

Ask us



0800 724 22 06

Service hours:

Monday to Wednesday and Friday, 8:30 AM to 4:30 PM
Thursday, 8:30 AM to 6:00 PM



service@he.aok.de



aok.de/hessen/pflege

aok.de/pflegeheimnavigator

Have you already seen our online portal "Meine AOK"?

We look forward to your registration:



hessen.meine.aok.de

Eine Information Ihrer AOK – Die Gesundheitskasse in Hessen, Körperschaft des öffentlichen Rechts, Basler Straße 2, 61352 Bad Homburg.

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For good all-round care

A summary of social care insurance

Your health in the best of hands

aok.de/hessen/international

Care insurance

Everyone can be in need of care – in old age but also earlier, for example as a result of an accident. If you are affected in any of these ways you are reliant on good nursing care. The benefits from a care insurance policy are intended to contribute to the ability of persons in need of care to be able to live a life which is as self-reliant and independent as possible.

Who is in need of care?

Persons who, for reasons of health, experience restrictions on their independence or faculties are in need of nursing care and therefore require help from others. These include persons who are unable to compensate on their own for physical, cognitive, psychological or health-related handicaps. The need for care must be long-term and likely to last for at least six months.

Extent of care

Nursing care services mean assistance, encouragement or supervision provided to a person in need of help for everyday activities such as personal hygiene, eating and mobility. And if this is not possible by other means, to take over this assistance wholly or partially. The purpose is to maintain the independence of the person in need of care as far as possible.

The Medical Services of the Healthcare Insurance Industry will investigate whether the need for care exists as defined by law. It will place the person affected in one of the five care levels.



Appraisal of the need for nursing care

Six areas of living (modules) are studied and weighted.

- 1. Mobility:** self-sufficiency in moving and changing body position e.g. climbing stairs or getting up/going to bed
- 2. Cognitive and communicative capabilities:** self-sufficiency in orienting oneself in every-day life and communicating one's own needs
- 3. Behavioural patterns and psychological problem areas:** the ability to control one's own conduct, e.g. anxieties and depressions
- 4. Self-sufficiency:** independence in everyday living e.g. personal hygiene, eating/drinking, toilet visits
- 5. Dealing with illness and therapy:** e.g. taking medicines, dealing with aids, visits to the doctor
- 6. Everyday routine and social contacts:** e.g. reading, knitting, visiting neighbours

The care level is derived from the study of the six areas of living.

The care level

Five care levels (PG) indicate the extent of the need for nursing care

PG1 Minor impairment of self-sufficiency or capabilities

PG2 Significant impairment of self-sufficiency or capabilities

PG3 Serious impairment of self-sufficiency or capabilities

PG4 Very serious impairment of self-sufficiency or capabilities

PG5 Most serious impairment of self-sufficiency or capabilities placing particular requirements on nursing care

Special factors when children are involved

The deciding factor in the classification of a child's need for care is the extent to which additional care is needed in comparison with a healthy child of the same age.

Good to know ...

The benefits of the social nursing care insurance are granted from the point in time at which the application is made. An entitlement exists if the need for nursing care was established and the insured was covered by a nursing care insurance policy (in his/her own right or as a family member).





Nursing care insurance benefits

Care allowance

If relatives, friends or other care workers take over domestic care free of charge, we will pay a corresponding monthly care allowance:

Care level	Amount
Care level 1	EUR 0
Care level 2	EUR 316
Care level 3	EUR 545
Care level 4	EUR 728
Care level 5	EUR 901

Regular advisory visits e.g. by specialist care workers belonging to approved care services are necessary to ensure the quality of domestic care. The care professional will advise and help on a case by case basis. The advisory visits will take place once every six months for care levels 2 and 3, and once every quarter for care levels 4 and 5. AOK-Pflegekasse will of course pay for these visits.

Social security for the carer

Social security for the carer was introduced in order to promote the willingness of persons to undertake care in the domestic environment.

Thus, subject to specific conditions we pay contributions to the statutory retirement and unemployment insurance of relatives providing care. The amount of the contributions to unemployment insurance is determined by the care level and the benefit selected. If several persons share the provision of care, the contributions are paid pro rata.

Carers can acquire an entitlement to a retirement pension or increase their entitlement by the payment of contributions; in addition they can acquire entitlements from their unemployment insurance. They are also covered by non-contributory accident insurance.

Care period

A person caring for a close relative has a legal entitlement to what is called a "care period". This is unpaid release from their employment for a maximum of six months with the option of returning to their employment. This entitlement to a care period does not apply to employers with less than 16 employees.

During the care period we pay the carer's contributions to healthcare and nursing care insurance.

Care support allowance

Employees may take up to 10 working days' unpaid leave of absence in order to organise care up to the standard required for a relative in need of care in a situation requiring care which has suddenly arisen, or to take over the care him/herself. AOK will reimburse the loss of earnings and will pay what is called care support allowance for the period of the leave of absence. This is normally 90 % of the lost net income from employment, less the pro rata social security contributions.

