# Tariff Hi.Medical L
# Temporary Comprehensive Health Insurance

## Version of January 2027

## Essential Parts of the tariff Hi.Medical L

### Out-patient medical treatment

We reimburse 100% of the costs of

- out-patient medical treatment up to the maximum rates shown in the Fee Schedule for Physicians (GOÄ)
- medicines and dressings
- out-patient medical check-ups which are available without any age limit within the statutory programmes
- vaccinations as recommended by STIKO (Robert Koch Institute)
- rides and transportation
- remedies up to € 1,500 per calendar year, and above that amount in the case of serious illnesses
- psychotherapy for up to 25 sessions per calendar year
- naturopathic treatments provided
  - by doctors
  - by other treatment providers: up to € 500 per calendar year
- visual aids up to € 250
- refractive surgery up to € 750 per eye
- medical aids
- fertility treatment up to € 2,500
- cryopreservation
- care provided by a midwife / male midwife
- radiodiagnostics and radiotherapy

### Digital health applications and health services

### Detoxification treatment

We reimburse 100% of the costs of out-patient or in-patient detoxification treatment.

### Spa treatment

We reimburse the costs according to the tariff if we have provided our written agreement to do so in advance.

### In-patient medical treatment

We reimburse 100% of the costs of

- general hospital services, subject to the limits in the KHEntgG (Hospital Fees Act) or in the BPflV (the Federal Ordinance on Nursing Fees), and also more in the event of an emergency
- a one- or two-bed room
- the services
  - of a private doctor,
  - of an attending physician,
  - of an attending midwife / male midwife
- ambulance transport
- the provision of accommodation and food in hospital for one parent if the child to be treated is not yet 16 years old

### Return transportation of patients to Germany from abroad

**Deductible** (not for in-patient medical treatment)

- **Hi.Medical L P500:**
  we deduct 10% from the reimbursement amount under the tariff. You yourself must pay a maximum of € 500 per insured person per calendar year
- **Hi.Medical L 1200:**
  you yourself must pay a maximum of € 1,200 per insured person per calendar year

### Not insured are

- accommodation and food during spa treatment
- dental services

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The tariff only applies in connection with the General Terms and Conditions of Insurance for the Hi.Germany Temporary Comprehensive Health Insurance (AVB/KKb 2020).

## I. Who can take out the insurance?

In order to be able to take out the insurance you must be resident in Germany when the insurance begins.

Besides that, people can be only insured under this tariff if they

- they are in Germany on the basis of a temporary residence permit, and
- are not insured under the statutory German health insurance scheme (GKV), and
- have no entitlement to civil service medical cover or free medical care.

The insurance ends once any of these conditions no longer applies.

## II. What tariff levels are there in the tariff Hi.Medical L?

The Hi.Medical L tariff is available in two tariff levels:

- Hi.Medical L P500 tariff level
- Hi.Medical L 1200 tariff level.

The tariff levels differ in terms of the excess which we deduct from the amount that is reimbursed. Please read Section XII regarding this.

## III. How do we take account of the Fee Schedules when providing reimbursement?

Services which are provided by doctors are by definition only reimbursable as set out in the ➢Fee Schedule for Physicians (GOÄ), subject to the maximum rates that are specified there (see Annex 1).

Services provided by midwives or male midwives are by definition only reimbursable as set out in the respective applicable Official Fee Schedule for Midwives and Male Midwives.

Services which are provided by psychological psychotherapists and paediatric and youth psychotherapists are by definition only reimbursable as set out in the Fee Schedule for psychological psychotherapists and paediatric and youth psychotherapists (GOP), subject to the maximum rates that are specified there (see Annex 1).

## IV. What do we reimburse in respect of out-patient ➢medical treatments?

### 1. What do we reimburse if the insured person is treated by a doctor?

We reimburse 100% of the costs of

- consultations,
- appointments,
- treatments,
- examinations,
- home visits,
- operations,
- doctors' video consultations and examinations
- and special services.

### 2. What do we reimburse in respect of medicines and dressings?

We reimburse 100% of the costs of medicines and dressings which are prescribed by a doctor.

The following are also deemed to be medicines:

- urine and blood test strips, and
- certain nutriments with medicinal properties,
  - which are indispensable in order to prevent serious health impairments (e.g. in the case of enzyme deficiency diseases, Crohn's disease or cystic fibrosis), and
  - which are in particular administered ➢enterally or ➢parenterally.

  If the insured person requires such nutriments, we can assist to procure them.

By definition medicines do not include:

- contraceptives,
- nutraceutical products for the elderly,
- nutriments and dietary supplements except for the aforementioned nutriments with medicinal properties,
- dietetic products,
- hormone preparations for anti-ageing measures,
- hair restorers,
- potency-enhancing preparations,
- cosmetics,
- disinfectants,
- pure mineral water,
- bath additives and
- comparable “lifestyle products”.

This also applies if they have been prescribed by a doctor and/or contain curative substances.

### 3. What do we reimburse in relation to out-patient medical check-ups?

We reimburse 100% of the costs of out-patient medical check-ups – including those due to pregnancy – in accordance with the programmes that have been introduced on a statutory basis in Germany, and without any age limit.

### 4. What do we reimburse in relation to vaccinations?

We reimburse 100% of the costs of single and multiple vaccinations which are recommended by the Standing Vaccination Commission at the Robert Koch Institute (STIKO).

This excludes vaccinations

- which are recommended when undertaking foreign travel or
- those required for business travel, if the employer is responsible for providing them.

### 5. What do we reimburse in relation to ➢rides and ➢transportation?

We reimburse 100% of the costs of rides and transportation to and from the nearest suitable doctor or hospital if

- the insured person is involved in an emergency, or
- if they have to be driven to a dialysis, deep radiation therapy or chemotherapy appointment.

We only reimburse the transportation costs if during the transportation the insured person for medical reasons during transport needs

- specialist care or
- the special equipment of the means of transport.

### 6. What do we reimburse in relation to ➢remedies?

We reimburse 100% of the costs of remedies which are included in our List of remedies (see Annex 2), in each case up to the maximum amounts that are stated in that list.

