



Rialtas na hÉireann
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Budget 2023

Review of the USC concession for Medical Card Holders

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1. Introduction

The Universal Social Charge (USC) was introduced in 2011, to replace the Income Levy and Health Levy. The USC was designed to apply across income levels in a smoother progression than the Income and Health levies. The measure was intended to widen the tax base, remove poverty traps and raise revenue to reduce the budget deficit. As a result, the USC is a more sustainable charge than those it replaced.

When devising the USC charge in 2010, it was recognised that medical card holders would be at an immediate financial disadvantage, as they were previously exempt from paying the Income Levy and Health Levy. Therefore, on introduction of the USC, it was decided to introduce a provision which gave medical card holders a reduced rate of USC on a temporary transitional basis for the duration of the National Recovery Plan (2011 – 2014). The rationale for this transitional measure for medical card holders was to assist those taxpayers in becoming accustomed to the USC charge prior to paying the full rates of USC. As such, the concession for medical card holders was never intended to be a permanent feature of the USC. Instead, it was envisaged to phase in the full USC charge for medical card holders via a transitional approach for the duration of the National Recovery Plan (2011 – 2014).

It was subsequently identified that EU rules could result in certain workers resident in Ireland on potentially high incomes having an entitlement to a medical card. Workers from another EU Member State were entitled, under the freedom of movement of workers and co-ordination of social security systems provisions, to the same social services as they would enjoy in their parent country. This meant that the means testing required of Irish nationals, did not apply and, as a result, some high net worth foreign nationals were able to benefit from the reduced rate of USC. Therefore, an income threshold of €60,000 per annum was introduced in Budget 2013 to ensure high income earners in receipt of medical cards could not benefit from the reduced rate of USC. This qualifying income threshold of €60,000 per annum has remained unchanged since its implementation in 2013.

Since 2014, the transitional reduced rate of USC for medical card holders was extended for 3 years in Budget 2015, further extended for 2 years in Budget 2018, and has continued to be extended for an additional year in each of the last three Budgets (i.e. Budget 2020 to Budget 2022 inclusive).

This review considers the USC concession for medical card holders with regard to the Department of Finance Guidelines for Tax Expenditure Evaluation.

2. Policy Rationale for the Reduced Rate of USC

The policy rationale behind this concession was in recognition of the USC replacing the Health and Income Levies, which both had full exemptions for medical card holders irrespective of their income level. In the absence of the measure to exempt medical card holders from the top rate of USC, such individuals would have experienced an immediate decrease in their net income as a result of the introduction of the USC charge.

For example, based on the USC rates in place at the time of the introduction, a single individual with a medical card earning €30,000 per annum, would have experienced a €1,419 annual USC charge, where previously they would have had no liability to either the Income or Health Levies. As a result of the concessionary rate of USC, the charge on a single individual with a medical card on €30,000 per annum was reduced from €1,419 to €999 per annum or from €27 per week to €19 per week. Table 1 below compares the effect of the introduction of USC on those with and without medical cards. However, as outlined below in section 4.2, the rates of USC have significantly decreased from those that applied when the charge was first introduced.

Table 1: Impact of the USC on those with and without medical cards

Gross Income	2010 Deduction for Income and Health Levies		2011 Deduction for USC		Difference - Levies and USC only		Difference as % of Gross Income	
	No Medical Card	Medical Card	No Medical Card	Medical Card	No Medical Card	Medical Card	No Medical Card	Medical Card
€10,000	€0	€0	€200	€200	-€200	-€200	-2.0%	-2.0%
€15,000	€0	€0	€399	€399	-€399	-€399	-2.7%	-2.7%
€20,000	€400	€0	€719	€599	-€319	-€599	-1.6%	-3.0%
€25,000	€500	€0	€1,069	€799	-€569	-€799	-2.3%	-3.2%
€30,000	€1,800	€0	€1,419	€999	€381	-€999	1.3%	-3.3%
€35,000	€2,100	€0	€1,769	€1,199	€331	-€1,199	0.9%	-3.4%
€40,000	€2,400	€0	€2,119	€1,399	€281	-€1,399	0.7%	-3.5%
€45,000	€2,700	€0	€2,469	€1,599	€231	-€1,599	0.5%	-3.6%
€50,000	€3,000	€0	€2,819	€1,799	€181	-€1,799	0.4%	-3.6%
€55,000	€3,300	€0	€3,169	€1,999	€131	-€1,999	0.2%	-3.6%
€60,000	€3,600	€0	€3,519	€2,199	€81	-€2,199	0.1%	-3.7%

