

Co-payments are the amount of the costs that the insured person has to pay for medical services.

When insured persons have reached the age of 18, they have to pay the co-payment. There is an exception for travel costs - co-payments must also be made by children and young people who have not yet reached the age of 18.

The amount of an additional payment is generally 10% of the costs, with a minimum of 5€ and a maximum of 10€. More details about the amount of the co-payment can be found in the list under the question "Which services are subject to co-payment?".

Which co-payments frequently occur?

Med. travelling costs

In medically justified cases (e.g. emergency car) we cover the travel costs and for these you have to pay an additional payment.

Prescription drugs (pink prescription)

- The doctor prescribes medicines required for treatment. Some medicines are exempt from this co-payment requirement.
- The insured person receives the medicines by presenting the doctor's prescription to the pharmacy. A co-payment is to be made there.
- Only in exceptional cases may the doctor prescribe non-prescription medicines that are not covered by the social health insurance (e.g. some medicines for flu or headaches). These costs are not reimbursable.
- There is an easy way to check which kind of prescription is covered by the social health insurance an which isn't:
- Pink prescription: covered except co-payment
- Blue, green and white prescription: not covered

Remedies and aids

- Co-payments of differing amounts must be paid for doctor-prescribed remedies and aids such as physiotherapy, inserts, crutches, etc. The doctor also issues a prescription for this.
- The insured person the receives these services from the respective provider (e.g. orthopedic shoemaker) where the co-payment is also paid.
- Pink prescription: covered except co-payment
- Blue, green and white prescription: not covered

Hospitalization

- For hospital treatment the insured person makes a co-payment of 10€ for each day, but for maximum of 28 days per calendar year. The co-payment is invoiced directly by the hospital.
- For women who are in hospital for childbirth, no co-payment is required.

Which services are subject to co-payment?

The following table gives you an overview of the services requiring co-payment.

Kind of benefit	Amount of the co-payment
Prescription drugs (pink prescription)	10% min. 5€ and max. 10€ / each medicine
med. travelling costs	10% min. 5€ and max. 10€ / each trip
med. remedies (e.g. physiotherapy)	10€ once for prescription and 10% for each treatment
med. aids (e.g. crutches)	10% min. 5€ and max. 10€ / each product
Consumable med. aids (e.g. catheters)	10% max. 10€ / month
Hospitalization	10€ / day (max. 28 days a year)
Outpatient rehabilitation	10€ / day
Inpatient rehabilitation	10€ / day
Rehabilitation commencing within 14 days subsequent to hospitalization (this is a kind of reha that is usually necessary after an operation)	10€ / day
Medical prevention and rehabilitation for parents (mother or father) accompanied by their child(ren)	10€ / day
med. surgical dressings (products for wound care)	10% min. 5€ and max. 10€ / each



Can I get the co-payment back from the Merck BKK?

A refund of the co-payments is not possible, but you only have to make co-payments up to a certain amount per calendar-year.

Your exact personal limit will be calculated by Merck BKK. Please contact us for more information.

