

Guide

to the Healthcare System in
the Czech Republic



Information Guide for Foreigners

INSTITUTE OF HEALTH POLICY AND ECONOMICS
Kostelec nad Černými lesy

August 2003



www.izpe.cz

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Second revised edition

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This publication is a joint project of the Institute of Health Policy and Economics, Ministry of Health of the Czech Republic and Commission for the Integration of Foreign Nationals of the Ministry of the Interior of the Czech Republic, which financed the project.

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*© Institute of Health Policy and Economics
Kostelec nad Černými lesy, Second revised edition, August 2003
ISBN 80-86625-08-7
ISBN 80-85047-29-2 (MZ ČR)*

*ISBN 80-86625-06-0
ISBN 80-85047-27-6 (MZ ČR)
(české vydání)
Printing: VIVAS prepress a.s.*

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Introduction

The aim of this brochure is to advise foreign nationals, whether permanently or temporarily resident in the Czech Republic (hereinafter CR), about the Czech healthcare system, so that they can quickly and easily orientate themselves and make use of the possibilities granted by relevant legal norms and existing healthcare services. Foreign nationals must also be informed about legally defined liabilities. This brochure is available in a number of different languages (English, German, Russian, Ukrainian, Vietnamese).

All versions are available at www.izpe.cz and there are links to these brochures at various other web sites.

The authors of this brochure would like to thank a large number of people from the Czech Ministries of Health and the Interior, the Office of the Ombudsman, the General Health Insurance Company (Všeobecná zdravotní pojišťovna) and other organisations for their valid contributions in the course of this brochure's preparation.

If you have question or comments concerning the brochure please contact the collective authors at e-mail address karolina.dobiasova@izpe.cz. Thank you in advance for your contributions.

Institute of Health Policy and Economics
The collective authors

1. Basic Principles of the Czech Healthcare System

Czech healthcare is founded on the following principles: (1) solidarity, (2) a high level of autonomy, (3) multi-source financing, predominately public health insurance, (4) free choice of physician and healthcare facility, (5) free choice of health insurer in the framework of public health insurance, and (6) equal access to services for all the insured. The healthcare system is inspired by the European tradition, founded on public services and financed by predominantly public means.

2. Problems with Czech Healthcare and Practical Advice

This section is designed to assist foreign nationals in various situations they might face in the CR.

2.1 Health Insurance

I have come to the CR and I have no health insurance. How should I proceed, who can I turn to and what are my options?

Foreign nationals in the CR are required to have health insurance. If they arrive without insurance they may be refused entrance to the CR at the border by relevant authorities. Residence in the territory of the CR without insurance is in breach of Czech legal regulations and the individual is threatened with recourse against violation.

The smallest examination or procedure **requires payment in cash for persons who do not have health insurance in the CR, and at contract prices, which can be very high.**

If you come to the CR **for work purposes**, you should hold a work visa, issued on the basis of a proper work permit, which is issued by the given employment authority. Employers based in the CR pay premiums on your behalf and the insurance relationship starts with the commencement of your employment. If your employer employs you in the CR but is based elsewhere find out from them about the conditions of your health insurance in the territory of the CR.

If you come to the CR **with a visa for residence over 90 days and for another purpose than employment** you are required to take out contractual health insurance. In this case health insurance is provided solely by the General Health Insurance Company of the Czech Republic (VZP CR). Visit one of their local branches or call **VZP CR Assistance**, telephone number: **+420-2-2175 2121, +420 602 268 902**, email: asistence@vzp.cz, **Orlická 4/2020, 130 00 Praha 3**.

VZP CR offers two types of contractual insurance with a different scope of healthcare covered. This is either "**Short-term contractual health insurance**" with cover **limited to necessary and urgent healthcare** or "**Long-term contractual health insurance**" with cover approaching that of public health insurance. Both insurances can be concluded for up to one year.

You can learn more about both types of health insurance in Chapter 3 "Types of Health Insurance", Chapter 4 "Payers of Insurance Premium" and in Chapter 5 "Rights and Obligations of Foreigners Receiving Healthcare in the CR" of this guide.

What if something happens to me on my journey to the CR?

It is possible to forestall the situation that you will not be insured on the way to the CR, e.g. by taking out short-term contractual health insurance.

This insurance also covers necessary and urgent healthcare in transit to the CR. You can arrange insurance through your representative in the CR prior to arrival.

What happens with my health insurance in the CR when I go home temporarily? Do I get money back?

A temporary visit to your home country is not considered a reason for refunding insurance payments. Before taking out a policy you need to consider the period for which you need to be insured.

Participants to contractual health insurance (the insured and insurer) are liable to respect the contractual conditions for the whole period of cover. The insurer covers the agreed extent of healthcare to the limit of insurance benefit, which is one million CZK in the case of Long-term contractual insurance.

If you are a participant of public health insurance and you spend a long period (six months minimum, uninterrupted) outside the CR and you are insured abroad or if you are entitled to the provision of healthcare without direct payment on the basis of international agreements, you can inform your insurer of this situation and you will not be required to pay premiums for that period. You must, however, inform your insurer in writing.

If you travel outside of the CR temporarily you also have the possibility of taking out travel insurance with any insurer which, to the extent covered by the contractual conditions, covers you for possible payments connected with medical care during your journey, repatriation and other benefits including the possibility to use assistant services.

What does health insurance cover and what is necessary to pay for in cash?

You can find the exact schedule of the extent of healthcare provided with individual types of insurance in *Chapter 6 "The Extent of Health Insurance Cover According to the Insurance Type" in this guide.*

Must I automatically take out insurance with VZP CR or do I have other options? Which?

It depends on whether you are a participant in public or contractual health insurance (more information in Chapter 3 "Types of Health Insurance" and Chapter 4 "Insurance Premium Payers" in this guide).

If you are a participant of **public** health insurance you can choose from any of the nine health insurers on the Czech market (*a list of these insurers and contacts is given in Chapter 9 "Contacts for Important Institutions"*).

Contractual health insurance is designed for foreigners who are not participants of public health insurance, and it can be **concluded solely with the General Health Insurance Company (Všeobecná zdravotní pojišťovna)**, which is licensed for this. You can take out this insurance at any local VZP branch. VZP contractual health insurance is recognised by the Immigration Police Authority as insurance fulfilling the conditions of Act No.

326/1999 Coll. It is also recognised by the Police of the CR and by healthcare facilities in the Czech Republic.

What happens if I get an insurance card several days late and something happens to me? Will the debt be recovered from me?

The insurance cover is not tied to the moment when an insurance card is issued. The card only acts as a document proving possession of health insurance. If something happens in that short period (between the start of cover and receipt of the card) healthcare will be provided to you. No debt will arise if you are a valid policy-holder of health insurance.

We must also warn you that, in practice, direct payment for care may be requested from you at medical facilities without an insurance card. If you are a holder of an insurance card carry it with you at all times!

2.2 Receiving Healthcare

What should I do if I feel the need to seek medical care?

Every healthcare facility is required to treat you in the case of acute, urgent care. If your need is not acute get help from a medical facility which is under contract with your insurer. Healthcare will be provided without direct payment in such facilities, to the extent of the given type of your health insurance (public health insurance or long-term contractual health insurance).

With short-term contractual health insurance it is necessary to turn to state-owned medical facilities (e.g. hospitals). Only necessary and urgent care is covered by this insurance.

In the case of serious illness when you cannot get to a doctor yourself and when urgent assistance is required to prevent a dangerous deterioration of health or threat to life, call free of charge (fixed or mobile telephone) **155**.

You can learn more about the system of healthcare in the CR in Chapter 8, "Organization of the System of Healthcare Provision in the CR", in this guide.

Can I call for an ambulance (line 155) and speak in my own language in the case of sudden serious illness?

If you do not speak Czech, in the case of sudden serious illness it is better to call the emergency services on the central number **line 112**. Operators on this line speak Czech, English and German and after establishing your problem they contact the emergency services on your behalf. They will remain in contact with you (in a telephone conferencing system with other participants) and interpret for you.

