

Brief analytical comments

In **Q4 2017** there is a total of seven **health insurance companies**, which employed 5937 persons (FTE) - which was 1,1% more than in Q42016 (5874 persons).

The average monthly wage (calculated from wages excl. other personnel expenses and from the above average registered number of employees) increased from CZK 47 975 in Q42016 to CZK 50 852 in Q42017.

Premiums written (excl. those paid by the state-insured persons) make up a substantial part of the total revenues of health insurance companies. In the reported period they amounted to CZK 57 774 million, it is higher by 7,6 % to the corresponding period of 2016. The amount of premiums is regulated by the General Health Insurance Premiums Act No. 592/1992 Sb., whose amendment referring, among other things, also to the assessment base determination, has been applicable since 2008. Premiums written measured on an accrual basis but not actual revenues of health insurance companies for public health insurance. Actual revenues are lower, as evidenced by the amount of accrued fines and penalties on unpaid insurance.

The real revenue of health insurance companies in the amount of CZK 265 658 mill. (i.e. collected health insurance incl. the payments for the state insured persons) In comparison 2016 it means increasing by 1.99 %, when income was CZK 260 478 mill. The amount for the state insurance persons increased from CZK 870 to CZK 920 per person/ per month (information from the MoH from the results of the 1st to the 12th reallocated of the public health insurance premiums in 2015 and 2016).

Since 1 January 2018 a new method of re-distribution according to the so-called pharmaceutical-cost groups (PCG) has been introduced. As a result, the last (12.) reallocation of premiums was only for it only the period 18.11. - 31.11. 2017 (in 2016 it was made for the period 16 November - 17 December 2016).

Of the **total costs** of health insurance companies in **Q4 2017** (from respective funds of health insurance companies), **health services costs** paid from the basic health insurance fund and the prevention fund made up 95,7%. Health services costs increased by 3,7% with the corresponding period of 2016 (see Table 3). Costs of in-patient services make up a key proportion of health care costs (52,4%), which increased by 4,0% compared to the corresponding period of 2016.

In Q42017, the health insurance companies **acquired** intangible and tangible **fixed assets** (incl. land) in the amount of CZK 69 million and CZK 133 million, respectively. The **balance sum** of the health insurance companies (the total of assets or liabilities) reached CZK 70 196 million at the end of Q42017 and compared to the end of Q32017, it increased by CZK 3 403 million. The **value of intangible and tangible fixed assets-net** in assets of the health insurance companies was CZK 23 million increase compared with the previous quarter.