Hallesche
ALH Gruppe

# Tariff MAS
# Comprehensive Health Insurance for doctors and dentists

### Version of January 2023

---

## Essential Parts of the Tariff MAS

### Out-patient medical treatment, spa treatments

- 100% cost reimbursement for out-patient medical treatment
- 100% cost reimbursement for rides and transportation
- 100% cost reimbursement for X-ray, radium and isotope diagnostics and therapy
- 100% cost reimbursement for remedies as itemised in the List of Remedies
- 100% cost reimbursement for medicaments and dressings
- 100% cost reimbursement for visual aids
- 100% cost reimbursement for refractive surgery up to a total amount of € 1,500 for each eye
- 100% cost reimbursement for medical aids
- 100% cost reimbursement for vaccinations according to the STIKO recommendations
- 100% cost reimbursement for psychotherapy
- 100% cost reimbursement for artificial insemination and cryopreservation
- 100% cost reimbursement for alternative practitioner treatment

### Dental benefits

- 100% cost reimbursement for dental treatment
- 75% cost reimbursement for the provision of dentures and for orthodontic measures
- maximum invoice amounts in the first 10 calendar years

### In-patient medical treatment

- 100% cost reimbursement in a two- or multi-bed room
- 100% cost reimbursement for private medical treatment
- 100% cost reimbursement for patient transport

### Digital health applications

### Deductible /bonus

- The following deductibles shall apply per person for the tariff levels MAS.1 – MAS.3:
  € 600 for the tariff level MAS.1
  € 1,200 for the tariff level MAS.2
  € 2,000 for the tariff level MAS.3
- For the tariff level MAS.*Bonus*, the insured person shall receive a monthly bonus of € 60, which will be offset in the event of a benefit claim, i.e. up to € 720 shall then be deducted from the benefit.

### Not insured

- accommodation and food during spa treatment

Hallesche
ALH Gruppe

# Part III of the General Terms and Conditions of Insurance

This tariff (Part III of the General Terms and Conditions of Insurance) only applies in conjunction with Part I (German standard conditions 2009 of the Association of Private Health Insurance [MB/KK 2009]) and Part II (tariff Conditions [TB/KK 2013]) of the General Terms and Conditions of Insurance.

## I. Insurability

1. The persons who are eligible for the insurance are doctors and dentists who are resident in the insurer's area of activity at the commencement of the insurance. This equally applies to family members who live in the same household as them, and to family members who are financially dependent on them. Family members are the spouse and children.

2. The eligibility for insurance continues for divorced spouses if the doctor/dentist has to pay maintenance to his/her former spouse.

3. Clauses 1. and 2. relating to spouses apply correspondingly to life partners in accordance with § 1 of the Life Partnership Act (see Annex 3).

## II. Insurance benefits

The following costs are eligible for reimbursement:

### 1. Out-patient medical treatment, spa treatments

#### 1.1 Medical treatments

This includes consultations, visits, treatments, examinations, travel costs, operations and special services.

100% of expenses are reimbursed.

#### 1.2 Rides and transports

Rides and transports to and from the nearest suitable doctor or hospital in case of

- emergencies,
- unability to walk,
- dialysis,
- deep radiation therapy,
- chemotherapy,
- out-patient operations on the day of the operation, if active participation in road traffic is not possible for medical reasons.

Transports are reimbursable if professional care or the special facilities of a special means of transport are required during transportation.

100% of expenses are reimbursed.

#### 1.3 X-ray, radium, and isotope diagnosis and therapy

100% of expenses are reimbursed.

#### 1.4 Remedies

Insurance cover exists for the following remedies:

Physiotherapy/exercise, remedial gymnastics, massages, physiotherapeutic palliative care, packs/hydrotherapy/baths, inhalations, cold and heat treatment, electrical and physical treatment, electrotherapy, light therapy, radiation therapy, speech therapy, ergotherapy (occupational therapy), podiatry, nutritional therapy, birth preparation/pregnancy gymnastics and postnatal gymnastics.

Following prior written consent, insurance cover also exists for rehabilitation sports / functional trai¬ning in groups by recognised service providers.

The eligible expenses will be reimbursed up to the prices which are specified in the list of remedies (Annex 1).

#### 1.5 Medicaments and dressing materials

100% of expenses are reimbursed.

#### 1.6 Visual aids and refractive surgery

- 100% of the costs of spectacles are reimbursed – but not of deluxe models* – as well as contact lenses**.

  * The amount up to which we do not regard a spectacle frame as being a deluxe model is shown in the members' magazine. You can also ask the insurer to inform you what the amount is.

  ** If contact lenses which are not medically necessary are procured instead of medically necessary spectacles, the reimbursable costs are limited to the amount that would have been incurred for obtaining the spectacles.
- Expenses in connection with the correction of ametropia by means of refractive surgery (e.g. Lasik) are reimbursed up to an invoice amount of € 1,500 per eye. A renewed benefit claim for each eye arises after five years at the earliest.

### 1.7 Medical aids (with the exception of visual aids)

Reimbursable shall be aids (material and technical resources and prostheses)

- which directly alleviate or compensate for disabilities, the consequences of illness or accidents (e.g. invalid lifts, prostheses),
- which are necessary for therapy and diagnostics (e.g. blood pressure monitors),
- which are necessary for life support (life-support equipment such as ventilators).

