

Please take this to your insurance documents

Changes in the General Terms and Conditions of Insurance

Not all changes affect your personal insurance coverage. Only changes in the tariffs in which you are insured are relevant for you. If other persons are also insured under your contract, this applies equally.

As of January 1, 2025, we will make changes to the regulation of transitional care in hospital (see 1.1) and to the list of remedies (see 1.3) as well as to compulsory nursing care insurance (see 3.). The changes are made on the basis of § 203 (3) of the German Insurance Agreement Act (VVG). The independent trustee has agreed to them. Please note that these regulations thus become part of the contract according to law and are binding.

In addition, there are editorial changes to the regulations on follow-up treatment (see 1.2) and reintegration (see 2.).

1. Changes in health insurance

1.1 Transitional care in hospital

As of July 2021, transitional care in hospital was formulated as a new benefit of statutory health insurance (§ 39e SGB V) by the “Act on the Further Development of Healthcare” (GVWG). This now makes it possible to officially bill for people who are no longer being treated as in-patients but cannot yet be discharged because their subsequent care is not guaranteed. As our policyholders should not be worse off than those with statutory health insurance, we now ensure that we pay for transitional care in hospital in tariffs with benefits for general hospital services in the same way as statutory health insurance.

1.2 Follow-up treatment

We clarify that follow-up treatment can generally be included in the insurance cover if the tariff provides for this.

1.3 List of remedies

In the area of remedies, we are improving the insurance cover and adapting the conditions to the changed situation in the provision of remedies. This involves adjusting some of the maximum amounts in the list of remedies to the increased price level. We also supplement and update individual items in the list of remedies. To do this, we are guided by the changes in the state aid. In this way, we maintain the value of the high-quality insurance cover.

2. Changes in daily sickness benefits insurance

Reintegration

We clarify that measures for occupational reintegration can generally be included in the insurance cover if the tariff provides for this.

3. Changes in compulsory nursing care insurance

As a further consequence of the Act on Support and Relief in Long-Term Care (PUEG), the provisions of SGB XI (Social Security Code - Eleventh Book) have changed, so that the General Terms and Conditions of Insurance have been adjusted accordingly for the branch as a whole. The changes relate to the dynamization of all benefit amounts.

The changes to the list of nursing care/aids for private compulsory nursing care insurance are also being made uniformly across the branch due to changes in the statutory health insurance.

Supplement to the insurance contract

(Changes are highlighted in gray)

1. Changes in health insurance

1.1 Transitional care

1.1.1 General Terms and Conditions of Insurance for Healthcare Costs and Daily Hospital Benefits

§ 1 Subject, scope and scope of application of insurance coverage

Part II Tariff Conditions (TB/KK)

(2) [...] Miscarriages ~~and~~ unlawful terminations of pregnancy as well as transitional care in hospital are also deemed to be insured events if and insofar as the tariff provides benefits for this.

Part II Tariff Conditions (TB/KK 2013)

(2) As insured event also apply
d) transitional care in hospital, if and insofar as the tariff provides benefits for this.

1.1.2 General Terms and Conditions of Insurance for the Hi.Germany Temporary Comprehensive Health Insurance (AVB/KKb)

§ 1 What cover does this insurance provide?

(4) What is an insured event?

[...] An insured event is also [...]

■ transitional care in hospital, if and insofar as the tariff provides benefits for this.

[...]

1.1.3 General Conditions of the Group Insurance for temporary Stays in Germany

§ 1 Object insured, Extent and Scope of Insurance Coverage (Document-no.: MG 113u)

(2) The event insured against occurs if a medical treatment of the person insured is necessary [...]
f) transitional care in hospital, if and insofar as the tariff provides benefits for this.

§ 1 Object insured, Extent and Scope of Insurance Coverage (Document-no.: MG 113)

(2) The event insured against occurs if a medical treatment of the person insured is necessary [...]
e) transitional care in hospital, if and insofar as the tariff provides benefits for this.

1.1.4 General Conditions of Insurance for the Health Group Insurance Abroad

§ 1 Object insured, Extent and Scope of Insurance Coverage (Document-no.: MG 96u)

(5) [...] As insured event also apply [...]
e) transitional care in hospital, if and insofar as the tariff provides benefits for this

§ 1 Object insured, Extent and Scope of Insurance Coverage (Document-no.: MG 96)

(5) [...] As insured event also apply [...]
d) transitional care in hospital, if and insofar as the tariff provides benefits for this

1.1.5 General Conditions of Insurance for the Specific Comprehensive Coverage for the Health Group Insurance Abroad

§ 1 Object insured, Extent and Scope of Insurance Coverage (Document-no.: MG 05u)

(5) [...] As insured event also apply [...]
e) transitional care in hospital, if and insofar as the tariff provides benefits for this

§ 1 Object insured, Extent and Scope of Insurance Coverage (Document-no.: MG 05)

(5) [...] As insured event also apply [...]
d) transitional care in hospital, if and insofar as the tariff provides benefits for this

1.1.6 Tariffs AV, BT, CSR, KS, MS, PRIMO B

Under „Insurance benefits – In-patient medical treatment“ is inserted before „In-patient hospice care“ (the numbering depends on the respective tariff):

[...] Transitional care in hospital

Benefits for transitional care in hospital are eligible for reimbursement if 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. Transitional care must be provided immediately following medically necessary treatment in the same hospital.

The benefits for transitional care include 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.

