

We inform you

Are you in need of care? From Application to Service

As compulsory insurance, social long-term care insurance offers partial coverage for the risk of long-term care. There are financial, equipment and service benefits.

Their scope depends on the type of care and the degree of independence and abilities and the dependence on human assistance in six relevant areas of basic lifestyle.

Who is in need of care and receives a care grade?

A person in need of care is someone, who for a period of at least six months displays a particular impairment of their independence and for that reason requires help from another. The person concerned must not be able to independently compensate for or manage physical, cognitive or psychiatric impairments or health-related burdens or demands.

To determine the care grade 1 to 5, the care assessor, together with the „New Appraisal Assessments/[Neuen Begutachtungs-assessments] (NBA)“ assesses what the person in need of care can achieve themselves and where they require personal help and support in everyday life. In doing so, the areas of mobility, cognitive and communicative abilities, behaviours and psychological problem areas, self-care, handling of health/therapeutic demands and burdens, as well as organisation of daily life and social contact, are taken into account.

What benefits are awarded?

	Outpatient services		Full inpatient care Services	Day/ night care	Tax benefits § 45 b
	Care allowance	Benefit in kind			
Care Grade 1	-	-	125 €	-	125 €
Care Grade 2	316 €	689 €	770 €	689 €	125 €
Care Grade 3	545 €	1.298 €	1.262 €	1.298 €	125 €
Care Grade 4	728 €	1.612 €	1.775 €	1.612 €	125 €
Care Grade 5	901 €	1.995 €	2.005 €	1.995 €	125 €

In addition: Claim to care advice, respite and short-term care, care equipment and home environment improvement measures up to €4000.

Social Security for Carers

For carers not employed for more than 30 hours per week in addition to providing care and who care for a person requiring care for at least 2 days per week, contributions are paid to a statutory pension scheme by the care scheme provider on application. The amount of the contributions is based on the care grade and the services that are claimed. In addition, contributions are paid to statutory unemployment insurance, if the carer was subject to compulsory insurance immediately before becoming a carer. In addition, the carer duties are protected by statutory accident insurance.

This is how it's done:

- Request an application form for the desired benefit from the care insurer at the care benefit provider or download it from their website
- Fill out the form with the assistance of a VdK adviser
- Submit it to the care provider for review
- Approval by the medical department of the health insurer
- Decision by the care provider based on the care grade determined and the requested care insurance benefit

If your application is declined or the grade determined is too low, you have the option of lodging an appeal. In addition to legal advice, we undertake the drafting of an application for our members and also carry out any appeal or complaint procedures where necessary.