28 Annex - Consumer and health protection

207. THE LAW ON HEALTH INSURANCE

Pursuant to Article 88 paragraph 2 of the Constitution of the Republic of Montenegro (Official Gazette of the Republic of Montenegro), I hereby issue the

DECREE

ON PROMULAGATING THE LAW ON HELATH INSURANCE

(Official Gazette of Montenegro 39/04 of 9 April 2004, 23/05 of 12 April 2005, 29/05 of 9 May 2005 and the Official Gazette of Montenegro 12/07 of 14 December 2007, 13/07 of 18 December 2007)

I hereby promulgate the Law on Healath Insurance passed by the Parliament of Montenegro at the third sitting of the first ordinary session in 2004 on 31 May 2004.

No 01-813/2

Podgorica, 3 June 2004

The President of Montenegro

Filip Vujanović

THE LAW

ON HEALTH INSURANCE

***COMMENT**:*

With the day of the enactment of the Law on Uniform Registration and Reporting System on Calculations and Tax Collection and Contributions (Official Gazette of the Republic of Montenegro 29/05 of 1 January 2006, the provisions of Law on Health Insurance(Official Gazette of the Republic of Montenegro 39/04) related to the registration of taxpayers and the insured shall cease to exist, and they shall submit the application for calculating and payment of taxes and contributions that are contrary to this Law.

PRINCIPAL PROVISIONS

Article 1

Health insurance of citizens shall provide the implementation of the rights to health care and other entitlements, in compliance with this Law.

Article 2

The aim of this Law is to create conditions for:

1. provision of compulsory health insurance;
2. stable financing of health care through harmonization of health service consumption and actual material possibilities; and
3. introducing voluntary health insurance.

Article 3

Compulsory health insurance represents a part of the health insurance system, which provides, based on the principles of commitment, reciprocity, and solidarity, to all citizens of the Republic of Montenegro (hereinafter: the Republic) and to other individuals the right to health care and other entitlements, in compliance with the Law.

The Republic Health Insurance Fund (hereinafter: the Fund) shall provide the implementation of compulsory health insurance, in line with the law.

Article 4

Voluntary health insurance represents a special form of health insurance, which provides, based on the principle of volunteerism and within established standards, special conditions of the provision of health care in terms of staff, accommodation, and the time of rendered health care, as well as entitlements that are not included in the compulsory health insurance.

Article 5

Health insurance rights cannot be indorsed to other persons or inherited.

Rights to cash compensations that are due but remained not effected, due to the death of the insured person, can be inherited.

Article 6

In terms of this Law, specific terms and expressions have the following meaning:

1. **insured person** – the citizen who is entitled to health care and other rights within health insurance under conditions established by this Law;
2. **chosen team or chosen doctor** – the chosen team of medical doctors or the selected MD or selected dentist;
3. **health care providers** – health care institution or the chosen team or chosen doctor;
4. **medical card** – public document which proves the insured person's status;
5. **foreigner** – foreign citizen or person without citizenship.

COMPULSORY HEALTH INSURANCE

1. Insured persons

Article 7

Insured persons who have rights and obligations deriving from compulsory health insurance are the insured, their family members, and other persons in compliance with this Law.

1.1. The Insured

Article 8

According to this Law, the insured are considered:

1. individuals employed by an enterprise, other legal entity, state body, local administration body's unit or local administration, or by a private person (hereinafter: the employer);
2. individuals performing jobs in compliance with the basis of specific employment agreements;
3. civil individuals serving at the Army or military units and military institutions;
4. elected or appointed individuals if they receive earnings for performed functions;

5. members of boards of directors in enterprises and other legal entities and members of boards of directors in public enterprises and institutions who receive wages for their work if they are not otherwise insured;
6. citizens of Serbia and Montenegro employed on the territory of the Republic by foreign and international organizations and institutions, foreign consular and diplomat representative offices or by foreign legal and private entities, if it is not otherwise regulated by an international agreement;
7. the employed referred to work abroad, or individuals employed by an enterprise or other legal entity with its headquarters in the Republic, which performs its activities abroad, if they are not compulsory insured as per regulations of the country they are referred to or where they are employed, or if it is not otherwise regulated by an international agreement;
8. citizens of Serbia and Montenegro employed abroad at households of citizens of the Republic quoted in Item 7 of this Article ;
9. citizens of Serbia and Montenegro employed abroad if they are not compulsory insured by a foreign insurance company or if they cannot, according to regulations of such country, cannot exercise or use health insurance rights out of its territory, and before leaving its territory they were insured in the Republic, or if they had domicile in the Republic prior to their departure abroad;
10. foreigners working for national legal or private entities in the Republic on the basis on specific contracts and agreements on international technical assistance;
11. foreigners employed by international organizations and institutions and other foreign legal and private entities on the territory of the Republic if it is not otherwise regulated by an international agreement, or if they are not insured as per regulations of another country;
12. foreigners employed by foreign consular and diplomatic representative offices on the territory of the Republic if such insurance is envisaged by an international agreement;
13. entrepreneurs and individuals independently performing professional activity as their principal occupation;
14. individuals performing activities according to job contracts or author's agreement or other agreements for which they have right to wages in compliance with the specific law, if they are not otherwise insured;
15. redundant employees or those who have quit entrepreneur activity while they receive cash benefits according to labor regulations and the unemployed exercising their right to benefits in compliance with unemployment regulations;
16. individuals who exercise their right to the wage compensation after termination of their employment, in compliance with the specific law;
17. the unemployed included in the list of the unemployed;
18. pension beneficiaries on the basis of regulations on pension and disability insurance;
19. war veterans, military invalids, civil invalids of war, and persons receiving veteran allowance if they are not otherwise insured;
20. beneficiaries of social protection rights, in line with specific regulations, if they are not otherwise insured;
21. citizens of the Republic receiving their pension or disability allowance exclusively from the foreign insurance company and having their domicile in the Republic if it is not otherwise regulated by the international agreement;
22. founders or owners of enterprises and entrepreneurs if they are not employed by those enterprises, if they are not otherwise insured;
23. individuals performing agricultural activity as their only and principal occupation, in terms of regulations of pension and disability insurance, and individuals who own agricultural land if they are not otherwise insured;

24. priests and church employees (hereinafter: clergy), as well as monks and nuns (hereinafter: individuals performing religious functions) if they are not otherwise compulsory insured;
25. individuals sentenced to imprisonment, as well as individuals under the measure of mandatory custody and mandatory treatment of alcohol and drug addicts.

