CREATING TRUST.
Tradition and first-class benefits for more than 130 years.
DEAR READERS,

Since January 1, 2009, all statutory health insurance funds in Germany have had to charge the same contribution rate. But do they all provide the same benefits? We don’t think so – health insurance providers have a lot of scope in terms of the benefits and additional services they can offer.

We are utilizing these possibilities to provide attractive additional benefits – not only for health and prevention. We also ensure that you get the best care possible, as well as special forms of care.

Yet just as important to us is personal consultation. You won’t have to struggle with anonymous automated answering systems or call centers. You can place your trust in our young, qualified team. Our focus is on clients, not oversized billboards! We don’t offer empty promises – we stand by our word.

The following pages present some of the extensive health care options we offer you – see for yourself!

Sincerely, Merck BKK

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## YOUR ADVANTAGES AT A GLANCE

- Personal consultation from our young, qualified team of consultants
- We reward your good health with bonuses of up to 440 Euro
- Private foreign travel health coverage from Merck BKK - at no extra charge
- Exclusive treatment programs – we take care of you when it matters
- We cover all travel immunizations
- Many fitness and prevention programs that are attractively subsidized
- Im Blick, our customer magazine, is delivered to your doorstep four times a year
- At a glance: www.bkk-merck.de provides extensive information

... and at Merck BKK, you’ll always get service with a smile!
Merck BKK provides benefits not only when you are sick or injured, but also concerns itself with preventive health care. You can find information on our many programs and benefits on the following pages. We want you to stay healthy and to fulfill your wish for a high quality of life, as well as a high degree of fitness, wellbeing, performance, and mobility. What would happen should you get seriously ill? That’s when it’s especially important for you to have optimal health insurance with a first-class range of benefits.

YOUR CHOICE OF DOCTORS
Your electronic insurance card entitles you to consult a contractually approved physician of your choosing (general practitioners, specialists, and psychotherapists). Our members receive all approved methods of medical treatment, without time limits.
Medications – trust your doctor
Your doctor will select the right prescription medications for you. Non-prescription drugs are generally covered for children up to the age of 12, for children with developmental disorders up to the age of 18, and for the standard treatment of severe conditions. Contraceptives (e.g. birth control pills, IUDs) are covered up to the age of 20. If your doctor prescribes a drug that exceeds the reference price, you will have to cover any further costs in addition to the co-payment. Ask your pharmacist about alternatives and medications that require no co-payment. Thanks to a special agreement with Merck, you are exempted from the co-payment on any prescription Merck products (excluding Erbitux). Ask about alternatives and medications that require no co-payment.

Save money using the "doctor comparison"
Did your doctor give you an estimate for private services that seemed expensive to you? Then you should initiate your own personal price comparison via www.medikompas.de.

Acupuncture helps
Within the scope of statutory health care, Merck BKK covers body acupuncture using needles (but not electric stimulation) for chronic pain in the lumbar spine or knee joint that has lasted for at least six months. The treatment can be repeated after 12 months.

Homeopathic treatment (from a statutory health insurance doctor)
Individuals insured by BKK can consult private practice doctors who are licensed to provide homeopathic treatments (contractually insured services/benefits). You can furthermore sign up for a low-priced supplementary insurance plan from our cooperation partner, thus further boosting the benefits!

Going abroad – Safe, reassured and relaxed

Private foreign travel health insurance from Merck BKK, at no extra cost.

Enjoy a relaxing vacation abroad with the private foreign travel health insurance plan from Barmenia.

With Merck BKK, you will benefit from worldwide health care coverage from our cooperation partner, enjoying the extremely special service this provides. These benefits apply not only to the first six weeks of a vacation, but also to the first two weeks of a business trip abroad.

Statutory health insurance only provides very limited coverage abroad. This is why many people recommend supplementary private foreign travel health insurance. The Merck BKK insurance plan includes this coverage at no extra cost.