The entitlement to care support allowance is restricted to ten working days per person in need of care.

Semi-residential care

If domestic care cannot be provided during the day or at night to an adequate extent, we will pay the costs for the day or night-time care in a corresponding institution with which we have a contractual arrangement. The institution’s travel costs are included in the agreed nursing fees.

We pay the costs of nursing and medical care as well as the social assistance up to specific maximum amounts. These depend on the nursing care level required:

Care level	Amount
Care level 1	EUR 0
Care level 2	EUR 689
Care level 3	EUR 1,298
Care level 4	EUR 1,612
Care level 5	EUR 1,995

Benefits for semi-residential care may be received at the same time as care benefits in kind or care allowance – in full and not offset against any other benefit.

Care benefits in kind

If persons in need of care are being looked after at home, they are entitled to help in running their home as well as care for their physical needs and general care.

Depending on the level of their need for nursing care, the costs for attendance by visiting care professionals and care centres are paid up to the following amounts:

Care level	Amount
Care level 1	EUR 0
Care level 2	EUR 689
Care level 3	EUR 1,298
Care level 4	EUR 1,612
Care level 5	EUR 1,995



Combined benefits

If care in the home by visiting carers or care centres is only claimed in part, we will also pay a reduced care allowance if a carer is available free of charge.

Example:

If a person in need of care who has been placed in care level 4 and who is also entitled to care benefits totalling EUR 1,612 per month only claims care benefits in kind valued at EUR 806 (50 %), this person can also receive 50 % of the EUR 728 care allowance to which he/she is entitled i.e. EUR 364.



Relief care allowance

The care insurance will pay up to EUR 125 per month to all persons in need of care allocated to care levels 1 to 5.

These benefits must be specifically used for:

- payment to an institution providing short term care or care during the day or night (additional days in the institution or for financing the person's own contributions).
- care services by visiting care professionals.
- costs arising from care provisions recognised by state law for support in everyday living. These services are offered, for example, by service providers offering respite for family members, Alzheimer groups, voluntary helpers and helper groups as well as specialist organisations for family care.
- Benefits not taken claimed in a calendar year are carried forward to the first six months of the next calendar year. There is no need to apply this. If the benefit entitlement carried forward to the next six month period is not used in full, it lapses automatically on June 30.

Good to know ...

A person who does not use all his or her entitlement to visiting services can claim up to 40 % of the unused total entitlement for care services recognised by state law intended to provide help for everyday living.

Quality inspections of approved care institutions

The quality of care in all visiting and care services and at all residential and semi-residential institutions is inspected once per year by the MDK or the Audits Service of private Health Insurers ("Prüfdienst der Privaten Krankenversicherung").

Quality inspections can also be made as a result of information received or complaints. Their purpose is always to protect persons in need of care.

The quality of results is always at the forefront of the audit. This means that in addition to the written documents, the inspectors particularly examine the standard of care provided to people. They closely examine whether and how the care is taking effect and whether there are signs of shortcomings in the care, for instance bedsores or malnutrition. When making their assessment they also take account of the satisfaction of the persons in need of care.

The inspector's visit focusses on the health and care received by those in need of care. With the permission of the person in need of care a personal visit is made to the person's residential environment. This is how the level of care can be verified.

One more very important point to conclude this section – quality inspections have no influence on the care level that has been established and on your benefits. No disadvantages arise for the persons in need of care as a result of an inspection.

AOK tip

Persons in need of care who are to be involved in an inspection are selected by random sampling. If you are selected, please agree to a personal visit. This helps a high standard of care to be maintained.



Respite care

If the person providing the care free of charge is ill, on holiday or incapacitated, under certain circumstances we will pay the costs of a respite carer. However, the entitlement to respite care cannot be claimed until the person in need of care has been looked after at home for six months. A condition is that the person in need of long term care must have been assessed as being in care level 2.

If care is provided at this time by distant relatives, neighbours or a care service, we will pay up to EUR 1,612 per calendar year for six weeks.

If a family member up to the second degree, for instance mother/father, brother/sister, son/daughter, grandson/ grand-daughter or equivalent by marriage (mother-in-law etc., etc.) or another person lives in the same household and takes over the care of the patient in need of long-term care, we will pay the actual costs incurred (if verified) up to 1.5 times the care allowance for the relevant care level. If additional costs are incurred (e.g. travelling costs or loss of earnings) a reimbursement of up to EUR 1,612 for six weeks per calendar year is possible.

The AOK can also pay up to 50 % of the benefit entitlement for short term care (max. EUR 806). This increased amount claimed for respite care is offset against the maximum entitlement for short term care.

Short term care

If the insured person cannot be looked after at home or in a semi-residential institution we will pay the costs of temporary accommodation in an approved residential care home, for instance

- after a period in hospital,
- if the carer is on holiday or suddenly unavailable, or
- if there is a change in the care situation.

