Please take this to your insurance documents

Changes in the General Terms and Conditions of Insurance

Not all changes affect your personal insurance coverage. Only changes in the tariffs in which you are insured are relevant for you. If other persons are also insured under your contract, this applies equally.

As of January 1, 2026, we will make changes to digital health applications (see 1.1), transitional care in hospital (see 1.2) and the list of remedies (see 1.3). The changes to the compulsory nursing care insurance (see 3.) have been in force since July 1, 2025. The changes are made on the basis of § 203 (3) of the German Insurance Agreement Act (VVG). The independent trustee has agreed to them. Please note that these regulations thus become part of the contract according to law and are binding.

In addition, there are editorial changes in daily sickness benefits insurance (see 2.) and in the tariffs DOGP Basic (see 1.4) and ELA (see 1.5) as well as in the Expat and Inpat tariffs (see 1.6).

1. Changes in health insurance

1.1 Digital health applications

Due to a change within German Digital Law (DigiG), the statutory health insurance now also covers the higher risk class IIb in addition to the existing low-risk digital health applications (DiGA). The aim is to improve the use of digital health applications in more complex treatment procedures, such as in the field of diabetes care or telemedical monitoring. Our insured persons should not be worse off than members under statutory health insurance. Therefore, we clarify in our terms and conditions that we also cover for digital health applications of higher risk class IIb in the future.

1.2 Transitional care in hospital

The Hospital Care Improvement Act (KHVVG) has changed the benefit of transitional care in hospitals: transitional care can now also be provided in another hospital. Originally, it could only be provided in the hospital where the insured person had previously been treated. Our insured persons should not be worse off than members under statutory health insurance. Therefore, we clarify in our terms and conditions that transitional care can also be provided in another hospital.

1.3 List of remedies

In the area of remedies, we are improving the insurance cover and adapting the conditions to the changed situation in the provision of remedies. This involves adjusting some of the maximum amounts in the list of remedies to the increased price level. We also supplement and update individual items in the list of remedies. To do this, we are guided by the changes in the state aid. In this way, we maintain the value of the high-quality insurance cover.

1.4 Tariff DOGP Basic

In the tariff DOGP Basic we clarify that the payment of a lump sum for delivery is not included in the insurance coverage.

1.5 Tariff ELA

In the tariff ELA insured persons generally have full coverage for temporary stays in Germany of up to three months. We clarify in our terms and conditions that digital health applications are covered during temporary stays in Germany.

1.6 Clarification accompanying persons

In the Inpat- and Expat-tariffs, the definition of family members has been standardized, and addition is included for “accompanying persons”. This serves to improve transparency.

2. Changes in daily sickness benefits insurance

The editorial change in § 4 of the General Terms and Conditions of Insurance for Daily Sickness Benefits transparently states that we insure the actual income from regular employment. We clarify the period within which the daily sickness allowance can be adjusted without a risk assessment in the event of an increase in net income. As a result of change in continued salary payments, the waiting period can be shortened for employees.

According to a adjudication by the Federal Court of Justice (BGH), the provision under Section 4 (4) MB/KT does not apply if your health insurance tariff was taken out before June 1, 2017, and no tariff change has taken place since then.

3. Changes in compulsory nursing care insurance

The benefit amounts for preventative care and short-term care, which were previously provided for separately in § 39 and § 42 of SGB XI, were merged into a new joint annual amount for preventative care and short-term care with effect from July 1, 2025. Additionally, the maximum entitlement for preventative care will increase from 6 to 8 weeks. Benefits for preventative care and short-term care used between January 1, 2025 and June 30, 2025 will be counted toward the total annual amount for the calender year 2025. These changes apply uniformly industry wide. Moreover, various other wordings are changed editorially.

