German Health System

The German health system has existed in different versions since December 1st, 1884.

It basically rests upon three types of stakeholders: the receivers, the providers, and those who give the funding for it. As patients, the receivers have compulsory insurance and, in case they develop a disease, they get their care free of charge. This includes outpatient medical care, lab work, hospital treatment, medication and rehabilitation therapy. The services are provided by a wide variety of professionals, a well as doctors, nurses, pharmacists, physiotherapists, and psychotherapists. Most of the 2,100 hospitals are part of the public health system. A little more than 1 million professionals work at hospitals. Altogether, around 10% of the employees in Germany work in the health system.

To pay for the treatments, there are a number of health insurance companies from which to choose. On principle, people can have private or public health insurance in Germany. This depends on the type of job you have. People who earn more or people or who are self-employed can leave the compulsory public insurance and hire a private medical insurance. Around 10% of the population have private medical insurance. Treatments that are not medically necessary, such as plastic surgery, are not covered by the health system. For the care of patients at home, the long-term care insurance is used, which is linked to the medical insurance.

The German State helps to fund the health system through special expenditure.