

The Republic of Estonia Health Insurance Act

Passed on 12 June 1991

Entered into force 1 January 1992 (RT 1991, 23,272)

Amended by the following Acts: 04.05.1992, 22.03.1994, 18.03.1997,09.12.1998, 18.02.1999, 14.06.2000, 24.10.2000, 13.12.2000. (RT 1991, 23, 272; RT I 1999, 7, 113; 29, 397; 2000, 57, 374; 84,536)

I. GENERAL PROVISIONS

Article 1. Meaning and Purpose of Health Insurance

(1) Health insurance is a state-guaranteed system for the payment of the costs related to preserving the health of residents of the Republic of Estonia, the costs related to their temporary incapacity for work and their medical treatment as a result of illness or injury, and benefits in the event of pregnancy and childbirth. (22.03.94)

(2) This Act provides the organisation of compulsory health insurance, visit fees, the payment of costs related to preserving the health of people and to their medical treatment, and the payment of benefits in the case of temporary incapacity for work. (22.03.1994)

Article 2. Organisation of Health Insurance

(1) All persons for whom a payer of social tax specified in §§ 4 or 6 of the Social Tax Act (RT I 1998, 40, 611; 61, 982; 113/114, 1875 and 1876; 1999, 29, 397; 71, 685; 82, 749; 87, 789, 88, 806; 97, 857; 101, 903) (hereinafter payer of social tax) has paid or has a duty to pay social tax, and also all persons equal to insured persons prescribed in this Act shall be deemed to be insured with compulsory health insurance (hereinafter insured person). (14.06.2000)

(2) The following non-working persons shall have equal status to an insured person:

- 1) a spouse dependent upon an insured person;
- 2) a child under 18 years of age;

- 3) a student enrolled in daytime study;
- 4) a parent or a guardian who is caring for a disabled child under 18 years of age or a person disabled since childhood;
- 5) a curator of a category I disabled person;
- 6) a pregnant woman from the twelfth week of pregnancy;
- 7) a person who receives a state pension granted in Estonia.

(1) The health insurance of residents of foreign states not covered by compulsory health insurance pursuant to this Act shall be organised pursuant to the procedure provided by international agreements.

(2) (Repealed -14.06.2000)

Article 3. Health Insurance System

(1) Compulsory health insurance is organised by the Estonian Health Insurance Fund (hereinafter health insurance fund) which is a legal person in public law, pursuant to the procedure prescribed in this Act and the Estonian Health Insurance Fund Act.

(2) (Repealed - 14.06.2000)

(3) (Repealed - 14.06.2000)

(4) (Repealed - 14.06.2000)

Article 31. Health insurance benefit

Health insurance benefit is a monetary compensation payable to an insured person or a non-monetary compensation payable for an insured person under the conditions and pursuant to the procedure provided for in this Act.

[14.06.2000]

Article 32. Types of health insurance benefits

(1) The monetary health insurance benefit is the benefit for temporary incapacity for work

(2) The non-monetary health insurance benefits are:

- 1) health or other service provided for health promotion, disease prevention or treatment;
- 2) medicinal products distributed at a discount, to the extent covered by the health insurance fund.

[14.06.2000]

II. HEALTH INSURANCE TAXES

Article 4. [Repealed - 22.03.1994]

Article 5. [Repealed - 22.03.1994]

III. PAYMENT OF BENEFIT FOR TEMPORARY INCAPACITY FOR WORK

Article 6. Benefit for temporary incapacity for work

(1) Benefit for temporary incapacity for work (hereinafter benefit) is financial compensation paid by the health insurance fund to an insured person on the basis of a certificate of incapacity for work if income subject to social tax is not received due to leave.

(2) The classes of health insurance benefits are:

- 1) sickness benefit paid on the basis of a certificate for sick leave;
- 2) maternity benefit paid on the basis of a certificate for maternity leave;
- 3) care allowance paid on the basis of a certificate for care leave. (9.12.1998)

Article 7. Certificate of incapacity for work

(1) A certificate of incapacity for work is a document which certifies the temporary incapacity for work and leave of an insured person and which is issued as the basis for the grant and payment of a benefit.

