

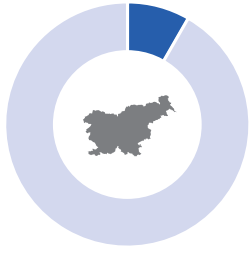
Operations of the Health Insurance Institute of Slovenia in 2025

Vision: The Health Insurance Institute of Slovenia (HIIS) is a leading example of public service in Slovenia, supporting the health of its insured members throughout their lives with trust, professionalism, and excellence.

HIIS is the carrier and provider of Compulsory Health Insurance (CHI) and Compulsory Long-term Care Insurance (CLTCI), and uses the collected funds to ensure the rights of insured persons, finances healthcare services, medications, medical devices, cash benefits, and long-term care.



Compulsory Healthcare Insurance



8.32 % of Slovene GDP

was allocated in 2025 through the HIIS to meet the needs of 2.1 million insured people and distributed among more than 2,000 healthcare providers and healthcare suppliers.

The majority of revenues

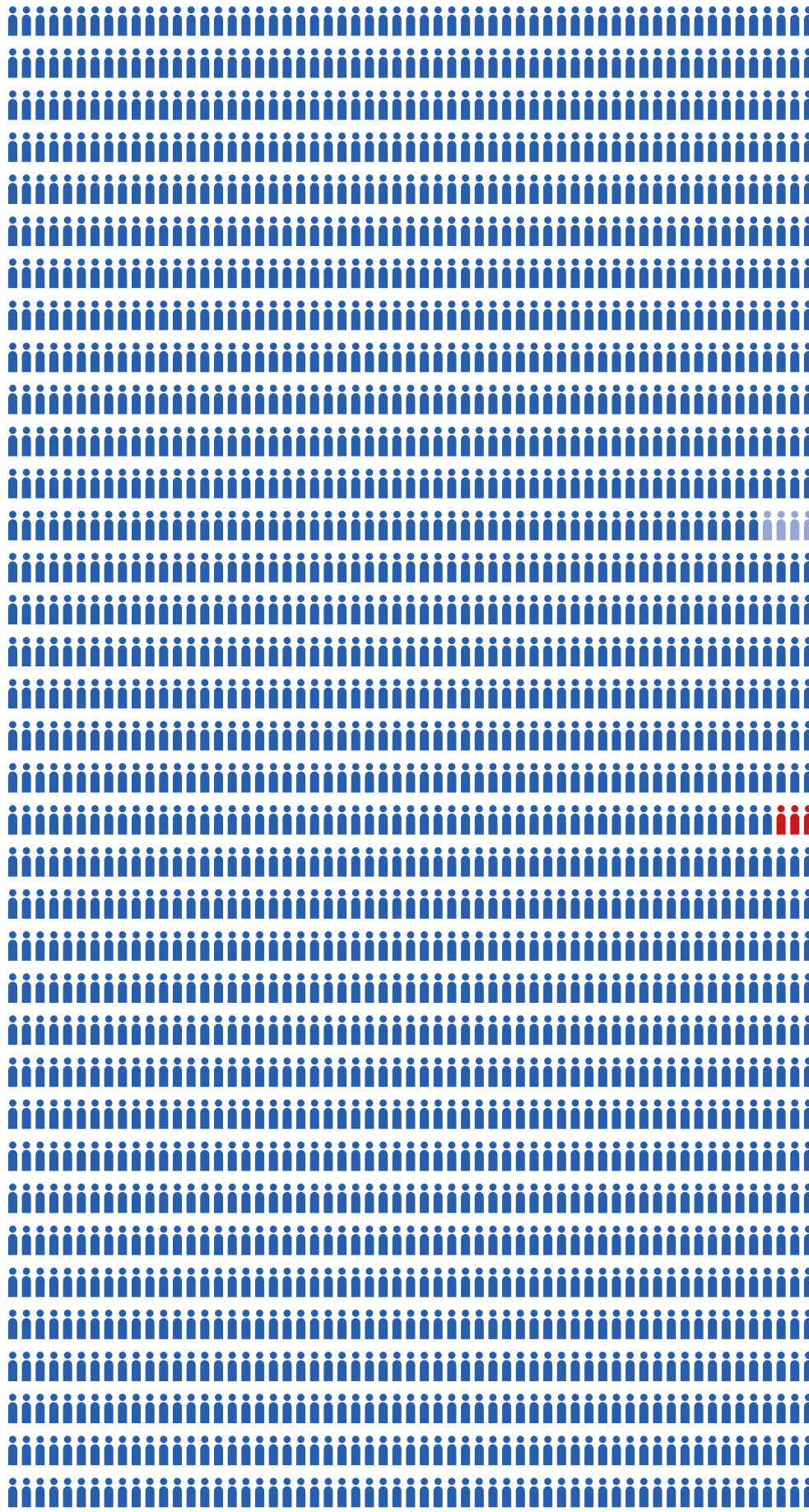
employee contributions	41.8 %	2.4 billion €
employer contributions	32.9 %	1.9 billion €
contributions of the Pension and Disability Insurance Institute of Slovenia	11.1 %	641 million €
state budget	7.3 %	420 million €
other	6.9 %	397 million €

