I'm not a robot



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Many people are under the impression that all healthcare in Norway, and I see this "fact" pretty often when I browse the internet. But is there any truth to this claim? Let's take a closer look at the cost of the healthcare in Norway, and I see this "fact" pretty often when I browse the internet. But is there any truth to this claim? Let's take a closer look at the cost of the healthcare in Norway, and I see this "fact" pretty often when I browse the internet. But is there any truth to this claim? Let's take a closer look at the cost of the healthcare in Norway, and I see this "fact" pretty often when I browse the internet. But is there any truth to this claim? Let's take a closer look at the cost of the healthcare in Norway is not free, but it is heavily subsidized, so it is affordable for regular
people. You co-pay for all doctor appointments until you hit a certain payment threshold. Once you spend over 2921 NOK (2022 figures) you won't have to pay any more until the next year. Rikshospitalet is a hospital in Oslo. Photo by J. P. Fagerback. Up until you hit the payment threshold, called a frikort (free card), you pay for all medications and
medical appointments from your own money. You begin with a blank slate on January 1st, and then you have to pay for everything. This goes on until you hit the almost 3000 NOK threshold (which is around $330), and then you won't have to pay anything more until the end of the year. PS. I want you to keep in mind that this article is about the
Norwegian healthcare system itself, so it is focused on what it is like for someone who live in Norway. There might be some differences for tourists who visit Norway. All public healthcare is heavily subsidized, so you only pay a small co-payment for each appointment. These are set by the government, and are far below the actual cost of the medical
appointment. In 2022, the co-payment you have to pay for a regular doctor's appointment (GP) is 160 NOK for a visit during evening, night or the weekend. If the doctor won't ruin you
financially. These rates are for pretty much all doctors in Norway, from your personal public doctor (fastlege) to doctors can have a slightly higher fee of 375 NOK for a visit. You also have to pay for additional tests and sometimes certain
equipment, but this is also subsidized, so you don't need to worry. I have never experienced having to pay more than 500 NOK for a single visit to the doctor. Ambulances and admittance to hospitals can financially ruin you in many different countries around the world, so what's the take on this in Norway? Both riding the ambulance and staying at the
hospital is completely free in Norway. You will never be billed a single crown for calling an ambulance or for staying in a hospital bed. Even the food is free during your hospital stay will be
regarded as a doctor's appointment instead of a hospital stay. So if you feel like you are in danger, don't be afraid to call for an ambulance by calling the medical emergency number 113. Hospital stays are free in Norway. Photo published with permission. Having a baby can require a lot of doctor's appointment instead of a hospital stay are free in Norway.
baby is safe and sound, and the child birth itself requires several midwives and can occasionally also require assistance from doctors, anesthetists, or even surgeons. So who pays for all of this in Norway? The government pays for any of the doctor's
visits during pregnancy or after the baby has been born. The child birth itself is also completely free. This means that you won't have to worry about any medical bills from having a child, even if there are complications during the pregnancy or birth. Giving birth to a child is free in Norway. Photo published with permission. Babies and children have
completely free healthcare in Norway, with some exceptions. As a general rule of thumb, you won't have to pay anything for going to the doctor with a children under the age of 16, and can do this as many times as you want without paying. There are a few specialized things that might cost some money. One example that come to mind from personal
experience is to get your eyes checked by an eye doctor, which we had to pay a co-payment even for a young child. Luckily these are also subsidized, so the cost is only around 250 NOK. Many foreigners find it weird that Norway has this system where everyone has to pay a certain amount of money up until this threshold of around 3000 NOK, so
what's the reason behind this? Contrary to popular belief, this is not to finance the healthcare (which is done by tax money and the Oil Fund), but instead to create a small barrier to prevent people from going to the doctor with issues that didn't really
need medical treatment, and was successful in reducing the number on unnecessary appointments. It's worth noting that people who cannot afford to pay the co-payment can usually get it covered by the government if they apply for it. No one will be denied medical help in Norway. Medications also count towards the frikort, so if you need regular
medications, the frikort tend to hit the 3000 NOK mark pretty quickly. Since the hospital is completely free in Norway, and there are great systems in place to take care of you if you get permanently disabled, most Norwegians don't really need health insurance. At least not in the same was as people in the United States need it. There is a type of
Norwegian health insurance, but this does not affect the treatment or help you get from medical services. Instead these health insurances can pay you additional money if you become unable to work due to an injury or disease. Some Norwegians have this type of health insurance, but it's far from something that everyone has or even cares about
getting. Norwegian ambulance. Photo by Dickelbers / CC BY-SA 4.0. Most public healthcare in Norway is considered very good, but you usually also have the option to pay for private healthcare if you want to. This can let you skip queues that can be long at times, or even get premium treatment that is simply not available to the public healthcare
system in Norway. If you choose to go the route of paying for a private doctor's appointment, you will have to expect to pay a lot more than a public doctor's appointment at Aleris is 1130 NOK, while an appointment with a neurologist will cost 4350 NOK. This is easily 5 - 15 times as expensive as choosing the public
option, so while it's an option, you should keep in mind that it can be pretty costly. These same appointments in the public healthcare system would cost 212 NOK for the GP and 375 NOK for the neurologist. A special open enrollment period on all Affordable Care Act marketplaces, including on the federal insurance exchange, HealthCare.gov, runs
until Aug. 15. Many people qualify for free or low-cost plans. HealthCare.gov/Screenshot by NPR If you are uninsured or you've been on unemployment benefits this year, new financial help—passed by Congress this year, new financial help—passed by Congress this year.