How do I find a doctor who speaks my language?

When concluding contracts for contractual health insurance it is possible to get contact information for contractual medical facilities where foreign languages are spoken. It is possible to solve problems quickly with VZP CR Assistance services.

In the Czech Republic there also exists a central information centre known as H.E.L.P. - the central records of treatment and prevention, which is run by the Medical Information Centre. They can provide information on private doctors, hospitals, pharmacists, health resorts, private clinics, sanatoria and all other medical facilities operating in the Czech Republic.

The system provides basic identification information about all private doctors and medical facilities, including contact information, the medical field in which they carry out treatment and preventative care, and the languages which they speak.

Information in the **H.E.L.P.** system is publicly accessible and can be obtained in a number of ways. The Catalogue of Medical and Preventative Care in the CR is issued regularly in print and on CD ROM. It contains all necessary data for gaining basic information on providers of medical and preventative care including contact information.

The full catalogue is also located on the site of the Medical Information Centre at www.kataloglekaru.cz or www.doctorhelp.cz or www.help-lic.cz. Here the user can make a criteria-based search for the required doctor or facility.

The Medical Information Centre also operates a **free information telephone line - +420-2-96182626**, where you can get information every working day from 8am to 4pm. You can also request information by email to: help_lic@netforce.cz, **by fax on +420-2-96181804, in writing or in person at the address: Lékařské informační centrum, Lékařský dům, Sokolská 31, 120 21 Praha 2.**

Mobile phone users can also gain information on doctors and healthcare facilities through their mobile operator or WAP:

- EUROTEL - EUROTEL - ASISTENT and EUROTEL - PORTÁL MOBILE MEDIA (WAP) or directly at WAP.help-lic.cz
- T – Mobile - T-Mobile Asistent 333 (Asistent Navigator) as well as T-Mobile WAP
- OSKAR - OskarKompas, Oskarův WAP

How do I know the doctor is not using the fact that I am a foreign national and asking me to pay too much in cash? How can I protect myself?

If you are insured in the framework of public health insurance it is not allowed (except where stipulated by law, *see Chapter 6, "The Extent of Health Insurance Cover According to the Insurance Type", in this guide*) to request direct payment from you for care provided.

If you are contractually insured you have the right to free healthcare in line with the General Insurance Conditions. Generally healthcare is provided free of charge.

If you visit a medical facility and they request immediate payment for care covered by your insurance you have the right to refuse payment. You should also contact the assistance services. If you have already paid something request a receipt of payment where the procedure performed is described.

The justification of collecting direct payment for care provided can be verified by your insurer (if you are insured by VZP ČR from their assistance services) and in the case that a payment was unjustifiably demanded, you can claim a refund payment at your health insurer. **Make payment only after the care has been provided.**

If you do not have health insurance it is necessary to agree terms in advance with the medical facility which is treating you. Each medical facility has its own prices for individual medical procedures.

How do I pay for care which is not covered by health insurance?

Care which is not covered by public health or contractual health insurance must be paid directly.

How are medicaments paid for? What if a pharmacist wants payment for medicaments on prescription?

If you are insured on the basis of public health insurance you have the right to the provision of medicaments. It is quite normal that some medicaments require a charge in cash which is non-returnable. The legitimacy of charges can be established in the pharmacy itself (or at the doctor's surgery) in the Price Tariff of Medicaments.

If you are insured on the basis of long-term contractual health insurance you have the right to medicaments and medical technical resources to the same extent as persons insured on the basis of public health insurance, with the exception of hearing aids, electric wheelchairs and myoelectrical prostheses. Please note that, on the basis of the VZP General Insurance Conditions for long-term contractual health insurance, you are required to pay for prescribed medicaments in cash. On submission of payment receipts (prescription receipts confirmed by the pharmacist on the issue of medicaments), you have the right to a refund of costs at any VZP branch.

For short-term contractual insurance medicaments prescribed during outpatient care are not covered by insurance. Medicaments provided during hospitalisation are part of the costs of hospitalisation and are covered by the insurer.

How are ambulance services paid for?

Intervention by ambulance services is, in this case, considered as urgent healthcare and covered by insurance.

What should I do when I am in distress at night or at weekends? Who can I call?

There is a network of first aid medical services throughout the Czech Republic. Every region has a number of healthcare facilities who can treat you as required, or, if necessary, they can provide you with healthcare outside these facilities.

For urgent medical assistance call 155 - emergency services. If you don't speak Czech call the emergency number 112, where the English and German speaking operators will connect to line 155 themselves and communicate your problem.

What's the procedure when I am injured or in an accident and I don't have my insurance card with me, even though I'm insured?

In the Czech Republic it is still the case that if your situation requires acute and urgent medical care this care will be provided to you with or without handing over of your insurance card. The fact of whether you are insured is easy to ascertain. For participants of public health insurance this verification is possible on the basis of the insurance policy number, which is the birth number based on your date of birth. If you are contractually insured this can be verified on the basis of your name and date of birth from VZP CR assistance services. It's possible that you will be required to produce your card afterwards.

Can I go straight to a specialist if I am experiencing health problems or must I first go to a GP?

If your state of health requires urgent care a GP's recommendation is not necessary. If you are not in an acute state it is better to go to your GP. He will give you a recommendation for expert care if required or an application for examination by a specialist who has a contract with your health insurer.

You always visit a dentist or gynaecologist directly.

What are the charges for a dentist? Do I have to pay for everything at the dentist's or is something covered by insurance?

If you have public health insurance, dental care will be provided free of charge to the extent established by law (concerning just basic care). You can, however, select procedures not covered by insurance, for which you will either

pay in part or in full. The physician is required to inform you in advance about possible charges.

If you are a policy-holder of contractual insurance a different situation applies. For short-term contractual insurance only acute dental care up to 5000 CZK is covered.

For long-term contractual insurance only treatment of injuries is covered. You can, however, take out abovestandard insurance for acute dental care up to 5000 CZK.

Dental care not covered by premiums is covered by the patient.

Who should I contact if a doctor refuses to treat (register) me even though I have an insurance card?

In the case of refusal contact your health insurer or the healthcare department at the given regional authority. You can also contact the healthcare department if you have a complaint against a doctor whose behaviour seemed discriminatory towards you.

If, even after contacting your health insurer or health department, there is no redress, you can take the matter to the ombudsman (contact given in Chapter 9 – The Office of the Ombudsman).

Contractual policy-holders of VZP CR do not register with GPs. Treatment is performed by VZP CR contractual doctors and contractual medical facilities.

2.3 Employed Foreign Nationals

I am changing my job in the CR. How does that affect insurance? Where should I go? Where should I report?

If you change your employment and move fluently from one job to another the situation remains unchanged: the new employer will pay premiums on your behalf for general health insurance in the same way as your former employer. The employer gives notification of the change in employment. The original employer gives notice of the conclusion of working relations to the relevant insurer and the new employer registers for payment of premiums for you again. 1/3 of the premiums will be deducted from your income by the employer and added to the sum he pays for you (the remaining 2/3 of the premium). As an

employee you are required to inform your employer about the insurer with whom you are registered, as well as any changes. If you are in doubt as to whether your new employer has given notice about you to the health insurer it is better to establish the fact yourself with the relevant insurer.

If there is a time gap between the two jobs where you do not work or are not self-employed it is necessary to distinguish whether you have permanent residence in the CR (and, as such, are a participant of public health insurance) or whether you are resident on the basis of visa. If you have permanent residence in the CR and the state covers your premiums (see Chapter 3.3. of this guide), care will be covered on the basis of participation in the system of public health insurance. If you are not among persons for whom the state pays premiums you must pay the premiums to the relevant insurer yourself. If you are resident in the CR during this period on the basis of visa, you must conclude contractual health insurance with VZP.