3. Medical Card Holders

In recent years the number of individuals covered by medical cards has averaged at around 1.57 million. In respect of 2021, the latest figures from the Health Service Executive (HSE) indicates that 1.55 million individuals were covered by medical cards. This represents a slight year-on-year decrease of just over 2 per cent or 39,568 individuals.

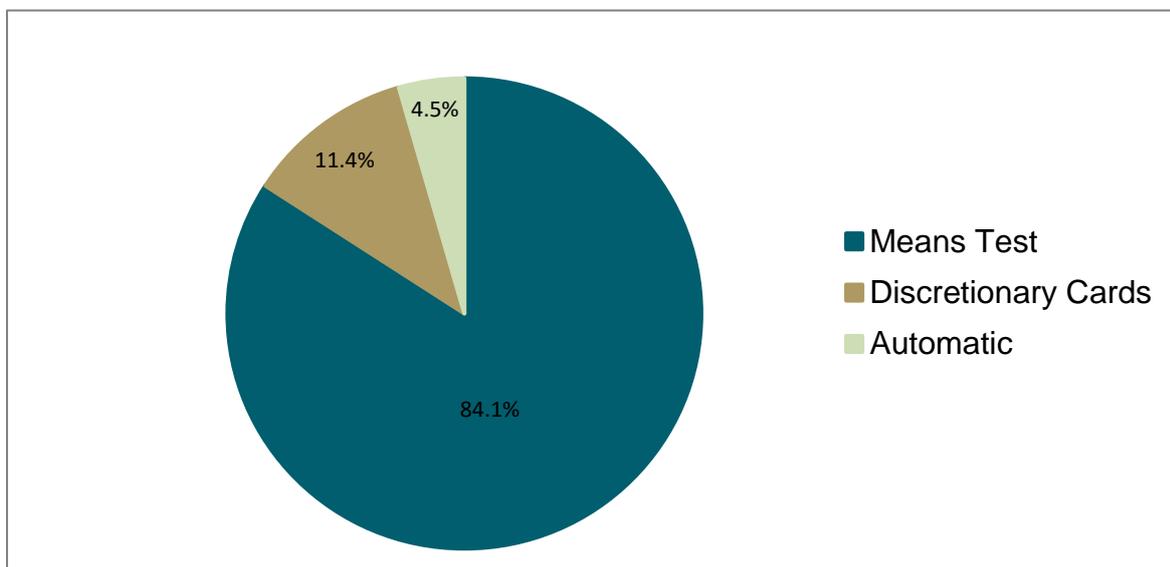
Anyone who is ordinarily resident in the State can apply for a medical card. This includes families and single people, including those working full or part-time or not in the workforce. Medical cards can be awarded as a result of broad range of reasons. A full summary of basis of eligibility for medical cards in respect 2021 is set out in Appendix 1. However, in general, qualification can be classified into three main categories:

- **Means Test** – Single people or families who have an income that is within certain financial thresholds may qualify for a medical card. There are different income thresholds depending on age and or family size (Appendix 2). Expenses such as mortgage repayments, mortgage protection insurance and associated life assurance, rent payments,

childcare costs, travel to work costs, maintenance payments and net cost of private nursing home are treated as allowable expenses when determining disposable income for the purpose of the qualifying income thresholds. Also, if all of an individual's income is derived from social welfare payments then the person/family will automatically qualify for a medical card even if their income is above the income threshold. In 2021, just over 1.3 million individuals were in receipt of a medical card based on financial means.

