

Introduction

Pursuant to the Health Care and Health Insurance Act, in Slovenia it is the Health Insurance Institute of Slovenia (ZAVOD ZA ZDRAVSTVENO ZAVAROVANJE SLOVENIJE – ZZZS) that covers compulsory health insurance. Health insurance is carried out by ten regional units of the ZZZS which perform the tasks falling within their legal competences and within the regions in which they are located. The addresses of these ZZZS regional units and the data on their contact persons are listed on web page: <http://www.zzzs.si>.

During a temporary stay in Slovenia

the European Health Insurance Card (EHIC) makes it possible to obtain emergency treatment or necessary medical services from medical practitioners and dentists in public health care institutions, as well as from private practitioners having contractual agreements with the ZZZS.

Health care services necessary for medical reasons are specified by the medical practitioner who admits the individual for treatment, taking into consideration the nature of services and the expected length of stay in Slovenia. A foreign insured person who is staying in Slovenia for a longer time (e.g. students studying in Slovenia, foreign workers working in Slovenia) is entitled to a larger extent of rights than a individual staying in Slovenia for a shorter time (e.g. individuals travelling for pleasure or business). Based on the EHIC, the medical practitioner must therefore provide the individual with health care services to such an extent that they would not have to return to the country in which they have health insurance before the end of the planned stay in Slovenia just because of the treatment.

Emergency health care services

are fully covered by compulsory health insurance, and are free of charge upon presentation of the EHIC; therefore, no additional payment for such health care services provided is necessary.

| Medical services to which additional payments apply | Additional payments |
|--|---------------------|
| Transplantations of organs, most demanding surgical operations irrespective of the reason for them, intensive therapy, dialysis and other most demanding therapeutic and rehabilitation services | 10 % |
| Medical services in the field of specialist-outpatient and inpatient activities; services in the field of health resort treatment as the continuation of hospital treatment, with the exception of injuries that were not caused at work; services in the field of dental and oral cavity treatment; orthopaedic, orthotic, hearing and other medical appliances | 20 % |
| Specialist-outpatient, inpatient and health resort services as continuation of hospital treatment, and the non-medical part of nursing in a hospital or health resort as continuation of hospital treatment, as well as orthopaedic, orthotic and other appliances related to the treatment of injuries that were not caused at work | 30 % |
| Medical services of health resort treatment and non-medical nursing within health resort treatment (the hotel part of the hospitalization) which is not a continuation of hospital treatment | 90 % |
| Dental prosthetic treatment of adults, ophthalmic appliances for adults | 90 % |
| Medical products from positive list | 30 % |
| Medical products from interim list | 90 % |
| Medical products from negative list | 100 % |
| Ambulance transport which is not urgent | 90 % |

Necessary health care services

are only partly covered by compulsory health insurance; therefore, an additional payment is charged to patients to cover the balance of the full costs of medical services regardless of the presentation of the EHIC.

Medical treatment by a general practitioner

A doctor at the primary level conducts a medical examination of a patient, issues a referral for a laboratory referral, X-Ray and other necessary analyses allowing for an adequate diagnosis. The doctor also issues a prescription for medicinal products and a referral to a specialised practitioner or hospital if necessary.

Medical treatment by a specialist

From a specialist, it is possible to request medical services on the basis of a referral issued by a medical practitioner at the primary level, with the exception of emergency cases when such services can be requested and acquired directly in a hospital. With this referral you will be able to obtain medical services from medical practitioners and dentists in public health care institutions, as well as from private practitioners having contractual agreements with the ZZZS.

Dental treatment by a dentist

Dentists offer emergency medical services.

Hospital treatment

The nearest hospital from your place of residence will provide medical services on the basis of a referral issued by a medical practitioner at the primary level, or by a specialist, who deems hospital treatment is needed. In emergency cases, it is possible to go directly to the emergency ward nearest to the place of residence.

Ambulance transports

Ambulance transportation is free in emergency cases, so patients do not have to pay any additional amounts for the overall cost of transportation. Ambulance transportation is conducted on the basis of a referral issued by a medical practitioner at the primary level when it is deemed urgent.

In the event of ambulance transportation, which is not urgent, the patient must pay 90% of the costs.

Medicinal products

Medicinal products can be obtained from pharmacies having contractual agreements with the ZZZS, on the basis of a medical prescription issued by a medical practitioner at the primary level. Costs of specific medicinal products are fully covered by compulsory health insurance, whereas additional payment is required for the purchase of others. Medicinal products are classified into lists pursuant to certain criteria. The percentage of the additional payment applicable is stated in the table above.

In the event of inpatient treatment, medicinal products are ensured as an inherent part of the treatment.

Reimbursement of costs of medical services

If you do not have an EHIC, you must cover all health care costs, including those provided by private medical practitioners not having contractual agreements with the ZZZS. In such a case, you must apply to the competent health care institution in your own country for reimbursement.

Warning: EHIC does not cover the costs of planned treatment or giving birth in Slovenia.

Medical services which have to be agreed upon prior to the arrival to the Republic of Slovenia

Foreign insured persons in need of dialysis, oxygen therapy or any medical services for which preliminary authorisation is required, can access such services in Slovenia on the basis of preliminary authorisation from a healthcare institute providing such services which has a contractual agreement with the ZZZS. Foreign insured persons can find information about providers of the above services from ZZZS regional or branch units located in the area where they live. The list of dialysis centres in Slovenia is available on web page <http://www.zzzs.si> (rubric Compulsory health insurance / The extent of rights deriving from compulsory health insurance / Implementation of rights with specialists, in hospitals and clinics / List of dialysis centers in Slovenia)

Further information:

- The contact persons of the Branch Offices, Regional Units and Directorate of the Health Insurance Institute of Slovenia (ZAVOD ZA ZDRAVSTVENO ZAVAROVANJE SLOVENIJE-ZZZS)
- Home page <http://www.zzzs.si>,
- ZZZS Regional Unit Celje, tel. 03/42 02 000,
- ZZZS Regional Unit Koper, tel. 05/66 87 200,
- ZZZS Regional Unit Krško, tel. 07/49 02 490,
- ZZZS Regional Unit Kranj, tel. 04/23 70 100,
- ZZZS Regional Unit Ljubljana, tel. 01/30 77 200,
- ZZZS Regional Unit Maribor, tel. 02/29 09 300,
- ZZZS Regional Unit Murska Sobota, tel. 02/53 61 550,
- ZZZS Regional Unit Nova Gorica, tel. 05/33 81 000,
- ZZZS Regional Unit Novo mesto, tel. 07/39 33 500,
- ZZZS Regional Unit Ravne na Koroškem, tel. 02/82 10 100.

Access to medical services during the temporary stay in the Republic of Slovenia



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