Tariff PRIMO.Z (plus)
Comprehensive Health Insurance

Version of January 2025

Essential Parts of the Tariff PRIMO.Z (plus)

Out-patient medical treatment, spa treatment

- 100% cost reimbursement for outpatient medical treatment by the primary care physician or after referral to a specialist, otherwise 75%
- cost reimbursement for naturopathic treatment by doctors pursuant to the list of rates
- 100% cost reimbursement for preventive medical check-ups pursuant to legally introduced programmes
- 100% cost reimbursement for rides and transports
- 100% cost reimbursement for radiation diagnosis and therapy by the primary care physician or after referral to a specialist, otherwise 75%
- 75% cost reimbursement for remedies as itemised in the List of Remedies
- 75% cost reimbursement for medicaments and dressings up to € 2,000, beyond that 100%
- 100% cost reimbursement for visual aids up to € 125
- 100% cost reimbursement for refractive surgery up to a € 500 invoice amount per eye
- 75% cost reimbursement of costs for aids
- rate reimbursement for vaccinations according to STIKO recommendations
- 75% cost reimbursement for psychotherapy for 50 sessions per calendar year
- 75% cost reimbursement for alternative practitioner treatment up to a € 1,000 invoice amount

Dental benefits

- 100% cost reimbursement for dental treatment at maximum invoice amounts
- 75% cost reimbursement for dental prostheses at maximum invoice amounts
- 75% cost reimbursement for orthodontic measures at maximum invoice amounts

In-patient medical treatment

- 100% cost reimbursement in multi-bed rooms
- 100% cost reimbursement for treatment by an in-patient doctor
- 100% cost reimbursement in a double room (tariff level PRIMO.Z plus)
- 100% cost reimbursement for private medical treatment (tariff level PRIMO.Z plus)
- 100% cost reimbursement for patient transport

Digital health applications

Deductible/bonus

- The following deductibles shall apply per person for the tariff levels PRIMO.SB 1 Z (plus) - PRIMO.SB 3 Z (plus):
  € 1,200 for the tariff level PRIMO.SB 3 Z (plus)
  € 600 for the tariff level PRIMO.SB 2 Z (plus)
  € 300 for the tariff level PRIMO.SB 1 Z (plus)
- For the tariff level PRIMO.Bonus Z (plus), the insured person shall receive a monthly bonus of € 30, which shall be offset in the event of a benefit claim, i.e. up to € 360 shall then be deducted from the benefit.

Not insured

- accommodations and food during spa treatment
- artificial insemination

Part III of the General Terms and Conditions of Insurance

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

I. Insurability

Eligible for insurance are persons

- for whose occupational group the insurer does not offer special tariffs (e.g. medical doctors) and
- who are resident in the insurer's area of activity at the commencement of the insurance.

This equally applies to family members living with these persons in a domestic community and to family members financially dependent on them.

Apart from tariff PRIMO.Z, no other medical expenses insurance may be continued or concluded with Hallesche Krankenversicherung or any other private health insurance company. Per diem hospital allowance, per diem sickness allowance, nursing care insurance, the special conditions for modified premium payment (MBZ.flex) and supplementary insurance for foreign travel can be taken out together with the tariff PRIMO.Z.

II. Insurance benefits

The following expenses are eligible for reimbursement:

1. Out-patient medical treatment, spa treatment

Medical services are reimbursable within the framework of the German Fee Schedule for Physicians (GOÄ) up to their maximum rates (see Annex 1). Services provided by midwives or male midwives are reimbursable according to the Official Fee Schedule for Midwives and Male Midwives.

1.1 Medical treatment

This includes:

Consultations, visits, treatments, examinations, way-charges, operations and special services.

Expenses for artificial insemination are not reimbursable - even in the case of inpatient treatment.

Eligible expenditure will be reimbursed pursuant to Section II.1.20.

1.2 Natural medicine

In addition, there is insurance cover for the following naturopathic treatments by doctors:

- Hydro- and balneotherapy (baths, casts, pressure jet massages, wraps, packs and vapours)
- Cold and heat therapy
- Exercise therapy
- Respiratory therapy
- Leech treatment
- Cupping
- Chirotherapy
- Preparations for phytotherapy
- Preparations for Anthroposophy
- Classical homeopathy
- Acupuncture for pain treatment

Insofar as medical services are concerned, these are reimbursable pursuant to Section II.1.1 and are to be reimbursed pursuant to Section II.1.20.

Insofar as these are therapeutic products, they shall be reimbursed pursuant to Section II.1.6. If these are medicinal products, they shall be reimbursed pursuant to Section II.1.7.

1.3 Preventive medical checkups

Expenditure on preventive medical check-ups for the early detection of diseases in accordance with the programmes introduced by law without age limit is eligible.

100% of the eligible expenses will be reimbursed.

1.4 Rides and transports

Reimbursable are rides and transports to and from the nearest available suitable doctor or hospital in the case of

- emergencies,
- dialysis,
- deep radiation therapy,
- chemotherapy.

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

100% of the eligible expenses will be reimbursed.

1.5 Radiation diagnostics and therapy

Eligible expenditure will be reimbursed pursuant to Section II.1.20.

1.6 Remedies

Insurance cover exists for the following remedies:

Inhalations, physiotherapy/exercise, massages, physiotherapeutic palliative care, packs/hydrotherapy/ baths, cold and heat treatment, electrotherapy, light therapy, speech therapy, ergotherapy (occupational therapy), podiatry, nutritional therapy, birth preparation/pregnancy gymnastics and postnatal gymnastics.

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

Up to 75% of eligible expenses will be reimbursed up to the prices itemised in the therapies list (Annex 2).

1.7 Medicaments and dressings

75% of eligible expenses are to be reimbursed per person and calendar year up to the amount of € 2,000; the part exceeding € 2,000 at 100%.

The following shall not be considered as medicaments: ovulation inhibitors (unless they are medically necessary for the treatment of an underlying disease such as acne), geriatrics, nutrients and tonics (with the exception of the medicament-like nutrients described in § 4, Part II, Paragraph 5 of the General Terms and Conditions of Insurance), hair restorers, slimming preparations, hormone preparations in the context of anti-aging measures, potency-promoting, cosmetic and disinfectant preparations, pure mineral waters, bath additives, etc., even if they are prescribed by the practitioner and contain curative substances.

1.8 Vaccinations

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

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

Eligible expenses for medical services (counselling, prescription and vaccination) are eligible under Section II.1.1 and are to be reimbursed under Section II.1.20.

The costs of the vaccine are to be reimbursed as a medicinal product pursuant to Section II.1.7.

