GATEWAY TO GLOBAL AGING DATA

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Gateway Policy Explorer: Retirement Series

Germany

Public Old-Age Health Insurance Plan Details

1992-2023

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Preface

This document is intended for researchers who want to understand the evolution of policy or the policy in place at a particular point in time. This document is not intended for financial advice or to aid in decision-making. The authors have made significant effort to identify and collect historical information pertaining to these policies, to accurately represent these policies, and to communicate how policies may interact to determine legal requirements, eligibility for benefits, and/or benefits levels. The policies presented in this document focus on rules applicable to most individuals aged 50 and older from 1992. Many systems include special policies or alternative eligibility rules for specific groups. We encourage all users to complete their own review of literature in this area depending on the research questions they have in mind.

If you have feedback or questions or identify an error, please contact policy@g2aging.org.

Background — *Gateway Policy Explorer: Retirement Series*

The *Gateway Policy Explorer* (http://g2aging.org/policy-explorer) is part of the Gateway to Global Aging Data (http://g2aging.org) project. The *Retirement Series* captures historical policy that affects the birth cohorts of respondents in the surveys covered by the Gateway. It was motivated by the rapid evolution of policies affecting older people across the world. As the Health and Retirement Study (HRS) began in 1992 and many of the international network of studies (HRS-INS) cover more than a decade, understanding the policies in place at the time of the survey has become more demanding for researchers.

Why are we tracking past policy? Individuals make choices based on current policies and the outcomes we see today may reflect responses to past policies. When interpreting the survey responses of individuals, an understanding of the policy environment under which those individuals operate is critical. The collection of contextual information in the *Gateway Policy Explorer* aims to support researchers who want to understand or use policy changes in their research and provide context for longitudinal or cross-country differences. Over the period 2023–2026 the *Gateway Policy Explorer* will be expanded to include information on retirement, long-term care, education, and other policies affecting the life cycle.

The key dimensions to the *Gateway Policy Explorer: Retirement Series* are country and time. We prioritize data collection for each country based on its first interview wave and are continuing to expand our data collection back in time to 1992, the earliest survey date in the HRS-INS.

A separate document, like this one, is developed for each country and each broad category of policies covered in the *Gateway Policy Explorer: Retirement Series*.

Author and Contributor Disclaimers

† The opinions expressed here are those of authors and do not necessarily reflect the views of the OECD or of its member countries.

Germany

Old-Age Health Insurance
Plan details 1992-2023 * †

Germany has a universal multi-payer health care system with two main types of health insurance: Statutory health insurance (Gesetzliche Krankenversicherung, GKV) and private health insurance. GKV consists of competing, not-for-profit, nongovernmental health insurance plans. Since 2009, health insurance has been mandatory for all citizens and permanent residents, either through GKV or private health insurance.

While access to the health insurance system since 1992 has remained universal and benefits have been largely the same for the insured, there have been several reforms that have altered services and costs.

Key Dates
First law: 1883
Major changes since 1992: None

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* If you have questions or suggestions, please contact policy@g2aging.org.

† Detailed information and definitions are provided in tables, formulas and a glossary at the end of this document. To facilitate switching back and forth, this document is designed with hyperlinks. Most PDF readers have shortcuts that permit a reader to return to the previous location after selecting a hyperlink. In Adobe Acrobat on a PC: "Alt" + "←"; In Adobe Acrobat on a MAC: "command" + "←"; In Preview on a MAC: "command" + "[".

Chapter 1: Policy enacted 1992-2023

Overview

Germany has a universal multi-payer health care system with two main types of health insurance: Statutory health insurance (Gesetzliche Krankenversicherung, GKV) and private health insurance (Privaten Krankenversicherung, PKV). GKV consists of competing, not-for-profit, nongovernmental health insurance plans, and is regulated by the Fifth Book of the German Social Code (SGB V, BMJV, 2023a). Since 2009, health insurance has been mandatory for all citizens and permanent residents, either through GKV or private health insurance.

