



EUROPEAN FEDERATION OF ORTHODONTIC SPECIALISTS ASSOCIATIONS  
FEDERATION EUROPEENNE DES ASSOCIATIONS DE SPECIALISTES EN ORTHODONTIE

**Committee of European Health Insurances**

**EUROPEAN**  
**ORTHODONTIC**  
**HEALTH**  
**INSURANCES**



**June, 2010**

**European  
Federation of  
Orthodontic  
Specialists  
Associations**

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## **European Union Members**

### **Austria**

The orthodontist calculates the fee for each individual treatment determined by set general guidelines based on the difficulty of the treatment, the device and the duration. The patient has to pay the whole fee to the orthodontist and gets (a small) part of the fee refunded by the insurance company. There are about 10 different insurance companies; each company refunds different parts of the fee.

### **Bulgaria**

Neither the National nor the private health insurance companies cover any kind of orthodontic treatment.

### **Belgium**

Currently, the major payers contributing to the costs related to orthodontic health care in Belgium for the age group of 0-22yrs. are: (if a demand was introduced before the age of 15 years)

- The compulsory national health insurance RIZIV/INAMI :  
Refunds are given for 2 appliances for 36 months of treatment.  
(an extension can be requested in case of severe anomalies, e.g; clefts, multiple agenesis ...). This total amount equals ±600 € (2008)
- The Public Health Insurance Funds  
Most Public Health Insurance Funds provide a complimentary insurance between 385 € and 740 € depending on the diagnosis. Some use the IOTN index.
- Private or employer insurances
- Private contracts
- The patient / parents

### **Cyprus**

In Cyprus, Orthodontic treatment is delivered privately. The private insurance companies usually do not cover orthodontic treatment fees since it's considered an aesthetic treatment. Only if someone is working in a bank, the Bank Health Insurance Fund covers 850 € for two arch comprehensive orthodontic treatment.

The Ministry for Social Benefits covers 2600€ for a two arch treatment for people who receive financial assistance from the government.

## Czech Republic

All citizens in Czech Republic have an obligatory health insurance. There are 11 health insurance companies in the country. There is not much difference in coverage of orthodontic treatment. From these 11 health insurance companies, one is owned by the state while the rest are not state owned. However, all work with the obligatory health insurance system the same way. Each citizen has to choose in which health insurance company they will be insured and the money for health insurance goes to that company (part of the salary of the employee, part from the employer). The insurance company pays for treatments, some medications etc.

Orthodontic treatment is provided by the specialists in their privately owned practices and in orthodontic departments in the University Hospitals. Insurance companies pay only orthodontic specialists for orthodontic treatment.

The costs of orthodontic treatment are divided in three parts:

1. **The fee for the orthodontist** which is paid fully from the health insurance company irrespective of the severity of malocclusion and without the patient's age limit. The prices are set centrally and the orthodontist can not charge anything more, if he has the contract with the health insurance company of the patient. Only few orthodontists work without the contract with the health insurance companies.
2. **The cost of materials for fixed appliances** which is paid in full by the patient.
3. **The cost of the removable appliances** which is paid by the health insurance 100% in clefts and congenital facial deformities, 80% in middle and severe malocclusions and 50% in small anomalies in children up to 18 years old, and 0% in minor anomalies for adults.

## Denmark

Up to the age 18:

Orthodontic treatment is free of charge in the public dental health service if the malocclusion is fulfilling certain criteria set up by the Danish National Health Board. The goal is to keep the orthodontic treatment level at approximately 25 percent. Treatment is

recommended if there is a high risk for dental and functional problems. Orthodontic treatment for cosmetic reasons is not offered by the public dental health service.

If the patient or the parents prefer the treatment to take place in a private practice, it is possible. In these cases the parents have to pay 35 % of the total price of the orthodontic treatment. The remaining 65% is paid by the municipality (if the criteria are fulfilled).

If there is an indication for prosthetics/implant(s) the patients under certain circumstances has the possibility to get these implants paid by the Regions (Counties) after the age of 18. The orthodontic part of the treatment has to be done in the public dental health service.

Over 18 years:

Generally orthodontic patients has to pay the total amount for the orthodontic treatment. Some patients may be members of a general supplemental health insurance, which under circumstances will refund the patient 500-600 Euros.