In this regard we reimburse an overall maximum amount of € 1,500 for each insured person per calendar year. We waive this limit if

- the remedies are medically necessary owing to an accident, or if
- the insured person is suffering from one of the following serious illnesses and the therapeutic product is medically necessary for treating it:
  - malignant neoplasms (cancerous tumours)
  - kidney failure for which dialysis is required
  - multiple sclerosis
  - rheumatoid arthritis
  - Alzheimer's disease
  - Parkinson's disease
  - loss of limbs
  - craniocerebral injury
  - paraplegia
  - cerebral palsy
  - burns
  - stroke
  - fracture of the spine
  - amyotrophic lateral sclerosis
  - arthritis of the knee or hip
  - ankylosing spondylitis
  - cystic fibrosis

### 7. What do we reimburse in relation to out-patient psychotherapy?

We reimburse 100% of the costs of out-patient psychotherapy. You can claim for up to 25 sessions per calendar year for each insured person.

### 8. What do we reimburse in relation to naturopathic treatments if they are not carried out by a doctor?

We reimburse 100% of the costs of naturopathic treatments including medicines and dressings if they are not carried out by a doctor. In this regard we reimburse an overall maximum amount of € 500 for each insured person per calendar year.

Examples of naturopathic treatment include:

- Classical homeopathy
- Osteopathy
- Acupuncture (including as part of traditional Chinese medicine)
- Leech treatment
- Cupping.

## 9. What do we reimburse in relation to visual aids and refractive surgery?

We reimburse 100% of the costs of visual aids up to € 250 for each insured person.

Once we have provided reimbursement for visual aids, the insured person can have visuals aids reimbursed again at the earliest 2 years after receiving it. If their visual acuity (sharpness of vision) changes by at least 0.5 dioptres, the insured person will receive reimbursement for visual aids sooner.

If the insured person has their defective vision corrected by an operation (refractive surgery e.g. by LASIK [laser assisted in situ keratomileusis]), we reimburse 100% of the costs up to € 750 for each eye. The following applies in this regard:

- The insured person must already have been insured under this tariff for at least 12 months, and
- they receive this service only once for each eye during the entire period when he is insured under this tariff.

## 10. What do we reimburse in relation to medical aids?

a) We reimburse 100% of the costs of medical aids

- which directly alleviate or compensate for disabilities or the consequences of illnesses or accidents (e.g. invalid carriages, prostheses),
- if the insured person needs them for therapeutic and diagnostic purposes (e.g. blood pressure monitors), or
- in order to stay alive (life-saving medical aids such as breathing aids).

We also reimburse 100% of the costs for the provision of instructions on how to use the medical aids and for their maintenance and repair. However, we do not pay for any repairs of orthopaedic footwear.

As a matter of principle, we do not pay for:

- medical aids for which compulsory care insurance has to provide reimbursement,
- medical aids which are part of fitness/wellness and/or recreational facilities,
- everyday personal effects and hygiene products (e.g. medical thermometers, anti-allergy bedding).

b) We only reimburse the costs of the following aids up to a certain amount:

- we reimburse up to € 250 for each insured person per calendar year for orthopaedic shoes or the orthopaedic adaptation of shoes or insoles.
- The insured person can receive up to a total of € 1,500 for a hearing aid for each ear throughout the period when the insurance is in force. If the hearing loss can only be corrected through the use of hearing implants, we will reimburse an overall amount of up to € 4,000 per ear for this care.

c) If the appliance is expected to cost more than € 350, you must

- submit the medical prescription to us in advance and
- request us to supply the appliance (loaned equipment or purchase) via our partners or suitable medical supply stores.

This applies even if the appliance is expected to cost less than € 350 but is needed more than once within a calendar year (e.g. ➢stoma articles).

If you do not comply with these conditions, we will reduce the amount that we reimburse by 75%. If we are unable to arrange for the appliance to be delivered to you, this reduction will not apply.

## 11. What do we reimburse in relation to fertility treatment?

We reimburse 100% of the costs of fertility treatment up to € 2,500 in total for the entire period of insurance during which the insured person is insured under this tariff.

We pay the reimbursement after having provided our written consent to do so. This is provided if the treatment is medically necessary and the following additional conditions are fulfilled:

- The insured person has already been insured under this tariff for at least 24 months.
- The insured person is suffering from naturally caused sterility which can only be overcome by means of measures that are used in relation to reproductive medicine.
- The woman is no more than 39 years old at the time of the treatment.

- The treatment is carried out on married couples or couples who are living together as a cohabiting couple. Only the egg cells and sperm cells of the couple may be used.
- The treatment is in accordance with German law.

If these conditions are met, we pay for:

- insemination cycles in the natural cycle, and
- insemination cycles after hormonal stimulation, or
- in vitro fertilisation (IVF), or
- intracytoplasmic sperm injection (ICSI) (including the necessary IVF), or
- gamete intrafallopian transfer (GIFT).

If the insured person or his/her partner is entitled to benefits for reproductive medical procedures from another funding agency (e.g. statutory or private health insurance, the state), full use must be made of those benefits as a matter of priority. We then only pay for any costs which remain after the payment made by the other funding agency.

### 12. What do we reimburse for ➢cryopreservation?

We will reimburse 100% of the costs for a one-time cryopreservation of egg and/or sperm cells or germ cell tissue when we have agreed to this in writing in advance.

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 fertility treatment according to IV.11.

We will only reimburse the costs for storage as long as the insured person could claim benefits for fertility treatment in accordance with IV.11.

### 13. What do we reimburse in relation to midwifes or male midwifes?

We reimburse 100% of the costs of services provided by a midwife or male midwife.

This includes, for example:

- maternity care
- antenatal care
- obstetrics
- postpartum care
- fees for home visits

In the case of a delivery in a facility that is run by midwives or male midwives (e.g. birth centre, midwife centre), we will reimburse the costs involved up to the level of costs that would have been incurred if the birth had taken place in a hospital. We also reimburse the costs if a transfer to a hospital becomes necessary during labour.