The reimbursable expenses are

- 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 treatment of an insured person covered by statutory health insurance, reimbursed.

1.1.7 Tariffs MAS, MG, NK, PRIMO, PRIMO M, SV, ZV

Under „Insurance benefits – In-patient medical treatment“ is inserted before „In-patient hospice care“ (the numbering depends on the respective tariff):

[...] Transitional care in hospital

Benefits for transitional care in hospital are eligible for reimbursement if 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. Transitional care must be provided immediately following medically necessary treatment in the same hospital.

The benefits for transitional care include 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.

Optional services in accordance with [...] are not eligible for reimbursement.

The reimbursable expenses are

- 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 treatment of an insured person covered by statutory health insurance, reimbursed.

NK, SV

[...] Optional services

[...] In the case of partial in-patient medical treatment and transitional care in hospital (see [...]), no daily hospital benefit shall be paid.

PRIMO, PRIMO M

[...] Reimbursement

100% of the eligible costs shall be reimbursed [...]

In the case of transitional care in hospital (see [...]), no daily hospital benefit shall be paid.

1.1.8 Tariffs Hi.Medical L, NK.select L, NK.select XL

Before „What do we reimburse in relation to in-patient hospice care?“ the following is added (the numbering depends on the respective tariff):

[...] 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 the same 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 [...].

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.

NK.select L, NK.select XL

[...] When do you not receive a replacement daily allowance?

[...] You will not receive a replacement daily allowance according to II.4.4.1 and 4.4.2

- for the day on which the insured person is discharged from hospital and,
- for the days on which the insured person is treated as a partial in-patient (less than 24 hours per day) in hospital and
- for transitional care in hospital (see II.4.8).

1.1.9 Tariffs Hi.Medical S, NK.select S

Before „What do we reimburse in relation to in-patient hospice care?“ the following is added (the numbering depends on the respective tariff):

[...] 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 the same 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 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.

1.1.10 Tariffs BD.1/2, DOGP.1/2, D.1/2, BDPrime (unisex)

Under „Insurance benefits – Out-patient or hospital medical treatment“ or “Out-patient medical treatment“ the following is inserted (the numbering depends on the respective tariff):

[...] Transitional care in hospital

Benefits for transitional care in hospital are eligible for reimbursement if 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. Transitional care must be provided immediately following medically necessary treatment in the same hospital.

The benefits for transitional care include 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.

Optional services in accordance with [...] are not eligible for reimbursement.

- 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 treatment of an insured person covered by statutory health insurance, reimbursed.

Services of Choice

In case of a day-care treatment and transitional care in hospital (see [...]), no daily hospital allowance is paid.

1.1.11 Tariffs BD 1/2, DOGP 1/2, D 1/2 (bisex)

Under „Insurance benefits – Out-patient or hospital medical treatment“ or “Out-patient medical treatment“ the following is inserted (the numbering depends on the respective tariff):

[...] Transitional care in hospital

Benefits for transitional care in hospital are eligible for reimbursement if 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. Transitional care must be provided immediately following medically necessary treatment in the same hospital.

The benefits for transitional care include 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.

Optional services in accordance with [...] are not eligible for reimbursement.

The reimbursable expenses are

- 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 treatment of an insured person covered by statutory health insurance, reimbursed.

[...] Benefits for in-patient medical treatment not claimed are reimbursed as daily benefits to the main person insured as follows [...]

In case of transitional care in hospital (see [...]), no daily hospital allowance is paid.

1.1.12 Tariff DOGP Basic

Under „Insurance benefits – Out-patient medical treatment“ the following is inserted:

2.3 Transitional care in hospital

Benefits for transitional care in hospital are eligible for reimbursement if 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. Transitional care must be provided immediately following medically necessary treatment in the same hospital.

The benefits for transitional care include 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.

The reimbursable expenses are

- 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 treatment of an insured person covered by statutory health insurance, reimbursed.

1.1.15 Tariffs ELA., ELA, ELW.100, ELW 100, ELW.1, ELW 1, ELW.2, ELW 2 ARL.57, ARL 57, ARL.77

Under „Insurance benefits – Out-patient or in-patient medical treatment“ is inserted (the numbering depends on the respective tariff):

[...] Transitional care in hospital

Benefits for transitional care in hospital are eligible for reimbursement if 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. Transitional care must be provided immediately following medically necessary treatment in the same hospital.

Optional services [...] are not eligible for reimbursement.

The benefits for transitional care include 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.

The reimbursable expenses are

- 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 treatment of an insured person covered by statutory health insurance, reimbursed.

Tariffs ELA. and ELA

Services of Choice

[...] In case of a day-care treatment and transitional care in hospital (see. [...]), no daily hospital allowance is paid.

Tariffs EWB.1/2 and EWB 1/2

II. 3. The main person insured gets a daily hospital indemnity for all claims not laid, which amounts to [...]

[...] In case of a day-care treatment and transitional care in hospital (see. [...]), no daily hospital allowance is paid.

1.2 Follow-up treatment

General Terms and Conditions of Insurance for Healthcare Costs and Daily Hospital Benefits

§ 4 Scope of the duty to render benefits

Part I 2009 German standard conditions (MB/KK 2009)

(4) In the case of medically necessary in-patient medical treatment, the insured person may freely choose among public and private hospitals which are under standing direction by physicians, possess sufficient diagnostic and therapeutic possibilities and keep medical records. If the tariff or the tariff conditions provide for this, the insurance cover also includes out-patient or in-patient follow-up treatment prescribed by a doctor and medically necessary in direct connection with in-patient treatment.