The purchase and training of a guide dog are also eligible. Expenses for the use of communication assistance in accordance with the Communication Assistance Ordinance (e.g. sign language interpreters, written interpreters) shall also be eligible, provided this is necessary for the use of services in accordance with this tariff.

Expenditure for training, maintenance and repair of aids, excluding repairs to soles and heels of made-to-measure orthopaedic footwear, shall also be eligible.

Not eligible for reimbursement are aids

- whose costs must be reimbursed on the merits by the compulsory long-term care insurance,
- which are allocable to the fitness, wellness and/or relaxation area,
- which are articles of daily use and hygiene products (e.g. fever thermometers, anti-allergy bedding).

Aids that are required for a limited period of time are be preferrably to be procured on a rental basis.

Generally, the insurer offers support in the selection and acquisition or rental of suitable aids via the aid service. It is therefore recommended to show the insurer the medical prescription before procuring the aid when an invoice amount of more than € 350 is concerned.

100% of the eligible expenses will be reimbursed.

### 1.8 Vaccinations

The expenses for flu shots, vaccinations against tetanus, diphtheria, rabies, poliomyelitis and for ticks are reimbursable.

Expenses for individual and multiple vaccinations recommended by the Standing Vaccination Commission at the Robert Koch Institute (STIKO) are also reimbursable; exempt are vaccinations recommended for trips abroad and vaccinations due to professional activity which the employer is obliged to offer based on the provisions of law.

100% of the eligible expenses will be reimbursed.

### 1.9 Spa treatment

In the case of spa treatment at a spa or health resort, and also during a stay in a sanatorium or for the purpose of an in-patient spa treatment, costs pursuant to Section II.1.1. to 1.8 are reimbursable. We reimburse 100% of the visitor's spa tax and the costs of spa treatment plans.

### 1.10 Sociotherapy

Expenses for sociotherapy are reimbursable if the insured person is not able to make independent use of medical or medically prescribed services due to serious mental illnesses and if this is suitable to avoid or shorten hospital treatment, or if hospital treatment is necessary but not feasible.

For sociotherapy, doctors of psychiatry or neurology or, if prescribed by such doctors, specialists in sociotherapy may also be involved.

A claim exists for a maximum of 120 hours within three years per insured event.

Expenses for doctors are reimbursable within the scope of the fee framework of the German Fee Schedule for Physicians (GOÄ).

In the case of expenses for specialists in sociotherapy, the maximum reimbursable amount shall be the amount that would be required to provide care for a person insured under the statutory health insurance scheme.

100% of the eligible expenses will be reimbursed.

### 1.11 Services provided by midwives/ male midwives

Expenses for midwifery assistance (e.g. maternity care, antenatal care, obstetrics, postpartum care, travel expenses) shall be eligible, even if these are provided by male midwives.

In the case of a home birth, in addition to the cost reimbursement for midwifery assistance and the cost reimbursement pursuant to II.1.1 to 1.8, a lump-sum birth fee of € 600 shall be paid to cover other

expenses. This amount shall not be credited towards existing deductibles.

In the case of a delivery in a facility run by midwives or male midwives (e.g. birth centre, midwife house), in lieu of the lump sum of € 600, the expenses incurred for childbirth shall be reimbursable, but at most the expenses that would have been incurred had the birth taken place in a hospital. These expenses shall also be reimbursable if a transfer to a hospital becomes necessary after a birth that has begun (onset of incipient labour or rupture of the bladder).

100% of the eligible expenses will be reimbursed.

### 1.12 Artificial insemination

Reimbursable shall be expenses for artificial insemination (measures of assisted reproductive medicine for the treatment of infertility) after prior written approval, which shall be granted if the following additional conditions are met in addition to the medical necessity of the treatment:

- The insured person is suffering from organically induced sterility which can only be overcome by means of reproductive medical measures.
- At the time of treatment, the woman has not yet reached the age of 40.
- The treatment is carried out on married couples or couples in a marriage-like partnership and only the couple's eggs and sperm are used (homologous fertilisation).
- The treatment complies with German law.
- A therapy and cost plan is presented before treatment begins.

The following services shall be eligible for reimbursement under the above conditions: Up to

- 8 insemination cycles in the spontaneous cycle and
- 3 insemination cycles after hormonal stimulation

and up to a maximum of 3 tests in total from the following measures:

- in vitro fertilisation (IVF)
- intracytoplasmic sperm injection (ICSI) (including the necessary IVF)
- gamete intrafallopian transfer (GIFT), of which max. of 2 attempts.

The number of reimbursable trials shall increase by the number of trials in which a clinically proven pregnancy occurred but was unsuccessful due to complications (e.g. abortion).

In the event of a successful birth following artificial insemination, there shall be renewed entitlement to the rate benefits for artificial insemination as long as the aforementioned conditions are met.

If the insured person or his or her partner is entitled to benefits for reproductive medical procedures from another funding agency (e.g. statutory or private health insurance, state), that claim shall take precedence over the insurer's obligation to render benefits. In such case, the insurer shall only be liable for those expenses that remain after advance payment by the other funding agency.

100% of the eligible expenses will be reimbursed.

### 1.13 Cryopreservation

Expenses for a one-time cryopreservation of egg cells and/or sperm cells or germ cell tissue are reimbursable after prior written consent. We will therefore reimburse the costs for

- the preparation and collection,
- the processing,
- the transport,
- the freezing,
- the storage and
- the subsequent thawing

of egg and/or sperm cells or germ cell tissue.