WE FURTHERMORE HAVE AN EMERGENCY HOTLINE:

FOR GENERAL QUESTIONS ON COST COVERAGE HOTLINE

Monday to Friday: 7 a.m. to 8 p.m.
Saturday: 9 a.m. to 3 p.m.
Hotline: 0049 2 02 438-3575

FOR GENERAL QUESTIONS ON COST COVERAGE HOTLINE

For medical repatriation and transfer: (24/7):
0049 2 28 23 00 23

European Health Insurance Card
Statutory health insurance also provides people traveling abroad with additional coverage via the European Health Insurance Card (EHIC). Here, Germany has reached agreements with most European countries, but these costs can only be reimbursed based on the statutory rates within Germany.

SPECIAL BENEFITS – WITH US, YOU GET MORE!

The following benefits represent some of our many special programs to maintain your health or restore it as quickly as possible. After all, your quality of life is our top priority.

- Cardio MRT/cardio CT for special indications (up to 700 Euro covered)
- EAP – functional treatment concept for recovery from muscular/skeletal injuries
- FPZ – integrated functional back pain therapy
- Laser tonsillectomy – gentle tonsil extraction, with less pain and fewer risks (for ages 2 to 6)
- ...and much more!
Medical malpractice?
We assist our members in the case of possible malpractice, as well as in pursuing joint claims (e.g. compensation for accidents) or in claims against other social service providers.

Active et in shape? Accrue points from the bonus program!
Merck BKK rewards health-conscious conduct (e.g. health checkups, early disease screening, and prevention courses) with a bonus of up to 140 Euro (for children up to 120 Euro) per calendar year and participant. Simply request your personal bonus program!

Glasses – For the right look
We cover the cost of glasses for insured individuals up to 18 years of age (including bifocals and in certain cases plastic lenses). Visual aids (including contacts) are covered regardless of age in the case of severe visual impairment, eye injury, or eye disease. Reference pricing or contract prices, among others, will determine how much of the cost will be covered.

Staying healthy
At BKK, we emphasize the importance of HEALTH. Merck BKK offers primary prevention services so that policy holders stay healthy as long as possible; we promote workplace health measures as well as self-help groups and contact points. BKK provides information on current health issues; we fund targeted courses from qualified providers and offer special programs on chronic diseases.

For example, we offer extensive support in many areas of prevention, such as mobility, nutrition, weight loss, and relaxation.

You can find other offerings on our website www.merck-bkk.ayde

Two other valuable programs we offer:

• “fit and rested” trips with Doc Holiday. During this health week, activities such as (Nordic) walking and relaxation exercises do a great deal for your health and wellbeing.
• Low-priced, beneficial vacations so that mind and body can rest and relax.

We’ll be happy to provide you with more details.
Early detection – Don’t give cancer a chance!

...for women
Because disease-related changes can be detected in a timely manner, women have a very good chance of being cured if cervical or breast cancer is identified early on.

As of the age of 20, see your gynecologist for an annual check-up (starting at age 30, this will include a breast exam, and as of the age of 50, a colonoscopy).

...for men
Starting at the age of 45, this will include early cancer screening of the prostate and the external genitalia, and starting at 50, the colon.

Skin cancer screening
The earlier skin cancer is detected, the better the chances of recovery – it can even be cured in the early stages. Regularly, meaning at least once a month, you should examine your skin yourself (e.g. conspicuous moles). Even better, though, is skin cancer screening every two years after the age of 35.

"check-up 35"
This check-up particularly focuses on cardiac, cardiovascular and kidney diseases, as well as metabolic disorders; starting at the age of 35, you can have this done every two years.

This examination aims to detect diseases as early as possible. Your physicians will provide crucial advice on ways to prevent or reduce personal risk factors so that you can stay healthy!

HEALTHY KIDS!

We offer a comprehensive screening program that consists of ten checkups up to the age of 6, and another at the age of 13/14. Have your doctor examine your child even if he/she is developing normally.

Elementary school check-up
The prevention program for children also features the elementary school check-up for children ages 7-10 (maximum of 50 Euro per exam).

Household support
Merck BKK provides household support when insured individuals cannot continue to maintain a household due to hospital treatment, medical preventive treatment, rehabilitation services, or home health care - as long as one child under the age of 12 lives in the household (no age limit if the child is disabled).