1.2.2 General Conditions of the Group Insurance for temporary Stays in Germany

§4 Scope of Obligation to Pay Benefits (Document MG 113u)

(5) If a hospital treatment is medically necessary, the person insured may choose among public and private hospitals which are under permanent direction of a physician, have sufficient diagnostic and therapeutical facilities and have medical histories. This also includes hospitals of the Federal Armed Forces. If the tariff provides for this, the insurance cover also includes out-patient or in-patient follow-up treatment prescribed by a doctor and medically necessary in direct connection with in-patient treatment.

§4 Scope of Obligation to Pay Benefits (Document MG 113)

(4) If a hospital treatment is medically necessary, the person insured may choose among public and private hospitals which are under permanent direction of a physician, have sufficient diagnostic and therapeutical facilities and have medical histories. This also includes hospitals of the Federal Armed forces. If the tariff provides for this, the insurance cover also includes out-patient or in-patient follow-up treatment prescribed by a doctor and medically necessary in direct connection with in-patient treatment.

1.2.3 General Conditions of Insurance for the Health Group Insurance Abroad

§4 Scope of Obligation to pay benefits (Document MG 96u)

(5) If a hospital treatment is medically necessary, the person insured may freely choose among public and private hospitals which are under permanent direction of a physician, have sufficient diagnostic and therapeutical facilities and maintain medical records. This also includes military hospitals. If the tariff provides for this, the insurance cover also includes out-patient or in-patient follow-up treatment prescribed by a doctor and medically necessary in direct connection with in-patient treatment.

§4 Scope of Obligation to pay benefits (Document MG 96)

(4) If a hospital treatment is medically necessary, the person insured may freely choose among public and private hospitals which are under permanent direction of a physician, have sufficient diagnostic and therapeutical facilities and have medical histories. If the tariff provides for this, the insurance cover also includes out-patient or in-patient follow-up treatment prescribed by a doctor and medically necessary in direct connection with in-patient treatment.

1.2.4 General Conditions of Insurance for the Specific Comprehensive Coverage for the Health Group Insurance Abroad

§4 Scope of Obligation to pay benefits (Document MG 05u)

(5) If a hospital treatment is medically necessary, the person insured may freely choose among public and private hospitals which are under permanent direction of a physician, have sufficient diagnostic and therapeutical facilities and maintain medical records. This also includes military hospitals. If the tariff provides for this, the insurance cover also includes out-patient or in-patient follow-up treatment prescribed by a doctor and medically necessary in direct connection with in-patient treatment.

§4 Scope of Obligation to pay benefits (Document MG 05)

(4) If a hospital treatment is medically necessary, the person insured may freely choose among public and private hospitals which are under permanent direction of a physician, have sufficient diagnostic and therapeutical facilities and have medical histories. If the tariff provides for this, the insurance cover also includes out-patient or in-patient follow-up treatment prescribed by a doctor and medically necessary in direct connection with in-patient treatment.

1.3 List of remedies

1.3.1 Tariffs Hi.Medical S, Hi.Medical L, PRIMO, PRIMO M

	reimbursable up to €
Inhalations	
Inhalation therapy - also by means of ultrasound nebulisation	
- as single inhalation	11.20
	11.60
- 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
Physical therapy report upon written request of the prescribed person	61.10
	63.50
Physiotherapeutic treatment Physiotherapy, (also on a neurophysiological basis, respiratory therapy), as individual treatment including the necessary massage, guideline value: 15-20 minutes	26.80
	27.80
Physiotherapeutic treatment 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: 30-25-35 minutes	42.50
	44.20
Physiotherapeutic treatment Physiotherapy on a neurophysiological basis (KG-ZNS according to Bobath, Vojta) for congenital or early acquired central movement disorders as individual treatment for children until the age of 18 at the latest, guideline value: 30-45 minutes	53.10
	55.20
Physiotherapy in a group (2-8 persons), guideline value: 25-20-30 minutes, per participant	12.00
	12.50
Physiotherapy for cerebral dysfunctions in a group (2-4 persons), guideline value: 45-20-30 minutes, per participant	15.00
	15.60
Physiotherapy (breathing therapy) for cystic fibrosis and severe bronchial diseases as individual treatment, guideline value: 60 minutes	80.30
	83.50
Physiotherapeutic treatment / movement-based exercises	
Physiotherapy in the exercise pool	
- as individual treatment, including the necessary rest, guideline value: 20-30 minutes	31.20
	31.80
- in a group (2-3 persons), per participant, including the necessary rest, guideline value: 20-30 minutes	21.80
	22.70
Physiotherapeutic treatment / movement-based exercises in the exercise pool	15.60
- in a group (4-5 persons), per participant, including the necessary rest, guideline value: 20-30 minutes	
Manual therapy, guideline value: 30-15-25 minutes	32.20
	33.40
Chiropractic (functional spinal gymnastics) as individual treatment, guideline value: 15-20 minutes	19.00
	19.20

