

**GKV-SPITZENVERBAND**

Social long-term care and  
statutory health insurance

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The National Association of Statutory Health Insurance Funds is the central association of the health insurance funds at federal level in accordance with section 217 a of Book V of the German Social Code (*Sozialgesetzbuch – SGB V*). It also acts as the central association of the long-term care funds at federal level in accordance with section 53 of Book XI of the Social Code (SGB XI). The National Association of Statutory Health Insurance Funds is a public-law corporation with self-governance.

The name and logo are registered trademarks of the National Association of Statutory Health Insurance Funds.

Dear Readers,

Statutory health insurance has undergone a raft of reforms since it was established in 1883. However, the idea at the heart of this insurance has remained the same and must continue to do so: only as a community based on solidarity in which the healthy support the sick, the unmarried support families, high earners support low earners and the young support the old, can statutory health insurance continue to exist in the future. The principle of self-governance on which it is based ensures the democratic participation, co-decision-making and co-determination of insured persons and employers.

Approximately 90 percent of the population in Germany are insured in statutory health insurance today. This guarantees them access to comprehensive, high-quality healthcare. However, statutory health insurance is facing major challenges. Rapid progress in medical technology coupled with expanded examination and treatment methods as well as new drugs has resulted in even better healthcare. There is however a price to pay: people are living longer, which is leading to an increase in age-related diseases.

The declared aim of the National Association of Statutory Health Insurance Funds is, rather, to maintain the high level of healthcare in Germany for all insured persons regardless of their financial capacity and to further develop the healthcare system in an efficient, economical and quality-orientated manner. Digitalisation is also playing an increasingly important role in this context.



left to right: Dr. Martin Krasney, Stefanie Stoff-Ahnis, Oliver Blatt

On the basis of close co-operation with our members, we represent the interests of the statutory health insurance scheme vis-à-vis healthcare providers such as physicians, hospitals and policy-makers at federal level. As a strong voice of statutory health insurance, and jointly with healthcare providers, we ensure a healthcare system which is equipped to face the challenges of the future – in the interests and for the benefit of more than 75 million insured persons.

**Oliver Blatt**  
Chair of the Board

**Stefanie Stoff-Ahnis**  
Deputy Chair  
of the Board

**Dr. Martin Krasney**  
Member of the Board

## The National Association of Statutory Health Insurance Funds – a strong player in healthcare

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The National Association of Statutory Health Insurance Funds represents all statutory health and long-term care funds at federal level and lends them a common voice in order to make their concerns heard by policy-makers and healthcare providers such as physicians, pharmacists and hospitals.



The Association's mission and challenge is to act as the central representative body for the statutory health and long-term care insurance funds. As an organisation responsible for performing all competition-neutral tasks of statutory health insurance, the Association plays a key role in ensuring a smooth-functioning healthcare system.

### **Creating the framework conditions for healthcare**

The tasks assigned to the National Association of Statutory Health Insurance Funds by law are diverse and extensive. They range from negotiating contracts and remuneration agreements valid nationwide for both in-patient and out-patient medical and dental treatment through to providing data for the risk-structure compensation scheme, which influences the distribution of financial resources by the Health Fund. Together with representatives of physicians, dentists, psychotherapists and hospitals, the Association determines in the Federal Joint Committee what healthcare benefits are to be financed by the statutory health insurance funds. In this way, the National Association of Statutory Health Insurance Funds makes a major contribution towards creating the framework conditions for providing healthcare in Germany. Its activities are guided by the provisions of the Social Code (*Sozialgesetzbuch*), on the basis of which it is necessary to organise both high-quality and cost-effective medical care for those with statutory insurance.

