Tariff NK.select XL
Comprehensive Health Insurance

Version of December 2021

Essential Parts of the Tariff NK.select XL

Out-patient medical treatment

We reimburse 100% of the costs for
- out-patient medical treatment
- rides and transports
- radiation diagnostics and radiotherapy
- remedies according to the tariff List of Remedies
- medicines and dressings
- visual aids up to € 450
- refractive surgery up to € 2,500 per eye
- aids
- out-patient preventive examination
- inoculations and travel vaccinations in accordance with STIKO recommendations
- fertility treatment
- cryopreservation

We reimburse 90% of the costs for
- psychotherapy

We reimburse 80% of the costs for
- alternative practitioners up to € 2,400

Spa treatment

- We reimburse 100 % of the costs (refer to out-patient treatment) for a curative treatment at a spa, health resort or sanatorium
- We additionally reimburse a daily spa allowance of € 20 for a maximum of 28 days

Dental benefits

We reimburse 100% of the costs for
- dental treatment
- preventive dental treatment

We reimburse 90% of the costs for
- dentures and inlays
- orthodontics

There are maximum amounts for our benefit in the first 4 calendar years.

In-patient medical treatment

We reimburse 100% of the costs for
- one-bed, two-bed or multi-bed room
- private medical treatment and treatment by a general practitioner
- services of a stationary midwife and/or maternity nurse who is in attendance
- rides and transports
- provision of accommodation and food in hospital for one parent when the child to be treated is not yet 16 years old

Additional benefits

- household help up to € 150 per day
- childcare lump sum up to € 100 per day
- digital health applications
- return transport of patients from abroad
- co-insurance for one child up to the age of 1 free of charge
- the reimbursement for out-patient and dental checkups, inoculations and vaccinations is not counted towards the deductible/bonus and is not taken into account in the context of a premium refund in the event of no benefits being paid

Deductible/bonus

- The following deductibles shall apply per person for the tariff levels:
  € 600 for the tariff level NK.select XL 600
  € 1,200 for the tariff level NK.select XL 1200
  € 3,000 for the tariff level NK.select XL 3000
  (for children and teenagers up to and including 20 years half)
- For the tariff level NK.select XL Bonus, the insured person shall receive a monthly bonus of € 100, which shall be offset in the event of a benefit claim, i.e. up to € 1,200 shall then be deducted from the benefit (for children and teenagers up to and including 20 years half)

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Part III of the General Terms and Conditions of Insurance

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

We explain the technical terms which are used in our conditions and are marked with a ➢ symbol at the end of this tariff.

I. Who can take out the insurance?

We are the Hallesche Krankenversicherung a.G. (insurer). People can be insured in this tariff who, at the commencement of the insurance, have a residence in Germany.

II. What do we reimburse?

1. What do we reimburse for out-patient ➢medical treatments?

1.1 What do we reimburse when the insured person is treated by a doctor?

We reimburse 100% of the costs for

- consultations
- appointments
- treatments
- examinations
- home visits
- operations
- video consultations and video examinations and
- special services

1.2 What do we reimburse in relation to ➢rides and ➢transports?

We reimburse 100% of the costs of rides and transports to and from the nearest suitable doctor or hospital when the insured person

- has had an ➢emergency,
- ➢is unable to walk,
- there receives a dialysis, deep radiation therapy or chemotherapy appointment or
- is operated on as an out-patient and cannot travel independently on the day of the operation for medical reasons.

We will only reimburse transport if the insured person, during the transport for medical reasons, needs

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

1.3 What do we reimburse in relation to radiation diagnostics and radiotherapy?

We reimburse 100% of the costs of radiation diagnostics and radiotherapy.

1.4 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 1), in each case up to the maximum amounts which are stated in that list.

We reimburse the costs of the following remedies:

- physical therapy/movement-based exercises
- massages
- physiotherapeutic palliative care
- packs, hydrotherapy, baths
- inhalations
- cold treatment and heat treatment
- electrotherapy
- light therapy
- speech therapy
- occupational therapy
- podiatry
- nutritional therapy
- birth preparation/pregnancy gymnastics and postnatal gymnastics
- rehabilitation sport/functional training in groups

1.5 What do we reimburse for medicaments and dressings?

We reimburse 100% of the costs of medicaments and dressings.

1.6 What do we reimburse in relation to visual aids and refractive surgery?

We reimburse 100% of the costs of visual aids up to € 450.

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.

We will reimburse 100% of the costs of surgical correction of refractive errors (e.g. Lasik) up to € 2,500 for each eye. This claim can be renewed for the respective eye at the earliest 5 years after the last operation.

1.7 What do we reimburse for medical aids (with the exception of visual aids)?

We reimburse 100% of the costs of medical aids

- when they directly alleviate or compensate for disabilities or the consequences of illnesses or accidents (e.g. invalid carriages, prostheses),
- when 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 e.g. breathing aids).

We also reimburse 100% of the costs for

- the purchase and training of a guide dog,
- the use of a communication aid in accordance with the communication aid ordinance (e.g. sign language interpreter, written interpreter), if this is needed in order to be able to make use of the medical services insured under the tariff,
- the instruction, maintenance and repair of assistance aids or devices. However, we do not pay for any repairs of orthopaedic footwear.