- **Undue Hardship** – those whose income exceeds the relevant income thresholds may still qualify for a medical card if they have a medical condition or conditions that make paying for health care difficult. These are often called a **discretionary medical card** and in 2021, just over 176,000 individuals were covered by such cards.
- **Automatic** – just over 68,920 individuals automatically qualify for a medical card in 2021. These include:
 - People who are taking part in certain government work schemes or returning to work;
 - Some people affected by the drug Thalidomide;
 - Women affected by symphysiotomy;
 - Children under 18 who have been diagnosed with cancer within the last five years;
 - Children in foster or residential care;
 - People living solely on direct provision payment, in direct provision accommodation;
 - People who qualify under EU Regulations; or
 - Children whose parents get a Domiciliary Care Allowance for them.

Figure 1 below illustrates the basis of eligibility for in 2021



In the past an entitlement to the medical card has been used as a way of identifying people with low means to provide special treatment for tax purposes. For example, exemptions from the Health Levy (1979) and the Income Levy (2009) and a concessionary rate for the USC (2011). However, all those in receipt of a medical card may not have undergone a means test, e.g. individuals who are taking part in certain government work schemes or returning to work have an entitlement to a medical card for a period of up to three years. In addition, some

individuals or families may be earning in excess of the average industrial wage (c. €46,037 per year or €885.33 per week¹) but have expensive outgoings such as mortgage repayments, certain insurance payments or child care costs which are treated as allowable expenses and as a result their disposable income is below the qualifying income threshold. For context, the number of medical card holders in 2021 represents just under 31 per cent of the population.

4. Evolution of USC Rates for Medical Card holders

The structure of the rates and bands of the USC has changed significantly since its inception in 2011, ultimately reducing the charge on individuals. The original rates of USC effective from 1 January 2011 were:

Table 2: USC Rates and Thresholds 2011

USC annual income thresholds	No Medical Card	USC annual income threshold	Medical Card
Below €4,004	Exempt	Below €4,004	Exempt
€0 to €10,036	2%	€0 to €10,036	2%
€10,036 to €16,016	4%	€10,036 to €16,016	4%
Above €16,016	7%	Above €16,016*	4%

In the years following 2011 and as the economy stabilised, the Government introduced a suite of income tax measures to reduce the personal income tax burden. Specifically, in relation to the USC, the lower rates were reduced from 2 per cent, 4 per cent and 7 per cent to 0.5 per cent, 2 per cent and 4.5 per cent respectively. In addition, the entry threshold for USC was increased from €10,036 to €12,012 in Budget 2015 and subsequently increased to the current threshold of €13,000 in Budget 2016. Appendix 3 set outs the full list of rates and threshold changes since 2011. The current rates of USC in 2022 are:

Table 3: USC Rates and Thresholds 2022

USC annual income thresholds	No Medical Card	USC annual income threshold	Medical Card*
Below €13,000	Exempt	Below €13,000	Exempt
First €12,012	0.5%	First €12,012	0.5%
Next €9,283	2%	Balance*	2%
Next €48,749	4.5%		
Balance	8%		

***Where total income is €60,000 or less**

As a result of the significant USC rates and thresholds changes made since its inception, all income earners, including those in receipt of a medical card, have seen reductions in their USC liability. For example, a single individual earning €40,000 per annum and availing of the

¹ <https://www.cso.ie/en/releasesandpublications/ep/p-elcq/earningsandlabourcostsq12022finalq22022preliminaryestimates/>

reduced rate of USC for medical card holders, has seen their annual USC liability decrease by €779 from €1,399 to €620, which equates to a 1.9 per cent increase of gross income.

Table 4 and 5 below compares the USC liabilities in 2011 and 2022 for those with medical cards and without medical cards respectively.