We will grant cover when the insured person

- receives a medically necessary therapy which is likely to damage germ cells and
- can claim benefits for artificial insemination according to II.1.12.

We will only reimburse the costs for storage as long as the insured person could claim benefits for artificial insemination in accordance with II.1.12.

100% of the eligible expenses will be reimbursed.

### 1.14 Specialised outpatient palliative care

Eligible for reimbursement shall be expenses for medically prescribed specialised out-patient palliative care, which is aimed at enabling the insured person to be cared for in the home or family environment, if

- the insured person suffers from an incurable, progressive and highly advanced disease,

- a limited life expectancy of weeks or a few months - or years in the case of children - is anticipated, and
- particularly elaborate care is necessary.

The term "home environment" shall also include old people's homes, in-patient care facilities and hospices.

100% of the eligible expenses incurred through doctors and specialists for specialised out-patient palliative care shall be reimbursed, up to the amount that would be required for the care of an insured person in the statutory health insurance scheme.

### 1.15 Home nursing care

Eligible for reimbursement shall be expenses for medically prescribed home nursing care (consisting of medical treatment, basic care and domestic care) outside of in-patient facilities such as nursing homes, hospices and rehabilitation facilities by suitably qualified personnel, if and insofar as a person living in the household is unable to care for and treat the sick person to the extent necessary and if

- home nursing care is necessary to ensure that the aim of the medical treatment is achieved (protective care), or
- hospital treatment is necessary but not feasible or if it can be avoided or shortened by nursing care at home (hospital avoidance care),

to the following extent:

a) In the case of preventive care and care to avoid hospital stays, the expenses for medical treatment required in specific cases (e.g. wound care, changing dressings) shall be reimbursable.

   In the case of care to avoid hospital stays, moreover, expenses for basic care required in specific cases (e.g. personal hygiene, dressing and undressing) as well as household care (e.g. shopping, cooking) shall be reimbursable for up to four weeks per insured event, provided there is no need for long-term care in the terms of long-term care insurance. Beyond four weeks, these expenses shall only be reimbursable if and insofar as the insurer has previously agreed to them in writing. Prior written approval shall be given, provided the prerequisites still exist.

b) 100% of the eligible expenses referred to in Paragraph (a) shall be reimbursed, if appropriate. Expenses up to the amount of the generally customary local rates shall be considered “appropriate”.

   If there is a particularly heavy need for medical treatment care on a long-term basis, tentatively for at least 6 months, which requires the constant presence of a suitable nurse for individual control and readiness for action,
   intensive care shall exist particularly when the intensity and frequency of therapeutic nursing measures are unpredictable during the day and at night or the operation and monitoring of a life-supporting aid (e.g. a ventilator) are necessary during the day and night.

   If such intensive care is possible both in the home environment and in a suitable facility (nursing home) located within a radius of 50 km thereof, the respectively most favourable costs for treatment shall be deemed appropriate; this shall not apply to intensive care in the home environment for persons who have not yet reached the age of 18.

   Appropriate expenses for intensive care shall also be reimbursed in in-patient facilities (e.g. nursing homes).

   In order to determine the appropriateness of the expenses, it is recommended that a cost guarantee be obtained from the insurer.

### 1.16 Social pediatrics and early intervention

Provided there is no claim against other funding agencies, expenses for social pediatrics and early intervention in social pediatric centres shall be reimbursable up to the amount of the lump sums agreed with the statutory funding agencies.

### 1.17 Medical training for the chronically ill

Reimbursable shall be appropriate expenses for initial and follow-up training, in particular for diabetes, asthma or neurodermatitis. From an invoice amount of more than € 500 per calendar year, the costs exceeding this amount shall only be reimbursable if the insurer has promised the benefit in writing in advance.

Training shall be defined as measures rendered by providers with appropriate technical and pedagogical qualifications, on the basis of proven and evaluated concepts and under suitable organisational conditions for implementation. Documentation of participation must be submitted.

### 2. Dental treatment

This includes general, prophylactic, conservative and surgical services, X-ray services, and the treatment of oral and jaw diseases as well as periodontal treatment and inlays, including the respective applicable dental services and materials.

100% of the costs are reimbursed (see also Section II.4. Maximum invoice amounts).

### 3. Dentures and orthodontic measures

This includes prosthetic services, dental crowns of all kinds, dental bridges and pivot teeth, denture repairs, biteguards and splints, orthodontic measures, and functional analytical and therapeutic measures as well as implants (including the preparatory surgical measures that are required in this context for building up the jaw bone), and including the respective applicable dental services and materials.

75% of the costs are reimbursed (see also Section II.4. Maximum invoice amounts).

### 4. Maximum invoice amounts

In the first 10 calendar years, the following reimbursable maximum invoice amounts (based on which the services are rendered) apply to the services in accordance with II.2. and 3. together; in this regard, the maximum invoice amounts apply together respectively for two calendar years:

total
€ 1,800 in the 1st and 2nd calendar year
€ 2,600 in the 3rd and 4th calendar year
€ 3,900 in the 5th and 6th calendar year
€ 5,200 in the 7th and 8th calendar year
€ 7,800 in the 9th and 10th calendar year
unlimited from the 11th calendar year

The respective maximum amount refers to the eligible expenses incurred for treatments in the respective calendar year.