We do not pay from the outset for

- aids which the compulsory long-term care insurance must reimburse on their merits,
- aids which are part of fitness/wellness and/or recreational facilities,
- everyday personal effects and hygiene products (e.g. medical thermometers, anti-allergy bedding).

Aids which the insured person only needs for a certain period of time should be rented as a priority.

In general, our medical aid service always supports the insured person in selecting and purchasing or renting a suitable medical aid. If an aid costs more than € 350, then we therefore recommend that you submit the doctor's prescription to us in advance. Then we will be able to assist you to obtain this in most cases.

1.8 What do we reimburse in relation to out-patient preventive and checkup examinations?

We reimburse 100% of the costs for the following out-patient preventive examinations for the early detection of diseases:

- For children and teenagers:
  - Newborn screening
  - Cystic fibrosis screening
  - Hip screening
  - Hearing screening
  - Pulse oximetry screening for the detection of heart defects
  - Preventive checkups for children (U1 to U12)
  - Adolescent screening (J1 and J2)
- For adults:
  - cancer screening including colorectal cancer screening
  - skin cancer screening
  - osteoporosis screening; this also includes osteodensitometry including ultra-sound examination
  - early detection of cardiovascular diseases; this also includes
    - examination, risk profile and counselling
    - blood sampling
    - ECG
    - determination of glucose, cholesterol, HDL cholesterol, LDL cholesterol, triglyceride and uric acid
  - early detection of kidney disease; this also includes
    - examination, risk profile and counselling
    - urine strip test
    - determination of laboratory values - urine sediment/uric acid
    - blood sampling
    - creatinine
    - ultrasound examination of the kidney(s)
  - pregnancy precautionary check-ups
  - chlamydia screening
  - mammography screening
  - examination of the abdominal aorta
- preventive medical examinations according to programmes introduced by law, insofar as they are not already listed above

- out-patient checkup examinations. This comprises:
  - anamnesis (including risk profile and vaccination status)
  - physical examination (complete body status)
  - blood pressure measurement
  - skin cancer screening
  - laboratory tests
  - from the blood: Lipid profile (e.g. cholesterol), glucose, nitrite
  - from the urine: Protein, glucose, red and white blood cells
  - consultation about the results of the examination and – if medically indicated – the issuing of a prevention recommendation (e.g. courses on exercise, nutrition, stress management).

Our reimbursement

- will not be offset against a bonus or existing deductibles (refer to III.1. and 2. of this tariff) and
- will not be taken into account in the context of a ➢premium refund.

1.9 What do we reimburse for vaccinations?

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

We do not reimburse any vaccination costs when they are required for business travel and the employer is responsible for providing them.

Our reimbursement

- will not be offset against a bonus or existing deductibles (refer to III.1. and 2. of this tariff) and
- will not be taken into account in the context of a ➢premium refund.

1.10 What do we reimburse in relation to out-patient psychotherapy?

We reimburse 90% of the costs of out-patient psychotherapy.

1.11 What do we reimburse in relation to sociotherapy?

We reimburse 100% of the costs for sociotherapy. A claim exists for a maximum of 120 hours within 3 years per insured case.

This reimbursement presupposes 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,
- the sociotherapy prevents or shortens treatment in hospital or treatment in hospital is necessary but not feasible and
- it is carried out by doctors of psychiatry or neurology or, after prescription by these doctors, by specialists in sociotherapy.

We reimburse the costs of using doctors' services in accordance with the ➢German Fee Schedule for Doctors (GOÄ). 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.

1.12 What do we reimburse in relation to midwives or male midwives?

We reimburse 100% of the costs for midwife assistance or assistance by male midwives within the limits of the official scale of fees for midwives and male midwives which are applicable at the time.

This includes, for example:

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

In the event of a ➢home birth, we will pay you an additional lump sum of € 600 to cover further costs. This lump sum payment will not be offset against a bonus or existing deductibles (refer to III.1. and 2. of this tariff).

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.

1.13 What do we reimburse for family and ➢household help?

We reimburse 100% of the costs for family and household help up to € 150 per day.

The entitlement exists,

- if and as long as the insured person, without being in need of care within the meaning of the long-term care insurance, cannot continue to run the household due to one of the following cases and
- if no other person living in the household can continue to run the household.

We will reimburse in the event of

- pregnancy or childbirth or
- when a child lives in the household who has not yet reached his or her 16th birthday or is disabled and therefore dependent on assistance. This also requires that the insured person
  - is, for medical reasons, to be accommodated away from home because of an illness or
  - cannot continue to run the household for health reasons due to illness (e.g. after an in-patient hospital stay) or
  - has died. In the event of death, we will pay benefits for a maximum of 90 days.

If the insured person is entitled to benefits for family and household help from other funding agencys, then these must be claimed in full as a matter of priority. We then only pay for any costs which remain after the payment made by the other funding agency.

1.14 What do we reimburse when a child is ill and needs care?

If a child is insured under this tariff, then we will reimburse € 100 per day as a lump sum for the care of the child, for a maximum of 10 days per calendar year.

This presupposes that

- the child has not yet reached his or her 12th birthday or is disabled and therefore dependent on assistance,
- the insured person has to look after his or her ill child and is therefore unable to pursue his or her professional activity,
- the insured person does not receive any remuneration from his or her employer or cannot claim it from the state and
- no other person living in the household can care for the child.