Supplement to the insurance contract

(Changes are highlighted in gray)

1. Changes in health insurance

1.1 Digital health applications

General Conditions of Insurance for the Health Group Insurance Abroad

General Conditions of Insurance of the Specific Comprehensive Coverage for the Health Group Insurance Abroad

General Conditions of the Group Insurance for temporary stays in Germany

§ 4 Scope of Obligation to pay Benefits

(3a) If a tariff provides benefits for digital health applications, such an application must be a ~~low-risk~~ medical device of risk class ~~(~~I ~~or,~~ IIa or IIb ~~)~~ whose main function is essentially based on digital technologies and must be intended to support the detection, monitoring, treatment or alleviation of illnesses or the detection, treatment, alleviation or compensation of injuries or disabilities in the persons insured or in the care provided by the service providers named in Article 4 (3) of the tariff conditions.

1.2 Transitional care

1.2.1 Tariffs BD, DOGP, D, BD Prime, DOGP Basic, ELA, ELW, ARL

(the numbering depends on the respective tariff):

[…] Transitional care in hospital

Benefits for transitional care in hospital are eligible for reimbursement if home nursing care, short-term care, medical rehabilitation benefits or care benefits under compulsory social or private long-term care insurance are required but cannot be provided or can only be provided at considerable expense. Transitional care must be provided immediately following medically necessary treatment in ~~the same~~ a hospital.
[…]

1.3 List of remedies

Tariff BD Prime

	reimbursable up to €
Physical therapy / movement-based exercises	
Initial physiotherapeutic findings for the preparation of a treatment plan, once per treatment case	19.00
Physiotherapeutic report upon written request of the prescribed person	~~73.10~~ 76.10
Physiotherapeutic diagnostics (PD), once per blank prescription	41.20
Needs diagnostics (BD), once per blank prescription	30.90
Physiotherapy, also on a neurophysiological basis, respiratory therapy, as individual treatment including the necessary massage, guideline value: 15-20 minutes	~~32.00~~ 33.40
Physiotherapy on a neurophysiological basis (KG-ZNS according to Bobath, Vojta, Proprioceptive Neuromuscular Facilitation [PNF]) for central movement disorders acquired after reaching the age of 18 as individual treatment, guideline value: 25-35 minutes	~~50.90~~ 52.90
Physiotherapy on a neurophysiological basis (KG-ZNS according to Bobath, Vojta) for central movement disorders as individual treatment for children until the age of 18 at the latest, guideline value: 30-45 minutes	~~63.50~~ 66.10
Physiotherapy in a group (2-8 persons), guideline value: 20-30 minutes, per participant	~~14.40~~ 15.00
Physiotherapy for cerebral dysfunctions in a group (2-4 persons), guideline value: 20-30 minutes, per participant	~~18.00~~ 18.70
Physiotherapy (breathing therapy) for cystic fibrosis and severe bronchial diseases as individual treatment, guideline value: 60 minutes	~~96.10~~ 99.90
Physiotherapy in the exercise pool - as individual treatment, including the necessary rest, guideline value: 20-30 minutes - in a group (2-3 persons), per participant, including the necessary rest, guideline value: 20-30 minutes - in a group (4-5 persons), per participant, including the necessary rest, guideline value: 20-30 Minutes	 ~~36.60~~ 38.10 ~~26.20~~ 27.20 18.00
Manual therapy, guideline value: 15-25 minutes	~~38.50~~ 40.10
Chiropractic (functional spinal gymnastics) as individual treatment, guideline value: 15-20 minutes	~~22.10~~ 23.00
Movement-based exercises - as individual treatment, guideline value: 10-20 minutes - in a group (2-5 persons), guideline value: 10-20 minutes	 ~~14.90~~ 15.50 ~~9.20~~ 9.60
Movement-based excercises in the exercise pool - as individual treatment, including the necessary rest, guideline value: 20-30 minutes - in a group (2-3 persons), per participant, including the necessary rest, guideline value: 20-30 minutes - in a group (4-5 persons), per participant, including the necessary rest, guideline value: 20-30 minutes	 ~~35.90~~ 37.00 ~~26.00~~ 27.10 ~~18.00~~ 18.30
Extended ambulatory physiotherapy (EAP), guideline value: 120 minutes, per treatment day (Note: This special therapy is associated with specific indications.)	~~124.40~~ 132.60
Device-supported physiotherapy (physiotherapy device), including Medical Advanced Training (MAT) and Medical Training Therapy (MTT), up to 3 persons per session for parallel individual treatment, guideline value: 60 minutes	~~60.30~~ 62.70

