Bundesministerium
für Gesundheit

Ethno-
Medizinisches
Zentrum e.V.

Health for all

A guide to the German health care system

Englisch

Health for all

A guide to the German health care system

Contents

1 Health insurance 5
- Statutory health insurance (GKV) 5
- Private health insurance (PKV) 9

2 Medical care 10
- Medical care provided by doctors 11
- Oral health care provided by dentists 15
- Pharmacies and medication 16
- Medical care in hospitals 18

3 Emergencies 24

4 Prevention 27
- Vaccinations 27
- Preventive health checks and screening 28
- Health checks for children and adolescents 35
- Women's health 36
- Pregnancy and childbirth 36
- Drug and addiction services 38
- Viral Hepatitis 39
- HIV infection and AIDS 40

5 Care insurance 42
- Domiciliary care 43
- Residential care 44
- Relatives providing care 44

1 Health insurance

Statutory health insurance (Gesetzliche Krankenversicherung, GKV)

Germany has two forms of health insurance: statutory (Gesetzliche Krankenversicherung, GKV) and private (Private Krankenversicherung, PKV) health insurance. Approximately 90 percent of the population, ca. 70 million citizens in total, are members of statutory health insurance funds (GKV), providing them with comprehensive and high-quality medical care. As a member of a statutory health insurance fund, you pay a monthly premium to the health insurance provider. Up to a certain maximum, the premium depends on your monthly income. Your employer contributes an additional amount.

Independent of the premium paid, and regardless of sex, age or health status, all members receive medically necessary health care benefits on an equal basis. This principle of solidarity is fundamental to the concept of statutory health insurance in Germany.

If you become ill or have an accident and seek treatment from a doctor or in hospital, your health insurance fund covers the cost of your treatment. For some health care benefits, members of statutory funds must pay a share of the cost. These are called 'co-payments' (Zuzahlungen). Children and adolescents are exempted from almost all co-payments. The health insurance fund also pays for prescription-only medications ordered by your doctor. If you can't work because of an illness, a doctor will issue you with a medical certificate confirming you are unfit for work (Arbeitsunfähigkeitsbescheinigung). It consists of several parts. You submit the first part to your health insurance fund. Part 2 of the medical certificate does not contain any diagnoses, and this is the version for submission to your employer. The third part is for your own records. If you are certified unfit for work, your employer will continue to pay your remuneration for up to six weeks. After that you may receive sickness benefit (Krankengeld) from your health insurance fund.

Who is covered by statutory health insurance?
Statutory insurance membership is compulsory for all employees whose annual income is below the compulsory insurance threshold (Versicherungspflichtgrenze). Apprentices/trainees, job seekers, students, pensioners, artists, and journalists/authors are in principle also subject to compulsory membership with a statutory health insurance fund (GKV).

Family members with no or a low income are covered free of charge. Children are covered only up to a certain age. This age limit depends on whether your children are still participating in education. Children with disabilities are covered without age limit if they are unable to earn a living because of their disability.

The self-employed and employees whose gross annual income exceeds the compulsory insurance threshold, as well as public officials, can become members of a private health insurance fund (Private Krankenversicherung, PKV) or – under certain conditions – voluntary members of a statutory health insurance fund (GKV).

Free choice of fund
You can choose your health insurance fund freely. Premiums are identical for all statutory health insurance funds. In addition, members must pay a surcharge (Zusatzbeiträge). The surcharge may vary from fund to fund. Some funds may also offer concessions on surcharges. Find out first which health care benefits your health insurance fund covers, and which benefits you may, in some cases, have to pay for yourself.

There are also health insurance funds that reward their members, for example for attending health checks and health education courses. It therefore pays to compare the individual benefits and services offered before selecting a health insurance fund.

You can change your health insurance fund. To do so, you select and become a member of a new fund. The new health insurance fund will inform your previous fund of the changeover. In principle, you must remain with a chosen health insurance fund for 12 months.

Health care benefits covered by statutory insurance
Statutory health insurance pays for health care that is "sufficient, appropriate and economic". This can also mean that there are certain types of treatment that you have to pay for. These include, for example, single rooms, or treatment by senior consultants in hospital.

The most important health care benefits covered by statutory health insurance (GKV) include:

- Medical treatment and prescribed medications
- Hospital treatment and rehabilitation
- Support from a doctor and a midwife during pregnancy and childbirth
- Child and adult preventive health checks and screening
- Recommended vaccinations
- Dental check-ups and dental treatment
- Psychotherapy
- In certain circumstances, domiciliary nursing care or palliative support
- Allied health care (Heilmittel), such as physiotherapy and occupational therapy, and medical aids (Hilfsmittel), for example wheelchairs, hearing aids, prostheses
- Sickness benefit (Krankengeld) to cover living expenses (also for members who need to care for their sick children).

As a member of a statutory health insurance fund, you can take out additional cover with a private health insurance fund for certain benefits. These may include, for example, treatment by senior consultants, the entitlement to a single room in hospital, and full cost coverage for dental prosthetics and corrective lenses. Important: You must pay for any additional insurance cover yourself. Employers do not contribute to the cost of additional private health insurance cover.

Co-payments/own contribution
With some types of health care costs, you must contribute a co-payment. For example, statutory health insurance (GKV) pays for prescription-only medications. However, members must contribute a co-payment. You also have to make co-payments for accommodation and care provided in a hospital, allied health care and medical aids, domiciliary nursing care, and travel costs.

In order that you are not placed under financial stress, these are limited to two percent of your annual gross income, and in case of chronic illness to one percent. Children and adolescents under the age of 18 years are exempt from co-payments, except for travel costs. Special regulations also apply to people on low incomes. Please ask your statutory health insurance fund.

If you exceed the annual co-payment threshold, you will be exempt from further co-payments until the end of the calendar year. You should therefore collect the receipts, for example using the receipt booklet you can obtain from your health insurance fund, and submit them to the fund. The health insurance fund must issue you with the co-payment waiver.

