

The most important thing in life...

“...is to keep healthy – this wish is at the top of the list for people throughout the world.

You have probably wondered what you can do for your health and have thought about who is there to help should you fall ill.

You will have no worries with the right health insurance fund on your side; you can concentrate fully on recovering and retaining your health. With the SBK, for example.

Because we will do everything we can to make sure that you have the best possible care in future. Our daily work revolves around making sure you keep feeling good and healthy.

What this involves and what you can do for your health in Germany will be explained on the following pages.

...10 important things to know...

1. The health insurance in Germany is a part of a comprehensive social security system, which consists of sickness and nursing care funds (=statutory health insurance), a pension fund and unemployment benefit.

Instead of being a state-run public health service, our system is characterized by a close cooperation between the health insurance funds, the medical professions, hospitals and other related services. The state provides the necessary statutory framework.

The statutory health insurance funds play a very significant role, since their mandate by law is to provide comprehensive coverage to their members if they should fall ill.

Your employer automatically registers you and deducts your contributions to the state social security system from your wages. The choice of statutory health insurance fund is up to you – but you have to inform your employer of your choice within two weeks of starting work, so that your contributions can be paid.

2. All forms of statutory health insurance fund are self-governing, non-profit organizations by law, and are also legal entities under public law. Each of these forms (see below for an explanation) is responsible for balancing its own budget between member contributions as income and services to members as expenditure.

As of 1996 with the Risk Structure Compensation Act, statutory health insurance funds with a low-risk member structure (e.g. members with a low average age working in low-risk, high-paid office jobs) are required to donate financial support to funds with a high-risk member structure (e.g. members who are older, unemployed or who work in physically demanding environments).

3. The various forms of statutory health insurance fund are as follows:

- The oldest form is the company health insurance fund ("BKK", such as the SBK), some of which are over 100 years old,
- General local health insurance funds ("AOK"), formally for blue-collar workers,
- Substitute health insurance funds ("Ersatzkassen") formally for white collar employees not covered by a company fund,
- Miscellaneous forms cover other sections of the working community, such as guilds, the merchant navy or agricultural sectors.

Since 1996 these restrictions governing the choice of fund no longer apply.

4. Statutory health insurance is contribution-based (i.e. not levied via risk-premiums or taxes) the contribution rate itself is calculated as a percentage of your income.

This income level is currently 44.550 Euro p.a. (3.712,50 Euro per month) and will be adjusted yearly.

The contribution is paid by your employer (7,3 %) and you (8,2 %).

The contribution rate is fixed by the government.

5. In addition to your statutory health insurance, you are also obliged to subscribe to nursing care insurance. The nursing care insurance is with your health insurance, for example the SBK-Pflegekasse for the SBK.

The obligatory nursing care insurance contribution rate is 1,9 % for any fund, of which 50% is paid by your employer. This contribution rate applies to all insured with children. Insured without children must pay an additional premium of 0,25 % alone.

The services are rendered in kind or in cash including home care or care in nursing homes.

6. Statutory health insurance also covers any dependent children or spouse (who is not earning) at no extra cost.

7. The services provided by the statutory health insurance funds are predominantly rendered in kind, such as outpatient services, hospital care, pharmaceuticals and remedies & rehabilitation services. Insured parties are entitled to any services and benefits within the legal parameters set by German law. (Social Security Code, Book V). There are no geographical limits to accessing these benefits within Germany, but there are differences between the service levels offered by individual health insurance funds.

8. Under statutory health insurance, you are basically free to choose your health care provider, unless you decide to join a specific scheme, such as a quality network of doctors (general practitioners and specialists), which are currently piloting new ways of organizing health care in Germany.

9. All insured parties have access to all accredited health care providers. The main health providers are as follows:

- Doctors/dentists: General Practitioners and specialists can be consulted, although usually the GP will be responsible for referring the patient to a specialist or hospital. (also see "Treatment by a doctor")
- Hospitals: all levels of hospital care (primary highly specialized care) are covered. Hospital care is usually provided on referral by a GP or a specialist, or directly in case of emergency. (also see "Hospital Treatment")
- Pharmaceuticals and prescription medicine are available in pharmacies only, with a contribution of 10% of the price (min. €5 max. €10).

Almost all health care providers and institutions are accredited by the statutory health insurance funds. Alternative health providers are not covered by statutory health insurance.

10. Private insurance cover (i.e. non-statutory health insurance) is by law only available to those whose income is above the national average (see above 4).

This can take the form of supplementary or comprehensive insurance, which is provided by profit-based insurance companies, and is based on a cost reimbursement principle.

This does not cover any further family members, and once you have signed up for private health insurance, you are by law no longer allowed to become a member of a statutory health insurance fund.

