Federal Ministry of
Health and Social Security

agenda *2010*

THE HEALTHCARE REFORM:

A healthy choice for everyone!

KEEPING GERMANY HEALTHY

Dear Fellow Citizens,

in the future, you can continue to count on receiving the medical care that you need, regardless of your age or income. It took a great deal of effort to preserve this social achievement, but we have succeeded. The new healthcare reform took effect on 1st January 2004. This paves the way for finding solutions to urgent problems, lowering healthcare contributions, reducing expenditure, and promoting competition for higher quality and more efficiency in our healthcare system.

Economic common sense, a spirit of cooperation, and health-conscious behaviour will now be rewarded. The false incentives that contributed to the wasting of resources have been eliminated. We want every euro that enters the statutory health insurance system to be of maximum benefit to our patients.

We all have to work together to achieve this common objective: doctors and pharmacists, hospitals and statutory health insurance funds, unions and associations – and patients, too. We have given patients more choices and a far greater say in health matters, and with the new family doctor system, we have given them someone they can depend on when it comes to medical matters. Ask your doctor or pharmacist, and obtain information from your health insurance fund. Find out how you can get the best care possible. And above all, make use of available prevention and early detection programmes to stay healthy. After all, nothing is more precious than your health.

Ulla Schmidt
Minister of Health and Social Security

CONTENTS:

OUR HEALTHCARE SYSTEM:

Strong, but in need of improvement

Our healthcare system is strong. The modern welfare state is built on the concept of statutory health insurance, and it remains one of the greatest achievements of our society. It guarantees that everyone who falls ill, regardless of age or income, receives appropriate care, and that this care is in keeping with advances in medical technology. We intend to maintain this system.

However, this safety net should not simply be taken for granted. First of all, societal framework conditions have completely changed and, secondly, within this system itself, not everything is running as smoothly as it should.

Changing demographics

By 2050, there will only be an average of 1.7 employed individuals for every pensioner. In 2001, there were 3.8 employees contributing to the system for every retiree. What's more, advances in medical technology continue to push costs higher. This means that without sweeping reforms, statutory health insurance fund contributions will continue to rise in the future or services will have to be reduced. We want to avoid these developments.

Low-quality care despite high expenditure

Statutory healthcare contributions put more than €140 billion a year – a huge amount of money – at the disposal of the statutory health insurance system. Yet there remain significant quality deficiencies in this system. Experts have identified a number of problems. Some patients receive more care and medications than they need, others receive too little, and some are given the wrong type of care. This is detrimental to patient health, and creates unnecessary costs. These problems are a result of insufficient coordination of medical treatment. The system does not adequately address the needs of patients. We want to change that.

Patients faced with a maze of options

The healthcare system is there for the patients, but it also confronts them with a maze of options. What is the right form of treatment? Which medications will really help me? Am I getting the best advice? Patients have to hope and trust that they receive only the very best and most effective care from doctors, hospitals and pharmacies. They also have to assume that the development of new medications by pharmaceutical companies is in their best interest. But only well-informed patients can judge for themselves, take decisions, and

share in assuming responsibility for their health. We want patients to once again be the focus of our system. Healthcare must always include patient participation.

This means that in order to preserve the solidary character of our healthcare system, it was necessary to focus our financial resources on essential care while eliminating the deficiencies in the system. All of the services provided by our healthcare system, and every reform that changes it, must measure up to the same objective: they have to benefit the patients!

What are the benefits of the healthcare reform?

More involvement

The healthcare reform makes it easier for patients to obtain information and to play an active role in the treatment process. A key component is increased transparency of healthcare services and costs.

More quality

The healthcare reform guarantees improvements in the quality of care provided. It actively promotes better cooperation among all sectors of the healthcare system.

More efficiency

The healthcare reform creates incentives that promote health and cost-consciousness on all sides. This encourages competition and allows for the creation of efficient structures.

MORE INVOLVEMENT:

Patients have more to say than "Ahhhh"!