The majority of expenditures

healthcare services	67.6 %	3.95 billion €
prescription medicines	14.6 %	853 million €
sick leave compensation	11.6 %	677 million €
medical devices	2.9 %	170 million €
international health insurance	1.6 %	96 million €



Inclusion and Regulation of Insured Persons under Compulsory Health Insurance



In Slovenia, all residents or citizens are included in CHI on the basis of the Health Care and Health Insurance Act (ZZVZZ), either as insured persons or as their family members.


2,118,421
insured persons
included in CHI
[index 2025/2024: 100.1]
(as at 31 December 2025)

4,238
insured persons
with rights suspended
for more than one year
suspended rights due
to non-payment of contributions
[index 2025/2024: 87.6]

2,844 uninsured persons
for more than 2 months
[index 2025/2024: 97.5]

564 uninsured persons
for more than 1 year
[index 2025/2024: 106.2]

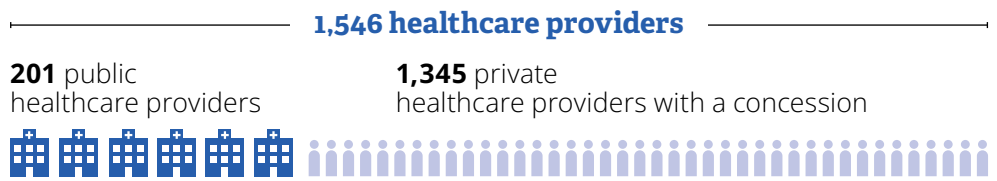
 **3,831,760 procedures**
insurance registrations,
deregistrations and other
changes in insurance status
[index 2025/2024: 102.95]

 = 1000 persons

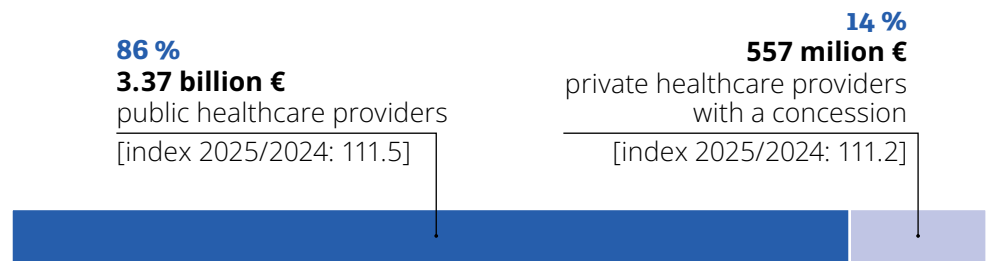
Healthcare Services

The largest share of Compulsory Health Insurance (CHI) funds is earmarked for healthcare services, which form the core of the CHI system and directly affect accessibility and quality of health care.