Benefits will preferably be paid in each reimbursement case based on the invoice amount at the higher reimbursement rate. A "reimbursement case" means the totality of all dental cost vouchers submitted at the same time. Benefits will always be settled in the order the cost vouchers are submitted.

The maximum invoice amounts listed above do not apply to any insurance event caused by an accident, provided the accident occurs after the contract is concluded and is documented by a medical certificate.

The benefits according to the tariff for dentures shall require that the insurer be furnished a treatment and cost plan (including the cost estimate of the dental laboratory) before the start of treatment, if the incurred costs will tentatively exceed an invoice amount of € 2,500. If no plan is furnished, only a claim to half of the benefits according to the tariff will exist for the reimbursable expenses beyond € 2,500.

In the case of dental prostheses in the form of implants, a treatment and cost plan (including the cost estimate of the dental laboratory) must be submitted to the insurer prior to commencement of treatment, irrespective of the amount invoiced. If no plan is furnished, only a claim to half of the benefits according to the tariff shall exist for the reimbursable expenses, irrespective of the amount of the invoice.

### 5. In-patient medical treatment

The following costs are eligible for reimbursement:

#### 5.1 General hospital benefits

5.1.1 In hospitals that charge in accordance with the Hospital Fee Act or the Federal Ordinance on Nursing Fees, nursing rates, special fees, flat rates per case and the medically necessary admission of an accompanying person (rooming-in) shall be considered as the costs of general hospital services; if the insured person has not yet reached the age of 16 at the beginning of in-patient treatment, the admission of an accompanying person shall always be deemed to be medically necessary.

5.1.2 In hospitals that do not charge in accordance with the Hospital Fee Act or the Federal Ordinance on Nursing Fees, the expenses for a stay in a three-bed or multi-bed room (general care class), including medical services and ancillary costs, the services of a midwife and a male midwife as well as the medically necessary admission of an accompanying person (rooming-in) shall be deemed to be general hospital services; if the insured person has not yet reached the age of 16 at the beginning of the in-patient treatment, the admission of an accompanying person shall always be deemed medically necessary.

The insurer shall be obliged to pay for the expenses of these hospitals in Germany, provided they do not exceed the fees stipulated in the Hospital Fees Act or the Federal Ordinance on Nursing Fees by more than 100%. Decisive for the calculation shall be the base case value of the federal state in which the insured person has been treated. The limitation shall not apply if, in the context of an emergency, i.e. treatment that cannot be planned, the hospital is the nearest suitable treatment facility.

The separately calculated remuneration of the attending physician, the attending midwife and the male midwife shall also be considered general hospital services.

### 5.2 Optional services

5.2.1 In hospitals which settle fees in accordance with the Hospital Compensation Act or the Federal Nursing Rate Schedule, accommodations in a one- or two-bed room (supplement to the care rate) separately billable in accordance with the Hospital Compensation Act or the Federal Nursing Rate Schedule and separately agreed private medical care are considered elective benefits.

5.2.2 In hospitals which do not settle fees in accordance with the Hospital Compensation Act or the Federal Nursing Rate Schedule, the additional costs for a one- or two-bed room and separately agreed private medical care are considered elective benefits.

100% of the costs of a stay in a two- or multi-bed room will be reimbursed, and in the case of a stay in a single room the reimbursable costs shall be limited to private medical treatment, ambulance transport, and other reimbursable expenses that would have been incurred if the stay had been in a two-bed room. If these costs cannot be documented, the corresponding costs of the nearest comparable hospital will apply.

### 5.3 Patient transport

Transport to and from the nearest suitable hospital.

100% of expenses are reimbursed.

### 5.4 In-patient hospice care

Expenses for medically prescribed, necessary in-patient or semi-in-patient care in a hospice in which palliative medical treatment is provided shall be reimbursable if

- the insured person suffers from an incurable, progressive and highly advanced disease,
- a limited life expectancy of weeks or a few months – or years in the case of children – is anticipated, and
- out-patient care in the household or family of the insured person or care in a care facility can no longer be adequately provided.

Reimbursable expenses shall be reimbursed up to the amount that would be required to care for a person insured under the statutory health insurance scheme, after deduction of other claims for benefits, e.g. from private nursing care insurance.

## 6. Digital health applications

6.1 In the event of an insured case, expenses for digital health applications included in the list of digital health applications of the Federal Institute for Drugs and Medical Devices (compare with § 139e (1) SGB V, see Annex 2) are reimbursable at 100% up to the prices specified therein, if these applications

a) are according to the prescription of the attending physician or the attending psychotherapist, or

b) are claimed for after prior written consent of the insurer.

6.2 Other digital health applications are also reimbursable at 80% up to an invoice amount of € 2,000 per year in the event of an insured case, provided that the insurer has agreed to reimburse them in writing prior to their use.

6.3 The benefits are initially provided for a maximum of 12 months. Thereafter, a new prescription or prior written consent is required in each case.

6.4 Instead of providing reimbursement of expenses, the insurer can also provide the digital health applications itself. The limitation according to II.6.3 applies accordingly in this case.