reimbursable
up to €

Movement-based exercises	
- as individual treatment, guideline value: 10-20 minutes	12.40
	12.90
- in a group (2-5 persons), guideline value: 10-20 minutes	7.70
	8.00
Movement-based exercises in the exercise pool	
- as individual treatment, including the necessary rest, guideline value: 20-30 minutes	31.20
- in a group (2-3 persons), per participant, including the necessary rest, guideline value: 20-30 minutes	21.80
	22.60
- in a group (4-5 persons), per participant, including the necessary rest, guideline value: 20-30 minutes	15.60
Extended ambulatory physiotherapy (EAP), guideline value: 120 minutes, per treatment day (Note: This special therapy is associated with specific indications.)	108.10
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	50.40
	52.40
Traction treatment with device (e.g. inclined bed, 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	19.60
	20.30
- Connective tissue massage, guideline value: 20-30 minutes	23.50
	24.40
Manual lymphatic drainage (MLD)	
- Partial treatment, guideline value: 30 minutes	32.50
	33.80
- Large-scale treatment, guideline value: 45 minutes	48.70
	50.60
- Full treatment, guideline value: 60 minutes	65.00
	67.50
- 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	20.70
	21.50
Underwater pressure jet massage, including the necessary rest, guideline value: 15-20 minutes	30.50
	31.70
Palliative care - unchanged	
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)	15.60
- 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

	reimbursable up to €
Sweat compress (e.g. "Spanish jacket", salt shirt, three-quarter compress according to Kneipp), including the necessary rest	19.70
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) etc., 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	52.70
Sand bath, including the necessary rest	
- Partial bath	37.90
- Full bath	43.30
Balneo phototherapy (brine light photo-therapy) and light-oil bath, including regreasing 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	25.70 26.10
- 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
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, guideline value: 5-10 minutes	12.90

	reimbursable up to €
Heat therapy using hot air (also by incandescent light radiators, including infrared) for one or more body parts, guideline value: 10-20 minutes	7.50
Ultrasound heat therapy, guideline value: 10-20 minutes	13.30 13.80
Electrotherapy	
Electrotherapy of one or more parts of the body with individually adjusted current strengths and frequencies, guideline value: 10-20 minutes	8.20
Electrostimulation for paralysis, guideline value: per muscle nerve unit 5-10 minutes	16.90 17.60
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 - unchanged	
Speech therapy (voice, speech and, language and swallow therapy)	
Detailed report (except the speech therapy report for the prescribing physician)	18.00
Initial findings from voice, speech and, language and swallow therapy diagnostics to draw up a treatment plan, once per treatment case, guideline value: 60 minutes	111.20
Voice, speech and, language and swallow therapy needs assessment, guideline value: 30 minutes	55.60
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	6.20
Report on special request of the prescribed person	111.20
Individual treatment for voice, speech, language and swallow disorders	
- Guideline value: 30 minutes	49.40
- Guideline value: 45 minutes	68.00
- Guideline value: 60 minutes	86.50
- Guideline value: 90 minutes	103.40
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.	
Group treatment for voice, speech, language and swallow disorders per participant	
- Group (2 persons), guideline value: 45 minutes	61.20
- Group (3-5 persons), guideline value: 45 minutes	34.60
- Group (2 persons), guideline value: 90 minutes	111.20
- Group (3-5 persons), guideline value: 90 minutes	56.10
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 €
Ergotherapy (Occupational therapy)	
Functional analysis and initial consultation, including consultation and treatment planning, once per treatment case	41.80
Individual treatment	
- for functional motor disorders, guideline value: 30 45 minutes	45.20
- for sensorimotor or perceptive disorders, guideline value: 45 60 minutes	60.90
- for functional mental disorders, guideline value: 60 75 minutes	76.20
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	135.60
- for sensorimotor or perceptive disorders, guideline value: 120 minutes	182.60
- for functional mental disorders, guideline value: 120 minutes	152.32 152.40
Parallel treatment (in the presence of two persons to be treated)	
- for motor-functional disorders, guideline value: 30 45 minutes, per participant	35.90
- for sensorimotor or perceptive disorders, guideline value: 45 60 minutes, per participant	48.70
- for functional mental disorders, guideline value: 60 75 minutes, per participant	60.30
Group treatment	
- for functional motor disorders, guideline value: 30 45 minutes, per participant	16.50
- for sensorimotor or perceptive disorders, guideline value: 45 60 minutes, per participant	21.40
- for functional mental disorders, guideline value: 90 105 minutes, per participant	39.30
- for functional mental disorders as a stress test, guideline value: 180 minutes, per participant	70.20
Brain performance training / neuropsychologically oriented individual treatment, guideline value: 30 45 minutes	50.10
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: 30 45 minutes, per participant	39.40
Brain performance training as group treatment, guideline value: 45 60 minutes, per participant	21.40
Podiatry	
Podological treatment (small), guideline value: 35 minutes	30.70 34.20
Podological treatment (large), guideline value: 50 minutes	44.00 49.20
Podological findings, depending on the treatment	3.00 3.40