The status of the insured person shall cease for a founder or owner-entrepreneur referred to in item 22, paragraph 1 of this Article during temporary cancellation of business registration if he/she does not effect payments (contribution) for compulsory health insurance.

Article 9

Citizens of the countries, which the international agreement on social insurance has been made with, shall be provided with health care to the extent stipulated in such agreement.

1.2. Family Members of the Insured

Article 10

Compulsory health insurance rights shall be provided, under the conditions of this Law, to family members of the insured if they do not enjoy them against some of terms quoted in Article 8 of this Law.

In terms of this Law, family members are considered:

- members of close family – spouse and children from the marriage and out of marriage, adopted children, step-children, and foster children;
- members of extended family – parents (father, mother, stepparents, and adoptive parents) and grandchildren, siblings if they are permanently and totally incapable for work in terms of specific regulations and if they are supported by the insured person.

Article 11

A divorced spouse shall keep the status of the insured person as a family member:

- if he/she is entitled to the support by a court's decision, while such support lasts;
- if he/she was absolutely and permanently incapable for work at the time of divorce, in line with specific regulations;
- if he/she is entrusted with custody and education of children by court's decision for the period of time during which children enjoy the right of support.

An individual referred to in paragraph 1 of this Article is entitled to compulsory health insurance if he/she is not otherwise insured and if he/she submits his/her application to the Fund within 30 days after divorce, i.e. after effective court's decision on the support or on the custody and education of children.

Article 12

The child of insured person is entitled to compulsory health insurance, under the conditions of this Law, until termination of compulsory education (as per regulations in the area of education). If the child is included in regular or part-time education, then the entitlement lasts until the deadline envisaged for regular education elapses, but not later than the age of 26.

The child referred to in paragraph 1 of this Article, who has interrupted education due to an illness, shall be entitled to compulsory health insurance during such illness. If afterwards the child continues education, he/she shall be entitled to compulsory health insurance even after the age limit established in paragraph 1 of this Article has elapsed, but not longer than the period of

interruption of education lasted due to the illness. Justification of interruption of education due to an illness shall be established in line with the Fund's general legal act.

If the child referred to in paragraph 1 of this Article becomes incapable of independent living and work, in terms of specific regulations, before deadlines for regular education quoted in paragraph 1 of this Article elapse, then he/she shall be entitled to compulsory health insurance during such incapability as well.

The child who becomes permanently incapable of independent living and work in terms of specific regulations after the age established in paragraph 1 of this Article , shall be entitled to compulsory health insurance if he/she is supported by the insured person as he/she does not have hi/her own income.

Article 13

Children without parents and children for whom the guardianship authority has established that they are without parental care shall be entitled to compulsory health insurance.

Children with one or both parents shall be entitled to compulsory health insurance as children referred to in paragraph 1 of this Article if their parents are not in position, due to their health condition or other circumstances, to work, i.e. to take care of their children and to support them.

Children quoted in paragraph 1 and 2 of this Article shall be entitled to compulsory health insurance under conditions established by Article 12 of this Law.

Article 14

Individuals, who do not have status of the insured person under term quoted in Article 8-13 of this Law, may acquire the insured person status for themselves and their family members and implement entitlements from compulsory health insurance under the conditions established by Article 12 of this Law.

2. Rights within Compulsory Health Insurance

Article 15

Rights within compulsory health insurance are:

1. The right to health care;
2. The right to the wage compensation during temporary incapability to work; and
3. The right to compensation for travel expenses related to the use of health care.

The insured person shall exercise rights referred to in Paragraph 1 of this Article in the manner established by this Law and the law regulating health care.

The Right to Health Care

Article 16

Health care includes:

1) medical measures and procedures for improvement of health, prevention, fighting and early detection of diseases and other health disorders;
2) medical examinations and other types of medical assistance in order to establish, monitor, and check up health condition;
3) medical treatment of the sick and injured and other types of medical assistance;
4) medical treatment out of the Republic – abroad;

5) prevention and medical treatment of mouth and teeth diseases;

6) medical rehabilitation;

7) medicinal products and medical means;

8) medical-technical devices (prosthesis, orthopedic and other devices, dental-prosthetic assistance and dental materials and restorations).

Health care quoted in paragraph 1, item 5 of this Article includes medical treatment of mouth and teeth diseases in urgent medical situations and prevention and treatment of mouth and teeth diseases with children up to 15 years of age and persons older than 65.

Article 17

The scope of rights and standards of health care referred to in Article 16, paragraph 1, items 1-5 shall be determined by he Government of the Republic of Montenegro (hereinafter: The Government), at the proposal of Ministry of Health and starting from the annual Health Care Plan and of the annual Fund's financial plan, as well as the available health capacities, particularly paying attention to health care of the following groups:

1. children quoted in Article 12 and 13 of this Law;
2. women during pregnancy, delivery, and motherhood;
3. persons over 65;
4. military veterans and civil veterans of war, in line with specific regulations;
5. handicapped persons with considerable physical disabilities of minimum 70% that has been established in terms of specific regulations;
6. persons sick with infectious diseases, rheumatic fever and its complications, malignant diseases, diabetes, chronic kidney insufficiency, coronary, cerebral and vascular diseases, systemic auto-immune diseases, fixed hypertension with complications, progressive neuro-muscular diseases, cerebral paralysis, multiple sclerosis, cystic fibrosis and hemophilia, persons with mental illnesses and insufficiently developed mental persons in relation to health protection from those diseases.

Article 18

The following is not considered as health care in terms of Article 16 of this Law:

1. medical examinations in order to establish health condition, physical disability and invalidity in the procedures before other organizations and authorities;
2. medical examinations for employment, enrollment in educational institutions and training courses, obtaining medical certificate for driver's license, court and other proceedings, and in other cases when examination is not undertaken for the purpose of health protection;
3. medical examinations of the employed referred by organizations to work abroad, in compliance with the specific law, as well as measures of preventive health care for trips abroad and medical examinations for such trips.

Article 19

The Fund shall establish the following:

1) indications for the utilization of medical rehabilitation at medical institutions performing specialized rehabilitation;

2) list of medicinal products that are prescribed and dispensed charging the Fund for compulsory health insurance; and

3) indications for medical-technical devices (prosthesis, orthopedic and other devices, dental-prosthetic assistance and dental materials and restorations) and standards for materials used for manufacturing these products, expiration time, and conditions for making new ones before the expiration date.