If orthognatic surgery is necessary as a part of the orthodontic treatment, the whole treatment is free. The treatment is done and paid by the Regional Hospitals (Counties), and in many cases the orthodontic part of the treatment is done in a private practice.

## **Estonia**

The Estonian Health Insurance Fund covers all expenses of orthodontic treatment for persons under 19 years of age if the following are diagnosed:

- 1) Angle Class II division 1 in case of an overjet more than 9mm
- 2) Angle Class III
- 3) Retained incisors or canines
- 4) Missing incisor or canine or missing more than 1 premolar or molar on each side of the jaw
- 5) In case of cleft lip and/or palate or additional malformations
- 6) Open bite with contacts only in molars

If the patient is over 19 years of age the Estonian Health Insurance Fund is not covering any orthodontic treatment expenses.

If orthodontic treatment is in progress and the patient becomes 19 years old, the insurance will continue covering the treatment cost for the year.

For adults, orthodontic treatment costs are not covered by the insurance fund. However, in a case of orthognathic surgery, the hospital surgical fee is covered.

## **Finland**

Patients with serious malocclusions are treated in municipality health centers. These services are free of charge for children under 18 yrs.

The others have to seek private orthodontic care which is offered mainly in the biggest cities. Patients have to pay this private treatment by themselves with the exception of the most severe orthognathic cases.

The several existing insurance companies do not cover the cost of orthodontic treatments.

However, in cases of traumatic injuries or with some severe health problems, insurances will cover the cost of the dental and/or orthodontic care needed.

## **France**

In France, orthodontic care for those under the age of 16 years is covered by Social Security for a maximum of 6 semesters. Patients can be summoned by the Social Security's dentist for a checking. Adult treatments are not refunded, except those who need maxillo-facial surgery (in this case they are refunded for one single semester).

Since 1986, patients are reimbursed less than 200 € by the Social Security for fees going from 500 € to 1000 € per semester, depending on the regions of France and on the reputation of the practitioner. Generally, patients have an additional private insurance which gives them all or a part of the fees that are not covered by the Social Security.

Orthodontic fees are free, except for the poorest people who are covered since the year 2000 by the CMU (universal illness state insurance). For these people fees are fixed by the government, i.e. 464 € for a multi-brackets appliance and 330 € for the other appliances.

Our problem is that the guaranteed reimbursement of the social security didn't change for more than 20 years and part of the money that families have to bear is higher year after year. Another problem is that not all of the patients have an additional private insurance.

We are afraid that our government could take out of the Social Security system orthodontic care, as well as, part of dental care and the same might happen for optical care. In this case, the cost of treatment could be transferred from the Social Security to the supplementary private insurances. Those private insurances could possibly then organize their own care system network with their references and practitioners. Their fees would be first negotiated or rather fixed!

## Germany

Germany has a compulsory health insurance system. Up to 90% of the population are members of one of 250 government affiliated insurance bodies (GKV). Insurance premiums are levied at around 15% of the gross monthly income. The premium paid, covers every person in the family, with the exception of those who are self employed. The later have to pay for themselves the premiums.

The remaining 10% of the population are either civil servants or military, where health coverage is taken over by the state, or are clients of private health insurance companies (PKV), where premiums are levied equivalent to the risk (age, gender, individual medical history). Entry to the PKV world is granted for self-employed and for those with a yearly gross income above € 43.500 for the past 3 years. The PKV does not provide free coverage for family members.

In both systems GKV and PKV, fees for medical treatment are set by the government. The patient hands in their medical bills to the insurance provider who then reimburses the patient.

The PKV and civil servant groups receive full or partial reimbursement for medical treatment according to the extent of coverage that the individuals had chosen. Coverage for orthodontic treatment is usually limited to patients aged 18 and younger.