ends on Aug. 15, so consumers will need to act fast to sign up for one of these plans on the Affordable Care Act marketplaces. The health plans without monthly premiums come in several different flavors, some of which have been around for a while, and some of which have been around for a while, and some of which have been around for a while, and some of which have been around for a while, and some of which have been around for a while, and some of which have been around for a while, and some of which have been around for a while, and some of which have been around for a while, and some of which have been around for a while, and some of which have been around for a while, and some of which have been around for a while, and some of which have been around for a while, and some of which have been around for a while, and some of which have been around for a while, and some of which have been around for a while, and some of which have been around for a while, and some of which have been around for a while, and some of which have been around for a while, and some of which have been around for a while, and some of which have been around for a while, and some of which have been around for a while, and some of which have been around for a while, and some of which have been around for a while, and some of which have been around for a while, and some of while have been around for a while, and some of while have been around for a while have been around fo
people. And, on HealthCare.gov and the state marketplaces there are free "bronze plans" — the lowest tier of plans — that might be available with zero-dollar premiums depending on your income. Both of those have been options for years. Now, there's also a new free plan option open to a new category of people. The American Rescue Plan included
a lot of changes to help make it easier and more affordable to enroll, including new and more generous subsidies for premiums, cost-sharing support for low-income people and more. One major change: If you've received unemployment benefits at any point this year, you might qualify for a comprehensive silver plan through the end of 2021. Put it all
together? There are zero-cost premium plans available to 13.3 million Americans — nearly half of the 29 million or so uninsured. Yet puzzlingly few have enrolled. "There are millions of people who are passing up free health insurance," says Cynthia Cox, director of the Program on the ACA at the nonprofit Kaiser Family Foundation, who authored a
recent brief on the topic. "That free health insurance — most of the time — actually comes with very low deductibles, too. So a lot of times, people could have all — or the vast majority — of their health care costs paid for." Among the uninsured, 5 million are eligible not for free plans, but are for subsidized ones, and an additional 10.7 million people
are not eligible for either, because they live in a state that has not expanded Medicaid, are undocumented immigrants, or have access to an affordable plan through their employer or the ACA, according to KFF's analysis. Why would millions of people pass up the chance at free health coverage? "I still hear constantly that people have no idea that this
was an option," says Jeremy Smith, a health insurance navigator at the nonprofit First Choice Services in West Virginia. Navigators give free advice to people who want to enroll in ACA plans. Bad experiences trying to sign up in the past, or plans with high out-of-pocket costs and deductibles might have turned people off, Smith says. Even though
many plans are available that have zero-dollar premiums, some may still have other out-of-pocket costs to be aware of. He finds most of the people he's enrolling are still paying something every month, but it really varies. "For one family, it might make sense to take the zero-dollar plan that's got a little bit higher deductible," he says. "The next
[family] can dig in, and they may be willing to pay $100 a month if it means their deductible's lower and their co-pays are lower." Still, he thinks a lot of people are missing out. "Even though everybody's trying to do all they can to say there's these new options, a lot of people just think they don't qualify, therefore they don't look into it," Smith says.