A payment called ‘own contribution’ (Eigenanteil) applies when the patient would have had to buy a product in its basic form even without it being medically necessary. For orthopaedic outdoor shoes, for example, you must contribute 76 euros per pair.

Private health insurance (Private Krankenversicherung, PKV)

Private health insurance (Private Krankenversicherung, PKV) must be taken out by those who are not members of statutory health insurance (GKV) and neither have any other type of health cover, for example under the Asylum Seeker Benefits Act (Asylbewerberleistungsgesetz). This includes, for example, most self-employed, small business owners, freelancers, and public officials, as well as employees with incomes above the compulsory social insurance threshold.

Private health insurance premiums are not calculated according to income, but according to the risk of becoming ill. Premiums vary depending on age and health status at the time of taking out private health insurance. Insurance premiums also depend on the health care benefits to be covered. The insurance contract may, for example, contain agreements about dental prosthetics, treatment by senior consultants, or entitlement to a single room in hospital.

However, each private health insurance fund must also offer a form of basic cover (Basistarif), which provides health care benefits that more or less match those of statutory health insurance. Private health insurance funds are not permitted to reject an application for basic cover on the basis of existing medical conditions or acute illness.

Normally, you must pay separate premiums for family members. Those with private health insurance cover must generally pay for seeing a doctor, and for hospital and medication costs upfront, and are fully or partially reimbursed later.

2 Medical care

The electronic healthcare card

Important:

Please always bring your electronic healthcare card (elektronische Gesundheitskarte) with you when accessing health services.
Since the 1st of January 2015, this card is the only valid proof of entitlement for accessing statutory health care benefits. Your name, date of birth, and your address, as well as your health insurance membership number and your insurance status (member, covered family member or pensioner) are the mandatory details saved on the electronic healthcare card. The electronic healthcare card also includes a photograph of you.

Sample of a healthcare card

Medical care provided by doctors

In Germany, you can choose your doctor freely. If you have statutory health cover, you can choose among the doctors who are registered contracted health care providers. This is the case with most doctors in private practice. Please see the notices provided on practice signs, such as “Patienten aller Kassen” (members of all health funds welcome) or “Alle Kassen” (all funds).

Important:

Look for a general practitioner (this may be, for example, an internal medicine specialist practicing as a general practitioner, or a general practice specialist) near your place of residence who can be your family doctor and first port of call when you are ill or have health complaints. If you always go to the same family doctor, it will become easier for you to look after your health together.

If it is necessary, your family doctor will refer you to a medical specialist (for example an ear-nose-throat specialist, or an orthopaedic surgeon). If you are ill, you can also go directly to a medical specialist’s practice. There, smaller operations and special treatments can be performed without the need to go to hospital.

Visiting the doctor

If you are acutely ill or have health complaints, make an appointment for a consultation with your family doctor. You can also visit your doctor without an appointment, but this may lead to lengthy waiting times. It is therefore always preferable to call the practice beforehand and to mention your health complaints. If you are so unwell that you cannot go to the doctor’s practice, ask if the doctor can examine you at home.

If you still can't reach your doctor (for example outside of practice hours), you can also contact the appointments service of the associations of contracted practitioners (TSS, Terminservicestelle TSS der Kassenärztlichen Vereinigungen).

The TSS, or the on-call medical service (ärztlicher Bereitschaftsdienst) operating under the same phone number will refer to the appropriate medical care based on an initial telephone assessment. Referrals may be to a medical practice that is open at the time, an on-call medical practice, the emergency outpatient clinic of a hospital, or, in cases where this is appropriate, a medical consultation by telephone. You can find additional information on this topic in the 'Emergencies' section of this guide.

You can also contact the TSS if you are looking for a general practitioner or child and youth health specialist to provide your long-term medical care.

The TSS can also provide assistance when you need an appointment with a medical specialist. However, you will usually need a referral from your general practitioner.

In any of these situations, you can reach the TSS appointment service every day and around the clock on 116 117.

In addition, the TSS is also available electronically, for example online at www.116117.de, online at www.116117.de/de/leichte-sprache.php, or via the 116117.app

If you don't speak German very well, you can bring a person who will interpret for you. You can also arrange to be accompanied by family members or friends who understand German better. Please note that your statutory health insurance fund will not cover the cost of interpreting. Directories of multilingual doctor's practices are available. For example, you can find a regional medical directory on the internet pages of the federation of contracted medical practitioners (Kassenärztliche Bundesvereinigung). It is also available as an app for iOS and Anroid, just look for 116117.app

Professional confidentiality

Important:

In Germany, doctors and practice personnel are not allowed to pass on information about you, your health status, or your family to others. This means that you can openly talk with your doctor about anything you may be concerned about. This is an important foundation for the trust between you and your doctor. Without your express consent, your doctor will not inform your (married) partner, other members of your family, or any other person.

The medical consultation

Take your time to explain why you have come to see the doctor and what your health complaints are. Take care to ensure that your doctor and you understand each other. Ask for clarification if anything is unclear. If a doctor asks you whether you smoke, drink alcohol, exercise, or about your diet, please offer this information, as it is very important to help the doctor to treat you quickly and, which is most important, correctly.

If you have questions regarding medications prescribed by your doctor, please raise this topic with him or her. It is especially important that you take your medications exactly as recommended. The staff at the pharmacy where you obtain your medication can also help you

with these questions. Please inform your doctor if you get a bad reaction to the medication, or if you have forgotten to take it. The doctor can only ensure that you receive quick and reliable help using different medication or a different type of treatment if you tell her or him about it.

Your doctor should inform you about:

- The illness you presumably have
- Which treatment he or she recommends
- How the treatment works, how long it will take, what the risks are, and whether it involves pain
- Whether the treatment only eases the symptoms or cures the illness itself
- Which other types of treatment are available
- Which screening tests you are due for.

