

# THE CROATIAN PARLIAMENT

2016

Pursuant to Article 88 of the Constitution of the Republic of Croatia, I hereby issue the

## DECISION

### PROMULGATING THE VOLUNTARY HEALTH INSURANCE ACT

I hereby promulgate the Voluntary Health Insurance Act, passed by the Croatian Parliament at its session on 13 July 2006.

Class: 011-01/06-01/44  
Reg. No: 71-05-03/1-06-2  
Zagreb, 19 July 2006

President of the Republic of Croatia  
**Stjepan Mesić**, m. p.

## VOLUNTARY HEALTH INSURANCE ACT

### I GENERAL PROVISIONS

#### Article 1

This Act regulates the types, conditions and manner of providing voluntary health insurance.

#### Article 2

Voluntary health insurance includes: supplementary health insurance, additional health insurance and private health insurance.

#### Article 3

Supplementary and additional health insurances are taken out under long-term insurance contracts for a period of a minimum of one year.  
Pursuant to the Insurance Act, supplementary and additional health insurances are non-life insurances.

#### Article 4

The rights and obligations of an insured person covered by voluntary health insurance referred to in Article 2 of this Act may not be transferred to other persons or inherited.  
By way of derogation from the provision of paragraph 1 of this Article, rights to cash benefits that have accrued for payment, but have remained unpaid owing to the insured person's death, may be inherited.

## Article 5

Supplementary health insurance is insurance intended to cover a portion of health care costs up to the full price of the health care services provided under mandatory health insurance (co-payment) referred to in Articles 15 and 16 of the Mandatory Health Insurance Act.

## Article 6

Additional health insurance is intended to provide for a higher standard of health care than that provided under the mandatory health insurance scheme, and for broader rights than those provided under the mandatory health insurance scheme.

## Article 7

Private health insurance is intended to provide health care to natural persons staying in the Republic of Croatia, who are not obliged to insure themselves pursuant to the Mandatory Health Insurance Act and the Act on the Health Care of Foreigners in the Republic of Croatia.

## Article 8

Voluntary health insurance shall be provided by insurance companies licensed to provide this type of insurance by the supervisory insurance authority, pursuant to the Insurance Act (hereinafter referred to as "insurers").

## Article 9

An insurer may not commence carrying out voluntary health insurance activities without obtaining the prior approval of the minister responsible for health. The minister responsible for health shall issue an ordinance laying down the procedure and the manner of granting the approval referred to in paragraph 1 of this Article.

## Article 10

By way of derogation from the provisions of Articles 8 and 9 of this Act, supplementary health insurance providing cover for a portion of health care costs up to the full price of the health care services received under mandatory health insurance (co-payment) referred to in Article 15 of the Mandatory Health Insurance Act may also be provided by the Croatian Mandatory Health Insurance Fund (hereinafter referred to as the "Fund"). The Fund shall maintain the accounting records of the supplementary health insurance scheme's funds separate and apart from the accounting records of the mandatory health insurance scheme's funds.

## II SUPPLEMENTARY HEALTH INSURANCE

### Article 11

Supplementary health insurance shall be established on the basis of a contract on supplementary health insurance concluded between a policyholder and an insurer or the Fund.

### Article 12

For the purposes of the provisions of this Act, a supplementary health insurance policyholder means an insured person, or a legal or natural person, body of state administration or other body that has entered into a supplementary health insurance contract on behalf of the insured person and has assumed an obligation to pay insurance premiums.

#### Article 13

For the purposes of the provisions of this Act, an insured person in the supplementary health insurance scheme means a natural person who has entered into a contract on supplementary health insurance or on whose behalf such a contract has been entered into on the basis of his or her consent, and who exercises the rights laid down in the insurance contract. An insured person referred to in paragraph 1 of this Article may only be a person who has been granted the status of insured person in the mandatory health insurance scheme, pursuant to the Mandatory Health Insurance Act. If the insured person referred to in paragraph 2 of this Article loses the status of insured person in the mandatory health insurance scheme, he or she shall also lose the status of insured person in the supplementary health insurance scheme.

#### Article 14

The insurer or the Fund shall determine the premium for supplementary health insurance having regard to the scope of coverage defined in the supplementary health insurance contract.

An insurer providing supplementary health insurance or the Fund shall be obliged to:

- enter into an insurance contract with every person insured with the Fund who desires to insure himself or herself in order to obtain the rights arising from supplementary health insurance under the insurer's programmes,
- ensure that all insured persons covered by the supplementary health insurance scheme have equal rights and obligations, as defined in individual programmes offered by the insurer.