Inertia is also a powerful force, says Louise Norris, who co-owns an insurance brokerage in Colorado. Or maybe people are concerned about documentation or having to make complicated choices. "There are so many little reasons that somebody might be hesitating, and when you put them all together, you end up with at least a few million people
who are leaving these benefits on the table," Norris says. Some new people have been signing up on HealthCare.gov and the state marketplaces. The Biden-Harris administration's last report showed 2 million new people enrolled in health plans, although it's not clear how many of them enrolled in one of these free plan options. Even with these
affordable options, years of slashed budgets for outreach under the Trump administration had an impact on how many people are aware of the insurance marketplace at all, says Katie Roders Turner, a navigator with the Family Healthcare Foundation in central Florida. "Over the last four years, there was this vacuum of information — and
misinformation in addition to that," she says. "I think it's a knowledge gap, and I think that a marketing response is really going to make a big difference." The Biden administration has been putting some effort into marketing the plans and trying to get the word out about the fact that enrollment is now open and there are new discounts available. It's
running digital and TV ads and publishing community toolkits. The Kaiser Family Foundation's Cox says that outreach is needed, not just to tell people the plans are there and they're more affordable now, but also to explain the value of having health insurance, even if it's not a top-tier plan. "One-hundred percent of the time, if you can get a free
bronze plan, you are better off than being uninsured," she says. Some consumers are put off by high deductibles — the amount you would have to pay for any health care you use before your insurance plan picks up the tab. But even a high deductible plan is better than no coverage, she says. "If you get hit by a bus or have COVID and need a
hospitalization, that's the difference between being $7,000 in debt versus being $50,000 in debt," she says. "It can mean the difference between keeping your car or not, or keeping your house or not," she adds. "That's a big difference." As of Sunday, one of the people who has a free plan is Deborah Kagan. She just moved from New York state —
where she was on Medicaid after being laid off during the pandemic — to Florida, where she's not eligible for Medicaid. She was extremely stressed about the move and losing coverage, especially because she has Type 1 diabetes. "Without my medication, I'm dead," she says. "And during COVID, I also found out that I had breast cancer and I had a
brain tumor, and it was just one thing after the other." Because she's been on unemployment benefits, a navigator with the Family Healthcare Foundation walked her through enrolling in a free silver plan that will cover most of her health costs through the rest of the year. The navigators "knew everything — all the updates — and guided me through
every step of the way and were just beyond helpful," she says. Having a free plan lined up, she says, is "a huge relief and it will help me focus on finding a job quickly." Information about your health rights as a foreigner in Norway. In the US, free or low-cost health insurance is available to some individuals and families through Medicaid and the
Children's Health Insurance Program (CHIP). Eligibility is determined by income, household size, family status, disability, age, and other factors, and the rules vary from state to state. Some states have expanded their Medicaid programs to cover all people below certain income levels, while others have not. Individuals can apply for Medicaid and
CHIP at any time of year, and their information will be sent to their state agency for review. Can you get free medical insurance? Characteristics Values Insurance Type Medicaid and CHIP Who is it for? Low-income people, families and children, pregnant women, the elderly, and people with disabilities Cost Free or low-cost Application Apply through
your state's Medicaid agency or the Health Insurance Marketplace Eligibility Based on income, household size, family status, age, disability, and state-specific rules Coverage Comprehensive, but may vary by state and provider acceptance Renewal May be reviewed annually by the state Additional Support Certified enrollment counselors are available
for guidance Medicaid and CHIP Medicaid and the Children's Health Insurance Program (CHIP) provide free or low-cost health coverage and costs
vary from state to state. Some states have expanded their Medicaid, you may still qualify based on your state has not expanded their Medicaid, you may still qualify based on your state sexisting rules. These rules vary from state to state and may consider income, household size, family status (such as pregnancy or having
young children), disability, age, and other factors. CHIP provides health coverage to eligible children through both Medicaid and separate CHIP are typically from families with incomes too high to qualify for Medicaid but too low to afford private coverage. CHIP is funded by states and the federal
government. To apply for Medicaid or CHIP, you must be a resident of the state where you are applying for benefits. You can create an account with the Health Insurance Marketplace and fill out an application. If it appears that anyone in your household qualifies, your information will be sent to your state agency, and they will contact you about
enrollment. You can apply for or re-enroll in Medicaid or CHIP at any time of the year. Eligibility requirements, and some
states have expanded their Medicaid programs to cover all individuals below a certain income level. To be eligible for Medicaid, you must be a resident of the state where you are applying for benefits and meet the specific income and family size requirements of that state. Children's Health Insurance Program (CHIP)CHIP provides free or low-cost
health coverage to children in families that earn too much money to qualify for Medicaid. In some states, CHIP also covers pregnant individuals. CHIP qualifications vary by state and generally depend on income. Marketplace plans
are private health insurance plans that can be purchased through the Health Insurance Marketplace. Even if your income is too high to qualify for Medicaid, you may be able to get a low-cost Marketplace plan with subsidies or discounts based on your income and family size. It is important to note that eligibility requirements may change over time,
and it is always best to check with the specific insurance provider or your state's Medicaid and CHIP agencies for the most up-to-date information. State-specific rules In the United States, health insurance is provided through privately purchased insurance, or a social welfare program funded by the government. While the Affordable
Care Act (ACA) of 2010 mandated that nearly all Americans have health insurance, the individual mandate penalty was repealed in 2017. However, as of 2022, some states still require residents to declare proof of health insurance coverage on their state taxes. These states include California, Massachusetts, Rhode Island, New Jersey, and Vermont,
along with the District of Columbia. Rhode Island: Rhode I
