calculation method was adopted by the Private Health Insurance Companies.

Further information: <http://www.pkv.de>; <http://www.destatis.de>; <http://www.gbe-bund.de>.

Greece

Sources: Ministry of Development, Direction of Insurance Undertaking and Actuary. **Hellenic Association of Insurance Companies** (<http://www.eaee.gr/cms/eng/>).

2015: *Greece: Health system review*. Health Systems in Transition, 2017; 19(5):1–192. Available at http://www.euro.who.int/_data/assets/pdf_file/0006/373695/hit-greece-eng.pdf?ua=1.

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.

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.

Further information: http://www.cbs.gov.il/reader/?MIval=cw_usr_view_SHTML&ID=404.

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**Sources:**

From 2016: **Korea Credit Information Services**, unpublished data.

Until 2015: **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.

Coverage: Data include medical payment insurances and quasi-insurances such as mutual-benefit associations.

Latvia

Source: Latvian Insurers Association.

Coverage:

- Data include Latvian non-life and life insurance companies and branches of foreign non-life and life insurers.
- Data for 2016-2018 compiled by the Latvian Insurers Association.
- Data for 2008-2015 compiled from data provided by the Financial and Capital Market Commission (supervision) and the SKDS research centre, taking into consideration calculations done by the Latvian Insurers Association.

Lithuania

Source: Lithuanian Insurers Association.

Coverage: Data on activities of Insurers.

Further information: <https://www.lb.lt/lt/draudikai-veiklos-rodikliai#ex-1-1>.

Luxembourg

Source: Caisse Médico-complémentaire mutualiste (CMCM), Association des compagnies d'assurances et de réassurances (ACA). Data prepared by General Inspectorate of Social Security (IGSS).

Coverage: Data cover the number of policyholders (including family members) living in Luxembourg.

Methodology:

- Data refer to numbers as of 31st December every year.
- Complementary private health insurance: Voluntary insurance, offered as individual and group policies.
- Insurances are both complementary and supplementary. They are classified here as complementary as the majority covered is assumed to be using complementary insurance.
- STATEC is the source for the denominator (population).

Mexico

Sources:

- Data reported by the **Comisión Nacional de Seguros y Fianzas (CNSF)**, the regulatory body for insurance companies.
- Population projections 2016-2050, **National Population Council (CONAPO)** used to calculate the percentage of total population.

Coverage:

- The numbers 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 available on the number of persons covered by private health insurance but not on the number of policies sold.

Further information: The sources of the CNSF are public and can be consulted at the following websites: Anuarios estadísticos de la CNSF 2000-2018, available at <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>.

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 cost-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 2018 as at 31st December.
- HFANZ has reviewed which classification of insurance type best represents PHI in New Zealand in accordance with the OECD definitions. 70% 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 26% of lives covered are via comprehensive policies, which are in broad terms a mix of duplicate, supplementary and complementary cover.
- Around 4% of lives covered have been categorised as ‘minor medical’ as these policies offer more limited cover for health costs such as significant surgical procedures. 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.
- Minor medical policies have elements of all three types, although have been classified as complementary 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 4,930,000 population as an estimate for 31st December 2018.

Further information: <http://www.healthfunds.org.nz/>.

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

Source: Insurance and Pension Funds Supervisory Authority: Annual Report: “General Statistics.”

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

Sources:

From 2013 onwards: **Slovenian Insurance Association.**

Until 2012: **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.

Supplementary PHI:

- The number of insured persons strongly increased from 2014 onwards, as one of the insurance companies started action marketing for a new product, which significantly increased the number of insured persons in 2014 and 2015.
- One of the insurance companies donated (freemium) in 2014 to non-life insurance portfolio supplementary health rider, which was a standalone insurance policy. These policies have been gradually transformed into co-insurance, and thus their number started to decline over the next years.
- One of insurance companies started to offer "specialist cover" in 2018. Two insurance companies started to offer "dental cover" in 2017 and 2018 respectively, which increased the number of supplementary PHI.

Spain

Sources: Ministerio de Sanidad, Consumo y Bienestar Social (Ministry of Health, Consumer Affairs and Social Welfare) and National Statistics Institute (INE):

2014: Encuesta Europea de Salud en España, EESE (European Health Interview Survey in Spain, EHIS).

1995-2006, 2011 and 2017: Encuesta Nacional de Salud de España ENSE (National Health Interview Survey),

<http://www.msssi.gob.es/estadEstudios/estadisticas/encuestaNacional/home.htm>.

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.

Methodology: Weighted results. In 2003, 2006, 2011 and 2014: probabilistic sample.

Further information: <http://www.msssi.gob.es/>.

Sweden

Sources: Insurance Sweden and Statistics Sweden (population statistics). Data available for 2000-2017.

Coverage:

- According to Insurance Sweden, 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.

- About 13% (643,000 people) of the number of employed persons aged 16-64 years old had a private health insurance in 2017 and the number of health insurances increased by 5.2% during the year. The most common insurance policies are paid by the employer (55% of all health insurances).
- Individuals can buy health insurance either as an individual insurance or as a group insurance. A group insurance is usually subscribed via the employer, or the trade union/professional association to which the individual belongs. More and more trade unions in different occupational categories and other organisations today offer healthcare insurance to their members. The employer-paid insurance is paid by the employer on behalf of the individual. They normally include all employees in the workplace.
- Group insurance increased most, with 20,000 insurance policies, which corresponds to an increase of almost 10%. The employment-based insurance increased by about 13,000 insurance policies, a development of hardly 4%. The development rates are in line with the trend that group insurances increase faster than the employers' insurance policies. The large increase in group insurance in 2016 is mainly due to a reorganisation of how the groups should be defined in the statistics.

