

# Public Vs. Private Health Insurance in Germany

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In Germany, [every resident must have health insurance](#) from either public or private providers which covers almost all of your healthcare expenses, ranging from routine care to medical operations and medication.

In general, you'll have two options to choose from: public and private health insurance.

Choosing public vs private health insurance in Germany can be a challenge as you juggle different eligibility requirements, costs, and coverage.

In this article, we'll cover:

- The pros and cons of public and private insurance
- Their different eligibility requirements
- The best option based on your income, employment and family size
- Differences in coverage between public and private insurance
- Which is better for you

Let's start by looking at the basic differences between them and their eligibility requirements.

## What is public health insurance?

The first, and most common, type of coverage is public health insurance, which is state-backed insurance provided by more than 100 not-for-profit public health funds. These funds operate on a solidarity principle that aims to provide coverage so all residents can access treatment regardless of their wealth or health.

The cost of a public insurance policy is directly proportional to your income and the typical contribution rate is approximately 14.6% of your gross salary. You'll need to pay half of the costs and your employer the other half if you're employed full time.

Coverage on these plans is mainly limited to necessary care. Depending on your age, preventive procedures like checkups and cancer screenings may be included. If you want specific treatments on top of your coverage, you'll need to cover those costs yourself.

## Pros and cons of public health insurance in Germany

Pros	Cons
The cost is proportional to your income.	Limited dental and vision care
The income required to qualify for public health insurance is significantly lower than it is for private insurance	Treatment by specialists requires a GP recommendation and it can be harder to access specialist care
Healthcare providers handle billing directly with your insurance company through your health insurance card	Plans and coverage are fixed by the government, but can change over time
Plan cover pre-existing health conditions	The cost of public healthcare is expected to increase in the future to cover an aging population
Dependents with no or low income are covered free of additional charge	

## What is private health insurance?

The second type of health insurance in Germany is private insurance. This is insurance that's not administered by state-backed insurance companies and is mainly provided by two types of companies:

- **Joint-stock companies** (**Aktiengesellschaft – AG**) which are owned by its shareholders and all profits are distributed to the shareholders; policyholders do not receive a share of the company's profits.
- **Mutual insurance companies** (**Versicherungsverein auf Gegenseitigkeit, VVaG**) are owned by their members and any profits made are redistributed among the members. Their purpose is to serve the policyholders' interest.

Unlike public health insurance, the cost depends on your age and health when you sign up. As a result, younger, healthier individuals usually get a better price. Private schemes also allow you to modify your plans and may offer more comprehensive cover if you're willing to pay higher premiums.

There are other prerequisites you need to meet to qualify for private health insurance. First, only civil servants, the self-employed, students and employees who earn more than €73,800 in 2025 are eligible for private cover.

To qualify, freelancers under 45 need to earn at least €2,500 per month and €3,750 for those over 45.

## Pros and cons of private health insurance in Germany

Pros	Cons
Plans can be cheaper for younger applicants who join under the age of 40 with fewer health conditions	Higher base salary needed to qualify for private insurance as an employee
Often cheaper for high-earners as plans are not proportional to income	Does not include universal coverage for some pre-existing conditions
Plans and coverage are modular and can be customized to suit your needs	You're required to pay for some services yourself and claim the cost back from your provider
Access to the latest treatment options that may not be available on public health tariffs	Dependents are covered at an additional cost
Private plans can cover more services and private hospitals depending on the tariff	
GP recommendation not needed for specialist access on some tariffs	
Employers must contribute toward the cost if they are eligible for private health insurance	

## How to choose between public and private health insurance

So which is better? That will depend on your personal circumstances and the type of coverage you need. Let's look at how your personal circumstances impact what private and public insurance have to offer.

### Type of employment and income

The first factor to consider is your type of employment and your income. Full time employees earning less than €73,800 per year are not eligible for private health insurance. As a result, you'll need to have a public health insurance tariff.