to a penalty when filing their income taxes. The penalty amount is the higher of either 2.5% of their annual household income or $695 per person and $347.50 per child under 18. California has a similar requirement for its residents to have health insurance coverage. The penalty for non-compliance is a minimum of $900 per adult and $4500 per adu
per dependent if uninsured for the entire year. The California Franchise Tax Board provides a free online service to calculate the expected penalty amount. Massachusetts, New Jersey, and the District of Columbia: These jurisdictions also enforce health insurance requirements and impose penalties for non-compliance. The penalty amount may vary
based on factors such as income, family size, and the duration without coverage. Vermont: While Vermont does not impose any fees or penalties, it recommends that provides free or low-cost health coverage to low-income individuals of all ages. Each
state has its own eligibility requirements and application process, and you must be a resident of the state where you are applying for benefits. The exact services coverage. Enrollment process Free or low-cost medical insurance is available in the US,
provided by programs such as Medicaid and CHIP. These programs are available to US citizens and non-citizens alike, although the requirements vary from state to state. American Indians and Alaskan Natives can enroll anytime during the year for any NY State of Health program. The enrollment process for free or low-cost medical insurance will
depend on the specific program and state in which you reside. Here is a general overview of the steps you can take to enroll: Identify the program: Determine which program you are eligible for (such as Medicaid or CHIP). You can do this by visiting the official website of your state's health insurance marketplace or by contacting your state's Medicaid
agency directly. Gather required information and documents: The required information and documents may vary depending on your state and program. However, some common items you may need include birth dates, Social Security numbers, employment information, income details, and current health insurance information (if applicable). Create an
account and complete the application: Once you have determined your eligibility and gathered the necessary information, create an account with the Health Insurance Marketplace. Fill out the application accurately and completely. You may be able to apply online, over the phone, by mail, or in person, depending on your state and program. Wait for a
response: After submitting your application, you will typically receive a response within a few weeks. Your information will be reviewed, and if you are eligible, you will be able to enroll in a health insurance plan. You may be able to choose from a range of
plans offered by different insurance providers. Some states, such as California, offer assistance in choosing the right plan through certified enrollers. Maintain your enrollment: It is important to note that you may need to take action each year to maintain your health insurance coverage. Your eligibility may be reviewed annually, and you may need to
provide updated information or documentation to renew your coverage. Alternative options In the United States, Medicaid and the Children's Health Insurance Program (CHIP) provide free or low-cost health coverage to eligible individuals and families. Eligibility is typically determined based on income, household size, family status (including
pregnancy and the presence of young children), disability, age, and state of residence. To apply for Medicaid or CHIP, individuals can create an account with the Health Insurance Marketplace and fill out an application. The requirements and coverage options vary by state, so it is essential to check with the specific state's Medicaid agency. State-
specific programs: Each state has its own set of rules and programs for providing free or low-cost health coverage. For example, California offers Medi-Cal, which provides free or low-cost health services to eligible individuals. It is important to research the specific programs available in your state. Pregnancy and early childhood programs: There are
often additional government programs specifically aimed at providing support during pregnancy and early childhood. These programs can help ensure access to necessary healthcare services during these critical periods. Certified enrollment counselors, who can help navigate the
application process and explore all available options. This service is typically free and confidential, and counselors are available to assist in person, by phone, or online. Marketplace coverage: If an individual does not qualify for Medicaid or CHIP, they may still be eligible for savings on private insurance plans through the Health Insurance
Marketplace. The Marketplace takes into account factors such as income and household size to determine eligibility for cost savings. Other state-based options: Some states have expanded their Medicaid programs to cover all individuals below certain income levels, regardless of other factors. It is worth checking if your state has implemented such
expansions, as it may increase your chances of qualifying for free or low-cost health coverage. Frequently asked questions You may be able to get free or low-cost health insurance Program (CHIP). Eligibility depends on your income, family size, and the state you live in. Medicaid provides free or
low-cost health coverage to eligible individuals and families, including children, parents, pregnant women, elderly people with disabilities. Eligibility rules differ among states. You can check your eligibility by creating an account with the Health Insurance Marketplace and filling out an application. If it looks like you
application. You can also apply through your state's Medicaid agency. The UK Global Health Insurance Card (GHIC) lets you get necessary state healthcare in the European Economic Area (EEA), and some other countries, on the same basis as a resident of that country. This may be free or it may require a payment equivalent to that which a local
resident would pay. The UK GHIC has replaced the existing European Health Insurance Card (EHIC). If you have an existing EHIC you can continue to use it until the expiry date on the card up to 9 months before your current card expires. A UK GHIC is free
and lasts for up to 5 years. Apply for your new card through the NHS website. Avoid unofficial websites - they may charge you a fee to apply for a new UK EHIC instead. The UK GHIC is not a replacement for travel insurance. We advise you to have private travel and medical
insurance for the duration of your trip. We also recommend you check FCDO travel advice on GOV. UK for the country you're visiting. You can apply for a UK GHIC if you're a resident in the UK. You can also add your family members to your application when you apply. You'll need to provide your:full nameaddress date of birth National Insurance
number Health and Care number (if you're from Northern Ireland) Every member of your family needs their own card. You can add your spouse, civil partner and children to your application when you apply. You must enter your own details first and apply for any additional cards when prompted. If you're from Northern Ireland) Every member of your family needs their own card. You can add your spouse, civil partner and children to your application when you apply.
