OECD Health Statistics 2025
Definitions, Sources and Methods

Voluntary health insurance

Voluntary health insurance (VHI) comprises insurance schemes financed (fully or partly) through private health premiums, i.e., payments that a policyholder makes to ensure coverage under a given insurance policy, generally consisting of a contract that is issued by an insurer to a covered person. Premiums are non-income-related, although the purchase of VHI 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.
The category of voluntary health insurance corresponds to HF.2.1 under the SHA classification of healthcare financing schemes.

Note: Private health insurance may also be compulsory, for example, if stipulated by law and in this case should be considered as part of Government/compulsory health insurance.

Voluntary 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, voluntary 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;
- Insurance products which pay out a lump sum, regular benefits or income replacement, as a result of temporary or permanent disability or critical illness.

Data reporting:

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

Breakdown by type of VHI: Where possible, data have been broken down by type of voluntary health insurance. 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 VHI coverage in the country.

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

Duplicate VHI: Voluntary 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 VHI: Voluntary health insurance that complements coverage of government/compulsory insured services by covering all or part of the residual costs not otherwise reimbursed (e.g., cost-sharing, co-payments).

Supplementary VHI: Voluntary health insurance that provides coverage for additional health services not at all covered by the government/compulsory scheme.

The table below indicates what coverage categories or types exist in countries, and which 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	This type of insurance product is available in Australia but is not included in the data provided to the OECD. These insurance products cover 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	Covered lives	Voluntary (private companies and mutuelles)	- 100% individual (mutuelles) - 25% individual and 75% group (private companies)	N.a. (private companies). No (mutuelles)	Only available for medical long-term care.
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 VHI	2 788 885 in 2023 (number of covered lives)	Mandatory or Mandatory plus a voluntary part to upgrade services. Complementary insurance is no longer mandatory for private sector workers starting in 2023.	13.10% in 2023 (both groups)	N.a.	N.a.
	Complementary VHI	1 3714 658 in 2022 (number of covered lives)	Voluntary	69.2% in 2021 (both groups)	N.a.	N.a.
Colombia	Duplicate VIH	-	-	-	-	-
Costa Rica	N.a.	N.a.	N.a.	N.a.	N.a.	N.a.
Croatia	Entire population aged 18+	2 307 450 persons (covered lives)	Voluntary insurance	Individual policies	N.a.	N.a.
Czechia	Supplementary. Primary: for foreigners who are not eligible for public health insurance coverage.	-	Voluntary	Individual	Life insurance products do not generally comprise coverage for healthcare 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

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)
Estonia	Complementary	Number of insured persons	Voluntary	Group	Yes	No
Finland	Supplementary	-	Voluntary	-	-	-
France	Complementary	Covered lives	Voluntary	Individual and group	-	-
Germany	Complementary and supplementary	Covered lives	Voluntary	Individual and group (% 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 **Source: The Health Insurance Authority of Ireland (HIA)**. http://www.hia.ie.	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 Source: **Financial Services Agency**	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

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)
Latvia	Total	Number of persons insured	Voluntary	-	-	-
Lithuania	Duplicate, Complementary and Supplementary	Number of covered lives	Voluntary	Both: - individual: 11.36% - group: 88.36% (2022)	Yes (lump sum, critical illness)	No
Luxembourg	Complementary and supplementary	Number of policyholders (including family members) living in Luxembourg	-	-	-	-
Mexico	Duplicate	-	Voluntary	-	-	No
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 (data for the year 2021)	Supplementary	Covered lives: approximately 15 million.	Voluntary	Individual and group (group max. 60%, but from the total insured population of 17.7 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	-	-	-	-	-	-

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)
Slovenia	Complem entary	Insured persons and dependents	Voluntary	-	Yes	No
Spain	Primary, duplicate	Covered lives	Voluntary	Individual	-	Yes
Sweden	-	-	Voluntary	The most common insurance policies are paid by the employer (60% of all health insurances)	-	-
Switzerland	Supplem entary	Covered lives	Voluntary	-	-	-
Türkiye	Complem entary and suppleme ntary	Policy holders	Voluntary	-	Critical illness	-
United Kingdom	Duplicate	Covered lives	Voluntary	Individual and group (% n.a.)	Critical illness	-
United States	Primary and complem entary	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 voluntary 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 VHI policy.