1.9 Medical aids (with the exception of visual aids)

1.9.1 Definition of aids

Expenditure on aids (material and technical resources and prostheses) of standard design (simple design) is eligible,

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

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

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

Not eligible for reimbursement are aids

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

1.9.2 Maximum invoice amounts

The following aids are eligible for reimbursement up to the listed invoice amounts:

- hearing aids up to an invoice amount of € 1,500 per hearing aid; a claim to the benefit for the renewed purchase of a hearing aid is to arise at the earliest five years after the last purchase. These limitations shall not apply to partially or fully implantable hearing aids if they are the only way to compensate for hearing loss.
- orthopaedic shoes up to an invoice amount of € 250 per calendar year.

1.9.3 Reimbursement

75% of the eligible expenses for aids will be reimbursed.

90% of the eligible expenses for aids whose invoiced amount would exceed € 350 if purchased by the patient himself will be reimbursed, provided

- the medical prescription is submitted to the insurer before the aid is procured, and
- the insurer is instructed to deliver the aid (loaned equipment or purchase) via its partners or suitable medical supply stores.

This shall also apply to reimbursable expenses for aids below an invoice amount of € 350 in each case if multiple purchases of aids (e.g. stoma articles) become necessary within a calendar year.

If these conditions are met, 90% of the eligible expenses are to be reimbursed even if the insurer cannot have the aid delivered.

1.9.4 Limitation of the own contribution for aids

If the eligible expenses exceed € 10,000 per person and per calendar year, the excess will be reimbursed at 100%. Expenses resulting from exceeding the invoice ceilings referred to in Item 1.9.2 are not eligible expenditure.

1.10 Visual aids (glasses or contact lenses) and refractive surgery

- 100% of the costs of visual aids are eligible up to a total amount of € 125. A benefit claim to the purchase of new visual aids will arise two years after the last purchase. Before the expiry of two years, a new claim will only arise if the visual acuity changes by at least 0.5 diopters.
- Expenses in connection with the correction of ametropia by means of refractive surgery (e.g. Lasik) are to be reimbursed up to an invoice amount of € 500 per eye. A renewed benefit claim for each eye arises after five years at the earliest.

1.11 Psychotherapy

Each calendar year, 50 sessions are reimbursed at 75%.

1.12 Sociotherapy

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

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

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

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

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

100% of the eligible expenses will be reimbursed.

1.13 Services provided by midwives/ male midwives

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

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

100% of the eligible expenses will be reimbursed.

1.14 Specialised outpatient palliative care

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

- the insured person suffers from an incurable, progressive and highly advanced disease,
- a limited life expectancy of weeks or a few months - or years in the case of children - is anticipated, and
- particularly elaborate care is necessary.

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

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

1.15 Home nursing care

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

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

to the following extent:

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

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

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

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

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

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

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

1.16 Social pediatrics and early intervention

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

1.17 Medical training for the chronically ill

Reimbursable shall be appropriate expenses for initial and follow-up training, in particular for diabetes, asthma or neurodermatitis. From an invoice amount of more than € 500 per calendar year, the costs

exceeding this amount shall only be reimbursable if the insurer has promised the benefit in writing in advance.

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

1.18 Spa treatment

In the case of a cure in a spa or health resort, also during a stay in a sanatorium or in-patient cure, expenses pursuant to Section II.1.1. to 1.11 are reimbursable. Expenses for spa tax and spa plans are reimbursed at 100%.

1.19 Out-patient treatment by alternative practitioners

Alternative practitioners in the terms of the German Alternative Practitioners Act may be used. Eligible expenses shall include all examination and treatment methods listed in the List of Charges for Alternative Practioners (GebüH - 1985), including remedies and travel expenses up to the respective maximum amount listed, as well as medicaments and dressings.

75% of the eligible expenses shall be reimbursed up to an annual invoice amount of € 1,000.

If the insurance does not start on January 1 of a calendar year, the amount of € 1,000 for this year shall decrease by 1/12th for each uninsured month. If the insurance ends during the calendar year, the respective maximum amount shall not decrease.

1.20 The following shall be reimbursed:

a) the reimbursable expenses pursuant to

- Section II.1.1 medical treatment at 100%,
- Section II.1.5 radiation diagnostics and therapy at 100%,

if the treatment is carried out by a primary care practitioner, ophthalmologist, gynaecologist, paediatrician without a specialisation (see Annex 4), emergency doctor or doctor on call.

The primary care physician must be named to the insurer the first time benefits are claimed under this tariff - or if the primary care physician changes. A general practitioner or a practicing physician can be chosen as a primary care physician. By way of exception, an internist without a specialisation (see Annex 4) may be chosen as a primary care physician; however, the approval of the insurer must be obtained for this. The reimbursement percentage of 100% shall also apply to treatment by doctors other than those mentioned above if the primary care physician arranges for further treatment and confirms this. Such confirmation is to be submitted together with the reimbursement application.

In the case of treatment by emergency doctors or doctors on call, the invoice must show that the treatment was provided as part of an emergency or on-call service.

If the insured person is more than 100 km away from his/her place of residence, any general practitioner or practicing physician shall be considered as a primary care physician in the terms of this tariff, even without having been previously named to the insurer.

b) the reimbursable expenses pursuant to

- Section II.1.1 medical treatment at 75%,
- Section II.1.5 radiation diagnostics and therapy at 75%,

if the treatment is provided by doctors other than those mentioned above (see Section II.1.20a)), without the primary care physician having referred them for further treatment

or

if an internist (without a specialisation designation) is chosen as a primary care physician without the insurer's approval.

If the primary care physician arranges for further treatment by the specialist after the (initial) treatment and confirms this, reimbursement pursuant to 1.20a) shall be made from this point onwards. Such confirmation is to be submitted together with the first reimbursement application of invoices of the specialist.

The confirmation of the primary care physician is valid until the completion of the advised further treatment, for a maximum of 6 months from the date of issue. If the further treatment by the specialist physician lasts beyond this point in time, reimbursement pursuant to 1.20a) will only be made again from the point in time from which this further treatment was also advised and confirmed by the

primary care physician. This confirmation is then again valid until the completion of the recommended further treatment, for a maximum of 6 months from the date of issue. In case of further continuation of treatment, these regulations apply accordingly.

2. Dental services

Dental services shall be reimbursable within the framework of the German Fee Schedule for Dentists and Physicians (GOZ/GOÄ) up to their maximum rates (see Annex 1).

Dental services pursuant to Annex 5 (List of Prices and Dental Services) shall be reimbursable up to the prices stated therein.

2.1 Dental treatment

This shall include general, prophylactic, conservative and surgical services, X-ray services, periodontal treatment as well as examinations and consultations.

100% of eligible expenses shall be reimbursed (see also Section II.2.4 Maximum invoice amounts).