Reference: Insurance Sweden (Svensk försäkring) 2017.

See <https://www.svenskforsakring.se/statistik/skedeforsakring/sjukvardsforsakring/>.

Methodology: Population as of 31 December.

Further information: Insurance Sweden, <http://www.svenskforsakring.se/en>.

Switzerland

Source: Federal Statistical Office, Neuchâtel, Swiss Health Survey 1997, 2002, 2007, 2012 and 2017.

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).

Further information:

http://www.bfs.admin.ch/bfs/portal/fr/index/infothek/erhebungen_quellen/blank/blank/ess/04.html.

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: **Laing Buisson**.

1995-2002: Association of British Insurers.

Coverage:

2003 onwards: Numbers of people covered by private medical cover policies in the UK (insured and self-insured) at the end of the calendar year. Numbers are rounded to the nearest hundred thousand.

1995-2002: Figures exclude Third Party Administration Services (TPA) and Administration Services Only (ASO) businesses.

- Private Medical Insurance: families subscribe to the insurer (though the organisation need not be an insurance company) to provide health coverage. This enables the subscriber to receive hospital attention or undergo operations in private hospitals at a time more suitable or earlier than would be available under the NHS.

- The subscriber is defined as the person enrolled in the scheme where a subscription is paid for himself/herself alone or includes dependents.

Further information:

2003 onwards: <http://www.laingbuisson.com>; 1995-2002: <http://www.abi.org.uk/>.

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 (CHIP), state-sponsored or other government-sponsored health plans, including Medicare, military plans, and a number of other very small public health coverage programs.

- NHIS is a nationally representative survey of the U.S. civilian non-institutionalised population. Data are collected through personal household interviews continuously throughout the year. Information is obtained on personal and demographic characteristics including race and ethnicity by a family respondent. Information is also obtained on illness, injuries, impairments, chronic conditions, utilisation of health resources, and other health topics by self report.

- The sample design plan of NHIS follows a multistage probability design that permits the representative sampling of households and non-institutional group quarters (e.g., college dormitories). The sample design is redesigned after every decennial census.

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>.

i Total public and primary private health insurance, 2018:

Source: National Center for Health Statistics (NCHS), “Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, 2018”, May 2019. Available at <https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201905.pdf>.

Coverage:

- 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 2018 National Health Interview Survey (NHIS).

- In 2018, 30.4 million persons of all ages (9.4%) were uninsured at the time of interview - not significantly different from 2017, but 18.2 million fewer persons than in 2010.

NON-OECD ECONOMIES

Brazil

Sources:


2009-2019: Sistema de Informações de Beneficiários-SIB/ANS/MS e População - IBGE/Datasus/2012 Beneficiários em planos privados de assistência médica com ou sem odontologia.

See <https://www.ans.gov.br/perfil-do-setor/dados-gerais>.

2000-2008: **Ministério da Saúde/Agência Nacional de Saúde - Sistema de Informações de Beneficiários e IBGE - Base demográfica.** See <http://tabnet.datasus.gov.br/cgi/deftohtm.exe?idb2012/f16.def>.

Methodology:

- The coverage rate refers to the percentage of population covered by a private health plan for the 2009-2019 data.
- Data updated in March 2019.

 **Break in series in 2009** due to a change of source.

China

Data not available.

Colombia

Source: Departamento Administrativo Nacional de Estadística - DANE. Quality Of Life National Survey methodology - ENCV. Calculations by the Direction of Health Insurance Operation Regulation, Occupational Risks and Pensions, **Ministry of Health and Social Protection.**

Further information: http://microdatos.dane.gov.co/index.php/catalog/MICRODATOS/about_collection/8/1.

Costa Rica

Source: OECD, “OECD Reviews of Health Systems: Costa Rica 2017”.

Coverage: Complementary private health insurance.

Further information: <http://www.oecd.org/els/health-systems/oecd-reviews-of-health-systems-costa-rica-2017-9789264281653-en.htm>.

India

Data not available.

Indonesia

Data not available.

Russian Federation

Source: BusinesStat, 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.

- Voluntary medical insurance only.

 **Break in time series in 2014:** Since 2014, the Russian Federation includes Krime Federal Okrug (Crimea).

Further information: <http://businesstat.ru>.

Note: This document, as well as any data and any map included herein, are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area.

South Africa

Sources: The Council for Medical Schemes, Annual report of the Registrar of Medical Schemes. Pretoria: Council for Medical Schemes; 2003 to 2017. <http://www.medicalschemes.com/>.

Methodology:

- Number of medical scheme beneficiaries, as reported by the Medical Schemes Council, and proportion of population covered by medical schemes.

- Calculated from Medical Schemes beneficiaries reported by CMS and Stats SA mid-year population estimates.

Further information: https://indicators.hst.org.za/Finance/Finance/sahr_159/IND?start=start and https://indicators.hst.org.za/Finance/Finance/sahr_77/IND?start=start.