	reimbursable up to €
Traction treatment with device (e.g. inclined board, extension table, Perl device, sling table) as individual treatment, guideline value: 10-20 minutes	10.20
Massages	
Massages of single or multiple body parts:	
- Classical massage therapy (CMT), segmental, periosteal, reflex zone, brush and colon massage, guideline value: 15-20 Minutes	~~23.40~~ 24.30
- Connective tissue massage, guideline value: 20-30 minutes	~~28.10~~ 29.30
Manual lymphatic drainage (MLD)	
- Partial treatment, guideline value: 30 minutes	~~38.90~~ 40.40
- Large-scale treatment, guideline value: 45 minutes	~~58.20~~ 60.70
- Full treatment, guideline value: 60 minutes	~~77.70~~ 80.80
- Compression bandaging of a limb, expenses for the necessary padding and bandaging material (e.g. gauze bandages, short-stretch bandages, flow padded bandages) shall also be reimbursable	~~24.80~~ 25.80
Underwater pressure jet massage, including the necessary rest, guideline value: 15-20 minutes	~~36.50~~ 38.00
Palliative care – unchanged	
Packs, hydrotherapy, baths	
Hot roll, including the necessary rest, guideline value: 10-15 minutes	15.70
Warm pack of one or more parts of the body, including the necessary rest	
- when using reusable packing materials (e.g. paraffin, fango-paraffin, moor paraffin, pelose, Turbatherm)	~~18.00~~ 18.20
- when using single use natural peloids (healing earth, moor, natural fango, pelose, mud, silt) without using foil or fleece between skin and peloid	
- Partial packaging	41.70
- Bulk packaging	55.00
Sweat compress (e.g. “Spanish jacket”, salt shirt, three-quarter compress according to Kneipp), including the necessary rest	22.70
Cold pack (partial pack)	
- Application of clay, curd cheese, etc.	11.80
- Application of single-use peloids (healing earth, moor, natural fango, pelose, mud, silt) without using foil or fleece between skin and peloid	23.40
Hay flower bag, peloid compress	14.00
Other packs (e.g. wraps, pads, compresses), also with addition	7.10
Dry pack	4.80
Cast	
- Partial cast, partial flash cast, interchangeable part cast	4.80
- Full cast, full flash cast, full interchangeable cast	7.10
- Slapping, rubbing, washing up	6.30
Ascending or descending partial bath (e.g. Hauffe), including the necessary rest	18.70