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*As the common voice of the statutory health insurance funds, we make the concerns of around 75 million people in statutory insurance heard at federal level. Our goal is to continue to guarantee this 90 percent of the population a high quality of healthcare.*

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### Maintaining and expanding latitude for competition

The health insurance funds themselves are responsible for all tasks that do not need to be performed uniformly and jointly. These include both individual services and whole ranges of services that enable individual funds to distinguish themselves from their competitors. Examples of these are discount contracts with the pharmaceuticals industry or special contracts with general practitioners. The National Association of Statutory Health Insurance Funds is committed to maintaining and expanding latitude for competition between the health insurance funds. Its goal is to optimise the quality of care in the healthcare system through a sensible mix of collective and individual contracts.

Decisions made by the National Association of Statutory Health Insurance Funds are legally binding on all health insurance funds, *Land* associations of health insurance funds and persons with statutory health insurance. The legal and normative character of its decisions distinguishes the National Association of Statutory Health Insurance Funds from most other associations and interest groups. At the same time, the Association ensures through this process that all persons with statutory health insurance have equal access to the high level of healthcare that is available in Germany.

### The principle of self-governance

The National Association of Statutory Health Insurance Funds is a public-law corporation. It is organised in accordance with the principle of self-governance, i.e. representatives of the employers and the insured make all decisions that are of fundamental importance. This ensures that the Association is able to represent the interests of its members independently of state influence. It is headed by a full-time Board comprising three members, which represents the Association both in and out of court. The Board is elected by the Administrative Council, which consists of 51 representatives of insured persons and employers from the *Allgemeine Ortskrankenkassen* (Local Health Insurance Funds) (AOK), the *Ersatzkassen* (Substitute Funds), the *Betriebskrankenkassen* (Company Health Insurance Funds) (BKK), the *Innungskrankenkassen* (Guild Health Insurance funds) (IKK), the *Knappschaft* (Miners'

Insurance Institution) and Social Insurance for Agriculture, Forests and Gardening.

The National Association of Statutory Health Insurance Funds is characterised by a lean organisational structure and flat hierarchies. Its numerous tasks are implemented by ten departments and five staff units. The Association maintains a close, trusting exchange with its members. Its aim is to involve health insurance funds in the opinion-forming process and, at the same time, to act as a political association vis-à-vis the outside world. This is a successful approach: the National Association of Statutory Health Insurance Funds acts as a strong health policy player at federal level, engaging in a critical but constructive exchange with policy-makers in the interest of its members.

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*The principle of self-governance ensures that the Association can represent the interests of its members independently of state influence.*

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## Joint tasks on a one-stop basis

The National Association of Statutory Health Insurance Funds is responsible for all statutory tasks of statutory health insurance that require joint and uniform action. Three major areas can be distinguished: firstly, the National Association of Statutory Health Insurance Funds helps establish the framework conditions for healthcare and long-term care throughout Germany. Secondly, it represents the interests of those with statutory health insurance vis-à-vis healthcare providers and policy-makers. And finally, it is responsible for key funding issues and a large share of the data management within statutory health insurance.

### Negotiating contracts and remuneration

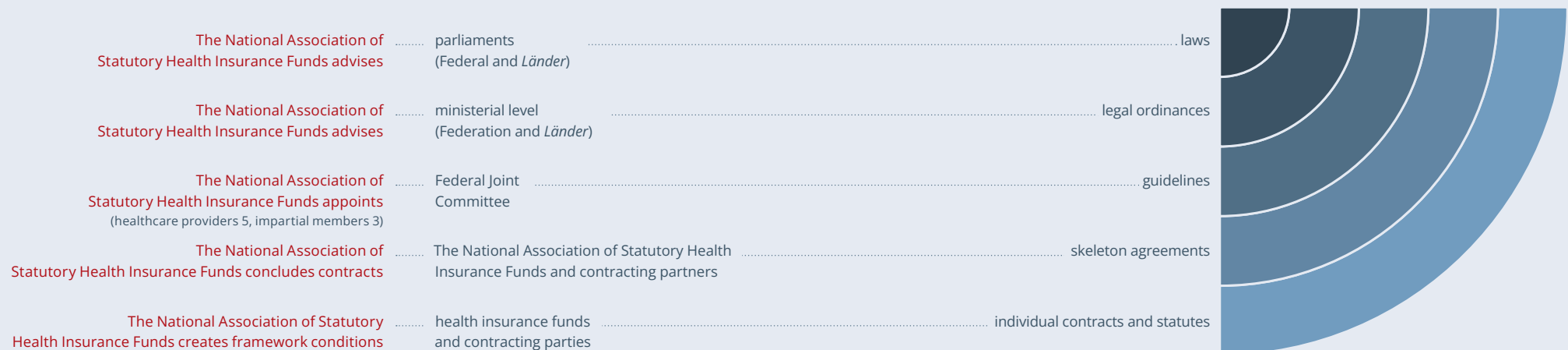
The first area includes shaping the entire collective bargaining system relating to statutory health insurance. Above all, this includes concluding framework contracts and remuneration agreements for in-patient and out-patient medical and dental care. Over and above this, the Association sets the fixed amounts