(2) The types of certificates of incapacity for work are:

- 1) certificate for sick leave;
- 2) certificate for care leave;
- 3) certificate for maternity leave.

(3) The procedure for the issue of certificates of incapacity for work and the standard format of certificates of incapacity for work and instructions for the completion thereof shall be established by the Minister of Social Affairs. (9.12.1998)

Article 8. Cases of payment of benefit on basis of certificate of incapacity for work

(1) A benefit shall be paid on the basis of a certificate for sick leave in the following cases of temporary incapacity for work:

- 1) illness or injury;
- 2) medical rehabilitation;
- 3) application of a prosthesis in a hospital;
- 4) quarantine;
- 5) temporary easement of working conditions or temporary transfer to another position on the basis of Article 62 or 63 of the Republic of Estonia Employment Contracts Act (RT 1992, 15/16, 241; 1993, 10, 150; RT I 1993, 26, 441; 1995, 14, 170; 16, 228; 1996, 3, 57; 40, 773; 45, 850; 49, 953; 1997, 5/6, 32; 1998, 111, 1829), and temporary easement of conditions of service or temporary transfer to another position on the basis of Article 51 of the Public Service Act (RT I 1995, 16, 228; 50, 764; 97, 1664; 1996, 15, 265; 45, 850; 1997, 1, 4; 29, 447; 1998, 34, 486; 38, 563; 41/42, 625; 50, 753; 57, 858; 110, 1809; 111, 1829; 1999, 4, 54).

(2) A benefit shall be paid on the basis of a certificate for maternity leave in the following cases:

- 1) pregnancy and maternity leave;
- 2) adoptive parents leave for an adoptive parent of a child under 1 year of age.

(3) A benefit shall be paid on the basis of a certificate for care leave in the following cases:

- 1) nursing a family member who is ill at home;
- 2) nursing a child under 14 years of age who is ill;

3) caring for a child under 3 years of age (or a disabled child under 16 years of age) if the person caring for the child is ill or is in hospital due to childbirth. (9.12.1998)

Article 9. Duration of payment of benefit

(1) A benefit shall be paid to an insured person from the calendar day following the calendar day on which an initial certificate for sick leave is prepared:

1) in the case of illness, injury, medical rehabilitation or application of a prosthesis in a hospital, until the end of the leave indicated on the certificate for sick leave or until the day on which permanent incapacity for work is determined (inclusive), but for not more than 182 consecutive calendar days during one illness or, in the case of contraction of tuberculosis, for not more than 240 consecutive calendar days. The day on which permanent incapacity for work is declared is deemed to be the day on which permanent incapacity for work commences;

2) in the case of quarantine, until the end of the leave indicated on the certificate for sick leave but for not more than seven calendar days;

3) in the case of being released from work on the basis of Article 62 of the Republic of Estonia Employment Contracts Act, until the end of the leave indicated on the certificate for sick leave but for not more than sixty calendar days;

4) in the case of temporary easement of working conditions or temporary transfer to another position on the basis of Article 62 of the Republic of Estonia Employment Contracts Act, in an amount equal to the difference in wages until the end of the temporary easement of working conditions or temporary transfer to another position but for not more than sixty calendar days;

5) in the case of temporary release from work on the basis of Article 63 of the Republic of Estonia Employment Contracts Act or Article 51 of the Public Service Act, until the end of the leave indicated on the certificate for sick leave;

6) in the case of temporary easement of working conditions or temporary transfer to another position on the basis of Article 63 of the Republic of Estonia Employment Contracts Act or in the case of temporary easement of conditions of service or temporary transfer to another position on the basis of Article 51 of the Public Service Act, in an amount equal to the difference in wages until the end of the temporary transfer to another position or temporary easement of working conditions.

(2) In the cases specified in clause (1) 1) of this section, the attending physician shall, not later than by the 120th day of sick leave or, in the case of contraction of tuberculosis, not later than by the 178th day of sick leave, refer the insured person to a medical assessment committee for a decision concerning the continuation of treatment. If the medical assessment committee decides to continue the treatment, the attending physician has the right to extend the certificate of incapacity for work by up to sixty-two calendar days.