### 14. What do we reimburse in relation to radiodiagnostics and radiotherapy?

We reimburse 100% of the costs of radiodiagnostics and radiotherapy.

### 15. What do we reimburse in relation to home nursing care?

a) We reimburse the costs of home nursing care for an insured person if it has been prescribed by a doctor,

- if it is provided by suitable specialist carers outside of in-patient institutions such as care homes, hospices or rehabilitation facilities, and
- a person living in the same household cannot provide adequate care and support for the insured person.

Another condition is that

- the nursing care should support the aim of the medical treatment (domiciliary care), or
- that treatment in hospital is required but cannot be provided, or that the provision of home nursing care prevents the need for in-patient hospital care or shortens such care (hospital avoidance care), or that
- the home nursing care is necessary due to a serious illness or due to an acute exacerbation of an illness, in particular following a stay in hospital, following an out-patient operation, or following out-patient hospital treatment (support care).

Subject to these conditions, we

- always reimburse the costs of ➢medical nursing treatment
- in the case of support care, provided that there is no need for care as defined in the healthcare insurance, and in the case of hospital avoidance care, we also reimburse the costs of ➢basic care and ➢household help. We reimburse these costs for a maximum period of 4 weeks. If you need this service for a longer period, we must confirm our agreement to this in advance.

b) We reimburse 100% of the costs insofar as they are appropriate. Costs up to the amount of the generally customary local rates are considered to be "appropriate".

However, if ➢intensive nursing care is provided and it can be provided either in the home setting or in a suitable facility (nursing home) within a radius of 50 km of the home, the cheaper option for the nursing care in each case shall be deemed to be appropriate; this does not apply to intensive nursing care in the home for persons who have not yet reached the age of 18.

We also reimburse the appropriate costs of intensive nursing care that is provided in in-patient facilities (e.g. nursing homes).

### 16. What do we reimburse in relation to sociotherapy?

We provide 100% reimbursement of the costs of sociotherapy. For each insured person a maximum of 120 hours can be claimed throughout the entire period of the tariff.

It is a precondition for reimbursement that the insured person is suffering from a serious mental illness and is therefore unable to independently make use of medical services or medically prescribed services, and

- the sociotherapy prevents or shortens hospital treatment, or
- hospital treatment cannot be provided although it is definitely necessary.

Sociotherapy can be provided by:

- psychiatrists or neurologists, or
- also by sociotherapy specialists following a prescription by such medical experts.

We reimburse the costs of using doctors' services in accordance with the GOÄ (cf. III.). We reimburse the costs of using services provided by sociotherapy specialists up to the amount that statutory health insurance (GKV) would have to pay for such services if the insured person were insured under that insurance.

### 17. What do we reimburse in relation to specialist out-patient palliative care?

Specialist out-patient palliative care enables the insured person to be cared for in his familiar home environment, in a hospice, in a old people's home, or in-patient care facilities if they

- suffer from an incurable, progressive or highly advanced illness,
- only have weeks or a few months to live (or years also in the case of children), and
- require particularly intensive care.

We provide 100% reimbursement of the costs. This presupposes that the specialist out-patient palliative care

- is prescribed by a doctor and
- the insured person is cared for by doctors and specialists in the provision of specialist out-patient palliative care.

We reimburse the costs up to the amount that statutory health insurance (GKV) would have to pay for it if the insured person were insured under that insurance.

## V. What do we reimburse in relation to digital health applications and ➢digital health services?

(1) In the event of an insured case, we will reimburse 100% of the costs for digital health applications included in the list of digital health applications of the Federal Institute for Drugs and Medical Devices (compare with § 139e para. 1 SGB V, see Annex 3), up to a maximum of the prices stated therein.

This presupposes that

- the attending doctor or psychotherapist has prescribed the treatments or
- we have agreed to the reimbursement in writing in advance.

(2) In the event of an insured case, we will reimburse 80% of the costs for digital health applications other than those mentioned in para. 1 up to a maximum of € 1,600 for each insured person per calendar year, if we have agreed this to you in writing in advance.

(3) We will initially reimburse the use of digital health applications for a maximum of 12 months. After that, it must be prescribed again or agreed in writing in advance.

We may also provide the digital health applications ourselves instead of reimbursing their costs. Sentences 1 and 2 will apply correspondingly.

(4) In this regard, we will reimburse an overall maximum amount of € 120 for each insured person per calendar year.

(5) The reimbursable expenses will exclusively include the costs for the acquisition of the rights of use to the digital health application. We do 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.

## VI. What do we reimburse in relation to ➢detoxification treatments?

We reimburse 100% of the costs of out-patient or in-patient detoxification treatment. This presupposes that

- the condition is a ➢substance-related addiction,
- no other funding agency has to pay these costs, and
- the in-patient detoxification treatment is carried out in a facility which is approved by a statutory provider of rehabilitation care for such use, or
- out-patient detoxification treatment is provided by specialist services or institutions.

We do not pay for detoxification treatments which the insured person undertakes for nicotine addiction.

In the case of in-patient detoxification treatments, we only pay for general hospital services as specified in the ➢Hospital Fees Act (KHEntgG) or the Federal Ordinance on Nursing Fees (BPflV). In private clinics the insured person likewise only receives reimbursement of a comparable level of costs.

We only reimburse the costs of one out-patient or in-patient detoxification treatment for each insured person during the period when the tariff is in force.

## VII.What do we reimburse in relation to spa treatments?

We reimburse the costs of a spa treatment at a spa or health resort if we have previously provided our written agreement to do so. In this case the insured person receives the payments that are agreed under this tariff for:

- medical treatments (cf. IV.1.),
- ➢remedies (cf. IV.6.),
- medical aids (cf. IV.10.),
- medicines and dressings (cf. IV.2.), and
- radiodiagnostics and radiotherapy (cf. IV.14.).

We reimburse 100% of the visitor's spa tax and the costs of spa treatment plans.

Please note that: we do not pay for the costs of accommodation and food/drinks.