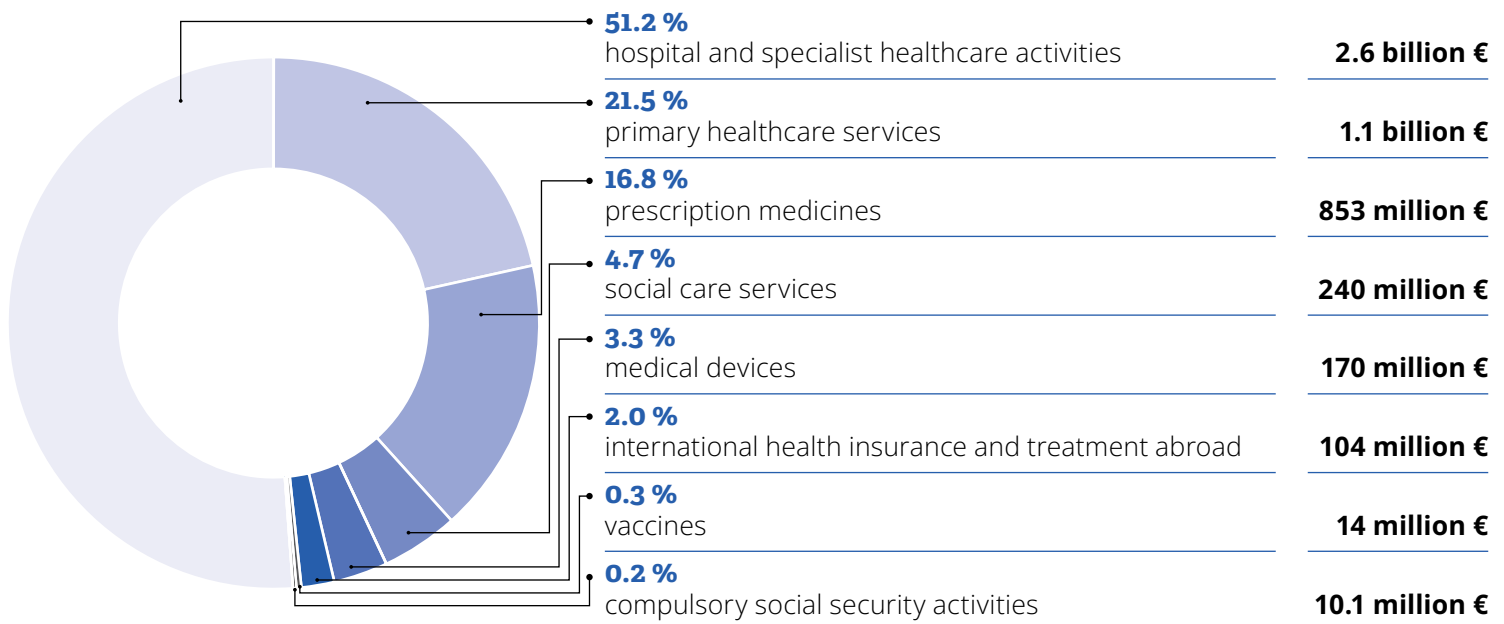
The population is provided with healthcare by:



Share of expenditure on healthcare services



Healthcare activities (by share of expenditure)



Volume of healthcare services



Exercise of Rights under Compulsory Health Insurance

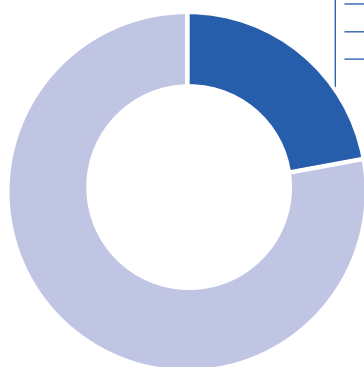
Medicines, medical devices and sick leave compensation are the rights that insured persons most frequently use in their daily lives.