(3) A benefit shall be paid to an insured person from the day on which the certificate for maternity leave is prepared (inclusive):

1) in the case of pregnancy and maternity leave, for not more than 126 calendar days, or in the case of a multiple birth or a delivery with complications, for not more than 140 calendar days;

2) in the case of adoptive parents leave for an adoptive parent of a child under 1 year of age on the basis of a certificate for maternity leave, for seventy calendar days as of the date of adoption.

(4) A benefit shall be paid to an insured person from the day on which the certificate for care leave is prepared (inclusive) until the end of the leave indicated on the certificate for care leave:

1) in the case of nursing a family member (except a child under 14 years of age) who is ill at home, but for not more than seven calendar days;

2) in the case of caring for a child under 3 years of age (or a disabled child under 16 years of age) if the person caring for the child is ill or is in hospital due to childbirth, but for not more than fourteen calendar days;

3) in the case of nursing a child under 14 years of age who is ill, but for not more than fourteen calendar days.

(5) In the case of illness of or injury to an insured person in a foreign state, the health insurance fund shall grant and pay a benefit in the cases established by the Minister of Social Affairs on the basis of a document certifying illness or injury issued by a doctor in the foreign state under the conditions and pursuant to the procedure prescribed by this Act. (9.12.1998)

Article 10. Grant and payment of benefit

(1) A benefit specified in Article 6 of this Act shall be granted and paid to an insured person by the health insurance fund (14.06.2000)

(2) A benefit shall be granted and paid not later than by the 180th calendar day after the date of commencing work indicated on the certificate of incapacity for work if the payer of social tax has submitted the certificate of incapacity for work of the insured person to the health insurance fund together with the documentation necessary for the grant and payment of the benefit. Upon agreement with the employer, the certificate of incapacity for work and the necessary documentation may be submitted to the health insurance fund also by the insured person.

(3) A benefit shall be paid into the bank account of the recipient of the benefit or by post at the expense of the payer of the benefit, as requested by the recipient, within thirty calendar days after the date on which the certificate of incapacity for work and documentation prepared as required are submitted to the health insurance fund.

(4) If payment of a benefit is delayed until after the term specified in subsection (3) of this section, the health insurance fund shall pay the insured person a fine for delay of 0.5 per cent of the amount payable for each day payment is delayed.

(5) Upon payment of a benefit, amounts of 50 sents and more shall be rounded to one kroon (EEK), and amounts of less than 50 sents shall not be taken into account.

(6) The procedure for the grant and payment of a benefit, the standard format of the documentation necessary for the grant and payment of a benefit, and the instructions for the calculation of a benefit shall be established by the Minister of Social Affairs. (9.12.1998)

§ 10¹ . Prohibition of permission for insured person to work during leave indicated on certificate of incapacity for work

An employer is prohibited from permitting an insured person to work during the leave indicated on the certificate of incapacity for work. (9.12.1998)

§ 10² . Basis for calculation of benefit

The basis for the calculation of a benefit is average income per calendar day calculated from the income of the insured person which is subject to social tax. (9.12.1998)

§ 10³ . Bases for calculation of average income per calendar day

(1) The average income per calendar day of an insured person for whom social tax is paid by an employer shall be calculated by adding together the income subject to social tax calculated for the insured person by employers during the six calendar months preceding the calendar month of the day on which the leave indicated on the certificate of incapacity to work commenced and dividing the result by the number of calendar days during the period (six months).

(2) If the average income per calendar day calculated on the basis of subsection (1) of this section is less than the result of dividing the minimum monthly wage established by the Government of the Republic (hereinafter minimum monthly wage) valid on the day on which leave commences by thirty, the average income per calendar day shall be calculated by dividing the minimum monthly wage by thirty. (18.02.1999)

(3) The average income per calendar day of an insured person who is operating as a sole proprietor shall be calculated, in the case of leave commencing during the period from 1 July to 30 June of the following calendar year, by dividing the income which

is subject to social tax and received during the calendar year (1 January to 31 December) prior to the specified period from operations as a sole proprietor by 365 calendar days.