1.15 What do we reimburse for ➢fertility treatment?

We reimburse 100% of the costs for fertility treatment when we have provided our written agreement to do so in advance.

We agree to this when the treatment is not only medically necessary but additionally

- when 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 and
- the woman is no more than 39 years old at the time of the treatment measure and
- the treatment is carried out on married couples or couples in a marriage-like partnership and only the couple's egg cells and sperm are used and
- the treatment complies with German law and
- a therapy and cost plan is presented to us before treatment begins.

If these conditions are fulfilled, then we will pay for up to

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

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

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

The number of attempts for which we will pay for increases, as long as the prerequisites continue to exist, by the number of attempts in which a proven pregnancy occurred but was unsuccessful.

In the event of a successful birth, we will reimburse further fertility treatment as long as the above prerequisites are fulfilled.

If the insured person or his or her partner is entitled to benefits for reproductive medical procedures from another funding agency (e.g. statutory or private health insurance), 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.

1.16 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
- could claim benefits for fertility treatment according to II.1.15.

We will only reimburse the costs for storage as long as the insured person could claim benefits for fertility treatment in accordance with II.1.15.

1.17 What do we reimburse for home nursing care?

We reimburse 100% of the reasonable costs for home nursing care when

- 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
- when a person living in the same household cannot provide adequate care and support for the insured person.

Another presuppose 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).

Under these prerequisites, we will

- 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 the insured person requires this service for a longer period, then we must confirm the additional reimbursement in writing in advance.

Reasonable costs are at most in the amount of the generally customary local rates.

If ➢intensive care is provided and if this is possible both in the home environment and in a suitable facility within a radius of 50 km (e.g. nursing home or shared nursing home), then the costs of the suitable facility are deemed to be reasonable. If there are several such facilities available, then the higher costs in each case are deemed to be reasonable up to the amount actually incurred. This does not, however, apply to intensive care in the home environment for people who have not yet reached the age of 18.

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

1.18 What do we reimburse for social paediatrics and early intervention?

We reimburse the costs for social paediatrics and early intervention in social paediatric centres up to the amount of the lump sums agreed with the statutory funding agencies.

This assumes that the insured person is not entitled to such benefits from another payer.

1.19 What do we reimburse for medical training for the chronically ill?

We reimburse the reasonable costs for participation in initial and follow-up training courses e.g. for diabetes, asthma, neurodermatitis, breast cancer or coronary heart disease.

Training is hereby defined as measures

- which are provided by providers with appropriate professional and pedagogical qualifications,
- are provided on the basis of proven and evaluated concepts and
- under suitable organisational conditions of implementation.

1.20 What do we reimburse for out-patient treatment by alternative practitioners?

We reimburse 80% of the costs, up to a maximum of € 2,400 per calendar year.

We therefore reimburse

- all examination and treatment methods listed in the Schedule of Fees for Alternative Practitioners (GebüH), including ➢remedies and travel expenses up to the respective maximum amount listed, as well as
- medicines and dressings.

If your insurance does not start on January 1, then the maximum benefit for that year will be reduced by 1/12 for each uninsured month. If the insurance ends during the calendar year, the respective maximum amount shall not decrease.

1.21 What do we reimburse for specialised out-patient palliative care?

Specialised out-patient palliative care allows the insured person to be cared for in their familiar home environment or family environment, in a hospice, in a nursing home or in in-patient care facilities, when they

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

We reimburse 100% of the costs up to the amount that would have to be spent for the care of an insured person in the statutory health insurance.

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.

2. What do we provide for spa treatments?

2.1 What do we reimburse in relation to spa treatments?

In the event of spa treatment at a health resort or spa, we will provide the benefits agreed in this tariff under II.1. (out-patient treatment).

We will reimburse 100% of the costs for spa tax and spa plan.

Please note: We do not cover any additional costs e.g. the costs of accommodation and food.

2.2 When and to which amount do we pay a daily spa allowance?

We pay a daily spa allowance of € 20 for the duration of a spa, but for a maximum of 28 days.

This presupposes that

- the insured person had to be treated in hospital for at least 14 days before the spa treatment,
- the spa treatment begins within 3 months following the last day in hospital,
- the spa treatment was prescribed by the attending physician of the hospital for medical reasons and
- the spa treatment is demonstrably carried out under medical supervision.

The daily spa allowance will not be offset against a bonus or existing deductibles (see III.1. and 2. of this tariff).

3. What do we reimburse for dental services?

3.1 What do we reimburse for dental treatment?

We reimburse 100% of the costs for

- general, conservative and surgical services
- X-ray services
- treatment of oral and maxillofacial diseases
- periodontal treatments as well as
- examinations and consultations

The maximum benefit amounts according to II.3.6.

3.2 What do we reimburse in relation to dentures and inlays?

We reimburse 90% of the costs of metal, ceramic or plastic inlays and the costs of dentures and associated accompanying services.

Dentures are considered to be

- prostheses
- crowns
- bridges
- implants and the preparatory surgical measures that are required in this context for building up the jaw bone
- veneers
- occlusal appliances and splints (e.g. grinding splints and snoring splints)
- functional analytical and functional therapeutic measures connected with dentures and splinting, as well as
- the repair of dentures

The maximum benefit amounts according to II.3.6.

