

We inform you

# Your Road to a Cure

Outpatient and inpatient care and rehabilitation services are still obligatory benefits for statutory health insurers, despite the most recent health care reforms. Both types of rehabilitation services typically last for three weeks. Inpatient measures can, as a rule, be repeated after four years and outpatient measures after three years. If it is medically necessary, however, longer treatments and more frequent repetitions are possible. If you are considering treatment, it is worthwhile discussing with your general practitioner whether you should consider outpatient or inpatient treatment.

In the case of an outpatient preventive or rehabilitation treatment, the health insurance companies bear the costs for the rehabilitation doctor, the prescribed medicines and the treatment remedies. In addition, you will generally receive a subsidy of up to €16.00 for lodging and visitors tax.

For insured persons over the age of 18 the statutory co-payment rules apply, i.e. for treatment materials 10% of the costs of materials plus €10.00 for each prescription, for medicines 10% of the costs, minimum €5.00, but maximum €10.00, as well as €10.00 co-payment per day of treatment.

Where the treatment is post-acute care, e.g. after a hospital stay, the co-payment of €10.00 per day is limited to 28 days per calendar year. Co-payments already made to the hospital are credited.

For inpatient care the full costs are covered by the health insurer. If you have already been admitted to a care facility, in this case, too, the personal co-payment for each day of treatment is €10.00, in which case, for follow-up treatment, this only has to be paid for a further 28 days. In the latter case, the co-payment already paid in the hospital is credited.

This is how it's done

- Obtain an application form from your health insurance company
- Fill out the form with the help of your family doctor
- Submit it to the health insurance fund for review
- Assessment by the medical department of the health insurer to check whether the treatment is medically necessary
- Approval of the treatments

If your application is declined, you have the option of lodging an appeal. Your local VdK branch will be happy to help you with that.

If you are still of working age and your employment capacity is impaired, your pension scheme can, incidentally, be required to meet costs.

Caution: in this instance you have only limited influence on the place and duration of treatment. And in this case, too, you must make a co-payment for each calendar day to a maximum of €10 for a maximum of 42 days. The exact amount of the co-payment depends on your income. For rehabilitation following hospital treatment you pay for 14 days at most. However, if, at the time of application, you have not yet reached the age of 18 or are the recipient of basic cover, you do not have to pay a fee.

If you have any questions, you can feel free to contact any VdK office.