Voluntary or mandatory insurance. Please indicate if in your country private health insurance 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 VHI 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 (ABS)**. National, state and territory population. Canberra: ABS.
Methodology:
- Data as of 30th June.
- Total VHI is sourced from 'Total Insured Persons'.
- Duplicate VHI 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 VHI 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 VHI: 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 VHI: From 1998, total VHI 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 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.
Methodology:
Break in series in 2019:
- Voluntary 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, voluntary insurance as 'primary coverage' (Primary VHI) is **not applicable** in Belgium. Duplicate insurance is also **not applicable** in Belgium.
Coverage:
- Different provisions of voluntary health insurance exist, as voluntary health insurance is offered by *mutuelles* and private insurers:

Complementary VHI
- *Mutuelles,* except the public sickness fund, provide complementary private non-for-profit insurance to their members; this consists of complementary reimbursements of copayments or non-reimbursed services, or provision of services. This coverage is automatic when a person adheres to the sickness fund for themselves and their dependents (dependent spouse, children, etc.).
- Further voluntary private health insurance is offered by *mutuelles* and private insurers.
Break in series in 2015: From 2015, the persons covered correspond to the number of affiliates covered (members and their dependents). Data reported both under complementary VHI and total VHI from 2015 onwards.
Break in series in 2003: Members and their dependents covered by facultative hospitalisation contracts (categories 200+201) sold by sickness funds.

Supplementary VHI
Source: Assuralia (professional association of insurance companies in Belgium).
Coverage: Private insurers only, number of persons covered by collective and individual contracts.
Further information: www.assuralia.be.

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.
- 2024 data are estimates.

Chile

Sources: Private Social Health Insurance (ISAPRES) through **Superintendence of Health** (SuperSalud), **Insurers Association of Chile** (AACH).
Complementary VHI from 2014: **Insurance and Securities Superintendence** (Superintendencia de valores y seguros).
Coverage:
- Data coverage is nationwide.
- Data for Compulsory Insurance of Traffic Accidents are not included.
- Data for Voluntary Insurance of Personal Accidents are not included.
Methodology:
- Data are collected annually.
- Primary VHI: 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 VHI: The health insurances offered by insurance companies are considered. Coverage includes reimbursement of hospitalisation, consultations, exams and pharmaceuticals. The information is published in the webpage of the Insurers Association of Chile at https://portal2.aach.cl/biblioteca/ (in Spanish). 2020 data are estimates, and the 2018-2019 growth rate has been used for those projections.
Note: The decrease in complementary VHI from 2023 onwards is due to the decline in the number of active and issued policies explained by the Mandatory Individual Health Insurance for COVID-19 established by Law No. 21,342 (Chile Law - Law 21342 - National Congress Library). This insurance is no longer mandatory for private sector workers starting in 2023.
Break in series in 2014: From 2014 onwards, the coverage of complementary voluntary insurance also includes any voluntary 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 voluntary complementary health insurance.
Further information: See new population projections by the National Statistics Institute (INE) at http://www.censo2017.cl/.

Colombia

Source: National Administrative Department of Statistics (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**.
Methodology:
- To generate the data, the **Integrated Information System of Social Protection - SISPRO** was used as the source of information in the **Unique Affiliate Database Cube - BDUA**.
- Information on Voluntary Health Plans has been available since April 2021.
- Data are reported as of December each year; for 2023 and 2024, the information is available as of November and October, respectively.
- In Colombia, Article 2.2.4.3 of Decree 780 of 2016 establishes the Voluntary Health Plans, which consist of Complementary Health Care Plans, Prepaid Medicine Plans, and Health Insurance Policies, which are reported as follows:
1. Total voluntary health insurance (VHI) coverage: Health Insurance Policy and Prepaid Medicine.
2. Duplicate voluntary health insurance (VHI) coverage: Complementary Plan in the Voluntary Health Plans Cube – PVS.
Note that the remaining voluntary plans do not apply to Colombia.
Further information:
http://microdatos.dane.gov.co/index.php/catalog/MICRODATOS/about_collection/8/1.

Costa Rica

Data not available.

Czechia

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 Czechia**.
Coverage:
- Only negligible appearance of voluntary health insurance in Czechia (only for foreigners who are not eligible for public health insurance coverage - primary VHI - and for services not covered from public health insurance - supplementary VHI).
- Less than 1 % of population is covered by voluntary 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 voluntary health insurances.
Break in time series in 2019: Counting the paying members of the 11 biggest health insurance companies in the country.
Break in time series in 2003: Data from 2003 onwards also include children who are covered indirectly from their parents' health insurance policy.
Further information: https://www.fogp.dk/statistik/sundhedsforsikringer/.