(4) If income subject to social tax is not calculated for an insured person during the period specified in subsection (1) of this section, the average income per calendar day shall be calculated by dividing the minimum monthly wage valid on the day on which the leave commences by thirty, except in the case specified in subsection (6) of this section. (24.10.2000)

(4¹) If an insured person does not, as a sole proprietor, receive income subject to social tax during the calendar year specified in subsection (3) of this section, the average income per calendar day shall be calculated by dividing the monthly rate which is provided in subsection 6 (2) of the Social Tax Act and which is valid on the day on which the leave commences by thirty, except in the case specified in subsection (5) of this section. (24.10.2000; 13.12.2000)

(5) A benefit shall not be paid to a sole proprietor who, in accordance with clause 9 (3) 1) of the Social Tax Act, has not made advance payments of social tax. [13.12.2000]

(6) If the basic monthly wage of an insured person on the day on which leave commences is less than the minimum monthly wage, the average income per calendar day shall be calculated by dividing the basic wage by thirty.

[18.02.1999]

(1) Upon the calculation of average income per calendar day, calendar days on which the insured person was on leave on the basis of a certificate of incapacity for work, days of absence from work specified in subsection 105 (4) of this Act, days of holiday of more than 28 calendar days granted on the basis of clauses 9 (2) 1) or 2) of the Republic of Estonia Holidays Act (RT 1992, 37, 481; 1993, 10, 150; RT I, 1994, 84, 1474; 1995, 16, 228; 1997, 74, 1229; 93, 1560) and days of additional child care leave granted on the basis of Article 31 of the Republic of Estonia Holidays Act shall not be taken into account. (9.12.1998)

§ 10 4 . Rate of benefit

(1) The health insurance fund shall pay a benefit to an insured person per calendar day as a percentage of his or her average income per calendar day, as follows:

1) in the case of hospitalisation, in-patient medical rehabilitation, or nursing a child under 14 years of age who is ill in a hospital or in-patient medical rehabilitation institution – 60%;

2) in the case of out-patient treatment, out-patient medical rehabilitation, day care surgery and procedures, nursing a family member over 14 years of age who is ill at home, or caring for a child under 3 years of age (or a disabled child under 16 years of age) if the person caring for the child is ill or is in hospital due to childbirth – 80%;

3) in the case of an accident at work or incapacity for work arising during protection of the interests of the state or society or prevention of a criminal offence, or in the case of occupational disease, nursing a child under 14 years of age who is ill at home, pregnancy and maternity leave, or adoptive parents leave for an adoptive parent of a child under 1 year of age – 100%.

(2) In the case of temporary release from work or from performance of functions on the basis of Articles 62 or 63 of the Republic of Estonia Employment Contracts Act or Article 51 of the Public Service Act, a benefit shall be paid per calendar day to the insured person at a rate of 80 per cent of his or her average income per calendar day.

(3) In the case of temporary easement of working conditions or temporary transfer to another position on the basis of Articles 62 or 63 of the Republic of Estonia Employment Contracts Act or in the case of temporary easement of conditions of service or temporary transfer to another position on the basis of Article 51 of the Public Service Act, the difference in wages shall be paid to the insured person in such an amount that the difference in wages together with the wages received for the corresponding time shall not exceed the average wages of the insured person.

(4) Employers are required to provide insured persons and the health insurance funds with the documentation necessary for the grant and payment of benefits and differences in wages, the standard format of which shall be established pursuant to the procedure provided for in subsection 10 (6) of this Act. The Tax Board shall issue the documentation to sole proprietors. (9.12.1998)

§ 10 5 . Restrictions on payment of benefit

(1) A benefit shall not be paid to an insured person if:

1) a doctor establishes that the illness or injury is caused by intoxication by alcohol, drugs or toxic substances;

2) the insured person disregards the doctor's recommendations, as a result of which his or her recovery is hindered;

3) during the period of incapacity for work, the insured person fails to appear without good reason at a consultation designated by the doctor, to which effect the doctor shall make a note on the certificate of incapacity for work. The benefit shall not be paid for the days following the day specified;

4) the insured person is absent from work on the basis of subsection (4) of this section.