- Did your doctor clearly explain the nature of your last illness and the suggested means of treatment?
- Have you ever received a receipt from your doctor?
- Have you ever received a full account of your vaccinations, allergies, laboratory test results, diagnoses, and medications?

The focus is on you

Most of us are prepared to make a major effort when it comes to maintaining our health or recovering from an illness. Unfortunately, this aspect is often ignored in our healthcare system. Many patients are treated without being consulted or given explanations. Thus, they cannot play an active role in the treatment process, and they make little contribution to the process of healing their illness.

Since the purpose of the system is to serve the patients, they should be the focus of all forms of treatment. Patients can only take responsibility for their own health if they are informed of the risks and benefits of a given treatment, or they can at least ask their doctor important questions concerning that treatment.

The healthcare reform guarantees this. It provides a clear overview of all medical services, and an improved basis for doctor-patient relationships that are based on mutual trust and cooperation. It also improves the rights of participation for patients' associations, and provides for a patient ombudsman who looks after the patient's rights. By giving patients a comprehensive understanding of the healthcare system, it allows them to make valid judgements and act in a manner that is both health and cost-conscious.

THE PATIENT RECEIPT:

A better understanding of the services provided

As a patient, you now have a better overview of the services provided by your doctor and the costs of these services. Upon request a clearly understandable list of the services and costs will be given to you by your doctor, dentist or hospital.

Patients can choose between what is known as a daily receipt after visiting their doctor, or they can opt to receive a final report at the end of each quarter. The report clearly lists all services rendered, and what they cost. This serves to inform everyone concerned and to enhance trust between doctors and patients. Such transparency is a prerequisite for successful treatment, and it contributes to a patient-doctor relationship that is based on mutual trust and cooperation.

THE DIGITAL HEALTH CARD:

Your own health at a glance

You will soon have full access to all your health records. In 2006, a digital health card will replace the current health insurance card. This card will contain all patient information and the required data for writing digital prescriptions.

Patients can also opt to have important personal health information placed on the card. This data can range from medications taken to emergency information such as blood type, allergies, and chronic diseases. Patients decide for themselves how much information should be saved and who will have access to it. To ensure confidentiality, only authorised personnel with a digital health professional card will have access to this information. This is the second “key” required to access the contents of the card.

THE INSUREE BONUS:

Prevention saves you money

Patients who take an active role in protecting their health and put the services of the healthcare system to good use are now eligible for a bonus from their health insurance fund. For example, they can have regular check-ups as part of an early detection or prevention programme. Patients who sign up for the family doctor system and take part in prevention programmes or special programmes for the chronically ill can also qualify for a bonus from their health insurance fund.

Each statutory health insurance fund will decide on the details of its own version of the bonus system. As a "reward", patients may receive reductions in their co-payments and practice fees. Or their insurance contributions may be reduced. There may also be other bonuses including prizes. There are many ways of motivating people to take an active role in maintaining their health, or to act responsibly when they are ill. Each health insurance fund offers its own solutions. You can compare their offers to find the one that best suits your needs. In the end, you decide.

TRANSPARENT FINANCES:

You know where your insurer spends your money

You should know exactly where your health insurance fund spends your contributions. Each year, the statutory health insurance funds are required to publish a final report in their member magazines. These reports list, for example, the expenditure for hospital treatment, medications, administration and personnel costs, etc. The report also lists the salaries, pension plans and all bonuses received by board members.

STRONGER PATIENT REPRESENTATION:

Advocating the interests of patients

All committees are required to take into account the interests of their patients when important decisions are taken that affect them. As a result, organisations representing patient rights are directly involved in the decision-making process, for example, patients' associations, associations for people with disabilities, and self-help organisations. This will affect the outcome of such important issues as whether or not new therapies and drug treatments are effective and should thus be paid for by the health insurance funds.

THE PATIENT OMBUDSMAN:

Patients are included in decision-making

The new patient ombudsman appointed towards the end of 2003 at the Federal level, ensures that closer attention is paid to the interests of patients. She will work to further the rights of patients and to create more opportunities for patients to have an impact on the healthcare system.