3.3 What do we reimburse for orthodontics?

We reimburse 90% of the costs for orthodontics.

We also reimburse functional analytical and functional therapeutic measures which are connected with orthodontics.

The maximum benefit amounts according to II.3.6.

3.4 What do we reimburse for dental prophylaxis?

We reimburse 100% of the costs for dental prophylaxis.

We will reimburse the following treatments (including the one-off consultation and examination which is executed in this context):

- the removal of hard plaque (tartar) and soft plaque on the surfaces of teeth and roots
- the cleaning of the interdental spaces
- the removal of biofilm
- surface polishing and
- the use of suitable fluoridation measures
- the compiling of an oral hygiene status report
- guidance on how to avert tooth decay and periodontal diseases
- monitoring of the success of practice exercises
- the sealing of fissures and
- the treatment of sensitive teeth

Our reimbursement

- will not be offset against a bonus or existing deductibles (refer to III.1. and 2. of this tariff) and
- will not be taken into account in the context of a ➢premium refund.

3.5 Do you have to provide us with a treatment plan and cost plan?

If the estimated costs of dental treatment are higher than € 2,500, the tariff benefit requires that you submit a treatment plan and cost plan (including the cost estimate of the dental laboratory) to us before the treatment. If you do not submit this to us, then you will only be entitled to half of the tariff benefit with regard to the reimbursable costs exceeding € 2,500.

In the case of an implant or orthodontic treatment, the tariff benefit always requires that you submit the treatment plan and cost plan to us before the treatment, regardless of the cost of the treatment. Otherwise, we will only reimburse half of the tariff benefit.

3.6 What are the maximum amounts you will receive for dental treatment in the first 4 years?

In the first 4 calendar years, you will receive the following maximum amounts from us for the benefits according to II.3.1 to II.3.3:

total
€ 1,500 in the 1st calendar year
€ 3,000 in the 1st to 2nd calendar year
€ 4,500 in the 1st to 3rd calendar year
€ 6,000 in the 1st to 4th calendar year

The limitation does not apply from the 5th calendar year.

If the insured person has had an annual dental check-up in the last 5 calendar years before the start of this insurance, then the limit does not apply from the 4th calendar year.

The maximum amounts mentioned refer in each case to the calendar year and/or calendar years in which the treatment took place.

If the insured person has to undergo treatment due to an ➢accident, then these maximum amounts do not apply. This assumes that the accident occurred after the contract was concluded.

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

4.1 What do we reimburse in relation to ➢general hospital benefits?

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

There are hospitals which do not 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 in Germany, then the most that we will reimburse is double the costs which 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.

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

4.2 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-bed room or two-bed room and the ➢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.

4.3 What do we reimburse for treatment by a ➢general practitioner?

We reimburse 100% of the costs for treatment by a general practitioner.

4.4 What will you receive if you do not claim reimbursement of the costs for optional services / ➢general practitioner (refer to II.4.2 and 4.3)?

4.4.1 No one-bed or two-bed room

For each day in hospital for which you do not claim reimbursement of a supplement for a one-bed from us, we will pay you a replacement daily allowance of

- € 20 when you request reimbursement of the supplement for a two-bed room instead, or
- € 50 when you also do not request reimbursement of the costs for a two-bed room. I.e. you do not claim costs for a supplement for a two-bed room or for a supplement for special comfort.

4.4.2 No private medical treatment and/or treatment by a general practicioner

We will pay you a replacement daily allowance of € 60 for each day in hospital for which you do not claim reimbursement from us for separately agreed private medical treatment or for treatment by a general practicioner.

4.4.3 When do you not receive a replacement daily allowance?

You will not receive a replacement daily allowance according to II.4.4.1.

- for the period of in-patient ➢follow-up treatment and
- for the days on which the insured person is treated in an intensive care unit or infant ward.

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.

4.5 What do we reimburse for services provided by attending midwives and maternity nurses?

We reimburse 100% of the costs for the services of attending midwives and attending maternity nurses. This assumes that the costs are calculated within the framework of the official fee scales.

4.6 What do we reimburse in relation to ➢rides and ➢transports?

We reimburse 100% of the costs of rides and transports to and from the nearest suitable doctor or hospital when the insured person

- has had an ➢emergency,
- is ➢unable to walk or
- there receives a chemotherapy appointment.

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.

4.7 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 their stay in hospital begins.

4.8 What do we reimburse in relation to in-patient hospice care?

We reimburse 100% of the costs when the insured person has to be cared for on an (semi) in-patient basis in a hospice.

This presupposes that

- the hospice stay is prescribed by a doctor, and
- the (semi) in-patient care there is medically necessary because the palliative medical treatment (refer to II.1.21 of this tariff)
  - 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 long-term care insurance) which the insured person must make full use of
- the amount that would have to be spent for the care of an insured person from the statutory health insurance.

5. What do we provide in relation to a stay abroad?

5.1 What do we reimburse in relation to a ➢return transport from abroad?

We reimburse the necessary costs of return transport

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

This presupposes that

- the return transport is medically necessary, or
- that the insured person is so seriously ill that he or she would have to be treated as an in-patient abroad for more than 2 weeks.

