



‘Keep track of your co-payments and avoid paying more than necessary.’

Steffen Herold, personal SBK consultant

We are on your side.



Statutory co-payments

An overview by Steffen Herold, personal SBK consultant.

As an insurant covered by statutory insurance, you pay part of the costs of some medical services yourself, such as therapeutic exercise, medications or treatment in a hospital. This portion is referred to as a co-payment.

The most important co-payments at a glance:

Co-payments for	Amount of the co-payment	Exceptions/comments
<ul style="list-style-type: none"> Medicines Medical aids Dressings 	10% of the costs, at least €5 and maximum €10.	Consumable medical aids (e.g. incontinence pads): The co-payment is limited to €10 per month and there is no minimum limit of €5.
<ul style="list-style-type: none"> Travel costs 	10% of the costs per journey, at least €5 and maximum €10.	Co-payments for travel costs are incurred when emergency transport services are called upon, for emergency doctor call-outs, and air and water rescues – even if no patient transport actually takes place.
<ul style="list-style-type: none"> Home nursing care Remedies (baths, massages, etc.) 	10% of the costs plus €10 per prescription.	Home nursing care: The 10% co-payment is limited to the first 28 treatment days per calendar year.
<ul style="list-style-type: none"> Home help Social therapy 	10% of the costs per day, at least €5 and maximum €10.	
<ul style="list-style-type: none"> Inpatient hospital treatment 	€10 per day, for maximum 28 days per calendar year.	The 28 days also include follow-up treatment.
<ul style="list-style-type: none"> Inpatient or outpatient rehabilitation 	€10 per day.	For follow-up treatments after your inpatient hospital treatment, you pay the €10 for a maximum of 28 days only.
<ul style="list-style-type: none"> Inpatient preventative measures 	€10 per day.	

Children under 18 years are not required to pay co-payments – except for travel costs. The upper limit for each co-payment is the actual cost of the resources or treatment.

How many co-payments do I have to pay?

Your co-payments are limited to **2% of the annual gross income of your household**. To calculate this limit, the income and co-payments of all family members within the **entire household** are included. The household includes your spouse or civil partner and children up to the calendar year in which they celebrate their 18th birthday – irrespective of how they are covered by medical insurance. As of the subsequent year, children will be included in the household only if they are covered by statutory family insurance. If you have reached the 2% limit, you and all family members in the household are exempt from further co-payments for the rest of the calendar year. To find out the approximate upper limit of your co-payments, you can look online at sbk.org/co-payments or ask your personal SBK consultant.

Is there also a lower limit?

This limit is reduced to 1% if a family member within the household is suffering from a serious chronic illness. This applies in the event of long-term treatment (i.e. the illness has been being treated medically for at least one year and at least once per quarter).

In addition, at least one of the following points must apply:

- The family member requires continuous medical treatment. Without this treatment, the patient would deteriorate with life-threatening consequences, or there would be a reduced life expectancy or a permanent adverse effect on quality of life.
- The family member requires care at care-level 3 or above.
- The family member has a degree of disability (DoD) of at least 60 or a reduction of earning capacity (RoEC) of at least 60%.

Which types of income are included in the calculation?

All personal income contributing to your livelihood is taken into account. This income includes statutory pensions, salaries or wages, interest on savings, alimonies and rental income.

It will always be the **gross amounts** of your income that are taken into account (i.e. before taxes and social security contributions are deducted).

How do I claim any overpaid co-payments?

Have you already made co-payments during the calendar year that amount, in total, to more than 2% (or 1%) of your income? You can claim this portion back. Simply download your personal application form online from sbk.org/exemption-from-co-payment or ask your personal SBK consultant to send it to you. Please keep all of your receipts.

In many pharmacies you can get a **collective receipt** printed out at the end of the year.

Can I pay my co-payment in advance?

Save yourself the hassle of collecting receipts. If you already know that you will pay out 2% (or 1%) of your income for co-payments during the coming year, you can transfer the amount to us in advance. You will then receive your **exemption pass** right at the start of the year and will not have to pay any additional co-payments. To do this, simply contact your personal SBK consultant.

Any further questions?

You can find further information online at sbk.org/co-payments.

Your personal consultant will always be happy to offer you advice and assistance.

