

FARMERS' HEALTH INSURANCE

With the benefits granted by health insurance, two goals are being pursued. On the one hand, consequences following an illness are meant to be **smoothed out or, at least, alleviated**. On the other hand, health problems shall be prevented. The benefits granted by the farmers' health insurance can be enjoyed irrespective of the causes for the illness. These benefits are not only granted to persons covered by compulsory insurance, but also to certain persons with no insurance coverage of their own (spouses or registered partners, children), the so-called coinsured family members.

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Tasks

The key tasks of health insurance are:

- Health promotion
- Early detection and prevention of health problems
- Granting of benefits in the insured events of sickness and maternity
- Support in the case of infirmity
- Support in the case of labor loss caused by sickness

Benefits Payable in Case of Sickness

Sickness is defined as an anomalous state of body or mind requiring medical treatment. Medical treatment must be **sufficient and adequate**, but must not exceed the limits of the necessary (where two therapies have the same effect, the less costly one has to be selected).

In the framework of medical treatment the following benefits are granted:

Medical Treatment

Medical Aid

Medical aid is administered by doctors under contract and doctors under no contract with the scheme. Doctors under contract have entered into a contract with the health insurance institution obliging them to bring to account electronically the medical benefits granted to the insured persons with the respective health insurance institution via e-card. Insureds must pay a fixed, annual service charge for this e-card. Insured farmers, however, need not pay this service charge for they pay a lump-sum amount as a treatment contribution.



Medical Treatment Abroad

If insured persons fall ill abroad, they can still benefit from insurance coverage. If there is a bilateral agreement, the European Health Insurance Card, which is to be found on the back-side of the e-card, will be used. This card entitles insured persons to benefits in the case of sickness.

Medicines

Per medicine issued, a fixed prescription charge is payable directly when obtaining the drug at the pharmacy. This charge is the same for all occupational groups, however, some exceptions do exist in order to protect the socially underprivileged and there is a prescription charge cap for all insured persons of two percent of the net income. However, this prescription charge cap must not be lower than the guideline figure for the compensatory supplement in retirement insurance, which means that at least 38 prescriptions per year must be paid.

Remedial Aids (Crutches, Glasses)

Such can be directly obtained by the insured from opticians, bandagists, and the like, who will bring these benefits to account with the health insurer. Here, the insured person will be charged a percentage cost contribution. For glasses, the amount will be calculated according to the respective social vulnerability. Exceptions from the cost-sharing arrangement are provided for certain groups of persons and those in social need.

Hospital Treatment

If required by the type of illness (e.g. surgery becoming necessary), in-patient hospital care will be granted instead of medical treatment administered in a doctor's practice or at home.

If he/she or a family member draws on hospital care, the insured farmer will have to pay a contribution for a maximum of four weeks per calendar year.

Health Aids

If necessary, the SVB will also provide for health aids (wheelchairs, prostheses).

Social Assistance

If the farm manager or a family member working as a full-time farm employee is incapacitated as a result of illness or an accident for a period of more than two weeks, the SVB may grant financial assistance to help cover the costs for farm hands. Such financial assistance will be granted for the period of incapacitation concerned up to a maximum of six months after the date such a replacement farm hand has entered employment. Upon expiry this



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period, this financial assistance can only be extended when certain stipulated conditions apply (e.g. in the case of occupational rehabilitation).

Before employing such a replacement farm hand, either the local branch of the Austrian Farm Machinery Cooperative (Maschinenring Österreich) or the SVB can be notified of the need for such a replacement. Replacement farm hands may be referred via the machinery cooperative but can be also recruited by the insured. The associated administrative work as well as all payments will be handled by the SVB. The SVB will remit the total cost to the replacement farm hand while the remaining costs to be borne by the farm itself will be claimed by the SVB as a portion of these costs in the next contribution request note.

In the event that assignment referral of a suitable helper is not possible via the “Maschinenring” referral network and the wage labour model is not an option, as of 2013, the grounds for assignment referral [Illness and (Work) Accident in combination with hospitalised care] include the option of providing blanket farm relief services for operational work which cannot be postponed, without submission of proof for the onset and duration of inability to work. Diagnosis on hospitalisation is determinative for granting this benefit and for the duration thereof.

Maternity Benefits

As regards maternity, health insurance will pay for all necessary medical measures including medical aid, midwives, remedial aids or in-patient hospital care. Moreover, maternity allowance as well as child-care allowance are granted by way of cash benefits.

As opposed to standard medical treatment, the **insured event** of maternity does **not entail** any **cost contributions**.

Maternity Allowance/Farm Hand

Compulsory insurance in farmers' health insurance is the condition for receiving maternity allowance. The aim of maternity allowance is to make life easier for mothers before and after delivery. Maternity allowance is paid for the last eight weeks before birth, for the day of giving birth as well as for eight weeks after birth (multiple, premature, or cesarean birth: twelve weeks). As opposed to maternity allowance granted to employed mothers, the amount of which depends on the income received before maternity, women farmers receive a **fixed amount on a daily basis**. Instead of receiving maternity allowance, women farmers can also draw on farm help (provision of a temporary farm hand).

Child-Care Allowance

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In 2002, the former benefits connected to the insurance scheme such as parental leave allowance and, under the farmers' insurance scheme, part-time allowance were replaced by the child-care allowance granted independently of compulsory insurance coverage. This benefit is granted to parents living in the same household as the child, receiving family allowance for this child and having let perform all medical examinations provided in the mother-child-booklet.

As a basic principle, the entitlement to child-care allowance arises from the date of birth (and will be held in abeyance in the

amount of the maternity allowance due during the time a recipient draws maternity allowance) and is subject to a certain maximum limit on additional earnings. Parents may take turns drawing child-care allowance no more than twice.

Child-care allowance may be drawn either as a fixed sum in form of the child-care allowance account or in compensation of lost earned income (income-dependent child-care allowance)

When only one parent draws a **fixed-sum child-care allowance**, they may choose between award periods ranging between 365 and 851 days. For parents taking turns drawing child-care allowance, the entitlement period will be extended from 456 up to a maximum of 1,063 days. The amount of daily child-care allowance due is calculated based on the duration of the relevant award period and ranges between 14.53 EUR and 33.88 EUR per day.

Income-dependent child-care allowance can be drawn by a single parent for a maximum period of 365 days, or 426 days when drawn by both parents. This type of allowance amounts to 80% of the maternity allowance sum or of the last salary, with an applicable maximum of 66 EUR per day (approx. 2,000 EUR per month).

SVB – a Genuine HEALTH Insurance Fund

It is the primary goal of health insurance to prevent diseases altogether. Key measures also taken by the SVB for the early detection of diseases are **medical examinations for adolescents** and **preventive medical check-ups** for adults. Between 15 and 18, all adolescents covered by SVB compulsory insurance are checked once a year. From the age of 18, all those insured in the SVB scheme, and their family members, can undergo a preventive medical check-up once a year (**free of charge**).

In the framework of health promotion, the SVB takes many measures (e.g. information folders, lectures, recreational vacations, active-health-week programmes) to create a higher level of health awareness among insured persons and their family members.

Furthermore, the SVB makes available **stays at health resorts** to insured persons including retirees. In connection with various disease patterns, the SVB offers adolescents and adults recreational vacation programmes, focusing on different health problems. The wide range of **health campaigns** offered by SVB does not only provide for physical but also for mental recreation. Examples are vacations for people providing care to family members to offer them a time out from this physically and mentally exhausting work, or recreational vacation programmes for women and men in special life situations, where participants are offered professional support in difficult situations like death, sickness or divorce.