The GKV has numerous complications such as:

- There is no cost reimbursement. The treatment is strictly based on benefits.
- There is no coverage for minor cases needing treatment. Germany has developed a classification system (KIG) that is based on the Index of Orthodontic treatment need (IOTN). The KIG is comprised of 5 levels of treatment need. Levels 3 to 5 are covered by the GKV. The orthodontist or dentist applies for coverage by means of a treatment plan.
- Fees are earned in points instead of currency, with a Euro to point ratio that has been going down for the past 20 years.
- If the treatment plan is approved, the patient has to pay 20% of the quarterly fees to the orthodontist, while 80% are paid from the GKV according to the point value at that time. The 20% are meant as an incentive to keep the patient's compliance up, as the full 20% are refunded at the end of a successful treatment. The idea is good, but the orthodontist is carrying the burden to collect the funds from the patients directly.
- A far greater problem is that the "80% portion" has only theoretical monetary value, since each orthodontic office works under a capped budget.
- Even worse, there is a digression in fees of up to 40% starting from an upper average number of cases treated. This leads to an effect, that the economical base for treating patients in Germany has been lost. The orthodontists are tempted to refuse severe cases. Also, the PKV patients become highly attractive, because their treatment is not subject to fee digression mechanisms and budgeting.

## Greece

Orthodontic care is provided both from the state and the private sector. There is no state control over the fees. **It is mandatory for all individuals living in Greece and their families to be insured through their occupation in various social insurance funds.** There is lack of harmonization of finance and coverage because of the existence of about 133 social insurance funds

People who work in the private sector as employees have the right to free orthodontic treatment, which is provided exclusively in state owned clinics.

People who work for the state (i.e. Government employees, teachers) and self employed small business owners have no orthodontic coverage. On the other hand, the cost of orthodontic treatment can be claimed against income tax

The rest i.e. Doctors, Engineers, Lawyers, Military, Bank employees, people who work for the Electric Company, the Post Office, the Telephone Company, the Press etc... that are insured through their occupation, they go to the private orthodontist, they pay the agreed fee, and then their insurances pay them back a predetermined price or a percentage of the orthodontic treatment cost. Most of the time, these refunds are below 1000 Euros.

Private insurances do not cover orthodontic treatment unless it is necessary because of an accident.

In 2008 the government tried to reform the social insurance system by unifying many of the insurance funds. The number went down to 5 main social insurance funds. However nothing really changed in orthodontic coverage so far.

## Ireland

Orthodontic care is provided both from the state and the private sector.

State provision of orthodontics is through public health or state owned orthodontic clinics mainly, with a very limited amount of treatment being carried out in the orthodontic departments of the 2 dental schools. To qualify for public health provision, the patient has to be referred from the general dental section of the public health sector, to the orthodontic section. IOTN is currently used to assess the severity of treatment, and this is then used to define whether the patient qualifies for public health treatment and the level of urgency. Each public health area has a consultant as overall coordinator of treatment, with qualified orthodontists carrying out the treatment in the majority of the clinics.. There is no fee for public health orthodontics.

In the private sector, there is no state control over the fees. There are currently no private health insurance companies covering orthodontic treatment. However, the cost of



orthodontic treatment can be claimed against income tax, providing a tax rebate of approximately 20%.

Some state employee groups, e.g the police and prison officers, have grouped together and have set up their own insurance group to cover medial & dental expenses. Basically this scheme allows the person who is contributing to the scheme to claim approximately €400 per annum per family member towards the cost of treatment. All orthodontic fees are paid directly to the orthodontist and then the allowance is claimed back from the insurance company - the remainder can be claimed against tax as in the private sector.

## **Italy**

Orthodontic care is provided from the public health system and private practitioners with a big prevalence for the second (nearly 90%).

Universities linked with the National Health Care System are in charge of treating severe pathologies (cleft palate, various syndromes, and rare illness) or individuals in socially and economically poor situations. Due to the limited local budgets they have to select their patients very carefully.

There is no insurance coverage for standard orthodontic treatment costs.

However, there are two or three big companies which have private integrative funds for their employees or managers that refund just a part of orthodontic treatment costs (not more than 50%) and for a limited period of time (max 2 or 3 years). These refunds usually do not exceed 1000 euros.

## **Luxembourg**

The National Insurance is: La Caisse Nationale de Sécurité Sociale (CNS)

Orthodontic treatments under the age of 17 :

For removable appliances :

Fees are fixed by the CNS and are under control, with a previous agreement from a practitioner working for the Insurance: these are reimbursed at 95%.

The Insurance covers a maximum of 27 months for the treatment.

For fixed appliances:

Fees are not fixed and are reimbursable from the CNS with the same conditions as above for removable appliances. Since these fees are higher, they are appreciatively reimbursed at 45%. Again the maximum duration of treatment cannot exceed 27 months.

Any treatment for Cleft-palate cases is free of charge for the patient and there is no age

limit.