The patient ombudsman helps improve transparency in the health-care system and works closely with patient associations and organisations to bring the interests of patients to the attention of the public. You can also address questions and complaints to this new representative.

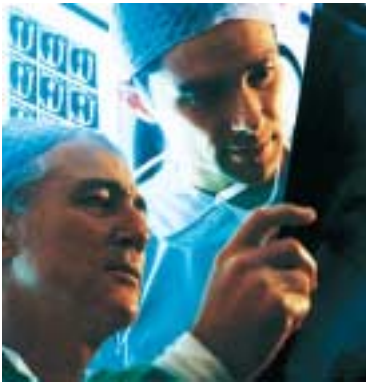
MORE QUALITY:

More competition means better quality for you!

- Prior to your last surgery, were you able to compare and find out which hospital in your area has the best success rate for that particular procedure?
- Does your general practitioner know about other doctors or therapists that you see, does he know about their diagnoses, and are the therapies coordinated to achieve maximum results?
- Has your health insurance fund ever offered you a reward for regular check-ups or other preventive measures?

Quality assurance and improvement

Germany already has what it takes to assure top-quality health-care: highly trained physicians, state-of-the-art medical equipment, nationwide hospital care, and first-rate pharmaceuticals. However, the existing possibilities of our efficient healthcare system have not always been used in such a way and so consistently that they have been of genuine benefit to our patients. In other words, we have tolerated far too much poor quality in the system. In many areas, there is insufficient cooperation among doctors, hospitals and other providers of medical care. Our medical care system lacks quality assurance. We can no longer accept this. The healthcare system needs more competition to improve quality.



Our healthcare reform will change structures so that all sectors of the healthcare system will be able to cooperate more effectively. In addition, we will make sure that there is more quality assurance in doctors' practices and hospitals. This will result in better care and treatment for patients.

THE FAMILY DOCTOR SYSTEM:

Visiting your family doctor is the right first step, and it can save you money

Health insurance funds are required to offer members a family doctor system. This means that patients can choose a family doctor as their primary source of care. This family doctor is the first port of call for patients, and it allows him to remain informed on all aspects of their treatment. He knows the health history of all patients, advises them, and consults with them concerning therapeutic options. Patients who first go to their family doctor when they fall ill may enjoy a number of financial advantages. Health insurance funds have the option of rewarding patients with bonuses for participating in the family doctor system.

MEDICAL TREATMENT CENTRES:

Improved cooperation for better treatment quality

More cooperation between physicians, therapists and other healthcare personnel will be actively promoted. A common understanding and coordination concerning the course of an illness, the treatment objectives and therapies is clearly in the best interests of the patient. The staff of medical treatment centres work hand in hand, making it possible to coordinate drug treatment and avoid duplicate examinations. Consequently, patiens receive special medical care from a single source. This results in a speedier recovery.

OUTPATIENT HOSPITAL TREATMENT:

Better care for chronically ill patients

Hospital outpatient wards will be able to offer highly specialised medical services. Hospitals will also assume responsibility for specialist care in structured treatment programmes for the chronically ill. This spares these patients the extra burden of travelling back and forth between the hospital and an outside specialist for regular visits.

QUALITY-TESTED DOCTORS:

More trust thanks to proven quality

Patients usually have difficulty judging the level of quality of a doctor's work. Since there are no general standards, they have to depend on subjective impressions. The healthcare reform guarantees that the principles of quality management will be consistently applied in doctor's practices and hospitals.

An internal quality management system will be introduced in all doctors' practices and hospitals. This means that every doctor and every hospital will have to monitor the efficiency of their work according to specific quality criteria. The panel doctors' associations will also be required to continuously monitor the quality of doctors' practices or hospitals and take measures to improve results. On top of that, they will have to submit regular reports on their efforts.

Doctors are required to regularly take part in continuing education programmes to ensure that their treatment methods are in line with medical advances. This requirement is now more precisely defined: continuing education must be totally independent of any commerial interests. In other words, product-related events will no longer be recognised as continuing education. Doctors who fail to meet these standards of continuing education will be penalised with reduced fees or possibly the revocation of their medical licences.