Important:

- You can help your doctor or dentist by preparing for your visit. You can, for example, write down the health complaints you are experiencing, which medications you are taking, and which doctor has examined or treated you previously. You can also note down the questions you want to ask your doctor.
- If you have a vaccination passport (Impfpass) or allergy passport (Allergiepass), please bring them with you. You can also bring x-ray images if necessary.
- Always take your dental bonus booklet (Zahnarzt-Bonusheft) to your dental check-ups at your dentist's practice.
- If your statutory health insurance fund offers certain bonus schemes, also bring along your prevention and screening bonus booklet when you attend preventive health checks and screening.

Oral health care provided by dentists

Your statutory health insurance fund covers the total cost of measures to preserve your natural teeth. This also applies if your teeth cannot be preserved and must be extracted.

Healthy teeth contribute to quality of life. This is why regular preventive dental check-ups are important – even if you don't have any dental complaints. Statutory health insurance funds cover the cost. These examinations help to detect and treat certain diseases early. You can obtain a bonus booklet (Bonusheft) from your health insurance fund, in which the preventive dental check-ups are recorded. If you can prove that you have been to the dentist for a check-up at least once every year (at least once every six months for those who are under 18 years old), statutory health insurance funds will make a larger contribution to the cost of dental prosthetics, should they become necessary.

This is what a bonus booklet looks like.

Dental prosthetics
Dental prosthetics include crowns, bridges, and dentures. Statutory health insurance funds contribute, depending on the diagnosis, a fixed subsidy (Festzuschuss) to the cost. This means that the health insurance fund covers 60 percent of the cost of medically necessary measures. If you have attended a dental check-up at least once per year for the last five years (bonus booklet!), the subsidy increases to 70 percent, and to 75 percent after ten years.

Costed care plans
Before you receive dental prosthetics, the dental practice will draft a costed care plan (Heil- und Kostenplan). The plan will also include dental care benefits beyond those deemed medically necessary, but which have been recommended by the dentist or requested by you. If you choose a more expensive version of dental prosthetics, you must cover the additional cost yourself.

Only sign the costed care plan when you are certain which parts will be covered by health insurance, and which components of the treatment you will have to pay for yourself.

After the treatment, you will receive an invoice for the cost component that you have to pay for yourself. This component is called own contribution (Eigenanteil). If you are on a low income, ask your health insurance fund about their financial hardship concessions (Härtefallregelungen) before you begin receiving the treatment: people on a low income may be entitled to a higher subsidy for dental prosthetics. In such cases it is important to clarify with your health insurance fund beforehand whether your own contribution can be reduced.

Pharmacies and medication

You can obtain medication and many types of medical supplies (for example wound dressings) in pharmacies (Apotheken). Pharmacies are identified by a large letter A above the entrance, and are open during normal business hours. During the night and at weekends, there is always one pharmacy on call in each local area. You can find out which one, for example via the internet (search for 'Apothekennotdienst'). The overnight and public holiday on-call rosters for your area are also displayed on the doors of pharmacies.

You can obtain certain prescription-only medicines (verschreibungspflichtige Arzneimittel) at pharmacies only upon presenting a doctor's prescription (Rezept).

At the pharmacy, you will also be informed about when and how you must take the medication. Sometimes, the pharmacy has to order certain medications in. In this case, the pharmacist will tell you when you can return to pick up your medication.
If you are unable to pick it up yourself, you can ask if the pharmacy is able to deliver the medication to your home.

Statutory health insurance will only pay for medication prescribed by a doctor using the red prescription form. Special regulations apply, for example, to strong painkillers; these must be prescribed using a special narcotics prescription form.
In general, you have to pay ten percent of the cost of prescribed medication (at least 5, and at most 10 euros). This is your co-payment (Zuzahlung).

Examples:
- For medication that costs 20 euros, you pay 5 euros.
- For medication that costs 80 euros, you pay 8 euros.
- For medication that costs 120 euros, you pay 10 euros.

In any case, you never pay more than the price of the medication.

Exempted from co-payments are:
- Medications for children under 18 years
- Medications prescribed in connection with pregnancy or childbirth.

If you have statutory health insurance cover, the pharmacy will invoice the insurance fund directly. You only pay the mandatory co-payment. Some medications are also available in versions called ‘generics’ (Generika). Generics are medications with the same composition of active ingredients as the original versions. You can ask your pharmacist about them. For some of these generic medications you don’t have to make a co-payment.

This is what a prescription may look like.

Medical care in hospitals

You will only be treated at a hospital if the care that can be provided at your doctor's practice is not sufficient for your needs, or in case of an emergency. If you have statutory health insurance cover, you cannot be treated at a private hospital.

Prescribing hospital treatment
Your doctor will determine whether you need to be treated in hospital and refer you there. This is done using a hospital admission referral (Einweisungsschein), which you must bring to hospital with you. On the referral, your doctor will also indicate which hospital is appropriate for carrying out the required treatment. Please note that you may incur a cost if you go to a different hospital for your treatment than the one indicated on the referral.

Hospital agreement
If you have to stay in a hospital for treatment for several days, you will make an agreement with the hospital. In most cases, the agreement is made in writing. This means that both you and the hospital will sign.

What does the agreement deal with?
- Your treatment by specialist medical personnel
- Your care through trained nursing personnel
- Your accommodation and meals.

What does statutory insurance pay for?
- Necessary medical treatment
- Accommodation and meals.

What do you have to pay for?
- The daily co-payment (10 euros). This only applies to adults, and only for up to 28 days per calendar year (= 280 euros). You don't have to make this co-payment if you are staying in hospital to give birth.
- Treatment by a senior consultant or accommodation in a single room.

Important:

If you have additional private health cover for these kinds of additional services, you should bring confirmation with you. Sometimes you have to pay substantial costs upfront – even before treatment – which your health insurance will reimburse you afterwards.

Only sign the agreement with the hospital if you have understood it, and ask to be given a copy. Please ask for clarification if anything is unclear. Let friends and relatives help you who speak German well.

At the hospital

Before treatment begins, the hospital doctor will have a detailed conversation with you to take your medical history (Anamnese). This is about what kinds of medical issues you have dealt with in the past, for example previous illnesses or operations, as well as life circumstances that could influence your health or your medical treatment. This information is important for the doctor to be able to help you quickly and in the right way.