	reimbursable up to €
Ascending or descending full bath (overheating bath), including the necessary rest	30.40
Alternating bath, including the necessary rest	
- Partial bath	14.00
- Full bath	20.30
Brush massage bath, including the necessary rest	28.90
Natural moor bath, including the necessary rest	
- Partial bath	49.80
- Full bath	~~60.70~~ 62.30
Sand bath, including the necessary rest	
- Partial bath	43.60
- Full bath	49.80
Balneo phototherapy (brine light photo-therapy) and light-oil bath, including re-greasing and the necessary rest	49.80
Medical baths with additive	
- Hand, foot bath	10.20
- Partial bath, including the necessary rest	20.30
- Full bath, including the necessary rest	28.10
- if there are several additions, each further addition	4.80
- For partial and full baths with local natural healing waters, the maximum amounts shall be increased by € 4.80.	
Baths containing gas	
- Baths containing gas (e.g. carbonic acid bath, oxygen bath), including the necessary rest	~~30.10~~ 31.20
- Gaseous bath with additive, including the necessary rest	34.20
- Gas bath with local natural healing waters and with additives, including the necessary rest	39.00
- Carbon dioxide gas bath (carbonic acid gas bath), including the necessary rest	31.90
- Radon bath, including the necessary rest	28.10
- Radon additive, 500,000 millistat each	4.80
Inhalations	
Inhalation therapy - also by means of ultrasound nebulisation	
- as single inhalation	~~13.40~~ 14.00
- as room inhalation in a group, per participant	5.60
- as room inhalation in a group - but with the use of local natural healing waters, per participant	8.70
Expenses for the additives required for inhalations shall also be reimbursable separately.	
Radon inhalation in the tunnel	17.20
Radon inhalation through hoods	21.00
Cold and heat treatment	
Cold therapy of one or more body parts with local application of intensive cold in the form of ice compresses, frozen ice or gel bags, direct rubbing, cold gas and cold air with approp¬riate equipment as well as partial ice baths in foot or arm baths, guideline value: 5-10 minutes	14.90
Heat therapy using hot air – for one or more body parts, guideline value: 10-20 minutes	8.70
Ultrasound heat therapy, guideline value: 10-20 minutes	~~15.90~~ 16.50

	reimbursable up to €
Electrotherapy	
Electrotherapy of one or more parts of the body with individually adjusted current strengths and frequencies, guideline value: 10-20 minutes	~~9.50~~ 9.60
Electrostimulation for paralysis, guideline value: per muscle nerve unit 5-10 minutes	~~20.30~~ 21.10
Iontophoresis, phonophoresis	9.50
Hydroelectric partial bath (two or four cell bath), guideline value: 10-20 minutes	17.20
Hydroelectric full bath (e.g. balvanic bath), also with additives, including the necessary rest, guideline value: 10-20 minutes	33.40
Light therapy – unchanged	
Speech therapy (voice, speech, language and swallow therapy)	
Detailed report (except the speech therapy report for the prescribing physician)	20.70
Initial voice, speech, language and swallow therapy diagnostics to draw up a treatment plan, once per treatment case, guideline value: 60 minutes	~~127.90~~ 134.90
Voice, speech, language and swallow therapy needs assessment, guideline value: 30 minutes	~~64.00~~ 67.60
Expenses for up to two units of diagnostics (either one unit of initial diagnostics and one unit of diagnostics on demand or two units of diagnostics on demand) per calendar half-year are reimbursable within one treatment case	
Report to the prescribed person	~~7.20~~ 7.60
Report on special request of the prescribed person	~~127.90~~ 134.90
Individual treatment for voice, speech, language and swallow disorders	
- Guideline value: 30 Minutes	~~56.90~~ 60.10
- Guideline value: 45 Minutes	~~78.20~~ 82.50
- Guideline value: 60 Minutes	~~99.50~~ 105.00
- Guideline value: 90 Minutes	119.00
~~Expenses for preparation and follow-up work, documentation of the course of treatment, the speech therapy re-port for the prescribing doctor and for counselling the in-sured person and his or her reference persons shall not be reimbursable.~~	
Group treatment for voice, speech, language and swallow disorders per participant	
- Group (2 persons), guideline value: 45 minutes	~~70.40~~ 74.20
- Group (3-5 persons), guideline value: 45 minutes	39.80
- Group (2 persons), guideline value: 90 minutes	~~127.90~~ 134.90
- Group (3-5 persons), guideline value: 90 minutes	~~64.60~~ 67.60
~~Expenses for preparation and follow-up work, documentation of the course of treatment, the speech therapy re-port for the prescribing doctor and for counselling the in-sured person and his or her reference persons shall not be reimbursable.~~	