Adults Orthodontic Treatments are non-refundable.

## **The Netherlands**

There is a basic health care insurance, available from any of the Dutch health care insurance companies, of which content and price limits are set by the government and which every Dutch citizen is obliged to have.

Cleft lip and palate and other equally severe orthodontic anomalies are covered by this basic health care insurance. Other orthodontic care is private, but can be (partially) covered by a range of private insurances that are available. Although this is private care, the fees for this orthodontic care are also set by the government.

There is a wide variety in the way that the private insurance companies refund costs for orthodontic care. This can range from 0 -100% coverage for both children and adults. Usually, insurances refund a percentage ( $\pm 75\%$ ) of the total cost for treatment with the maximum often ranging between 1500 – and 2000€ for children up to 18 years of age. Of course it is the customers right to choose whichever private insurance they like for their specific premiums offered. These ‘supplementary insurances’ don’t just cover orthodontics but also more complicated dental work, physiotherapy etc.

## **Poland**

The Polish insurance system is based on a mandatory health insurance premium for all citizens. The state office called the National Health Fund (NHF) is responsible for collection and distribution of health care money. Orthodontic services are free of charge for insured patients on a limited scale.

Procedures refunded by NHF are:

- Specialist’s examination: for children and adolescents under 18 years of age,
- Diagnostic radiographs: one panoramic radiograph, one lateral cephalometric radiograph during treatment for children under 13,
- Cephalometric analysis: one during treatment for children under 13,

- Removable appliances: for children under 12, with monthly appointments until 13,
- Removable space maintainers: for children under 12,
- Dentures for children under 12.

Other orthodontic procedures including fixed appliance therapy or orthopaedic treatment are paid by patients themselves.

The National Health Fund also covers costs of all orthodontic services for children and adolescents under 21 years of age with congenital facial deformities such as: cleft lip and palate, haemifacial microsomia, Treacher Collins syndrome, Apert syndrome, Crouzone syndrome, Down syndrome, Goldenhar syndrome, Pierre Robin syndrome, cranio-clavicular syndrome, ectodermal dysplasia, malocclusions connected with cerebral damage, long face syndrome, and temporo-mandibular joint ankylosis. Only specialized centers with multi-disciplinary staff can provide refunded health care for this group of patients.

## **Portugal**

There is no specific orthodontic health insurance in Portugal. Some Portuguese insurance companies (very few of them) include orthodontic care in their insurance health plans.

## **Slovakia**

### **I. Category**

On the basis of public health insurance the orthodontic treatment is covered fully for children until 18 years with anomalies which significantly harm the stomatognathic system functioning hence the whole patient's health.

These anomalies include:

- a. Skeletal open bite
- b. Non-occlusion in lateral segments
- c. Progenia vera

- d. Class II malocclusions , overjet more than 9 mm
- e. Cleft lip and palate and other congenital anomalies

## II. Category

On the basis of public health insurance the orthodontic treatment is covered partly for children until 18 years „with anomalies which do not significantly harm the stomatognathic system functioning, i.e. with the contribution of the patient.

These anomalies include:

- a. Anterior open bite of 2mm and more
- b. Crossbite in incisors and in lateral segments of jaws
- c. Deep bite with traumatic gingiva
- d. Protrusive anomalies with overbite 4.5 – 9 mm
- e. Hypodontia of 4 and more adult teeth
- f. Impacted, palatally positioned and hypodontie of canine
- g. Impacted upper incisors

Without age limitation the orthodontic treatment is covered fully on the basis of public health insurance as follows:

Pre-surgery treatment by progenia, skeletal open bite, congenital developmental anomalies, cleft lip and palate, TMJ disorders, particular injuries.

The costs of other treatments (i.e. aesthetic corrections, small diastema etc.) and treatment of patients over 18 years of age are covered by the patient.

## Spain

Orthodontic care is provided from the private sector. There is no state control over the fees.

People who work for the state ( i.e. Government employees, teachers ) are insured through their occupation, they go to the private orthodontist, they pay the agreed fee, and then their insurances reimburse them a predetermined percentage of the orthodontic treatment cost.

Private insurances do not cover orthodontic treatment but they set a special fee for orthodontic services.