Estonia

Source: Estonian Insurance Association.

Methodology:
- Since the beginning of 2018, Estonian employers have had the opportunity to supplement their motivation packages with health insurance. The employer's health insurance works as additional insurance, in addition to the basic package offered by the Health Insurance Fund.
- Data not available until 2018, only one insurance company provided health service insurance.
Further information: https://lkf.ee. Statistics available at https://www.lkf.ee/et/statistika.

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. Finnish 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

Sources:
2019: The **Institut de recherche et documentation en économie de la santé** (Irdes), the **Ministry of Health** (Drees) and the **National Institute for Statistics and Economic Studies (Insee)** carry out the European Health Interview Survey (EHIS) every six years, which includes data on VHI coverage.
2017: The **National Institute for Statistics and Economic Studies (Insee)** carries out a survey on revenues and life conditions ("Statistique sur les ressources et les conditions de vie", SRCV). Every three years a complementary module includes data on VHI coverage.
- Up until 2014: 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 VHI 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 time series in 2017: Since 1 January 2016, subscription to an employer-provided complementary health insurance contract has become mandatory for all private-sector employees (even if some exemptions remain). These collective private contracts cannot be considered as optional anymore, and are excluded from VHI for the years 2017 and thereafter. VHI thus now includes only private individual complementary contracts (mainly subscribed by public sector, and self-employed workers, retired and other inactive persons) and subsidised complementary health insurance for low income households (Complémentaire santé solidaire since 2019, previously Couverture maladie universelle complémentaire (CMU-C)).
Survey data used for the year 2017 (SILC) and for the year 2019 (EHIS) are not perfectly comparable because of differences in the questionnaires, and survey methodology. However, the population covered has been harmonised to show comparable rates: VHI rate for people aged 15 or more in the 2019 EHIS survey has been extrapolated to all ages, using a multiplicative coefficient obtained via the SILC 2017 survey where coverage of the full household is available.

Break in time 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”.
Break in time series in 2006: Persons covered by the CMUC are included in the amount of persons covered by complementary health insurance, hence data were compiled from three sources:
1) Irdes, ESPS survey, for persons covered by complementary health insurance, excluding CMUC. See https://www.irdes.fr/recherche/enquetes/esps-enquete-sur-la-sante-et-la-protection-sociale/actualites.html.
2) CMUC Funds for persons covered by complementary health insurance via their CMUC. See https://www.complementaire-sante-solidaire.gouv.fr/.
3) Irdes, ESPS survey, for persons covered by complementary health insurance, including CMUC. See https://www.irdes.fr/recherche/enquetes/esps-enquete-sur-la-sante-et-la-protection-sociale/actualites.html.

Germany

Source: Association of Private Health Insurance, complementary private health insurance (“Zusatzversicherte”); Zahlenportal Verband der Privaten Krankenversicherung 2025, https://www.pkv.de/wissen/pkv-zahlenportal/.
Federal Statistical Office, Population statistics 2023 (total population: average of the year).
Coverage:
- A distinction between the persons taking out complementary and supplementary VHI is not possible. Complementary and Supplementary VHI are typically taken out by persons covered under the Statutory Health Insurance Scheme.
Methodology:
- Complementary VHI may include double-counting.
Breaks in time series in 1996, 2005 and 2009:
- Since the law to strengthen competition in statutory health insurance (GKV-WSG), statutory health insurance protection has been mandatory for the population in Germany. In 2009, general health insurance was introduced as part of the Insurance Contract Act (VVG). As a result, people who do not have statutory health insurance have also been obliged to take out health insurance since then. Those insured with private health insurance companies were assigned to the "Voluntary health insurance schemes" under the SHA until 2008. Since the introduction of general health insurance in Germany in 2009, they have been assigned to "Compulsory private insurance" (HF.1). The background to this is that the general obligation to have health insurance only allows you to choose between statutory or private health insurance.
In addition to full insurance, private health insurers also offer complementary/supplementary insurance (e.g. in the field of dentures). These are assigned to the "Voluntary health insurance schemes" (HF.2.1).
- 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 VHI are only available from 2005 onwards, hence affecting the total VHI 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://www1.eaee.gr/).
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, as 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.
- For the years 2016-2023, the percentage of the population covered was estimated based on the ELSTAT population estimates.

Deviation from the definition:

- Data refer to both life and health private insurance contracts, since they cannot be separated.
- 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

Voluntary 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://eng.velferdarraduneyti.is/acts-of-Parliament/nr/20110).