Remember: without your consent, none of the hospital personnel is allowed to pass on any information from these conversations to other people. Only you decide whether, for example, your married or registered partner, your family, or your friends can be given information, and who should be called in an emergency.

Important:

- Always bring important documents, for example your electronic healthcare card, doctor's referral, vaccination passport, and allergy passport with you to the hospital. If you have made written provisions for the future, such as an advance care directive (Patientenverfügung) or lasting power of attorney (Vorsorgevollmacht), please bring these with you also.
- Also bring personal items such as clothing, important telephone numbers, and some money. Other valuables are best left at home.

Frequently used medical tests
Certain tests are frequently performed when in hospital. These include blood tests and checking the heart. They may also include x-ray examinations. Ask for clarification if you don't understand why certain tests are being scheduled. It may also be the case that you have to give your own blood ahead of an operation.

Before an operation
Before any operation, the doctor is obliged to inform you in detail about the potential benefits as well as the risks. You cannot be operated on unless you have signed a declaration of consent (Einverständniserklärung). The type and steps of a planned operation are described in this declaration. Your signature on the declaration is a prerequisite for the treatment to be carried out. Please ask for clarification if there is anything you don't understand.

An anaesthetist (Anästhesist/in) will be responsible for your pain relief during the operation. He or she will talk you through this procedure before the operation. Ask to have everything explained that is important to you, and only sign when you have understood it all.

Remind the personnel to use plain language – ask to have all specialised words explained to you! If you or your relatives don't speak sufficient German in order to understand the information, please expressly ask for an interpreter (Dolmetscher/in). If interpreting is needed in order for you to understand the pre-operation information, the hospital must cover the cost.

Also ask what you have to be careful about before and after the operation. It is necessary for the success of the operation and your recovery that you have understood all instructions and adhere to them. This is especially true if you return home immediately after an operation. If you are in a lot of pain after an operation, inform the hospital personnel immediately.

Hospital routine
Your medical treatment as well as your accommodation and meals are taken care of while in hospital. In hospitals, meals are served at set times. If your relatives still bring you food, please ask the hospital personnel whether and when you can eat it – because after certain operations you may only be able to tolerate particular foods. If you don't eat meat, or don't want to eat particular foods for religious reasons, please indicate this during admission.

You also don't have to bring your own bedding. However, you should bring personal items such as pyjamas, bathrobe, tracksuit, toiletries for your personal care, glasses, hearing aid etc.

Your relatives can of course come to visit you, but please note the visiting hours of your hospital. Please understand that during such visits, the interests of other patients – who might, for example, need a lot of rest after an operation – must also be considered. Respecting the needs of others in this way is especially important in a hospital. Therefore, to be with your visitors, please leave the room as soon as you feel able to, and go, for example, to a visitors' lounge, the cafeteria, or into the hospital grounds.
Most important: only allow your relatives as many visits as you are able to cope with yourself.

The medical personnel will visit you once per day to see how you are and to decide if additional treatments may be required. These visits are called 'rounds' (Visite). The rounds are your opportunity to ask questions.

Important:

Please say so if you don't want your health to be discussed or your wounds to be examined in the presence of others. In many hospitals it is possible to be examined in private.

Before you leave hospital, ask how your treatment will be continued. It may be the case, for example, that you require certain medications, or that you need to keep a diet. You may also need to visit your family doctor's practice for follow-up treatment. In general, the hospital's social work staff will ensure that you receive uninterrupted medical and nursing care after being discharged from hospital. You will also receive a letter containing the most important information for your family doctor.

3 Emergencies

An emergency is any possibly life-threatening illness or injury for which you need immediate medical care. Emergencies include high fever, broken bones, head injuries, accidents involving serious injury, strong bleeding, severe burns, shortness of breath, poisoning, loss of consciousness, suspected heart attack, and signs of a stroke (for example sudden weakness, difficulties speaking, numbness, and paralysis).

Important:

- If you think a situation is life-threatening, for example after a severe accident, call emergency services (Rettungsdienst) by dialling the Europe-wide emergency number 112. Explain calmly and clearly where the affected person is located, what has happened, and what state the person is in. Listen attentively and answer all questions as best you can.
- If you need medical advice outside of or during practice hours (for example in case of acute but not life-threatening symptoms) and can't wait to reach your family doctor, you can also contact appointment services (Terminservicestellen, TSS) by dialling 116 117 or online at www.116117.de/de/leichte-sprache.php. There, you will be put through to the on-call service of the associations of contracted practitioners (ärztlicher Bereitschaftsdienst der Kassenärztlichen Vereinigungen) – including at night, at weekends and on public holidays.
  This number works without a prefix throughout Germany and is free of charge – no matter whether you are calling from a fixed line or mobile telephone.
  You can find additional information about TSS appointment services under the heading 'Visiting the doctor' in this guide.

Especially when you have family, it is good to know what you can do before professional help arrives. You can learn this in first aid courses. Many associations and educational institutions offer such courses. The things you learn in these courses can be of crucial importance in an emergency – for others and for you.

Resuscitation – Everyone can save lives!
Notwithstanding comprehensive first aid courses (Erste-Hilfe-Kurs), it is important to know what you can do when a person goes into cardiac arrest. You can save a life by applying chest compressions before emergency services arrive. The most important thing is to act. Even a few steps are enough to make a difference:

1. Check
Is the person responsive? Speak to the person directly: "Hello, can you hear me?" and touch the person (for example shake them, or apply light pain stimulation). If there is no response and the person hardly breathes, or doesn't breathe at all:

2. Call
Dial the Europe-wide emergency number 112 immediately.
Please do not hang up until the call centre operator has no further questions for you.

3. Compress
Begin resuscitation immediately, do not let any more time pass.
Place your hands – heels down and one above the other – on the centre of the person's chest.
The correct position is level with the nipples. Clothing should be removed from the person's upper body if possible.
Press down hard on the chest at a rate of 100 times per minute. It is best if you compress the chest by 5 cm each time. Keep your elbows locked to preserve your strength.
Continue until emergency services take over. If several people are present who can help, swap over after no more than 3 minutes.
There must not be any breaks in applying the compressions.