Table 4: Comparison of USC Liability for Medical Card Holders' 2022 v 2011

Gross Income	2011 Deduction for USC	2022 Deduction for USC	Difference – in USC Liability	Difference in USC Liability as % of Gross Income
	Medical Card	Medical Card	Medical Card	Medical Card
€10,000	€200	€0	€200	2.0%
€15,000	€399	€120	€279	1.9%
€20,000	€599	€220	€379	1.9%
€25,000	€799	€320	€479	1.9%
€30,000	€999	€420	€579	1.9%
€35,000	€1,199	€520	€679	1.9%
€40,000	€1,399	€620	€779	1.9%
€45,000	€1,599	€720	€879	2.0%
€50,000	€1,799	€820	€979	2.0%
€55,000	€1,999	€920	€1,079	2.0%
€60,000	€2,199	€1,020	€1,179	2.0%

Table 5: Comparison of USC Liability for non-Medical Card Holders' 2022 v 2011

Gross Income	2011 Deduction for USC	2022 Deduction for USC	Difference - Levies and USC only	% Difference 2022 over 2011 - USC only
	No Medical Card	No Medical Card	No Medical Card	No Medical Card
€10,000	€200	€0	€200	2.0%
€15,000	€399	€120	€279	1.9%
€20,000	€719	€220	€499	2.5%
€25,000	€1,069	€412	€657	2.6%
€30,000	€1,419	€637	€782	2.6%
€35,000	€1,769	€862	€907	2.6%
€40,000	€2,119	€1,087	€1,032	2.6%
€45,000	€2,469	€1,312	€1,157	2.6%
€50,000	€2,819	€1,537	€1,282	2.6%
€55,000	€3,169	€1,762	€1,407	2.6%
€60,000	€3,519	€1,987	€1,532	2.6%

5. Ex Post Evaluation

The following analysis follows the methodology set out in the 2014 Tax Expenditure Guidelines and assesses the continuing relevance of this measure and its impact.

5.1 Is the concessionary rate of USC for Medical Cards holders still relevant?

The ex post evaluation enables an assessment as to whether the initial policy objectives for the tax measure remain valid given potential changes in the economy, market or government policy priorities since its introduction.

The Tax Expenditure Guidelines also make it clear that tax expenditures should only occur in limited circumstances where there are demonstrable market failures, where a tax-based incentive is more efficient than a direct expenditure intervention.

Thus, the primary justification for departing from a neutral tax system is the existence of a market failure² and if there is no market failure, interventions such as tax expenditures will lead to inefficiency and deadweight.

The original policy objective for the reduced rate of USC for medical card holders was not to address a market failure but instead to act as recognition of the USC replacing the Health and Income Levies, which both had full exemptions for medical card holders irrespective of their income level. It was envisaged as a temporary, transitional measure to avoid such individuals suffering an immediate decrease in their net pay as a result of the introduction of the USC charge. It could be asserted that the originally policy objective has been achieved with a lengthy transition period of over ten years.

The primary qualifying criteria to avail of the USC concession is possession of a medical card. In the past, a medical card has been a means of identifying individuals who may be of low means or face undue hardship due to their personal circumstances.

Equity is a fundamental principle of the income tax system and the tax system contains a number of specific provisions which discriminate in favour of certain individuals in light of their circumstances. It could be suggested that the reduced rate of USC for medical card holders is such a measure.

At the same time, horizontal equity is important. From a taxation perspective, medical card holders are no worse off than other income earners where income levels are equal. By virtue of holding a medical card, an individual has a substantial benefit over and above that available to non-medical card holders in the form of reduced rates of USC. In addition to this, medical card holders have access to free medical services, a full list of the medical services covered is set out in Appendix 4. The medical scheme is a direct expenditure intervention, which is the

² A market failure is a situation where an imperfection in the market mechanism prevents the achievement of economic efficiency.

preferred approach recommended by the Department’s Tax Expenditure Guidelines where intervention from the Government is required to address a market failure or a policy objective.

Taking these factors into account, it could be suggested that the USC concession is inequitable from the perspective of all taxpayers.

It is also important to point out that the recent report of the Commission on Taxation and Welfare recommends “*that rates of Universal Social Charge should be determined by income level and not by reference to any other eligibility criteria*” as it runs contrary to the principle of horizontal equity³.

Given the original policy intention for this measure and the fact those who benefit from this measure also receive Government support through direct expenditure means, the continued relevance of this measure could be questioned.