## VIII. What do we reimburse in relation to in-patient ➢medical treatments?

### 1. Under what circumstances do we provide reimbursement?

We pay if the insured person receives in-patient treatment in a hospital. This presupposes that

- the in-patient treatment there is medically necessary, or
- a medical check-up has to be carried out there on an in-patient basis for medical reasons.

We also provide reimbursement if an insured person requires in-patient hospital treatment because she is pregnant or is in labour.

### 2. What do we reimburse in relation to ➢general hospital services?

We reimburse 100% of the costs of general hospital services.

There are hospitals which don't charge according to the ➢Hospital Fees Act (KHEntgG) or the Federal Ordinance on Nursing Fees (BPflV). They are generally private clinics.

If the insured person is treated in such a hospital, the most that we will reimburse is the costs that are specified in the KHEntgG or BPflV. We base the calculation on the standardised base rate that is used in the federal state in which the insured person has been treated.

In the case of treatment abroad we will provide reimbursement up to the maximum price of general hospital services in the Federal Republic of Germany. These expenses shall also cover doctors' costs and all ancillary expenses.

If the insured person is admitted to such a hospital or to a hospital abroad owing to an ➢accident or ➢emergency, we will not limit the amount that we pay in this regard.

### 3. What do we reimburse in relation to optional services?

We reimburse 100% of the costs of the following optional services:

- the surcharge for a one- or two-bed room,
- ➢reasonable surcharges for comfort upgrades according to the respective applicable agreement pursuant to BPflV § 22 para. 1 / KHEntgG § 17 para. 1. These include standard comfort upgrades such as particular food, equipment (TV, internet connection), and room size and position.
- specially agreed private medical treatment.

### 4. What do we reimburse in relation to services provided by attending physicians?

We reimburse 100% of the costs for the services of an attending physician.

### 5. What do we reimburse in relation to services provided by attending midwifes / attending male midwifes?

We reimburse 100% of the costs for the services of attending midwifes and attending male midwifes.

### 6. What do we reimburse in relation to ➢transportation?

We reimburse 100% of the costs of transport to and from the nearest suitable hospital.

We only reimburse the transportation costs if during the journey the insured person

- needs specialist care or
- the special setting up of the means of transport owing to medical reasons.

### 7. What do we reimburse if you accompany your insured child to hospital?

We reimburse 100% of the costs of providing food and accommodation for one parent in the hospital,

- providing that the child has to have in-patient treatment in the hospital, and
- the child has not yet reached the age of 16 when his stay in hospital begins.

## IX. What do we reimburse for transitional care in hospital?

We reimburse 100% of the costs if the insured person is receiving transitional care in hospital.

This presupposes that

- home nursing care, short-term care, medical rehabilitation benefits or care benefits under compulsory social or private long-term care insurance are required but cannot be provided or can only be provided at considerable expense and
- the transitional care is provided immediately following medically necessary treatment in a hospital.

In the case of transitional care, we pay for the provision of medicaments, remedies and medical aids, the activation of the insured person, basic and treatment care, discharge management, accommodation and meals as well as the medical treatment required in individual cases.

We do not reimburse optional services in accordance with VIII.3.

We will reimburse the costs of transitional care

- for a maximum of 10 days per hospital treatment and
- per day up to a maximum of the amount that would have to be paid for the care of an insured person covered by statutory health insurance.

## X. What do we reimburse in relation to hospice care?

We reimburse 100% of the costs if the insured person has to be cared for on an in-patient or (partial) in-patient basis.

This presupposes that

- the hospice stay is prescribed by a doctor, and
- the in-patient or partial in-patient care there is medically necessary because the palliative medical treatment (cf. IV.17.)
  - cannot be provided appropriately within the insured person's own home and/or within his family or
  - in a care home.

We reimburse the costs of the hospice stay –

- after deducting any other payment entitlements (e.g. under a private compulsory care insurance policy) which the insured person must make full use of –
- up to the amount that statutory health insurance (GKV) would have had to pay for the stay if the insured person were insured under that insurance.

## XI. What do we reimburse in relation to return transportation to Germany?

We reimburse the necessary costs of return transportation

- to the insured person's place of residence in Germany or to
- the nearest suitable hospital to the insured person's place of residence in Germany.

This presupposes that we organise the ➢transportation ourselves or through a contractual partner, and that

- the return transportation is medically appropriate, or
- the insured person is so seriously ill that they would have to receive in-patient treatment abroad for more than 2 weeks, or
- the costs of the return transportation are less than the reimbursable costs that we would reimburse if they received further treatment while abroad, or
- the cover under the insurance policy is extended owing to their unfitness for transportation (in this regard please also refer to the General Terms and Conditions of Insurance for the temporary Comprehensive Health Insurance § 3 para. 2).

We reimburse 100% of the costs of the most inexpensive means of transport in each case. We deduct from the amount that is reimbursed the costs that the insured person would have incurred for a normal return journey.

In order to clarify whether return transportation can be provided and/or to arrange it, please call ➢our foreign emergency call service without delay on **+49 7 11/66 03-39 30**.

## XII. What deductible do we deduct from the amount that is reimbursed to you?

We do not pay the full amount of reimbursement as described in Sections IV., V., VI., VII. and XI. We deduct a proportion of the payment, and you must pay this amount yourself.

- **Hi.Medical L P500 tariff level:**
  We deduct 10% from every reimbursement amount. In other words, we reduce the amount that we would reimburse in accordance with Sections IV., V., VI., VII. and XI. by 10%. The maximum amount that you must pay as a result of this is € 500 per insured person per calendar year.
- **Hi.Medical L 1200 tariff level:**
  You yourself must pay an deductible of € 1,200 per insured person per calendar year. We deduct this amount from the reimbursement that we provide for you.

  If your insurance does not begin on the 1st of January, your deductible will reduce accordingly. For each month later than that date when it begins, the maximum deductible to be paid by you in the tariff Hi.Medical L 1200 reduces by 1/12. This also applies if you switch to Hi.Medical L 1200 from another tariff. If you insurance policy ends during a calendar year, the deductible that you have to pay does not decrease.

The amounts that are reimbursed are always allocated to the calendar year in which the insured person has been treated.