for medicinal products and medical aids, and negotiates the refund amount for new medicinal products with pharmaceutical manufacturers. By drafting new guidelines and concluding agreements, it also endeavours to improve care and defines principles for prevention and rehabilitation.

### Active involvement in legislation

As the central representative body working on behalf of the statutory health and long-term care insurance funds, the National Association of Statutory Health Insurance Funds is actively involved in legislative procedures on health policy at federal level, represents the interests of statutory health insurance in numerous discussions with specialist politicians and advocates its positions vis-à-vis the media. Furthermore, it represents the health insurance funds in the Federal Joint Committee, the highest decision-making body for the joint self-governance of physicians, dentists, psychotherapists, hospitals and health insurance funds.

### Tasks of the National Association of Statutory Health Insurance Funds



### Advice on system-related issues

The list of the tasks performed by the National Association of Statutory Health Insurance Funds also includes many system-related issues concerned with the funding of statutory health insurance. It is therefore a member of the statutory health insurance "Schätzerkreis" group of assessors, which issues projections on the financial developments of the statutory health insurance scheme and advises the Federal Government. Furthermore, the National Association of Statutory Health Insurance Funds establishes standard regulations on assessing contributions for voluntary members as well as the per capita flat-rate contributions from the Health Fund (*Programmkostenpauschale*) for the treatment of those with chronic illnesses. Finally, it is responsible for receiving, verifying and forwarding official statistical data and data from the risk-structure compensation scheme, which influences the amount of allocations from the Health Fund, and thus the financial equalisation between the health insurance funds.

## Statutory health insurance – a strong community based on solidarity

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Statutory health insurance is a social policy success story that is the envy of a number of countries. It is based above all on two fundamental principles that remain valid to this day: the principle of solidarity and the principle of benefits in kind. The principle of solidarity means that the amount of contributions is based exclusively on the financial capacity of the insured persons – in contrast to private health insurance, which assesses the contributions according to personal risk. The entitlement to medical benefits, in turn, is independent of the amount of contributions paid.

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*The principle of solidarity and the principle of benefits in kind are the basic values underlying statutory health insurance.*

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Benefits are thus based solely on medical needs. As a community based on solidarity, statutory health insurance brings about a social equalisation: the healthy support the sick, high earners support low earners, the young support the old and singles support families. This means, for instance, that children and spouses of a member of the statutory health insurance scheme are also insured free of charge if they do not have income of their own.