Freelancers who do not qualify for private health insurance will also need to take out a public health tariff. However, public health insurance is more expensive as you do not qualify for employer contributions. If you're self-employed and looking for help choosing the right insurance option, check out our [health insurance guide for freelancers](#).

For high earners, private insurance can be cheaper as tariff costs are not proportional to income. Additionally, tariff prices are tailored to your risk profile so the average healthy person will pay less for cover.

If you're working as a civil servant and exempt from public health insurance contributions, private insurance is an attractive option as you'll receive employer contributions if you take out private coverage.

### Family size

Another factor to consider when choosing between private and public health insurance is the size of your family. On public health insurance plans, dependents with no or low income are covered free of additional charge. That can make it a more affordable option for large families.

On the other hand, private health insurance can be cheaper for small families where the main member joined a private plan early enough. Likewise, if you're childfree or not planning on becoming a parent due, private is cheaper due to the potentially lower tariff costs.

### Age

In addition to employment type and family size, your age also influences which is the between option for your lifestyle.

Your age does not impact how much you'll pay for public health insurance.

Additionally, you won't pay more to cover chronic health conditions that become more common with age.

Private health insurance tariffs are determined by your age and health at the time of signing up. As a result, they become more expensive for older residents changing over from a public health insurance plan. Private insurance tariffs may exclude coverage for some pre-existing conditions.

It's important to keep in mind that switching back to public insurance is almost impossible after the age of 55.

All-in-all public insurance is often the best option for older residents due to its coverage for pre-existing conditions and fixed costs.

Compare the best plans for you with a [personalized recommendation from Feather](#).

## Health coverage between public and private health insurance

After considering your personal circumstances, you'll need to look at the type of coverage you need to decide which is the better option for you. Here, we'll look at the pros and cons of each as they apply to primary care, hospitalization, dental care and mental health.

### Primary care

When it comes to accessing primary care from a general practitioner, your choice of public or private health insurance will not impact your choice of doctor. [Germany guarantees the right of choice for patients in this regard](#). However, you'll need to choose a doctor that participates in the statutory health insurance scheme if you have a public insurance plan.

Private insurance tariffs will typically have a network of providers you must choose from. [Our private insurance tariffs](#) offer you free choice of doctor without these restrictions.

Public insurance requires an additional payment if you're prescribed medication. This is set at 10% of the costs up to a maximum of 10€, Privately insured patients need to cover their medication costs upfront but usually receive a full reimbursement from their provider.

If you're publicly insured and seeking treatment from alternative or complementary medicine, you'll need to cover these costs personally. Coverage for these under private health insurance will depend on your specific tariff and provider.

Primary care coverage between public and private health insurance in Germany

Public Health Insurance	Private Health Insurance
Free choice of doctor provided they participate in the statutory health insurance scheme	Free choice of doctor
10% additional payment for prescription drugs (min. 5 €, max. 10 €)	Usually full reimbursement for all medicines
Little or no cover for alternative or complementary medicines (e.g. acupuncture, herbalists, or traditional medicine)	Cover for alternative or complementary medicines will depend on your tariff

### Hospitalization

Coverage for hospitalization will also depend on the type of insurance you choose. Publicly insured patients can be treated at any licensed hospital in the country but you'll need to go to the nearest available clinic unless in an emergency.

If you're hospitalized with public health insurance, all plans cover the cost of treatment and hospitalization. However, a co-payment of 10 € applies for every day you spend in hospital. This copayment applies for a maximum of 28 days or 280€.

Privately insured residents often have wider access to hospitals, can be treated by heads of department and there's often no copayment if you're hospitalized on a private tariff.

### Dental coverage

Public health insurance includes some coverage for dental care and residents are free to choose a dentist that's covered under their health tariff.

Public health insurance offers full coverage for basic dentistry and care costs such as fillings and cleanings. If you need dentures, you'll receive a 60% subsidy for the cost of basic dentures.