2.2 Dentures

Dental prostheses include prosthetic services, dental crowns, dental bridges, dentures, repair of dental prostheses, bite aids and splints, implants (including the preparatory surgical measures required in this context to build up the jawbone) and inlays (metal / ceramics / plastics) as well as functional analytical and functional therapeutic measures that are incurred in connection with dental prostheses.

75% of eligible expenses shall be reimbursed (see also Section II.2.4 Maximum invoice amounts).

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

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

2.3 Orthodontic measures

Orthodontic measures shall also include functional, analytical and therapeutic measures which are carried out in connection with orthodontic measures.

75% of the eligible expenses shall be reimbursed (see also Section II.2.4 Maximum invoice amounts).

In the case of orthodontic measures, a treatment and cost plan (including the cost estimate of the dental laboratory) must be submitted to the insurer prior to commencement of treatment, irrespective of the amount of the invoice.

2.4 Maximum invoice amounts

For benefits in accordance with Section II.2.1 to 2.3, the following maximum reimbursable invoice amounts, based on which the benefit is rendered, shall apply together:

total

- € 1,000 in the 1st calendar year,
- € 2,000 in the 1st to 2nd calendar year,
- € 3,000 in the 1st to 3rd calendar year,
- € 4,000 in the 1st to 4th calendar year,
- € 5,000 in the 1st to 5th calendar year,
- € 5,000 per year from the 6th calendar year

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

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

Benefits shall always be settled in the order of submission of the cost vouchers and the treatment dates mentioned therein.

3. In-patient medical treatment

Reimbursable shall be 100% of the expenses for

3.1 General hospital benefits

a) In hospitals that charge in accordance with the Hospital Fee Act or the Federal Ordinance on Nursing Fees, nursing rates, special fees, flat ra-

tes per case and the medically necessary admission of an accompanying person (rooming-in) shall be considered as the costs of general hospital services; if the insured person has not yet reached the age of 16 at the beginning of in-patient treatment, the admission of an accompanying person shall always be deemed to be medically necessary.

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

   The insurer shall be obliged to pay for the expenses of such hospitals in Germany, provided they do not exceed 50% of the fees stipulated in the Hospital Fees Act or the Federal Ordinance on Nursing Fees. Decisive for the calculation shall be the base case value of the federal state in which the insured person has been treated. The limitation shall not apply if, in the context of an emergency, i.e. treatment that cannot be planned, the hospital is the nearest suitable treatment facility.

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

The separately calculated remuneration of the attending physician shall be reimbursable within the framework of the German Fee Schedule for Physicians (GOÄ) up to the maximum rates thereof (see Annex 1). Dental services during inpatient treatment shall be reimbursable pursuant to II.2.

In the case of treatment abroad, up to the maximum price of general hospital services in the Federal Republic of Germany shall be reimbursed. These reimbursements shall also cover medical costs and all ancillary expenses.

3.2 Optional services

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

b) In hospitals which do not settle fees in accordance with the Hospital Compensation Act or the Federal Nursing Rate Schedule, the additional costs for a one- or two-bed room and separately agreed private medical care are considered elective benefits. If these costs cannot be documented, the corresponding costs of the nearest comparable hospital will apply.

Separately agreed private medical treatment shall be reimbursable, provided it may be charged within the framework of the Fee Schedule for Physicians (GOÄ) and does not exceed the maximum rates (see Annex 1).

Reimbursement at the individual tariff level is described in Section II.3.4.

3.3 Patient transport

Transport to and from the nearest suitable hospital.

3.4 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 II.3.2 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.

3.5 Reimbursement

100% of the eligible costs shall be reimbursed

a) at the tariff level PRIMO.Z plus for a stay in a two- or multi-bed room.

   In the case of a stay in a one-bed room, reimbursement shall be limited to private medical treatment, Patient transport and other reimbursable expenses that would have been incurred if the stay had been in a two-bed room. If these costs cannot be documented, the corresponding expenses of the nearest comparable hospital shall apply.

   The policyholder shall receive a daily hospital allowance for optional hospital services not used

   - in the amount of € 20 per day in the case of non-utilisation of the accommodation supplement.
   - in the amount of € 25 per day if the cost reimbursement for separately agreed private medical treatment ist not used.

   In the case of transitional care in hospital (see II.3.4), no daily hospital benefit shall be paid.

b) at the tariff level PRIMO.Z for stays in one-, two- or multi-bed rooms limited to general hospital services and patient transport.

3.6 In-patient hospice care

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

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

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

4. Digital health applications

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

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

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

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

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

4.4 Instead of providing reimbursement of expenses, the insurer can also provide the digital health applications itself. The limitation according to II.4.3 applies accordingly in this case.

4.5 The reimbursable expenses will exclusively include the costs for the acquisition of the rights of use to the digital health application. We will not reimburse any costs in connection with the use of the digital health applications, in particular for the acquisition and operation of mobile end devices or computers, including internet, electricity and battery costs.

III. Bonus and deductible to promote cost-conscious behaviour

1. Bonus

At the tariff level PRIMO.Bonus Z, the policyholder receives for each insured person per insured month, in the insurance cover according to the tariff PRIMO.Bonus Z, a bonus of € 30. This results in a maximum bonus of € 360 per calendar year per insured person.

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

If invoices are submitted for reimbursement, the entire annual bonus of € 360 shall be credited towards the reimbursement amount. This shall also apply if the PRIMO.Bonus Z insurance ceases before the end of a calendar year.

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

2. Deductible

Deductibles apply at the following tariff levels. The rate benefit is reduced by the agreed deductible.

The deductible per insured person is

- € 300 at the tariff level PRIMO.SB 1 Z
- € 600 at the tariff level PRIMO.SB 2 Z
- € 1,200 at the tariff level PRIMO.SB 3 Z

The respective deductible refers to the total amount to be reimbursed in a calendar year for the insured person, including the daily hospital allowance for unused cost reimbursement for optional hospital services.

If the insurance in tariff level PRIMO.SB 1 Z, PRIMO.SB 2 Z and PRIMO.SB 3 Z does not commence on January 1 of a calendar year, the respective deductible for that year shall be reduced by 1/12th for each uninsured month. If the insurance ends during the calendar year, the deductible does not decrease.

IV. Submission of cost vouchers

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

- € 360 at the tariff level PRIMO.Bonus Z
- € 300 at the tariff level PRIMO.SB 1 Z
- € 600 at the tariff level PRIMO.SB 2 Z
- € 1,200 at the tariff level PRIMO.SB 3 Z

V. Benefits abroad

1. Additional insurance for travel abroad (e.g. tariff URZ) may be taken out to cover repatriation from abroad as well as benefits for travel abroad at short notice.