The Fund shall seek for expert opinions from competent health institutions in the procedure of adopting legal acts referred to in paragraph 1, items 1 and 3 of this Article .

Article 20

The Fund shall not provide the funding for the implementation of health care in the following cases:

1. esthetic-reconstructing surgeries, except for congenital anomalies with children, breast reconstruction following mastectomy, and esthetic reconstruction following heavy injuries in order to prevent disability;
2. procedure of artificial insemination, including in-vitro insemination after the second attempt;
3. surgical treatment of obesity;
4. treatment of medical complications caused by using health care out of compulsory health insurance;
5. specific health care of the employed implemented on the basis of an agreement between the employer and health institution.

2.1.1. Health Care of the Insured Working Abroad

Article 21

The insured person referred to in Article 8, item 7 of this Law while working abroad shall be entitled to using health care abroad to the extent which is provided for the employed and insured in the Republic.

The insured person's (referred to in Paragraph 1 of this Article) immediate family members, while staying abroad with the insured person, shall be entitled to health care abroad if the insured person has been referred to work abroad for a period longer than 6 months. If the insured person has been referred to work abroad for the period up to 6 months, they shall enjoy health care only in the case of urgent medical assistance.

Article 22

The insured who are employed at households of citizens of the Republic working abroad, as well as their immediate family members (while staying with them abroad), individuals referred abroad by an organization to execute certain activities or tasks, or for education/training or skills upgrading (if they had their domicile on the territory of the Republic before their employment, or departure abroad) shall be entitled to health care abroad only in the case of urgent medical assistance during their stay abroad up to 6 months. Should they work abroad longer than 6 months, they shall be entitled to health care to the extent that is established for the insured in the Republic.

Article 23

The insured shall be entitled to health care referred to in Article 20-22 of this Law if it has been established, prior to their departure abroad, that they are not sick with an acute or chronic illness, which requires medical treatment or medical surveillance.

The insured person, or his/her immediate family member, who has stayed abroad without previously established health condition, in terms of paragraph 1 of this Article, shall be only entitled to the compensation of expenses for the use of urgent medical assistance – if it is established that

he/she has not been ill with any acute or chronic illness, which requires medical treatment or medical surveillance.

Article 24

The Fund shall determine closer requirements and methods of the receiving health care for individuals referred to in Article 21, 22, and 23 of this Law.

2.2. The Entitlement to the Wage Compensation during Temporary Incapability to Work

Article 25

The insured – employed quoted in Article 8, items 1, 3, 4, and 13 of this Law shall be entitled to wage compensation during their temporary incapability to work.

The wage compensation shall belong to the insured referred to in paragraph 1 if they are:

1) temporarily incapable to work due to an illness or an injury;
2) incapable to work due to medical examinations/tests;
3) isolated as germ-carriers or due to occurrence of infection in their surroundings;
4) assigned to take care of a sick immediate family member under conditions established by the Fund's general legal act;
5) incapable to work due to voluntary donating of tissues and body organs;
6) assigned as escorts to a sick person referred to medical treatment or medical examination to the other place, or while staying as an escort in the hospital, in line with the general legal act of the Fund.

Article 26

The wage compensation for the first 60 days of temporary incapability to work shall be covered by the employer's from own funds, and afterwards, it shall be provided by the Fund.

Article 27

The basis for calculation of the wage compensation during temporary incapability to work shall be the average net earnings that the employed person has realized within 3 months prior to the month when temporary incapability to work occurred. It cannot be higher than the net earnings used as a basis for calculation of contribution payment for compulsory health insurance.

The basis for the compensation quoted in paragraph 1 of this Article shall also include the basis upon which the wage compensation is established if the insured person has been incapable to work at the time, the wage compensation for the work during state holidays, compensation for the annual leave, and compensation during paid leave.

If temporary incapability to work lasts longer than a month, the compensation basis for each following month of continuous incapability to work shall be harmonized with earnings growth at the legal or private entity where the person is employed realized in the month preceding the one when the compensation is effected.

If it is not possible to establish the basis for compensation, the amount of earnings, which the employed person would have earned if he/she had worked, should be used as the compensation basis.

For entrepreneurs and individuals independently performing economic or other activity as their principal occupation, the basis for compensation during temporary incapability to work shall be the basis upon which contribution for compulsory health insurance is calculated and paid.

Article 28

The wage compensation during temporary incapability to work shall be established at a minimum amount of 70% of the compensation basis.

The compensation amount referred to in paragraph 1 of this Article that is covered by the employer from own funds shall be established by a collective agreement for employees, in compliance with this Law.

The wage compensation during temporary incapability to work caused by an injury at work and occupational disease, isolation of germ-carriers, and donation of blood, tissue and body organs, as well as during maintenance of pregnancy, as well as for blind persons, shall be provided at 100% of the compensation basis.

The wage compensation based on temporary incapability to work while maintenance of pregnancy shall be provided from the Fund's means for compulsory health insurance from the very first day of temporary incapability to work.

Article 29

The wage compensation, in line with this Law, shall pertain from the first day of temporary incapability to work and throughout its duration, but only for the period of time when the insured person would have worked and received wages if temporary incapability had not occurred.

Article 30

In the case of a longer incapability to work caused by an illness or an injury, but not longer than 10 months of continuous incapability to work, or after 12 months during which there was total of 12 months of incapability to work with interruptions, the Fund shall be obliged to refer the employed person, along with necessary medical documentation, to the competent authority for assessment of working capability, i.e. disability, according to regulations on pension and disability insurance.

The authority referred to in paragraph 1 of this Article shall be obliged to assess working capability or disability within 60 days from the day of submitting the request for assessment of working capability. During that time, the Fund shall provide compensation of wages, and after that, compensation of net wages shall be provided by the Pension and Disability Insurance Fund.

The entitlement to the wage compensation shall cease after the decision on the established disability, according to regulations on disability insurance, becomes effective.

An agreement between the Fund and the Pension and Disability Insurance Fund shall closely regulate issues related to the referring the insured person for assessment of working capability, payment of the wage compensation, and type of disease where an opinion and assessment can be given if medical treatment is not over.