This can increase to 75% for patients with a completed booklet showing a history of dental care. You'll need to pay for the remaining costs yourself but you can [opt for supplemental dental insurance](#) to cover these expenses.

Like public plans, private insurance tariffs have no restrictions on basic dental care. For prosthetics like dentures, providers will typically pay 50% to 100% of the costs depending on your tariff.

When it comes to dental care, public and private insurance are about equal in terms of their basic cover. However, private insurance is cheaper for specialist treatment as you'll pay more if you're publicly insured with supplemental dental insurance.

Dental coverage between public and private health insurance in Germany

Public	Private
Full coverage for basic dentistry and care costs	Full coverage for basic dentistry and care costs
For prosthetics, the state subsidizes 60% of the costs (Patients with a complete booklet can receive up to 75%)	Coverage for prosthetics ranges between 50% and 100% depending on your tariff
Option to take out supplemental insurance for costs not covered on public plans	

### Psychotherapy and mental health support

Access to mental health support is the final factor we'll use to compare public and private health insurance in Germany. The main difference between public and private health insurance is the number of sessions covered and the speed at which you can start therapy.

Regardless of your choice of plan, [you'll have free choice of psychotherapist](#) provided they're licensed to provide care and are members of your insurance scheme. Both private and public insurance will cover approved therapies including depth psychology-based psychotherapy, analytical psychotherapy, behavioral therapy, systemic therapy, and EMDR for adults with post-traumatic stress disorder.

On public health insurance, you'll need prior approval before starting therapy but will often cover 100% of the costs for approved therapies. You can receive up to a maximum of 300 sessions depending on the treatment you require.

If you have a private health tariff, coverage depends on your specific tariff and you'll generally have fewer sessions covered per year. Many private tariffs will also cover a smaller percentage of the cost of psychotherapy (typically 70%).

However, private tariffs gave the advantage of speed: In many cases it can take over a year to get therapy with public health insurance. With private health insurance, this period can take a few days to a few weeks.

If accessing psychotherapy quickly is your priority, private health insurance is the better choice despite the additional costs. However, if you're able to wait for therapy, public insurance will offer more overall sessions at a fixed rate.

## Which is better for you?

So which is better for you? If you're a high-earner or civil servant, private insurance is usually the better option. In general, the tariffs are cheaper if you sign up early in life. They also provide better coverage and faster access to care, including specialists and psychotherapy.

Public insurance is a better option if you're older as your tariff isn't determined by your age or pre-existing health conditions. Likewise, public insurance is often cheaper if you have a large family as your dependents are covered at no additional charge.

## Find the best health insurance for you

And sign up online in minutes

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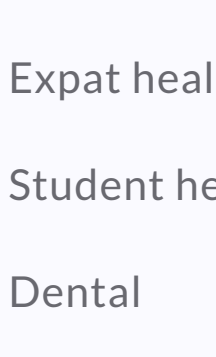
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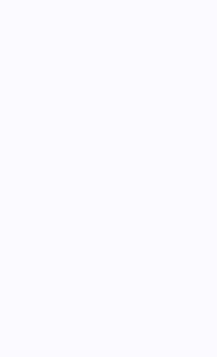
Excellent ★★★★★ Trustpilot

## Other policies



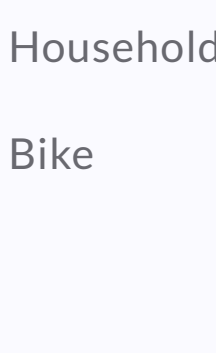
### Dental

Comprehensive care and cleanings to fill the gaps in public health insurance.



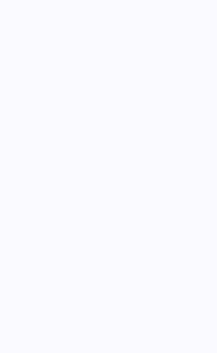
### Expat health

Health insurance when moving to a new country



### Legal

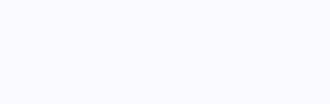
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