If you have not as yet been employed (you have been self-employed, studied etc.) and you now have the possibility of gaining employment, you gain participation in public health insurance when you start work. You don't need to go anywhere – your employer should make this notification, as well as securing and handing over the insurance card.

What problems face me if my employer does not pay my insurance?

The employer in question is breaking the law and risks prosecution for avoidance of taxes, charges and further required payments. This will not have any effect on your right to make use of healthcare on the basis of public health insurance, as your insurance is guaranteed by law, arising from working relations which start your participation in health insurance in the CR.

If your working relations have not ended, your employer must pay premiums.

The employer requires an initial medical examination and preventative examinations. Do I have to submit to this and who pays for it? What about concluding examinations?

If your employer wants to carry out a preventative examination within the framework of company preventative care (for the purpose of judging health

competence for work) or requests a doctor's reference from the initial examination, it concerns measures adopted in the framework of health and safety during work, both in the interest of your health and that of your co-workers, as well as in the interests of ensuring safety in the workplace. Therefore you are required by law to submit to such examinations. The employer is required to inform you in which facilities and when you should undertake the given check-up or examination.

The preventative examinations covered by public health insurance are precisely specified by law, in other cases the employer covers the cost. However, there are also cases where the employee must cover the cost of the initial examination. Concluding examinations are covered by the employer.

Initial, concluding and regular examinations at the request of the employer are not covered by public health insurance. If the employer is bound to undertake the examination by generally binding regulations and reimburses the medical facilities directly for the examination, then these sums are not part of the basis of assessment for payment of health and social insurance.

2.4 Foreign Nationals as Entrepreneurs & Self-employed Persons

I want to do business in the CR, how can I get insured? What do I have to do to get insurance?

In this case it is necessary to differentiate between a number of different situations you might find yourself in:

1. you have CR residency permission. In this case you are a participant of the system of public health insurance. You are required to inform your health insurer within eight days of the start of your self-employment, the same applies for the conclusion of such activities. You are the payer of the premiums. You pay premiums in the form of a deposits and supplementary payments.
2. you hold a self-employment visa. In this case you must gain contractual insurance from VZP. Since 1.7.2001 it is not necessary to provide a confirmation of health insurance for the whole period of the visa in order to obtain it.

Contractual health insurance can be agreed for a period of six to twelve months under the General Insurance Conditions.

The insurance cover starts on the day given as the start of insurance cover in the contract and terminates on the expiry of the agreed period. VZP provides supplementary healthcare for payment for 12 months. In the case of long-term contractual insurance the policy-holder can request an extension of the contract for the next period before the expiry of the existing period. The system of payment remains the same, but the initial medical examination is not undertaken (after 3 years).

Premiums for short-term contractual health insurance are paid as a lump sum the day before the start.

2.5 Foreign National Employees and Entrepreneurs - Self-employed Persons

I am in employment relations and also self-employed in the CR, how should I be insured?

If you are in the CR as an employee of an employer based in the CR and also the holder of a self-employment licence and undertake self-employed work you are a participant of public health insurance. Your employer deducts health insurance payments from your salary from that employment, while you pay the balance of health insurance from your income from self-employed activities. You are liable to inform your health insurer of the start or end of self-employment **within 8 days**. You pay insurance from income as a self-employed person in the form of instalments and supplementary payments.

2.6 Health Insurance for Children of Foreign Nationals Born in the Territory of the CR

I'm expecting a child which will be born in the territory of the CR. How can I get insurance for it?

In this case look through the following situations and decide which applies to you:

1. the conditions of the child's health insurance are governed by the type of residence which can be obtained for the child,
2. if each parent has a different type of residence (i.e., e.g. one has residence permission, the other a visa for over 90 days) they can choose the basis for the residence of the child from the two possibilities, whichever is more beneficial for the child,

3. one of the parents is a Czech citizen - it is necessary to ascertain whether the child will not become a Czech citizen. If so, its residence and thus health insurance falls under the regulations for the registration and records for the residence of citizens.

A child born to parents resident in the territory of the CR on the basis of residence permission.

If the parents with child wish to stay in the CR longer, they are required to submit an application for a residence permit to the immigration authorities within 60 days of the child's birth. In this case the residence is considered as permanent residence from the child's birth until legal maturity. The child, from birth, fulfils the conditions for participation in public health insurance. The state covers the child's premiums. Care of an infant in a maternity hospital should be fully covered by your insurer.

For the application you need to produce the child's travel documents and birth certificate. In the case of a legal representative, who is a foreign subject, the travel documents can be replaced by that person's travel documents, provided the child is recorded there.

A child born to parents who are staying in the CR temporarily, on the basis of a so-called long-term visa, namely a visa for residence over 90 days.

If the parents with child wish to further remain in the CR, they are required to submit an application for the same type of residence permit to the immigration authorities within 60 days of the child's birth; the purpose of the visa will be having a family here. Aside from the child's birth certificate and travel documents (see above), it is also necessary to submit **a document of the child's health insurance**. In this case it is necessary to conclude **contractual insurance** for the child **with VZP**. Care of the child in the maternity hospital usually needs to be paid, as VZP insures the child after a medical examination has been undertaken. The validity of the contract is not usually backdated to the child's birth.

This situation should change if the draft Act on the Health Insurance of Children of Foreign Nationals having Long-term Residence in the Czech Republic and amendments to related acts is adopted. This should come into force by the

1.1. 2004. This draft act will be debated by the organisational committee of the Lower House of Czech Parliament on 11.9. 2003 under reference 417.

Children born to parents temporarily residing in the CR on the basis of a short-term visa (i.e. exit visa, transit visa, airport visa and visa for residence up to 90 days) or without a visa.

If the parents and child travel abroad within 60 days of its birth the child's residence is automatically considered as temporary. Care of the child in the maternity ward is covered in the same way as in the previous point, i.e. the requirement to conclude contractual insurance for the child with VZP, unless the parents have a policy where something else is agreed.

WARNING! If you do not keep the 60-day limit until the submission of the application for residence permission or visa over 90 days for the new-born child, and also do not travel out of the CR during the 60 days from its birth, the authorities can annul your residence permission or visa over 90 days. In decision-making the police look in particular at the suitability from the point of view of the effects on private and family life.

A sixty day period is considered as extension, unless submission of the application in this period was prevented for reasons outside your control. These reasons (e.g. illness) must be proven without delay by submitting an explanation to the police.

If you have residence permission its termination means your participation in public health insurance is also automatically terminated!!!!

A child born to a mother who is applying for asylum or has a residence visa for the purpose of sufferance according to asylum law.

The state covers healthcare costs connected with the birth of the child.

A child born to a mother who has gained asylum.

A child born to a refugee has participation in public health insurance from the time when the asylum or another type of residence in the territory of the CR was granted according to laws on the residence of foreign nationals.

What if my child is born handicapped? How is healthcare covered?

In this case submit an application for residence permission for the child on humanitarian grounds **within 60 days of the birth of the child** (or later, if the child has already been granted a visa for over 90 days and the defect is established afterwards and is not covered by insurance). If you submit an application in the period of **60 days from the child's birth** then, in the case of its positive settlement the residence of the child will be considered as permanent from its birth and care should be covered by the insurer to the full extent. In the case that you submit an application for a residence permit for a child for humanitarian reasons **later** than within 60 days from the child's birth, then if the application has a positive outcome, the child's residency is considered as permanent from the day when the decision on the residence permit acquired legal power.

3. Types of Health Insurance

Czech healthcare is provided predominately on the basis of obligatory **public health insurance. Contractual health insurance is only of a supplementary nature.**

3.1 Differences between Public and Private Health Insurance

The legal right to public health insurance is established by law for anyone with permanent residence in the CR and those who, though they do not have permanent residence, are employed by employers based in the CR. Those not fulfilling the conditions for public health insurance can conclude contractual health insurance.