Medicines, food products, vaccines

Insured persons receive prescription medicines or obtain them in healthcare institutions as needed. They are entitled to special dietary products and are included in vaccination programmes.

1.12 billion €

[index 2025/2024: 109.5]



218.9 million €
high-cost
hospital medicines
(B list)

[index 2025/2024: 106.5]

34.8 million €
outpatient
ambulatory medicines
(A list)

[index 2025/2024: 117]

14.3 million €
vaccines
expansion of vaccination
programmes

[index 2025/2024: 142.4]

853.2 million €
medicines and dietary products
(Dispensed by prescription at pharmacies)
(positive list)

[index 2025/2024: 109.5]

of which:

370.6 million €
biological and high-cost prescription medicines
(dispensed by prescription at pharmacies)

[index 2025/2024: 108]

218.9 million €
high-cost
hospital medicines

[index 2025/2024: 106.5]



43.3 % of total expenditure on prescription medicines
received by **63,315 insured persons**

[index 2025/2024: 120]



20.8 million prescriptions

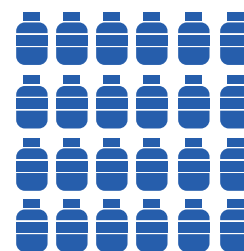
[index 2025/2024: 102.1]

1.6 million Slovenian inhabitants
received at least one prescription
[index 2025/2024: 99.6]

9.6 prescriptions per person

41.04 €
average prescription value

issued under CHI
[index 2025/2024: 103,7]



42.4 million packages

20.03 packages
per insured person
[index 2025/2024: 101.5]

400 €
on average
for prescription medicines
per resident
[index 2025/2024: 109.2]

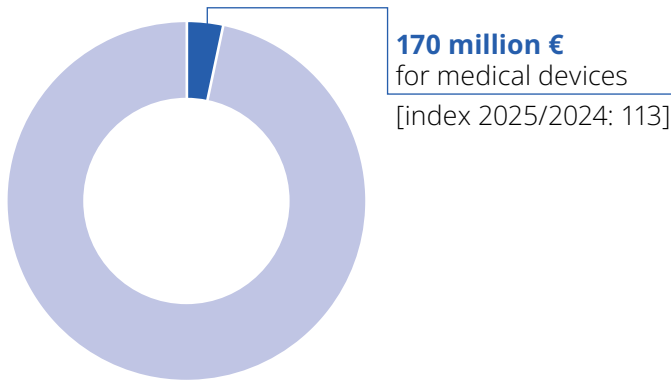
49 new medicines and food products added

25 (positive list) | 23 (high-cost hospital medicines) | 1 (outpatient ambulatory medicine)



Medical devices

Most commonly were issued purchase orders for medical devices for the treatment of diabetes, urinary conditions and vision correction.



527,098 purchase orders

of which **83,978 renewable purchase orders** (16 % of total)



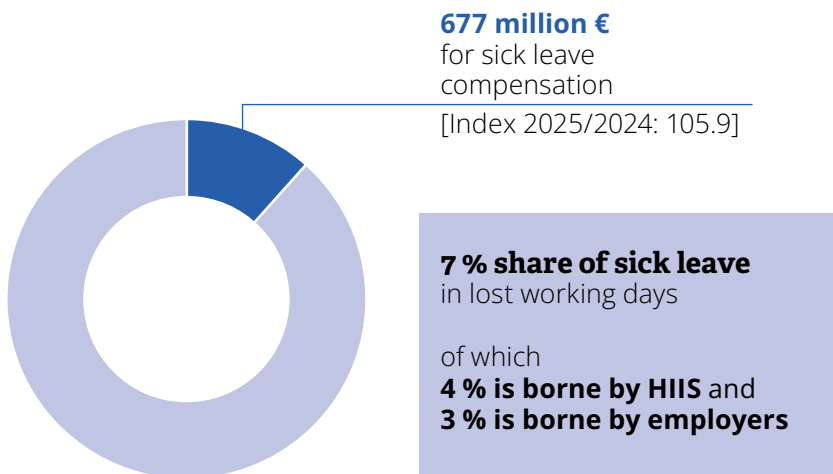
298,567 people
received at least 1 medical device

of which
171,100 people
were aged 65 and over (57.31 %)



Sick leave compensation

Insured persons are most commonly entitled to sick leave compensation due to illness, injuries or childcare.