	reimbursable up to €
Ergotherapy (Occupational therapy)	
Functional analysis and initial consultation, including consultation and treatment planning, once per treatment case	~~48.10~~ 50.90
Individual treatment	
- for functional motor disorders, guideline value: 45 minutes	~~52.00~~ 60.80
- for sensorimotor or perceptive disorders, guideline value: 60 Minutes	~~70.10~~ 81.00
- for functional mental disorders, guideline value: 75 minutes	~~87.70~~ 101.20
Individual treatment as counseling for integration into the home and social environment in the context of a visit to the home or social environment, once per treatment case	
- for motor-functional disorders, guideline value: 120 minutes	~~156.00~~ 162.00
- for sensorimotor or perceptive disorders, guideline value: 120 minutes	210.00
- for functional mental disorders, guideline value: 120 minutes	175.30
Parallel treatment (in the presence of two persons to be treated)	
- for motor-functional disorders, guideline value: 45 minutes, per participant	~~41.30~~ 48.70
- for sensorimotor or perceptive disorders, guideline value: 60 minutes, per participant	~~56.10~~ 64.80
- for functional mental disorders, guideline value: 75 minutes, per participant	~~69.40~~ 81.00
Group treatment	
- for functional motor disorders, guideline value: 45 minutes, per participant	~~19.00~~ 21.30
- for sensorimotor or perceptive disorders, guideline value: 60 minutes, per participant	~~24.70~~ 28.50
- for functional mental disorders, guideline value: 105 minutes, per participant	~~45.20~~ 49.60
- for functional mental disorders as a stress test, guideline value: 180 minutes, per participant	80.80
Brain performance training / neuropsychologically oriented individual treatment, guideline value: 45 minutes	~~57.70~~ 60.80
Brain performance training, individual treatment as counseling for integration into the home and social environment in the context of a visit to the home or social environment, guideline value: 120 minutes, once per treatment case	175.30
Brain performance training as parallel treatment in the presence of two persons to be treated, guideline: 45 minutes, per participant	~~45.40~~ 48.70
Brain performance training as group treatment, guideline value: 60 minutes, per participant	~~24.70~~ 28.50
Podiatry – unchanged	
Nutritional therapy – unchanged	
Miscellaneous	
Home visit prescribed by doctor	14.00
Home visit prescribed by doctor including travel expenses, flat rate. If several patients are visited on the same route, the expenses are only reimbursable pro rata per patient.	~~25.80~~ 29.50

	reimbursable up to €
Visit of one or more patients in a social institution/community, including travel expenses, per patient flat rate	~~17.00~~ 19.30
Home visit for counseling in the home and social environment (additional expense). The home visit is only reimbursable if the services of individual treatment or brain performance training as counseling or nutritional therapeutic intervention for integration into the home and social environment were provided without a medically prescribed home visit. Expenses for services for medically prescribed home visits including travel costs or visiting a patient in a social institution are not eligible for reimbursement.	~~25.80~~ 29.50
Transmission fee for communication/report to prescriber	1.70
Supply-related flat rate per blank prescription	105.10

For the unisex tariff BD.Prime, in addition (a unisex tariff is denoted by the dot in the name of the tariff):

	reimbursable up to €
Birth preparation / pregnancy gymnastics / postpartum gymnastics – unchanged	
Rehabilitation sports / functional training	
Rehabilitation sports in groups under medical care and supervision, per participant	
- General rehabilitation sports	~~7.60~~ 8.10
- Rehabilitation sports in water	~~9.60~~ 10.80
- Rehabilitation sports in heart groups	~~10.70~~ 12.50
- Rehabilitation sports for severely disabled people who require increased care	~~14.80~~ 17.20
For children up to the age of 14:	
- General rehabilitation sports	~~10.10~~ 11.90
- Rehabilitation sports in water	~~14.20~~ 16.30
- Rehabilitation sports in children's heart groups	~~19.60~~ 23.00
- Rehabilitation sports for severely disabled children	~~19.60~~ 21.90
Exercises to strengthen self-confidence for children and adults	~~14.20~~ 16.10
Functional training in groups under expert guidance and supervision, per participant	7.60

1.4 Tarif DOGP Basic

II. Insurance Benefits

1.7 (Male) Midwife services

[…]
In case of a delivery in an institution which is managed by midwives (e.g. birth house, midwife house), the occurred costs will be reimbursed ~~instead of the delivery lump-sum of € 750~~, however only the costs which would have occurred for a correspondent delivery in a hospital. These costs are also reimbursable if the mother has to be admitted to a hospital while giving birth (start of labours or rupture of the membranes).