2. In the case of a temporary stay abroad, an agreement to the contrary may be concluded for the duration of the stay

- to the maximum price of general hospital services in Germany and
- to the German Fee Schedule for Physicians and Dentists (GOÄ/GOZ) and
- to the maximum amounts of the tariff-based list of prices and services for technical dental services (Annex 5) and the tariff-based list of remedies (Annex 2).

The insurer may demand an appropriate additional premium within the framework of this extended agreement.

The insurer undertakes to conclude this agreement if applied for within 6 months of commencement of the stay abroad at the latest. If such application is submitted after the start of the stay abroad, the agreement shall commence on the first day of the month following the application, unless the policyholder requests a later start.

3. In the event of a relocation of the habitual place of residence to a member state of the European Union or to a state which is party to the Agreement on the European Economic Area or to Switzerland, the following provision shall apply instead of § 1, Part II, Paragraph 6 of the General Terms and Conditions of Insurance.

On application, the agreement referred to in No. 2 may be continued for the duration of the habitual place of residence or may be agreed for the first time - retroactively to the date of the relocation of the habitual place of residence. There shall be no li-

mitation to the benefits which the insurer would have to provide during a stay in Germany.

The application must be submitted to the insurer at the latest within 6 months of the relocation of the habitual place of residence.

VI. Option

a) After the end of the third insurance year since the commencement of insurance, the insured person shall have in the tariff PRIMO.Z as of 1 January of the following calendar year the following options within the tariff PRIMO.Z:

- The existing insurance cover may be changed to a lower deductible level.
- The existing insurance cover may be converted to the same insurance cover with optional inpatient benefits (e.g. PRIMO.Bonus Z to PRIMO.Bonus Z plus).

These options may be exercised individually or together.

The insurer shall accept such an application without a new medical examination and without new waiting periods if the reclassification is requested at least two months before the date of the changeover.

b) If the insured person changes the insurance cover to a higher deductible level during parental leave pursuant to the Federal Law on Parental Benefits (BErzGG), the following option exists for a change-back:

If the aforementioned prerequisite ceases to apply, the insurer shall accept an application for a change back to the original prerequisite with effect from the date on which the prerequisite ceases to apply without a new medical examination and without new waiting periods. The application for the change back to the original prerequisite must be submitted within two months after the cessation of the parental leave.

VII. Adjustment of benefits

Pursuant to § 8b, Part I, No. 1 and § 8b, Part II of the General Terms and Conditions of Insurance (MB/KK 2009), in the event of a not merely temporary variation between the actual and calculated benefit payments required, the premiums may be adjusted with the approval of the trustee.

To maintain the value of the insurance cover, in the event of a premium adjustment in the tariff PRIMO.Z, reimbursable maximum amounts fixed in terms of amount, as an alternative daily hospital allowance and the bonus in accordance with Section III of the tariff PRIMO.Z, may be changed with the approval of the Trustee.

The insurer shall also be entitled, subject to the prerequisites in § 203(3) of the Insurance Agreements Act (see Annex 7) and § 18, Part I, Paragraph 1 of the General Terms and Conditions of Insurance (MB/KK 2009), to adjust the benefits and maximum prices stated in the List of Remedies and in the list of Prices and Dental Services to the changed conditions with effect for existing insurance relations, also for the unexpired part of the insurance year.

VIII. Obligations

Further medical expenses insurance in addition to the insurance in accordance with the tariff PRIMO.Z shall not be permissible for any of the insured persons. This shall not apply to per diem hospital allowance, per diem sickness allowance, nursing care insurance, the special conditions for modified premium payment (MBZ.flex) and supplementary insurance for travel abroad.

With the restrictions stipulated in § 28, Paragraphs 2 to 4 of the Insurance Agreement Act (see Annex 7), the insurer shall be free in whole or in part from the obligation to render benefits if these obligations are breached. Furthermore, subject to the prerequisite in § 28 (1) of the Insurance Agreements Act (see Annex 7), the insurer may terminate the contract without notice within one month after the breach of obligation has become known, provided the insurance does not serve to fulfil the obligation to insure.

IX. Annex

Annex 1

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

Annex 2

List of remedies see pages 14 – 18

Annex 3

(deleted)

Annex 4

Specialty designations are:

- for pediatricians e.g. pediatric cardiology, neonatology,
- for internal medicine specialists e.g. angiology, endocrinology, gastroenterology, haematology, internal oncology, cardiology, nephrology, pneumology, rheumatology.

Annex 5

For a list of prices and services for technical dental services, see pages 19 – 22

Annex 6

Overview of tariff levels

The individual tariff level differ in the amount of the deductible and the reimbursement for optional services. All other insurance benefits are identical.

Rate description	Deductible	Dentures**	Optional services (private doctor / two-bed room)**
PRIMO.Bonus Z	-*	75%	-
PRIMO.Bonus Z plus	-*	75%	100%
PRIMO.SB 1 Z	€ 300	75%	-
PRIMO.SB 1 Z plus	€ 300	75%	100%
PRIMO.SB 2 Z	€ 600	75%	-
PRIMO.SB 2 Z plus	€ 600	75%	100%
PRIMO.SB 3 Z	€ 1,200	75%	-
PRIMO.SB 3 Z plus	€ 1,200	75%	100%

* The policyholder shall receive a bonus of € 30 for each insured person per insured month; this shall result in a maximum bonus of € 360 per calendar year per insured person. If invoices are submitted for reimbursement, the entire annual bonus of € 360 shall be credited towards the reimbursement amount. This shall also apply if the insurance according to PRIMO.Bonus Z (plus) ends before the end of a calendar year.

** The percentage refers to the eligible expenditure pursuant to Section II.2. or II.3.

Annex 7

Insurance Agreement Act [Versicherungsvertragsgesetz, VVG]

§ 28 Breach of a contractual obligation

(1) In the event of a breach of a contractual obligation which is to be fulfilled by the policyholder in relation to the insurer before the occurrence of the insurance event, the insurer may terminate the agreement without notice within one month after which the insurer receives knowledge of the breach, unless the breach is not based on intentional action or gross negligence.

(2) If the agreement stipulates that the insurer is not obliged upon the breach of a contractual obligation to be fulfilled by the policyholder to render benefits, the insurer shall be free of the duty to render benefits, provided the policyholder has intentionally breached the obligation. In the event of a grossly negligent breach of the obligation, the insurer shall be entitled to reduce its benefits in corresponding proportion to the severity of the negligence of the policyholder; the burden of proof for the non-existence of gross negligence shall be borne by the policyholder.