	reimbursable up to €
Initial treatment with a spring steel wire orthonychia 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	
- Initial finding (small), guideline value: 20 minutes	48.80 27.20
- Initial finding (large), once per calendar year, guideline value: 45 minutes	54.50
- Initial finding, once per service provider, guideline value: 20 minutes	21.90
Therapy report upon written request of the prescribing person	16.40
Fitting of a one-piece unilateral and bilateral nail correction brace, e.g. according to Ross-Fraser	86.60 96.40
Fabrication of a one-piece unilateral and bilateral nail correction brace, e.g. according to Ross-Fraser	47.40 52.80
Readjustment of the one-piece unilateral and bilateral nail correction brace, e.g. according to Ross-Fraser	43.40 48.30
Preparation of the nail, fitting and application of a multi-part bilateral nail correction brace	86.90 92.00
Preparation of the nail, fitting and application of a one-piece plastic or metal nail correction brace	47.70 52.60
Indication-specific check for fit and accuracy of fit	15.20 16.80
Treatment completion/ if applicable including the removal of the nail correction brace	22.80 25.20
Adjustment of the orthonychia clasp according to Ross-Fraser, one-piece including clasp check after 1 to 2 days	37.40
Replacement with an orthonychia brace according to Ross-Fraser, one-piece due to loss or breakage of the brace with existing model including application	64.80
Treatment with a prefabricated bilateral spring steel wire orthonychia 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 dietitians, oecotrophologists or nutritionists.	
Initial consultation with treatment planning Nutritional-therapeutic anamnesis, once per treatment case, guideline value: 30 minutes, once per treatment case	34.00 38.70
Initial consultation with treatment planning Nutritional-therapeutic anamnesis, once per treatment case, guideline value: 60 minutes	68.00 77.40
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	55.50 63.40
Necessary coordination of therapy with a third party; expenses are reimbursable once per prescription – but no more than four times per calendar year	55.50 63.40
Nutritional therapy intervention as individual treatment, guideline value: 30 minutes	34.00 38.70

	reimbursable up to €
Nutritional therapy intervention as individual treatment, guideline value: 60 minutes	77.40
Nutritional therapy intervention as individual treatment in the home or social environment, guideline value: 60 minutes, limited to a maximum of 16 treatments per year	68.00 77.40
Nutritional therapy intervention as group treatment, guideline value: 30 minutes	23.80 27.10
Nutritional therapy intervention as group treatment, guideline value: 60 minutes	54.20
Birth preparation / pregnancy gymnastics / postpartum gymnastics - unchanged	
Rehabilitation sports / functional training - unchanged	
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.	22.40
Visit of one or more patients in a social institution/community, including travel expenses, per patient flat rate	14.61 14.70
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.	22.40
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.	
Transmission fee for communication/report to prescriber	1.30 1.40

1.3.2 Tariffs AV, BT, CA, CAG(S) 1/4, CAN, CAZ, KS, MA, MAN, MAS, NK, NK.select S, NK.select L, NK.select XL, SV, ZV, BDPrime

	reimbursable up to €
Physical therapy / movement-based exercises	
Initial physiotherapeutic findings for the preparation of a treatment plan, once per treatment case	19.00
Physical therapy report upon written request of the prescribed person	70.30 73.10
Physiotherapeutic treatment Physiotherapy, (also on a neurophysiological basis, respiratory therapy), as individual treatment including the necessary massage, guideline value: 15-20 minutes	30.90 32.00

	reimbursable up to €
Physiotherapeutic treatment 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: 30 25-35 minutes	48.90 50.90
Physiotherapeutic treatment Physiotherapy on a neurophysiological basis (KG-ZNS according to Bobath, Vojta) for congenital or early acquired central movement disorders as individual treatment for children until the age of 18 at the latest, guideline value: 30 45 minutes	61.10 63.50
Physiotherapy in a group (2-8 persons), guideline value: 25 20-30 minutes, per participant	13.80 14.40
Physiotherapy for cerebral dysfunctions in a group (2-4 persons), guideline value: 45 20-30 minutes, per participant	17.30 18.00
Physiotherapy (breathing therapy) for cystic fibrosis and severe bronchial diseases as individual treatment, guideline value: 60 minutes	92.40 96.10
Physiotherapeutic treatment / movement-based exercises Physiotherapy in the exercise pool	
- as individual treatment, including the necessary rest, guideline value: 20-30 minutes	35.90 36.60
- in a group (2-3 persons), per participant, including the necessary rest, guideline value: 20-30 minutes	25.10 26.20
Physiotherapeutic treatment / movement-based exercises in the exercise pool	18.00
- in a group (4-5 persons), per participant, including the necessary rest, guideline value: 20-30 minutes	
Manual therapy, guideline value: 30 15-25 minutes	37.10 38.50
Chiropractic (functional spinal gymnastics) as individual treatment, guideline value: 15-20 minutes	21.90 22.10
Movement-based exercises	
- as individual treatment, guideline value: 10-20 minutes	14.30 14.90
- in a group (2-5 persons), guideline value: 10-20 minutes	8.90 9.20
Movement-based exercises in the exercise pool	
- as individual treatment, including the necessary rest, guideline value: 20-30 minutes	35.90
- in a group (2-3 persons), per participant, including the necessary rest, guideline value: 20-30 minutes	25.10 26.00
- in a group (4-5 persons), per participant, including the necessary rest, guideline value: 20-30 minutes	18.00
Extended ambulatory physiotherapy (EAP), guideline value: 120 minutes, per treatment day (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	58.00 60.30
Traction treatment with device (e.g. inclined bed, extension table, Perl device, sling table) as individual treatment, guideline value: 10-20 minutes	10.20