Forgetting to take your medication, needing a sickness certificate for work or a prescription, wanting to avoid waiting times at the doctor's practice, and going to hospital to give birth (unless mother or child are in danger) are not emergencies.
Hospitals are for patients who urgently need medical care. Those who don't respect this are delaying and impeding the response to real emergencies.

4 Prevention

Vaccinations

Each year even now, thousands of people become ill with dangerous infectious diseases that can be prevented through protective vaccination. Vaccinations (Impfungen) effectively protect from diseases caused by bacteria and viruses, and from their health effects. When many people are vaccinated against a certain infectious disease, it can no longer spread through the population. Ask your doctor about vaccinations – for yourself and for your children.

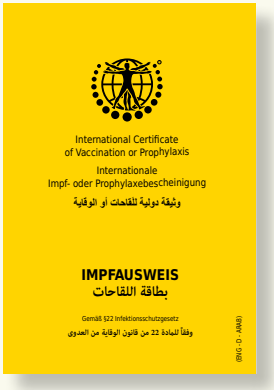
In Germany, there are recommendations about when certain vaccinations should be given. Children are vaccinated against important diseases as part of scheduled child health checks (U-Untersuchungen). Some vaccines must be given several times in order to achieve an effective level of protection, and some vaccinations must be boosted regularly in adulthood. The costs of recommended vaccinations and of some travel vaccinations are covered by health insurance.

An infection with certain types of human papillomavirus (HPV) can cause a range of cancers, among them cervical, anal, and oral cancer. The Ständige Impfkommission STIKO (Standing Committee on Vaccination) now recommends HPV vaccination for young people of all genders, beginning with the 9 – 14 year age group. Statutory health insurance funds, and usually also private health insurance funds, cover the cost of vaccination until the age of 17 years. Some also do so for older individuals by negotiation.

If you have not been living in Germany for long, have your vaccination status and that of your children checked by a doctor. The vaccinations you receive are entered into a vaccination passport (Impfpass). If you don't have a vaccination passport yet, ask for one at your doctor's practice or health insurance fund.

Important:

Please get yourself and your children vaccinated! Vaccinations protect not only you, but also your family and other people around you from infectious diseases. You are also preventing diseases such as measles, polio, whooping cough, and flu from spreading. Take your vaccination documentation with you every time you visit the doctor!



This is what a vaccination passport looks like.

Preventive health checks and screening

Your health insurance fund will cover medical examinations for children, adolescents, and adults for the purpose of detecting diseases, health issues, and risk factors early. These are called preventive health checks and screening (Vorsorge- und Früherkennungsuntersuchungen). By attending these examinations regularly, you are making an important contribution to your health. Some health insurance funds offer bonus schemes (Bonusprogramme) as an incentive to attend such examinations. Please ask your health insurance fund whether it offers any such bonus schemes.

General health check
Statutory health insurance funds cover the costs of regular health checks for members aged 18 and over.
Currently, women and men aged 18 to 34 years are entitled to a one-off general health check, and from the age of 35 years to one general health check ('Check-up') every three years for the early detection of diseases of the heart and circulatory system, diabetes, and kidney disease. All general practitioners and specialists for internal medicine can carry out this examination.

Moreover, people from the age of 35 years also have the option to get tested once for the viral infections hepatitis B and hepatitis C as part of the health check.

In addition, men from the age of 65 years are entitled to a one-off ultrasound screening test for the early detection of abdominal aortic aneurysms (pathological, balloon-like bulging of the great artery in the abdominal cavity).

In order to assess your personal risk, you will be asked about previous medical conditions, personal risk factors (for example lack of physical exercise), and the medical history of close family members. Then, the doctor will examine (for example by palpation or percussion – feeling and tapping) the entire body. The health check also includes measuring the blood pressure on the arm, checking vaccination status, and, for persons aged 35 and over, a blood test that can be used to check, among others, blood glucose and cholesterol levels.
In persons under the age of 35 years, blood tests are only conducted if the person has a corresponding risk profile, for example in case of overweight, high blood pressure, or existing disease among family members.

For persons from the age of 35 years, a urine test it also part of the health check. The test results allow doctors to recommend prevention measures to you, for example classes on physical exercise, nutrition, stress, or addiction management. The doctor's practice will issue you with a medical certificate that you can present to your health insurance fund in order to access these.

Skin cancer screening
Skin cancer is one of the most common cancers. The earlier it is detected, the better are the chances of being cured. It is therefore important that you closely observe any skin changes – especially birthmarks and liver spots – and have them examined regularly.

From the age of 35 years, you are entitled to a free skin cancer screening every two years. The aim of the screening is the early detection of the three most common types of skin cancer. They include malignant melanoma as well as basal cell and spinocellular carcinomas. During this examination, the entire skin surface of the body is examined visually, i.e. with the naked eye, in order to detect any noticeable skin changes.
Ask at your family practice if it can carry out this examination. This examination can be carried out in conjunction with the general health check. However, you can also go to a dermatologist (Dermatologe/in) for skin cancer screening.

If a suspected skin cancer is detected during screening, a dermatologist will conduct further diagnostic investigations.

Bowel cancer screening
Bowel cancer is one of the most common cancers. If detected early, there is a good chance of being cured. In most cases, bowel cancer develops unnoticed from precancerous conditions over many years. Growths on the lining of the bowel (polyps and adenomas) are cancer precursors that are still harmless. Possible bleeding from such growths during bowel movements is often invisible to the naked eye because the amount of blood is mostly very small.
Health insurance funds therefore offer women and men from the age of 50 years two different types of bowel cancer screening tests:
a test for occult blood in the stool, or a screening colonoscopy.

From 1st July 2019, statutory health insurance members from age 50 are also invited by mail to participate in screening, and informed about the tests. Additional invitations for bowel cancer screening are sent at ages 55, 60, and 65 years.