add additional family members contact NHS Overseas Healthcare Services. You'll need to give us your reference number, name, date of birth and address so we can access your record. After you know whether it has been approved or not (if you don't get a reply,
check your junk folder). We may need to see additional information or documents before approved, you should receive your new card within 15 working days. It will be sent to you by post. If you do not receive it before you travel, and need medically necessary treatment during your visit, you can apply for a
Provisional Replacement Certificate (PRC) to get temporary cover. For more information, see "If you don't have your card with you" towards the end of this page. If you have rights under the Withdrawal Agreement, you can choose to apply for a new UK EHIC rather than a UK GHIC. Like the UK
GHIC, it's free and lasts up to 5 years. You can find out if you have rights under the Withdrawal Agreement on GOV.UK. You can use your card to get state healthcare that cannot reasonably wait until you come back to the UK (sometimes called "medically necessary healthcare"). This includes things like:emergency treatment and visits to
A&Etreatment or routine medical care for long-term or pre-existing medical conditions routine maternity care, as long as you're not going abroad to give birthYou'll need to pre-arrange some treatments with the relevant healthcare provider in the country you're visiting – for example, kidney dialysis or chemotherapy – as it's not guaranteed that local
healthcare providers will always have the capacity to provide this care. Whether treatment is medically necessary is decided by the healthcare provider in the country you're visiting. Not all state healthcare is free outside of the UK. You may have to pay for treatment that you would get for free on the NHS, if a local resident would be expected to pay in
the country you're visiting. Before travelling, you should check the relevant country you're visiting and any potential charges you may face. Check the relevant country you're visiting A UK GHIC (or UK EHIC) does not replace travel and medical
insurance or cover services like:being flown back to the UK (medical repatriation) treatment in a private medical insurance for the duration of your trip. You can use a UK GHIC (or UK EHIC) and private travel and medical insurance for the duration of your trip. You can use a UK GHIC when you're visiting: You can use a UK GHIC in Switzerland if
you're one of the following:a British nationala Swiss nationalan EU citizena refugeea stateless persona family member of someone who holds one of the above nationalities or statusesThe UK government is negotiating with other countries to expand the use of the above nationalan EU citizena refugeea stateless persona family member of someone who holds one of the above nationalities or statusesThe UK government is negotiating with other countries to expand the use of the above nationalan EU citizena refugeea stateless persona family member of someone who holds one of the above nationalan EU citizena refugeea stateless persona family member of someone who holds one of the above nationalan EU citizena refugeea stateless persona family member of someone who holds one of the above nationalan EU citizena refugeea stateless persona family member of someone who holds one of the above nationalan EU citizena refugeea stateless persona family member of someone who holds one of the above nationalan EU citizena refugeea stateless persona family member of someone who holds one of the above nationalan EU citizena refugeea stateless persona family member of someone who holds one of the above nationalan EU citizena refugeea stateless persona family member of someone who holds one of the above nationalan EU citizena refugeea stateless persona family member of some national and the above national and 
when you're visiting: Visiting Montenegro You can get free emergency treatment in Montenegro but you'll have to pay for your prescribed medicines and for other medical treatment. If you're a UK national, your UK passport will give you access to emergency healthcare in Montenegro. If you're a UK national you'll need your
passport and a UK GHIC (or UK EHIC) to get emergency healthcare in other countries you'll have to pay for treatment unless the UK has a healthcare agreement with that country. You'll be entitled to a UK GHIC if both of these things apply; you're ordinarily and legally resident in the UKyou do not have healthcare cover provided
by an EEA country or SwitzerlandThere is information about what "ordinarily resident" means on GOV.UKYou may also be entitled to a UK GHIC if you're:living in the EEA or Switzerland with a registered S1 formliving in the EEA or Switzerland with a registered S1 formliving in the EEA or Switzerland with an A1 document issued by the UKa family member or dependant of an entitled individual already
listed You may be eligible for a new UK EHIC if you meet one of the following criteria:you're living in the EEA or Switzerland and have been since before 1 January 2021 with an A1 issued by the UKyou're a national of
the EEA or Switzerland who has legally resided in the UK since before 1 January 2021 and are covered under the Withdrawal Agreement - you may not be covered if you are also a UK national or if you were born in the UKyou're a family member or dependant of an entitled individual already listedIf your circumstances change and you no longer meet
one of the above criteria, you may not be entitled to continue using the card and should contact NHS Overseas Healthcare Services. You must be entitled to use your UK GHIC or UK EHIC at the time of the treatment received or face
prosecution. To apply for a UK Student EHIC or UK GHIC, you'll need a letter from your university or college showing the name and address of the UK educational institution if you're studying for the dates your study period
in the EEA or Switzerland started and is due to finishyour permanent residential address in the UK, you'll be asked to provide further evidence to confirm this. This is in addition to the information set out in "How to apply" above. Students studying
in the EEA or Switzerland applying for a UK Student EHIC or UK GHICIf you normally live in the EEA, Switzerland and your country of study. If you started your course after 1 January 2021, or you're
planning to study in an EEA country or Switzerland, you'll need to apply for a UK Student GHIC. You should take your UK GHIC (or UK EHIC) with you when you travel abroad. If you need medically necessary treatment, you'll need to present the card to the hospital (or other service provider) that is treating you - make sure that you are being treated
at a public health provider and not a private one. Keep all receipts and paperwork. Depending on the country you visit you may be expected to pay all or part of your bill upfront and then claim a refund afterwards. Some countries ask patients to pay all or part of your bill upfront and then claim a refund afterwards. Some countries ask patients to pay all or part of your bill upfront and then claim a refund afterwards.