	reimbursable up to €
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	22.60 23.40
- Connective tissue massage, guideline value: 20-30 minutes	27.10 28.10
Manual lymphatic drainage (MLD)	
- Partial treatment, guideline value: 30 minutes	37.40 38.90
- Large-scale treatment, guideline value: 45 minutes	56.10 58.20
- Full treatment, guideline value: 60 minutes	74.80 77.70
- 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	23.90 24.80
Underwater pressure jet massage, including the necessary rest, guideline value: 15-20 minutes	35.10 36.50
Palliative care - unchanged	
Packs, hydrotherapy, baths	
Hot roll, including the necessary rest, guideline value: 10-15 minutes	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
Other packs (e.g. wraps, pads, compresses) etc., also with addition	7.10
Dry pack	4.80
Cast	
- 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 bath, including the necessary rest	
- Partial bath	14.00
- Full bath	20.30
Brush massage bath, including the necessary rest	28.90

	reimbursable up to €
Natural moor bath, including the necessary rest	
- Partial bath	49.80
- Full bath	60.70
Sand bath, including the necessary rest	
- Partial bath	43.60
- Full bath	49.80
Balneo phototherapy (brine light photo-therapy) and light-oil bath, including regreasing 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 30.10
- 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	12.90 13.40
- 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.	
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, guideline value: 5-10 minutes	14.90
Heat therapy using hot air (also by incandescent light, radiators, including infrared) - for one or more body parts, guideline value: 10-20 minutes	8.70
Ultrasound heat therapy, guideline value: 10-20 minutes	15.30 15.90
Electrotherapy	
Electrotherapy of one or more parts of the body with individually adjusted current strengths and frequencies, guideline value: 10-20 minutes	9.50
Electrostimulation for paralysis, guideline value: per muscle nerve unit 5-10 minutes	19.50 20.30
Iontophoresis, phonophoresis	9.50

	reimbursable up to €
Hydroelectric partial bath (two or four cell bath), guideline value: 10-20 minutes	17.20
Hydroelectric full bath (e.g. balvanic bath), also with additives, including the necessary rest, guideline value: 10-20 minutes	33.40
Light therapy - unchanged	
Speech therapy (voice, speech and, language and swallow therapy)	
Detailed report (except the speech therapy report for the prescribing physician)	18.00 20.70
Initial findings from voice, speech and, language and swallow therapy diagnostics to draw up a treatment plan, once per treatment case, guideline value: 60 minutes	127.90
Voice, speech and, language and swallow therapy needs assessment, guideline value: 30 minutes	64.00
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	7.20
Report on special request of the prescribed person	127.90
Individual treatment for voice, speech, language and swallow disorders	
- Guideline value: 30 minutes	56.90
- Guideline value: 45 minutes	78.20
- Guideline value: 60 minutes	99.50
- 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.	
Group treatment for voice, speech, language and swallow disorders per participant	
- Group (2 persons), guideline value: 45 minutes	70.40
- Group (3-5 persons), guideline value: 45 minutes	39.80
- Group (2 persons), guideline value: 90 minutes	127.90
- 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 functional motor disorders, guideline value: 30 45 minutes	52.00
- for sensorimotor or perceptive disorders, guideline value: 45 60 minutes	70.10
- for functional mental disorders, guideline value: 60 75 minutes	87.70

	reimbursable up to €
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	156.00
- for sensorimotor or perceptive disorders, guideline value: 120 minutes	210.00
- for functional mental disorders, guideline value: 120 minutes	175.20 175.30
Parallel treatment (in the presence of two persons to be treated)	
- for motor-functional disorders, guideline value: 30 45 minutes, per participant	41.30
- for sensorimotor or perceptive disorders, guideline value: 45 60 minutes, per participant	56.10
- for functional mental disorders, guideline value: 60 75 minutes, per participant	69.40
Group treatment	
- for functional motor disorders, guideline value: 30 45 minutes, per participant	19.00
- for sensorimotor or perceptive disorders, guideline value: 45 60 minutes, per participant	24.70
- for functional mental disorders, guideline value: 90 105 minutes, per participant	45.20
- for functional mental disorders as a stress test, guideline value: 180 minutes, per participant	80.80
Brain performance training / neuropsychologically oriented individual treatment, guideline value: 30 45 minutes	57.70
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	175.30
Brain performance training as parallel treatment in the presence of two persons to be treated, guideline: 30 45 minutes, per participant	45.40
Brain performance training as group treatment, guideline value: 45 60 minutes, per participant	24.70
Podiatry	
Podological treatment (small), guideline value: 35 minutes	35.40 39.40
Podological treatment (large), guideline value: 50 minutes	50.60 56.60
Podological findings, depending on the treatment	3.50 4.00
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
Initial finding	
- Initial finding (small), guideline value: 20 minutes	31.30
- Initial finding (large), once per calendar year, guideline value: 45 minutes	62.70
- Initial finding, once per service provider, guideline value: 20 minutes	25.20