We offer more!
We cover not only inpatient hospital stays. We also pay when illness makes it no longer possible to maintain a household, as long as this is certified by a doctor’s note. We furthermore assist people who live alone with no children.

We would be happy to advise you on additional services and benefits.
Remedies and medical aids
Remedies include for example massages, physical therapy and speech therapy. Medical aids include hearing aids, wheelchairs, prosthetics, and medical supplies. Reference pricing and statutory pricing, among others, will determine how much of the cost is covered.

Hospice care
BKK subsidizes and/or funds inpatient, day patient or outpatient hospice services, including child hospice and specialized outpatient palliative care.

Home health care
Instead of hospitalized medical care, it is possible to receive treatment from medical professionals at home in your familiar surroundings, or at another suitable location.
Merck BKK basically covers costs for up to four weeks. This service is also covered when the care is required to support medical treatment. We would be happy to advise you on additional services and benefits.

Immunizations
Immunizations are covered particularly within the scope of statutory health care, as determined by immunization guidelines. Standard immunizations for children include diphtheria, hepatitis B, haemophilus influenzae b, whooping cough (pertussis), polio, meningococcus, pneumococcus, measles, mumps, rubella, tetanus, and chicken pox. Girls aged 12 to 17 are further more immunized against human papillomavirus (HPV).

Every ten years, adults should get booster shots for diphtheria and tetanus; one of the booster shots should involve a combination vaccine for tetanus, diphtheria, and whooping cough (and polio if indicated). For individuals over 60, standard medical care includes vaccinations against influenza and pneumonia. If your doctor recommends a vaccine not listed here, please contact us.

Merck BKK furthermore covers all doctor-recommended immunizations, meaning flu vaccinations for everyone.

ORTHODONTICS – FOR BEAUTIFUL TEETH
Orthodontic treatment is provided for severe functional impairment (displaced molars/teeth), or if the patient is over 18 when treatment begins, treatment is provided for severe molar anomalies. After the successful completion of the treatment, we will refund the co-payment, which totals 20% of the statutory pricing (10 % as of the second child receiving the same treatment).
Well protected when travelling
Apart from the standard immunizations, Merck BKK also partly covers the costs of travel vaccinations, such as cholera, FSME/tick-borne encephalitis, yellow fever, hepatitis A and B, Japanese encephalitis, meningococcus meningitis, rabies, and typhoid fever.

When children get sick
Is a child up to 12 years of age cared for at home (no age limit for disabled children) and no one else living there can assume these duties? BKK will then provide "child sick pay", for up to ten calendar days per year for one child, or a total of 25 days for multiple children (for single parents, up to 20 days for one child or 50 days total for multiple children).

Additional benefits are available for the care of severely ill children. Ask us!

Excellent hospital care
Our contractual agreements assure the most modern, costly treatment methods, including heart operations, organ transplants, pacemakers, the use of lithotripters, dialyzers, etc.

We cover these costs completely just as we cover medical treatment, special operations, medications, early-stage rehab, home health care, etc. Hospitals and clinics can also provide highly specialized services as an outpatient procedure if applicable.

Hospital finder
Are you looking for a specific hospital or specialized clinic? You can find addresses on the Web at www.bkk-klinikfinder.de.

Sick pay – Disabled? No worries!
When you stop receiving your normal salary, we will provide sick pay. You are entitled to a total of 78 weeks of sick pay.

It will total 70% of your gross salary up to the income threshold, but not more than 90% of your net salary.

Pension, unemployment and nursing care contributions will be deducted from the sick pay (counts as contribution period for retirement insurance). For special categories of people, such as the self-employed, see “Optional sick pay premium”.

Would you like to bridge benefit gaps without breaking the bank? Then take advantage of our attractive cooperation insurance agreement with AXA.

Medical care and rehabilitation
BKK covers outpatient or inpatient medical care/rehabilitation for children, adults and mothers, and also covers geriatric rehabilitation.
BabyCare

is a special program designed to reduce complications during pregnancy. Participants receive a book that describes the potential risks and provides scientifically based tips. A questionnaire helps detect individual risks and devise targeted recommendations.