17,317,409 working days
[Index 2025/2024: 103]



2,017,498 cases
[Index 2025/2024: 104]

8.6 days
average duration
[Index 2025/2024: 99]



5,690 sick leave control activities (HIIS)

Initiated
306 violation cases
[Index 2025/2024: 117]



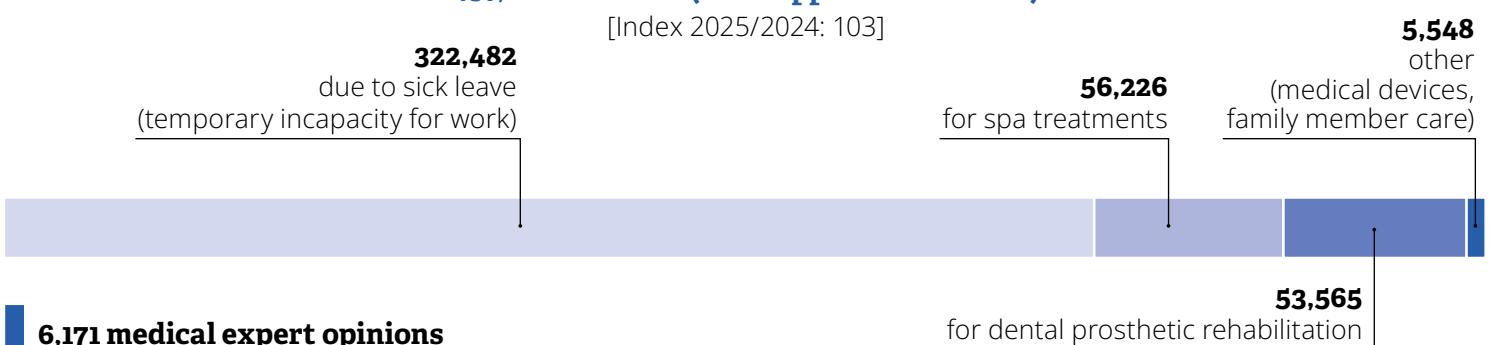
Decisions on rights

HIIS-appointed doctors or the Health Commission Senate, acting as a second-instance appeal body, at HIIS are responsible for decision-making on rights under CHI and for handling complaints. They decide on appeals, thereby ensuring the legal protection of insured persons. Certain entitlements are decided exclusively by regional units or by the Directorate.

Decision-making by HIIS-appointed doctors

437,821 decisions (HIIS-appointed doctors)

[Index 2025/2024: 103]



Decisions on rights

Health commissions decisions – complaints procedures



9,289 decisions
issued by the Health
Commission Senate:



• **6,802 decisions**
on temporary
incapacity for work



• **2,442 decisions**
for spa treatments

Regional units and the Directorate decisions on other rights under CHI

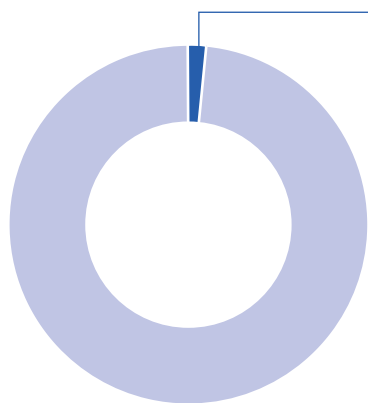


2,950 decisions
by **Regional units**

7 decisions
by Directorate as the
second-instance appeal body

International health insurance

On the basis of international agreements, health insurance coverage is provided for our insured persons abroad and for foreign insured persons receiving healthcare services from Slovenian healthcare providers.