Coverage:

- Data refer to the 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.
- Voluntary health insurance purchased from abroad is not included. Other types of voluntary 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 VHI for Ireland.

Coverage:

- All VHI membership is most appropriate to the Duplicate VHI Category, as an individual who has VHI does not permanently forfeit his/her right to avail of the public system and the coverage provided by voluntary 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 VHI, 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 VHI 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 VHI: 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 voluntary 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 VHI (according to the OECD definitions). VHI provided by insurance companies includes components from Duplicate, Complementary and Supplementary insurance. Therefore in Duplicate and Supplementary VHI 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.
Methodology: Until 2018, the Household Expenditure Survey was conducted as a paper survey. As of 2019, the survey has become a computerised survey.
Break in time series in 2019: From 2019 onwards the survey is a computer-assisted field survey, and includes the following changes:
- Change in the estimation method: In 2019, due to a decline in survey response rates, the estimation method was changed. The change in the method of calculating weights was intended to reduce both the sampling errors and the biases that might have resulted from the fact that households that did not respond to the survey might differ in their characteristics from those who participated in the survey. The change made in the estimation method mainly affects the income of households and individuals.
- The population sampled in the survey has been expanded and also includes boarding school students. Until 2019, boarding school students were not included in the households where their parents lived. On the recommendation of international organisations, and for the purpose of uniformity among the surveys, starting in 2019 boarding school students have been included in the survey population.
- Change in the definition of head of household in cases where a caregiver lives in the household. Until 2019, the economic head of a household was the employed person who normally worked the greatest number of hours per week. Therefore, in households in which a caregiver lived, the caregiver was considered the head of the household. As of 2019, in these households, the caregiver is no longer considered the economic head of the household.
Further information: https://www.cbs.gov.il/EN/pages/default.aspx.
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. Voluntary 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 onwards, 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 from 2016 onwards 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: Bank of Lithuania.
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 voluntary 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 and the **Mexican Association of Insurance Institutions (AMIS)**.
- Population projections 2020-2070, **National Population Council (CONAPO)** used to calculate the percentage of total population.
Coverage:
- The numbers of persons covered by voluntary 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 voluntary health insurance. The data do not contain information about the insurance health companies but it is not representative (less than 1%).
Methodology:

- Data available for the number of persons covered by voluntary 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*, 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: Voluntary health insurance in the Netherlands is predominantly supplementary, however, some complementary items may also be 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: Financial Services Council of New Zealand Inc. (FSC).
Coverage:
- Lives covered figures are provided by FSC as at 31 December 2024.
- Approximately 67% 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 29% of lives covered are via comprehensive policies, which are in broad terms a mix of duplicate, supplementary and complementary cover.
- Around 3% of lives covered have been categorised as 'minor medical' as these policies offer more limited cover for health costs such as significant surgical procedures. The Financial Services Council 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 polices 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 since the late 1990s VHI 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.
- The population estimate denominator of the VHI coverage calculation for 2024 was sourced from the New Zealand population clock as at 28 January 2025 (https://www.stats.govt.nz/tools/population-clock/).
Further information: https://www.fsc.org.nz/.

Norway

Data not available. In Norway, the Government offers full coverage of health insurance. Voluntary 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." Data extracted in February 2025.
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 VHI (52.2%). In the other 47.8%, a significant percentage is also duplicate VHI, and the remainder is complementary and supplementary VHI. However, the share of each type of coverage cannot be distinguished.
Methodology:
- VHI coverage in % of total population for 2011-2020 was revised due to the revision of resident population estimates.
- Data revised for the period 2011-2020 with Final Resident Population Estimates: provisional resident population estimates for 2011-2020 were revised (regular general revision) according to the 2021 Census Final Results.

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 VHI.
- Voluntary 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 VHI.

Duplicate VHI: The increase in coverage in 2016 is due to one of the insurance companies starting to sell "specialist cover" in 2016; and one of the insurance companies changed its raider "specialist cover" into a standalone product, which increased the number of duplicate PHI coverage.
Supplementary VHI:
- 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.
Break in time series in 2024: From 1 January 2024, complementary VHI insurance is no longer offered by private insurance companies, which also leads to a decrease in total VHI coverage. Instead, complementary VHI is managed by the Institute for Health Insurance of Slovenia (HIIS).
Breaks in time series in 2014, 2015 and 2016 are caused by intensive (more or less) marketing campaigns of the new health insurance products on Slovenian insurance market. Some of our members almost doubled the portfolio.
Break in time series in 2013: Data before 2013 were reported based on not-harmonised methodology (corrections of the data before 2013 are not possible).