- From the age of 50 years, women and men can access a one-off consultation with their doctor on the topic of bowel cancer screening.
- Women and men from the age of 50 years can have a stool sample tested for invisible blood (occult blood test) once per year, and from the age of 55 years twice per year.
- Men from the age of 50 years and women from the age of 55 years can access a screening colonoscopy instead of the occult blood test. It is more reliable than the stool sample test.
  During a colonoscopy, the medical specialist (gastroenterologist) looks at the inside of the bowel using an endoscope.
  Cancer precursors can be removed immediately during the examination. This way, the development of bowel cancer can be prevented.
  If the colonoscopy result is unremarkable, you can access this type of examination again after no less than 10 years. Women and men are therefore entitled to two screening colonoscopies in total. However, if you don't access your first examination until after the age of 65 years, you are not entitled to a second colonoscopy.

Talk to your doctor about which of the two types of screening tests may be suitable for you, and whether he or she offers these examinations.

Important:

If you notice blood in your stool, please visit a doctor immediately.

Preventive health checks and screening tests for women:

Cervical cancer screening
Cervical cancer generally develops slowly over many years from initially harmless precursors, in most cases after an infection with certain high-risk types of human papillomavirus (HPV).

Health insurance funds cover a cancer screening test for all women from the age of 20 years. These tests serve to detect abnormalities and cancer precursors as early as possible, and to enable treatment – even before cervical cancer develops. A gynaecologist (Gynäkologe) performs this test. It is important that you trust her or him and that the practice respects its patients' modesty. When you make the appointment, please ask about how to prepare.

From 1st January 2020, women aged 20 years and over who are statutory health insurance fund members also receive written invitations regarding cervical cancer screening, and information about the tests. Additional invitations for cervical cancer screening are sent at ages 55, 60, and 65 years.

- Women aged 20 to 34 years can access an annual cytological test of a swab taken from the cervix (Pap smear). Remarkable results are followed up through the screening programme.
- Women from the age of 35 years are offered a combination test, consisting of a test for human papillomavirus (HPV) and a cytological swab, every three years. Remarkable results are followed up through the screening programme.
- From the age of 20 years, women are entitled to an annual clinical (manual) examination (palpation) of the genitals. This examination occurs – depending on the woman's age – annually or every three years in combination with the cytological swab or the HPV/cytological swab combination test mentioned above.

Breast cancer screening

Breast cancer is the most common cancer among women globally. However, the chances of being cured are very good today – in part because early detection is possible.

Women from 30 years of age have access to annual breast cancer screening by a gynaecologist. During this examination, the gynaecologist will feel for abnormalities in the breast.

Women between 50 and 69 years of age are invited in writing to a voluntary x-ray examination of the breast called 'mammogram' (Mammographie-Screening) every two years. It involves making x-ray images of the breast, which are then examined by a radiologist. Remarkable results are followed up swiftly through the screening programme. The cost of mammography screening is covered by statutory health insurance funds.

Chlamydia screening

Chlamydia infection is one of the globally most common sexually transmitted infections (named after the Chlamydia trachomatis bacterium). Men and women can be equally affected by this infection, and both can transmit the bacteria to others. Especially in women, undetected Chlamydia infection can be a cause of infertility. If an infection with Chlamydia has been detected and treated early, however, there are generally no lasting health effects. This is why Chlamydia screening (Chlamydien-Screening) is offered. Only a urine sample is needed for the test. Statutory health insurance covers the cost of one test per year for women up to the age of 25 years. Simply ask your gynaecologist for the test.

Preventive health checks and screening tests for men:

Prostate cancer screening
Prostate cancer is the most common cancer, and the second most common cause of death from cancer among men in Germany. For the purpose of early detection, statutory health insurance funds cover an annual manual examination for men aged 45 years and older. It consists of an external examination of the genitals and the prostate, as well as an examination of the lymph nodes. Please ask your family doctor if prostate cancer screening is offered, and what it involves.

Abdominal aortic aneurysm screening
The abdominal aorta (the main abdominal artery) is the largest blood vessel in the abdominal cavity. When the abdominal artery expands at a particular point and forms a larger bulge, this is called 'abdominal aortic aneurysm' (AAA). In most cases, an aneurysm will not cause any complaints and therefore remain unnoticed. In rare cases, however, the aneurysm may rupture. This can lead to a life-threatening emergency situation through internal bleeding. For the early detection of abdominal aortic aneurysms, men over the age of 65 years are entitled to one free ultrasound examination in their lifetime.
This screening is offered to men only, as they are significantly more frequently affected by abdominal aortic aneurysms than women. It has been shown that men benefit from this ultrasound screening test. Please ask your doctor if she or he offers this test.

Health checks for children and adolescents

After the birth of a child, parents receive a medical examination record for their child, which details when certain health checks are due. In general, this routine schedule consists of ten child health checks (called U1 to U9, including U7a; 'U' is short for 'Untersuchung', the German word for 'examination'), as well as the adolescent health check (Jugenduntersuchung, J1). The examinations are – as long as they are accessed within the scheduled examination periods – covered by statutory health insurance.

The first health check (U1) takes place immediately after birth. The U2 health check takes place between the 3rd and 10th day of life – at the hospital or at a paediatrician's practice. Health checks U3 to U9 are carried out at a paediatrician's practice during the period up to the 64th month of life. The adolescent health check J1 also takes place there between the ages of 12 and 14 years.
The Bundeszentrale für gesundheitliche Aufklärung (Federal Centre for Health Education, BZgA) provides detailed information on the topic of 'Früherkennung (early detection) U1 – U9 und J1' under the respective key word on its website 'kindergesundheit-info.de' at www.kindergesundheit-info.de/themen

Preventive health care for children and adolescents

- **Age 0:** Antenatal health checks during pregnancy (entered into the 'Mutterpass' maternal health passport)
- **Ages 0 to 6 years:** U1 to U9 health checks (entered into the 'U-Untersuchungsheft' booklet), examinations for the early detection of dental, oral and mandibular diseases, and a range of protective vaccinations, for example against mumps, measles, and rubella
- **From age 6:** Regular preventive dental health checks (entered into the 'Bonusheft' health insurance bonus booklet from age 12)
- **Ages 9 to 17 years:** HPV vaccination (ages 9 to 14) or HPV catch-up vaccination (ages 15 to 17)
- **Ages 12 to 14 years:** J1 preventive adolescent health check

Important:

These examinations are very important. Please attend all of them, and always bring along the examination record (U-Heft) and your child's vaccination passport (Impfpass). The examinations serve the health of your child.