1.5 Tarif ELA

II. Insurance Benefits

12. Coverage for trips to the Federal Republic of Germany (as per § 1 N° 4a of the respective General Conditions of Insurance)

During a trip to the Federal Republic of Germany we are granting coverage according to II.1.-10 and II.13 up to three months.

1.6 Clarification accompanying persons

1.6.1 Tariffs ELA, ELW, ARK 14, EK, EZ, EWB

I. Eligibility

Every person who fulfils the conditions of the group insurance contract […] ~~Persons~~ Accompanying spouses, homosexual partners as per § 1 of the German Lebenspartnerschaftsgesetz (Civil Partnership Law) and children of the main insured person travelling with the expat may also be insured (co-insured persons).

1.6.2 Tarife D, DOGP, DOGP Basic, DZ, DZE, DZ.E, ARL

I. Eligibility

Every person who fulfils the conditions of the group insurance contract […] ~~Dependants~~ Accompanying spouses, homosexual partners as per § 1 of the German Lebenspartnerschaftsgesetz (Law of homosexual partnerships) and children of the main person insured may also be insured (co-insured persons) […]

1.6.3 General Conditions of Insurance for the Health Coverage in Case of Holiday and Business Trips Abroad of Tariff Global Care

§ 1 Who is insured?

In this tariff all persons eligible as per the group insurance contract may be covered (main persons insured). Accompanying spouses, civil partners as per § 1 of the German

Lebenspartnerschaftsgesetz (Law of Homosexual Partnerships)~~, long-term partners~~ and children of the main person insured may be co-insured (co-insured persons). […]

2. Changes in daily sickness benefits insurance

2.1 General Terms and Conditions of Insurance for Daily Sickness benefits for the Health Group Insurance Abroad

§ 4 Obligation to pay benefits

(10) Net income:
[…]
b) for self-employed persons (e.g. tradespersons and members of the liberal professions) shall mean:
80% of the taxable profit from this regular self-employment (determined by comparison of business assets or an earnings statement).

(11) If the net income from professional activity increases, the daily sickness allowance may, upon application, be insured at a higher rate in proportion to the increase in net income. If the period of the claim to continued payment of remuneration in the event of an incapacity to work is reduced for employees, insurance cover may be applied for at a rate level with a correspondingly shorter waiting period. Such a change notification will be accepted without a new risk assessment if it is submitted within two months of the ~~first day of the month following~~ the increase in net income or reduction in continued salary payments. The change will take effect on the first day of the month following the submission of the request. From the date of the change, the additional benefit will also be paid for an ongoing insurance claim, if there is an obligation to pay benefits within the scope of the previously insured daily sickness allowance.

3. Changes in compulsory nursing care insurance

General insurance conditions for private compulsory nursing care insurance

I. Conditional part – MB/PPV 2025

§ 4 Obligation to pay benefits

A. Benefits for Domestic nursing

(2) […] Half of the care allowance received to date shall continue to be paid during ~~preventative~~ replacement care based on section 6 ~~for up to six weeks~~ and during short-term care based on section 10 for up to eight weeks per calendar year.