## Technical terms

Here we explain the technical terms which are used in our conditions and are marked with a ➢symbol.

**Accident [Unfall]**

An accident is a sudden, external event which acts on the body in such a way that the insured person involuntarily suffers an injury. Examples of the most common types of accidents are falls, road accidents, and sports injuries.

**Basic care [Grundpflege]**

Basic care is a service which is provided for people in need of care. It includes personal hygiene, nutrition, mobility, prevention (prophylaxis), the promotion of independence and communication.

**Cryopreservation [Kryokonservierung]**

Cryopreservation is the preservation of cells or tissue by freezing them in liquid nitrogen.

**Detoxification treatment [Entwöhnungsbehandlung]**

Detoxification treatment is a medical rehabilitation measure, which specifically provides treatment for substance-related addictive illnesses such as dependency on alcohol, medicines or drugs. It is primarily intended to help the patient to permanently abstain from using the substance to which he is addicted, and to counteract as far as possible the negative physical and psychological impacts that are associated with dependency.

**Digital health services [Digitale Gesundheitsservices]**

This includes medical video consultations that are not billed according to the ➢Fee Schedule for Physicians (GOÄ) or apps which provide medical support to the insured person in the context of an insured case and are not classified as a medical device. This is, for example, an app (also in a foreign language) which is utilised to relieve chronic back pain.

**Household help [Hauswirtschaftliche Versorgung]**

Household help includes all the activities necessary in order to care for and run the household of an ill person when he or she is no longer able to do this by him- or herself. This usually includes normal everyday tasks such as shopping and cooking.

**Emergency [Notfall]**

An emergency is a situation which will lead to serious injury or death unless immediate medical treatment is provided.

**Enteral**

Medicines or nutriments are administered via the intestines, i.e. the mouth or the rectum.

**Fee Schedule for Physicians [Gebührenordnung für Ärzte]**

The Fee Schedule for Physicians (GOÄ) governs how private services provided by doctors are charged for, i.e. all medical services that are not provided under the statutory health insurance scheme (GKV). It sets out the fees for medical services.

**General hospital benefits [Allgemeine Krankenhausleistungen]**

If the hospital charges according to the ➢Hospital Fee Act (KHEntgG) or the Federal Ordinance on Nursing Fees (BPflV), the fees specified in § 7 KHEntgG are deemed to be the costs of general hospital services. These include, for example,

- case-based payments and
- additional charges.

If the hospital does not charge according to the Hospital Fee Act (KHEntgG) or the Federal Ordinance on Nursing Fees (BPflV), the following are deemed to be costs of general hospital services:

- the costs of a stay in a three-bed or multi-bed room (General Care Class) including,
- medical services and
- ancillary expenses.

**Hospital Fee Act (KHEntgG), Federal Ordinance on Nursing Fees (BPflV) [Krankenhausentgeltgesetz (KHEntgG), Bundespflegesatzverordnung (BPflV)]**

The KHEntgG and/or BPflV specify what public hospitals are permitted to charge. They do not apply to private hospitals or to hospitals which are located in other countries. The charges may be considerably higher in those cases.

**In-patient medical treatment [Stationäre Heilbehandlung]**

Medical treatment attempts by using appropriate means to cure the illness or to remedy the injury, and to alleviate it or prevent it from getting worse.

In-patient means that the medical treatment takes place at the hospital.

**Insured event [Versicherungsfall]**

An insured event is the medically necessary ➢treatment of the insured person due to an illness or the consequences of an ➢accident. The insured event begins when the treatment starts; it ends when the insured person is medically assessed as no longer needing treatment.

**Intensive nursing care [Intensiv-Behandlungspflege]**

Intensive nursing care is provided if there is an especially pronounced need for medical nursing care on a long-term basis – for a minimum expected period of at least 6 months – which requires the constant presence of a suitable carer for undertaking individual monitoring and to be on call, in particular because care/treatment measures are provided which vary unpredictably in terms of their intensity and frequency both in the daytime and at night, or because the use and monitoring of a treatment device (e.g. a breathing aid) is required both in the daytime and at night.

**Medical nursing treatment [Medizinische Behandlungspflege]**

Medical nursing care or treatment care includes all medical activities which a general practitioner or specialist prescribes and a registered nurse carries performs. This includes, for example, wound dressings and the changing of dressings.

**Medical treatment [Heilbehandlung]**

Medical treatment attempts by using appropriate means to cure the illness or to heal the injury, and to alleviate it or prevent it from getting worse.

**Out-patient medical treatment [Ambulante Heilbehandlung]**

Medical treatment attempts by using appropriate means to cure the illness or to remedy the injury, and to alleviate it or prevent it from getting worse.

Out-patient means that the medical treatment does not take place in a hospital, rather it takes place elsewhere, e.g. in a doctor's surgery.

**Parenteral**

Medicines or nutriments are administered by a means other than via the gastro-intestinal tract, e.g. by intravenous or intramuscular means.

**Reasonable surcharges for comfort upgrades [Angemessene Zuschläge für einen besonderen Komfort]**

With regard to appropriateness, we follow the joint recommendation in accordance with § 22 para. 1 BPflV / § 17 para. 1 KHEntgG on the assessment of charges for an optional accommodation service. This has been agreed between the German Private Health Insurance Federation (Verband der Privaten Krankenversicherung) and the German Hospital Federation (Deutscher Krankenhausgesellschaft).

Our tip: before signing up for an upgrade package agreement, get confirmation from the hospital that it adheres to these price recommendations.

**Remedies [Heilmittel]**

Remedies are medical services to be provided personally and prescribed by a physician, which are intended to have a healing effect on the patient. This includes physical therapy, physiotherapy, occupational therapy and speech therapy. Please refer to the Annex to find out what we will reimburse and the amount of the reimbursement.

**Return transport [Rücktransport]**

We understand return transport to mean the transportation of the insured person from the country of residence back to Germany if he or she is ill or injured. This further presupposes that the insured person is therefore unable to travel as a normal passenger by his own or public means of transport.