claim back the difference between the total bill and the co-payment, but the actual co-payment is not refundable. Your UK GHIC or UK EHIC) with you, you can apply for a
Provisional Replacement Certificate (PRC). A PRC gives you the same level of cover as a UK GHIC or UK EHIC and it has not arrived yet. Find out more about PRCs and how to apply for oneYou'll need to pay in full for treatment if you do not have a UK GHIC, UK EHIC or PRC. You
should ask for a copy of your invoice and obtain a receipt. To claim a refund for healthcare covered by your UK GHIC or UK EHIC, you'll need to download and fill in a refund claim form and send it to NHS Overseas Healthcare Services. You should include receipts and any supporting documents with your claim form. Find out how to claim a refund for
healthcare covered by your UK GHIC or UK EHIC If you think you've been incorrectly charged for medical treatment. You may need to provide more information to confirm your eligibility and the cost of the treatment you had. This could include:receipts or
invoices relating to treatment confirmation that the treatment was state-provided confirmation of payments made to healthcare institutions documents. Healthcare institutions are cover if your insurer paid for treatment discharge documents.
been covered. If they determine that your treatment should have been covered by the UK GHIC or UK EHIC, they'll reimburse you or your insurer for the costs of treatment that are covered by your card. If you suspect that somebody has fraudulently applied for or used a UK GHIC or UK EHIC they are not entitled to, you can report this to the NHS
Counter Fraud Authority. Alternatively, you can email your concern to lcfs@nhsbsa.nhs.ukOnly emails about the misuse of GHIC or EHIC will be responded to. Medicaid insures people with a low income. The Children's Health Insurance Program (CHIP) covers children. Learn about eligibility and how to apply for or renew coverage. Medicaid provides
free or low-cost medical benefits to eligible: Adults with a low income Children Pregnant women People age 65 or over People with disabilities In general, Medicaid eligibility depends on at least one or a combination of: AgeIncome levelNumber of people in your family If you are pregnant or have a disability How to apply for Medicaid You can apply for
Medicaid anytime in one of the following ways: What documents and information do you need for your Medicaid application? When you apply for Medicaid application?
Security numberYour monthly payment amounts for rent, mortgage, or utilitiesProof of income, like paystubs or W-2sA verification of what other government benefits you receiveInformation about an insurance plan your employer has offered you or an insurance plan you currently haveFind and check with
your state's Medicaid agency to learn what documentation they require. Find out if your child is eligible for CHIPI your income is too high for Medicaid, your child may still qualify for the Children and teens up to age 19. CHIP qualifications are different in
every state. In most cases, they depend on income. Find out if your child qualifies for coverage with CHIP. How to apply for CHIPYou can apply for CHIPYou can apply for CHIP in one of the following ways: How to renew Medicaid and CHIP coverageYour state may review your information each year to decide if you are eligible for Medicaid. If they need more information
from you, they will contact you about renewing your coverage. Learn more about renewing Medicaid or CHIPWho to contact for more help Find a doctor or care provider who accepts Medicaid or CHIPNot every provider accepts
Medicaid. To locate a Medicaid or CHIP medical provider, find and check with your state's Medicaid agency. If you're unemployed, you have options for health insurance: You may qualify for cost savings based on your income and household size. With one application, you'll find out if you're eligible for a Marketplace health plan, Insurance program
that provides free or low-cost health coverage to some low-income people, families and children, pregnant women, the elderly, and people with disabilities. Many states have expanded their Medicaid programs to cover all people with disabilities. Many states have expanded their Medicaid programs to cover all people with disabilities.
coverage to children in families that earn too much money to qualify for Medicaid but not enough to buy private insurance. In some states, CHIP covers pregnant women. Refer to glossary for more details.. Savings and eligibility are based on your employment
status. Notice: If you're unsure if you can afford coverage, Marketplace plan, may be more affordable than you think — most people qualify for savings on a Marketplace plan, you can find low-cost health care at a nearby
community health center. Get more information about your coverage options through the Marketplace. You may be eligible for COBRA (Consolidated Omnibus Budget Reconciliation Act) continuation coverage if you lost your former employer offers it. COBRA is a federal law that allows you to maintain health coverage temporarily after
your employment ends, you lose coverage as a dependent of the covered employee, or due to another qualifying event. If you choose COBRA coverage, you'll pay 100% of the The amount you pay for your health insurance every month. In addition to your premium, you usually have to pay other costs for your health care, including a deductible,
copayments, and coinsurance. If you have a Marketplace health plan, you may be able to lower your costs with a premium tax credit. Refer to glossary for more details, including the portion previously coverage and get offered a
job-based health plan, you can choose to cancel or keep your Marketplace plan. But, you might not qualify for cost savings (even if you don't enroll in the job-based plan is considered "affordable" if your share of the monthly premium in the lowest-cost plan
offered by the employer is less than 9.02% of your household income. Refer to glossary for more details, and meets this standard of minimum coverage that applies to job-based health plans. If you won't qualify for a premium tax credit if you buy a Marketplace insurance plan
instead.Refer to glossary for more details.. If your new job doesn't offer health insurance, you can keep your Marketplace plan and continue to get any savings you qualify for based on your household income. Notice: Tell us about your new job right away to get the correct amount of savings. This
way, you won't owe money when you file next year's taxes. Get information on reporting changes. Image © Jon Schulte E+/Getty Images The Affordable Care Act (ACA) provides government subsidies to make health insurance affordable Care Act (ACA) provides government subsidies to make health insurance affordable Care Act (ACA) provides government subsidies to make health insurance affordable Care Act (ACA) provides government subsidies to make health insurance affordable Care Act (ACA) provides government subsidies to make health insurance affordable Care Act (ACA) provides government subsidies to make health insurance affordable Care Act (ACA) provides government subsidies to make health insurance affordable Care Act (ACA) provides government subsidies to make health insurance affordable Care Act (ACA) provides government subsidies to make health insurance affordable Care Act (ACA) provides government subsidies to make health insurance affordable Care Act (ACA) provides government subsidies to make health insurance affordable Care Act (ACA) provides government subsidies to make health insurance affordable Care Act (ACA) provides government subsidies to make health insurance affordable Care Act (ACA) provides government subsidies to make health insurance affordable Care Act (ACA) provides government subsidies affordable Care Act (ACA) provides government su
Obamacare. The law includes premium tax credits (premium subsidies) that reduce the out-of-pocket costs that some enrollees have to pay when they need medical care. Premium tax credits and CSR are both federal benefits, so they're available nationwide.