6.5 The reimbursable expenses will exclusively include the costs for the acquisition of the rights of use to the digital health application. We will not

reimburse any costs in connection with the use of the digital health applications, in particular for the acquisition and operation of mobile end devices or computers, including internet, electricity and battery costs.

## III. Bonus and deductible to promote cost-conscious behaviour

### 1. Bonus

At the tariff MAS.*Bonus*, the policyholder shall receive for each insured person per insured month in the insurance cover according to the tariff MAS.*Bonus*, a bonus of € 60, resulting in a maximum bonus of € 720 per calendar year per insured person.

The bonus shall be paid monthly into an account of the policyholder. The prerequisite for the payment of the bonus is the payment of the premium by direct debit.

If invoices are submitted for reimbursement, the entire annual bonus of € 720 shall be credited towards the reimbursement amount. This shall also apply if the MAS.*Bonus* insurance ceases before the end of a calendar year.

If the insurance does not commence on January 1 of a calendar year, the credit for this year shall decrease by 1/12th for each uninsured month.

### 2. Deductible

Deductibles apply at the tariff levels MAS.1 - MAS.3. The benefit according to the tariff shall be reduced by the agreed deductible.

The deductible per insured person is

- € 600 for the tariff level MAS.1
- € 1,200 for the tariff level MAS.2
- € 2,000 for the tariff level MAS.3

The respective deductible refers to the total amount to be reimbursed in a calendar year for the insured person.

However, the lump-sum birth benefit according to II.1.11 will not be counted towards the respective excess.

If the insurance does not start on January 1 of a calendar year, the relevant deductible for this year decreases by 1/12 for each uninsured month. If the insurance ends during the calendar year, the deduc¬tible does not decrease.

## IV. Submission of cost vouchers

It is recommended to submit cost vouchers only as of the amount of the respective deductible or annual bonus, which is

- € 720 at the tariff level MAS.*Bonus*
- € 600 at the tariff level MAS.1
- € 1,200 at the tariff level MAS.2
- € 2,000 at the tariff level MAS.3

## V. Adjustment of benefits

If the premium in the tariff MAS is changed, specified maximum reimbursable amounts, as well as the bonus payment in accordance with Section III of the tariff MAS, may also be changed subject to the Trustee's approval in order to maintain the value of the insurance cover.

The insurer shall also be entitled, subject to the prerequisites of § 203 (3) of the Insurance Contract Act (see Annex 2) and § 18, Part I, Paragraph 1 of the General Terms and Conditions of Insurance (MB/KK 2009), to adjust the benefits and maximum prices stated in the List of Remedies to the altered circum¬stances with effect for existing insurance relations, also for the unexpired portion of the insurance year.

## Annex 1

List of remedies see pages 9 – 12

## Annex 2

(deleted)

## Annex 3

## Insurance Agreement Act [Versicherungsvertragsgesetz, VVG]

### § 203 Adjustment of premiums and conditions

(3) If, in the case of health insurance in the terms of Paragraph 1, Sentence 1, the insurer's routine right of termination is excluded by law or contract, the insurer shall be entitled, in the event of a change in the conditions of the health care system which is not to be regarded as merely temporary, to adjust the General Terms and Conditions of Insurance and the rate provisions to the changed conditions, if the changes appear necessary to adequately safeguard the interests of the policyholders and an indepen-

dent trustee has examined the prerequisites for the changes and confirmed their appropriateness.

## Social Security Act, Fifth Book [Sozialgesetzbuch, SGB]

### § 139e Directory for digital health applications; authorisation to prescribe

(1) The Federal Institute for Medication and Medical Devices will maintain a list of reimbursable digital health applications in accordance with § 33a. The directory will be structured according to groups of digital health applications which are comparable in their functions and areas of application. The Federal Institute for Medication and Medical Devices will publish the list and any amendments thereto in the Federal Gazette and on the Internet.

## Life Partnership Act [Lebenspartnerschaftsgesetz, LPartG]

### § 1 Form and prerequisites

(1) Two persons of the same sex, who declare to the civil registrar in person when simultaneously present that they want to maintain a partnership with each other for life (life partners) shall establish a life partnership. The declarations may not be issued under any condition or defined time.

(2) The civil registrar shall ask the life partners individually whether they want to establish a life partnership. If the life partners answer this question in the affirmative, the civil registrar shall declare that the life partnership has now been established. The establishment of the life partnership may occur in the presence of up to two witnesses.

(3) A life partnership cannot be validly established:

1. with a person who is a minor or with a third person who is married or already maintains a life partnership with another person;
2. between persons who are related to each other in direct line;
3. between full or half siblings;
4. if the life partners agree during the establishment of the life partnership that they do not want to establish any obligations pursuant to § 2.

(4) No petition for the establishment of a life partnership may be filed based on the promise to establish a life partnership. Section 1297(2) and §§ 1298 to 1302 of the Civil Code shall apply accordingly.

# Annex 1 – List of remedies

This includes physical therapy, physiotherapy, occupational therapy, speech therapy, etc.