#### Article 15

Pursuant to the Mandatory Health Insurance Act, an entity contracted with the Fund shall seek recovery of a portion of health care costs up to the full price of the health care services provided under the mandatory health insurance (co-payment) from the insurer or the Fund.

#### Article 16

The minister responsible for health shall issue an ordinance laying down detailed conditions and manner of providing supplementary health insurance. Pursuant to the ordinance referred to in paragraph 1 of this Article, the Governing Council of the Fund shall lay down the rules relating to provision of supplementary health insurance by the Fund.

### III ADDITIONAL HEALTH INSURANCE

#### Article 17

Additional health insurance shall be established on the basis of a contract on additional health insurance concluded between a policyholder and an insurer.

#### Article 18

For the purposes of the provisions of this Act, an additional health insurance policyholder means an insured person, or a legal or natural person, body of state administration or other body that has entered into a contract on additional health insurance on behalf of the insured person and has assumed an obligation to pay insurance premiums.

#### Article 19

For the purposes of the provisions of this Act, an insured person in an additional health insurance scheme means a natural person who has entered into a contract on additional health insurance or on whose behalf such a contract has been entered into on the basis of his or her consent, and who exercises the rights laid down in the contract on additional health insurance. An insured person referred to in paragraph 1 of this Article may only be a person who has been granted the status of insured person in the mandatory health insurance scheme, pursuant to the Mandatory Health Insurance Act.

#### Article 20

The insurer shall determine the premium for additional health insurance having regard to the scope of coverage defined in the additional health insurance contract, the risk to which the insured person is exposed, taking into account the age, sex, bonus/malus, mortality tables and sickness tables, and the duration of the insurance contract concluded.

An insurer providing additional health insurance shall be obliged to:

- enter into an insurance contract with every person insured with the Fund who desires to insure himself or herself in order to obtain the rights arising from additional health insurance under the insurer's programmes,
- ensure that all insured persons covered by the additional health insurance scheme have equal rights and obligations, as defined in individual programmes offered by the insurer.

#### Article 21

A contract on additional health insurance referred to in Article 17 of this Act shall specify the health care institutions, companies providing medical services and private health care professionals at which insured persons may exercise their rights arising from additional health insurance.

#### Article 22

Health care institutions, companies providing medical services and private health care professionals contracted with the Fund to provide health care services may only enter into a contract on additional health insurance referred to in Article 17 of this Act for the capacities beyond those contracted with the Fund or for insuring broader health care rights than those provided under the mandatory health insurance scheme, or for the purpose of ensuring a higher standard of health care than that ensured within the mandatory health insurance scheme, outside working hours agreed upon with the Fund.

### Article 23

If they wish to use the capacities beyond those contracted with the Fund for the purpose of providing additional health insurance, health care institutions, companies providing medical services and private health care professionals referred to in Article 22 of this Act shall first obtain the approval of the minister responsible for health.

Upon obtaining the approval of the minister responsible for health, as referred to in paragraph 1 of this Article, the health care institution or the company providing medical services may enter into a contract on additional health insurance on the basis of a prior decision by the managing board of the health care institution or the competent body of the company, respectively.

The procedure and manner of providing additional health insurance shall be determined by a general by-law adopted by the managing board of the health care institution or the competent body of the company, as the case may be.

### Article 24

The insurers shall provide the ministry responsible for health with information on contracts concluded with health care institutions, companies providing medical services or private health care professionals at which insured persons may exercise their rights arising from additional health insurance.

The content of the information referred to in paragraph 1 of this Article and the deadlines for providing this information shall be specified in an ordinance issued by the minister responsible for health.

### Article 25

The minister responsible for health shall issue an ordinance laying down detailed conditions and manner of providing additional health insurance.

## IV PRIVATE HEALTH INSURANCE

### Article 26

Private health insurance shall be established on the basis of a contract on private health insurance concluded between a policyholder and an insurer.

### Article 27

For the purposes of the provisions of this Act, a private health insurance policyholder means an insured person, or a legal or natural person that has entered into a contract on private health insurance on behalf of the insured person and has assumed an obligation to pay insurance premiums.

### Article 28

For the purposes of the provisions of this Act, an insured person in a private health insurance scheme means a natural person who has entered into a contract on private health insurance or on whose behalf such a contract has been entered into on the basis of his or her consent, and who exercises the rights laid down in the insurance contract.

#### Article 29

The insurer shall determine the premium for private health insurance having regard to the scope of coverage defined in the private health insurance contract, the risk to which the insured person is exposed, taking into account the age, sex, bonus/malus, mortality tables and sickness tables, and the duration of the insurance contract concluded.

An insurer providing additional health insurance shall be obliged to ensure that all insured persons covered by the private health insurance scheme have equal rights and obligations, as defined in individual programmes offered by the insurer.