“More health for your money”

This claim is backed up by more than 100 years of experience at the SBK (Siemens Company Health Insurance Fund). You get the complete range of services of a statutory health insurance at a fair price – plus some convincing extras and special services. Represented throughout Germany in over 100 offices, the SBK offers an all-inclusive service that helps you not only to recover from your illness, but also to keep healthy; competent, customer-friendly and individual.

Your family is automatically covered

Your spouse and children obtain free health insurance through your membership, as long as they are dependent and do not have their own income.

Treatment by a Doctor

As an SBK member, you should obtain state-of-the-art treatment. You are free in your choice of doctor. We pay the costs of every ambulant treatment regardless of the time it takes. The treatment is free of charge for you – just give the doctor your SBK membership card.

The SBK also pays for a variety of natural and homeopathic remedies – on condition that these are prescribed by an accredited doctor.

Only the first visit to a doctor is €10 per quarter. Check-ups for cancer are exempt.

Our advice: if you have to consult several doctors: Ask your GP to refer you to his colleagues (specialists). This way, you will only have to pay €10 to your GP.

Hospital Treatment

We cover the costs for stationary treatment in all accredited hospitals without setting a time limit. Generally you will be referred to a hospital by a general practitioner or specialist; in case of emergency you can also access the hospital directly.

Over 18? Then you are by law obliged to pay €10 per day up to 28 days per year towards the cost of treatment.

Dental Treatment

You are also free in your choice of accredited dentists. Our main priority is for you to keep your natural teeth. We also contribute to the costs for crowns, bridges and extractable replacements.

Health insurance subsidizes a fixed amount of so-called “diagnosis-oriented” costs.

Before you receive dentures the dentist will draft a treatment plan and cost projection.

This plan has to be approved by the SBK before treatment and you will see how much we pay and what is your own share.

Preventive check-ups should be carried out once every six months for members between 6-18 years of age, over 18 years olds should go once a year.

Your dentist will give you a booklet in which to log these visits. The SBK pays for 80% of orthodontic work for children – and even up to 90% of more than one child is being treated. The remaining 20% - or 10% - are reimbursed once the treatment is properly concluded.

Your first visit to a dentist is €10 per quarter. Check-up examinations are exempt.

Pregnancy and Maternity

The SBK provides comprehensive support before, during and after the birth of your child. We pay for the doctor and a midwife as well as covering the costs of your stay in hospital for the birth. By the way – any medicine prescribed for your pregnancy is completely free of charge.

During the statutory maternal leave before and after the birth of your child, the SBK covers your maternal grant. You receive either an amount corresponding to your sick pay, or an amount corresponding to your net pay (this is a combination of maternal grant and subsidy from your employer).

Preventive Medicine

Women from the age of 20 and men of 45 upwards should have a check-up for cancer once a year, which is covered by the SBK. In addition to this we also pay for a complete examination once every two years for everyone over 35, focusing on illnesses such as diabetes, cardio-vascular and kidney dysfunctions.

Prescription Medicine

Your doctor decides which medicine to prescribe. We cover most of the costs, but according to German law the patient is required to pay a prescription fee of 10 % of the costs (minimum € 5, maximum € 10). Our advice: For certain medicines, mail order pharmacies offer better terms – it is worth to shop around. You are not obliged to pay more than the actual price of the medicine, however, should it cost less than the fee.

Under 18 years olds and low-income households are exempt from prescription fees.

Inoculations

All inoculations necessary for Germany are covered by the SBK.

Glasses and Contact Lenses

Glasses and contact lenses are not covered by the statutory health insurance. The costs are only covered for children less than 18 years-old and severely visually impaired persons.

Contraception

We cover the costs for medical treatment and examinations dealing with contraception, as well as for contraceptives for youngsters, depending on their age.

Household Help

Lying in hospital or ill at home and can't do your household chores? Under the right conditions, the SBK can even pay for a domestic help. Our statutes make sure that we make the most of the legal opportunities.

For this, only 10 % per calendar day must be paid (min € 5 max. € 10).

Health Spas and Rehabilitation

The SBK program includes stationary preventive and rehabilitation measures, mother-child courses as well as preventive and convalescence courses of treatment.

An additional payment of € 10 per calendar day must be paid directly to the clinic.

Of course we continue to look after you after rehab treatment .Our health advisers organize the after-care and any necessary aid as well as a carefully planned reintegration into your working life.

For any medically necessary preventive outpatient health spas, the SBK is able to contribute €13 to any additional costs. The SBK also covers the costs for medical treatment, as well as any medically necessary applications (e.g. massages).

For more information please consult our website at www.sbk.org