II. Persons covered

Complete Coverage

8. The medical care service should cover all members of the community, whether or not they are gainfully occupied.

9. Where the service is limited to a section of the population or to a specified area, or where the contributory mechanism already exists for other branches of social insurance and it is possible ultimately to bring under the insurance scheme the whole or the majority of the population, social insurance may be appropriate.

10. Where the whole of the population is to be covered by the service and it is desired to integrate medical care with general health services, a public service may be appropriate.

Coverage through a Social Insurance Medical Care Service

11. Where medical care is provided through a social insurance medical care service, all members of the community should have the right to care as insured persons or, pending their inclusion in the scope of insurance, should have the right to receive care at the expense of the competent authority when unable to provide it for themselves.

12. All adult members of the community (that is to say, all persons other than children as defined in paragraph 15) should be required to pay insurance contributions if their income is not below the subsistence level. The dependent wife or husband of a contributor should be insured in virtue of the contribution of her or his breadwinner, without any addition on that account.

13. Other adults who prove that their incomes is below the subsistence level, including indigents, should be entitled to care as insured persons, the contribution being paid on their behalf by the competent authority. Rules defining the subsistence level in each country should be laid down by the competent authority.

14. If and so long as adults unable to pay a contribution are not insured as provided for in paragraph 13, they should receive care at the expense of the competent authority.

15. All children (that is to say, all persons who are under the age of 16 years, or such higher age as may be prescribed, or who are dependent on others for regular support while continuing their general or vocational education) should be insured in virtue of the contributions paid by or on behalf of adult insured persons in general, and no additional contribution should be payable on their behalf by their parents or guardians.

16. If and so long as children are not insured as provided for in paragraph 15, because the service does not yet extend to the whole population, they should be insured in virtue of the contribution paid by or on behalf of their father or mother without any additional contribution being payable on their behalf. Children for whom medical care is not so provided should, in case of need, receive it at the expense of the competent authority.

17. Where any person is insured under a scheme of social insurance for cash benefits or is receiving benefit under such a scheme, he and his qualified dependants as defined in paragraph 6, should also be insured under the medical care service.

Coverage through a Public Medical Care Service

18. Where medical care is provided through a public medical care service, the provision of care should not depend on any qualifying conditions, such as payment of taxes or compliance with a means test and all beneficiaries should have an equal right to the care provided.

III. The Provision of Medical Care and Its Co-ordination with General Health Services

Range of Service

19. Complete preventive and curative care should be constantly available, rationally organized and, so far as possible, co-ordinated with general health services.

Constant Availability of Complete Care

20. Complete preventive and curative care should be available at any time and place to all members of the community covered by the service, on the same conditions, without any hindrance or barrier of an administrative, financial or political nature, or otherwise unrelated to their health.

21. The care afforded should comprise both general-practitioner and specialist out- and in-patient care, including domiciliary visiting; dental care; nursing care at home or in hospital or other medical institutions; the care given by qualified midwives and other maternity services at home or in hospital; maintenance in hospitals, convalescent homes, sanatoria or other medical institutions; so far as possible, the requisite dental, pharmaceutical and other medical or surgical supplies, including artificial limbs; and the care furnished by such other professions as may at any time be legally recognized as belonging to the allied professions.

22. All care and supplies should be available at any time and without time limit when and as long as they are needed, subject only to the doctor's judgment and to such reasonable limitations as may be imposed by the technical organization of the service.

23. Beneficiaries should be able to obtain care at the centres or offices provided, wherever they happen to be when the need arises, whether at their place of residence or elsewhere within the total area in which the service is available, irrespective of their membership in any particular insurance institution, arrears in contributions or of other factors unrelated to health.

24. The administration of the medical care service should be unified for appropriate health areas sufficiently large for a self-contained and well-balanced service, and should be centrally supervised.

25. Where the medical care service covers only a section of the population or is at present administered by different types of insurance institutions and authorities, the institutions and authorities concerned should provide care for their beneficiaries by securing collectively the services of members