## **Sweden**

Under 20 years of age:

The orthodontic treatment is free of charge if carried out by the general public dental service (Folktandvården). To get treatment for free the indication for treatment must reach a specific level. The level of indication can be different in different parts (County Councils) of the country. Approximately 30% of the children receive free orthodontic treatment. As a rule of thumb the border line to receive free orthodontic treatment is IOTN index somewhere between level 3 to 4.

Over 20 years of age:

There is a national dental health insurance system that will give a portion of the total fee back "like a refund" to the patient. This amount is approximately 20%. The refund is based on an "official price" but the fee is not fixed. The refund has to be applied before the treatment starts and if the health insurance system finds that the treatment needed is minimal they can deny the refund.

If the malocclusion is so severe that surgery is needed (ie; severe CI-III and CI-II cases, cleft lip and palate patients, severe vertical and transversal deviations) the whole treatment is free except for a relatively small annual fee.

## **United Kingdom**

The National Health Service (NHS) was founded in 1948 with the mission of providing all health care to the whole population in the UK free of charge at the point of delivery. The demand and costs of this quickly became unsupportable and the government soon introduced charges for drug prescriptions and for adult dental treatment.

Over the years, the NHS charges have steadily increased to the point that the fixed charge for many prescription medicines is much higher than their actual cost and dental charges to adults is 80% or more of the fees. In some cases the NHS charges are higher than private fees.

Child dental treatment has always remained free of charge. The NHS fee for orthodontics has been low compared to other countries in the EU, currently about £1,200. But there is a shortage of orthodontists, demand is high and the fees paid by the government were reliable. Thus the great majority of orthodontics has been provided through the NHS both in privately owned specialist practices and in Orthodontic

departments in General Hospitals. There has been very little need or demand for privately funded orthodontics except for adults.

Because of the NHS, there has been no tradition of private health insurance in the UK until recently. Private health insurance has been limited mainly to medical and surgical care and for the avoidance of long NHS waiting lists. There is very little dental insurance and what there is excludes orthodontics, (except the surgery associated with orthodontics) or pays only a very small proportion of the fees.

There are one or two dental capitation schemes in which the patient pays a monthly sum, which is decided by the dentist, and for which the patient is entitled to routine dental care, but not orthodontics.

The usual way of charging for private orthodontics in the UK is to ask for an upfront payment of about 30% of the total fee and then to charge a fixed sum per month for the balance of the previously estimated treatment duration. Private orthodontic fees in the UK are in the range of £1,600 to £3,000, depending on location.

There have previously been two schemes for orthodontic insurance in which the parent starts paying when the child was about seven or eight years of age and would then eventually receive free orthodontic treatment at about twelve years of age. Both of these schemes closed because their rates of interest were less favourable than if the parent had simply borrowed from the bank.

There are two or three schemes currently operating in which the patient receives an interest free loan repayable over two or three years for their orthodontic treatment. The orthodontist receives full payment of the fees at the start of the treatment but a percentage of the fee is deducted by the insurers which vary according to the length of repayment agreed by the patient.

On 1<sup>st</sup> April 2006 the UK government introduced a "New Contract" in England and Wales which were intended to limit the continuing expansion of the costs of orthodontic treatment under the NHS. Dentists and orthodontists were given fixed sum contracts based on their activity in the previous year. NHS orthodontic payments used to be made at the end of treatment and because orthodontic treatment can take between 18 and 24 months the contracts in orthodontics were awarded based on the activity of the practice nearly two years earlier.

For well established and stable practices with a steady work load this was acceptable; but for practices which had started or expanded in the previous two years this represented a significant drop in their income from the NHS. At the same time the government introduced IOTN to define eligibility for NHS treatment. Only IOTN Dental rates 4 & 5 may be treated under the NHS now.

In addition the government is not agreeing to provide NHS contracts to new practices even in areas where there are not enough orthodontists to meet the patients' dental health needs.

All these factors have left many patients unable to access NHS orthodontic treatment and we are experiencing a significant expansion in the demand for private orthodontic treatment. But there is no expansion in dental insurance so patients have to pay their fees without insurance support

## **Non European Union Members**

### **Croatia**

The Croatian Institute for Health Insurance (CIHI) is the only government health insurance agency and fully covers orthodontic fees for any kind of therapy, all malocclusions and for all patients up to age of 18. There are no other insurance companies, nor government nor private that cover orthodontic treatment.