THE INSTITUTE FOR QUALITY AND COST-EFFECTIVENESS:

The watchdog of the healthcare system

Health insurance funds, hospitals and doctors will establish a common, non-governmental institute. This institute will work as a scientific service for the healthcare community. It will examine and evaluate the benefits of drugs based on the current state of medical science. Treatment methods, surgical procedures and treatment recommendations for specific illnesses (guidelines) will also be evaluated. Moreover, the Institute's work will give physicians a dependable source of information.

All of this information will be written in plain language so that patients can understand it and use it as a basis for consultations with doctors. The role of the institute could thus be compared with that of a "consumer watchdog".

The institute will also shed light on a number of issues, including why the health insurance funds pay for some medical services and not for others. Until now, it has been difficult for outsiders to understand why one therapy or medication is covered by the insurance, and yet another is not reimbursed. In the future, the scientific studies and results that are the basis for these decisions will be available to all the insured and patients.

MORE EFFICIENCY:

Keeping quality affordable!

- Has your pharmacist ever recommended less expensive medications or smaller packages?
- Have you ever seen headache tablets on sale?
- Have you ever thought of ordering your medication on the Internet and having it delivered by post?

New health and cost-consciousness

International comparisons have revealed that our healthcare system is simply too inefficient. In terms of the cost of healthcare, we rank third in the world, behind the US and Switzerland, but when it comes to quality, we usually achieve an average performance in most areas. Why is this? In the past, the various service sectors of our healthcare system have often worked separately, instead of hand in hand. Each part of the system is interested in preserving its own economic interests. It goes without saying that this is not in the interests of patients.

All that is about to change. The healthcare reform creates incentives that will promote health and cost-consciousness on all sides. It promotes cooperation between outpatient and in-patient care, and fosters the coordinated exchange of information among doctors, pharmacists, hospitals and therapists to create more efficient structures. Our goal is to ensure that every euro spent actually benefits patients. We will eliminate those factors from our healthcare system that push up costs, further root out corruption, and work toward more competition in the pharmaceutical trade. “What does this medication cost? Why is it necessary and what does it do? What is the alternative?” Ask your pharmacist! The bottom line is that competition can only work if you get involved and become more critical and cost-conscious.

NEW REFERENCE-PRICE REGULATIONS FOR MEDICATIONS:

Rewards only for real innovations

Over the past five years, expenditure for pharmaceuticals has risen at a disproportionate rate. The reasons for this cannot be purely medical. This is why referenceprices are now only waived for medications that result in a real improvement in the medical treatment of patients. We will no longer pay excessive prices for "pseudo innovations" that are nothing more than minor modifications of existing medications.

We will continue to promote and reward the development of innovative medicines – but we refuse to support research whose sole purpose is to detect minimal differences in active ingredients so that these can be "patented" to justify exorbitant prices. Research should result in real therapeutic benefits, not just more high-priced patent-protected drugs.

NEW FEES FOR PHARMACISTS:

Cost-effectiveness takes priority

Pharmacists no longer earn more money by selling medications that are more expensive. Regardless of the size of the package or its price, pharmacies now receive the same allowance for each prescription medication, namely the new standard dispensing fee of €8.10 per package. This promotes economical behaviour and helps reduce costs. To offset investment costs, the pharmacy also receives a small supplemental percentage of the wholesale price.

An added benefit of this policy is that it fosters the pharmacists in their role as consultants. It is in their own best interests to recommend a good inexpensive medication. The customer is satisfied, and the pharmacist earns the same amount of money. It is also in your interest to play a more active role because your share of the cost of the medication is no longer calculated according to the size of the package, but solely according to the price tag.

NO PRICE CONTROLS FOR OVER-THE-COUNTER PRODUCTS:

Now it pays to compare

The prices for over-the-counter medications and products are no longer regulated by law but subject to open competition. Every pharmacy is free to set the prices for individual items as high or low as it wants. As a patient or a customer, your decision to buy in a given pharmacy shows just what you think of its prices. After all, there is a difference between paying €3.20 and €4.10 for a medication.

