Tariff PVN
Compulsory Nursing Care Insurance

Version of December 2020

This English translation describes the Essential Parts of the tariff PVN. If you have any further questions please contact our English customer service: +49 (0)711/66 03-27 00

Essential Parts of the tariff PVN

The tariff provides benefits in line with the applicable care rates as follows:

The Care degree to which a person is in need of care is classified depends on the degree of impairments of independence or abilities and the need to seek help from others. This is determined during an assessment by independent experts.

- Care degree 1: Low impairment of independence
- Care degree 2: Considerable impairment of independence
- Care degree 3: Sever impairments of independence
- Care degree 4: Most severe impairment of independence
- Care degree 5: Most sever impairment of independence with special requirements for nursing care

Care services provided in the person's home

- for care degree 2 up to € 689 a month
- for care degree 3 up to € 1,298 a month
- for care degree 4 up to € 1,612 a month
- for care degree 5 up to € 1,995 a month

As an alternative, a care allowance can be claimed

- for care degree 2 up to € 316 a month
- for care degree 3 up to € 545 a month
- for care degree 4 up to € 728 a month
- for care degree 5 up to € 901 a month

Persons in need of care can receive a care allowance if the long-term care is organised by themselves, e.g. by relatives.

Substitute care if a carer is unable to work

The maximum rate for substitute care is € 1,612 per calendar year for a maximum of 42 days, and it does not vary according to the care degree. However, care degree 2 must be provided as a minimum. If the maximum amount of substitute care has been used up, costs are paid for a maximum of a further 56 days and up to € 806 in the form of respite care (subject to availability).

Respite care

Expenses up to a total amount of € 1,612 per calendar year. The entitlement is limited to eight weeks per calendar year. The minimum care degree in respect of which payment is made is care degree 2. If the maximum amount of care has been used up, the costs of substitute care are paid for at most 42 days and up to € 1,612 (subject to availability)

Partial in-patient care

- for care degree 2 up to € 689 a month
- for care degree 3 up to € 1,298 a month
- for care degree 4 up to € 1,612 a month
- for care degree 5 up to € 1,995 a month

In-patient care

- for care degree 1 up to € 125 a month
- for care degree 2 up to € 770 a month
- for care degree 3 up to € 1,262 a month
- for care degree 4 up to € 1,775 a month
- for care degree 5 up to € 2,005 a month

In-patient care in an institution which provides care for disabled people (§ 43a SGB XI) [Social Security Code, book 11]

For care degrees 2 to 5: 10% of the monthly home fees, subject to a maximum of € 266 per month.

Care aids

Reimbursement is provided for all the care aids that are listed in the catalogue of aids which is used for private compulsory nursing care insurance. The insurer organises the procurement of care appliances. Technical equipment is primarily hired out / rented. If renting is not possible, the costs of such aids are fully reimbursed (10% deductible applies for insured persons over the age of 18 when they independently procure a care aid from a third party medical supplies store, subject to a maximum of € 25 per aid). Expenses of € 40 per calendar month are reimbursed for aids intended for consumption.

Measures for improving the individual's home environment

Grant of up to € 4,000 for each measure. If there is more than one person in need of care in the same household: the grant is limited to the amount which is produced by dividing the costs of the measure by the number of people living there who are entitled to a grant; measures costing up to € 16,000 are eligible.

Additional support payments

Care degrees 1 to 5 up to € 125 a month for expenditure which is specifically for providing quality-approved services which provide respite for carers who are related to the recipient of care, and for promoting the independence and autonomy of the persons who are in need of care in relation to the structuring of their day-to-day lives. The support amount is used for the reimbursement of expenses which are associated with the use of semi-in-patient care services, respite care, and out-patient care services within the meaning of § 36 (for care degrees 2 to 5, but not the use of services for promoting the ability of persons who are in need of care to care for themselves), or of expenses which are associated with the use of services which are recognised under regional legislation for the provision of support with day-to-day living within the meaning of § 45a.

Insured persons in residential groups for whom care is provided on an out-patient basis

- € 214 a month

The setting up of residential groups for whom care is provided on an out-patient basis

The claim of the insured person entails to the amount resulting from dividing the maximum subsidy amount per residential group of € 10,000 by the number of residents entitled to subsidy, but not more than € 2,500.

Care period

If a family member becomes a care case, it takes a lot of time for relatives to adjust to the new situation and organise the care situation. Employees can take up to ten days off at short notice. If the relatives are cared for at home, employees are also entitled to an unpaid, but socially insured, leave of up to six months form the employer. The company must have more then 15 employees for this.

Foreign care

Even if care is not provided in Germany, benefits form the compulsory nursing care insurance are possible. In principle, the payment of care allowance for a period of six weeks is provide for nursing care abroad. In the territory of the European Economic Area (EEA) and in Switzerland, the care allowance is paid beyond the six weeks, i.e. on a permanent basis.