#### Article 30

A contract on private health insurance referred to in Article 26 of this Act shall specify the health care institutions, companies providing medical services and private health care professionals at which insured persons may exercise their rights arising from private health insurance.

#### Article 31

Health care institutions, companies providing medical services and private health care professionals contracted with the Fund to provide health care services may only enter into a contract on private health insurance referred to in Article 26 of this Act for the capacities beyond those contracted with the Fund and outside working hours agreed upon with the Fund.

#### Article 32

If they wish to use the capacities beyond those contracted with the Fund for the purpose of providing private health insurance, health care institutions, companies providing medical services and private health care professionals referred to in Article 31 of this Act shall first obtain the approval of the minister responsible for health.

Upon obtaining the approval of the minister responsible for health, as referred to in paragraph 1 of this Article, the health care institution or the company providing medical care services may enter into a contract on private health insurance on the basis of a prior decision by the managing board of the health care institution or the competent body of the company, respectively.

The procedure and manner of providing private health insurance shall be determined by a general by-law adopted by the managing board of the health care institution or the competent body of the company, as the case may be.

#### Article 33

The insurers shall provide the ministry responsible for health with information on contracts concluded with health care institutions, companies providing medical services and private health care professionals at which insured persons may exercise their rights arising from private health insurance.

The content of the information referred to in paragraph 1 of this Article and the deadlines for providing this information shall be specified in an ordinance issued by the minister responsible for health.

#### Article 34

The minister responsible for health shall issue an ordinance laying down detailed conditions and manner of providing private health insurance.

## V PENAL PROVISIONS

### Article 35

A legal person shall be guilty of a misdemeanour and shall be fined a sum between HRK 70 000.00 and HRK 100 000.00 for:

1. providing voluntary health insurance contrary to Article 8 of this Act,
2. engaging in the activities of voluntary health insurance without having obtained the prior approval of the minister responsible for health (Article 9),
3. providing voluntary health insurance contrary to Article 10 of this Act,
4. failing to fulfil its obligations set out in Article 14, paragraph 2, Article 20, paragraph 2 and Article 29, paragraph 2 of this Act,
5. using capacities contrary to the provisions of Article 23, paragraph 1 and Article 32, paragraph 1 of this Act without the approval of the minister responsible for health,
6. failing to provide the specified information or failing to deliver them within the prescribed deadline (Articles 24 and 33).

The responsible person in the legal person shall be fined a sum between HRK 7 000.00 and HRK 10 000.00 for committing a misdemeanour referred to in paragraph 1 of this Article.

A natural person shall also be fined a sum between HRK 7 000.00 and HRK 10 000.00 for committing a misdemeanour referred to in paragraph 1 of this Article.

## VI TRANSITIONAL AND FINAL PROVISIONS

### Article 36

The minister responsible for health shall issue the ordinances which he is authorised to issue under this Act within six months from the date of entry into force of this Act.

### Article 37

The Fund shall adopt the rules for providing supplementary health insurance within three months from the day the ordinance referred to in Article 16, paragraph 1 of this Act enters into force.

### Article 38

Until the entry into force of the regulations referred to in Articles 36 and 37 of this Act the following shall apply:

1. Ordinance on the conditions and manner of providing supplementary health insurance (OG 28/02),
2. Rules on establishing and providing supplementary health insurance (OG 47/02, 76/02, 2/03, 11/03, 106/04 and 51/05),
3. Decision on the content, form, appearance and manner of using the supplementary health insurance card (OG 47/02, 11/03 and 161/04),
4. Decision on the type and price of the supplementary health insurance policy (OG 47/02),
5. Decision on the manner of securing and using the supplementary health insurance scheme's funds (OG 198/03 and 142/04).

Article 39

The contracts on supplementary health insurance entered into by insurance companies pursuant to Article 78 of the Health Insurance Act (OG 94/01, 88/02, 149/02, 117/03, 30/04, 177/04 and 90/05) shall remain in force until the expiration of the period for which they were entered into.

The contracts on supplementary health insurance entered into by the Fund pursuant to Article 78 of the Health Insurance Act (OG 94/01, 88/02, 149/02, 117/03, 30/04, 177/04 and 90/05) shall remain in force until the expiration of the period for which they were entered into.

Article 40

This Act shall enter into force on the eighth day after the day of its publication in the Official Gazette.

Class: 500-01/06-01/01  
Zagreb, 13 July 2006

THE CROATIAN PARLIAMENT  
The President  
of the Croatian Parliament  
**Vladimir Šeks, m. p.**

PROVISIONAL TRANSLATION