	reimbursable up to €
Therapy report upon written request of the prescribing person	18.90
Fitting of a one-piece unilateral and bilateral nail correction brace, e.g. according to Ross-Fraser	99.60 110.90
Fabrication of a one-piece unilateral and bilateral nail correction brace, e.g. according to Ross-Fraser	54.60 60.80
Readjustment of the one-piece unilateral and bilateral nail correction brace, e.g. according to Ross-Fraser	50.00 55.60
Preparation of the nail, fitting and application of a multi-part bilateral nail correction brace	100.00 105.80
Preparation of the nail, fitting and application of a one-piece plastic or metal nail correction brace	54.90 60.50
Indication-specific check for fit and accuracy of fit	17.50 19.40
Treatment completion/ if applicable including the removal of the nail correction brace	26.30 29.00
Adjustment of the orthonychia clasp according to Ross-Fraser, one-piece including clasp check after 1 to 2 days	43.10
Replacement with an orthonychia 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 orthonychia 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 dietitians, oecotrophologists or nutritionists.	
Initial consultation with treatment planning Nutritional-therapeutic anamnesis, once per treatment case, guideline value: 30 minutes, once per treatment case	39.10 44.60
Initial consultation with treatment planning Nutritional-therapeutic anamnesis, once per treatment case, guideline value: 60 minutes	78.20 89.10
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 73.00
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 73.00
Nutritional therapy intervention as individual treatment, guideline value: 30 minutes	39.10 44.60
Nutritional therapy intervention as individual treatment, guideline value: 60 minutes	89.10
Nutritional therapy intervention as individual treatment in the home or social environment, guideline value: 60 minutes, limited to a maximum of 16 treatments per year	78.20 89.10
Nutritional therapy intervention as group treatment, guideline value: 30 minutes	27.40 31.20
Nutritional therapy intervention as group treatment, guideline value: 60 minutes	62.40
Birth preparation / pregnancy gymnastics / postpartum gymnastics - unchanged	
Rehabilitation sports / functional training - unchanged	

	reimbursable up to €
Miscellaneous	
Home visit prescribed by doctor	14.00
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.	25.80
Visit of one or more patients in a social institution/community, including travel expenses, per patient flat rate	16.90 17.00
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.	25.80
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.	
Transmission fee for communication/report to prescriber	1.50 1.70

1.3.3 Tariff RBB

	reimbursable up to €
Palliative care - unchanged	
Nutritional therapy	
Nutritional therapy is reimbursable as a remedy if it is provided by dietitians, oecotrophologists or nutritionists.	
Initial consultation with treatment planning Nutritional-therapeutic anamnesis, once per treatment case, guideline value: 30 minutes, once per treatment case	39.10 44.60
Initial consultation with treatment planning Nutritional-therapeutic anamnesis, once per treatment case, guideline value: 60 minutes	78.20 89.10
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 73.00
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 73.00
Nutritional therapy intervention as individual treatment, guideline value: 30 minutes	39.10 44.60
Nutritional therapy intervention as individual treatment, guideline value: 60 minutes	89.10
Nutritional therapy intervention as individual treatment in the home or social environment, guideline value: 60 minutes, limited to a maximum of 16 treatments per year	78.20 89.10

	reimbursable up to €
Nutritional therapy intervention as group treatment, guideline value: 30 minutes	27.40 31.20
Nutritional therapy intervention as group treatment, guideline value: 60 minutes	62.40
Miscellaneous	
Home visit prescribed by doctor	14.00
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.	25.80
Visit of one or more patients in a social institution/community, including travel expenses, per patient flat rate	16.90 17.00
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.	25.80
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.	
Transmission fee for communication/report to prescriber	1.50 1.70

2. Changes in daily sickness benefits insurance

General Terms and Conditions of Insurance for Daily Sickness Benefits

§ 1 Subject, scope and scope of application of insurance coverage

Part I 2009 German standard conditions 2009 of the Association of Private Health Insurance (MB/KT 2009)

(3) An "incapacity to work" in the terms of these conditions shall be deemed to exist if the insured person is temporarily unable to carry out his or her professional activity in any way whatsoever according to medical findings, nor is the person carry out the activity and is not pursue any other gainful activity. If insured persons who were previously unable to work can, according to a doctor's assessment, partially carry out their previous activity and are likely to be better reintegrated into working life through a gradual resumption of their activity, they are entitled to daily sickness benefits during the reintegration period, provided that the tariff or the tariff conditions provide for this.

3. Changes in compulsory nursing care insurance

General insurance conditions for private compulsory nursing care insurance

I. Conditional part – MB/PPV 2024

III. Tariff conditions

1. Domestic care

The expenses for domestic care assistance are reimbursed per calendar month

- for persons in need of care degree 2 up to € ~~761~~ 796,
- for persons in need of care degree 3 up to € ~~1,432~~ 1,497,
- for persons in need of care degree 4 up to € ~~1,778~~ 1,859,
- for persons in need of care degree 5 up to € ~~2,200~~ 2,299. [...]

2. Care allowance

2.1 The care allowance per calendar month is

- € ~~332~~ 347 for people in need of care degree 2,
- € ~~573~~ 599 for people in need of care degree 3,
- € ~~765~~ 800 for people in need of care degree 4,
- € ~~947~~ 990 for people in need of care degree 5. [...]

3. Domestic care when a caregiver is unavailable (substitute care)

Expenses are reimbursed in individual cases up to € ~~1,612~~ 1,685 per calendar year. [...]

The benefit amount can be increased by up to € ~~806~~ 843 to a total of up to € ~~2,418~~ 2,528 per calendar year, provided that no benefit has been claimed for this amount in the calendar year in accordance with No. 6 of the PV tariff (short-term care). [...]

4. Care aids and measures to improve the living environment

4.2 Expenses for care aids intended for consumption are reimbursed up to € ~~40~~ 42 per calendar month.

4.3 Grants for measures to improve the individual living environment are limited to € ~~4,000~~ 4,180 per measure.

If several people in need of care live in a shared home and the subsidy serves to improve the shared living environment, the subsidy is limited to the amount that results when the costs of the measure are divided by the number of residents entitled to the subsidy. Costs of the measure of up to € ~~16,000~~ 16,720 are taken into account. [...]