5.2 How much does it cost?

It is estimated that the Exchequer cost of the USC concession for medical card holders was approximately €33 million in 2019, the most recent year for which data are available⁴. The estimated cost and numbers that benefited from the reduced rates of USC for the years 2016 to 2019 is set out in the table and graph below.

Table 6: The Number of Beneficiaries and Cost of the Reduced Rate of USC 2016 - 2019⁵

Year	Est. Total Cost €m	Est. Number of Tax payer units benefiting	Maximum Value of the relief *
2016	26.4	102,000	€1,033
2017	28.1	105,000	€1,031
2018	28.6	105,000	€1,117
2019	33.0	117,000	€1,003

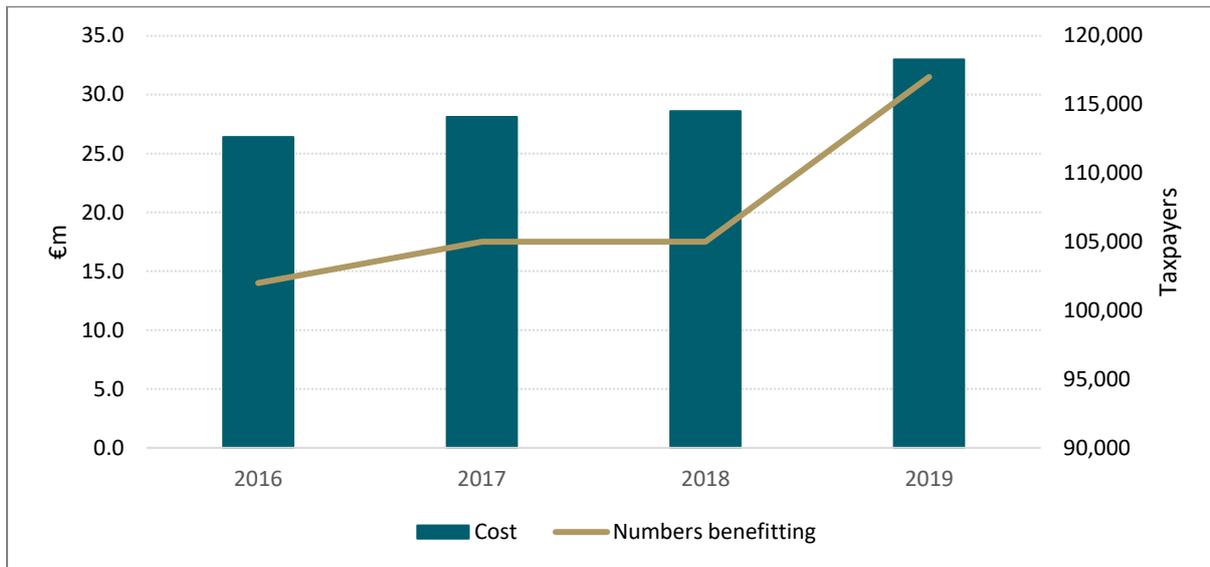
***Where total income is €60,000 per annum**

³ <https://www.gov.ie/en/publication/7fbcb-report-of-the-commission/>

⁴ It is tentatively estimated that this measure would cost approximately €40 million in 2023.

⁵ Analysis conducted by the Department of Finance on different sources of Revenue data sets.

Graph 1: The Number of Taxpayer units, beneficiaries and Cost of the Reduced Rate of USC 2016 -2019