Lifting these price regulations will clearly affect consumer behaviour. Pharmacies will compete by offering low prices in addition to high-quality service. With increased competition in the sector, it is safe to assume that the prices for many over-the-counter medications and products will fall significantly.

MAIL-ORDER DRUGS:

More competition with ordering online or by post

Similar to other European countries, mail-order sales of prescription drugs are now legal in Germany. This means that community pharmacies have to compete with mail-order pharmacies. Mail-order pharmacies will of course have to meet the same high standards with regard to consumer protection and drug safety as your local pharmacy.

PANEL DOCTORS' ASSOCIATIONS AND HEALTH INSURANCE FUNDS:

Leaner management and more efficiency

The organisational structures of the health insurance funds and service providers will be more flexible and more efficiently managed. Panel doctors' associations are bound by law to guarantee that there is nationwide medical care. In 2004, several smaller organisations will be consolidated into larger ones. This will help save money and increase cost-effectiveness.

In the past, a number of different committees discussed and coordinated health care provision on the Federal level. Now there is only one joint Federal Committee with members representing the panel doctors and dentists, the statutory health insurers and the hospitals. Patients' participation is ensured through their representatives on the committee. The latter's main role is to help determine treatment specifications by means of guidelines. This eliminates the confusing, unnecessary bureaucracy and creates more transparency and efficiency.

FIGHTING CORRUPTION:

Crackdown on fraud

Corruption and fraud are serious problems for the statutory health insurance funds. Ultimately, the patients have to pay the price of corruption through higher insurance contributions. Action is now being taken to expose and punish this type of misconduct. To rectify this situation, health insurance funds, panel doctors' associations, and panel dentists' associations are required to set up special units to crack down on misconduct.

STATUTORY HEALTH INSURANCE:

Keeping a lid on administration costs

In 2002, the administrative costs of the statutory health insurance funds amounted to over €8 billion. This comes to €157 per member, or 5.6 per cent of the total amount spent in the healthcare system. Administrative costs in the healthcare sector have soared over the past few years, now a "lid" is being kept on them. This means that if a health insurance fund's administrative expenditure per member is more than 10 per cent above the national average, it will be frozen.

A systematic financing reform

Reducing health insurance contributions, new co-payments and sharing responsibility – it all pays off!

The modernisation of the dated structures in our healthcare system goes hand in hand with the right to greater involvement and better quality of treatment for patients. The steering effects of the healthcare reform have already led to reductions in member contributions to the statutory health insurance. Contributions will be further reduced by 2007.

In order for the reform to succeed, it is essential that we all do our part to support the project. This means that patients will also have new financial responsibilities. From 2006, there will be an extra sick pay contribution of 0.5 per cent. The new co-payment regulations have been conceived in such a way that no one is overburdened.

Nevertheless, sharing the financial responsibilities does not just entail an extra burden. It also means that patients have far more control over their own co-payments. Patients who act in a health-conscious manner benefit from the reform. And since more competition in the healthcare system also results in more freedom of choice, it pays to compare price and performance when choosing a health insurance fund or purchasing medications.

Compare price and performance!

Health insurance funds: Compare and participate in the bonus systems

Health insurance funds can now give you a bonus when you

- Regularly go for prevention and early-detection check-ups
- Take part successfully in a quality-assured prevention programme
- Sign up for the family doctor system, or a special programme for chronically ill patients, or integrated care, thus opting for an especially high quality of treatment

Shop around to find the health insurance fund that offers you the best service with the right bonus system: lower co-payments, reduced doctors' practice fees, reduced contributions, prizes and other bonuses.

Medications: Ask your pharmacist and shop around

When buying medications, it pays to shop around.