(4) […] At the request of the insured person, every second consultation will be conducted via video conference ~~between July 1, 2022 and June 30, 2024.~~

(6) If a caregiver who cares for an insured person with a level of care of at least 2 in their domestic environment is prevented from providing care due to vacation, illness or other reasons, the costs of a necessary replacement care will be reimbursed for a maximum of ~~six~~ eight weeks per calendar year based on N° 3 of the tariff PV. ~~It is required that the caregiver has cared for the insured person in their domestic environment for at least six months prior to the first instance of incapacity and that the insured person has at least care level 2 at the time of incapacity.~~

Paragraph 6a deleted

E. Social security benefits for caregivers

(13) […] Recreational leave for caregivers of up to ~~six~~ eight weeks per calendar year does not interrupt contribution payments. […]

L. Nursing care when the caregiver makes use of preventive or rehabilitation measures

§ 5 Limitations of Benefits

(2a) Notwithstanding section 2 letter a), sentence 2, clause 1, the entitlement to home care benefits, including care allowance pro-rata, shall be suspended for as long as the caregiver is in a care or rehabilitation facility and the person in need of care is being cared for in accordance with § 4 (23), sentence 1 or § 40 (3a), sentence 1 SGB V; […]

§ 6 Payment of Insurance Benefits

(2) […] Subject to the provisions of § 142a SGB XI, the examination in the living area may be supplemented or replaced by a structured telephone interview, which may also be conducted, supplemented, or replaced by video call.

(2a) If the insurer fails to notify the insured person of its benefit within 25 working days of receiving the request for determination of the need for care, or if one of the assessment periods specified in the sections 2b or 2c below is not complied with, the insured person is entitled to an additional payment in accordance with N° 12 of the tariff PV for each week that the deadline has been exceeded. […]

§ 8a Calculation of Premiums

Paragraph 5 is deleted

III. Tariff conditions

Benefits of the insurer

Tariff level PVN for insured persons not entitled to assistance

The tariff benefits amount to 100% of the amounts specified in N° 1 to ~~15~~ 16.

Tariff level PVB for insured persons entitled to assistance or medical care in the event of long-term care needs

[…]
The tariff benefits amount to […] in accordance with § 23 (3) sentence 2 SGB XI in conjunction with § 46 (2) and (3) BBhV for the amounts specified in tariff level PVN according to N° 1 to ~~15~~ 16.

2. Care allowance

2.2 The amount recognized by the social or private compulsory nursing insurance providers will be reimbursed for consultation. ~~If no such amount has yet been agreed for the consulting agency, up to € 23 will be reimbursed for consultations in the levels of care 1, 2 and 3 and up to € 33 in levels of care 4 and 5.~~

3. Domestic care when a caregiver is unavailable (substitute care)

Expenses are reimbursed on case-by-case basis up to € 1,695 per calendar year.

The insured person's entitlement to replacement care and short-term care benefits amounts to a total benefit amount up to € 3,539 per calendar year (joint annual amount).

In the case of replacement provided by caregivers who do not perform this work professionally and who are related to the insured person by second degree or are related by marriage or live in the same household, reimbursement is limited to the care allowance for the determined care levels based on N° 2.1 of the tariff PV and to two months. In addition, necessary expenses incurred by the replacement care giver in connection with replacement care may be reimbursed upon proof. The reimbursements pursuant to sentences 2 and 3 are limited to the ~~amounts specified in~~ joint annual contribution pursuant to sentence 1, taking into account the benefits for short-term care (N° 6 of the tariff PV).

~~In the case of prevention referred to in § 4 (6a) sentence 1, sentence 2 shall apply with the proviso that the insurer's expenses may not exceed the amount of the care allowance under No. 2.1 of the PV tariff for up to two months. In the case of prevention referred to in § 4 (6a) sentence 1, the benefit amount according to sentence 1 may, in deviation from sentences 9, 10, and sentences 8 and 4 in conjunction with sentence 9, 10 in the calendar year, provided that the funds for short-term care have not yet been used in the calendar year. The increase amount used for respite care shall be credited against the benefit amount for short-term care pursuant to N° 6 sentence 2 of the tariff PV.~~

If the replacement care based on sentence 2 is provided professionally, reimbursement is provided up to the amount specified in sentence 1.