While access to the health insurance system since 1992 has remained universal and benefits have been largely the same for the insured, there have been several reforms that have altered services and costs. These include:

- *Health Structure Act* (Bundesgesetzblatt, 1992), enacted December 1992 and effective 1993, increased co-payments for services and introduced flat-rate co-payments that have to be paid for all drugs in addition to the differential between the actual and reference prices.
- *Law for the Modernization of Statutory Health Insurance* (Bundesgesetzblatt, 2003), enacted November 14, 2003 and effective January 1, 2004, increased cost-sharing with beneficiaries. For example, a fee of 10€ was introduced for the first doctor visit in a quarter, which covered all related therapies within that quarter. If the therapy continued in the following quarter, the fee had to be paid again and if the patient consults another doctor without having been referred to by the first one, the fee must be paid again.
- *GKV Competition Strengthening Act* (Bundesgesetzblatt, 2007), enacted March 26, 2007 and effective January 2009, made health insurance coverage mandatory.

The *Long-term Care Insurance Act* (Bundesgesetzblatt, 1994), enacted May 1994 and effective January 1995, introduced mandatory long-term care insurance for everyone with statutory and private health insurance. Long-term care services are covered separately under Germany's mandatory, statutory long-term care insurance (Pflegeversicherung, LTCI) and are regulated by the Eleventh Book of the German Social Code (SGB XI, BMJV, 2023b).

Eligibility

- **Qualifications**
  Statutory health insurance (Gesetzliche Krankenversicherung, GKV)
  GKV is a universal system, so there are no eligibility requirements. However, persons may opt for private coverage in lieu of GKV. Coverage by a GKV or PKV health insurance plan became mandatory from 2009. Exceptions to compulsorary coverage exist but are limited (§5, SBG V, BMJV, 2023a).

  Long-term care insurance (LTCI)
  People are eligible to claim benefits from the LTCI if they are in need of care because of an illness or disability. In general, there are three different arrangements a recipient can choose from: care allowance, home care (in kind), and residential care. The definition of "in need of care" is fundamental for eligibility and the level of benefits received. An assessment of need for long-term care is required. The assessment classifies applicants for LTCI into a care grade (see Table 1). The assessment takes a person's individual care situation as its starting point and, through a survey, determines what activties of daily living an applicant can manage without support, what abilities they still have, how independent they are and what activities they need help with.

- **To receive health benefits, does an individual have to claim them?** Answer: Yes
- **To continue to receive health benefits, does an individual have to remain qualified?** Answer:
  Statutory health insurance (Gesetzliche Krankenversicherung, GKV)
  No

  Long-term care insurance (LTCI)
  Yes

Coverage

Statutory health insurance (Gesetzliche Krankenversicherung, GKV)

GKV covers preventive services, inpatient and outpatient hospital care, physician services, mental health care, dental care, optometry, physical therapy, prescription drugs, medical aids, rehabilitation, hospice and palliative care, and sick leave compensation. Home care is covered by long-term care insurance. Preventive services under GKV include regular dental checkups, child checkups, basic immunizations, checkups for chronic diseases, and cancer screening at certain ages. All prescription drugs are covered except for those explicitly excluded by law (e.g., over-the-counter drugs) and those excluded following a benefits assessment. While the broader framework of the benefit package is legally defined, specifics for health care benefits are determined by the Federal Joint Committee. Long-term care services are covered separately by the LTCI system.

Outpatient care

Outpatient care is provided by general practitioners, specialists, dentists and psychotherapists, as well as other healthcare professionals, such as physiotherapists and speech therapists. Most independent physicians, dentists and psychotherapists treat patients with statutory health insurance. Health care providers to patients with statutory health insurance have been approved for the provision of treatment on the basis of contracts with the GKV funds and are members of the corresponding association of GKV doctors or dentists. Furthermore, it means that their approval is tied to the location of their practice and so depends on the requirements of the respective regional associations for GKV doctors and dentists. Outside normal appointment times, the independent doctors and dentists provide an on-call service for treatment.