Maternity allowance

During the paid maternity leave period (six weeks before and eight weeks after the birth, or 12 weeks after in the case of a multiple birth or a premature birth), female employees will receive a maternity allowance in the amount of their previous net income.

It shall total a maximum of 13 Euro per calendar day – if this is less than the mother’s net income, her employer shall pay the difference in the form of a supplement to her maternity allowance (not subject to social insurance contributions and taxes). If premature birth cuts into the six-week payment period, the period of paid leave following the birth will be accordingly lengthened. Other women receive a maternity allowance in the amount of their sick pay as long as they are entitled to it.

Note: You should apply for your maternity allowance before the baby is born!

Transport and travel costs

Travel and transport costs are covered for inpatient treatment (e.g. in a hospital) as well as for emergency trips to the hospital if an ambulance is required, and for trips that help prevent hospitalization (e.g. outpatient operations). In certain special situations, Merck BKK may cover travel to outpatient treatment if prior approval is obtained.

Healthy teeth and optimal tooth replacement

You are free to consult a contractually approved dentist of your choosing – please present your insurance card. BKK will pay a fixed allowance for justifiable tooth replacement (crowns, bridges, partial or complete dentures). This also includes superstructures, meaning implant-supported replacement teeth (implant services are only covered in special dental cases).

THE BEST CARE FOR MOTHER & CHILD

Mothers insured by Merck BKK receive the best care for a complication-free pregnancy and birth. This includes screening for mother and child, midwife support, supervision by a physician, medications, remedies, and childbirth in a statutorily contracted hospital; if needed, Merck BKK will also cover home nursing care and household support.
The best for your health
Two bridges (including gold alloy, material and lab costs)
3,000 Euro, standard care 2,000 Euro.

The fixed allowance from Merck BKK is 1,000 Euro
if the patient has had regular dental check-ups
· over the past five years + 20% = 200 Euro
· over the past ten years + 10% = 100 Euro

in total = 1,300 Euro

The difference to be paid by the insured individual up to the cost of standard care may be covered either in full or in part if the burden is unacceptably high.

We would be pleased to advise you on the additional insurance benefits that you can expect.

Comparing dentists to save money
Have you ever been given a cost estimate by your dentist for a service not covered by insurance (e.g. tooth replacement or professional teeth cleaning) that seemed rather expensive to you? Then you should initiate your own personal price comparison at www.medikompass.de.

Tooth replacement – less expensive and sometimes even without a co-payment Cost benefits are possible thanks to the network of partner dentists, a German dental laboratory and BKK.

Early detection of dental problems
There are three dental check-ups aimed at preventing tooth, mouth and jaw diseases. The first one takes place at the age of three, and the second two in intervals of at least 12 months up until the age of six. Dental health awareness programs are offered during preschool and school.

From the age of 6 to 18, a dental examination should take place once every six months (including fissure sealing of the back molars as of the age of 6). As of the age of 18, the insured individual should get one dental check-up per year. The dentist certifies the check-ups as of the age of six in the bonus booklet.

FOR MORE FREEDOM OF CHOICE – THE OPTIONAL TARIFFS OFFERED BY MERCK BKK

TARIFF 1
BONUS PAYMENT

Insured individuals who do not claim any benefits at the expense of the health insurance fund will receive a refund bonus of up to 300 Euro (80% of 1/12 of the annual contribution paid). The preconditions include meeting the requirements of our bonus program. Insured individuals do not bear any financial risk with this tariff and do not need to hand in their insurance card.

TARIFF 2
INTEGRATED CARE (TELEMEDICINE)

With telemedicine, we offer a program for the telemedical support of patients with heart problems. In addition to treatment by your GP and specialist, you will have round-the-clock access to a medical advisor provided by our partner PHTS. For this comprehensive program, your own contribution will be 50 per month.