~~The benefit amount may be increased by up to € 843 to a total of € 2,528 per calendar year, provided that no benefits under N° 6 of the tariff PV (short-term care) have been claimed for this amount in the calendar year. If the increased amount is claimed, the benefits under N° 6 of the PV tariff are reduced accordingly. If the increased amount has already been claimed for the benefits under N° 6 of the PV tariff, it is offset against the benefits for substitute care, i.e., the benefit amount may also be reduced (see N° 6 of the tariff PV).~~

In tariff level PVB, the amounts are reduced to the tariff percentage.

6. Short-term care

The insured person's entitlement to replacement care and short-term care benefits amounts to a total benefit amount of up to € 3,359 per calendar year (joint annual amount).

Entitlement to short-term care is limited to eight weeks per calendar year. Within the frame of the applicable care rates, care-related expenses, including expenses for support and medical treatment services, are reimbursed ~~up to a total amount of € 1,854 per calendar year~~, taking into account the benefits for replacement care (N° 3 of the tariff PV) up to a maximum of the joint annual amount according to sentence 1.
[…]
~~The benefit amount may be increased by up to € 1,685 to a total of € 3,539 per calendar year, provided that no other benefits under N° 3 of the tariff PV (replacement care) have been claimed for this amount in the calendar year. If the increase amount has already been claimed for benefits under N° 3 of the tariff PV, it will be offset against the short-term care benefits, i.e. the benefit amount may also be reduced (refer to N° 3 of the tariff PV).~~
[…]

9. Benefits in the event of caregiver leave and short-term absence from work

9.1 The payment of subsidies for compulsory health and nursing care insurance is made in the case of exemptions under § 3 of the Care Leave Act in accordance with

§ 44a (1) of SGB XI; their amount is limited to the minimum contributions payable by persons voluntarily insured under the statutory health insurance scheme and social long-term care insurance schemes and may not exceed the actual ~~paid~~ amount of these contributions.

16. Nursing care when the caregiver claims preventive or rehabilitation measures

The entitlement covers care-related expenses incurred when the insured person is cared for in a preventative care or rehabilitation facility or in a full-time inpatient care facility, including expenses for care, medical treatment, accommodation, and meals, as well as the assumption of the necessary investment expenses. The entitlement for care in a preventative care or rehabilitation facility is equal to the average total home fee based on § 42~~a~~b (5) sentences 2~~, 3~~ to 4 of SGB XI and for care in an approved full-time inpatient care facility, it is equal to the total home fee applicable to that care facility.

IV. Regulations governing the transition to levels of care and the protection of acquired rights for long-term care insurance benefits in connection with the introduction of the new definition of long-term care needs as of January 1, 2017 (Transitional Arrangements) and other Transitional Arrangements

§7 Transitional Arrangement for beneficiaries under the Soldier Supply Act

For insured persons who receive benefits under the Soldier Supply Act in the version published on September 16, 2009 (Federal Law Gazette BGBl. I p. 3054), last amended by Article 19 of the law of August 4, 2019 (BGBl. I p. 1147), in conjunction with the Federal Welfare Act in the version published on January 22, 1982 (BGBl. I p. 22), last amended by Article of the Ordinance of June 13, 2019 (BGBl. I p. 793), the provisions of § 13 (1) N° 1, (3) sentence 1 N° 3 and sentence 3 SGB XI, § 23 (5) SGB XI and § 5 (1b) MB/PPV 2023 shall continue to apply.

§ 8 Transitional Arrangement for the joint annual amount in 2025

The benefit amounts that have been used for replacement care benefits in accordance § 4 (6) MB/PPV 2025 and for short-term care benefits in accordance with § 4 (10) MB/PPV 2025 in the period from January 1, 2025, up to and including June 30, 2025, shall be credited against the benefit amount of the joint annual amount based on N° 3 and 6 of the tariff PV for the calendar year 2025.