(2) A benefit shall not be paid to an insured person if temporary incapacity for work commences:

- 1) during holiday without pay;
- 2) during holiday with partial pay;
- 3) during parental leave;
- 4) during training exercises in the armed forces;
- 5) during study leave;
- 6) on the basis of a certificate for care leave during base or additional holiday;
- 7) on the basis of a certificate for sick leave or care leave during pregnancy and maternity leave;
- 8) on the basis of a certificate for care leave during a period when the insured person is temporarily incapacitated for work.

(3) In the cases specified in subsection (2) of this section, the benefit shall be paid from the day the insured person should have commenced work.

(4) An insured person has the right to be absent from work without a certificate of incapacity for work for health reasons or to care for a child of up to 14 years of age for three days during a calendar year for which benefits are not paid, if the employer is informed thereof pursuant to the procedure established by the employer.

(5) The health insurance fund has the right to refuse to grant a benefit or to collect an overpaid or incorrectly paid benefit or differences in wages from an insured person if:

- 1) the overpayment was due to a calculation error;
- 2) the insured person falsified the certificate of incapacity for work;
- 3) the health insurance fund ascertains that the insured person was working during the time of release from work indicated on the certificate of incapacity for work;
- 4) the health insurance fund ascertains that doctor's recommendations were disregarded by the insured person, as a result of which recovery was hindered;
- 5) a court establishes that the illness or injury was caused by the wrongful behaviour of the insured person.

(6) The health insurance fund has the right to collect:

- 1) an overpaid or incorrectly paid benefit or differences in wages from the employer if overpayment or incorrect payment was made on the basis of incorrect information

submitted by the employer or if the employer violates the provisions of Article 10¹ of this Act;

2) amounts granted as a benefit and paid for health services from the person guilty of causing the injury;

3) benefits paid to a person covered by compulsory health insurance from the health insurance budgetary funds due to a traffic accident, and the costs of health services rendered, from an insurer engaging in motor third party liability insurance, if the right of claim of the person covered by compulsory health insurance arises against the insurer engaging in motor third party liability insurance;

4) the difference between the benefit paid at a rate of 100 per cent on the basis of clause 10 4 (1)3) of this Act as a result of an accident at work or an occupational disease and the benefit calculated at a rate of 60 per cent or 80 per cent, depending on the treatment regime, on the basis of clauses 10 4 (1) 1) or 2) of this Act, from the employer.

Article 11 (Repealed - 22.03.1994)

IV COVERING OF COSTS OF MEDICAL TREATMENT

Article 12. Payment for Medical Examination and Treatment

(1) The costs of medical examinations, medical treatment and the preservation of the health of an insured person, except visit fees, shall be paid by the health insurance fund to the relevant medical or care institution or private physician, if the institution or physician has entered into a contract with the health insurance fund, proceeding from the volume of services provided and their cost.

(2) The prices for the services specified in subsection (1) of this section and the procedure for payment for the services shall be established by the Government of the Republic on the proposal of the Minister of Social Affairs in accordance with the provisions of clause 12 (1) 2) of the Estonian Health Insurance Fund Act.
[14.06.2000]

(3) The size and the procedure for compensation of the visit fee to be paid to the medical institution or private physician by a person wishing to consult a doctor, and the procedure for using the money received thereby, shall be established by the Minister of Social Affairs.

(4) The health insurance fund shall compensate pharmacies for the rate of discount on medicinal products distributed at a discount, to the extent and pursuant to the procedure established by the Minister of Social Affairs.

(5)The list of medicinal products distributed to insured persons at a discount at pharmacies and the procedure for the preparation and amendment thereof shall be established by the Minister of Social Affairs.

(6)The inclusion of a medicinal product in the list of medicinal products distributed to insured persons at a discount at pharmacies shall be based on the proven efficacy of the medicinal product and on the economic justification for using the medicinal product.