You can find more information at www.merck-bkk.de. In order to take part in these programs, you must first register in writing before officially starting the program. We will be happy to advise you.
Individual & economical – Supplementary insurance coverage
With Merck BKK, you and your family will enjoy the benefits of a full-service insurance policy. You can expand coverage in line with your individual needs – through a private supplementary insurance policy from our cooperation partner AXA. Examples include:

- Supplementary hospital insurance
- Daily allowance for hospital stays following disability
- Daily nursing care allowance as of care level 1 or 3
- Standard tariff

A more detailed overview can be found at www.axa-schifferstadt.de.

Co-payments – one or two percent?
Insured individuals make co-payments (such as medications, hospital treatment, etc.) during a calendar year only up to the individual financial limit for co-payments, equivalent to 2% of their annual gross income. A limit of 1% applies to people with chronic diseases who are treated throughout the year for the same serious disease. Compliance with the prescribed therapy is mandatory here.

When determining the co-payment limits, the co-payments and the gross income of all family members living in the same household (spouses or common-law partners, children up to the age of 18 – afterwards for as long as they are co-insured under the family policy) are each added up. Families are given special consideration via exemptions and exemptions for children.

Gross annual income is therefore lowered by the following exemptions (for 2014):

- For the 1st family member by 4,977 Euro
- For each child by 7,008 Euro

If the co-payment limit is reached before the end of the calendar year, it is possible to obtain an early refund and, if applicable, an exemption for the rest of the year (applies accordingly to prepaid co-payments required for the calendar year). An „exemption ID“ will enable you to avoid having to make co-payments. Please present this ID to your physician and our contract partners.
CO-PAYMENTS – AN OVERVIEW

Drugs and bandaging material
10% of the selling price, at least 5 Euro, max. 10 Euro per drug
(excl. those that are co-payment exempt); possibly additional costs above the reference price

Home aid, sociotherapy
10% of the costs, at least 5 Euro, max. 10 Euro
per calendar day of the service

Home nursing care
10% of the costs +10 Euro
per prescription for maximum of 28 calendar days per calendar year

Remedies
10% of the costs + 10 Euro
per prescription, e.g. massages, physical therapy

Therapeutic aids, medical supplies
10% of the selling price, at least 5 Euro, max. 10 Euro
e.g. hearing aids, wheelchairs, prosthetics (medical supplies 10% per pack, max. 10 Euro for one month’s supply), possibly additional costs above the reference price

Hospital treatment
10 per day
for a maximum of 28 days per calendar year, no co-payment for day patient and outpatient hospital treatment (does not apply to childbirth)

Preventive health care measures/rehabilitation services
10 per day
in the case of subsequent rehabilitation for a maximum of 28 days per calendar year (hospital co-payment taken into account here)

Travel expenses
10% of the costs, at least 5 Euro, max. 10 Euro
per trip (does not apply to medical rehabilitation – outpatient and inpatient)

Children and adolescents (up to the age of 18) are exempted from co-payments (exception: travel expenses). Patients must contribute themselves (not co-payments) toward the costs of orthodontic treatment, tooth replacement and artificial insemination. The following cannot be considered „co-payments”: travel expenses not covered by Merck BKK as well as expenses exceeding the scope of the insured services (e.g. non-prescription drugs or those that are not covered; expenses exceeding the respective reference price/contractual price, etc.).
MERCK BKK – JUST FEEL GOOD – WHAT MATTERS IS YOU!
Always well insured
Merck BKK has been insuring apprentices and employees of Merck and its subsidiaries, students, unemployed individuals, and retirees for 130 years. Employees who leave the company may also elect to remain insured with us. Insured individuals and their families have been placing their trust in us for generations. After all, BKK is the oldest social insurance carrier in southern Hesse. If you are not yet insured by the BKK, take the opportunity to join our exclusive community of insured members. We will assist without involving any red tape.

Always a good choice
People insured by other statutory German health insurance funds (e.g. AOK, Ersatzkasse, Techniker) can also change their insurer in certain cases. For instance, spouses still insured by another health insurance fund can choose to join Merck BKK. This also applies to family members who need to get their own health insurance when they start working. People just entering the workforce or starting an apprenticeship can immediately be insured by BKK as long as they were previously insured through our family insurance policy.