We reimburse 100% of the costs of the most inexpensive means of transport in each case. We will deduct costs that the insured person would have incurred for a normal return journey from our reimbursement amount, provided that the insured person is entitled to reimbursement due to the non-utilisation.

If the insured person moves to another ➢EU country, an ➢EEA country or Switzerland, then this applies accordingly to a return transport to this country.

Our reimbursement will not be offset against any bonus or existing deductibles (refer to III.1. and 2. of the tariff).

In order to clarify whether return transport can be provided and/or to arrange it, please call our foreign emergency call service without delay on **+49 711/6603-3930**.

5.2 What do we reimburse when the insured person dies abroad?

5.2.1 What do we reimburse for repatriation?

We will reimburse 100% of the necessary costs incurred to repatriate the insured person to their place of residence in Germany. If the insured person is transferred from another European country, we will reimburse a maximum of € 5,000, otherwise a maximum of € 10,000.

If the insured person moves to another ➢EU country, an ➢EEA country or Switzerland, then this applies accordingly to a return transport to this country.

Our reimbursement will not be offset against any bonus or existing deductibles (refer to III.1. and 2. of the tariff).

5.2.2 What do we reimburse for a burial outside Germany?

In the event of death during a temporary stay abroad, we will reimburse 100% of the costs incurred to bury the insured person outside Germany.

In this case, we will reimburse at most the costs that would have been reimbursed in the event of repatriation to the insured person's place of residence in Germany in accordance with II.5.2.1 for what would have been reimbursed.

If the insured person moves to another ➢EU country, an ➢EEA country or Switzerland, then we will reimburse, at the most, the costs according to II.5.2.1 if the insured person had been transferred to the place of residence there.

Our reimbursement will not be offset against any bonus or existing deductibles (refer to III.1. and 2. of the tariff).

6. What do we reimburse for ➢digital health applications?

6.1 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 2), 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.

6.2 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.

6.3 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.

6.4 We will only reimburse the costs of acquiring the rights to use 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.

7. When and for how long is a child co-insured free of charge from birth?

If a child is co-insured from birth in the same deductible tariff level (refer to III.2.) of the NK.select XL tariff as a parent, you do not have to pay any premium for this child until he or she reaches the age of 1. You pay the premium for the child only from the beginning of the month following his or her 1st birthday.

If the insured parent is insured in tariff level NK.select XL Bonus (refer to III.1.), the child will only be insured free of charge if he or she is insured in tariff level NK.select XL 1200 (see III.2.).

The premium-free co-insurance requires that

- the insured parent has been insured under the NK.select XL tariff for at least eight months before the birth of the child,
- the premiums for this period have been paid in full up to the date of birth,
- the child is registered retroactively no later than 2 months after birth, and
- the insurance for the child up to the age of 3 is not terminated due to a cancellation according to § 13 (1) or § 13 (5) MB/KK 2009. If the contract is terminated in accordance with these provisions, the premium liability for the first year of life shall be revived retroactively.

III. Which deductible or bonus tariff levels are available?

1. How does our bonus tariff level work?

In the NK.select XL Bonus tariff level, you will receive a bonus of € 100 per insured month for each person insured there. This means that you will receive a maximum bonus of € 1,200 per year. For children and teenagers up to and including ➢age 20, you will receive a monthly bonus of € 50, up to a maximum of € 600 per year. This presupposes that you will pay your premium by direct debit.

We will pay the bonus monthly into your account.

If you submit invoices for claims, then the entire annual bonus of € 1,200 will be credited to our benefit (600 € for children and teenagers up to and including age 20). This will also apply when the NK.select XL Bonus insurance ends before the end of a calendar year.

If the insurance does not start on January 1, then the annual bonus that we count towards our reimbursement is reduced for that year by 1/12 for each uninsured month.

Benefits for which we do not offset the bonus are described in Section II respectively under the individual benefits.

2. Which deductible tariff levels are there?

In the NK.select XL 600, 1200 and 3000 tariff levels, we do not provide the full benefit amounts which are described in Section II. We still however take into account a portion of our benefit which you have to pay yourself (deductible).

You have the following deductibles for each insured person in a calendar year. We deduct these from our benefit:

Tariff level	**adults**	**children and teenagers up to and including age 20**
NK.select XL 600	€ 600	€ 300
NK.select XL 1200	€ 1,200	€ 600
NK.select XL 3000	€ 3,000	€ 1,500

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

Benefits for which we do not offset the bonus for are described in Section II. respectively under the individual benefits.

IV. When do we recommend submitting cost vouchers?

We recommend that you only submit cost vouchers when the total amount is higher than your deductible or annual bonus.

You should also take into account a possible ➢premium refund.

V. When and how you can terminate your contract?

In deviation from § 13 para. 1 MB/KK 2009, you can terminate the tariff for each insured person at the end of each month. This presupposes that

- the termination is submitted at least 15 days in advance in ➢text form and
- the tariff has already existed for the insured person for at least 2 years on the date of termination.

VI. Which benefits can we ajust?

When we adjust the premiums in the NK.select XL tariff, we can also change the following amounts:

- maximum amounts specified in terms of amount,
- daily hospital allowance in accordance with II.4.4,
- as well as the bonus benefit according to Section III.1.