- When buying an over-the-counter drug like headache tablets, compare prices. Every pharmacy can set its own prices. Look around to see which pharmacy has the lowest prices for a particular drug, and check the prices of online mail-order pharmacies.
- When you are purchasing a prescription drug and your doctor has not prescribed a specific brand, ask your pharmacist if there is an inexpensive drug that has the same effect. You will save money because your co-payment will no longer be calculated in terms of the size of the package, but only according to the price of the drug.

New co-payment and financing regulations – the most important changes at a glance

Percentage co-payments

A co-payment of 10 per cent will be charged for all health services. However, this fee will not exceed €10. The minimum fee will be €5, but if the cost is under €5, the patient will pay the actual cost.

Payment ceilings

- All co-payments made are taken into consideration with regard to the payment ceilings, thus it is important to save all co-payment receipts
- The annual amount of co-payments made by each member shall not exceed 2 per cent of his or her gross income
- Chronically ill patients will have a payment ceiling of 1 per cent of their gross income
- Families will be granted special exemptions for spouses (€4,347 in 2004) and children (€3,648 each in 2004)
- The payment ceiling for social assistance recipients will be calculated exclusively according to the standard rate received by the head of the household; therefore exemptions cannot be estimated

Exemption for children and young people

Children and adolescents up to and including the age of 18 are exempt from co-payments (excluding travel costs).

Full contribution rate on retirement benefits

Until they reach the income threshold, pensioners are required to pay the full contribution based on their retirement benefits and other retirement income from self-employment.

Bonus schemes

Patients who actively look after their health and take part in quality-assured prevention programmes are eligible for a financial bonus from their health insurance fund. This could be an exemption from co-payments or a reduction in member contributions, and it also applies to members who take part in the family doctor system, a programme for chronically ill patients, or integrated care.

What has changed	How it has changed	Exceptions	Comments
Co-payments			
Doctor's visits	Practice fee of €10 per quarter for visits to the doctor. A separate practice fee must be paid to dentists. Doctor's services also include writing prescriptions, drawing blood, emergency care, information over the telephone.	Referrals: Patients who are referred by one doctor to another pay no practice fees for that visit if the referral falls within the same quarter. Preventive measures: Annual check-ups at the dentist, for prevention and early detection, and vaccinations are exempt from the doctor's practice fees.	€10 per quarter means that no matter how often a patient visits the same doctor, and no matter how often a patient (with referral) visits other doctors, the doctor's practice fee amount to no more than €10 per quarter.
Prescription drugs and wound dressings	Co-payment amounting to 10 per cent of the price, but no less than €5 and no more than €10 per medication.		Examples: A medication costs €10. The co-payment is the 5€ minimum. A medication costs €75. The co-payment amounts to 10 per cent of the price, or €7.50. A medication costs €120. The co-payment is the €10 maximum.
Remedies and home nursing	The co-payment is 10 per cent of the cost of the remedy plus €10 per prescription (for home nursing care, this is limited to a maximum of 28 days per calendar year).		Examples: If a prescription contains six massages, the co-payment is €10 for the prescription plus 10 per cent of the cost of each massage.
Medical devices	The co-payment is 10 per cent of the cost of each item or service (for example, a hearing aid or a wheelchair). However, the minimum fee is €5 and maximum fee is €10. The co-payment shall not exceed the cost of the medical device.	The co-payment for items intended for single use (e.g. pads for incontinence) is 10 per cent per item, not to exceed €10 per month.	
Sociotherapy or household help	The co-payment is 10 per cent of the daily costs, however, the minimum fee is €5 and the maximum fee is €10.		