Significant differences are:

- in the scope of healthcare covered by public and contractual health insurance,
- in the conditions of the inception, termination and duration of these types of insurance.

3.2 Public Health Insurance

The public health insurance system in the Czech Republic is based on mutually binding relationships: **the insured – healthcare providers – health insurers**

Participation in public health insurance arises for:

- **persons with permanent residence in the CR.** These are both CR citizens who automatically have permanent residence and foreign nationals having residence permission in the CR or granted asylum and having permanent residence here;
- persons without permanent residence on condition that they are **employees of an employer based in the CR.**

Participation in public health insurance is governed **by law (Act No. 48/1997 Coll.)**. A person becomes insured on the day when one of the two above conditions is fulfilled (permanent residence or employment in the CR).

Participation in public health insurance terminates with:

- termination of permanent residence in the CR.
- termination of employment relations in the CR (for persons without permanent residence in the CR).

Insurance cover is not terminated in the event of failure to pay premiums. In the case of non-payment of insurance the insurer will **impose a penalty** and extract the insurance and penalty.

Policy-holders in the system of public health insurance are not liable to pay premiums for periods when they are abroad for a long period (at least 6 months), if they are insured for health there or if healthcare is provided without direct payment on the basis of international agreements, provided they inform the relevant insurer of this fact in writing.

3.2.1 Health Insurers

Public health insurance in the CR is currently provided by public health insurers. The largest of them is the General Health Insurance Company of the Czech Republic (Všeobecná zdravotní pojišťovna ČR – hereinafter **VZP**). Aside from it there are currently 8 other insurers. A list of their names, addresses and telephone numbers is given at the end of this brochure. Each health insurer is liable to accept any **person**, who **fulfils the conditions for participation in public health insurance**. If any of the insurers ceases activities the insured is taken over by VZP CR, unless they choose another health insurer themselves.

A person who is insured in the sense of public health insurance has the right to choose health insurer. There are certain exceptions to this right stipulated by law.

3.3 Contractual Health Insurance

Those **who do not fulfil the conditions for participation in public health insurance can conclude health insurance** at VZP. With a view to the scope of care covered by insurance either Short-term Contractual Health Insurance or Long-term Contractual Health Insurance is concluded.

A. Short-term contractual health insurance (residence up to 365 days)

- this insurance is ideal for a short-term stay in the CR, e.g. for tourism or business
- the insurance covers necessary and urgent healthcare only
- the insurance includes insurance in transit countries.

B. Long-term contractual health insurance

- this insurance can be concluded by foreigners in the CR on the basis of a visa over 90 days (except for foreigners with a visa over 90 days for employment with an employer based in the CR – they are participants of public health insurance)
- the scope of this insurance approaches the scope of public health insurance.

Contractual health insurance can only be concluded with VZP; choice of insurer in the CR is not possible in this case.

Insurance **comes into effect** on the basis of a contract on the day set by that contract. Contractual health insurance **ends** with the expiry of the agreed period or upon withdrawal according to the insurance conditions.

The premium is higher than the minimum for public health insurance and insurance covers a **more limited scope of healthcare** than public health insurance. The payment of medicaments is provided in Long-term contractual health insurance to the same scope as in public health insurance.

Long-term contractual health insurance is concluded with persons up to 70 years of age. Prior to this, the applicant must submit to **the initial medical examination** at a healthcare facility determined by the insurer (at the cost of the applicant; after concluding the contract part of the costs expended on the initial examination is deducted on the 1st payment – maximum 400 CZK). **The amount of insurance depends on the age and sex of the applicant, and the set contractual conditions.**

Insurance is concluded **for six to twelve months**, it is paid in Czech currency in advance for the whole insurance period.

The conditions under which contractual insurance is agreed, the scope of insurance fulfilment, the rights and liabilities of the insured and insurer, and the method of paying insurance is set in the General Insurance Conditions issued by VZP.

The list of healthcare facilities which provide healthcare on the basis of long-term contractual insurance is available at all local branches of VZP or from VZP CR assistance services.

4. Payers of Insurance Premiums

Persons who are participants of public and contractual health insurance, **are liable to pay premiums regularly**. This liability arises on the day insurance begins. While the participants of contractual health insurance usually also pay for this insurance, there are a number of payers of public health insurance, these are:

- **the insured,**
- **employers,**
- **the state.**

To determine public health insurance payers it is necessary to distinguish between several possible cases.

4.1 The Situation for Employees

If the participant of public health insurance is an **employee** the following rules apply:

- the employer shares in the payment of insurance with the employee, the employee paying one third of the whole sum of insurance and the employer the remaining two thirds, these sums representing 4.5 % (employee) and 9 % (employer) of the sum of salary paid, in total 13.5 % of the sum of the salary;
- the employer levies the premiums on the employee's behalf directly from the employee's income and remits them to the relevant insurer;
- **the employer must inform the relevant insurer of the entry of the employee into employment relations within 8 days of its start** (the same period applies in the event of the conclusion of employment relations). **If the employee establishes that the employer has not fulfilled this liability he or she is then liable to inform the insurer without delay.**

It is important to mention that, besides health insurance, employment relationship also requires sickness insurance. This is designed to financially support the insured in the case of illness, and falls under the regulations on social insurance. **In the CR, sickness insurance and health insurance are two mutually independent systems.**

4.2 The Situation for Self-employed Persons

Self-employed persons are participants of public health insurance and:

- **pay premiums themselves** in the form of a monthly deposit and following end-of-year accounting,
- **are liable, within 8 days of the commencement or termination of self-employed activities, to notify this fact to the health insurer,**
- are liable to **present their new health insurer with a document stating the level of the deposit paid, should they change insurer.**

Should self-employed persons **not pay** premiums duly and on time, they risk incurring a financial penalty from the insurer. The insurer will recover insurance payments and the penalty from that person.

These persons have access to **sickness insurance** in the form of **voluntary participation**.

If self-employed persons do not participate in public health insurance they must take out contractual insurance with VZP.

4.3 Persons for whom the State Pays Premiums

The state is **the premium payer for some persons who are participants in public health insurance, which transfers the legally required amount from the state budget. This concerns payments for:**

- unprovided for children (to 26 years), pensioners - beneficiaries of pensions from pension insurance of the CR, students (to 26 years), mothers on maternity leave or those who care all day for at least one child to seven years of age or two children to fifteen years, job seekers, persons on social benefits for reasons of social necessity, persons largely or fully disabled, national service soldiers, persons held in custody or serving punishments and others (see § 7 Act No. 48/1997 Coll.).

If these persons have also some other income from employment or self-employment the premium payers are both the said individuals and the state.

In some cases the **state covers the provision of healthcare**, under given conditions, even if the foreign national **does not participate in public health insurance or contractual health insurance**. This is the situation in the following cases:

- **Asylum seekers/participants of asylum proceedings** - are provided with healthcare in connection with injury or illness, childbirth, mandatory quarantine and other precautions connected with the protection of public health. The state covers the costs of healthcare in these cases.
- **Persons with a valid visa for sufferance or temporary shelter** are provided with healthcare, to the same extent as for asylum seekers, which is also covered by the state.
- **Foreign nationals held in custody** - necessary and urgent care is covered by the state, namely the Prison Service.

4.4 Other Situations

Persons with permanent residence in the CR (and as such participants in public health insurance), **though neither employees nor self-employed**

persons, nor among persons for whom the state pays premiums, are required to pay due premium deposit payments to their insurer.

Should the policy-holder **not pay** either insurance at the required amount or on time the relevant insurer is required **to levy the policy-holder for the sum owed together with a financial penalty**. This is not the case for employees (whose employer pays the premium) or persons for whom the state pays the premium.