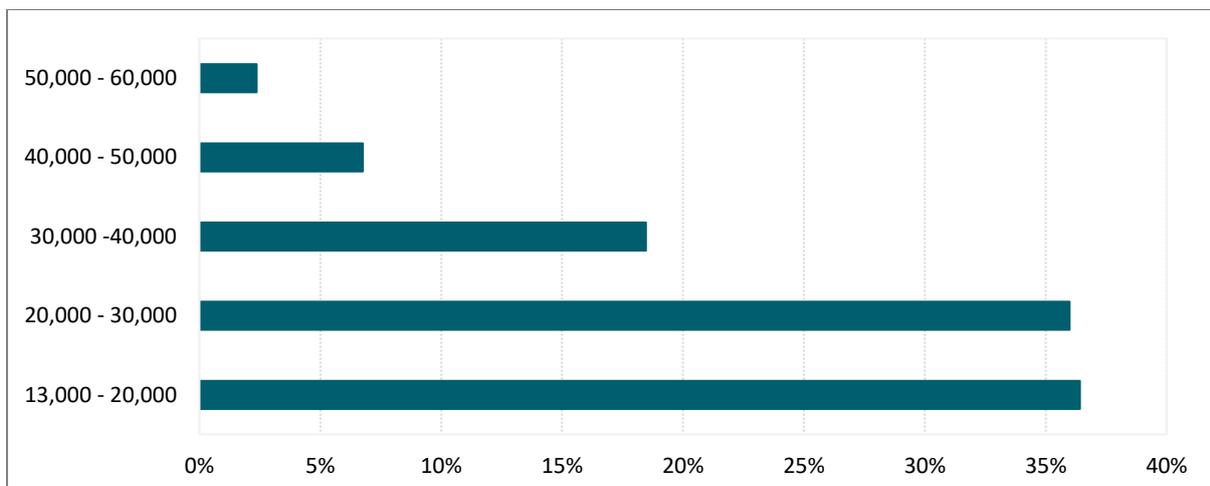


As illustrated above, the Exchequer cost of the relief has increased each year since 2016. The level of increase has varied from year to year – with the largest annual increase recorded in 2019, €4.4 million or 15.4 per cent. Over the period examined, the overall cost of the relief has increased by 25.0 per cent or €6.6 million.

While the number of beneficiaries has remained relatively stable over the period, in 2019 there was a sharp increase, with an additional 12,000 taxpayer units (or 11.4 per cent increase) benefitting from the relief.

In relation to 2019, it is estimated that just under 10 per cent of all those taxpayer units that benefitted from the reduced rate of USC were earning in excess of average earnings (€40,283 per annum)⁶. A full distribution is set out in the graph 2 and table 7 below.

Graph 2: Reduced Rate of USC Distribution for 2019 in respect of Medical Card Holders



⁶ <https://www.cso.ie/en/releasesandpublications/er/elca/earningsandlabourcostsannualdata2019/>

Table 7: Reduced Rate of USC Distribution 2019⁷

Income range	Est. Number of Taxpayer Units	Est. Percentage of Taxpayer Units
€13,000 - €20,000	42,601	36.4%
€20,000 - €30,000	42,107	36.0%
€30,000 - €40,000	21,613	18.5%
€40,000 - €50,000	7,915	6.8%
€50,000 - €60,000	2,765	2.4%
Total	117,000	100%

5.3 What impact does it have?

Ordinarily, identifying the impact of the relief is difficult where the counter-factual (the situation that would have prevailed in the absence of the relief) is unknown. However, it is possible to establish the counter-factual for the purposes of this measure.

This measure has a positive impact on those who are eligible for the reduced rates of USC, in terms of a direct financial benefit. For 2022, the reduced rates of USC that apply with this concession are 0.5 per cent on the first €12,012 of income and 2 per cent on the balance. Taxpayers that avail of this concession benefit from a reduced rate of 2 per cent on their income between €21,295 and €60,000 rather than the standard rate of 4.5 per cent, which could result in a potential tax saving of €968 per annum.

As highlighted above, the USC has undergone significant change since its introduction in 2011. The changes have been primarily designed to ease the burden on low and middle income earners. As a result of the changes, in 2022 a single individual earning €30,000 per annum (no medical card) has seen their USC liability reduced by €782 per annum (c. €15 per week) or 55 per cent when compared with 2011. While a single individual earning €30,000 per annum (with medical card) in 2022 has seen their USC liability reduced by €579 per annum (c. €11 per week) or 58 per cent when compared with 2011.