Some states also offer additional premium subsidies and/or cost-sharing subsidies, on top of the federal subsidies, on top of the federal subsidies and/or cost-sharing subsidies and/or cost-sharing subsidies and/or cost-sharing subsidies. If you're eligible for a premium tax credit you can opt to have it paid to your insurer each month on your behalf. That means you won't have to claim it all at once on your tax return at the end of the year (you'll still have to reconcile the
amount on your tax return). The government pays part of your monthly insurance exchanges—also called the Marketplace. They cannot be used to help pay for health insurance through your job or a health plan purchased
outside the marketplace. From 2014 through 2020, under the terms of the ACA, there was an income cap of 400% of the poverty level to qualify for the premium tax credit. During the COVID-19 pandemic, the American Rescue Plan changed the rules. And the Inflation Reduction Act has extended this through 2025. So for now, there is no specific
income limit on premium subsidy eligibility. But for that to continue after 2025, Congress would have to take additional action. So for at least five years (2021 through 2025), the enhanced ACA subsidies ensure that nobody who buys a plan in the marketplace/exchange pays more than 8.5% of their household income in premiums for a benchmark
plan. Depending on where you live and how old you are, you may qualify for a premium subsidy even if your income is well above 400% of the poverty level. (This will be true through at least 2025, and Congress might decide to further extend that provision.)
income without a subsidy, you would not be eliqible for a subsidy eliqibility already extended well into the middle-class and upper-middle class, depending on where the family was located.
Obamacare subsidies are not available to undocumented immigrants. However, most legally-residing immigrants can apply. (Note that subsidies are not available if you're eligible for medicaid or premium-free Medicare Part A.) With the subsidy enhancements
created by the American Rescue Plan, the Centers for Medicaid Services (CMS) reports that: Eighty percent of marketplace enrollees have access to a silver plan that costs $10 or less in monthly premiums after the tax credits are applied. More than half of enrollees have access to a silver plan that costs $10 or less in monthly premiums after the tax credits are applied.
premiums. Subsidies have made self-purchased health insurance much more affordable, but few people get health insurance from the government (Medicare, Medicaid). If your income is between 100% and 250% of the federal poverty level (and you're not eligible for Medicaid).