(3) At variance with Paragraph 2, the insurer shall be obliged to render benefits if the breach of the obligation was not the cause of the occurrence or the determination of the insurance event order for the determination or scope of the insurer's duty to render benefits. Sentence 1 shall not apply if the policyholder has fraudulently breached the obligations.

(4) In the event of a breach of a duty to provide information or clarification existing after the occurrence of an insurance event, the full or partial freedom of the insurer from the duty to render benefits in accordance with Paragraph 2 shall be contingent on the prerequisite that the insurer has instructed the policyholder through separate notice in text form of this legal consequence.

§ 203 Premium and condition adjustment

(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.

Annex 2 – List of remedies

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

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

	reimbursable up to €
Inhalations	
Inhalation therapy - also by means of ultrasound nebulisation	
• as single inhalation	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	63.50
Physiotherapy, also on a neurophysiological basis, respiratory therapy, as individual treatment including the necessary massage, guideline value: 15-20 minutes	27.80
Physiotherapy on a neurophysiological basis (KG-ZNS according to Bobath, Vojta, Proprioceptive Neuromuscular Facilitation [PNF]) for central movement disorders acquired after reaching the age of 18 as individual treatment, guideline value: 25-35 minutes	44.20
Physiotherapy on a neurophysiological basis (KG-ZNS according to Bobath, Vojta) for central movement disorders as individual treatment for children until the age of 18 at the latest, guideline value: 30-45 minutes	55.20
Physiotherapy in a group (2-8 persons), guideline value: 20-30 minutes, per participant	12.50
Physiotherapy for cerebral dysfunctions in a group (2-4 persons), guideline value: 20-30 minutes, per participant	15.60
Physiotherapy (breathing therapy) for cystic fibrosis and severe bronchial diseases as individual treatment, guideline value: 60 minutes	83.50

	reimbursable up to €
Physiotherapy in the exercise pool	
• as individual treatment, including the necessary rest, guideline value: 20-30 minutes	31.80
• in a group (2-3 persons), per participant, including the necessary rest, guideline value: 20-30 minutes	22.70
• in a group (4-5 persons), per participant, including the necessary rest, guideline value: 20-30 Minutes	15.60
Manual therapy, guideline value: 15-25 minutes	33.40
Chiropractic (functional spinal gymnastics) as individual treatment, guideline value: 15-20 minutes	19.20
Movement-based exercises	
• as individual treatment, guideline value: 10-20 minutes	12.90
• in a group (2-5 persons), guideline value: 10-20 minutes	8.00
Movement-based excercises 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	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	52.40

	reimbursable up to €
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	20.30
• Connective tissue massage, guideline value: 20-30 minutes	24.40
Manual lymphatic drainage (MLD)	
• Partial treatment, guideline value: 30 minutes	33.80
• Large-scale treatment, guideline value: 45 minutes	50.60
• Full treatment, guideline value: 60 minutes	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	21.50
Underwater pressure jet massage, including the necessary rest, guideline value: 15-20 minutes	31.70
Palliative care	
Physiotherapeutic complex treatment in pallia¬tive care, guideline value: 60 minutes Expenses for this shall be reimbursable separately, provided they are not already covered by specialized outpatient palliative care.	66.00
Packs, hydrotherapy, baths	
Hot roll, including the necessary rest, guideline value: 10-15 minutes	13.60
Warm pack of one or more parts of the body, including the necessary rest	
• when using reusable packing materials (e.g. paraffin, fango-paraffin, moor paraffin, pelose, Turbatherm)	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
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

	reimbursable up to €
Hay flower bag, peloid compress	12.10
Other packs (e.g. wraps, pads, compresses), also with addition	6.10
Dry pack	4.10
Cast	
• Partial cast, partial flash cast, interchangeable part cast	4.10
• Full cast, full flash cast, full interchangeable cast	6.10
• Slapping, rubbing, washing up	5.40
Ascending or descending partial bath (e.g. Hauffe), including the necessary rest	16.20
Ascending or descending full bath (overheating bath), including the necessary rest	26.40
Alternating bath, including the necessary rest	
• Partial bath	12.10
• Full bath	17.60
Brush massage bath, including the necessary rest	25.10
Natural moor bath, including the necessary rest	
• Partial bath	43.30
• Full bath	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 re-greasing and the necessary rest	43.30
Medical baths with additive	
• Hand, foot bath	8.80
• Partial bath, including the necessary rest	17.60
• Full bath, including the necessary rest	24.40
• if there are several additions, each further addition	4.10
• For partial and full baths with local natural healing waters, the maximum amounts shall be increased by € 4.10.	
Baths containing gas	
• Baths containing gas (e.g. carbonic acid bath, oxygen bath), including the necessary rest	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

	reimbursable up to €
Cold and heat treatment	
Cold therapy of one or more body parts with local application of intensive cold in the form of ice compresses, frozen ice or gel bags, direct rubbing, cold gas and cold air with approp¬riate equipment as well as partial ice baths in foot or arm baths, guideline value: 5-10 minutes	12.90
Heat therapy using hot air – for one or more body parts, guideline value: 10-20 minutes	7.50
Ultrasound heat therapy, guideline value: 10-20 minutes	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	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	
Treatment with ultraviolet light	
• as individual treatment	4.10
• in a group, per participant	3.50
Irritation treatment of a circumscribed area of skin with ultraviolet light	4.10
Treatment of irritation in several circumscribed skin areas with ultraviolet light	6.90
Irradiation of a field with quartz lamp pressure	8.20
Irradiation of several fields with quartz lamp pressure	11.50
Speech therapy (voice, speech, language and swallow therapy)	
Detailed report (except the speech therapy report for the prescribing physician)	18.00
Initial voice, speech, language and swallow therapy diagnostics to draw up a treatment plan, once per treatment case, guideline value: 60 minutes	111.20
Voice, speech, 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 re¬port for the prescribing doctor and for counselling the in¬sured 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	41.80
Individual treatment	
• for functional motor disorders, guideline value: 45 minutes	45.20
• for sensorimotor or perceptive disorders, guideline value: 60 Minutes	60.90
• for functional mental disorders, guideline value: 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	152.40

	reimbursable up to €
Parallel treatment (in the presence of two persons to be treated)	
• for motor-functional disorders, guideline value: 45 minutes, per participant	35.90
• for sensorimotor or perceptive disorders, guideline value: 60 minutes, per participant	48.70
• for functional mental disorders, guideline value: 75 minutes, per participant	60.30
Group treatment	
• for functional motor disorders, guideline value: 45 minutes, per participant	16.50
• for sensorimotor or perceptive disorders, guideline value: 60 minutes, per participant	21.40
• for functional mental disorders, guideline value: 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: 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: 45 minutes, per participant	39.40
Brain performance training as group treatment, guideline value: 60 minutes, per participant	21.40
Podiatry	
Podological treatment (small), guideline value: 35 minutes	34.20
Podological treatment (large), guideline value: 50 minutes	49.20
Podological findings, depending on the treatment	3.40
Initial treatment with a spring steel wire orthonyxia clasp according to Ross-Fraser, one-piece, including impression and fabrication of the passive nail correction clasp according to model, application and clasp check after 1 to 2 weeks	194.60
Initial finding	
• Initial finding (small), guideline value: 20 minutes	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