The guideline value in the terms of the list of remedies shall be the time specified for the regularly medically necessary duration of the respective therapeutic measure (standard treatment time). It includes the implementation of the therapy measure including preparation and follow-up. The standard treatment time may only be reduced for medical reasons.

| | reimbursable up to € |
|---|---|
| **Physical therapy/movement-based exercises** | |
| Initial physiotherapeutic findings for the preparation of a treatment plan | 19.00 |
| Physical therapy report upon written request of the prescribed person. | 63.30 |
| Physiotherapeutic treatment (also on a neurophysiological basis, respiratory therapy), as individual treatment including the necessary massage, guideline value: 20 minutes | 29.60 |
| Physiotherapeutic treatment on a neurophysiological basis (Bobath, Vojta, Proprioceptive Neuromuscular Facilitation [PNF]) for central movement disorders acquired after reaching the age of 18 as individual treatment, guideline value: 30 minutes | 44.10 |
| Physiotherapeutic treatment on a neurophysiological basis (Bobath, Vojta) for congenital or early acquired central movement disorders as individual treatment until the age of 18, guideline value: 45 minutes | 55.00 |
| Physiotherapy in a group (2-8 persons), guideline value: 25 minutes, per participant | 12.50 |
| Physiotherapy for cerebral dysfunctions in a group (2-4 persons), guideline value: 45 minutes, per participant | 16.50 |
| Physiotherapy (breathing therapy) for cystic fibrosis and severe bronchial diseases as individual treatment, guideline value: 60 minutes | 83.20 |
| Movement-based exercises | |
| • as individual treatment, guideline value: 20 minutes | 12.90 |
| • in a group (2-5 persons), guideline value: 20 minutes | 8.00 |
| Physiotherapeutic treatment / movement-based exercises in the exercise pool as individual treatment, including the necessary rest, guideline value: 30 minutes | 35.90 |
| Physiotherapeutic treatment / movement-based exercises in the exercise pool in a group (4-5 persons), per participant, including the necessary rest, guideline value: 30 minutes | 18.00 |
| Physiotherapeutic movement-based excercises in the exercise pool in a group in the exercise pool (2-3 persons), per participant, including the necessary rest, guideline value: 30 minutes | 22.60 |
| Physiotherapeutic treatment in the exercise pool in a group (2-3 persons), per participant, including the required after-rest, guideline value: 30 minutes | 22.70 |
| Manual therapy, guideline value: 30 minutes | 34.20 |
| Chiropractic (functional spinal gymnastics), guideline value: 20 minutes | 21.90 |
| Extended ambulatory physiotherapy (EAP), guideline value: 120 minutes, per treatment day<br>(Note: This special therapy is associated with specific indications.) | 124.40 |
| Device-supported physiotherapy (physiotherapy device), including Medical Advanced Training (MAT) and Medical Training Therapy (MTT), up to 3 persons per session for parallel individual treatment, guideline value: 60 minutes | 53.20 |
| Traction treatment with device (e.g. inclined bed, extension table, Perl device, sling table) as individual treatment, guideline value: 20 minutes | 10.20 |
| **Massages** | |
| Massages of single or multiple body parts: | |
| • Classical massage therapy (CMT), segmental, periosteal, reflex zone, brush and colon massage, guideline value: 20 minutes | 21.00 |
| • Connective tissue massage, guideline value: 30 minutes | 21.40 |
| Manual lymphatic drainage (MLD) | |
| • Partial treatment, guideline value: 30 minutes | 33.70 |
| • Large-scale treatment, guideline value: 45 minutes | 50.50 |
| • Full treatment, guideline value: 60 minutes | 67.30 |
| • Compression bandaging of a limb, expenses for the necessary padding and bandaging material (e.g. gauze bandages, short-stretch bandages, flow padded bandages) shall also be reimbursable. | 21.60 |

| | reimbursable up to € |
|---|---|
| Underwater pressure jet massage, including the necessary rest, guideline value: 20 minutes | 35.10 |
| **Palliative care** | |
| Physiotherapeutic complex treatment in palliative care, guideline value: 60 minutes | 75.90 |

Expenses for this shall be reimbursable separately, provided they are not already covered by specialized outpatient palliative care.

| | reimbursable up to € |
|---|---|
| **Packs, hydrotherapy, baths** | |
| Hot roll, including the necessary rest | 15.70 |
| Warm pack of one or more parts of the body, including the necessary rest | |
| • when using reusable packing materials (e.g. paraffin, fango-paraffin, moor paraffin, pelose, Turbatherm) | 18.00 |
| • when using single use natural peloids (healing earth, moor, natural fango, pelose, mud, silt) without using foil or fleece between skin and peloid | |
| • Partial packaging | 41.70 |
| • Bulk packaging | 55.00 |
| Sweat compress (e.g. “Spanish jacket”, salt shirt, three-quarter compress according to Kneipp), including the necessary rest | 22.70 |
| Cold pack (partial pack) | |
| • Application of clay, curd cheese, etc. | 11.80 |
| • Application of single-use peloids (healing earth, moor, natural fango, pelose, mud, silt) without using foil or fleece between skin and peloid | 23.40 |
| Hay flower bag, peloid compress | 14.00 |
| Wraps, pads, compresses, etc., also with addition | 7.10 |
| Dry pack | 4.80 |
| Partial cast, partial flash cast, interchangeable part cast | 4.80 |
| Full cast, full flash cast, full interchangeable cast | 7.10 |
| Slapping, rubbing, washing up | 6.30 |
| Ascending or descending partial bath (e.g. Hauffe), including the necessary rest | 18.70 |
| Ascending or descending full bath (overheating bath), including the necessary rest | 30.40 |
| Alternating partial bath, including the necessary rest | 14.00 |
| Full alternating bath, including the necessary rest | 20.30 |
| Brush massage bath, including the necessary rest | 28.90 |
| Partial natural moor bath, including the necessary rest | 49.80 |
| Full natural moor bath, including the necessary rest | 60.70 |