Article 31

The wage compensation shall not belong to the insured person in the following cases:

1. if he/she has intentionally caused incapability to work;
2. if incapability to work has been caused by use of alcohol or psycho-active substances;
3. if during temporary incapability to work he/she performs economic or other activity that generates income;
4. if he/she has intentionally hindered improvement of his/her health condition;
5. if he/she has not, without a good reason, submitted himself/herself to medical treatment, unless the consent is required as per special regulations for such medical treatment;

6. if he/she does not report to the chosen doctor or chosen team, or to the panel of doctors, for assessment of his/her capability or does not report to medical examination at the scheduled time.

The insured person shall not be entitled to the wage compensation from the day when circumstances from paragraph 1 of this Article have been established throughout the duration of such circumstances or their consequences.

If circumstances quoted in paragraph 1 of this Article are established after implementation of the entitlement to the wage compensation, the payment of compensation shall be stopped.

The wage compensation shall not belong to persons serving sentence of imprisonment and persons under security measure of compulsory psychiatric treatment and custody of alcoholics and drug addicts at a health institution.

Article 32

The Fund shall closely regulate the method of the implementation of entitlement to temporary incapability to work and the implementation of entitlement to the wage compensation during temporary incapability to work referred to in Article 25-30 of this Law.

2.3. The Entitlement to Compensation of Travel Expenses Related to Health Care

Article 33

Compensation of travel expenses related to health care shall be provided to the insured, as well as to an escort if needed.

Compensation of the transportation cost shall belong to the insured person when his/her chosen doctor, chosen team or competent panel of doctors refers him/her to another place related to providing health care or for assessment of temporary incapability to work.

Compensation of expenses from paragraph 1 of this Article shall be realized in compliance with the Fund's act.

3. The Exercise of Rights and Obligations within Compulsory Health Insurance

3.1. The Establishment of the Insured Person's Status

Article 34

Rights from compulsory health insurance can be exercised by persons whose status of the insured person has been established.

The insured person status can be realized only against one basis.

The insured person status shall be established by the Fund based on the application for compulsory health insurance and such status shall be proved by an appropriate document (hereinafter: medical card) issued by the Fund.

The Fund shall verify medical card on the basis of evidence that the contributions taxpayer has effected all due payments based on contributions for compulsory health insurance within deadlines referred to in Article 67 of this Law.

Individuals who cannot prove their status of insured persons in the way established by paragraph 4 of this Article shall bear the incurred cost when exercising rights from compulsory health insurance, with an exception of urgent health condition.

Article 35

All legal and private entities are obliged to submit to the Fund all data related to application and cancellation of compulsory health insurance for the purpose of implementing rights and obligations deriving from compulsory health insurance.

The deadline for submission of an application for insurance, cancellation or reporting other changes shall be 8 days from the day when conditions for application, cancellation or reporting changes are met.

If the Fund does not approve status of the insured person to the person for whom the compulsory health insurance application has been submitted or approves it upon some other basis, it shall be obliged to issue a formal decision on that.

Article 36

The Fund shall maintain records on insured persons and contribution taxpayers.

Records shall be maintained according to uniform methodological principles.

Data shall be entered into records according to the uniform code system.

Data shall be entered into records on the basis of applications and cancellations, which are to be submitted on prescribed forms that can be submitted electronically too.

In the case the application or cancellation is submitted electronically, the applicant shall be obliged, upon the Fund's request, to submit such applications on the prescribed forms, too.

Article 37

The following data shall be entered into records:

1. on insured persons, and
2. on contributions taxpayers of health insurance.

Article 38

The following data on the insured shall be entered into records:

1. surname and name;
2. personal ID number and tax ID number;
3. gender
4. DOB;
5. occupation;
6. education;
7. the insurance basis;
8. the date of acquiring and cancellation of the insured person status; and
9. the contributions taxpayer.

For the insured, along with data quoted in paragraph 1 of this Article, the following data shall be entered into records:

1. the date of acquiring and cancellation of the insured person's status;
2. wages, wage compensation and other earnings and compensations for establishing the insurance basis;
3. the amount of paid contribution.

Article 39

Persons obliged to submit data for records are:

1. the employer:
   - application of data on contributions taxpayer including registration of business (commencement) and termination of business;
   - applications and cancellation of insurance for beneficiaries quoted in Article 8, paragraph 1, items 1-8, 10,11,12, and 16 of this Law;
   - data on wages and wage compensation used for establishing the insurance basis referred to in Article 8, paragraph 1, items 1-7 of this Law;
   - reporting on changes of data quoted in points 1-3 of this item;
2. the insured person who is the contributions taxpayer himself/herself:
   - applications and cancellation of insurance, as well as changes of these data, for the insured quoted in Article 8, paragraph 1, items 9, 13,14,21, and 22 , as well as item 23 of this Law – for the insured who owns agricultural land;
   - reporting on data for establishing the insurance basis and changes of those data;
3. The administration authority competent for public revenue affairs – reporting data for the establishing of insurance basis for individuals quoted in Article 8, paragraph 1, items 13,14 of this Law, as well as changes of those data;
4. The Employment Bureau of Montenegro (hereinafter: the Bureau of Labor):
   - applications and cancellation of insurance, as well as changes of these data, for the insured quoted in Article 8, paragraph 1, items 15 and 17of this Law;
   - reporting on data on the wage compensation and the amount of paid contribution referred to in Article 8, paragraph 1, Item 15 of this Law;
5. The Republic Pension and Disability Fund
   - applications and cancellation of insurance, as well as changes of these data, for the insured quoted in Article 8, paragraph 1, item 18 of this Law;
   - reporting on data for establishing the amount of pension and the amount of paid contribution referred to in Article 8, paragraph 1, Item 18 of this Law, and changes of these data;
6. The Orthodox Church, the Islamic Congregation, and the Roman-catholic Church for the insured quoted in Article 8, paragraph 1, Item 24 of this Law - applications and cancellation of insurance, as well as changes of these data;
7. The local administration body competent for the protection of veterans and the disabled and the competent center for social care for the insured quoted in Article 8, paragraph 1, items 19 and 20 and Article 13 of this Law
   - applications and cancellation of insurance, as well as changes of these data;
   - reporting data for establishing the insurance basis and changes of those data;
8. The ministry competent for agriculture, forestry, and hydro-economy affairs for the insured who are involved in agriculture as their principal and only occupation referred to in Article 8, paragraph 1, Item 23 of this Law – applications for insurance, cancellations, and changes of those data;
9. Penitentiaries and institutions for accommodation and compulsory treatment of alcoholics and drug addicts and mandatory psychiatric treatment for beneficiaries quoted in Article 8, paragraph 1, Item 25 of this Law - applications and cancellation of insurance, as well as changes of these data;
10. The competent Registrar – reporting on the death of the insured.