This occurs in order to maintain the value of the insurance and is only executed with the consent of the trustee.

We are also allowed to adjust the benefits and maximum prices stated in the schedule of remedies to the amended circumstances in the health care system. The conditions for this are set out in § 203 para. 3 of the Insurance Contract Act (VVG) (see Annex 1) and § 18 Part I para. 1 of the General Insurance Conditions (MB/KK 2009).

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 event acting on the body from the outside, in which the insured person involuntarily suffers an injury. Examples of the most common types of accidents are falls, road accidents, and sports injuries.

Age [Alter]

We calculate the age by subtracting your year of birth from the calendar year of the start of the insurance or policy change, e.g. 2021 - 2001 = 20.

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.

Digital health applications [Digitale Gesundheitsanwendungen (DiGA)]

DiGA are low-risk medical devices based on digital technologies. An example for this can be health apps.

EEA (European Economic Area) [Europäischer Wirtschaftsraum]

The EEA comprises the ➢EU and the European Free Trade Association (EFTA). The EFTA states are Iceland, Liechtenstein and Norway.

Emergency [Notfall]

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

EU (European Union) [Europäische Union]

The following states are members: Belgium, Bulgaria, Denmark, Germany, Estonia, Finland, France, Greece, Ireland, Italy, Croatia, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Austria, Poland, Portugal, Romania, Sweden, Slovakia, Slovenia, Spain, the Czech Republic, Hungary and Cyprus. Great Britain left the European Union on January 31, 2020.

Federal Ordinance on Nursing Fees [Bundespflegesatzverordnung (BPflV)]

For public hospitals, the ➢Hospital Fee Act (Krankenhausentgeltgesetz) or BPflV stipulates what they are allowed 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.

Fertility treatment [Kinderwunsch-Behandlung]

Fertility treatment is hereby understood to mean artificial insemination.

Follow-up treatment [Anschlussheilbehandlung]

Follow-up treatment is a medical rehabilitation measure which is implemented after a stay in hospital.

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.

General practitioner treatment [Belegärztliche Behandlungen]

General practitioner treatments are treatments provided by general practitioners. General practitioners within the meaning of the Hospital Fee Act (KHEntgG) are contract physicians who are not employed by the hospital. They are entitled to treat their patients in the hospital on an in-patient or day-case basis using the services, facilities and resources provided for this purpose, without receiving remuneration for this from the hospital.

German Fee Schedule for Doctors and Dentists [Gebührenordnung für Ärzte und Zahnärzte (GOÄ/GOZ)]

The Fee Schedule for Dentists (GOZ) and the Fee Schedule for Doctors (GOÄ) govern how private services provided by doctors and dentists are paid for, i.e. all medical and dental services that are not part of the statutory health insurance scheme (GKV). They set out the fees for medical and dental services.

Home birth [Hausgeburt]

A home birth is a birth which does not take place at a hospital or birth centre/midwife's home.

Hospital Fee Act [Krankenhausentgeltgesetz (KHEntgG)]

In the case of public hospitals, the KHEntgG and/or the ➢Federal Ordinance on Nursing Fees determine what they are allowed 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.

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.

Unable to walk [Gehunfähig]

This is considered to be when the insured person cannot go to the doctor or hospital independently, even with the help of an assisting device.

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.

Premium refund [Beitragsrückerstattung]

Under certain conditions, we will refund up to 3 months' premiums if you have not claimed any benefits. The amount of this refund is determined annually and is not guaranteed.

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.

Also see ➢transport.

Text form [Textform]

The text form means: In writing, but does necessitate a hand-written signature, e.g. a fax or email is sufficient.

Transports [Transporte]

Transports comes into play when the insured person is so ill or injured that they are unable to travel using their own means of transport or public transport. They need to be transported in, for instance, an ambulance.

Also see ➢rides.