| | reimbursable up to € |
|---|---|
| Sand bath, including the necessary rest | |
| • Partial bath | 43.60 |
| • Full bath | 49.80 |
| Balneo phototherapy (brine light phototherapy) and light-oil bath, including re-greasing and the necessary rest | 49.80 |
| Medical baths with additive | |
| • Hand, foot bath | 10.20 |
| • Partial bath, including the necessary rest | 20.30 |
| • Full bath, including the necessary rest | 28.10 |
| • if there are several additions, each further addition | 4.80 |
| • For partial and full baths with local natural healing waters, the maximum amounts shall be increased by € 4.80. | |
| Baths containing gas | |
| • Baths containing gas (e.g. carbonic acid bath, oxygen bath), including the necessary rest | 29.60 |
| • Gaseous bath with additive, including the necessary rest | 34.20 |
| • Gas bath with local natural healing waters and with additives, including the necessary rest | 39.00 |
| • Carbon dioxide gas bath (carbonic acid gas bath), including the necessary rest | 31.90 |
| • Radon bath, including the necessary rest | 28.10 |
| • Radon additive, 500,000 millistat each | 4.80 |
| **Inhalations** | |
| Inhalation therapy - also by means of ultrasound nebulisation | |
| • as single inhalation | 11.70 |
| • as room inhalation in a group, per participant | 5.60 |
| • as room inhalation in a group - but with the use of local natural healing waters, per participant | 8.70 |

Expenses for the additives required for inhalations shall also be reimbursable separately.

| | reimbursable up to € |
|---|---|
| Radon inhalation in the tunnel | 17.20 |
| Radon inhalation through hoods | 21.00 |
| **Cold and heat treatment** | |
| Cold therapy of one or more body parts with local application of intensive cold in the form of ice compresses, frozen ice or gel bags, direct rubbing, cold gas and cold air with appropriate equipment as well as partial ice baths in foot or arm baths | 14.90 |
| Heat therapy using hot air (also by incandescent light, radiators, including infrared) for one or more body parts, guideline value: 20 minutes | 8.70 |
| Ultrasound heat therapy | 13.80 |

| | reimbursable up to € |
|---|---|
| **Electrotherapy** | |
| Electrotherapy of one or more parts of the body with individually adjusted current strengths and frequencies | 9.50 |
| Electrostimulation for paralysis | 18.00 |
| Iontophoresis, phonophoresis | 9.50 |
| Hydroelectric partial bath (two or four cell bath) | 17.20 |
| Hydroelectric full bath (e.g. balvanic bath), also with additives, including the necessary rest | 33.40 |
| **Light therapy** | |
| Treatment with ultraviolet light | |
| • as individual treatment | 4.80 |
| • in a group, per participant | 4.00 |
| Irritation treatment of a circumscribed area of skin with ultraviolet light | 4.80 |
| Treatment of irritation in several circumscribed skin areas with ultraviolet light | 8.00 |
| Irradiation of a field with quartz lamp pressure | 9.50 |
| Irradiation of several fields with quartz lamp pressure | 13.20 |
| **Speech therapy (voice, speech and language therapy)** | |
| Initial findings from voice, speech and language therapy to draw up a treatment plan, once per treatment case | 124.20 |
| Detailed report (except the speech therapy report for the prescribing physician) | 18.00 |
| Voice, speech and language therapy needs assessment, guideline value: 30 minutes<br>Expenses for up to two units of diagnostics (either one unit of initial diagnostics and one unit of diagnostics on demand or two units of diagnostics on demand) per calendar half-year are reimbursable within one treatment case | 59.90 |
| Report to the prescribed person | 6.70 |
| Report on special request of the prescribed person | 119.00 |
| Individual treatment for speech, language and voice disorders | |
| • Guideline value: 30 minutes | 52.90 |
| • Guideline value: 45 minutes | 72.70 |
| • Guideline value: 60 minutes | 92.60 |
| • Guideline value: 90 minutes | 119.00 |
| Expenses for preparation and follow-up work, documentation of the course of treatment, the speech therapy report for the prescribing doctor and for counselling the insured person and his or her reference persons shall not be reimbursable. | |