95.9 million €
for international
health insurance
[index 2025/2024: 107]

99,134 Slovenian citizens
exercising their rights to healthcare
services while staying or residing abroad

43.3 million €
[index 2025/2024: 94.9]

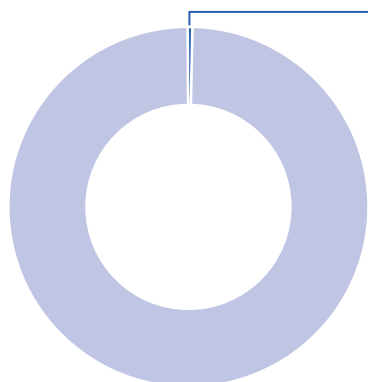


72,194 cases
of foreign insured persons in Slovenia
exercising their rights to healthcare services

52.6 million €
[index 2025/2024: 113.1]

Planned treatment abroad

Pursuant to exhausted treatment options in Slovenia, insured persons may be referred for treatment abroad (Article 44a of the Health Care and Health Insurance Act (ZZVZZ)) or pursuant to excessive waiting times in healthcare (Article 44b of the ZZVZZ) or receive reimbursements of cross-border healthcare costs under Regulation EC (Article 44c of the ZZVZZ Act).



8.2 million €
for treatment abroad – referrals
[index 2025/2024: 124.2]



5,155 applications
[index 2025/2024: 101.5]



4,244 approvals
[index 2025/2024: 101.6]

of which
→ **3,693 reimbursements of
cross-border healthcare costs**
under Article 44c of the ZZVZZ Act

→ **551 treatments abroad –
referrals**

of which
→ **496** under Article 44a (501 in 2024)
→ **55** under Article 44b (65 in 2024)

European health insurance card

Document which certifies entitlement to healthcare services during a temporary stay abroad.
Including certificate form: **622,250 certificates** issued.

EU card
HIIS

596,949
European cards issued
[index 2025/2024: 95]



Comparison with EU countries

Public and private health expenditure per capita (PPP) and as a share of GDP in Slovenia vs. EU average, 2023.

	Public	% of GDP	Private	% of GDP	Total	% of GDP
EU 27	2,608	6.6	669	2.1	3,277	8.7
EU 14	3,395	7.5	925	2.1	4,320	9.6
EU 13	1,761	5.6	630	2.0	2,391	7.6
Slovenia	2,296	6.8	824	2.5	3,120	9.3

* EU 27, EU 14 and EU 13 data are arithmetic averages; data for Slovenia are calculated by the Health Insurance Institute of Slovenia. Eurostat publishes a weighted EU average, which is predominantly influenced by data from large countries (Germany, France) and therefore differs substantially from the simple arithmetic mean.

Source: Eurostat, January 2026.

Selected indicators of healthcare activities in Slovenia and comparison with averages in neighbouring countries and EU 14 in 2023.

Selected indicators	Slovenia	EU 14	Croatia	Austria	Italy	Hungary
Total number of visits per capita in outpatient ambulatory activity	6.1	7.2	8.4	12.6	9.7	10.9
Hospitalisation rate (hospital discharges) due to diseases per 100,000 population, total	15,098	13,333	15,557	21,088	10,099	15,824
• due to cardiovascular diseases	1,716	1,626	1,982	2,749	1,615	2,398
• due to cancer	1,477	1,217	2,109	2,504	1,083	2,015
Average length of hospital stay (in days)	5.7	6.6	6.1	6.2	7.1	5.7

Source: OECD and Eurostat, January 2026.