Inpatient care

Most hospitals treat everyone, regardless of whether they have health insurance through GKV or PKV. Patients only have to be referred to the hospital by a doctor - except in emergencies when the hospital provides immediate treatment. Patients can choose where to seek care (i.e., they are not limited in their hospital choice). GKV covers inpatient care expenses as long as the hospital is approved to provide treatment to GKV patients. The vast majority of hospitals are approved.

Long-term care insurance (LTCI)

Any insured person with a physical or mental illness or disability (who has contributed for at least two years) can apply for LTCI benefits, which are:

- Dependent on an evaluation of individual care needs by the GKV Medical Review Board, which leads either to a denial of benefits or to an assignment to a level of care (see Table 1)
- Limited to certain maximum amounts, depending on the level of care
  - Monthly Benefits Paid for Home Care (2017): Table 2
  - Monthly Benefits Paid for Semi-Residential or Residential Care (2017): Table 3
  - Ancillary Benefits (2017): Table 4
- Beneficiaries can choose between free or discounted long-term care services and cash payments. Cash payments are approximately half the value of in-kind services, and are often used to supplement family income rather than to purchase services. Around a quarter of LTCI expenditures go toward cash payments. Both home and institutional care are provided almost exclusively by private not-for-profit and for-profit providers.

Costs

Statutory health insurance (Gesetzliche Krankenversicherung, GKV)

In this section, we discuss costs associated with different types of health care and exemptions from copayments or other expenses. Table 5 and Table 6 summarize out-of-pocket costs for major services from 1994-2014.

Medicines, treatments and equipment

A health insurance company in general pays the costs of medicines which have been prescribed by a doctor who has a contract with the health insurance company (i.e., an accredited doctor). For most medicines insured persons pay 10% of the sales price themselves (co-payment), with a minimum of 5€ and a maximum of 10€. The supplementary payment may not be higher than the price of the medicine. Additional items reimbursed include:

- Treatments prescribed by a doctor such as physiotherapy (remedial gymnastics), speech therapy, occupational therapy or foot treatments (professional pedicure). Patients must pay 10% of the costs themselves, plus 10€ for each prescription.
- Medically essential hearing devices (e.g. hearing aids), prostheses and similar aids. Generally, adults only receive a contribution for aids to vision such as glasses or contact lenses. The insured parties must pay part of the costs themselves: The supplementary

payment for aids is 10% of the price, with a minimum 5€ and maximum 10€ for consumable aids, or maximum 10€ for one month's supply.

The following items are typically not reimbursed:

- Non-prescription drugs
- Medicines to treat colds and flu infections, including head colds, painkillers, cough relief and cough remedies, mouth and throat treatments (except for fungal infections), laxatives and medicines against travel sickness
- Medicines "used primarily to improve the quality of life," such as to treat erectile dysfunction, increase sexual potency, treatments to stop smoking, weight loss regulators or hair growth formulas

Dentistry

Necessary dentistry and surgical treatments are usually covered by health insurance funds. Additional items reimbursed include:

- Standard orthodontic treatments (protection and correction of tooth and jaw misalignment, e.g. with braces) - Insured person pays 20% of the costs themselves. There are lower costs for children.
- Dentures and crowns - Before 2005, depending on the dentist's findings, the insured person may receive a contribution of 50% of the costs and this may be further reduced if a person regularly visits the dentist for screenings. From 2005, a fixed sum is contributed, and the insured pays all costs above the fixed sum.

Low-income insured persons may receive necessary medical standard care for free if the misalignment jaw or teeth significantly affects or threatens to affect chewing, biting, speaking or breathing.

Home nursing care and domestic help

Insured persons are eligible for home nursing care in addition to medical care if

1. hospital treatment is needed but can be replaced or shortened by home nursing care, and
2. there is no one in the household who can provide care as needed.