### Benefits without up-front payments

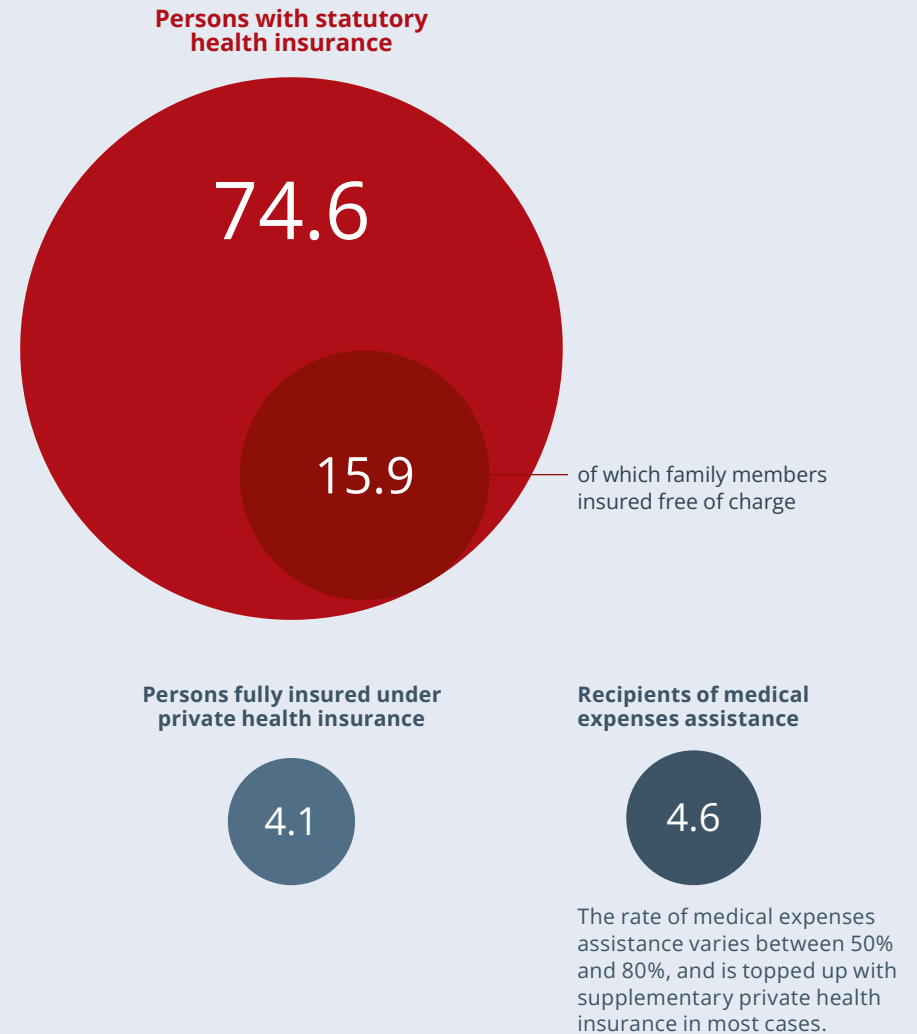
A second key pillar of statutory health insurance is the principle of benefits in kind: in the event of illness, insured persons receive the medical benefits they need without having to make any up-front payments themselves. The principle of benefits in kind thus particularly protects those in a weaker position in society from financial hardship. The principle of benefits in kind is based, among other things, on contractual agreements between the National Association of Statutory Health Insurance Funds and its contracting partners, i.e. healthcare providers at federal level, which regulate the type and scope of medical and long-term care.

On the basis of these fundamental values, the National Association of Statutory Health Insurance Funds is committed to ensuring effective competition between health insurance funds and healthcare providers. Only as a solidarity-based community holding true to its proven principles while remaining open to modern competition concepts will the statutory health insurance scheme successfully meet the health policy challenges of an ageing society. Roughly 90 percent of the population in Germany benefits from this.



Financing statutory health insurance –  
briefly explained (in German only)

### Persons with health insurance in Germany in millions



Source: Official statistics KM 1 May 2025 (as of June 2025);  
PKV-Zahlenportal (figures for 2023, as of June 2025)

## Support in case of long-term care

More than five million people in Germany today rely on care or support because they are no longer able to carry out the regular tasks of daily life independently because of a physical, mental or psychological illness or disability. They are covered by social long-term care insurance, which was introduced in 1995 as a further pillar of German social insurance. Social long-term care insurance is funded by the long-term care insurance funds, which are part of the health insurance funds. This means that each health insurance fund is affiliated with a long-term care insurance fund. Long-term care insurance funds are also independent, self-governing public-law corporations. The self-governing bodies of the long-term care insurance funds are the bodies of the health insurance funds while the National Association of Statutory Health Insurance Funds is at the same time the central association of the long-term care insurance funds.