Annex 1 – List of remedies

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

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

	reimbursable up to €
Physical therapy/movement-based exercises	
Initial physiotherapeutic findings for the preparation of a treatment plan	19.00
Physiotherapeutic treatment (also on a neurophysiological basis, respiratory therapy), as individual treatment including the necessary massage, guideline value: 20 minutes	29.60
Physiotherapeutic treatment on a neurophysiological basis (Bobath, Vojta, Proprioceptive Neuromuscular Facilitation [PNF]) for central movement disorders acquired after completion of brain maturation as individual treatment, guideline value: 30 minutes	38.90
Physiotherapeutic treatment on a neurophysiological basis (Bobath, Vojta) for congenital or early acquired central movement disorders as individual treatment until the age of 18, guideline value: 45 minutes	52.10
Physiotherapy in a group (2-8 persons), guideline value: 25 minutes, per participant	9.50
Physiotherapy for cerebral dysfunctions in a group (2-4 persons), guideline value: 45 minutes, per participant	16.50
Physiotherapy (breathing therapy) for cystic fibrosis and severe bronchial diseases as individual treatment, guideline value: 60 minutes	82.20
Movement-based exercises	
• as individual treatment, guideline value: 20 minutes	11.80
• in a group (2-5 persons), guideline value: 20 minutes	7.60
Physiotherapeutic treatment / movement-based exercises in the exercise pool	
• as individual treatment, including the necessary rest, guideline value: 30 minutes	35.90
• in a group in the exercise pool (2-3 persons), per participant, including the necessary rest, guideline value: 30 minutes	22.50
• in a group in the exercise pool (4-5 persons), per participant, including the necessary rest, guideline value: 30 minutes	18.00
Manual therapy, guideline value: 30 minutes	34.20
Chiropractic (functional spinal gymnastics), guideline value: 20 minutes	21.90
Extended ambulatory physiotherapy (EAP), guideline value: 120 minutes, per treatment day (Note: This special therapy is associated with specific indications.)	124.40
Device-supported physiotherapy (physiotherapy device), including Medical Advanced Training (MAT) and Medical Training Therapy (MTT), up to 3 persons per session for parallel individual treatment, guideline value: 60 minutes	53.20
Traction treatment with device (e.g. inclined bed, extension table, Perl device, sling table) as individual treatment, guideline value: 20 minutes	10.20
Massages	
Massages of single or multiple body parts:	
• Classical massage therapy (CMT), segmental, periosteal, reflex zone, brush and colon massage, guideline value: 20 minutes	21.00
• Connective tissue massage, guideline value: 30 minutes	21.00
Manual lymphatic drainage (MLD)	
• Partial treatment, guideline value: 20 minutes	29.60
• Large-scale treatment, guideline value: 45 minutes	44.30
• Full treatment, guideline value: 60 minutes	67.10
• 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.	14.30
Underwater pressure jet massage, including the necessary rest, guideline value: 20 minutes	35.10
Palliative care	
Physiotherapeutic complex treatment in palliative care, guideline value: 60 minutes Expenses for this shall be reimbursable separately, provided they are not already covered by specialized outpatient palliative care.	75.90

	reimbursable up to €
Packs, hydrotherapy, baths	
Hot roll, including the necessary rest	15.70
Warm pack of one or more parts of the body, including the necessary rest	
• when using reusable packing materials (e.g. paraffin, fango-paraffin, moor paraffin, pelose, Turbatherm)	18.00
• when using single use natural peloids (healing earth, moor, natural fango, pelose, mud, silt) without using foil or fleece between skin and peloid	
• Partial packaging	41.70
• Bulk packaging	55.00
Sweat compress (e.g. “Spanish jacket”, salt shirt, three-quarter compress according to Kneipp), including the necessary rest	22.70
Cold pack (partial pack)	
• Application of clay, curd cheese, etc.	11.80
• Application of single-use peloids (healing earth, moor, natural fango, pelose, mud, silt) without using foil or fleece between skin and peloid	23.40
Hay flower bag, peloid compress	14.00
Wraps, pads, compresses, etc., also with addition	7.10
Dry pack	4.80
Partial cast, partial flash cast, interchangeable part cast	4.80
Full cast, full flash cast, full interchangeable cast	7.10
Slapping, rubbing, washing up	6.30
Ascending or descending partial bath (e.g. Hauffe), including the necessary rest	18.70
Ascending or descending full bath (overheating bath), including the necessary rest	30.40
Alternating partial bath, including the necessary rest	14.00
Full alternating bath, including the necessary rest	20.30
Brush massage bath, including the necessary rest	28.90
Partial natural moor bath, including the necessary rest	49.80
Full natural moor bath, including the necessary rest	60.70
Sand bath, including the necessary rest	
• Partial bath	43.60
• Full bath	49.80
Balneo phototherapy (brine light phototherapy) and light-oil bath, including re-greasing and the necessary rest	49.80

	reimbursable up to €
Medizinische Bäder mit Zusatz	
• Hand, foot bath	10.20
• Partial bath, including the necessary rest	20.30
• Full bath, including the necessary rest	28.10
• if there are several additions, each further addition	4.80
• For partial and full baths with local natural healing waters, the maximum amounts shall be increased by € 4.80.	
Baths containing gas	
• Baths containing gas (e.g. carbonic acid bath, oxygen bath), including the necessary rest	29.60
• Gaseous bath with additive, including the necessary rest	34.20
• Gas bath with local natural healing waters and with additives, including the necessary rest	39.00
• Carbon dioxide gas bath (carbonic acid gas bath), including the necessary rest	31.90
• Radon bath, including the necessary rest	28.10
• Radon additive, 500,000 millistat each	4.80
Inhalations	
Inhalation therapy - also by means of ultrasound nebulisation	
• as single inhalation	10.20
• 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	14.90
Heat therapy using hot air (also by incandescent light, radiators, including infrared) for one or more body parts, guideline value: 20 minutes	8.70
Ultrasound heat therapy	13.70
Electrotherapy	
Electrotherapy of one or more parts of the body with individually adjusted current strengths and frequencies	9.50
Electrostimulation for paralysis	18.00