What has changed	How it has changed	Exceptions	Comments
Inpatient care and rehabilitation	There is a co-payment of €10 per day, with follow-up health treatments limited to 28 days.		The days for previous hospital stays will be added to follow-up treatment.
Clinical rehabilitation for mothers and fathers	A co-payment of €10 per day will be charged.		
Hospital stays	Patients pay a co-payment of €10 per day, limited to a maximum of 28 days a calendar year.		The average hospital stay is 9 days.
Benefits and services provided by statutory health insurance funds			
– OTC drugs	The statutory health insurance funds no longer reimburse patients for non-prescription medications. Medications that primarily serve to improve one's private lifestyle (for example, Viagra) are no longer reimbursed.	Prescriptions for children up to the age of 12, adolescents with developmental disorders, and the treatment of serious illnesses when such medications are commonly used in therapy.	Also in these cases, a co-payment of 10 per cent must be paid amounting to a minimum of €5 and a maximum of €10 per medication. In any case, this amount will not exceed the cost of the medication. Patients already pay two-thirds of the price of non-prescription drugs.
– Funeral grant **– Birth grant**	These have been removed from the list of services provided by the statutory health insurance funds.		
– Sterilisation	If a sterilisation is based solely on personal choice, patients will have to pay for the operation themselves.	If a sterilisation is a medical necessity, the costs are still covered by health insurance funds.	
– Artificial insemination	This will be reduced from four to three attempts, with 50 per cent of the costs covered by the health insurance funds. The age range for women is limited to between 25 and 40 years, and the upper age limit for men is 50 years.		

What has changed	How it has changed	Exceptions	Comments
– Eyeglasses and contact lenses	Health insurance funds will no longer cover the costs of eyeglass lenses.	Eyeglasses and contact lenses for children and adolescents up to and including the age of 18, as well as for visually handicapped individuals.	
– Travel costs	The statutory health insurance funds no longer cover travel expenses for outpatient treatment.	In cases of urgent medical need, the health insurance fund can authorise the payment of travel expenses.	When travel costs are authorised, 10 per cent up to a maximum of € 10 or at least € 5 must be paid. This also applies to travel costs for children and adolescents.
– Maternity allowance **– Birth control** **– Abortions** **– Sick pay when a child is ill**	These benefits will be financed with tax money. Given that the paperwork is still handled by the health insurers, the patients enjoy the same service.		Since these services are in the interest of society at large, they will be financed with tax money. To cover the costs, the tobacco tax will be raised in three stages to a total increase of one euro per cigarette packet by 2005.
– Dentures	The current insurance coverage remains unchanged until the end of 2004. From 2005, coverage for dentures will be offered by statutory health insurers. This means that members can pay a separate monthly fee for this type of coverage. This fee will be automatically added to the monthly health insurance contributions. Members can also opt for private dental insurance to cover dentures. Diagnosis-related, fixed subsidies will be introduced in 2005.		The monthly rate for dentures charged by the statutory health insurance funds will be less than €10. A separate fee will not be charged for coinsured family members. A diagnosis-related, fixed ratesubsidy means that the medically required treatment in individual cases no longer determines the amount of the subsidy. This will be determined by the cost of the treatment used in the majority of cases. Consequently, patients will be able to choose any medically recognized type of tooth replacement treatment without relinquishing their claim to a fixed subsidy from the health insurance plan.
– Sick pay	Will still be paid by medical insurance. From 2006, members will pay an extra contribution of 0.5 per cent of their gross income.		The general rate of contribution for medical insurance, half of which is paid by the employer and half by the employee, will be reduced by 0,5 percentage points.

If you have any questions:

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IMPRINT:

Publisher:

Bundesministerium für Gesundheit und Soziale Sicherung

Public Relations Department
11017 Berlin, Germany

Revised: January 2004

To order this publication:

Order no. A 411
Tel.: 0180/5151 510 (12 cents/min.)
Fax: 0180/5151 511 (12 cents/min.)

Adress: Bundesministerium für Gesundheit und Soziale Sicherung
Information, publications, editing

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Internet: http://www.bmgs.bund.de

Text telephone/fax for the deaf and hearing impaired:
Text tel.: 0800/1110 005 (toll-free)
Fax: 0800/1110 001 (toll-free)
E-mail: info.gehoerlos@bmgs.bund.de / info.deaf@bmgs.bund.de

Concept and text:
Ahrens & Behrent Agentur für Kommunikation, Berlin

Design:
Zum goldenen Hirschen

Printing:
RK-Druck GmbH

Printed on 100 % recycled paper