A condition is that the person in need of long term care must have been assessed as being in care level 2.

We will cover the costs of nursing care, social support and medical treatment in a short term care institution. This applies strictly for a period of up to eight weeks and EUR 1,612 per calendar year.

If the respite care is not claimed in full, the above sum for short term care can be increased - by up to EUR 1,612 from the unclaimed respite care up to a total of EUR 3,224.

Please note: the increased sum claimed for short term care reduces the entitlement to respite care.

Your AOK client advisor will gladly inform you about approved institutions close to you.

Good to know ...

Persons in need of care allocated to care levels 2 and above are entitled to respite or short term care.



Disposable supplies

We will pay up to EUR 40 per month to defray expenses for disposable supplies such as absorbent mattress covers, disinfectants and protective clothing such as disposable gloves, masks or protective aprons.

Grants for modifications to buildings

We will provide financial help for improvements to the living environment if these modifications to buildings

- are needed before care in the home is possible,
- enable the person in question to lead a more independent life,
- make care in the home significantly easier.

Examples of these modifications to buildings are, for instance, the widening of doors to accommodate wheel chairs, the fixed installation of ramps or conversion of bathrooms to suit persons in need of care.

Our grant is for a maximum of EUR 4,000.

Shared housing

So that insured persons allocated to a care level can remain in their home as long as possible, shared housing is supported. At least three and no more than twelve insured persons must live together for the purpose of jointly organised care.

A monthly sum of EUR 214 per resident is paid to a person who, for example, assists in the administration or organisation of the shared housing.

AOK tip

We will pay for all supplies which contribute to making care easier or to relieving the discomfort of the person in need of care or make it possible for him or her to live a more independent life. This includes, for example, a care bed.

Residential care

We will pay the costs of residential care, medical nursing care and social assistance in residential care accommodation if care in the home or semi-residential care is not possible or cannot be considered because of special features of the particular case.

We pay different sums depending on the care level:

Care level	Amount
Care level 1	EUR 125 per month
Care level 2	EUR 770 per month
Care level 3	EUR 1,262 per month
Care level 4	EUR 1,775 per month
Care level 5	EUR 2,005 per month

We will finance specially trained staff in the care home for additional care and activation.

Nursing care in fully residential institutions for handicapped persons

We will pay up to EUR 266 of the care home's fees if the person in need of care who has been assessed as being at least in care level 2 is looked after in a residential care home for the handicapped which places particular emphasis on integration into work, training or society, schooling or education.

We can also contribute to the costs for nursing services or a pro rata care allowance if the person in need of care is looked after at home from time to time (e.g. at week-ends or during holiday periods).



Benefits for care level 1

Persons in need of care who are allocated to care level 1 are entitled to the following benefits:

- Relief care allowance amounting to EUR 125 per month through a recognised service-provider:
 - approved nursing care,
 - short-term care institution,
 - day-care centre or
 - support services recognised under state law
- In the case of residential care: EUR 125 per month
- Advice on care
- Entitlement to a visit for the provision of advice by an approved care provider
- Supply of care aids
- Disposable supplies up to EUR 40 per month
- Grants for work to improve the living environment up to EUR 4,000
- Residential group supplement of EUR 214 per month
- Payments in the event of care periods and care support allowance

AOK tip

AOK also provides you with comprehensive support regarding care insurance in the Internet. With the help of the AOK-Pflegenavigator (Care Navigator) you can obtain information, for example, about the addresses, services and prices of almost all care institutions in Germany. You will find the Care Navigator at aok.de/pflegeheimnavigator

AOK service: advice on care

The care advisors of AOK Hessen will help in the organisation of care. They will also coordinate the benefits from health and care insurance schemes and other benefits agencies. We will advise you on an individual basis, if requested. Just call us on **06404 924 6010**.

Care benefits and maximum sums

Care in the home by approved care service-providers, per month

Care level	Amount
Care level 1	EUR 0
Care level 2	EUR 689
Care level 3	EUR 1,298
Care level 4	EUR 1,612
Care level 5	EUR 1,995

Care allowance, per month

Care level	Amount
Care level 1	EUR 0
Care level 2	EUR 316
Care level 3	EUR 545
Care level 4	EUR 728
Care level 5	EUR 901

Relief care allowance, per month

Amount	EUR 125
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Care for the handicapped, per calendar year

From care level 2	EUR 1,612
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Short term care, per calendar year

From care level 2	EUR 1,612
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Support for residential groups, per month

Amount	EUR 214
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Semi residential care, per month

Care level	Amount
Care level 1	EUR 0
Care level 2	EUR 689
Care level 3	EUR 1,298
Care level 4	EUR 1,612
Care level 5	EUR 1,995

Residential care, per month

Care level	Amount
Care level 1	EUR 125
Care level 2	EUR 770
Care level 3	EUR 1.262
Care level 4	EUR 1.775
Care level 5	EUR 2.005

Nursing care in fully residential institutions for handicapped persons, per month

From care level 2	EUR 266
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