	reimbursable up to €
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	96.40
Fabrication of a one-piece unilateral and bilateral nail correction brace, e.g. according to Ross-Fraser	52.80
Readjustment of the one-piece unilateral and bilateral nail correction brace, e.g. according to Ross-Fraser	48.30
Preparation of the nail, fitting and application of a multi-part bilateral nail correction brace	92.00
Preparation of the nail, fitting and application of a one-piece plastic or metal nail correction brace	52.60
Indication-specific check for fit and accuracy of fit	16.80
Treatment completion if applicable including the removal of the nail correction brace	25.20
Adjustment of the orthonyxia clasp according to Ross-Fraser, one-piece including clasp check after 1 to 2 days	37.40
Replacement with an orthonyxia brace accord¬ing to Ross-Fraser, one-piece due to loss or breakage of the brace with existing model in¬cluding application	64.80
Treatment with a prefabricated bilateral spring steel wire orthonyxia brace, three-part, including individual brace shaping, application and brace fit check after 1 to 2 days	74.80
Treatment with a ready-made adhesive clasp including application and clasp fit check after 1 to 2 days	37.40
Nutritional therapy	
Nutritional therapy is reimbursable as a remedy if it is provided by dieticians, oecotrophologists or nutritionists.	
Nutritional-therapeutic anamnesis, once per treatment case, guideline value: 30 minutes	38.70
Nutritional-therapeutic anamnesis, once per treatment case, guideline value: 60 minutes	77.40
Calculation and evaluation of nutrition protocols and development of corresponding individual recommendations, guideline value: 60 minutes	63.40
Necessary coordination of therapy with a third party	63.40
Nutritional therapy intervention as individual treatment, guideline value: 30 minutes	38.70
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	77.40

	reimbursable up to €
Nutritional therapy intervention as group treatment, guideline value: 30 minutes	27.10
Nutritional therapy intervention as group treatment, guideline value: 60 minutes	54.20
Birth preparation / pregnancy gymnastics / postpartum gymnastics	
Birth preparation/pregnancy gymnastics with group instruction (up to 10 pregnant women per group), maximum 14 hours, per lesson (60 minutes), per participant	14.40
Preparation for childbirth/pregnancy exercises as individual instruction, on doctor's orders, maximum 28 teaching units of 15 minutes each, per unit	18.60
Postpartum gymnastics with instruction in a group (up to 10 persons), maximum 10 hours, per lesson (60 minutes), per participant	14.40
Postpartum gymnastics as individual instruction, on doctor's orders, maximum 20 teaching units of 15 minutes each, per unit	18.60
Rehabilitation sports / functional training	
Rehabilitation sports in groups under medical care and supervision, per participant	
• General rehabilitation sports	6.60
• Rehabilitation sports in water	8.30
• Rehabilitation sports in heart groups	9.30
• Rehabilitation sports for severely disabled people who require increased care	12.80
For children up to the age of 14:	
• General rehabilitation sports	8.70
• Rehabilitation sports in water	12.30
• Rehabilitation sports in children's heart groups	17.00
• Rehabilitation sports for severely disabled children	17.00
Exercises to strengthen self-confidence for children and adults	12.30
Functional training in groups under expert guidance and supervision, per participant	6.60

	reimbursable up to €
Miscellaneous	
Home visit prescribed by doctor	12.10
Home visit prescribed by doctor including travel expenses, flat rate. If several patients are visited on the same route, the expenses are only reimbursable pro rata per patient.	22.40
Visit of one or more patients in a social institution/community, including travel expenses, per patient flat rate	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
Transmission fee for communication/report to prescriber	1.40

Annex 5 – List of Prices and Dental Services

		reimbursable up to €
Work preparation		
101	Model hard plaster	9.70
101a	Model from super hard plaster	14.60
101b	Special model	40.00
101c	Model from plastic	30.40
102	Model after functional impression	15.80
103	Measuring the model	6.70
104	Model pair pedestals (three-dimensional)	40.00
105	Model for saw segments / set-up model	17.00
106	Model pair trimming (occlusion-related)	19.40
107	Model plastic supplements	21.60
108	Doubling a model or part of a model	15.50
109	Insert placeholder / auxiliary part in impression	15.50
111	Electroplating an impression	18.20
112	Set-up per segment	12.20
115	Set dowel pin	2.50
117	Base of the dental crown	8.50
118	Setting in fixator (upper + lower jaw)	12.20
119	Evaluating registration paste	7.30
120	Model assembly in mean value articulator I (upper + lower jaw)	14.60
121	Model assembly in mean value articulator II	15.80
122	Model assembly indiv. articulator I (upper + lower jaw)	15.80
123	Model assembly indiv. articulator II	17.10
124	Model assembly indiv. articulator III	26.70
125	Assembling the opposite jaw model	9.70
126	Transfer gauge for second assembly	12.20
127	Setting using registration paste	9.70
128	Anterior guide plate individual	20.70
129	Milling base / model / per jaw	11.00
130	Split cast on model / per jaw	18.20
131	Model segment sawing	6.10
132	Control model	10.00
133	Reassembly of model	30.40
134	Model of refractory material	12.20
135	Die of refractory material	18.20
136	Stump of super hard plaster / second stump of super hard plaster	6.70
137	Stump made of plastic	12.20
138	Blocking out a stump	3.20
139	Preparing a stump	4.90
139a	Prepare stump under microscope	9.70
140	Repositioning a stump	6.60
141	Second stump transfer to working model	9.70
142	Duplicating a single stump	9.90
143	Etching the border	7.40
144	Etching according to system, per jaw	11.30
145	Covering one part of the jaw, per jaw	7.40
146	Gum mask removable, per jaw	26.70
150	CAD/CAM of milling centre, complete	93.80
152	Disinfection	7.30
153	Digitising a model	30.40
Production of individual aids		
203	Basic autopolymer / bite registry / support pin registry / plastic base for installation	29.10
204	Individual spoon	35.20
205	Functional spoon	32.80
205a	Customisation of a ready-made spoon	11.50
209	Bite block, per jaw	12.30
210	Transfer cap plastic	22.20
211	Diagnostic wax-up or modelling, per jaw	20.90
212	Diagnostic set-up of prefabricated teeth, per tooth	7.20
213	Special bite plate	30.80
Provisional solution		
301	Laboratory made long term temporary crown or pontic / laboratory made partial crown / post tooth / onlay / inlay made of plastic	48.50
302	Moulded part for temporary restoration, per jaw	38.80
303	Metal reinforcement for temporary restoration, per jaw	41.20
304	Setting up a missing tooth to make a moulded part	4.90
306	Metal temporary veneer multicoloured, up to tooth 6*	48.50
307	Matrix	5.50
308	Temporary crown	16.50
Crowns / bridges / inlays and implants		
401	Root post cast	41.20
402	Root post cap with abutment, abutment coping	66.10
403	Root cap direct, without abutment	47.80
404	Root cap indirect, without abutment	55.80
405	Post abutment	54.00
406	Incorporating the post abutment into the existing crown	17.90
412	Full crown cast, milled or eroded after shoulder preparation	92.40
414	Partial crown / three-quarter crown cast, milled or eroded for ceramic veneering	93.40
417	Crown cast, milled or eroded for ceramic, polymer-glass full veneer	93.40