Fees covered by CIHI are determined by the Ministry of Health, and the average fee charged for a fixed appliance treatment, including radiographs, varies between 800 and 1500 Euros, depending on severity of malocclusion and duration of treatment. Orthognathic surgery is also fully covered by CIHI regardless of age. For patients above 18 years of age and private patients under 18 years fees vary between 1000 and 2500 Euros. The average fee for a removable appliance treatment, including radiographs, varies between 250 and 300 Euros per year

### **Iceland**

There is only one system in Iceland that pays for orthodontic treatment and this is a fixed amount. The fee, the orthodontist takes for the treatment, is decided by the orthodontist himself. An average fee for an orthodontic treatment in Iceland is 3500-5000 Euros.

There are no private insurance companies in Iceland covering orthodontic treatments; everything is covered by the social insurance system - paid for through taxes.

The public insurance (the government) pays ISK 150.000 which equals EU 880 for every individual younger than 21 years of age that needs fixed orthodontic treatment in at least one jaw.

All surgeries are covered within the hospitals and therefore, the patient does not pay.

In some rare cases such as cleft lip and palate patients, up to 3000 Euros (excluding the surgery since this is done in public hospitals) is paid for by the public insurance system. Any remaining cost these patients have to pay by themselves

## Norway

Refund is based on an “official price”. These prices are set by the government, and are adjusted yearly. The orthodontists determine the amount they will charge the patient.

The costs and refunds for the first two visits (first visit: consultation and OPG, second visit record taking and case study) are:

Type of cost	Official price	Refund
Consultation	54	33
OPG	48	28
Ceph	57	35
Models	117	70
8 Photos	32	19
SUM	308	185

All patients under the age of 18 yrs will get the same refund for these records even if there is no need for treatment.

When treatment starts the refund is based on the need for treatment. There are three main groups.

Group A (100% refund)

A1: Cleft-palate patients

A2: Patients with inherited craniofacial disorders based on a list

A3: Orthognathic-surgery-patients if the treatment plan is made together with a hospital or a university-clinic (No age-limit)

Group B (75% refund)

B1: Overjet more than 9 mm



- B2: Unilateral cross bite or scissor bite with forced bite involving more than 3 pairs of teeth
- B3: Open bite with contact only on the molars
- B4: Impacted canines and incisors where active "eruption" with a chain is necessary
- B5: Class III cases where all incisors are inverted
- B6: Missing or lost incisors
- B7: Deep bite where the lower incisors hit the palatal mucosa in the upper jaw
- B8: Scissor bite on both sides involving more than two pairs of teeth on both sides
- B9: Missing (agenesis of) two or more teeth in the same segment. (3rd molars are NOT included)

In addition: Group B is accepted if spaces after missing premolars (agenesis) are closed completely. Also placed in group B are deep bite cases where the upper incisors cover 6mm or more of the lower incisors.

#### Group C (40% refund)

- C1: Overjet 6-9mm
- C2: Open bites involving three or more pairs of teeth
- C3: Inverted teeth
- C4: Deep bites where the incisal edges of the lower incisors hit the gingival 25% of the upper incisors
- C5: Missing premolars or molars
- C6: Diastema mediale more than 3 mm or a lot of space between the incisors (in both jaws). The amount of space has to be specified.
- C7: Lack of space for the incisors greater than 3 mm
- C8: Occlusion disorders combined with strong subjective dysfunction-symptoms from the patient (Must be specified)

If the patient has a brother or sister who had orthodontic treatment, the refund will increase: Group B: Increase from 75 to 90 %. Group C: Increase from 40 to 60%. This increased refund is accepted even in cases where the children have different parents (divorces).

When the treatment starts the prices are as follows:

Price nr.	Type of cost	Official price
801	Treatment plan	150
803a	Fixed appliance one jaw	265
803b	Fixed appliance with self ligating brackets	325
804a	Control without appliance adjustment	25
804b	Simple operation: Ligating, HG-control, activation, easy arch-wire change	40
804b	Medium operation: Arch-wire with bends, Bonding of 1-3 brackets, Cementing 2 bands.	58
804c	Bonding 4-8 brackets, Cementing 3-4 bands	95
804f	Extra operation	25
805a	Lip-bumper, Transpalatal arch.	43
805b	Quad Helix	55
805c	Head-gear, Jasper jumper (per side)	78
805d	De-Laire mask	180
805e	Herbst-appliance	250
806a	Removal of appliance in one jaw with polishing	66
806b	Bonded retainer	116
807a	Simple retention control	25
807b	Retention control with operation (rebond of retainer)	37
802a	Simple upper retainer (Essix)	102
802c	Acrylic retainer (Jensen,Hawley)	183
802d	Complicated plate: Hilgers, Cetlin, Retractor	250
802e	Mono-block, Rapid pal exp.	295
802f	Activator, Twin block, Maxillator, Hansaplate	345