This is how easy it is:
If you or your spouse are (still) insured by another health insurance fund, then you can terminate your policy by the end of the calendar month after next if you have met the 18-month membership requirement.

Here's an example:
Notice of termination submitted to current health insurance fund (member for at least 18 months)                                          15. Februar
End of the calendar month after the next                 30. April
Insured by Merck BKK 1. Mai

If your membership ends by law (e.g. when an employment relationship ends) and your obligation to carry insurance resumes after an interruption (at least one day in the family policy or without insurance), you can select a (new) health insurance fund independent of the minimum membership time requirement. A special termination right applies, up until the first change, if the health insurance fund charges an additional contribution or increases it, or if it decreases premium payments.

It's very easy:
Just fill out the membership form and send it along with the confirmation of termination from your current health insurance fund to BKK. Then you’ll have complete coverage and access to the full range of benefits right from the start. With no ifs, ands or buts! We would be happy to advise you on the options you can choose from.

Private insurance – A lifelong decision
Voluntary members of BKK, for example the self-employed or employees whose income exceeds the income threshold for compulsory statutory health insurance, can also insure themselves privately. The offers are often tempting, promising lower contributions and more benefits. Before you agree to such an offer, we urgently advise you to talk to us to get detailed information about the pros and cons. Remember that it is only possible to resume membership of a statutory health insurance fund in a limited number of exceptional cases.

Your family is co-insured free of charge
You and your family can remain insured by Merck BKK for a lifetime, which is why we are the ideal health insurance fund for families. In contrast to private health insurance policies, spouses (or common-law partners) and children up to the age of 23 (if attending university or doing an apprenticeship: up to the age of 25) are co-insured at BKK free of charge.

Children is this case also means stepchildren and grandchildren who are primarily supported by the insured individual, as well as foster children and the children of children co-insured by a family policy. People who cannot be co-insured free of charge include those who are exempt from insurance, are insured themselves, are primarily self-employed, or whose total income exceeds € 395 per month (2014) - for the marginally employed, the permissible monthly salary is 450 Euro.
THE SAME CONTRIBUTION, BUT CUSTOM-TAILORED BENEFITS!
The contribution rates
The contribution rate has been stipulated by law since January 2009 and is uniform for all statutory health insurance funds in Germany. However, this uniform contribution rate does not mean that all statutory health insurance funds provide the same benefits. Page by page, this brochure shows you the top benefits and services offered by Merck BKK.

The contribution rate for members
• who are entitled to sick pay or comparable payments for at least six weeks if they are unable to work 15.5%
• who have no sick pay entitlement 14.9%
When calculating the contributions, only income subject to social insurance contributions (e.g. wages, salary) up to the monthly threshold limit (2014 = 4,050 Euro) is applied.

The employer bears half of the contribution rate reduced by 0.9 percentage points (= 7.3% or 7.0%), the employee pays 8.2% or 7.9%. We offer favorable contribution rates for students.

The German health fund
Since January 2009, the health insurance fund contributions paid by insured individuals and employees have been going to the health insurance company, yet we transfer them on to the German Health Fund (administered by the German Insurance Agency in Bonn).

The German pension insurance fund transfers the contributions for pensioners directly to the German Health Fund. In addition, there is the federal subsidy for so-called non-insurance benefits such as the contribution-free family insurance policy; as well as contributions for special groups of people (e.g. those with marginal jobs, called mini-jobs).

The risk equalization structure takes into account differences between the health insurance funds: first of all, differences in contribution income, as well as differences in the burden born by the fund (risk factors such as age, gender, payment of a disability pension), as well as differing numbers of family members insured free of charge. In accordance with the morbidity-oriented risk equalization structure, apart from a basic amount from the German Health Fund, Merck BKK receives supplements for insured individuals with the 80 most widespread and serious diseases. Examples include cancer, diabetes, rheumatism, metabolic disorders, cardiovascular disease, asthma, stroke, etc.