**Rides [Fahrten]**

A ride is defined as a ride that is undertaken using, for instance,

- public transport,
- a taxi, or
- a car.

**Stoma articles [Stoma-Artikel]**

Stoma articles are products which are used to contain stools or urine if the insured person has an artificial intestinal or urinary outlet.

**Substance-related addiction [Stoffgebundene Sucht]**

This involves combating an addiction to specific substances, e.g. alcohol or drugs.

**Transportation [Transport]**

Transportation means that the insured person is so ill or injured that he is unable to travel using his own means of transport or public transport. He needs to be transported in, for instance, an ambulance.

**Without delay [Unverzüglich]**

Does not necessarily mean “immediately”, rather it means “without culpable hesitation”, i.e. “as quickly as possible”.

## Annex 1

The maximum rates of the Fee Schedule for Physicians (GOÄ) are currently 3.5 times the rate for personal medical services, or 2.5 times the rate for technical medical services, or 1.3 times the rate for services pursuant to Section M (laboratory services), and in accordance with Section 437 of the Fee Schedule for Physicians.

Payments for the services provided by psychological psychotherapists and paediatric and youth psychotherapists are based on the Fee Schedule for Psychological Psychotherapists and Paediatric and Youth Psychotherapists (GOP). The maximum rates are the same as those contained in the Fee Schedule for Physicians (see above).

## Annex 2 - 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 im-ple¬mentation of the therapy measure including preparation and follow-up. The standard treatment time may only be reduced for medical reasons.

| | reimbursable up to € |
|---|---|
| **Inhalations** | |
| Inhalation therapy - also by means of ultrasound nebulisation | |
| • as single inhalation | 12.40 |
| • as room inhalation in a group, per participant | 4.80 |
| • as room inhalation in a group - but with the use of local natural healing waters, per participant | 7.50 |
| Expenses for the additives required for inhalations shall also be reimbursable separately. | |
| Radon inhalation in the tunnel | 14.90 |
| Radon inhalation through hoods | 18.20 |
| **Physical therapy / movement-based exercises** | |
| Initial physiotherapeutic findings for the preparation of a treatment plan, once per treatment case | 16.50 |
| Physiotherapeutic report upon written request of the prescribed person | 67.70 |
| Physiotherapeutic diagnostics (PD), once per blank prescription | 36.70 |
| Needs diagnostics (BD), once per blank prescription | 27.50 |
| Physiotherapy, also on a neurophysiological basis, respiratory therapy, as individual treatment including the necessary massage, guideline value: 15-20 minutes | 29.70 |
| Physiotherapy on a neurophysiological basis (KG-ZNS according to Bobath, Vojta, Proprioceptive Neuromuscular Facilitation [PNF]) for central movement disorders acquired after reaching the age of 18 as individual treatment, guideline value: 25-35 minutes | 47.10 |
| Physiotherapy on a neurophysiological basis (KG-ZNS according to Bobath, Vojta) for central movement disorders as individual treatment for children until the age of 18 at the latest, guideline value: 30-45 minutes | 58.90 |
| Physiotherapy in a group (2-8 persons), guideline value: 20-30 minutes, per participant | 13.30 |
| Physiotherapy for cerebral dysfunctions in a group (2-4 persons), guideline value: 20-30 minutes, per participant | 16.60 |
| Physiotherapy (breathing therapy) for cystic fibrosis and severe bronchial diseases as individual treatment, guideline value: 60 minutes | 89.00 |
| Physiotherapy in the exercise pool | |
| • as individual treatment, including the necessary rest, guideline value: 20-30 minutes | 33.90 |
| • in a group (2-3 persons), per participant, including the necessary rest, guideline value: 20-30 minutes | 24.20 |
| • in a group (4-5 persons), per participant, including the necessary rest, guideline value: 20-30 Minutes | 16.00 |
| Manual therapy, guideline value: 15-25 minutes | 35.60 |
| Chiropractic (functional spinal gymnastics) as individual treatment, guideline value: 15-20 minutes | 20.50 |
| Movement-based exercises | |
| • as individual treatment, guideline value: 10-20 minutes | 13.70 |
| • in a group (2-5 persons), guideline value: 10-20 minutes | 8.50 |
| Movement-based excercises in the exercise pool | |
| • as individual treatment, including the necessary rest, guideline value: 20-30 minutes | 32.90 |
| • in a group (2-3 persons), per participant, including the necessary rest, guideline value: 20-30 minutes | 24.00 |
| • in a group (4-5 persons), per participant, including the necessary rest, guideline value: 20-30 minutes | 16.30 |
| Extended ambulatory physiotherapy (EAP), guideline value: 120 minutes, per treatment day (Note: This special therapy is associated with specific indications.) | 115.30 |

| | reimbursable up to € |
|---|---|
| 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 | 55.90 |
| Traction treatment with device (e.g. inclined board, extension table, Perl device, sling table) as individual treatment, guideline value: 10-20 minutes | 8.80 |
| **Massages** | |
| Massages of single or multiple body parts: | |
| • Classical massage therapy (CMT), segmental, periosteal, reflex zone, brush and colon massage, guideline value: 15-20 minutes | 21.70 |
| • Connective tissue massage, guideline value: 20-30 minutes | 26.00 |
| Manual lymphatic drainage (MLD) | |
| • Partial treatment, guideline value: 30 minutes | 36.00 |
| • Large-scale treatment, guideline value: 45 minutes | 54.00 |
| • Full treatment, guideline value: 60 minutes | 72.00 |
| • 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 | 23.00 |
| Underwater pressure jet massage, including the necessary rest, guideline value: 15-20 minutes | 33.80 |
| **Palliative care** | |
| Physiotherapeutic complex treatment in pallia¬tive care, guideline value: 60 minutes<br><br>Expenses for this shall be reimbursable separately, provided they are not already covered by specialized outpatient palliative care. | 66.00 |
| **Packs, hydrotherapy, baths** | |
| Hot roll, including the necessary rest, guideline value: 10-15 minutes | 13.60 |
| 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) | 16.20 |
| • 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 | 36.20 |
| • Bulk packaging | 47.80 |
| Sweat compress (e.g. “Spanish jacket”, salt shirt, three-quarter compress according to Kneipp), including the necessary rest | 19.70 |