5. Rights & Obligations of Foreign Nationals Receiving Healthcare in the CR

5.1 Participants in Public Health Insurance

A foreign national who is a participant of the system of **public health insurance** has the following **rights**:

- **choice of health insurer** - the health insurer can be changed once every 12 months, but only by the first day of each calendar quarterly,
- **choice of doctor and healthcare facility** (with the exception of company health services), which are in contractual relations with the relevant health insurer - the policy-holder may exercise this right once every three months,
- **choice of health transport services** in contractual relations with the relevant health insurer,
- **to healthcare without direct payment** (with the exception of procedures which, by law, are not covered by public health insurance) - the health insurer may also cover the costs of health operations or treatments which are otherwise not covered by the resources of public health insurance, if it is proven that in the given case they are the only possibility for healthcare,
- **to be issued with medicaments without direct payment**, if it concerns preparations covered by public health insurance,
- **to make complaints when there are doubts as to whether care was provided in a proper way** - the policy-holder can turn to the management of the healthcare facility or to its founder, to the Czech Medical Chamber, Czech Dental Chamber, Czech Pharmaceutical Chamber or to the health insurer.
- If in doubt on the proper complaint procedures you can turn to an ombudsman (you can find contacts in Chapter 9 – The Office of the Ombudsman).

The policy-holder has the following **liabilities**:

- **to pay premiums to the relevant health insurer,**
- **to cooperate during treatment,**
- **to submit to, as required, the given preventative measures,**
- **to avoid activities that can endanger personal health,**
- **to provide a valid health insurance card or alternative document for the provision of healthcare,** with the exception of the provision of medicaments and medical technical means,
- **to fulfil the liability to inform the health insurer** (in the case of a lost insurance card within 8 days, in the case of a change in personal circumstances within 30 days).

5.2 Participants of Long-term Contractual Insurance

Foreign nationals insured on the basis of long-term contractual health insurance have the following **rights**:

- ***to healthcare,*** to the extent established by the General Insurance Conditions, from doctors and healthcare facilities which have contracts with VZP in the area of contractual health insurance,
- ***to a refund of the cost of the preliminary medical check-up for the purpose of concluding insurance, on condition that the contract is concluded,***
- ***to coverage of provided healthcare to a maximum of 1,000,000 CZK,***
- ***share in the regulation of provided healthcare*** and, in the case of ambiguity, the right to seek a second opinion,
- ***to information on the part of the insurer,***

Long-term contractual health insurance policy-holders have the following **liabilities**:

- **to submit to preventative check-ups, anti-epidemic and hygiene measures set by public health protection authorities,**
- **to present true and timely information on contractual health insurance.**

6. The Extent of Health Insurance Cover

6.1 Public Health Insurance

6.1.1 Care Fully Covered by Health Insurance

Healthcare provided on the basis of public health insurance and covered by this insurance includes:

- outpatient and inpatient (hospital) medical care,
- accident and emergency services,
- preventative care,
- dispensary care,
- provision of medicaments and medical technical means (*e.g. equipment used during diagnosis, but also medical and auxiliary equipment, e.g. aids for the hard-of-hearing, medical dressing etc.*) and dental products,
- spa care, care in specialist paediatric medical facilities and sanatoria,
- company preventative care,
- transport of the sick, payment of travel costs,
- review activities (only to certain limits),
- examination of the dead and post mortem.

Individual medical procedures by doctors who have contracts with the health insurers, either in outpatient or inpatient services, are fully covered by these insurers, and doctors under contract with insurers are not authorised by them to request any charges from insured patients. However, if the patient is not insured the doctor is required to request payment for medical procedures regardless of whether they have concluded insurance contracts themselves or not.

6.1.2 Healthcare with Financial Contributions by the Patient

Policy-holders share in part in the **payment of a number of procedures as well as medical technical resources** in the framework defined by law. This concerns, for example, dental procedures, part of spa care and some medicaments. Some medicaments are fully covered while patients contribute to some others. At the same time there must be at least one medicament from

each group which is fully covered; for the others the doctor must inform the patient beforehand of the requirement to pay a charge on receipt.

Costs for medicaments and medical technical resources in the course of hospital treatment are fully covered.

6.1.3 Healthcare Fully Covered by the Patient

Healthcare which is not included in public health insurance and which it is necessary to pay for directly is limited by law. This concerns, for example, plastic surgery, selected dental procedures or acupuncture.

In addition public health insurance does not cover some procedures and examinations, carried out in the personal interest of the policy-holder or other persons, which do not have a directly medical character and whose purpose is not the maintenance and improvement of the health of the policy-holder. This concerns, e.g., examinations for issuing driving licences, examinations at the start of employment, confirmation of state of health for studying and so on.

6.2 Long-term Contractual Health Insurance

Long-term contractual health insurance covers care which is:

- diagnostic,
- treatment,
- outpatient,
- hospital,
- costs covering medicaments and medical technical resources (to the same extent as for persons insured on the basis of public health insurance, with the exception of hearing aids, electric wheelchairs and myoelectrical prostheses),
- expenditure connected with transport to healthcare facilities.

The extent of healthcare covered on the basis of long-term contractual health insurance is set out by the VZP General Insurance Conditions, which include a list of types of care **not covered** by contractual insurance. This concerns company preventative care, institutional care in specialist medical institutions, spa care, dental care (with the exception of injury), transplantation,

treatment of alcohol and drug dependence (including all complications and related diagnoses), treatment of AIDS, care of diabetes treated with insulin, treatment of chronic kidney failure by haemodialysis, treatment by growth hormones, treatment of haemophilia and other failures of blood coagulation, treatment of hereditary defects, treatment of infertility, treatment of speech defects. Furthermore, care provided outside the framework of public health insurance, like examinations, check-ups and other medical procedures in the personal interest of the policy-holder, which do not have a medical purpose (cosmetic health procedures, abortions, drawing up of health reports at the request of physical persons).

Company preventative care is not covered by contractual health insurance; the costs of examination are covered by the employer. If the person is self-employed he or she pays the costs alone.

6.3 Short-term Contractual Health Insurance

The extent of healthcare covered on the basis of short-term contractual health insurance is given by General Insurance Conditions and the contract provisions. This insurance covers:

- payment of costs of necessary and urgent treatment in the CR and transit countries on the way to the CR,
- costs for acute dental examination up to 5000 CZK,
- costs for the repatriation of the policy-holder to country of origin,
- costs for transport of bodily remains to the country of origin in the case of the death of the policy-holder.

7. Free Provision of Healthcare on the Basis of International Agreements

In the territory of the Czech Republic healthcare (outside the framework of public health insurance) is provided to foreign nationals on the basis of international agreements, concluded between the Czech Republic and their home country.

This particularly concerns agreements on the **free provision of necessary and urgent healthcare** in the territory of the CR. In order to receive healthcare on the basis of these agreements, the person just shows his or her passport to prove the citizenship of the given state. This healthcare provision is covered by the Czech Ministry of Health.

The CR has concluded **bilateral agreements** authorising the **free provision of urgent healthcare to citizens** of the following countries:

Afghanistan, Bosnia and Herzegovina, Bulgaria, Iraq, Yemen, the Republic of Macedonia, Cambodia, Cuba, Cyprus, Libya, Hungary, Morocco, Mozambique, Poland, states of the former USSR: Armenia, Azerbaidzhan, Georgia, Kirghizstan, Moldavia, Tajikistan, Greece, Slovenia, Sudan, Syria, Tunisia, Great Britain, Vietnam.

In the case of Vietnam and Tunisia free healthcare applies **only** to persons sent into the territory of the second state in the framework of co-operation established by these agreements. In practice this means that, from the **4th July 2001** in relation to **Vietnam** and **5th December 2001** in relation to **Tunisia**, **neither tourists of the mentioned states nor long-term resident foreign nationals can, on the basis of this agreement, be provided with free healthcare.** Such must take out health insurance in the CR or pay for healthcare in cash.