Home nursing care includes medical and personal care. Home nursing care can be claimed up to four weeks per illness. Health insurance companies can approve home nursing care for a longer period of time if it is justified. In addition, the health insurance company pays for personal care if the insured person is unable to look after themselves due to hospital treatment or there is no one living in the same household who can take care of the insured. Assistance with personal care can also be claimed if it is impossible to run the household due to severe illness or worsening of illness in particular after hospitalization. The payment can be extended up to 26 weeks if there is a child living in the household who has not yet reached the age of 12 or disabled and dependent on help.

Inpatient care

All health insurance companies must pay for hospital treatment if a doctor deems it necessary. People with GKV have to pay a supplementary charge for their accommodation and meals when they receive inpatient treatment. This is defined before the treatment is given in a contract between the patient and the hospital. Insured parties must pay a supplementary payment of 10€ for each day for a maximum of 28 days per calendar year.

Travel costs

In some cases, health insurance companies may pay for necessary travel to medical treatment, for example to a doctor or hospital. 10% of this is to be paid for by the insured person (personal contribution) with a minimum of 5€ and a maximum of 10€ per journey. Health insurance companies do not pay travel costs for outpatient treatments.

Exemptions from co-payment

A person covered by GKV is eligible for exemption from user charges for benefits covered by GKV if more than 2% of the gross household income per year has been spent on co-payments, or 1% of the gross household income for a sufferer from a serious chronic illness, defined as one that has been treated at least once per quarter for at least a year and is associated with at least one of the following additional characteristics:

- a need for long-term care grade 2 or higher (based on pre-2017 classifications);
- a severe disability of at least 60% or incapacity to work of at least 60%; or
- a certificate from the treating physician that the omission of continuous health care (at least one physician contact per quarter for the same disease) would cause a life-threatening aggravation, a reduction of life expectancy or a long-term reduction in the quality of life.

Additional subgroups may be exempt from some user charges, such as children and pregnant women.

Long-term care insurance (LTCI)

Maximum benefits per person are capped at levels that vary by approved care level and care type. Insured persons pay extra costs that go beyond the maximum benefit amount. Because monthly benefits per beneficiary are capped, program outlays do not depend on the

amount of services used per person or provider payment levels, but instead, on whether a person is eligible, their approved care level, and whether beneficiaries choose cash or services, or a mixture of cash and services.

For people receiving care outside of an institution, the program allows the choice between cash benefits and in-kind services. Persons electing cash receive less than half the maximum in-kind benefit, but the use of cash is unrestricted. Table 2 provides 2017 benefit levels for home care based on care grade for in-kind services and cash benefits. Beneficiaries incur care costs in excess of these amounts.

For people receiving care in a residential or semi-residential setting, LTCI covers care costs but does not cover the cost of room and board. Table 3 provides 2017 benefit levels for day and evening care and nursing home care based on care grade. Beneficiaries incur care costs in excess of these amounts. Costs of room and board may be covered by other programs (e.g., social assistance). This policy likely affects the use of nursing home care, because the LTCI benefit only partially covers the cost of the care in a residential or semi-residential setting.

Tables and Formulas

Table 1: Requirements by Care Grade

Care grades before 2017	Care grades from 2017	Disability level
Grade 0	Grade 1	No need for ADL assistance, but may benefit from general supervision and preventive/ancillary services
Grade 1	Grade 2	Need for assistance with personal hygiene, feeding or mobility for at least two activities at least once a day and additional need help in the household several times during the week for at least 90 minutes a day with 45 minutes accounted for basic care.
Grade 1 + supplement	Grade 3	As above, plus a need for daily supervision
Grade 2	Grade 3	Need for assistance in at least two basic ADLs at least three times a day at various times and additional help in IADLs several times a week for at least 3 hours a day with 2 hours accounted for basic care.
Grade 2 + supplement	Grade 4	As above, plus a need for daily supervision
Grade 3	Grade 4	Need for assistance in at least two ADLs around the clock and additional help in IADLs several times during the week for at least 5 hours per day with four hours accounted for basic care.
Grade 3 + supplement	Grade 5	As above, plus a need for daily supervision
Hardship	Grade 5	Need assistance at the PS III level for at least 7 hours a day with at least 2 hours during the night or needing basic care that can only be provided by more than one person simultaneously