Article 40

The applicant shall be responsible for accuracy of data entered into the application for records referred to in Article 39 of this Law.

The Fund shall be obliged to check the accuracy of data entered into applications referred to in paragraph 1 of this Article, to request evidence and to have insight into records and documents on which data entered into applications are based.

The applicant shall be obliged to provide accurate information, i.e. relevant data for establishing facts related to entitlements within compulsory health insurance to the insured person and to the Fund. The applicant shall also to provide evidence to the Fund and facilitate an insight into records and documentation.

Article 41

Data for records referred to in Article 36 shall be submitted to the Fund, i.e. its organizational unit for:

1. the insured quoted in Article 8, paragraph 1, items 1-8, 10,11,12, and 16 of this Law – according to the employer's headquarters or its organizational unit (subsidiary, branch-office, sub-office, representative office, agency, and other business and operational units);
2. the insured quoted in Article 8, paragraph 1, item 9 of this Law – according to the place where they have been insured or had domicile prior to the departure abroad;
3. the insured quoted in Article 8, paragraph 1, items 15 and 17 of this Law – according to the seat of the Labor Bureau's organizational unit;
4. the insured quoted in Article 8, paragraph 1, items 13,14 and 22 of this Law – according to the place where beneficiary has registered the activity which is the basis of insurance;
5. the insured quoted in Article 8, paragraph 1, items 18-21 and 24-25 of this Law – according to the beneficiary's domicile or residency;
6. the insured quoted in Article 8, paragraph 1, item 23 of this Law – according to the organizational unit of the body competent for public revenue affairs.

Article 42

The Fund shall establish the status of the insured person, wage or compensation amount, and other earnings used for establishing the insurance basis according to data referred to in Article 39 of this Law.

Article 43

If the Fund, when checking data quoted in Article 39 of this Law, finds out that the report on wages, wage compensation or insurance basis, as well as data on amount of paid contribution, are not correctly entered or data are not entered in line with health insurance regulations, it shall order the applicant to make corrections within a period of time that cannot be longer than 8 days.

Article 44

The Fund shall be obliged to issue, upon the insured person's request, a certificate on data entered into records.

The certificate referred to in paragraph 1 of this Article shall have the power of a public document.

Article 45

Data entered into records referred to in Article 36 of this Law can be subsequently changed in the manner established by this Law in the following cases:

1. if the Fund subsequently establishes, through a prescribed procedure, the change of data;
2. if data on wages, wage compensation or insurance basis, as well as data on amount of paid contribution have been entered into records based on false documents;
3. if it is subsequently found, by checking data or in some other way, that incorrect or incomplete data have been entered into records.

The change of data entered into records shall be performed on the basis of the relevant report on the data change in the procedure envisaged by this Law.

Article 46

The Fund shall be obliged to enter data from submitted applications into records referred to in Article 36 of this Law immediately, but not later than 8 days from the day when the application has been received.

Article 47

Data applications for establishing and maintaining records shall be kept for minimum 10 years since the last data entry into records is made.

Article 48

Instead of original applications, they can be kept on microfilms or electronically saved.

Article 49

A Commission, established by the Fund, shall destroy original applications based on which data were entered into records.

Article 50

Data from records can be used for statistical research.

Protection of data from records shall be provided in the manner prescribed by the Law.

The Exercise of Rights

Article 51

The insured shall implement health care at health institutions and with other entities, i.e. with the chosen team or chosen doctor with whom the Fund has entered an agreement in line with the law.

Article 52

The insured person shall be referred to medical treatment out of the Republic or abroad on the account of the Fund's means if the illness he/she suffers from cannot be successfully treated in the Republic.

Article 53

Health care shall be provided to the insured from the Fund's means designated for compulsory insurance, in compliance with the prescribed amount of health care referred to in Article 17 of this Law.

Article 54

The Fund shall decide on the approving of rights deriving from compulsory health insurance, usually without issuing formal decisions.

The Fund shall issue a formal decision on the rights deriving from compulsory health insurance when it is required by this Law, by the Fund's general legal act, and upon the request of the insured person.

Article 55

Provisions of the law regulating general administrative procedures shall be applied in the procedure of implementing rights established by this Law if this Law does not regulate it differently.

Article 56

In the procedure of the implementation of the rights deriving from compulsory health insurance, the first-instance panel of doctors (MD Board), founded by the Fund, shall act as an expert evaluation body. The Ministry shall appoint the second-instance panel of doctors.

Article 57

The Fund shall decide in the first instance on the rights established by this Law and the Ministry in the second instance.

An administrative procedure can be initiated against the final decision referred to in paragraph 1 of this Article.

Article 58

The Fund shall keep records in relation to the implementation of rights deriving from compulsory health insurance.

The method of maintaining records and data referred to in paragraph 1 of this Article that are entered into them, the method of maintaining records referred to in Article 36 of this Law, the medical card format and procedure for its issuance and utilization, the application and cancellation form and other forms envisaged by this Law shall be defined by the Fund's legal act.

4. Personal Participation (co-payment) of the Insured in the Health Care Cost

Article 59

The insured shall participate in the cost of health care they use.

The Fund shall decide on the amount of such participation of the insured in the cost, upon the approval of the Government of the Republic of Montenegro (hereinafter: the Government).

Article 60

When establishing the amount of personal participation in the cost of health care, the following shall be taken into consideration: seriousness of the illness, cost of diagnostics, medical treatment and rehabilitation, and the level of health care, as well as the economic status of the insured

Article 61

The following persons are not liable to personal participation in the cost of health care:

1. children referred to in Article 12 and 13 of this Law;
2. women during pregnancy, delivery and one year after giving birth;
3. individuals over 65 years of age;
4. socially vulnerable individuals enjoying social benefits on that basis;
5. individuals sick with kidney illnesses on dialysis;
6. individuals sick with TB, HIV infections and other infectious diseases in line with the law, malignant diseases, epilepsy, and systemic autoimmune diseases, diabetes, and individuals with mental disorders or mentally retarded persons;
7. blind and deaf-mute children, individuals suffering from paraplegia and quadriplegia, muscular dystrophy, multiple sclerosis and cerebral paralysis;
8. handicapped persons with significant body impairment of minimum 70% that has been established in terms of specific regulations;
9. individuals in life-threatening situation due to an illness or an injury.