### **Solidarity-based assistance, not comprehensive insurance**

Long-term care insurance ensures solidarity-based support for those in need of long-term care to enable them to lead a life that is as self-determined as possible. Its benefits are intended to supplement family, neighbourhood and other voluntary long-term care and support. In residential care, the benefits provided by long-term care insurance are intended to relieve those in need of long-term care from the expenditure caused by such care. Accordingly, long-term care insurance provides partially-comprehensive insurance cover, offering supportive assistance, but does not make the need for insured persons' own contributions or those of other providers superfluous.



Financing social long-term care insurance –  
briefly explained (in German only)



The need for long-term care is based on the extent to which an individual's independence is impaired when it comes to coping with their everyday life and the extent to which they therefore need help from others. Depending on the extent of the need for long-term care, persons in need of such care are assigned to one of five levels of long-term care. In this context, long-term care insurance provides benefits as cash benefits and/or benefits in kind to finance the necessary body-related care and long-term care support measures, as well as assistance with household chores. Further benefits such as long-term care courses for family caregivers or nursing aids also are provided. If home care is not possible, the costs of a stay in a residential home are met in part.

### Improving quality and transparency in long-term care

The National Association of Statutory Health Insurance Funds is committed to improving long-term care in Germany. In long-term care insurance, for example, it concludes agreements with healthcare providers' organisations in order to ensure the quality and transparency of long-term care for those who need it and their relatives. These agreements form the basis for quality control and consumer information. In addition, the National Association of Statutory Health Insurance Funds has issued a large number of guidelines, for example on additional care staff in long-term care homes.



Long-term care insurance has proven to be an important pillar of social insurance in covering the risk of needing long-term care. However, even what has been tried and tested can and should be continuously refined. In particular, the professional and scientific support for long-term care policy decisions through research, model testing and evaluation is very important. The National Association of Statutory Health Insurance Funds oversees various model programmes for the further development of long-term care insurance, such as new interventions for people suffering from dementia, or measures to relieve the burden on family caregivers. The aim is to improve the situation of people in need of care through the projects and programmes funded.

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*The National Association of Statutory Health Insurance Funds is committed to the continuous further development of care structures with various model programmes.*

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Social long-term care insurance benefits –  
briefly explained (in German only)