Source: §15 SGB XI, as amended, Deutsche Rentenversicherung (2023)

Table 2: Monthly Benefits Paid for Home Care (2017)

Care level	Home care: benefits in kind	Home care: cash benefit
Grade 1	-	-
Grade 2	689 €	316 €
Grade 3	1,289	545
Grade 4	1,612	728
Grade 5	1,995	901

Source: Table 3 in Nadash and Doty (2018)

Table 3: Monthly Benefits Paid for Institutional Care (2017)

Care level	Day and evening care	Nursing home care
Grade 1	-	-
Grade 2	689 €	770 €
Grade 3	1,289	1.262
Grade 4	1,612	1,775
Grade 5	1,995	2,005

Source: Table 3 in Nadash and Doty (2018)

Table 4: Selected Ancillary Benefits (2017)

Benefit	Amount
Short-term respite (for emergency leave)	125 €
Long-term respite: expenses up to 8 weeks (per year)	1,612
Support for LTCI recipients in shared living arrangements (monthly)	214
Initial funding for the establishment of shared living arrangements (per individual, max of 10,000 € per home)	2,500
Special supplement to nursing home residents (per year)	266
Medical supplies (per item)	40
Home modifications (per year, in individual or shared living arrangements)	4,000

Source: Table 4 in Nadash and Doty (2018)

Table 5: Out-of-pocket Cost for Major Services (1994-1999)

Service	1994-1996	January - June 1997	July - December 1997	1998	1999
Ambulatory medical treatment	0	0	0	0	0
Pharmaceuticals					
- Small pack	1.5	2.0	4.6	4.6	4.1
- Medium pack	2.6	3.1	5.6	5.6	4.6
- Large pack	3.6	4.1	6.6	6.6	5.1
Conservative dental treatment	0	0	0	0	0
Crowns and dentures (%) [1]	50/40/35				50/40/35
- People born before 1979		50/40/35	55/45/0	100% above fixed sum	
- People born after 1978		100	100	100	
Orthodontic treatment (%)	0-20	0-20	0-20	0-20	0-20
Transport to and from medical facility for inpatient treatment / emergencies (per trip)	10.2	10.2	12.8	12.8	12.8
Transport to and from medical facility for ambulatory treatment (per trip)	100	100	100	100	100
Non-physician care (%) (e.g. home nursing, physiotherapy)	10	10	15	15	15
Hospital stay and inpatient rehabilitation after a hospital stay (per day) [2]	6.1	6.1	8.7	8.7	8.7
Preventive spa or inpatient rehabilitation unrelated to hospital stay (per day)	6.1	12.8	12.8	12.8	12.8

Source: Reproduced from Table 3.6 (World Health Organization, 2014)

Notes: Costs are flat rates and reported in euros (€) unless otherwise indicated. Several rates in this table were lower in the eastern part of Germany until 1999. Children and adolescents up to the age of 18 are exempt from copayments (except for dentures, orthodontic treatment, and transportation). In addition, there is a cost-sharing cap: copayments are limited to 2% of a household's gross annual income, or 1% for people with serious chronic illnesses who received recommended counseling or screenings prior to becoming ill. There are no fees for primary care visit and specialist consultation.