| | reimbursable up to € |
|---|---|
| Group treatment for speech, language and voice disorders per participant | |
| • Group (2 persons), guideline value: 45 minutes | 65.50 |
| • Group (3-5 persons), guideline value: 45 minutes | 39.80 |
| • Group (2 persons), guideline value: 90 minutes | 119.00 |
| • Group (3-5 persons), guideline value: 90 minutes | 64.60 |
| Expenses for preparation and follow-up work, documentation of the course of treatment, the speech therapy report for the prescribing doctor and for counselling the insured person and his or her reference persons shall not be reimbursable. | |
| **Ergotherapy (Occupational therapy)** | |
| Functional analysis and initial consultation, including consultation and treatment planning, once per treatment case | 48.10 |
| Individual treatment | |
| • for motor disorders, guideline value: 30 minutes | 48.10 |
| • for sensorimotor or perceptive disorders, guideline value: 45 minutes | 63.10 |
| • for functional mental disorders, guideline value: 60 minutes | 83.20 |
| Individual treatment as counseling for integration into the home and social environment in the context of a visit to the home or social environment, once per treatment case | |
| • for motor-functional disorders, guideline value: 120 minutes | 142.50 |
| • for sensorimotor or perceptive disorders, guideline value: 120 minutes | 191.90 |
| • for functional mental disorders, guideline value: 120 minutes | 160.10 |
| Parallel treatment (in the presence of two persons to be treated) | |
| • for motor-functional disorders, guideline value: 30 minutes, per participant | 37.80 |
| • for sensorimotor or perceptive disorders, guideline value: 45 minutes, per participant | 51.20 |
| • for functional mental disorders, guideline value: 60 minutes, per participant | 63.40 |
| Group treatment | |
| • for functional motor disorders, guideline value: 30 minutes, per participant | 18.40 |
| • for sensorimotor or perceptive disorders, guideline value: 45 minutes, per participant | 23.70 |
| • for functional mental disorders, guideline value: 90 minutes, per participant | 43.60 |
| • for functional mental disorders as a stress test, guideline value: 180 minutes, per participant | 80.80 |

| | reimbursable up to € |
|---|---|
| Brain performance training / neuropsychologically oriented individual treatment, guideline value: 30 minutes | 53.20 |
| Brain performance training, individual treatment as counseling for integration into the home and social environment in the context of a visit to the home or social environment, guideline value: 120 minutes, once per treatment case | 160.10 |
| Brain performance training as parallel treatment in the presence of two persons to be treated, guideline: 30 minutes, per participant | 41.40 |
| Brain performance training as group treatment, guideline value: 45 minutes, per participant | 23.70 |
| **Podiatry** | |
| Podological treatment (small), guideline value: 35 minutes | 35.40 |
| Podological treatment (large), guideline value: 35 minutes | 50.60 |
| Podological findings, depending on the treatment | 3.50 |
| Initial treatment with a spring steel wire orthonyxia clasp according to Ross-Fraser, one-piece, including impression and fabrication of the passive nail correction clasp according to model, application and clasp check after 1 to 2 weeks | 223.80 |
| Adjustment of the orthonyxia clasp according to Ross-Fraser, one-piece including clasp check after 1 to 2 days | 43.10 |
| Replacement with an orthonyxia brace according to Ross-Fraser, one-piece due to loss or breakage of the brace with existing model including application | 74.60 |
| Treatment with a prefabricated bilateral spring steel wire orthonyxia brace, three-part, including individual brace shaping, application and brace fit check after 1 to 2 days | 86.10 |
| Treatment with a ready-made adhesive clasp including application and clasp fit check after 1 to 2 days | 43.10 |
| **Nutritional therapy** | |
| Nutritional therapy is reimbursable as a remedy if it is provided by dieticians, oecotrophologists or nutritionists. | |
| Initial consultation with treatment planning, guideline value: 60 minutes | 78.10 |
| Calculation and evaluation of nutrition protocols and development of corresponding individual recommendations, guideline value: 60 minutes; expenses are reimbursable up to two times per prescription - but no more than eight times per calendar year | 63.90 |

| | reimbursable up to € |
|---|---|
| Necessary coordination of therapy with a third party; expenses are reimbursable once per prescription - but no more than four times per calendar year | 63.90 |
| Individual treatment, guideline value: 30 minutes | 39.10 |
| Group treatment, guideline value: 30 minutes | 27.40 |
| **Birth preparation / pregnancy gymnastics / postpartum gymnastics** | |
| Birth preparation/pregnancy gymnastics with group instruction (up to 10 pregnant women per group), maximum 14 hours, per lesson (60 minutes), per participant | 16.50 |
| Preparation for childbirth/pregnancy exercises as individual instruction, on doctor's orders, maximum 28 teaching units of 15 minutes each, per unit | 21.40 |
| Postpartum gymnastics with instruction in a group (up to 10 persons), maximum 10 hours, per lesson (60 minutes), per participant | 16.50 |
| Postpartum gymnastics as individual instruction, on doctor's orders, maximum 20 teaching units of 15 minutes each, per unit | 21.40 |
| **Rehabilitation sports / functional training** | |
| Rehabilitation sports in groups under medical care and supervision, per participant | |
| • General rehabilitation sports | 7.60 |
| • Rehabilitation sports in water | 9.60 |
| • Rehabilitation sports in heart groups | 10.70 |
| • Rehabilitation sports for severely disabled people who require increased care | 14.80 |
| For children up to the age of 14: | |
| • General rehabilitation sports | 10.10 |
| • Rehabilitation sports in water | 14.20 |
| • Rehabilitation sports in children's heart groups | 19.60 |
| • Rehabilitation sports for severely disabled children | 19.60 |
| Exercises to strengthen self-confidence for children and adults | 14.20 |
| Functional training in groups under expert guidance and supervision, per participant | 7.60 |
| **Miscellaneous** | |
| Home visit prescribed by doctor | 14.00 |
| Travel costs for trips of the attending person (only in the case of a doctor's prescribed home visit) when using a motor vehicle at the rate of € 0.30 per kilometre or the lowest cost of a regularly used means of transport | |
| If several patients are visited on the same route, medically prescribed home visits and travel expenses shall only be reimbursable proportionally per patient. | |