This is what the examination record looks like.

Women's health

When dealing with health issues such as menstruation problems, pregnancy, childbirth, and sexually transmissible infections, women have the option of seeing a gynaecologist. Remember: your gynaecologist is also bound by professional confidentiality towards third persons.

Pregnancy and childbirth

The cost of detecting a pregnancy, preventive health checks, as well as support during the birth and afterwards, are covered by statutory health insurance. If you are pregnant, your treating doctor will give you a maternal health record (Mutterpass). The individual due dates for scheduled examinations are documented in this record. Please bring it with you when you attend each health check.

In Germany, you have the option of giving birth at a hospital, a birthing centre, or at home. However, a female or male midwife

Important:

During the pregnancy, the maternal health record (Mutterpass) is used to document all data pertaining to the progress of the pregnancy and the development of the child.

This is what a maternal health record looks like.

(Hebamme/Entbindungspfleger) who provides support must attend every birth. Even if you have not registered beforehand, you can go to any hospital that has a birthing unit to give birth. The hospital must admit you, or, if it has no capacity to admit you, help you find another birthing unit.

If you are considering a termination of pregnancy, you must first attend a family planning counselling centre (Schwangerschaftsberatungsstelle). Counselling is free of charge and anonymous (you do not have to give your name or contact details). You need written confirmation from the counselling centre to access a termination of pregnancy.

Drug and addiction services

Addiction is an illness! It is a compulsive dependency on substances such as alcohol, drugs, nicotine, and medications, but also on particular behaviours, as is the case with anorexia, and with gambling, shopping, and computer addiction.
Addiction can affect anyone, regardless of age, education, occupation, or social status. It is nothing to be ashamed of, and it has nothing to do with personal failure to seek assistance, be it for addiction counselling or treatment.

What kinds of assistance are available for addiction issues?

Professional support
Here, you are supported to find a pathway away from addiction, and its potential psychological and health effects. Paid professionals at counselling centres offer those affected and their relatives unprejudiced assistance according to the latest scientific evidence, while always respecting individual life circumstances.

Addiction self-help groups
Addiction self-help groups complement professional support services. Here, those affected use their own resources to live life in contented abstinence, and strengthen each other's skills and health status. Group members work in an anonymous fashion in some cases, and support those seeking help with a difficult situation – without fear or favour.

Addiction counselling and outpatient treatment services
There is bound to be a counselling centre or outpatient detoxification service available near you. You can obtain information and addresses for addiction counselling centres and therapeutic services from your doctor, or find it online at www.dhs.de/service/suchthilfeverzeichnis
Please do not hesitate to access these services. They are familiar with the issues and you can be sure to get help there.

Important:

Counselling centres operate **free of charge.** Confidential information shared during counselling is not passed on to the police, and some services are also **anonymous.** You can also obtain general information on the topics of addiction and drugs from these services.

Viral hepatitis

Hepatitis B and C are viral infections that are common across the globe. They cause inflammation of the liver, which can develop into liver cirrhosis and liver cancer. Individuals may be infected without their knowledge because the disease progresses without symptoms at first.

A protective vaccination exists for hepatitis B, but not for hepatitis C. However, hepatitis C can be treated with modern and effective treatments, and cured in most cases.

Hepatitis B
The hepatitis B virus (HBV) can be transmitted via blood, saliva, semen, and vaginal fluid. Common transmission pathways are sexual contact, sharing drug use paraphernalia, as well as unsterile tattooing and piercing.
HBV can also be transmitted through unsterile medical interventions and during birth. Transmission to the newborn is avoided through vaccination immediately after birth. This is why pregnant persons are tested for hepatitis B.

Hepatitis C
The hepatitis C virus is transmitted via blood-to-blood contact. Even an invisible amount of infected blood is sufficient. HCV is not transmitted via breastmilk or everyday contact.
People are often unaware that they may have hepatitis C. This can be the case, for example, if they have used drugs in the past, or when a

tattoo or piercing wasn't performed under sterile conditions. HCV was also transmitted through blood transfusions (in Germany before 1991) and health campaigns (for example against schistosomiasis in Egypt during the 1950s to 1980s).

Testing options: all members of statutory health insurance funds can get a test once as part of a health check (for example at a general practice). Hepatitis B vaccination status is also checked on this occasion. There is also the option to get tested for hepatitis C at local AIDS and drug assistance services (free of charge for those on a low income).

HIV infection and AIDS

HIV is the acronym for human immunodeficiency virus. This is a virus that attacks the body's immune system. Without treatment, it can trigger AIDS. People living with HIV can be treated effectively using medication, and then also can't pass the infection on to others. A vaccine is not yet available.

HIV can be transmitted via blood, semen, vaginal fluid, and breast milk. Unprotected anal and vaginal intercourse, as well as sharing needles and syringes during drug use, represent a high level of risk. Transmission during birth and breastfeeding can be prevented using medication.

If you don't know whether you have contracted HIV, get an HIV test. You can find relevant contact points online at www.aidshilfe.de/hiv-test#wo-kann-man-sich-auf-hiv-testen-lassen Public health authorities (Gesundheitsämter) also offer testing options.