[1] Percentage paid is reduced if the insured had regular annual check-ups (none or under 5 years/for last 5 years/for last 10 years)

[2] Hospital stay/nursing home stay limited to 28 days per year; 100% after 28 days (After this, LTCI coverages applies if the insured person is qualified for care grades 2-5

Table 6: Out-of-pocket Cost for Major Services (2000-2014)

Service	2000-2001	2002-2003	2004-2014
Ambulatory medical treatment	0	0	10
Pharmaceuticals			5-10 [1]
- Small pack	4.1	4.0	
- Medium pack	4.6	4.5	
- Large pack	5.1	5.0	
Conservative dental treatment	0	0	10
Crowns and dentures (%) [2]	50/40/35	50/40/35	100% above fixed sum [3]
Orthodontic treatment (%)	0-20	0-20	0-20
Transport to and from medical facility for inpatient treatment / emergencies (per trip)	12.8	12.8	5-10
Transport to and from medical facility for ambulatory treatment (per trip)	100	100	100
Non-physician care (e.g. home nursing, physiotherapy) (%)	15	15	10 (plus 10 € per prescription)
Hospital stay and inpatient rehabilitation after a hospital stay (€ per day) [4]	8.7	9.0	10
Preventive spa or inpatient rehabilitation unrelated to hospital stay (€ per day)	8.7	9.0	10

Source: Reproduced from Table 3.6 (World Health Organization, 2014)

Notes: Costs are flat rates and reported in euros (€) unless otherwise indicated.

[1] 10% with minimum 5€ and maximum 10€ (since July 2006 no co-payment if price is, as should be, at least 30% below reference price)

[2] Percentage paid is reduced if the insured had regular annual check-ups (none or under 5 years/for last 5 years/for last 10 years).

[3] Value for 2004 same as 2002-2003. From 2005, the insured pays 100% of cost above a fixed sum. The fixed sum is higher for insured with regular check-ups for 5 and 10 years, respectively.

[4] Hospital stay/nursing home stay limited to 28 days per year; 100% after 28 days (After this, LTCI coverages applies if the insured person is qualified for care grades 2-5)

Sources

This section records key sources consulted when we collected the institutional details reported in this document. Archived versions of these sources are available at the Gateway Policy Explorer website (http://g2aging.org/policy-explorer).

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Bundesgesetzblatt (1992). Gesetz zur Sicherung und Strukturverbesserung der gesetzlichen Krankenversicherung (Gesundheitsstrukturgesetz) [Act to Secure and Structurally Improve Statutory Health Insurance (Health Structure Act)]. December 21, 1992. Available in German only. [Link]

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Glossary of terms

This section summarizes key definitions from the main text. To facilitate switching back and forth, this document is designed with hyperlinks. Most PDF readers have shortcuts that permit a reader to return to the previous location after selecting a hyperlink. In Adobe Acrobat on a PC: "Alt" + "←"; In Adobe Acrobat on a MAC: "command" + "←"; In Preview on a MAC: "command" + "[".

Claimable Benefit: A pension where the beneficiary must actively file a claim for benefits with the government's pension authority.

FRG: Federal Republic of Germany, also known as West Germany

GDR: German Democratic Republic, also known as East Germany

GKV: German statutory health insurance (Gesetzliche Krankenversicherung) regulated by the Fifth Book of the German Social Code (SGB V)

GRV: German compulsory old-age public pension system (Gesetzliche Rentenversicherung)

LTCI: Germany compulsory statutory long-term care insurance (Pflegeversicherung, LTCI) regulated by the Eleventh Book of the German Social Code (SGB XI)

PKV: German private health insurance (Privaten Krankenversicherung) that may substitute for GKV

Qualified Benefit: A benefit is qualified if an individual must continue to meet certain standards, such as a means test, to continue receipt of benefits.

Version information

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Version History

- 1.0 (March 2021): First version.
- 2.0 (May 2022): Content updated and references added.
- 2.1 (August 2023): Updated format and references through 2023.

Additional resources

The following resources provide additional details for the interested reader:

Deutsche Rentenversicherung (2022). *rvRecht - legal portal of the German pension insurance*.
Available at: https://rvrecht.deutsche-rentenversicherung.de [Full link embedded due to length; Available only in German]
Features: Provides current and historical versions of SGB V, the regulation for statutory health insurance, and SGB XI, the regulation for long-term care insurance.

Other papers of interest include:

- The Commonwealth Fund (2020). International Healthcare System Profiles: Germany.
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