A second type of agreement are the new **agreements on social security**, a component of which is the provision of healthcare. These are based on the transfer of rights to health insurance on the territory of the other contractual state. Certain administrative procedures are necessary for claiming entitlement. Care provided on the basis of these agreements is generally limited to necessary and urgent care. However, if authorised by the relevant health insurer, it can be provided to a greater extent. Currently these agreements are in force from 1.7.2001 with Austria, from 26.4.2002 with Croatia, from 1.3.2002 with Luxembourg, from 1.9.2002 with Germany, from 1.12.2002 with the Federal Republic of Yugoslavia (Serbia and Montenegro) and soon other agreements will be added. Since 1.7.2002 an agreement has been in force with Israel, healthcare provision concerns unexpected (premature) birth, necessary and urgent care in the event of work-related illness and injury. On 1.4.2001 an agreement came into force with the Slovak Republic arranging the provision of acute and necessary healthcare from public health insurance.

The exact arrangements of conditions under which care is provided - in what way and in which cases - are laid out in the administrative arrangements which form part of these agreements. These conditions can differ in individual agreements. Therefore **all persons travelling to the CR should demand information from the relevant authorities as to whether they meet the conditions set in the international agreements.**

A list of valid international agreements, including social security agreements, is accessible at the Ministry of Health's website: www.mzcr.cz international relations, bilateral agreements. This list is regularly updated. The relevant articles concerning the provision of healthcare are also given there. At this site it is also possible to find further information to help people to orientate themselves with the mentioned agreements.

8. Organisation of the System of Czech Healthcare Provision

In the CR there exist both state and private medical facilities. Almost all facilities have concluded contracts for the provision and payment of healthcare with health insurers and provide healthcare to patients insured at the relevant health insurers **without direct payment.**

Healthcare services are provided by a system of outpatient care, institutional care (inpatient), company preventative care facilities, urgent care facilities, facilities for transport of the sick, injured and women in childbirth, spa care facilities, facilities dealing with medicaments and health aids, and dental products.

8.1 Outpatient Care

In cases of falling ill a patient usually turns to a so-called **primary care** doctor who works in the patient's local area. These are general practitioners, paediatricians, dentists and gynaecologists.

If a patient does not have a doctor or know about medical facilities for any reason, he or she can find out information from local administrative bodies. It is also possible to ask for advice from your health insurer or search for a doctor yourself in the phone book.

When choosing a doctor it is necessary to bear in mind that it is only possible to register with a doctor who has a contract with your insurer for the provision of healthcare.

To be treated by a primary care doctor it is necessary to register with that doctor. The doctor may refuse such registration only in cases where acceptance would mean such a workload for the doctor that he could not provide adequate care to the patient or other patients already in his care. The doctor may not refuse treatment in cases of urgent care (injury, acute illness); however, after such treatment the patient is transferred to his or her own doctor. If the patient is refused, he or she has the right to have the refusal in writing. If you have doubts about this, contact the healthcare department at your local authority with a request for investigation.

When a primary care doctor accepts a patient, he or she becomes the patient's registered doctor, draws up a registry entry and is liable to systematic care of the patient, i.e. ensures basic care (including visits) and, as required, procures specialist care from a specialist or hospital.

Please note that policy-holders of contractual health insurance do not register with doctors. Their treatment is carried out by contractual doctors, as well as VZP contractual medical facilities.

If the patient's state of health requires specialist care which his or her registered general practitioner cannot provide, the latter recommends him or her **relevant specialised medical facilities** which have contracts with the patient's health insurer. Even in this case the patient has the right of free choice of healthcare facility and doctor. The registered doctor issues a recommendation for specialist care or request for consultant treatment. The specialist then informs the registered doctor of his or her findings and treatments, or makes recommendations about the patient's ability to work.

Patients can visit specialists in the CR without a recommendation from their primary care doctor.

8.2 Institutional Care

If the character of the illness requires such, the general practitioner or outpatient specialist recommends the patient treatment in hospital or directly arranges for this admission.

After examination and treatment in the hospital the patient is released, he or she receives required medication for three days and is given a report for the attendant doctor on the methods and results of treatments in the medical institution, with a recommendation for further procedures. The right to a written report by the doctor is not, however, stipulated by law. In practice it is also possible that the attendant doctor sends this report directly to the primary care or outpatient doctor who sent the patient to the healthcare facility.

Inpatient care is provided not only in hospitals, but also in a network of specialist medical institutions. These include institutions for chronic illness, mental hospitals, physiotherapeutic institutions, sanatoria and night sanatoria, institutions treating tuberculosis and respiratory illnesses, and health resorts.

8.3 Accident and Emergency Services

In cases of sudden illness or injury, healthcare can be secured outside of surgery hours or in the absence of the attendant doctor.

This is provided depending on local conditions - in smaller areas it is usually managed in co-operation with doctors who mutually represent one another, in larger localities there are organised emergency services in special surgeries or in hospital emergency services. Emergency services are also organised for urgent dental conditions.

For case of urgent serious illnesses when the patient cannot get to a doctor alone and where transport to a medical facility and fast treatment is essential **ambulance services** are organised to avoid a dangerous deterioration of health or threat to life. You can request their assistance by telephoning a special number.

IF REQUIRED CALL FREE OF CHARGE (ALSO FROM A MOBILE PHONE) ON 155 .
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IF YOU DO NOT SPEAK CZECH, CALL FREE OF CHARGE ON THE EMERGENCY SERVICES NUMBER 112, WHERE YOU CAN ALSO SPEAK ENGLISH AND GERMAN AND THE OPERATORS CONTACT THE EMERGENCY SERVICES ON YOUR BEHALF AND COMMUNICATE YOUR PROBLEM.
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8.4 Company Health Services

Company preventative care ensures, in co-operation with employers, prevention and protection of employees' health from work-related illness and

other threats to health in the workplace, including prevention of injuries. Company preventative care facilities undertake specialist advisory activities on issues of protection and support for the health and social comforts of employees. They regularly check company workplaces to ascertain the effect of jobs and working conditions on the health of employees, and undertake preventative medical examinations of employees (initial, regular and concluding).

8.5 Pharmaceutical Services

Pharmacy services provide patients with medicaments and health aids, either on the basis of a medical prescription or without.

Pharmacies issue patients with medicaments on the basis of prescriptions either without charge, if the medicaments are fully covered by the health insurer, or for a corresponding charge if the insurer only covers a part of the price or not at all.

Validity of medical prescriptions:

- a prescription from the emergency service is valid 24 hours
- a prescription for antibiotics is valid 5 days
- a prescription for opiates is valid 3 days
- other prescriptions are usually valid one week

On the expiry of the period the prescriptions become invalid and the pharmacy cannot issue the relevant medicament on their basis.

Conversely when it concerns medicaments which need to be obtained in a special way, the doctor can extend the period of the prescription's validity when he makes it out. If the pharmacy does not have the prescribed medicament and cannot provide it in the prescribed period, even though it is necessary to issue the medicament immediately, it can issue another medical preparation with the same effectiveness and covered in the same way.

Aside from medicaments, pharmacies issue other medical technical resources - health aids. Most specialised workplaces which operate on the basis of contracts with health insurers also issue these aids, and the aids are issued on the basis of medical prescriptions either without charge to the patient or at a partial or full charge.

With some health aids the health insurer can decide on their loan rather than permanent issue to patients (e.g. crutches in cases of injury etc.).

8.6 Complaints

If the policy-holder considers that appropriate care has not been provided he or she may, by law (Act No. 48/1997 Coll. § 11 Par. 2) take complaints to several authorities.

It is possible:

- to submit a petition to the management of the healthcare facility, or founder of such facilities, in order that the procedures of its treatment are investigated;
- turn to the **Czech Medical Chamber, Czech Dental Chamber, or Czech Pharmaceutical Chamber**, should the complaint concern the professional or ethical procedures of the doctor, or, should it concern another employee, turn to the relevant professional organisation;
- turn to the health insurer - in particular when the healthcare worker refuses to carry out a procedure which is part of care covered;
- turn to the relevant state authority where the given medical facility is registered.