	reimbursable up to €
Iontophoresis, phonophoresis	9.50
Hydroelectric partial bath (two or four cell bath)	17.20
Hydroelectric full bath (e.g. balvanic bath), also with additives, including the necessary rest	33.40
Light therapy	
Treatment with ultraviolet light	
• as individual treatment	4.80
• in a group, per participant	4.00
Irritation treatment of a circumscribed area of skin with ultraviolet light	4.80
Treatment of irritation in several circumscribed skin areas with ultraviolet light	8.00
Irradiation of a field with quartz lamp pressure	9.50
Irradiation of several fields with quartz lamp pressure	13.20
Speech therapy (voice, speech and language therapy)	
Initial findings from voice, speech and language therapy to draw up a treatment plan, once per treatment case	124.20
Detailed report (except the speech therapy report for the prescribing physician)	18.00
Individual treatment for speech, language and voice disorders	
• Guideline value: 30 minutes	48.10
• Guideline value: 45 minutes	67.90
• Guideline value: 60 minutes	79.30
• 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 speech, language and voice disorders per participant	
• Group (2 persons), guideline value: 45 minutes	58.00
• Group (3-5 persons), guideline value: 45 minutes	39.80
• Group (2 persons), guideline value: 90 minutes	77.80
• 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.	
Occupational therapy	
Functional analysis and initial consultation, including consultation and treatment planning, once per treatment case	48.10
Individual treatment	
• for motor disorders, guideline value: 30 minutes	48.10
• for sensorimotor or perceptive disorders, guideline value: 45 minutes	63.10
• for functional mental disorders, guideline value: 60 minutes	83.20
• for functional mental disorders as a stress test, guideline value: 120 minutes	147.50
• as counselling for integration into the home and social environment within the framework of a home visit, once per treatment case:	
• up to 3 units a day, per unit:	
• for functional motor disorders	46.90
• for sensorimotor or perceptive disorders	62.60
• up to 2 units per day, per unit for functional mental disorders	77.90
Group treatment	
• for functional motor disorders, guideline value: 30 minutes, per participant	18.40
• for sensorimotor or perceptive disorders, guideline value: 45 minutes, per participant	23.70
• for functional mental disorders, guideline value: 90 minutes, per participant	43.60
• for functional mental disorders as a stress test, guideline value: 180 minutes, per participant	80.80
Brain performance training / neuropsychologically oriented individual treatment, guideline value: 30 minutes	53.20
Brain performance training as group treatment, guideline value: 45 minutes, per participant	23.70
Podiatry	
Callus ablation on both feet	30.80
Callus ablation on one foot	21.80
Nail treatment on both feet	28.90
Nail treatment on one foot	21.80
Podological complex treatment on both feet (callus ablation and nail treatment)	47.90
Podological complex treatment of one foot (callus ablation and nail treatment)	30.80
Initial treatment with a spring steel wire orthonyxia clasp according to Ross-Fraser, one-piece, including impression and fabrication of the passive nail correction clasp according to model, application and clasp check after 1 to 2 weeks	223.80
Adjustment of the orthonyxia clasp according to Ross-Fraser, one-piece including clasp check after 1 to 2 days	43.10

	reimbursable up to €
Replacement with an orthonyxia brace according to Ross-Fraser, one-piece due to loss or breakage of the brace with existing model including application	74.60
Treatment with a prefabricated bilateral spring steel wire orthonyxia brace, three-part, including individual brace shaping, application and brace fit check after 1 to 2 days	86.10
Treatment with a ready-made adhesive clasp including application and clasp fit check after 1 to 2 days	43.10
Nutritional therapy	
Nutritional therapy is reimbursable as a remedy if it is provided by dieticians, oecotrophologists or nutritionists.	
Initial consultation with treatment planning, guideline value: 60 minutes	75.90
Individual treatment, guideline value: 30 minutes	38.00
Group treatment, guideline value: 30 minutes	12.70
Birth preparation / pregnancy gymnastics / postpartum gymnastics	
Birth preparation/pregnancy gymnastics with group instruction (up to 10 pregnant women per group), maximum 14 hours, per lesson (60 minutes), per participant	16.50
Preparation for childbirth/pregnancy exercises as individual instruction, on doctor's orders, maximum 28 teaching units of 15 minutes each, per unit	21.40
Postpartum gymnastics with instruction in a group (up to 10 persons), maximum 10 hours, per lesson (60 minutes), per participant	16.50
Postpartum gymnastics as individual instruction, on doctor's orders, maximum 20 teaching units of 15 minutes each, per unit	21.40
Rehabilitation sports / functional training	
Rehabilitation sports in groups under medical care and supervision, per participant	
• General rehabilitation sports	7.60
• Rehabilitation sports in water	8.70
• Rehabilitation sports in heart groups	9.80
• Rehabilitation sports for severely disabled people who require increased care	13.80
For children up to the age of 14:	
• General rehabilitation sports	9.80
• Rehabilitation sports in water	12.70
• Rehabilitation sports in children's heart groups	18.40
• Rehabilitation sports for severely disabled children	18.40
Functional training in groups under expert guidance and supervision, per participant	7.60

	reimbursable up to €
Miscellaneous	
Home visit prescribed by doctor	14.00
Travel costs for trips of the attending person (only in the case of a doctor's prescribed home visit) when using a motor vehicle at the rate of € 0.30 per kilometre or the lowest cost of a regularly used means of transport	
If several patients are visited on the same route, medically prescribed home visits and travel expenses shall only be reimbursable proportionally per patient.	

Annex 2– Legislative texts

Insurance Agreement Act [Versicherungsvertragsgesetz, VVG]

§ 203 Adjustment of premiums and conditions

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

Social Security Act, Fifth Book [Sozialgesetzbuch; SGB]

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

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