(7)The basis for the inclusion of a medicinal product in the list of medicinal products distributed to insured persons at a discount at pharmacies is an application from the manufacturer of the medicinal product together with supporting documentation, the procedure for the submission of which shall be established by the Minister of Social Affairs. [22.03.1994; 9.12.1998]

V ORGANISATION OF

HEALTH INSURANCE INSTITUTIONS

Article 13. Health Insurance Fund

(1) (repealed - 14.06.2000)

(2) The health insurance fund shall keep records on insured persons pursuant to the rules established by the Ministry of Social Affairs.

(3) (repealed - 22.03.1994)

(4) The compulsory health insurance of persons set out in subsections 2 (1) and (2) of this Act shall commence as of the date the persons register with the health insurance fund. The payer of social tax is required to submit the documents prescribed to register a person within ten calendar days after the date on which the person commences work.

(5) The compulsory health insurance of persons set out in subsection 2 (1) of this Act is valid for two months after the payment of social tax by the payer of social tax for the insured person. The compulsory health insurance of persons with equal status to the insured person is valid until the day on which the legal bases provided for in subsection 2 (2) of this Act expire (inclusive), with the exception of persons provided for in clause 2 (2) 3) of this Act whose compulsory health insurance is valid for two months after graduation from an educational institution.

(6) (repealed - 9.12.1998)

(7) (repealed - 9.12.1998)

- (8) (repealed - 14.06.2000)
- (9) (repealed - 14.06.2000)
- (10) (repealed - 14.06.2000)
- (11) (repealed - 14.06.2000)
- (12) (repealed - 14.06.2000)
- (13) (repealed - 9.12.1998)
- (14) (repealed - 14.06.2000)
- (15) (repealed - 14.06.2000)

Article 14. Obligation of Professional Secrecy

- (1) Information concerning the illnesses, sexual activities and family life of an insured person which becomes known to a member of the medical or pharmaceutical profession or an employee of the health insurance fund in the course of performing his or her professional duties shall not be disclosed. Disclosure of such information is punishable pursuant to criminal law valid in the Republic of Estonia. (22.03.1994)
- (2) At the request of the insured person, the attending physician shall not indicate the diagnosis on the certificate of incapacity for work to be presented to the employer.

VI. SETTLEMENT OF DISPUTES

Article 15. Disputes Concerning Health Insurance

- (1) In order to resolve disputes which arise in the application of this Act, the parties may have recourse to a court within three years after the date following the date on which they became aware or should have become aware of a violation of their rights.
- (2) [Repealed - 22.03.1994]
- (3) [Repealed - 22.03.1994]
- (4) [Repealed - 22.03.1994]
- (5) The procedure for the settlement of disputes arising from the quality of health services shall be established by the Ministry of Social Affairs. (22.03.1994; 9.12.1998)

Article 16. [Repealed - 22.03.1994]

Article 17. This Act enters into force on 1 January 1992.

Extract from the Act of 9.12.1998 (RTI 1998, 111, 1829; 113/114, 1876)

Article 5. Implementing provisions

(1) This Act enters into force on 1 January 1999.

(1¹) From 1 January 1999 to 1 April 1999, the following persons shall have equal status to the persons set out in subsection 2 (2) of the Republic of Estonia Health Insurance Act:

- 1) persons on parental leave with a child of up to 3 years of age, or one non-working parent raising a child of up to 3 years of age;
- 2) non-working spouses of diplomats serving in foreign missions;
- 3) conscripts in the compulsory service of the Defence Forces;
- 4) disabled persons working in a manufacturing enterprise of an association of disabled persons (as defined in clause 5 (1) 3) of the Income Tax Act);
- 5) persons registered as unemployed. (16.12.98 entered into force 01.01.99 RT I 1998, 113/114, 1876)

(1) Subsection 10 (1) of the Republic of Estonia Health Insurance Act applies to certificates of incapacity for work which are submitted for the grant and payment of compulsory health insurance benefits after 1 January 1999.

(2) Until 1 July 2000, the health insurance fund may organise the grant and payment of benefits and differences in wages through employers.

(3) The Government of the Republic shall ensure publication of the consolidated text of the Republic of Estonia Health Insurance Act together with all amendments made thereto in the Riigi Teataja within one month after the entry into force of this Act.