Individuals quoted in paragraph 1, Items 7 and 8 of this Article are not liable to co-payment for health care on the basis of the Fund's formal decision.

Individuals quoted in paragraph 1, Items 5 and 6 of this Article are not liable to co-payment for health care only for the cost of medical treatment of the principal illness.

5. The Funding of Compulsory Health Care

Article 62

Revenues of compulsory health care are as follows:

1. contributions (co-payment) for compulsory health care;
2. It is deleted. (PUBLISHER'S COMMENT: Pursuant to The Law Amending the Law on Budget (Official Gazette of the Republic of Montenegro 12/07 of 14 December 2007) the provisions of Article 162, item 2 and 3 shall cease to exist;
3. It is deleted. (PUBLISHER'S COMMENT: Pursuant to The Law Amending the Law on Budget (Official Gazette of the Republic of Montenegro 12/07 dating of 14 December 2007) the provisions of Article 162, item 2 and 3 shall cease to exist;
4. donations;
5. those funds based on conventions;
6. those from damages;
7. those from interest, dividends, rents; and
8. those from other sources, in line with the Law.

Article 63

Compulsory health insurance funds may be used only for purposes defined by the Law:

1. for the implementation of rights of the insured;
2. for covering the cost of compulsory health insurance implementation; and
3. other expenditures, in line with the Law.

Articles 64-67

The following is DELETED: The Law on Contributions for Compulsory Social Insurance (Official Gazette of Montenegro 13/07 of 14 December 2007).

Article 68

Contributions taxpayers shall pay the contribution for compulsory health care to the Fund.

Article 69

The following is DELETED: The Law on Contributions for Compulsory Social Insurance (Official Gazette of Montenegro 13/07 of 14 December 2007).

Article 70

The Fund shall be entitled to have insight into documentation of the contributions taxpayer in relation to correct calculation and timely payments. It shall be also entitled to request from the administration authority competent for public revenue affairs data on collected contributions.

6. Compensation for damages in the Implementation of Compulsory Health Insurance

Article 71

The insured person who has received a payment from compulsory health insurance to which he/she was not entitled, shall be obliged to return the received amount:

1. if he/she has exercised some right deriving from compulsory health insurance on the basis of incorrect data for which he knew or had to know that they were incorrect. Also, if he/she has received a transfer to which he was not entitled or received it in larger amount than it belonged to him/her;
2. If he/she has received a transfer due to unreported changes that make an impact on the loss of certain right or on its volume and he/she knew or had to know for those changes;
3. If he/she has received payments of higher amounts than established by the formal decision.

Deadlines for overdue claims referred to in paragraph 1 of this Article shall commence from the day when, in the administrative procedure, the formal decision ruling that the effected payment was not pertinent or it was in smaller amount, i.e. from the day when the last incorrect payment has been effected.

Article 72

The Fund shall be entitled to demand damages from the individual who has caused a disease, injury or death of an insured person.

The employer, where the employee who has caused damage is employed at the moment when the damage has occurred, shall be liable for the damage that the employee has caused to the Fund, in cases referred to in paragraph 1 of this Article, at work or related to work.

In cases quoted in paragraph 2 of this Article, the Fund shall be entitled to demand damages even directly from the employee if the damage has been caused intentionally.

Article 73

The Fund shall be entitled to demand compensation from the organization or the employer if a disease, injury or death of the insured person has occurred due to non-conducting of protection measures at work or other measures for the protection of citizens.

The Fund shall be entitled to demand damages from the organization or the employer if the damage has occurred because the employee has started to work without passing mandatory medical examination and it has been additionally established by a medical examination that the employee was not originally capable to work in that job due to his health condition.

Article 74

The Fund shall be entitled to demand damages from the organization or the employer:

1. if the damage has occurred because data have not been submitted or submitted data were untruthful on facts on which the acquiring or definition of rights depend;
2. if the payment has been effected on the basis of untruthful data in the report on employee's commencement at work or because changes have not been reported that make an impact on the loss of rights or their volume or if the report has been submitted after the prescribed deadline.

The Fund shall be entitled to demand damages from the insured person who is obliged to submit applications by himself/herself or to give certain data related to compulsory health care – if the damage has occurred because the application or data have not been submitted or submitted data have been untruthful.

Article 75

The Fund shall be entitled to demand damages from the doctor who unlawfully establishes temporary incapability to work of the insured person if the Fund has effected the wage compensation based on that fact.

If the damage referred to in paragraph 1 of this Article has occurred due to unlawful performance of the panel of doctors, members of the panel are liable for the damage.

The Fund shall be entitled to demand damages from the doctor or institution providing health services if the damage has occurred due to incorrect medical treatment of the insured person.

The employer, who effected wage compensation, shall be also entitled to damages referred to in par, 1, 2, and 3 of this Article.

Article 76

The amount of compensation shall be established according to the treatment cost and other related costs, cash compensations effected to the beneficiary according to this Law's provisions, and other transfers for which the Fund has been charged.

When establishing the amount of damage, amounts of paid contributions for compulsory health insurance shall not be taken into consideration.

Article 77

The Fund shall be entitled to demand damages also from the insurance company directly for the damage caused by driving a motor vehicle.

Article 78

After it has been established that damage was caused in implementing compulsory health care, the person who caused the damage should be called to compensate the damage within a certain deadline.

If the damage has not been compensated within given deadline, the Fund shall realize its claim for compensation by pressing charges before the competent court of justice.

VOLUNTARY HEALTH INSURANCE

Article 79

Through voluntary health insurance, citizens may provide for themselves and members of their families:

- Special conditions of health care, within the established standards, in regard to staff, accommodation, and the time of health care provision;
- rights that are not provided by compulsory health insurance, in compliance with this Law

Article 80

Employers can also provide voluntary health insurance for their employees too.

Article 81

The Fund shall provide and implement voluntary health insurance in compliance with this Law.

Article 82

The Fund shall keep records of voluntary health insurance funds separate from compulsory health insurance funds, as well as separate finances for these two types of insurance.

Voluntary health insurance funds can be used only for the defined purposes.

Article 83

The Fund shall establish voluntary health insurance premiums depending on the risk the insured are exposed to, taking into consideration age, gender, bonus and malus, mortality tables, illness tables, and duration of concluded insurance contracts.

