

Information relating to the tariff PRIMO

Version of January 2023

By choosing a tariff from the PRIMO line of products you have chosen a modern and intelligent form of insurance cover which provides attractive and competitively priced benefits. By behaving responsibly and in a health-conscious manner you have the opportunity to influence the level of your insurance cover and to reduce any applicable deductibles. The information below is intended to provide you with some useful tips in relation to this.

1. The primary care physician system

The primary care physician system applies in the tariff PRIMO.Z (*plus*). What this means for you is that – apart from a few exceptions – the primary care physician is your initial point of contact. Your primary care physician is the person who is the best informed about your medical history. That is why, when you are ill, he should be responsible for managing your illness and coordinating any subsequent treatment that you have for it. This can also save you having to have unnecessary multiple examinations, and it means that you receive 100% reimbursement of the costs of out-patient medical treatment.

You can choose a general practitioner or a family doctor as your primary care physician. Please specify to us the primary care physician for each insured person at the latest when you submit the first invoice. Please inform us in writing of any change to the primary care physician – or notify it us to the service desk.

You will also receive 100% payments for the costs of out-patient medical treatment if you are treated by

- an ophthalmologist (eye specialist) or a
- gynaecologist
- paediatrician (without a specific specialism)
- emergency doctor or an
- on-call doctor,

or if the primary care physician arranges for the treatment to be carried out by a specialist. In the case of further treatment by a specialist, please have the necessity of the specialist treatment confirmed by your primary care physician. You should then submit this confirmation together with the specialist's invoice. If you would like to choose an internist without a designated specialism as your primary care physician, please make sure that you obtain our agreement to this in advance.

If you are temporarily staying somewhere that is over 100 km away from your place of residence, any general practitioner or practicing physician shall be considered as your primary care physician even without having been previously designated as such.

If you use the services of a specialist doctor without having a referral from your primary care physician, we will pay 75% of the reimbursable costs.

If you consult your primary care physician again following (initial) treatment by a specialist, and if he again refers you to a specialist for treatment, then as from that time we will again pay for 100% of the costs. Please ask your primary care physician to confirm the necessity of further treatment by a specialist. You should then submit this confirmation together with the specialist's invoice.

The confirmation of the primary care physician is valid until the completion of the advised further treatment, for a maximum of 6 months from the date of issue.

2. Transparent services make the picture clear

So that you know exactly what you can expect Hallesche to provide, we have set out our services in a particularly clear and simple way. This means that you have a comprehensive overview, which provides certainty.

2.1 Medical aids

In the case of aids, there are deductibles due to maximum invoice amounts or the reimbursable percentage:

75% of the reimbursable costs of aids are reimbursed; 90% is reimbursed in the case of aids for which the invoice amount would exceed € 350 if you obtained them on your own account, provided that you submit the doctor's prescription to us before obtaining the appliance and you request us to supply the appliance (loaned equipment or purch-

ase) via our partners or suitable medical supply stores.

If these conditions are met, 90% of the eligible expenses are reimbursed even if we are unable to arrange for the appliance to be supplied.

If the eligible expenses exceed € 10,000 per person per calendar year, 100% of the amount in deductibles of this figure will be reimbursed.

2.2 Remedies

If your doctor has prescribed you a physical treatment such as physiotherapy, you are free to choose any physiotherapy provider. In order to let you know the costs that we will reimburse, we have incorporated a list of the reimbursable prices of remedies in the tariff conditions. Take this list with you, for instance when you go to see your physiotherapist, and get his assurance that he will not charge you prices that are any higher. Please bear in mind that if you only have statutory insurance your physiotherapist would only obtain a proportion of these prices.

3. Do you have to go to the dentist?

In no other medical sphere are the differences in the prices charged for identical services as striking as they are in dentistry. However, without medical expertise, it is usually impossible to check whether the proposed treatment and price are appropriate. That is why it is in the interests of you and of every insured person that, in the case of dentures which are expected to cost € 2,500 or more, we insist that a treatment and costs plan (including one provided by the dental laboratory) must be submitted in order to prove they are medically necessary. If you don't submit a treatment and costs plan to us before beginning treatment, you will only be entitled to payment of half of the reimbursable expenses in deductible of € 2,500 under the tariff.

In particular, if you are planning to have implants, please make sure that – regardless of the invoice amount – you always provide proof of the medical need for the treatment before it is started by obtaining a treatment and costs plan. If you don't submit a treatment and costs plan to us, we will only provide in total half of the payments that are specified in the tariff.

Similarly, in the case of planned orthodontic treatment, please always submit a treatment and costs plan to us before beginning the treatment.