Price for fixed appliance includes bands, brackets and arch-wires. When several operations are performed during the same visit, the orthodontist is allowed to charge “full price” for the first operation (for example an arch-wire-change with bends (804b)). If an arch wire is changed in the opposite jaw we must use 804f (extra operation). It is allowed to use several 804f at the same visit. These prices include the arch-wires.

## Switzerland

The system is quite complicated, because of different health insurances.

### 1. The National insurance for almost all residents in Switzerland is the Invalidity/disability insurance

Only about 10% of orthodontic cases (the most severe problems) are taken over by Swiss Invalidity insurance. This is a national insurance and includes all persons living in

Switzerland. In case of  $ANB \geq 9^\circ$  or  $ANB \leq -1^\circ$  with anterior cross bite, in cases of spp-spa/Me-Go  $\geq 40^\circ$  or  $\leq 12^\circ$  this insurance pays the cost of the whole treatment.

## 2. Private health insurances:

All health-insurances in Switzerland are private. There are 87 insurances and a general law, which describes the basic treatments of those insurances. Orthodontic treatments and all other dental care are not in the basic insurances except after trauma and severely impacted teeth.

A majority of these insurance companies offer a premium package including orthodontic treatment. The participation in cost is generally 50 -70%. Billing is always to the patient or the parents, who can be refunded by the health insurance. Not all patients get these premium packages covering orthodontic treatment. One must choose this package long before the visible need of orthodontics. Many parents have to pay the whole cost of the treatment on their own. This system is otherwise successful, because the orthodontic insurance coverage responsibility is up to the patient, but it leaves a part of the population without any financial help in case of orthodontic treatment.

## **Turkey**

Currently our country does not have a standalone standardized orthodontic health insurance system. The orthodontic insurance is a part of the general health insurance system.

Recently the three different social security organizations are summoned under one single body called the Social Security Organization (SGK). Every insured party and his family members are covered with a health insurance but the orthodontic treatment is covered until age 18. No orthodontic index is applied and any form of orthodontic correction is paid by the SGK under 18. The SGK, however, limits the payments of radiographs. The orthodontic materials has to be paid by the patient and these are not reimbursed.

No private health insurance covers the orthodontic treatment.

Country	No	Public	Private	Other	Age limit	Severe cases	Normal cases
Austria		x	x				
Bulgaria	x						
Belgium		x	x		22	€600+	€600+
Cyprus		x <sup>1</sup>		x		500 CP	500 CP
Czech Republic		x	x		18	100%	50-80%
Denmark		x			18	100%	65-100% <sup>***</sup>
Estonia		x			19	100%	100% <sup>4</sup>
Finland		x			18	100%	100%
France		x	x		16	20-40% (public)	20-40% (public)
Germany		x	x			100%	100% <sup>****</sup>
Greece		x	x <sup>**</sup>				Less than €1000
Ireland		x				100% <sup>***</sup>	100% <sup>***</sup>
Italy		x				100%	
Netherlands		x	x		18	±75%	±75%
Poland		x			12/13/18/21	100%	
Portugal			x				
Slovakia		x			18	100%	Partly
Spain		x					
Sweden					20	100% <sup>***</sup>	100% <sup>***</sup>
United Kingdom		x	x			100%	100% <sup>****</sup>
Croatia		x			18	100%	100%
Iceland		x			21	-50%	€880
Norway		x			18	75-100%	40%
Switzerland		x	x			100%	30-50% <sup>*****</sup>
Turkey				x	18-19		

- \* covers if patient receives financial assistance from the government
- \* \* in a case of an accident only
- \* \* \* depends where the treatment is performed
- \* \* \* \* if certain criteria fulfilled
- \* \* \* \* \* if private insurance

European Federation of Orthodontic Specialists Associations  
European Orthodontic Health Insurances