Spain

Sources: Ministerio de Sanidad (Ministry of Health) and **National Statistics Institute (INE)**:
2014: Encuesta Europea de Salud en España, EESE (European Health Interview Survey in Spain, EHIS). https://www.sanidad.gob.es/estadEstudios/estadisticas/EncuestaEuropea/home.htm.
1995-2006, 2011 and 2017: Encuesta Nacional de Salud de España ENSE (National Health Interview Survey), https://www.sanidad.gob.es/estadEstudios/estadisticas/encuestaNacional/home.htm.
Coverage:
- Share of the population who has taken up a private health insurance policy.
- For 2014 and 2020, survey data are for the population aged 15 and over. Total population coverage is calculated on the assumption that differences between total population and population 15 and over are small for this indicator, i.e. 0.2% in the 2006, 2011 and 2017 national health surveys.
Methodology: Weighted results. In 2003, 2006, 2011, 2014, and 2020: probabilistic sample.
Further information: https://www.sanidad.gob.es/.

Sweden

Sources: Insurance Sweden and **Statistics Sweden** (population statistics).
Coverage:
- According to Insurance Sweden, a Swede has no more than one voluntary health insurance, i.e. the number of subscribed voluntary health insurances is consistent with the number of people who have voluntary health insurance.
- Barely 15% of the number of employed persons aged 15-74 years old had a voluntary health insurance in 2023 and the number of health insurances increased by 3% during the year. The most common insurance policies are paid by the employer (60% 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.
- 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) 2020.
See https://www.svenskforsakring.se/statistik/sjuk--och-olycksfallsforsakring/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, 2017 and 2022.
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: Enquête suisse sur la santé (ESS), Office fédéral de la statistique, see https://www.bfs.admin.ch/bfs/fr/home/statistiques/sante/enquetes/sgb.html (in French).

Türkiye

Source: Data collected from statistics of the **Association of the Insurance, Reinsurance and Pension Companies of Türkiye**.
Coverage:
- Private Health Insurance companies in Türkiye 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 Türkiye 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 Türkiye have to become a member of the Association within the month following the granting of their license.
Note: Voluntary health insurance coverage decreased by -15% in 2021. Travel health insurance, which protects against health risks that may be encountered during domestic or international travels, is the reason for this decrease. Due to the travel restrictions caused by the Covid-19 outbreak, travel health insurances decreased by 76% in 2020 compared to the previous year.

United Kingdom

Sources:
2003 onwards: **Laing Buisson**.
1995-2002: **Association of British Insurers**.
Coverage:
2003 onwards: Numbers of people covered by voluntary medical cover policies in the UK (insured and self-insured) at the end of the calendar year.
1995-2002: Figures exclude Third Party Administration Services (TPA) and Administration Services Only (ASO) businesses.

- Voluntary 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.
- Duplicate voluntary medical insurance covers all private activity where the subscriber is already covered under national insurance payments.
- 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).

Coverage: Nationally representative sample of the U.S. civilian non-institutionalised population. Include all ages.
- The US health plan category "complementary voluntary health insurance" includes all private coverage and individuals who also receive any type of government/compulsory health insurance.
- 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 "government/compulsory health insurance" 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 sample adult or a knowledgeable adult member of the household. 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 complex probability design that permits the representative sampling of households and non-institutional group quarters (e.g., college dormitories).

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

Notes:
- In 2021 due to ongoing difficulties with data collection because of the COVID-19 pandemic, NHIS cases were still attempted first by telephone from January to April 2021. Personal visits were used only to follow up on non-responses, deliver recruitment materials, and conduct interviews when telephone numbers were unknown. Starting in May 2021, interviewers were instructed to return to regular survey interviewing procedures, when first contact attempts to households were made in person, with follow-up allowed by telephone. Interviewers were given the flexibility to continue using telephone first contact attempts based on local COVID-19 conditions.
- Due to the COVID-19 pandemic, the NHIS data collection switched to a telephone-only mode beginning March 19, 2020. Personal visits resumed in all areas in September 2020, but cases were still attempted by telephone first. These changes resulted in lower response rates and differences in respondent characteristics for April–December 2020. Differences observed in estimates between 2020 and earlier years may be impacted by these changes.

Further information: NHIS website, https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur202406.pdf.