3.1 List of prices and dental services

The list gives you the opportunity to obtain a comprehensive overview of the services even before you start the treatment. The measures involved and the reimbursable maximum costs are higher than in the case of statutory health insurance providers – for instance because they include function-enhancing and high-quality aesthetic services. Take this list with you when you go to see your dentist and get his agreement that the maximum amount that will be charged for the corresponding service is as shown in this list. This will provide you security regarding the services that will be provided for you.

4. GOÄ/GOZ limitation

Please note that medical services as shown in the Fee Schedule for Physicians (GOÄ) and dental services as shown in the Fee Schedule for Dentists (GOZ) are reimbursable up to the maximum rates shown there. The doctor can normally charge for personal medical services at up to 2.3 times the rate, for technical medical services at up to 1.8 times the rate, and for laboratory services according to GOÄ clause 437 at up to 1.15 times the rate (standard maximum rates). In specific cases the doctor may exceed these standard maximum rates and charge up to 3.5 times the rate for personal medical services, up to 2.5 times the rate for technical medical services, and up to 1.3 times the rate for laboratory services according to GOÄ clause 437 (maximum rates). However, please ensure that in this case the doctor provides a written justification for doing so before the treatment begins.

If your doctor wishes to charge you rates in deductible of the maximum rates you should contact us before the treatment begins – we will be happy to provide you with advice.

5. Trips abroad

The tariffs *PRIMO.Bonus Z* and *PRIMO.SB Z* must **always** be supplemented with the tariff *URZ*. in order to ensure that there is adequate cover in the event of in-patient treatment abroad.

In the case of the tariffs *PRIMO.Bonus Z plus* and *PRIMO.SB Z plus* too, it is advisable to supplement the insurance coverage with the tariff *URZ*. for trips abroad in order to ensure your peace of mind and so as not to jeopardise your premium rebate.

6. Artificial insemination

Please note that there is no duty to provide payments in relation to artificial insemination, including any accompanying measures.

7. Deductible

The tariff PRIMO.SB 1 *Z (plus)* has a deductible of € 300 per person. In the case of the PRIMO.SB 2 *Z (plus)*, the amount of the deductible is € 600, and in the case of the PRIMO.SB 3 *Z (plus)* it is € 1,200. These deductibles apply across the board to in-patient and out-patient medical treatments and to dental treatments. Therefore, please only submit invoices if the reimbursement amount in respect which you are claiming is greater than the deductible chosen by you. We strongly advise you to also take into account the premium rebate that you can expect to receive. At the beginning of each year we will tell you the premium rebate that you will receive for the current year if you do not use any benefits. It may be up to three months' worth of premiums. The following examples show the reimbursement amounts as from which it may be worthwhile to submit invoices.

Entitlement to premium rebate, e.g.	€ 250
Deductible, e.g.	€ 600
Total	€ 850

In this example it is only worthwhile submitting invoices for reimbursement as from an invoice amount of € 850.

8. Bonus to promote cost-conscious behaviour

In the case of the tariff PRIMO.*Bonus Z (plus)* you receive a credit of € 30 per insured person and per month. That amounts to € 360 over the course of twelve months. You can, for instance, use the amount to reduce your premiums in old age, or use it as a savings deposit, or you can use it as a way of saving to buy a house or flat. You receive the bonus even if a claim is paid. In that case up to € 360 per calendar year is deducted from the amount that is reimbursed.

Please note that this also applies if the tariff PRIMO.*Bonus Z (plus)* insurance ends before the expiry of a calendar year. If the insurance does not commence on 1 January of a calendar year, the amount that is deducted for the year concerned shall decrease by € 30 for each month during which insurance was not yet in force.

9. Health management

Hallesche always looks out for your health, not just when you fall ill. One example of the "Health Management" services we provide is the Hallesche health hotline, which provides expert information about any health issues. Are you interested? Then just order our "Health Management" brochure. Therein you can find out details of the additional services that are provided as part of our "Health Management" services.

The direct way to get in touch with us

We provide our members with help and advice – quickly and reliably.

For question about your insurance cover

support hotline – Mon.-Fri. 8 a.m.-8 a.m.

0 800/30 20 100 (freecall)

From abroad: +49 (0)7 11/66 03–36 69

For question about your health

health hotline – 24 hours a day, 7 days a week

07 11/66 03–20 00

For the return transportation of patients from abroad and worldwide support in the case of in-patient hospital stays

foreign emergencies hotline – 24 hours a day, 7 days a week

+49 (0)7 11/66 03–39 30

For health information and tips

www.hallesche-gesundheitsportal.de