| | reimbursable up to € |
|---|---|
| Cold pack (partial pack) | |
| • Application of clay, curd cheese, etc. | 10.20 |
| • Application of single-use peloids (healing earth, moor, natural fango, pelose, mud, silt) without using foil or fleece between skin and peloid | 20.30 |
| Hay flower bag, peloid compress | 12.10 |
| Other packs (e.g. wraps, pads, compresses), also with addition | 6.10 |
| Dry pack | 4.10 |
| Cast | |
| • Partial cast, partial flash cast, interchangeable part cast | 4.10 |
| • Full cast, full flash cast, full interchangeable cast | 6.10 |
| • Slapping, rubbing, washing up | 5.40 |
| Ascending or descending partial bath (e.g. Hauffe), including the necessary rest | 16.20 |
| Ascending or descending full bath (overheating bath), including the necessary rest | 26.40 |
| Alternating bath, including the necessary rest | |
| • Partial bath | 12.10 |
| • Full bath | 17.60 |
| Brush massage bath, including the necessary rest | 25.10 |
| Natural moor bath, including the necessary rest | |
| • Partial bath | 43.30 |
| • Full bath | 55.40 |
| Sand bath, including the necessary rest | |
| • Partial bath | 37.90 |
| • Full bath | 43.30 |
| Balneo phototherapy (brine light phototherapy) and light-oil bath, including re-greasing and the necessary rest | 43.30 |
| Medical baths with additive | |
| • Hand, foot bath | 8.80 |
| • Partial bath, including the necessary rest | 17.60 |
| • Full bath, including the necessary rest | 24.40 |
| • if there are several additions, each further addition | 4.10 |
| • For partial and full baths with local natural healing waters, the maximum amounts shall be increased by € 4.10. | |
| Baths containing gas | |
| • Baths containing gas (e.g. carbonic acid bath, oxygen bath), including the necessary rest | 27.80 |
| • Gaseous bath with additive, including the necessary rest | 29.70 |
| • Gas bath with local natural healing waters and with additives, including the necessary rest | 33.80 |
| • Carbon dioxide gas bath (carbonic acid gas bath), including the necessary rest | 27.70 |
| • Radon bath, including the necessary rest | 24.40 |
| • Radon additive, 500,000 millistat each | 4.10 |

| | reimbursable up to € |
|---|---|
| **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 approp¬riate equipment as well as partial ice baths in foot or arm baths, guideline value: 5-10 minutes | 12.90 |
| Heat therapy using hot air – for one or more body parts, guideline value: 10-20 minutes | 7.50 |
| Ultrasound heat therapy, guideline value: 10-20 minutes | 14.70 |
| **Electrotherapy** | |
| Electrotherapy of one or more parts of the body with individually adjusted current strengths and frequencies, guideline value: 10-20 minutes | 8.50 |
| Electrostimulation for paralysis, guideline value: per muscle nerve unit 5-10 minutes | 18.70 |
| Iontophoresis, phonophoresis | 8.20 |
| Hydroelectric partial bath (two or four cell bath), guideline value: 10-20 minutes | 14.90 |
| Hydroelectric full bath (e.g. balvanic bath), also with additives, including the necessary rest, guideline value: 10-20 minutes | 29.00 |
| **Light therapy** | |
| Treatment with ultraviolet light | |
| • as individual treatment | 4.10 |
| • in a group, per participant | 3.50 |
| Irritation treatment of a circumscribed area of skin with ultraviolet light | 4.10 |
| Treatment of irritation in several circumscribed skin areas with ultraviolet light | 6.90 |
| Irradiation of a field with quartz lamp pressure | 8.20 |
| Irradiation of several fields with quartz lamp pressure | 11.50 |
| **Speech therapy (voice, speech, language and swallow therapy)** | |
| Detailed report (except the speech therapy report for the prescribing physician) | 18.00 |
| Initial voice, speech, language and swallow therapy diagnostics to draw up a treatment plan, once per treatment case, guideline value: 60 minutes | 117.30 |
| Voice, speech, language and swallow therapy needs assessment, guideline value: 30 minutes | 58.70 |
| 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 | |
| Report to the prescribed person | 6.60 |
| Report on special request of the prescribed person | 117.30 |

| | reimbursable up to € |
|---|---|
| Individual treatment for voice, speech, language and swallow disorders | |
| • Guideline value: 30 Minutes | 52.20 |
| • Guideline value: 45 Minutes | 71.70 |
| • Guideline value: 60 Minutes | 91.30 |
| • Guideline value: 90 Minutes | 103.40 |
| Group treatment for voice, speech, language and swallow disorders per participant | |
| • Group (2 persons), guideline value: 45 minutes | 64.50 |
| • Group (3-5 persons), guideline value: 45 minutes | 34.60 |
| • Group (2 persons), guideline value: 90 minutes | 117.30 |
| • Group (3-5 persons), guideline value: 90 minutes | 58.70 |
| **Ergotherapy (Occupational therapy)** | |
| Functional analysis and initial consultation, including consultation and treatment planning, once per treatment case | 47.70 |
| Individual treatment | |
| • for functional motor disorders, guideline value: 45 minutes | 57.00 |
| • for sensorimotor or perceptive disorders, guideline value: 60 Minutes | 76.00 |
| • for functional mental disorders, guideline value: 75 minutes | 94.90 |
| 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 | 151.90 |
| • for sensorimotor or perceptive disorders, guideline value: 120 minutes | 182.60 |
| • for functional mental disorders, guideline value: 120 minutes | 152.40 |
| Parallel treatment (in the presence of two persons to be treated) | |
| • for motor-functional disorders, guideline value: 45 minutes, per participant | 45.60 |
| • for sensorimotor or perceptive disorders, guideline value: 60 minutes, per participant | 60.80 |
| • for functional mental disorders, guideline value: 75 minutes, per participant | 76.00 |
| Group treatment | |
| • for functional motor disorders, guideline value: 45 minutes, per participant | 20.00 |
| • for sensorimotor or perceptive disorders, guideline value: 60 minutes, per participant | 26.60 |
| • for functional mental disorders, guideline value: 105 minutes, per participant | 46.50 |
| • for functional mental disorders as a stress test, guideline value: 180 minutes, per participant | 70.20 |