Total public and primary voluntary health insurance, 2019 onwards:

Source: National Center for Health Statistics (NCHS).

2023: "Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, 2023", June 2024. Available at https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur202406.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 National Health Interview Survey (NHIS).
- In 2023, 25.0 million people of all ages (7.6%) were uninsured at the time of interview. This was lower than, but not significantly different from 2022.
- In 2022, 27.6 million people of all ages (8.4%) were uninsured at the time of interview. This was significantly lower than 2021.
- - In 2021, 30.0 million people of all ages (9.2%) were uninsured at the time of interview. This was lower than, but not significantly different from 2020.
- In 2020, 31.6 million people of all ages (9.7%) were uninsured at the time of interview.
- In 2019, 33.2 million people of all ages (10.3%) were uninsured at the time of interview. In the second half of 2019, 35.7 million people of all ages (11.0%) were uninsured – significantly higher than the first 6 months of 2019 (30.7 million, 9.5%).
Further information: NHIS website, http://www.cdc.gov/nchs/nhis.htm.

NON-OECD ECONOMIES

Argentina

Sources: National Census of Population, Households and Housing 2010 (Census 2010). Question 13 of the expanded questionnaire on private housing – population.
Coberturas en salud en Argentina. Año 2022. Ministerio de Salud de la Nación.
Coverage: National.
Methodology: Administrative data.
- Beneficiary registers and INDEC population projections.
- The data from the 2022 CENSUS cannot be used because the question asked whether coverage is mandatory or voluntary, grouping the population into a single response.
- The population estimated and projected by INDEC for 2021 has not yet been corrected with the new data from the 2022 CENSUS, resulting in an overestimation.

Brazil

Sources:
2009 onwards: **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.gov.br/ans/pt-br/acesso-a-informacao/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 voluntary health plan.
- Data at December of each year.
Break in series in 2009 due to a change of source.

Bulgaria

Data not available.

Croatia

Source: Croatian Health Insurance Fund (CHIF) database.
Coverage:

- The Croatian Health Insurance Fund (CHIF) implements only complementary VHI, while other insurance companies provide complementary and supplementary private voluntary health insurance.
CHIF only has data related to the complementary health insurance provided by CHIF.
Break in time series in 2009: The law on voluntary health insurance changed in December 2008 (Narodne novine 150/2008 članak 14.a), see https://narodne-novine.nn.hr/clanci/sluzbeni/2008_12_150_4099.html. Croatian Health Insurance Fund policies at the expense of the state budget are included from 2009 onwards.
Further information: https://www.hzzo.hr.

Peru

Source: National Superintendence of Health Affiliated Members Registry.
Coverage: All population with a private Health Insurance at IAFAS EPS (Healthcare Provider Entities), Health Insurance Companies, Prepaid Insurance and/or Auto Insurance on December 31st of year n.
Methodology:
- For the numerator calculation, the unique identity documents of people with health insurance at IAFAS EPS (Healthcare Provider Entities), Health Insurance Companies, Prepaid Insurance and/or Auto Insurance were counted.
- For the denominator calculation, the population published in the National Registry of Identification and Civil Status (RENIEC) and the foreign population published by the National Institute of Statistics and Informatics were used as data sources.
Calculation per healthcare plan:
Primary VHI: Number of people with private insurance (in thousands) with a healthcare plan that includes at least an Essential Health Benefits Package (PEAS), meaning, just PEAS and/or PEAS + complementary
Complementary VHI: Number of people with private insurance (in thousands) with a healthcare plan that includes the complementary plan
Supplementary VHI: Number of people with private insurance (in thousands) with a healthcare plan that includes at least one specific healthcare plan.
Duplicate VHI: Number of people with private insurance (in thousands) and health insurance in a public IAFAS.
Further information: http://datos.susalud.gob.pe/dataset/consulta-afiliacion.

Romania

Data not available. There is no voluntary health insurance in the Romanian legislation.

Russian Federation

Sources:
2016 onwards: **Central Bank of the Russian Federation**.
2011-2015: **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: Voluntary medical insurance only.
Break in time series in 2016 due to a change of source.
Break in time series in 2014: Since 2014, the Russian Federation includes Krime Federal Okrug (Crimea).
Further information: : https://cbr.ru/insurance/reporting_stat and http://www.cbr.ru/finmarket/supervision/sv_insurance/ and 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 2021. 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.

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https://www.oecd.org/en/data/datasets/oecd-health-statistics.html