But it’s not only the pure benefits that count – we think one of the most important benefits is face-to-face consultation with your personal point of contact. After all, no call center in the world can replace that.

At Merck BKK, customers are people, not case numbers!
FULLY-INSURED LATER IN LIFE TOO – MERCK BKK NURSING CARE INSURANCE
People insured by Merck BKK also have nursing care insurance. The contribution to nursing care insurance is 2.05% (plus a surcharge of 0.25% for people without children to be borne by the insured individual in full; people under the age of 23 and those born before Jan. 1, 1940 are exempted from this surcharge). This is based on income on which social contributions are payable up to the threshold limit of 4,050 Euro (2014). For employees, the employer pays one-half of the contribution (exception: the German federal state of Saxony). If retired, insured individuals bear the contributions alone.

For most services, the individual nursing care level is definitive.

0 = Limited ability to handle day-to-day tasks
I = persons in need of significant nursing care
II = persons in need of extensive nursing care
III = persons in need of comprehensive nursing care

If nursing care personnel provide basic care and household support, the benefits by nursing care level are as follows:

- 0 = 225 Euro
- I = 450 Euro
- II = 1100 Euro
- III = 1550 Euro, possibly up to 1918 Euro

If individuals requiring nursing care provide for household support themselves, the following nursing care benefit is paid:

- 0 = 120 Euro
- I = 235 Euro
- II = 440 Euro
- III = 700 Euro

If a caregiver is unable to provide care due to illness or vacation, the costs of a substitute caregiver may be covered for up to four weeks per calendar year (up to 1,550 Euro).

Further benefits such as day- or night-time nursing care and short-term care may also be covered. In the case of full in-patient nursing home care, Merck BKK will cover the nursing-care related expense of 1,023 Euro, up to 1,550 Euro (in hardship cases up to 1,918 Euro) per month. The respective amount will depend on the nursing care level. There are additional support benefits for people with dementia-related disorders, mental disability and psychological illnesses (up to 2,400 Euro per year, for individuals in care level „0“ as well).

Supplementary benefits include nursing care supplies, technical aids, and subsidies to improve the living environment as well as nursing care courses. Every person in need of nursing care is fully entitled to help and support from a nursing care advisor, either at Merck BKK or, if needed, at a nursing care support center as well. The benefits also include social insurance coverage of the caregivers in the German pension and accident insurance systems. According to the German Federal Code III (work promotion), caregivers may be entitled to advanced training and/or the option of voluntary insurance coverage.

(Family) nursing care time for close relatives

Employees are entitled to be released from their work duties for a period of up to six months while retaining their social insurance coverage. This presupposes that a close relative (e.g. spouse, in-laws, or parents who have been classified as care level I), are being cared for in the home environment. Employees can only claim this entitlement if their employer has more than 15 employees. If at least 14 hours of weekly care are given, this time is covered by German pension insurance. Unemployment insurance includes compulsory health insurance. The contributions are borne by the health insurance fund. Health and nursing care insurance coverage normally continues during the nursing care period (independent of the extent of nursing care) without contributions being paid as long as a family insurance policy is in place. Otherwise, the relative providing the nursing care can continue to insure him/herself voluntarily and will normally pay the minimum contribution for this. If applied for, the health insurance fund will refund the amount paid to the health insurance and nursing care insurance up to the minimum contribution amount.

Employees can enter into a written “family nursing care period” agreement with their employer (if their employer offers this option) to specify the details of working hours prior to the start of the family nursing care period (at least 15 hours per week), during the nursing care period, and after returning from it (post-nursing care period), as well as the duration of the family nursing care period, which may last for a maximum of 24 months. During the family nursing care period, the employee’s monthly salary is topped up by an amount equal to half of the monthly decline in working hours, multiplied by the average hourly salary. The employer receives from the German Federal Office for Families and Civil Society Tasks (www.bafza.de) an interest-free loan in the amount of the wage or salary top-up. The top-up amount is withheld during the post-nursing care period. The employer repays the loan in monthly installments.

Merck BKK would be happy to advise you.
Merck BKK
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Attention: New address from 1st April 2014
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