## Self-governance stands for democracy and co-determination

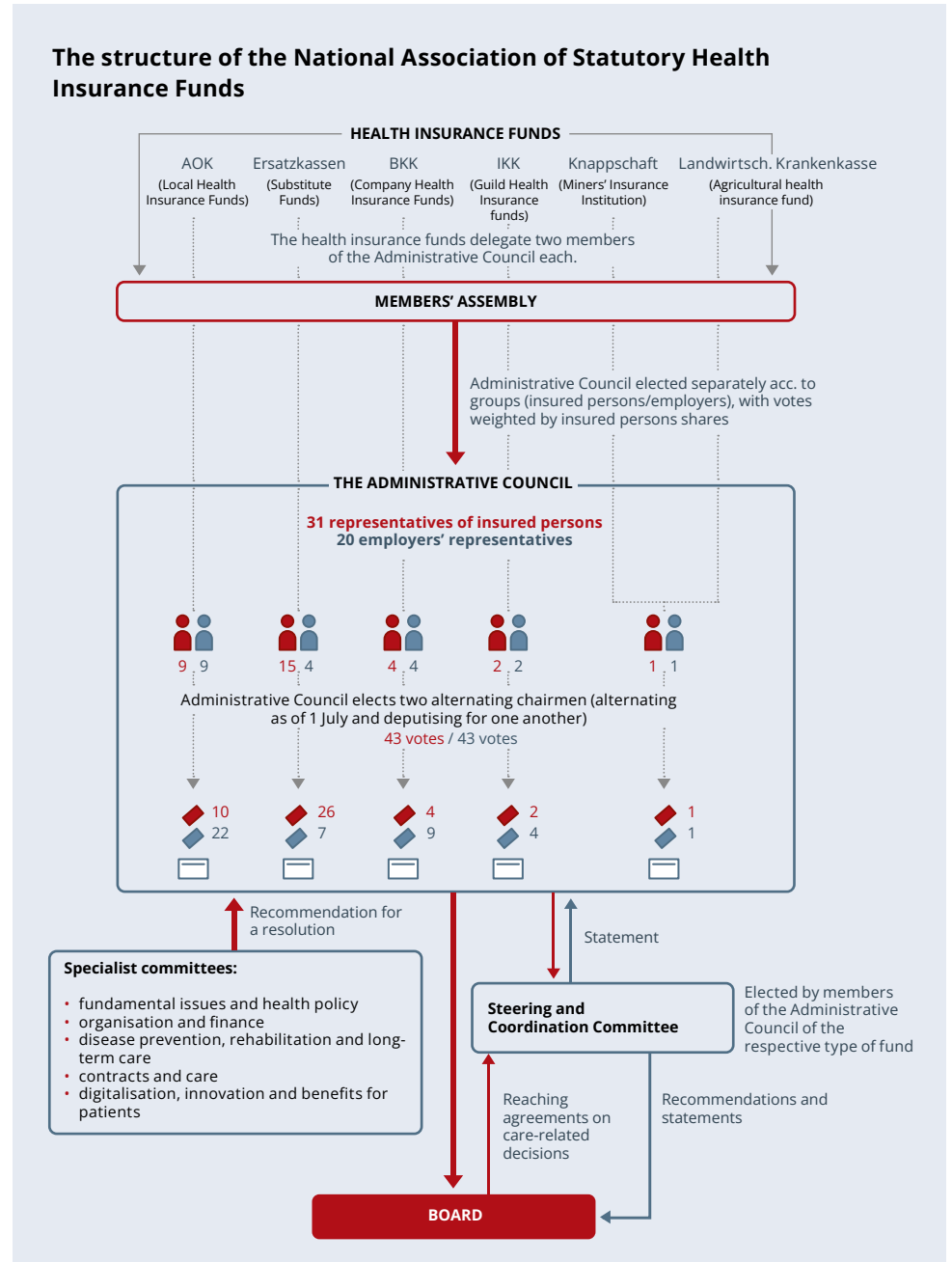
The principle of self-governance is based on a simple insight: when those affected attend to their own affairs, they usually do so in an unbureaucratic, problem-orientated and practical manner. For this reason, this democratic element can be found in many areas of public life in Germany. From the outset, social security in the event of illness was also organised with as little state intervention as possible, and has since then proven to be a guarantor of a liberal, pluralistic system that guarantees high-quality healthcare for all insured persons. Self-governance is reflected in the decision-making bodies of the social insurance institutions. In most cases, such bodies are composed of equal numbers of representatives of the employers and the insured, who are re-elected by the insured and employers every six years in social insurance elections.