The Fund shall be obliged to:

- provide voluntary insurance as long-term insurance;
- enter insurance contracts with individuals who express their wish to be insured for rights deriving from voluntary health insurance;
- provide equal rights and obligations within voluntary health insurance for all insured persons.

Article 84

The Fund shall establish methods and conditions for using entitlements from voluntary health insurance, the amount and terms of payment of premiums, upon the approval by the Ministry.

Article 85

The Fund, implementing voluntary health insurance, shall contract provision of health services with health institutions.

The contract referred to in Paragraph 1 of this Article shall regulate the type and quality of health services, volume, charge, calculation method, and payment terms, as well as other mutual rights and obligations.

Article 86

Voluntary health insurance can be provided by other legal entities in compliance with the specific law.

THE FUND

1. The Organization and the Functioning of the Fund

Article 87

The Fund is an organization performing public authority in deciding on rights and obligations deriving from compulsory health insurance, as established by this Law.

The Fund has a legal entity status with rights, obligations, and accountability that are established by this Law and by the Fund Statute.

Article 88

The Fund shall carry out the following activities:

1. participates in implementation of the health policy in relation to compulsory health insurance;
2. defines the volume of health care standards, in line with this Law;
3. maintains records on the insured and contribution taxpayers and controls applications and cancellations of the insured;
4. performs activities related to the implementation of rights of the insured; takes care of lawful implementation of such rights and renders expert assistance in implementing rights and protecting their interests;
5. establishes priorities in funding health care from compulsory insurance funds;
6. establishes criteria for contracting health care providers referred to in Article 99, enters contracts with them, and monitors the implementation of contractual obligations;

7. establishes criteria and standards for establishing charges for health services included in compulsory health insurance, sets up charges and payment terms;
8. provides the implementation of international agreements on compulsory health insurance;
9. develops the annual health care plan, the annual financial plan, and adopts the annual business report: (PUBLISHER'S COMMENT: Pursuant to the Law Amending the Law on Budget (Official Gazette of the Republic of Montenegro 12/07 of 14 December 2007) the provisions of Article 88, item 9 in the part related to the authorities to bring annual financial plan are declared void and null).
10. establishes the co-payment of the insured for health care referred to in Article 59 of this Law;
11. reviews the situation in the area of health insurance and develops measures for efficient functioning of health insurance in the Republic;
12. implements voluntary health insurance;
13. performs other activities related to the implementation and realization of the rights deriving from compulsory health insurance, in compliance with this Law, the Statute and other legal acts of the Fund.

Article 89

The Fund's bodies are the Board of Directors and the Director.

Article 90 (Official Gazette of the Republic of Montenegro 23/05)

The Board of Directors shall manage the activities of the Fund.

The Board shall be consisted of 13 members who shall be appointed and relieved of duties by the Government:

1. two representatives proposed by the Association of Independent Unions of Montenegro;
2. two representatives proposed by the Chamber of Commerce of Montenegro;
3. one representative proposed by the Association of Pensioners of Montenegro;
4. one representative proposed my Doctors', Dentists' and Pharmaceutical Association;
5. five representatives proposed by the Ministry.

Board Members of the Fund shall be appointed for the period of 4 years.

The Board of the Fund shall elect and relieve of duties the Chairmen and Deputy Chairmen of the Board among the Board members.

Article 91

The Fund Board shall:

1. develop the Statute and other general legal acts of the Fund, in line with the Law;
2. develop the annual plan of health care, the annual financial plan, and adopts the annual business report and closing accounts of the Fund: (PUBLISHER'S COMMENT: Pursuant to the Law Amending the Law on Budget (Official Gazette of the Republic of Montenegro 12/07 dating of 14 December 2007) the provisions of Article 91, item 2 in the part related to the authorities to bring annual financial plan are declared void and null).
3. establish criteria and standards for establishing charges for health services included in compulsory health insurance, sets up charges and payment terms;
4. review the situation in the area of health insurance and propose measures for efficient functioning and development of health insurance in the Republic;

5. perform other activities in compliance with the Law, and the Statute of the Fund.

Article 92

The Director shall: organize activities and business of the Fund, represent and act for the Fund, execute decisions of the Fund's Board and be responsible for legality of the Fund's activities, manage expert services, proposes development of legal acts, and shall perform other duties established by the Fund's Statute.

The Fund's Board of Directors shall appoint (through a public advert) and relieve of duties the Fund Director, with prior approval of the Government.

The Director of the Fund shall be elected for the period of 4 years.

Article 93

The expert services of the Fund shall perform administrative, legal, financial, and other activities of the Fund.

The Fund's expert services shall be organized in such a manner that they facilitate efficient performance of the Fund's activities and the implementation of the rights deriving from compulsory health insurance.

The internal organization and systematization of the Fund's expert services shall be regulated by Fund's legal act.

The Ministry shall give consent to the Act from paragraph 3 of this Article.

Article 94

The Statute of the Fund shall establish in particular: the organization of the Fund, rights, obligations, accountability, the method of decision-making and the functioning of the Board of Directors, conditions for appointment, mandate, rights, obligations, responsibility of the Fund's Director, transparency of the Fund's activities, method of performing administrative-expert and other activities, as well as other issues relevant to the Fund's activity.

The Government shall give approval of the Fund's Statute.

The Statute and other general legal acts of the Fund that regulate rights and obligations from the compulsory health insurance shall be published in the Official Gazette of Montenegro.

Article 95

The Fund's activity shall be made public.

The Fund shall be obliged to submit to the Government the report on activities for previous year, at least once a year, but not later than March 31 of the current year.

Article 96

The Ministry shall supervise legality and appropriateness of activities of the Fund, in compliance with the specific law.

Article 97

It is DELETED. (The Law Amending the Law on Budget (Official Gazette of the Republic of Montenegro 12/07 of 14 December 2007);

Article 98

It is DELETED. (The Law Amending the Law on Budget (Official Gazette of the Republic of Montenegro 12/07 of 14 December 2007);

2. Relations between the Fund and Health Institutions

Article 99

The provision of health services referred to in Article 16 of this Law shall be regulated by an agreement that the Fund enters with health service providers, in compliance with this Law.

Criteria for entering into an agreement referred to in paragraph 1 of this Article and payment terms for health services shall be regulated by the Ministry at the proposal of the Fund, upon the approval obtained from the Medical Committee, taking into account the following:

- the number of the insured on the primary health care level;
- established charges as per the type of health services;
- programs of certain types of health care;
- other objective indicators of the health care cost.