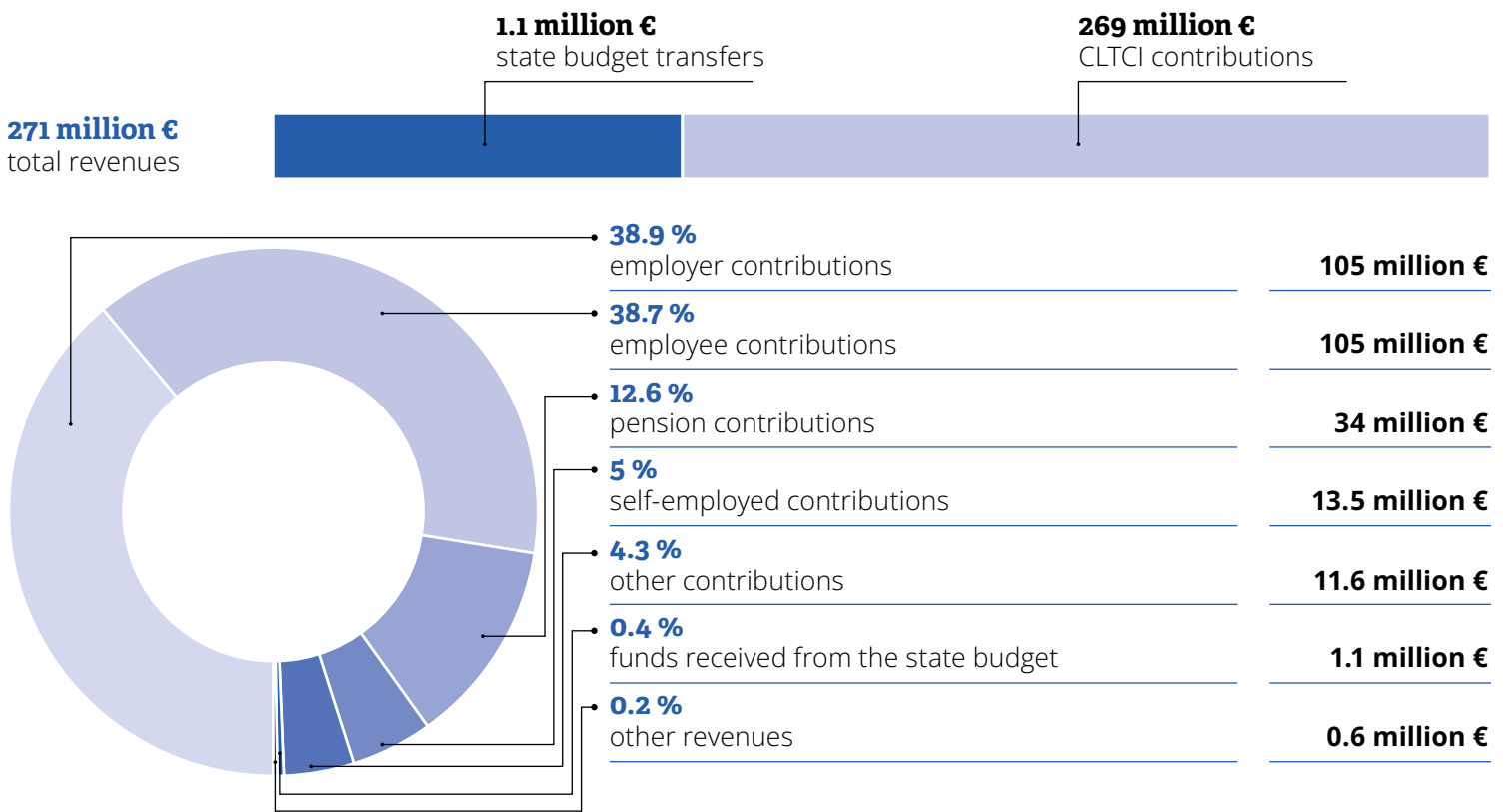
Compulsory Long-Term Care Insurance

The long-term care system has been introduced since 2024 and is being gradually established, including the organisation and financing of the system, as well as the progressive implementation of entitlements.

In 2025, HIIS:

- began implementing compulsory long-term care insurance
- started collecting contributions for compulsory long-term care insurance (as of 1 July 2025)
- established numerous data flows among all stakeholders in the system
- established CLTCI provider billing
- established cash benefit calculation systems.

CLTCI revenues



CLTCI expenditure