you may get more help to pay your deductible, copays, and coinsurance when you use your health insurance. This is known as a cost-sharing reduction (CSR) subsidy. CSR benefits are part of the ACA. For eligible applicants, CSR is built into Silver-level plans in the exchange/marketplace. The federal government used to reimburse insurers for the
cost of providing this benefit, but that ended in late 2017, under the Trump administration. Since then, insurers in most states have added the cost of CSR to premiums of on-exchange Silver-level plans. This results in higher Silver premiums, which in turn results in larger premium subsidies. But nothing has changed about the CSR benefits
themselves, or eligibility for these benefits. If you're a legal U.S. resident, you can apply for a health insurance exchange run by your state or by the federal government. If you're eligible for CSR, all of the available Silver-level plans will have the CSR benefits incorporated into them. This
means the deductibles, copays, and out-of-pocket maximums on these plans will be lower than they would otherwise be. You can find your state's health insurance exchange using the HealthCare.gov tool. The ACA or "Obamacare" is health insurance exchange using the HealthCare.gov tool. The ACA or "Obamacare" is health insurance exchange using the HealthCare.gov tool. The ACA or "Obamacare" is health insurance exchange using the HealthCare.gov tool. The ACA or "Obamacare" is health insurance exchange using the HealthCare.gov tool. The ACA or "Obamacare" is health insurance exchange using the HealthCare.gov tool. The ACA or "Obamacare" is health insurance exchange using the HealthCare.gov tool. The ACA or "Obamacare" is health insurance exchange using the HealthCare.gov tool. The ACA or "Obamacare" is health insurance exchange using the HealthCare.gov tool. The ACA or "Obamacare" is health insurance exchange using the HealthCare.gov tool. The ACA or "Obamacare" is health insurance exchange using the HealthCare.gov tool. The ACA or "Obamacare" is health insurance exchange using the HealthCare.gov tool. The ACA or "Obamacare" is health insurance exchange using the HealthCare.gov tool. The ACA or "Obamacare" is health insurance exchange using the HealthCare.gov tool. The ACA or "Obamacare" is health insurance exchange using the Health insurance exch
get help paying for some or nearly all of your monthly premium. Your health care rights are based on your membership in the National Insurance Scheme. Your membership require that yout have a legal stay in Norway, based on residence or employment. Either a mandatory or a voluntary membership. You can read about your rights according to
your membership in the article about the Norwegian welfare system. The municipality is responsible to provide the necessary health care for its inhabitants. Most public health services are accessed through your GP, who will refer you to further
treatment when necessary. The Norwegian name for a GP is "fastlege", and the system is called "fastlegeordningen". Access to a General Practitioner (GP) your General Practitioner (GP) is your main contact. If you need assistance during the daytime, you should contact your GPs office. With many GPs it is possible to book an appointment over the
phone on the same day, if you call in the morning. In order to be assigned a GP, you need to be registered in the Population registered in the Population registered in the Morway must last, or be intended to last, for at least 12 months. When you are registered, you will automatically be
assigned a GP. The Norwegian Health Economics Administration (HELFO) can assist you with a number of health Insurance Card and reimbursement of medical expenses. For more informatil call The Norwegian Health Economics Administration (HELFO). The
lines are open Monday-Friday from 8.00 a.m. until 3.30 p.m. Telephone number: +47 23 32 70 00 Find your GP's contact information and check which digital services they offer via Helsenorge.no (digital log in) Health services without a GP If there is a long processing time to get a national identity number, it will also take time for you to be assigned
a GP. A temporary identification number (D number) does not give you a membership in the National Insurance Scheme. If you only have the right to a D number, you will receive necessary emergency medical assistance, but only those with a national identity number or a European Health Insurance Card are entitled to a general practitioner
(fastlege, allmennlege). There are a few general practitioners who treat people without a regular doctor. Go to the City of Oslo's information about GPs who treat patients without their GP in Oslo If you need medical assistance while wating you should contact The Norwegian Health Economics Administration (HELFO). The lines are open Monday.
Friday from 8.00 a.m. until 3.30 p.m. Telephone number: +47 23 32 70 00 Go to Emergency services for information about contact points European Health Insurance Card If you are from an EEA-country or Switzerland, bring your European Health Insurance Card If you are from an EEA-country or Switzerland, bring your European Health Insurance Card If you are from an EEA-country or Switzerland, bring your European Health Insurance Card If you are from an EEA-country or Switzerland, bring your European Health Insurance Card If you are from an EEA-country or Switzerland, bring your European Health Insurance Card If you are from an EEA-country or Switzerland, bring your European Health Insurance Card If you are from an EEA-country or Switzerland, bring your European Health Insurance Card If you are from an EEA-country or Switzerland, bring your European Health Insurance Card If you are from an EEA-country or Switzerland, bring your European Health Insurance Card If you are from an EEA-country or Switzerland, bring your European Health Insurance Card If you are from an EEA-country or Switzerland, bring your European Health Insurance Card If you are from an EEA-country or Switzerland, bring your European Health Insurance Card If you are from an EEA-country or Switzerland, bring your European Health Insurance Card If you are from an EEA-country or Switzerland, bring your European Health Insurance Card If you are from an EEA-country or Switzerland, bring your European Health Insurance Card If you are from an EEA-country or Switzerland, bring you are from a Switzerland you are from a S
treatment in Norway. Go to helsenorge.no for benefits for EEA/EU citizens during a temporary stay Payment for health services Go to helsenorge.no for benefits for EEA/EU citizens during a temporary stay Payment for health services. You can decide to get your follow
up through your GP, or through a midwife at your local health centre. Learn what kind of care is offered to expecting mothers and postpartum, and how to book an appointment. Baby and childrens health and development from age 0-5. Check-ups contain
physical, psychological and social aspects. Your address determines what health center you belong to. Information about what they can assist with, appointments, which health center you belong to. Interpretation You have the right to receive information about your health, illness and treatment in a language you understand. Go to helsenorge no to
read about interpreters in the health services Vaccinations Go to helsenorge.no to get general information about registration of vaccine Dental services Vaccine The City of Oslo provide the vaccine for Coronavirus for free, and you can also get information about registration of vaccine Dental services
Children receive free public dental treatment in Norway. Most adults have to pay their expenses for dental treatment via HELFO. As an adult, you choose which dentist you want to use, the Norwegian word for dentist is
tannlege. Go to helsenorge.no to read more about dental treatment and payment
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