Article 100

In order to implement the established health care volume within compulsory health insurance, the Fund shall annually invite all health service providers, within the health institution network, to enter into contracts with the Fund in line with the legal act referred to in Article 99, paragraph 2 of this Law, which has to be enclosed in the invitation.

Health care providers, which are interested in entering into the contract, shall be obliged to submit to the Fund their offers with financial and other data related to the provision of health services, as per methods and deadlines envisaged by the Fund's legal act quoted in Article 99, paragraph 2 of this Law.

The Board of Directors of the Fund, at the proposal of Director of the Fund, shall make a decision on the selection of health care providers who they will enter into contracts with, and on the basis of the Committee's report for the assessment of the requirements for concluding the contracts.

The Committee referred to in paragraph 3 of this Article shall be appointed by the Fund's Board of Director on annual basis.

Based on the decision referred to in paragraph 3 of this Article, the Director shall enter into contracts with health service providers.

The health service provider who has not been awarded the contract shall be entitled to appeal to the Ministry as the second instance body.

Article 101

As an exception, the Fund shall enter the contract directly, without invitation, when contracting health institutions that perform public health activities, blood transfusion, standardization, transplantation of human body parts, urgent medical assistance, the Clinical Center, and the IPH for the part of activities that are financed from the Fund's means allocated for compulsory health insurance, as well as accredited health institutions.

Article 102

Contracts shall be entered at latest by March 31 for the current year.

If the contract has not been entered within the deadline quoted in paragraph 1 of this Article, provisions of the contract from the previous period shall be applied.

The contract referred to in paragraph 1 of this Article shall define: the type, volume, scope, quality, and other set standards of health care and health services, the method of calculation and payment

for health services, the control of spending funds and meeting contractual obligations, as well as reasons and conditions for the contract cancellation.

Article 103

The Fund shall control the spending of funds that the health institution has earned from the contract made with the Fund.

The Fund's Director shall authorize officials who will perform the control referred to in paragraph 1 of this Article.

SUPERVISION

Article 104

The Ministry shall supervise the implementation of this Law, in line with the specific law.

PENAL PROVISIONS

Article 105

The legal entity or the employer shall be fined with twenty-fold to three hundred-fold the amount of the lowest wage in the Republic if:

1. It does not effect to the insured person the wage compensation during his/her temporary incapability to work or the compensation of travel expenses, in line with provisions of Article 25,26, and 33 of this Law;
2. it does not maintain or unduly maintains records of the insured, or refuses to submit certain data to the Fund or submit incorrect data and information on the insured or does not rectify incorrect data as instructed by the Fund, or prevents the review of business books or records related to compulsory health insurance, in line with provisions of Article 40 and 43 of this Law;
3. it does not submit application for compulsory health insurance of the insured person, cancellation or change of application, or does not submit them within the deadline, in line with the provision of Article 35 of this Law;

Article 106

The insured person shall be fined with ten-fold to thirty-fold the amount of the lowest wages in the Republic for an offence if: he/she deliberately causes his/her incapability to work, if he/she deliberately prevents improvement of his/her health condition or prevents making himself/herself fit to work, or if he/she makes earnings during sick leave or undertakes some private activity (Article 31).

Article 107

The chosen team, chosen doctor or members of the panel of doctors shall be fined with ten-fold to thirty-fold the amount of the lowest wages in the Republic for an offence if they unlawfully establish the insured person's temporary incapability to work referred to in Article 25 of this Law.

TRANSITIONAL AND FINAL PROVISIONS

Article 108

Regulations for the implementation of this Law shall be developed within one year from the day of enactment of this Law.

The existing regulations shall be applied, unless they are contrary to this Law, until the regulations based on this Law are developed.

Article 109

The former Republic Health Fund shall continue with its activities as the Republic Health Insurance Fund, with rights and obligations as per this Law.

The Fund referred to in paragraph 1 of this Article shall be obliged to harmonize its organization and functioning with provisions of this Law within 6 months from the day of enactment of this Law.

Article 110

The Board of Directors shall be appointed within 90 days from the date of enactment of this Law, in line with provisions of this Law.

The Fund's Council shall continue to perform duties within its mandate until the Board is appointed.

Article 111

The Fund shall develop legal acts for the implementation of this Law within one year from the day of constituting the Board of Directors of the Fund.

Article 112

Implementing rights and obligations within compulsory health insurance, legal and private entities shall be obliged to harmonize their businesses with provisions of this Law within one year from the day of enactment of this Law.

Article 113

The insured, who have commenced to exercise rights to health care and other rights deriving from compulsory health insurance before enactment of this Law, shall continue to exercise such rights according to provisions of this Law.

Individuals referred to in paragraph 1 of this Article who, according to provisions of this Law, do not meet prescribed requirements to exercise rights confirmed by former regulations, shall continue to exercise such rights according to provisions of this Law, as if they met requirements prescribed by this Law for the duration of illness and need for medical treatment.

Article 114

Appeals submitted against decisions that were issued prior to enactment of this Law shall be processed according to regulations that were in force until the day of enactment of this Law.

Article 115

By the day of enactment of this Law, provisions of the Law on Health Care and Health Insurance (Official Gazette of the Socialist Republic of Montenegro 39/90 and 21/91 and Official Gazette of the Republic of Montenegro 30/92, 58/92, 6/94, 27/94, 16/95, 20/95 and 23/96), related to health insurance and to provisions of the Law on Contributions for Social Insurance (Official Gazette of the Republic of Montenegro 32/93, 3/94, 42/94, 23/96, and 45/98) related to contributions taxpayers, contribution bases and rates for health insurance, shall become invalid.

Article 116

This Law shall come into force on the eighth day following the day of its publication in the Official Gazette of the Republic of Montenegro.

The Decision of the Constitutional Court of the Republic of Montenegro No. 64/04 and 88/04

(Official Gazette of the Republic of Montenegro of 12 April 2005)

IT HAS BEEN DETERMINED that the provision of Article 90 paragraph 3 of the Law on Health Insurance (Official Gazette of the Republic of Montenegro 39/04) is not in compliance with the Constitution of the Republic of Montenegro and shall cease to exist following the day of its publication. .

This Decision shall be published in the Official Gazette of the Republic of Montenegro.

Podgorica, 16 March 2005