Finally, if the concessionary rate of USC was removed for medical card holders, it should be noted that the increased USC liability for such individuals would actually be less than their USC liability in 2011. Take for example, a single individual earning €30,000 per annum, they would see their USC liability increase to €637 from €420 per annum, which equates to an increase of €217 per annum or around a €4 increase per week in their USC liability. However, their overall liability would be €362 per annum (€7 per week) or 36 per cent lower when compared to the charge they faced in 2011 at the reduced rates of USC. The table below provides a comparison of USC liability for medical card holders if the concession was withdrawn and the USC liability for medical card holders in 2011 (with concessionary rate of USC).

⁷ Analysis conducted by the Department of Finance on tentative Revenue data in respect of 2019.

Table 8: Comparison of USC Liability for Medical Card Holders' 2022 (no concessionary rate) v 2011 (with concessionary rate)

Gross Income	2011 Deduction for USC	2022 Deduction for USC*	Reduction in USC	% Reduction in USC Liability 2022 over 2011
€10,000	€200	€0	€200	100%
€15,000	€399	€120	€279	69.9%
€20,000	€599	€220	€379	63.3%
€25,000	€799	€412	€387	48.4%
€30,000	€999	€637	€362	36.2%
€35,000	€1,199	€862	€337	28.1%
€40,000	€1,399	€1,087	€312	22.3%
€45,000	€1,599	€1,312	€287	18.0%
€50,000	€1,799	€1,537	€262	14.6%
€55,000	€1,999	€1,762	€237	11.9%
€60,000	€2,199	€1,987	€212	9.6%

***assuming concession is withdrawn and no change in rates and thresholds**

5.4 Was it efficient?

It is necessary to assess the overall value for money of the scheme, as while a scheme may have been successful in terms of its objectives, this has to be offset against the costs of the scheme. Account should also be taken of other tax or direct expenditure schemes in the same policy space and how these interact.

The relief has been successful in achieving its policy aim of avoiding an immediate decrease in net pay for those in receipt of a medical card on introduction of the USC. Given the longevity of the measure and the original policy objective as a temporary transitional measure, the efficiency of the relief is less clear. Notwithstanding the direct financial benefit for those individuals who can avail of the relief, there has been a cost to the Exchequer for a prolonged period as the relief has been in place for over ten years, a much longer timeframe than that originally envisaged when the relief was introduced. Further, there is also a direct expenditure cost to the Exchequer in relation to costs associated with the medical card scheme for individuals who are also availing of the USC concession. As such, those individuals directly benefit from two sources of Government support by virtue of having a medical card.

From a broader efficiency perspective, the principle of linking eligibility for a tax relief directly with health policy decisions outside of the remit of the Minister for Finance is questionable. A significant change in the policy for medical cards could result in an increase or decrease in the number of medical card holders, which in turn could have direct implications on this relief and consequentially on the Exchequer.

6.Recommendation

In light of the findings of the ex-post analysis, the case for a further extension of the relief is not a strong one. This position is supported by the original policy rationale as a temporary transitional measure, on the grounds of equity for all taxpayers and from an overall efficiency perspective. As such, it is recommended that the reduced rate of USC for medical card holders is withdrawn.

However, having regard to the current cost of living pressures, it may not be desirable to withdraw the relief at the end of 2022. Consideration could be given to signalling the permanent withdrawal of this concession from a future date.

Appendix 1: Summary of the basis of eligibility for medical cards in respect of 2021

Basis for Grant of Eligibility	Medical Card Eligibility
Eligibility determined on financial means	1,300,166
Discretionary Cards	176,136
DCA Cards	34,441
EU Entitlement	17,182
Children in Foster Care	5,084
Direct Provision Cards	4,623
Terminal (MCIE)	2,086
Emergency Cards	1,334
EROG Cards	1,151
NCSS Dependants	1,113
RWRCI	572
Under 18 with Cancer	537
NCSS Cards	403
Terminal (MC1T)	134
Symphysiotomy Cards	123
Narcolepsy Cards	112
Thalidomide Patients	25
Total	1,545,222

Appendix 2: Means test for Medical Card Holders.