### The Members' Assembly elects the Administrative Council

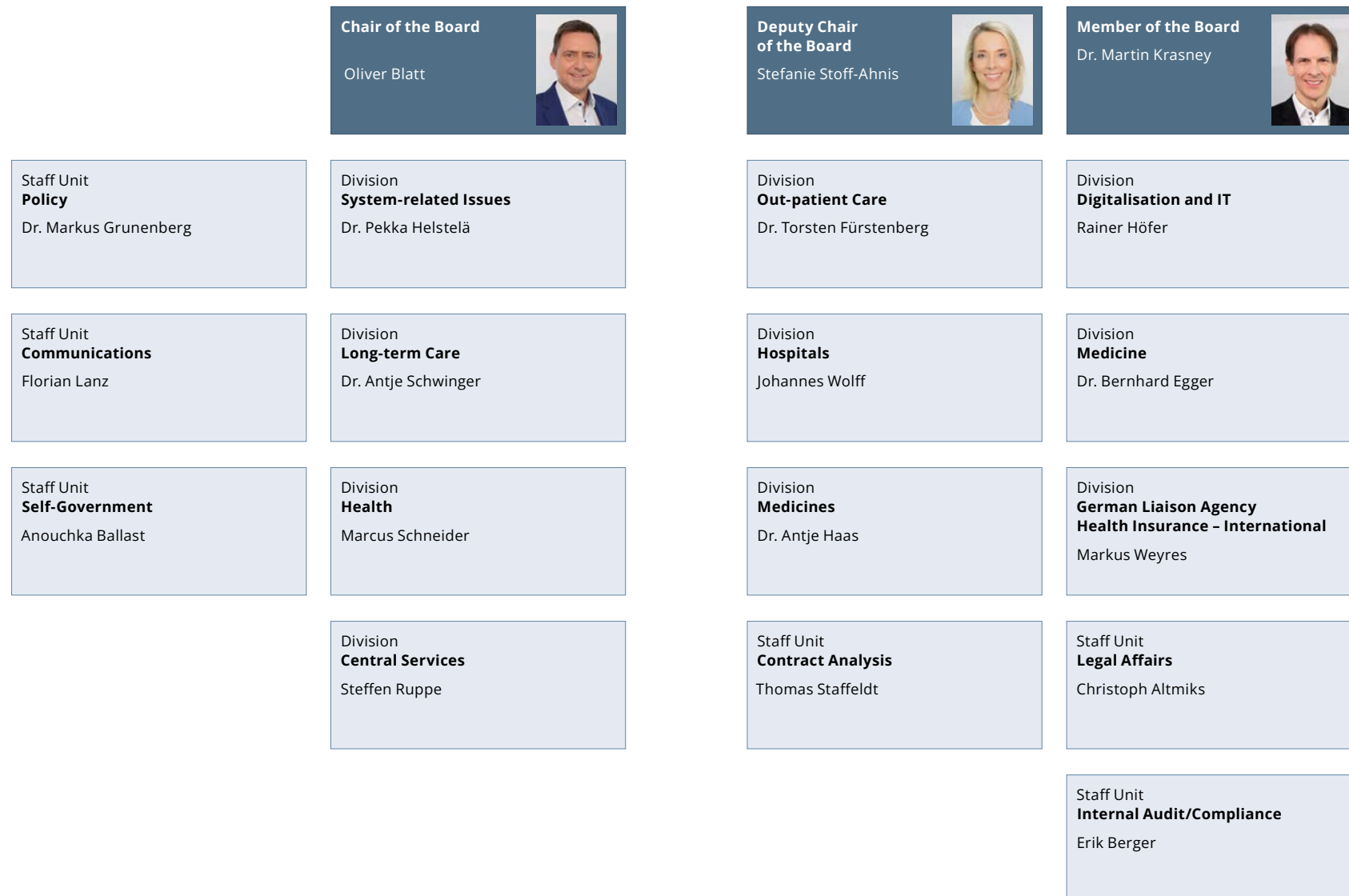
Self-governance is the fundamental principle of statutory health and long-term care insurance. This applies both to the individual health and long-term care insurance funds and to the National Association of Statutory Health Insurance Funds.

The Association's Administrative Council is elected every six years at the Members' Assembly, to which each health insurance fund delegates one representative each from the insured and employer sides.

Some of the *Ersatzkassen* (Substitute Funds) are an exception to this rule, as for historical reasons, they delegate two representatives each from the insured. The delegates' voting weight corresponds to the market share of their respective health insurance fund. The full-time Board is elected by the Administrative Council, which also adopts the budget.



# The organisation of the National Association of Statutory Health Insurance Funds



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