If you just had a high risk for HIV transmission, the immediate emergency 'post-exposure prophylaxis (PEP)' treatment can prevent infection. It is best started immediately, or at least, if possible, within 24 hours. Further information and contact points are available online at www.aidshilfe.de/PEP

Protection from infection with hepatitis B and C, HIV:

- Safer Use: no sharing of drug use paraphernalia
- Tattooing and piercing only under sterile conditions
- Safer Sex: condoms during sexual intercourse
- Protection through preventive HIV medication: HIV pre-exposure prophylaxis (PrEP) – information available online at
  www.aidshilfe.de/hiv-prep
  www.bundesgesundheitsministerium.de/terminservice-und-versorgungsgesetz/prep.html

5 Care insurance

When people need long-term care, care insurance (Pflegeversicherung) supports those to be cared for as well as their relatives.
All statutory health insurance members automatically have care insurance. Those with private health insurance must obtain compulsory private care insurance.
In contrast to statutory health insurance, however, care insurance only offers partial cover. This means that it only covers the cost of care to a certain degree. If you are under financial stress, you will receive support as part of social security (Sozialhilfe).

Depending on whether the actual care is provided by relatives or professional services, you will – after lodging an application with the care insurance provider – receive either a care allowance (Pflegegeld) and/or a care package (Pflegesachleistungen).
The level of benefits you receive is governed by legislation, and increases with the care level (Pflegegrad). To receive these benefits, a minimum qualifying period applies. In some cases, insurance qualifying periods accumulated in other countries may be taken into account. Please ask your care insurance provider for details.

The medical service determines the care level by conducting a care needs assessment. There are five care levels in total. The allocation of a care level depends on how severely a health-related impairment affects a person's independence or capacity. A person is in need of care if he or she can no longer (or only with the help of others) live independently in one or more areas of their life. The care need must be expected to persist over a longer period – for at least six months.
Also assessed is whether a person's independence may be maintained or improved through preventative or rehabilitation measures.
The care need must be longer-term – for an estimate of at least six months. The assessment also checks how the person's independence may be improved or maintained through preventive or rehabilitation measures.

Before, but also at any time after lodging an application with a care insurance provider, you can get advice at local care checkpoints (Pflegestützpunkte). They are staffed by experts who will not only provide information to those in need of care and their relatives, but also support and give practical assistance.
Other providers may be responsible for beneficiaries of social security provisions (for example under the Asylum Seekers Benefits Act, or as recipients of the social security benefit).

Domiciliary care

The aim of domiciliary care is to enable independent living – as far as possible.
People in need of care who would like to ensure care provision at home with the help of relatives or other volunteers receive the care allowance (Pflegegeld).
If ensuring the provision of care yourself is not possible or desired, domiciliary care services take on care and support at home.

If you have been allocated a care level between 2 and 5, you are entitled to a range of services such as support with personal hygiene and domestic duties. Licenced care service providers carry out these tasks.

According to need, the costs of medical aids and building modifications to the place of residence are also covered up to a certain limited amount. Please seek advice from your local senior citizen's bureau, charities, or care insurance fund about how support and care at home can be organised.

Residential care

When being cared for at home is not possible, those in need of care are supported in residential care facilities. Your care insurance fund's expert personnel can advise you if you have any questions. You can also approach your family doctor, who will often have experience with residential care facilities near you.
For people in need of care who are residents of fully residential care facilities, care insurance funds cover care-related expenses including expenses for social support, and expenses for medical care and treatment services up to the legislated limit. Co-payments generally apply.

Relatives providing care

You can also access some benefits if you are caring for relatives at home: for a period of up to six weeks, for example, relatives can be relieved through respite care. This can be helpful when you need a break from time to time – for example to go on a holiday – but need a replacement for the care you provide. In addition, all those in need of care have, apart from care allowance or a care services package, access to an additional monthly amount for care provision, but also for assistance with domestic duties.

Under certain conditions, care insurance funds will pay pension and unemployment insurance contributions on behalf of caring relatives (in some cases also volunteers). Free statutory accident insurance cover also applies. And when employees have to stop working at short notice – for example in order to quickly find a residential care facility for a close relative – care insurance will cover their wages for up to 10 working days.

Legal notice

Published by:
Federal Ministry of Health – Bundesministerium für Gesundheit
Section Z 24 Migration and Integration
11055 Berlin
www.bundesgesundheitsministerium.de
bmg.bund
bmg_bund
BMGesundheit
bundesgesundheitsministerium

Ethno-Medical Centre Inc. – Ethno-Medizinisches Zentrum e.V.
Königstraße 6, 30175 Hannover

Layout: eindruck.net, 30175 Hannover
Translation: Ethno-Medical Centre Inc. (EMZ e.V.)
Cover image: © fotolia / Bundesministerium für Gesundheit (BMG)
Version: 2022, 4th edition

Die Publikation „Gesundheit für alle – Ein Wegweiser durch das deutsche Gesundheitswesen" können Sie in den Sprachversionen Arabisch, Bosnisch/Kroatisch/Serbisch, Deutsch, Englisch, Farsi, Französisch, Italienisch, Kurdisch-Kurmanci, Paschtu, Polnisch, Rumänisch, Russisch, Spanisch, Türkisch und Ukrainisch als PDF-Version herunterladen oder als Druckversion (Broschüre) kostenlos anfordern:

How to order
Order online at: www.gesundheit-mehrsprachig.de
Email: bestellportal@ethnomed.com
Download available at: www.Wegweiser-Gesundheitswesen-Deutschland.de
Mail order service: Ethno-Medizinisches Zentrum e.V., Königstraße 6, 30175 Hannover

URL Links: The content of any external pages for which links are provided here is the responsibility of the respective provider.

This printed publication is provided free of charge as part of the public relations activities of the Federal Ministry of Health. It must not be used for canvassing by political parties, election campaigners, or electoral assistants during an election campaign. This applies to European parliamentary, federal parliamentary (Bundestag), and local elections. Especially its distribution at election campaign events or political party information stalls, and the insertion of, or printing or sticking on of party-political information or advertising material are considered misuse. Equally prohibited is passing it on to third persons for the purposes of election canvassing. Independent of the timing and means by which this printed publication has reached the recipient, or in which quantity, it must not be used in a manner that may be interpreted as federal government endorsement of individual political groups, even if there is no temporal relationship to an upcoming election.