| | reimbursable up to € |
|---|---|
| Brain performance training / neuropsychologically oriented individual treatment, guideline value: 45 minutes | 57.00 |
| 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 | 152.40 |
| Brain performance training as parallel treatment in the presence of two persons to be treated, guideline: 45 minutes, per participant | 45.60 |
| Brain performance training as group treatment, guideline value: 60 minutes, per participant | 26.60 |
| **Podiatry** | |
| Podological treatment (small), guideline value: 35 minutes | 36.10 |
| Podological treatment (large), guideline value: 50 minutes | 52.00 |
| Podological findings, depending on the treatment | 3.60 |
| 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 | 194.60 |
| Initial finding<br>• Initial finding (small), guideline value: 20 minutes<br>• Initial finding (large), once per calendar year, guideline value: 45 minutes<br>• Initial finding, once per service provider, guideline value: 20 minutes | <br>28.70<br>57.60<br>23.20 |
| Therapy report upon written request of the prescribing person | 17.40 |
| Fitting of a one-piece unilateral and bilateral nail correction brace, e.g. according to Ross-Fraser | 101.70 |
| Fabrication of a one-piece unilateral and bilateral nail correction brace, e.g. according to Ross-Fraser | 55.70 |
| Readjustment of the one-piece unilateral and bilateral nail correction brace, e.g. according to Ross-Fraser | 51.00 |
| Preparation of the nail, fitting and application of a multi-part bilateral nail correction brace | 99.90 |
| Preparation of the nail, fitting and application of a one-piece plastic or metal nail correction brace | 55.20 |
| Indication-specific check for fit and accuracy of fit | 17.70 |

| | reimbursable up to € |
|---|---|
| Treatment completion if applicable including the removal of the nail correction brace | 26.60 |
| Nail brace treatment, twice per treatment day | 57.20 |
| Surcharge for special efforts involved in the treatment of children up to the age of 14 or of patients with ingrown toenails in stages 2 to 3 (diagnostic group UI2), twice per treatment day | 17.40 |
| Adjustment of the orthonyxia clasp according to Ross-Fraser, one-piece including clasp check after 1 to 2 days | 37.40 |
| Replacement with an orthonyxia brace accord¬ing to Ross-Fraser, one-piece due to loss or breakage of the brace with existing model in¬cluding application | 64.80 |
| 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 | 74.80 |
| Treatment with a ready-made adhesive clasp including application and clasp fit check after 1 to 2 days | 37.40 |
| **Nutritional therapy** | |
| Nutritional therapy is reimbursable as a remedy if it is provided by dieticians, oecotrophologists or nutritionists. | |
| Nutritional-therapeutic anamnesis, once per treatment case, guideline value: 30 minutes | 40.90 |
| Nutritional-therapeutic anamnesis, once per treatment case, guideline value: 60 minutes | 81.70 |
| Calculation and evaluation of nutrition protocols and development of corresponding individual recommendations, guideline value: 60 minutes | 66.90 |
| Necessary coordination of therapy with a third party | 66.90 |
| Nutritional therapy intervention as individual treatment, guideline value: 30 minutes | 40.90 |
| Nutritional therapy intervention as individual treatment, guideline value: 60 minutes | 81.70 |
| Nutritional therapy intervention as individual treatment in the home or social environment, guideline value: 60 minutes | 81.70 |
| Nutritional therapy intervention as group treatment, guideline value: 30 minutes | 28.60 |
| Nutritional therapy intervention as group treatment, guideline value: 60 minutes | 57.20 |
| **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 | 14.40 |

| | reimbursable up to € |
|---|---|
| Preparation for childbirth/pregnancy exercises as individual instruction, on doctor's orders, maximum 28 teaching units of 15 minutes each, per unit | 18.60 |
| Postpartum gymnastics with instruction in a group (up to 10 persons), maximum 10 hours, per lesson (60 minutes), per participant | 14.40 |
| Postpartum gymnastics as individual instruction, on doctor's orders, maximum 20 teaching units of 15 minutes each, per unit | 18.60 |
| **Rehabilitation sports / functional training** | |
| Rehabilitation sports in groups under medical care and supervision, per participant | |
| • General rehabilitation sports | 6.96 |
| • Rehabilitation sports in water | 9.33 |
| • Rehabilitation sports in heart groups | 10.83 |
| • Rehabilitation sports for severely disabled people who require increased care | 14.93 |
| For children up to the age of 14: | |
| • General rehabilitation sports | 10.32 |
| • Rehabilitation sports in water | 14.12 |
| • Rehabilitation sports in children's heart groups | 19.99 |
| • Rehabilitation sports for severely disabled children | 19.03 |
| Exercises to strengthen self-confidence for children and adults | 13.94 |
| Functional training in groups under expert guidance and supervision, per participant | 6.60 |

| | reimbursable up to € |
|---|---|
| **Miscellaneous** | |
| Home visit prescribed by doctor | 12.10 |
| Home visit prescribed by doctor including travel expenses, flat rate. If several patients are visited on the same route, the expenses are only reimbursable pro rata per patient. | 27.60 |
| Visit of one or more patients in a social institution/community, including travel expenses, per patient flat rate | 18.00 |
| Home visit for counseling in the home and social environment (additional expense). The home visit is only reimbursable if the services of individual treatment or brain performance training as counseling or nutritional therapeutic intervention for integration into the home and social environment were provided without a medically prescribed home visit. Expenses for services for medically prescribed home visits including travel costs or visiting a patient in a social institution are not eligible for reimbursement. | 27.60 |
| Transmission fee for communication/report to prescriber | 1.40 |
| Supply-related flat rate per blank prescription | 98.60 |

# Annex 3 – Legislative texts

## 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.