		reimbursable up to €
418	Anchor cast, milled or eroded for adhesive bridge	69.60
419	Galvano crown for veneer	93.40
419d	Zirconium crown / pontic incl. veneer and material	245.00
420	Crown made of pressed ceramic incl. material	167.70
422	Crown / partial crown of pressed ceramic for ceramic veneering incl. material	159.20
423	Milled ceramic crown / pontic (e.g. Cerec) incl. material	211.00
424	Milled ceramic crown / pontic (e.g. Cerec) for ceramic veneering incl. material	190.40
425	Shell (children's) crowns in plastic / anterior and posterior teeth, not as temporaries	77.60
427	Pontic solid	65.50
428	Pontic, cast, milled or eroded for ceramic, polymer glass for full veneering	65.50
429	Ceramic pontic	92.90
430	Joint ceramic	29.10
430a	Fitting the crown / pontic	9.70
430b	Fitting the zirconium unit	11.30
430c	Zirconium fitting	18.80
Gold inlays		
431	Cast inlay indirect, single-sided	86.90
432	Cast inlay indirect, two-sided	97.70
434	Cast inlay indirect multi-sided	114.70
435	Cast onlay	124.50
Plastic inlays (not temporary restorations)		
444	Plastic inlay, single-sided	46.10
445	Plastic inlay, two-sided	60.60
447	Plastic inlay, multi-sided	82.50
448	Plastic onlay	82.50
Ceramic inlays (freely layered)		
449	Ceramic inlay, single-sided incl. material	163.90
450	Ceramic inlay, two-sided incl. material	176.00
452	Ceramic inlay, multi-sided	200.20
453	Partial crown / onlay / ceramic incl. material	188.10
Implants		
464a	1x parallel drilling template for implant	43.70
464b	Position drill sleeve	4.90
464c	1x positioning the X-ray ball	2.50
464d	1x implant control template	38.80
464e	1x repositioning model implant	10.30
464f	1x screwing implant post onto model implant	4.90
464g	1x extension sleeve for implant	12.20
464h	1x machining of an implant head	47.30
464i	1x anti-rotation stop for implants	12.20
464j	1x screw connection implant	36.40
464k	1x work for superstructure on implant	30.40
464l	1x work for superstructure with screw-retained implant	50.90
464m	Fabricate customized implant abutment for crowns or bridge abutments	145.50
466	Plastic base on implant	30.60
467	Making implant crowns or bridge abutments	74.20
468	Implant divergence compensation cap, cast	66.70
469	Incorporating a pair of magnets	49.00
Telescopes / attachments / posts / bars		
501	Telescopic crown, double crown, conical crown, primary	103.10
502	Telescopic crown, double crown, conical crown, secondary	115.20
502a	Telescopic crown zirconium, complete (incl. milling and modelling)	350.30
503	Circumferential milling	30.40
504	Individual attachment, primary	77.50
505	Individual attachment, secondary	115.50
506	Attachment milling	30.40
507	Basic unit Individual post / primary and secondary part	82.10
508	Individual post length unit	22.90
509	Post attachment individual primary and secondary	98.20
510	Post attachment individual on base	41.20
512	Milling post	22.40
513	Ready-made post basic unit	53.60
514	Ready made post, length unit	18.30
515	Ready-made post bracket on base	26.60
516	Assembly post attachment on base	41.20
517	Assembled frictional element in abutment	21.90
519	Bolt, any kind	223.00
520	Restoration rotary bolt / swivel bolt individual	107.30
521	Ready-made bolt, primary	53.50
522	Ready-made bolt, secondary	71.20
523	Ready-made attachments, primary	78.80
524	Ready-made attachments, secondary	91.70
525	Bearing for groove-shoulder attachment	77.50
526	Bearing for groove-shoulder attachment, secondary	80.20
527	Groove-shoulder milling	30.40
528	Circulating catch for load distribution clasp	53.90
529	Load distribution clasp	54.50
535	Drilling and milling for friction pin	17.30
536	Screwing / bolting	54.60
537	Incorporating a secondary part on metal base / bridge anchor / abutment	26.90
539	Surcharge for electroplating	93.40