You can find your consultant's contact details at sbk.org/consultant

or in your online self-service branch **Meine SBK** at sbk.org/meine-sbk/en.

Or call our **SBK Customer Hotline** on **0800 072 572 572 50** (free of charge*).

* Within Germany; from abroad, you can call us on +49 89 444 570 90 at the rates that apply there.

Application for exemption from co-payments

Return to:

Deutsche Post 
ANTWORT

SBK
80227 Munich
Germany

.....
Health insurance number

.....
Insurant surname, first name

.....
Date of birth

Application for exemption from co-payments for the year

Personal details (Please notify us of your **current information** so that we can contact you with any follow-up queries.)

.....
Landline phone number private*

.....
Email*

.....
Mobile phone number private*

* Information is provided on a voluntary basis and is collected, stored and processed for the purposes of providing optimal advice and support, as well as information on offers from SBK. Your data will of course be protected and treated confidentially. We will not share any data with third parties. By signing this form, you hereby declare your consent to the above. You may withdraw your consent at any time, without having to provide a reason, by sending an email to widerruf@sbk.org.

Marital status

Single/divorced/widowed Married/in a civil partnership

Separated since

Household

Please provide us with the names of the family members who live with you in your household. The exemption will be calculated for all persons – irrespective of which health insurer they are insured with.

A spouse or civil partner residing permanently in a fully residential nursing home or disabled persons home and receiving services under sections 43 XI or 43a XI of the German Social Insurance Code (Sozialgesetzbuch, SGB) is also deemed a member of your household. Children will only be included after the calendar year in which they celebrated their 19th birthday if they are covered by family insurance.

Family member	Surname	First name	Date of birth	Health insurer
Spouse/civil partner				
Child				
Child				
Child				
Child				



Health insurance number

Amount of gross income (annual amount)

Please complete the following table with your annual income before deduction of taxes and contributions to health and nursing care insurance (= **gross income**) and send us copies of the corresponding **evidence**.

Type of income	SBK insurant	Spouse/ civil partner	Child(ren)
Employment income <input type="checkbox"/> Self-employment			
Remuneration income <input type="checkbox"/> Wage/salary/training allowance <input type="checkbox"/> Marginal part-time work <input type="checkbox"/> Severance payments <input type="checkbox"/> One-off payments (Christmas bonus, holiday pay, rewards, etc.)			
Pensions <input type="checkbox"/> Statutory pension <input type="checkbox"/> Statutory pension <input type="checkbox"/> Accident benefit (_____ GdS) <input type="checkbox"/> Maintenance benefits/company pension			
Benefits for persons not in work <input type="checkbox"/> Sickness benefit, transitional allowance, maternity pay, etc. <input type="checkbox"/> Unemployment benefits (ALG I)/ subsistence allowance			
Other <input type="checkbox"/> Federal Training Assistance <input type="checkbox"/> (BAföG) subsistence benefits <input type="checkbox"/> Rental and/or leasing income <input type="checkbox"/> Interest <input type="checkbox"/> _____ <input type="checkbox"/> Assistance with living costs (social welfare, basic income support in old age, etc.)			

.....

Health insurance number

Please transfer the reimbursement amount to the following **bank account**.

Account holder

Bank

IBAN

.....

BIC

.....

I only want SBK to use these bank details once for this reimbursement.

I would like these bank details to be saved for use in all further transactions.

Please enclose with your application the **receipts** for all family members who live with you in your household. To enable me to process your application quickly, please observe the following points:

■ Personalised

Please ensure that every receipt is made out in your name or the names of your relatives.

■ Date of the service

The receipt must indicate the date on which you received the service.

■ Payment note

The receipt must confirm that the co-payment has been paid. If you have only an invoice that does not clearly show that the payment has been made, please confirm the date of payment with us. For example, if you were undergoing inpatient treatment and transferred the co-payment to the hospital, please note on the invoice the date on which the amount was transferred ('Transferred on ...').

With my signature, I confirm the accuracy of this information. **I will inform SBK immediately of any changes in circumstance.** Amounts paid in error must be reimbursed.

To find out more about how SBK processes data, speak to your personal consultant or visit sbk.org/data-protection.

Place, date

Signature