In the case of dissatisfaction with the settlement of complaints you can turn to the ombudsman (contact information in Chapter 9 – The Office of the Ombudsman).

The patient has the possibility of requesting help from one of the organisations representing the interests of patients - particularly when willingness to resolve the complaint is not forthcoming on the part of the healthcare facility. In the CR they are:

- **The Association for Protection of Patient Rights (Občanské sdružení na ochranu pacientů)**, Podskalská 24, 120 00 Praha 2; tel: 224 921 617
- **Czech Association of Patients (Svaz pacientů ČR)**, Sokolská 32, 120 00 Praha 2, tel.: 224 266 666, 603 720 158; fax 257 215 757 www.pacienti.cz

8.7 Health and Safety at Work

The CR has a large number of legal regulations concerning health and safety at work, which establish the principles of preventative care and health protection to be ensured for employees by the employer. These concern, above all, **the protection of employees' health from work-related illnesses**

and other threats to health from work and the prevention of injuries.

The established principles require **the employer to ensure necessary care for its employees, as well as good, safe and suitable working conditions.**

For this purpose the employer is liable to check the suitability of the workplace, take measures to minimise risk, and check and evaluate risk factors. The employer is further liable to provide employees with information, especially **on regulations ensuring health and safety at work**, the healthcare facility where "company preventative care" will be provided for them (in view of the fact that the choice of doctor is limited here), with information on medical preventative check-ups and vaccinations which employees are required to submit to in connection with the performance of their work etc.

The employer is also liable to provide employees with personal protective work aids in certain cases. In circumstances where clothing is subject to unusual soiling and wear and tear the employer provides working clothes or shoes. In the case of adverse work-related effects on employees protective drinks are also provided.

Should the employer not fulfil these obligations, the employee can turn to the sector authority and request assistance in achieving a resolution. The employee can also establish if the organisation in question has a health and safety officer who has the responsibility to resolve the issue.

Aside from general regulations there are also special regulations covering specific requirements e.g. for judging the health eligibility for given professions.

Regulations establish which activities are considered as epidemiologically serious, what work is undertaken at risky workplaces, which tasks performed by employees can threaten the health of co-workers or other persons, or for which special health eligibility is required for certain activities. Before commencing such activities the persons who are to perform them must submit to an examination to confirm their medically eligibility to perform such work (initial examination). The state of health of these persons should be further monitored. Therefore periodic preventative examinations are performed to the prescribed extent and time period. Regulations also establish conditions for the performance of regular, concluding and special preventative examinations and procedures in cases establishing work-related illnesses and ensuring healthcare for these persons.

9. Contacts for Important Institutions

- **Ministry of Health (Ministerstvo zdravotnictví)** www.mzcr.cz Palackého náměstí 4, 128 01 Praha 2, tel.: 224 971 111
- **Ministry of the Interior (Ministerstvo vnitra)** www.mvcr.cz Nad Štolou 3, 170 00 Praha 7-Letná, tel.: 974 811 111
- **Ministry of Foreign Affairs (Ministerstvo zahraničních věcí)** www.mzv.cz Loretánské náměstí 5, 118 00 Praha 1, tel.: 224 181 111
- **Ministry of Labour and Social Affairs (Ministerstvo práce a sociálních věcí)** www.mpsv.cz Na Poříčním právu 1, 128 01 Praha 2, tel.: 221 921 111
- **The Office of the CR Government (Úřad vlády ČR)** www.vlada.cz Nábřeží Edvarda Beneše 4, 110 00 Praha 1 – Malá Strana, tel.: 224 002 111
- **Association of Health Insurers (Svaz zdravotních pojišťoven)** www.szp.cz Náměstí W. Churchilla 2, 113 59 Praha 3, tel.: 234 462 108, 234 462 103
- **The General Health Insurance Company (Všeobecná zdravotní pojišťovna)** www.vzp.cz Orlická 4/2020, 130 00 Praha 3, tel.: 221 751 111
- **Occupational Health Insurance Company (Oborová zdravotní pojišťovna zaměstnanců bank, pojišťoven a stavebnictví)** www.ozp.cz Roškotova 1225/1, 140 21 Praha 4, tel.: 261 105 555
- **Health Insurance Company of the Ministry of the Interior (Zdravotní pojišťovna Ministerstva vnitra)** www.zpmvcr.cz Na Míčánkách 2, 101 00 Praha 10, tel.: 272 738 492, 272 737 566
- **Military Health Insurance Company (Vojenská zdravotní pojišťovna)** www.vozp.cz Drahobejlova 1404/4, P.O. BOX 1, 190 03 Praha 93, tel.: 266 311 911, fax: 284 824 194
- **Health Insurance Company of SKODA (Zaměstnanecká pojišťovna ŠKODA)** www.zpskoda.cz Husova 212, P.O. Box 123, 293 01 Mladá Boleslav, tel.: 326,818,018, fax: 326 818 088
- **Metallurgists' Health Insurance Company (Hutnická zaměstnanecká pojišťovna)** www.hzp.cz Jeremenkova 11, 703 00 Ostrava-Vítkovice, tel., fax: 599 090 909, 599 090 280
- **Foresters' brotherly bank (Revírní bratrská pokladna)** www.rbp-zp.cz Michálkovičká 108, 710 15 Slezská Ostrava, tel.: 596,256,206, fax: 596 256 205
- **Metal – Aliance** www.zpma.cz Čermákova 1951, 272 01 Kladno, tel.: 312 249 194, 312 249 553, fax: 312 249 323
- **Czech National Health Insurance Company (Česká národní zdravotní pojišťovna)** www.cnzp.cz Ječná 39, 120 00 Praha 2, tel.: 261,387,111, fax: 261 387 110
- **The Office of the Ombudsman (Kancelář veřejného ochránce práv)** www.ochrance.cz Údolní 39, 602 00 Brno, tel.: 542 542 111, fax: 542 542 112
- **Institute of Health Information and Statistics (Ústav zdravotnických informací a statistiky)** www.uzis.cz Palackého náměstí 4, P. O. BOX 60, 128 01 Praha 2, tel.: 224,972,243, fax: 224 915 982
- **State Institute for Drug Control (Státní ústav pro kontrolu léčiv)** www.sukl.cz Šrobárova 48, 100 41 Praha 10, tel.: 272,185,111, fax: 271 732 377

- **Czech Medical Chamber (Česká lékařská komora)** www.lkcr.cz Lékařská 2, 150 00 Praha 5, tel.:257 211 329, 257 217 226, 257 219 280, 257 216 810
- **Czech Dental Chamber (Česká stomatologická komora)** www.dent.cz/csk/ Ječná 3, 120 00 Praha 2
- **Czech Pharmaceutical Chamber (Česká lékárnická komora)** www.lekarnici.cz Poliklinika Budějovická, Antala Staška 80, 140 46 Praha 4, tel.: 261 006 502-9, fax: 261 260 366
- **Czech Association of Hospitals (Asociace nemocnic ČR)** www.ancr.cz U nemocnice 2, 128 08 Praha 2, tel.: 224,962,199, fax: 224 962 198
- **Links to CR Hospitals** http://dir.seznam.cz/Prvni_pomoc_a_zdravotnictvi/Zdravotnicke_sluzby/Zdravotnicka_zarizeni/Nemocnice/
- **Czech Association of Patients (Svaz pacientů ČR)** www.pacienti.cz Sokolská 32, 120 00 Praha 2, tel.: 224,266,666, fax: 257 215 757
- **The Association for Protection of Patient Rights (Občanské sdružení na ochranu pacientů)** www.darius.cz/ag_nikola/index_pac.html Podskalská 24, 120 00 Praha 2, tel.: 224 921 617
- **Medical Information Centre (Lékařské informační centrum)** www.help-lic.cz Lékařský dům, Sokolská 31, 120 21 Praha 2, tel.: 296,182,626, fax: 296 181 804
- **Institute of Health Policy and Economics (Institut zdravotní politiky a ekonomiky)** www.izpe.cz Kutnohorská 1102, 281 63 Kostelec nad Černými lesy, tel.: 724,271,213, fax: 321 679 062