5. Partial in-patient care (day and night care)

Within the framework of the applicable care rates, expenses for general care services are reimbursed per calendar month

- a) for persons in need of care degree 2 up to € ~~689~~ 721,
- b) for persons in need of care degree 3 up to € ~~1,298~~ 1,357,
- c) for persons in need of care degree 4 up to € ~~1,612~~ 1,685,
- d) for persons in need of care degree 5 up to € ~~1,995~~ 2,085.

6. Short-term care

The entitlement to short-term care is limited to eight weeks per calendar year. Within the framework of the applicable care rates, care-related expenses, including expenses for care and medical treatment services, are reimbursed up to a total amount of € ~~1,774~~ 1,854 per calendar year. [...]

The benefit amount can be increased by up to € ~~1,612~~ 1,685 to a total of up to € ~~3,386~~ 3,539 in a calendar year, provided that no benefit has yet been claimed for this amount in the calendar year in accordance with No. 3 of the PV tariff (substitute care). [...]

7. Complete in-patient care and lump sum services for care of persons with disabilities

7.1 In the case of full in-patient care facilities, care-related expenses, including the costs of care and medical treatment, are reimbursed at a flat rate within the framework of the applicable care rates

- a) for people in need of care degree 2 in the amount of € ~~770~~ 805,
- b) for people in need of care degree 3 in the amount of € ~~1,262~~ 1,319,
- c) for people in need of care degree 4 in the amount of € ~~1,775~~ 1,855,
- d) for people in need of care degree 5 in the amount of € ~~2,005~~ 2,096 per calendar month. [...]

7.2 Insured persons in care grades 2 to 5 who receive care in a fully in-patient facility within the meaning of § 71 Para. 4 No. 1 SGB XI, in which participation in working life, education or social participation, school education or the education of people with disabilities are the main purpose of the facility, will be compensated for the expenses in accordance with No. 7.1 sentence 1 with an amount of 15% of the remuneration agreed in accordance with Part 2 Chapter 8 of SGB IX, in individual cases up to a maximum of € ~~266~~ 278 per calendar month. [...]

7.3 An amount of € ~~2,952~~ 3,085 is eligible for reimbursement in accordance with § 4 (11) sentence 3. [...]

7.5 For those in need of care in care grade 1, care-related expenses including the costs of care and medical treatment are reimbursed at a flat rate of € ~~125~~ 131 per calendar month. [...]

9. Benefits in the event of caregiver leave and short-term absence from work

9.3 Agricultural entrepreneurs receive farm assistance in accordance with § 9 KVLG 1989. These costs are reimbursed to the agricultural long-term care insurance fund. For agricultural entrepreneurs with private long-term care insurance, a lump sum of € ~~200~~ 209 per day is paid instead for up to ten working days of farm assistance. [...]

11. Offers for support in everyday life and entitlement to a relief amount

Earmarked expenses for quality-assured services to relieve the burden on close caregivers and to provide self-determined relief in everyday life in connection with the use of benefits are reimbursed up to € ~~125~~ 131 per month. [...]

13. Additional benefits for insured persons in out-patient assisted living groups

The monthly flat-rate supplement for insured persons in assisted living groups in accordance with § 4 Para. 7a is € ~~214~~ 224. [...]

14. Promotion of the establishment of out-patient assisted living groups

The insured person's entitlement is the amount resulting from dividing the maximum funding amount per residential group of € ~~10,000~~ 10,452 by the number of eligible residents, up to a maximum of € ~~2,500~~ 2,613. [...]

15. Digital care applications and complementary support services of out-patient care facilities

The insured person is entitled to a total of up to € ~~50~~ 53 per month of the contract agreed in accordance with § 78a Para. 1 SGB XI and § 89 Para. 1 SGB XI for digital care applications and supplementary support services provided by out-patient care facilities.

Care/auxiliary means directory of the private compulsory nursing care insurance

1.2 Care bed accessories

- Bed extensions
- Bed shortenings
- Bed raiser (bed gallows)
- Other raising aids
- Bed side panels (side rails)
- Fixation systems for people
- Side bolsters for care beds
- Bed tent for temporary use

~~1.13~~ 1.8 Stairs/Stair vehicles

- Stair climbing aids
- Stair climbing aids (electrically powered)
- Stair caterpillars

1.9 Ramp systems

- Mobile ramps

~~1.8~~ 1.10 Lift, mobile for external operation

~~1.9~~ 1.11 Lift for external operation, wall-mounted

~~1.10~~ 1.12 Accessories for lifters

~~1.11~~ 1.13 Transfer and lifting aids

~~1.12~~ 1.14 Push wheelchairs

2.1 Products for hygiene in bed

- Bedpans
- Urine bottles
- Urine boats
- Urine bottle holder
- Absorbent bed protection pads, reusable, various sizes

2.9 Toilet chair

- Fixed toilet chairs
- Toilet chairs for children and teenagers
- ~~Toilet chairs for children~~

3.3 Care aids to improve cognitive and communicative abilities

- Care aids for local orientation
- Care aids for temporal orientation
- Reminders for important events
- Products for recognizing risks and dangers
- Care aids for communication
- System-related billing item numbers

3.5 Assistance systems

- Modular assistance systems

~~3.5~~ 3.6 Assistance with leaving/visiting the home

~~3.6~~ 3.7 Walking aids