Weekly income limit (Gross less tax, USC and PRSI)		
Category	Aged under 66	Aged over 66
Single person living alone	€184	€201.50
Single person living with family	€164	€173.50
Couple, married/cohabiting/civil partners (or single parent with dependent children)	€266.50	€298
Allowance for each of first 2 children aged under 16	€38	€38
Allowance for 3rd and each subsequent child under 16	€41	€41
Allowance for each of first 2 children aged over 16 (with no income)	€39	€39
Allowance for 3rd and each subsequent child over 16 (with no income)	€42.50	€42.50
Each dependant over 16 years in full-time third-level education, who is not grant aided	€78	€78

The following expenses are allowable, which will increase the income limit:

- Childcare costs
- Rent (not including amounts paid by Rent Supplement or Housing Assistance Payment)
- Reasonable mortgage payments (after mortgage allowance and tax relief is deducted) on family home and other land or property
- Mortgage protection insurance and associated life assurance
- Home insurance
- Maintenance payments
- Nursing home, private nursing or home care costs for the applicant or spouse
- Costs of travelling to work:
 - The cost of public transport
 - Driving expenses if a car is required, at a rate of 30 cent per mile/18 cent per km. If a couple needs two cars to travel to work, a double allowance applies. The cost of parking can be taken into account
 - Reasonable contributions towards carpooling costs

Appendix 3: Comparison of USC rates and thresholds for Medical Card Holders

Summary USC Rates 2011 to Budget 2022												
	2011	2012	2013 ⁸	2014	2015	2016	2017	2018	2019	2020 ⁹	2021	2022
Rates %	2%	2%	2%	2%	1.5%	1%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%
	4%	4%	4%	4%	3.5%	3%	2.5%	2%	2%	2%	2%	2%
	7%	7%	7%	7%	7%	5.5%	5%	4.75%	4.5%	4.5%	4.5%	4.5%
					8%	8%	8%	8%	8%	8%	8%	8%
	10%*	10%	10%	10%	11%	11%	11%	11%	11%	11%	11%	11%
Exemption threshold €	4,004	10,036	10,036	10,036	12,012	13,000	13,000	13,000	13,000	13,000	13,000	13,000
Bands €	10,036	10,036	10,036	10,036	12,012	12,012	12,012	12,012	12,012	12,012	12,012	12,012
	16,016	16,016	16,016	16,016	17,576	18,668	18,772	19,372	19,874	19,874	20,687	21,295
					70,444	70,044	70,044	70,044	70,044	70,044	70,044	70,044
	100,000*	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000

*This rate and threshold applies to Self-Employed income

Summary USC Rates 2011 to Budget 2022 for Medical Card Holders												
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Rates %	2%	2%	2%	2%	1.5%	1%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%
	4%	4%	4%	4%	3.5%	3%	2.5%	2%	2%	2%	2%	2%
Exemption threshold €	4,004	10,036	10,036	10,036	12,012	13,000	13,000	13,000	13,000	13,000	13,000	13,000
Bands €	10,036	10,036	10,036	10,036	12,012	12,012	12,012	12,012	12,012	12,012	12,012	12,012
			49,964	49,964	49,964	49,964	49,964	49,964	49,964	49,964	49,964	49,964

⁸ Concessionary rate of USC removed for those aged 70 years of age and over and or medical card holders earning in excess of €60,000 per annum.

⁹ €20,484 (threshold after which 4.5% applies) *not provided for in Budget 2020 but legislation for in Finance Act 2020

Appendix 4: Medical Card Holders' free medical services

The following expenses are free to Medical Card Holders:

- Free GP (family doctor) services, including out-of-hours services
- Prescribed drugs and medicines — some prescription charges apply
- In-patient public hospital services, out-patient services and medical appliances
- Dental, optical and aural services
- Maternity and infant care services
- Some personal and social care services, for example, public health nursing, social work services and other community care services
- Short-term counselling for mild to moderate psychological difficulties, using the Counselling in Primary Care Service
- A maternity cash grant of €10.16 on the birth of each child (apply to your Local Health Office)
- Medical card holders may also be exempt from paying school transport charges and State exam fees in publicly funded second-level schools. There may also be financial help with buying school books in certain schools.



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