10. Overview of the Most Important Legal Regulations in Force in the Area of Healthcare Provision

Regulations are given in the **Sbírka zákonů ČR (Legal Codex)** for the given year, newer regulations (from 1993) can be found at www.mvcr.cz, and at www.mzcr.cz

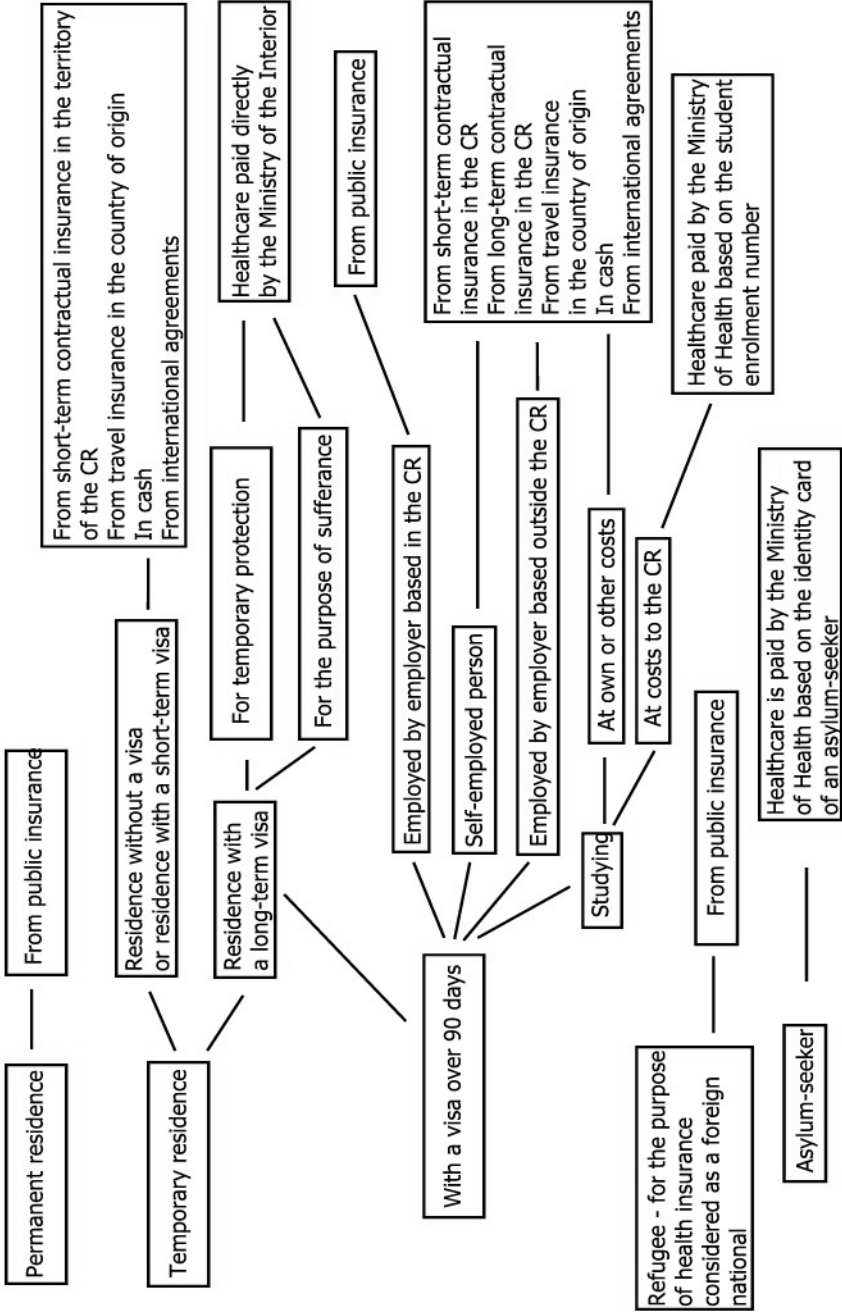
- **Act No. 326/1999 Coll.**, on Alien Residence in the Territory of the Czech Republic and Amendments to some Acts - establishing conditions for the entry and residence of foreign nationals in the CR;
- **Act No. 325/1999 Coll.**, on Asylum - establishing conditions for the entry and residence of foreign nationals who wish to apply for asylum in the CR, asylum proceedings and withdrawal of asylum, rights and liabilities of parties to proceedings on asylum or withdrawal of asylum;
- **Act No. 2/2002 Coll.**, amending Act No. 325/1999 Coll., on Asylum and Amendments to Act No. 283/1991 Coll., on the Police of the CR, in the wording of later regulations (Act on Asylum), and some other Acts;
- **Act No. 48/1997 Coll.**, on Public Health Insurance and Amendments to related Acts - establishing conditions for public health insurance, persons who are policyholders, premium payers, the rights and liabilities arising from public health insurance, the extent of care covered;
- **Act No. 20/1966 Coll.**, on Care of People's Health, in the wording of later regulations - establishing general conditions for the provision of healthcare in the territory of the CR;

- **Act No. 592/1992 Coll.**, on Insurance Premiums for General Health Insurance - establishing details regarding the payment of premiums for public health insurance and their amount;
- **Act No. 551/1991 Coll.**, on the General Health Insurance Company of the Czech Republic, in the wording of later regulations - establishing conditions for the functioning of VZP;
- **Act No. 280/1992 Coll.**, on Sectorial, trade, Company and other Health Insurance Companies, in the wording of later regulations;
- **Act No. 54/1956 Coll.**, on Sickness Insurance of Employees, in the wording of later regulations;
- **Act No. 258/2000 Coll.**, on Protection of Public Health and Amendments to some related Acts - guiding regulations establishing protection of public health, avoiding and preventing infection outbreaks;
- **Act No. 65/1965 Coll.**, the Labour Act;
- **Act No. 1/1991 Coll.**, on Employment (significant from the point of view of protecting the rights of employees and job seekers);
- **Act No. 455/1991 Coll.**, on Business Trade;
- **Act No. 221/2003 Coll.**, on the Temporary Protection of Foreign Nationals
- **Act No. 222/2003 Coll.**, amending Act No. 326/1999 Coll., on the Residence of Foreign Nationals in the Territory of the CR and Amendments to Act Nos. 359/1999 Coll., 283/1991, 48/1997;
- **Decree No. 439/2000 Coll.**, on Vaccination Against Infectious Diseases;
- **Decree No. 56/1997 Coll.**, laying down the content and time extent of preventive inspections;
- **Decree No. 342/1997 Coll.**, laying down procedures on the recognition of work-related illnesses and issuing a list of medical facilities which assess such illnesses;
- **Decree No. 134/1998 Coll.**, issuing the list of health-care acts with point values;
- **Decree No. 221/1995 Coll.**, on Expert Commissions (out of court solution of complaints about healthcare);
- **A list of medical products** (can be found at www.mzcr.cz (click on léčiva a zdravotnické prostředky (medical products)))

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- Havlíček, K., Hemelík, T.: Nad veřejným zdravotním pojištěním. Orac, Praha 1998
- Nový, K: Daňové a pojišťovací právo u cizích státních příslušníků. Právní rádce, 2000, č. 1

Appendix : Overview of Healthcare Cover for Foreign Nationals According to Type of Residence



Tato publikace vznikla ve spolupráci Institutu zdravotní politiky a ekonomiky, Ministerstva zdravotnictví ČR a Komise ministra vnitra ČR pro integraci cizinců, která projekt financovala.

ISBN 80-86625-08-7

ISBN 80-85047-29-2 (MZ ČR)

ISBN 80-86625-06-0

**ISBN 80-85047-27-6 (MZ ČR)
(české vydání)**

**Institut zdravotní politiky a ekonomiky
2003**