		reimbursable up to €
540	Surcharge for work under microscope	13.70
Metal connectors / metal-free connectors		
601	Surcharge for soldering after ceramic veneering	24.90
602	Solderless connectors / primary per unit	13.70
603	Solderless connectors / secondary part per unit	16.10
604	Laser welding per jaw	17.00
605	Soldering 1: without pre-soldering for the same alloys	18.10
606	Soldering 2 / 3: with / without pre-soldering for different connections	19.40
Veneers / gums		
701	Plastic veneer, up to tooth 6*, partial veneer	65.10
701a	Plastic veneer, up to tooth 6*, full veneer	86.50
702	Ceramic veneer, up to tooth 6*, partial veneer	95.40
702a	Ceramic veneer, up to tooth 6*, full veneer	116.80
703	Root pontics of plastic, up to tooth 6*	19.40
704	Root pontics of ceramic, up to tooth 6*	36.40
705	Additional work for bisqued try-in, per jaw	9.70
706	Ceramic shoulder, up to tooth 6*	41.30
707	Spherical contact	7.40
709	Individual characterisation of ceramic, up to tooth 6*	24.30
710	Colouring by painting. per jaw	85.70
711	Individual characterisation of plastic, up to tooth 6*	18.20
712	Anterior tooth designed according to gnathological criteria in metal / plastic / ceramic	20.40
713	Occlusal surface designed according to gnathological criteria in metal / plastic, up to tooth 6*	26.70
713a	Oocclusal surface designed in ceramic according to gnathological criteria	32.80
714	Plastic veneer shell	86.50
715	Ceramic veneer shell (any form of production)	189.00
718	Conditioning / silanizing of metal / surfaces / bonder firing	9.80
718a	Conditioning / silanizing of ceramics / cast glass / plastics	4.30
718b	Ceramic / cast glass etching	4.30
Metal bases and cast brackets		
801	Metal base / upper or lower jaw / total and partial prothesis	127.30
802	One-arm bracket / Ney handle / continuous bracket	12.20
803	Inlay clamp	10.30
806	Claw	14.60
809	Bypass bracket for diastema	20.90
810	Two-arm bracket / ring bracket / double arch bracket	20.60
813	Return bracket	20.10
814	Counter bearing	20.10
816	Two-arm bracket with support(s), ring bracket with support(s)	29.70
817	Proximal bracket with support(s)	29.70
820	Bonyhard clasp with support(s) and counter bearing	29.70
822	Bonwill clamp	46.00
823	Back protection plate	48.50
826	Separation button for frictional prosthesis / max. 2 per jaw / removable bridge	15.30
827	Lining border	18.30
828	Surcharge for individually cast bracket(s)	21.90
829	Collar socket	23.80
830	Conditioning model cast past / silanize per jaw	14.60
833	Two-arm holding device, cast	20.90
Set-up and completion / curved brackets / splints		
901	Setting up base unit per jaw	44.00
902	Setting up wax base per tooth	6.50
903	Set-up on metail base per tooth	7.30
904	Transfer of a wax set-up on metal base	4.90
904a	Adjusting the matrix and teeth after try-in via implant	16.00
905	Basic unit completion with plastic base	72.80
905a	Basic unit completion with metal base	42.50
906	Completion of one prosthesis per tooth	4.40
906a	Finishing with metal base, per tooth unit	5.50
907	One-arm bracket / inlay clamp / two-arm clamp / proximal clamp	14.60
909	Interdental button bracket	8.40
913	Two-armed bracket, also with support	24.30
914	Bonyhard clasp with support and counter bearing	29.70
915	Bracket / double arch bracket	19.40
917	Soft plastic base	66.70
918	Special plastic edit	66.70
919	Manufacture of a tooth from tooth-coloured plastic	32.70
920	Remounting prosthesis	45.30
921	Selective grinding	37.60
922	Reocluding a prosthesis	7.90
928	Individual characterisation, ready made tooth, plastic / ceramics, up to tooth 6*	21.90
930	Adjusted bite splint	169.70
932	Bite plate	130.90
933	Non-adjusted bite splint / dressing or closure plate	72.80
934	Retention splint	78.80
936	Reworking a prosthesis as bite block	72.80
939	Medication carrier splint	78.80

		reimbursable up to €
Orthodontics / repairs		
1000	Renewing base	97.00
1001	Base for single jaw device	78.80
1002	Base for bimaxillary device	139.40
1003	Base for inclined plane	58.20
1003a	Base for inclined plane, per tooth unit	21.90
1004	Atrial plate	121.20
1005	Chin cap	91.00
1006	Bite block / per jaw half or front tooth area	19.40
1007	Shielding element	34.00
1008	Processing of soft plastics	50.90
1009	Inserting screw	26.70
1010	Inserting special screw	38.80
1011	Disconnecting a base and make the screw functional	12.20
1012	Labial arch	29.10
1013	Labial arch, modified	37.60
1014	Labial arch, intermaxillary	58.20
1014a	Outer arch	66.70
1014c	Inner arch	58.20
1014d	Partial arch (inside)	34.00
1014e	Partial arch (outside)	46.10
1015	Spring, open	12.20
1016	Spring, closed	17.00
1017	Connecting element intramaxillary	42.50
1019	Anchoring bracket / anchor tape	38.80
1020	Incorporating individual elements	21.90
1023	Multi-arm retaining / supporting element per tooth	16.20
1024	Repairing/extending a prosthesis, plastic base or orthodontic/FKO unit, basic unit	36.40
1025	Incorporate power unit regulating element	14.60
1028	Check mark	12.20
1029	Lingual arch	36.40
1030	Palatal arch	46.10
1031	Positioner	169.70
1032	Pressure spring, tension spring	18.20
1033	Gap holder	21.90
1033a	Adams clasp	20.60
1033b	Headgear individual, per jaw	78.80
1033e	Tongue grid, per half jaw or anterior region	26.70
1033f	Arrow clasp	24.30
Denture repairs		
1035	Service unit crevice	10.60
1036	Service unit fracture	10.60
1037	Service unit reattach a tooth	10.60
1038	Service unit plastic base part	10.60
1039	Service unit incorporating holding / supporting device	14.60
1040	Service unit incorporating back protection plate	21.90
1041	Service unit loosening and refastening plastic saddle	18.20
1042	Retainer, curved	41.80
1043	Retainer, cast	51.20
1044	Cast base part	64.00
1045	Metal joint upon restoration / extension	21.60
1046	Partial relining of a base	46.10
1047	Complete relining of a base	80.00
1049	Easy replacement of a ready-made part	14.60
1050	Repair of a crown or pontic	33.80
1051	Incorporation of a cast model base into existing plastic prosthesis	91.80
1052	Repairing plastic veneer, up to tooth 6*	24.30
1053	Repairing ceramic veneer, up to tooth 6*	47.10
1054	Activating telescopic crown or bar attachment	15.80
1055	Shipping costs, per shipment	8.00
General		
2001	Determination of tooth shade	15.30
2002	Non-precious alloys surcharge	15.00

Note:
Prices do not include the applicable value added tax. Storage and management costs/depot management shall not be reimbursable. Moreover, material costs may be charged in accordance with § 4 (3) of the Federal Fee Schedule for Dentists (GOZ) or § 10 (1) of the Federal Fee Schedule for Physicians (GOÄ) in addition to the fees, provided the fee schedules expressly permit a separate calculation. Benefits that are not included in this list shall not be covered by the insurance.

*** Explanations:** FDI Dental Scheme

Upper jaw right								Upper jaw left							
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
WZ	BZ	BZ	BZ	BZ	EZ	SZ	SZ	SZ	SZ	EZ	BZ	BZ	BZ	BZ	WZ
WZ	BZ	BZ	BZ	BZ	EZ	SZ	SZ	SZ	SZ	EZ	BZ	BZ	BZ	BZ	WZ
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
Lower jaw right								Lower jaw left							

SZ = incisor
EZ = Canine tooth
BZ = Molar
WZ = Wisdom tooth
Anterior tooth area: Teeth 1-3
Posterior region: Teeth 4-8