

Apply for co-payments and/or co-payments of health care assistance for foster child/ren

If a foster child's health insurance coverage is not sufficient for necessary measures, the Office of Social Services may be able to cover necessary co-payments or personal contributions. As a rule, however, such costs are already covered by the monthly lump sums.

Competent Department

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Basic information

Children and adolescents under the age of 18 who are covered by statutory health insurance are exempt from co-payments for prescription drugs, bandages and medical aids (with the exception of travel costs).

Any additional co-payments and co-payments for health care or health insurance benefits for foster children in full-time care are generally covered by the public youth welfare agency. However, these costs are already covered by the monthly benefits to cover regularly recurring needs and the monthly benefits for one-off and annually recurring special needs. This applies, for example, to co-payments for dentures, visual aids, medication, travel costs or orthodontic services.

Only co-payments that are extraordinary in terms of their nature and extent can be additionally reimbursed in individual cases. However, not all medical services can be covered. Certain services are not covered by the statutory health insurance. This applies

above all to measures that are not medically necessary or are more cosmetic in nature. Such measures are not covered by health assistance.

What documents do I need?

- Proof of the co-payment already made by the person being cared for or the person entrusted with their care
 - Travel expenses
 - Medicines, dressings and remedies
 - Dentures
 - Visual aids
 - Orthodontic services

Procedure

- Copayments and co-payments are already covered by the monthly lump sums. Only extraordinary co-payments and copayments, depending on their nature and extent, can be reimbursed additionally in individual cases.
- Inquire at the social center responsible for your district or the specialized service of the Office for Social Services or PiB - Pflegekinder in Bremen gemeinnützige GmbH. In some cases, cost coverage must be applied for before the planned measure begins. There are also medical measures for which the Office for Social Services cannot assume the costs. This can be clarified during the consultation.
- Certain medical services are not covered by the statutory health insurance. As a rule, they must be paid for by the insured person.
- Such services are not considered co-payments within the meaning of SGB V. They are also not covered within the framework of health assistance according to § 40 SGB VIII.
- The Office of Social Services therefore first checks whether and to what extent it may assume the costs for a co-payment or a personal contribution within the framework of health assistance.
- The Office for Social Services settles the assumed costs with the health insurance company.

Legal bases

- [§ 40 Satz 3 Achtes Buch Sozialgesetzbuch \(SGB VIII\)](#)

What deadlines must be paid attention to?

There is no deadline.

How long does it take to process

It may take some time for the Office of Social Services to process applications.

What are the costs?

There is no cost for the application.

