

Tariff Hi.Medical S Temporary Comprehensive Health Insurance

Version of January 2022

Essential Parts of the tariff Hi.Medical S

Out-patient medical treatment

We reimburse 100% of the costs of

- out-patient medical treatment up to the maximum rates shown in the Fee Schedule for Physicians (GOÄ)
- medicines and dressings
- out-patient medical check-ups within the statutory programmes for children / young people
- vaccinations as recommended by STIKO (Robert Koch Institute)
- rides and transportation
- remedies up to € 750 per calendar year, and above that amount in the case of serious illnesses
- basic versions of medical aids
- care provided by a midwife / male midwife
- radiodiagnostics and radiotherapy

Digital health applications and health services

In-patient medical treatment

We reimburse 100% of the costs of

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

Return transportation of patients to Germany from abroad

Deductible (not for in-patient medical treatment)

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

Not insured are

- out-patient psychotherapy
- visual aids (including refractive surgery)
- detoxification treatment
- fertility treatment
- one- or two-bed room in hospital
- private doctor in hospital
- spa treatment
- dental services

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

I. Who can take out the insurance?

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

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

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

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

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

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

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

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

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

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

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

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

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

We reimburse 100% of the costs of

- consultations,
- appointments,

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

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

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

The following are also deemed to be medicines:

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

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

By definition medicines do not include:

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

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

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

We reimburse 100% of the costs of out-patient medical check-ups in accordance with the programmes that have been introduced on a statutory basis in

Germany for children and young people under the age of 18.

For out-patient medical check-ups due to pregnancy there is no age limit.

4. What do we reimburse in relation to vaccinations?

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

This excludes vaccinations

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

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

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

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

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

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

6. What do we reimburse in relation to remedies?

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

In this regard we reimburse an overall maximum amount of €750 for each insured person per calendar year. We waive this limit if

- the remedies are medically necessary owing to an accident, or if
- the insured person is suffering from one of the following serious illnesses and the therapeutic product is medically necessary for treating it:

- malignant neoplasms (cancerous tumours)
- kidney failure for which dialysis is required
- multiple sclerosis
- rheumatoid arthritis
- Alzheimer's disease
- Parkinson's disease
- loss of limbs
- craniocerebral injury
- paraplegia
- cerebral palsy
- burns
- stroke
- fracture of the spine
- amyotrophic lateral sclerosis
- arthritis of the knee or hip
- ankylosing spondylitis
- cystic fibrosis

7. What do we reimburse in relation to medical aids?

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

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

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

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

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

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

- we reimburse up to €250 for each insured person per calendar year for orthopaedic shoes or the orthopaedic adaptation of shoes or insoles.
- The insured person can receive up to a total of €1,500 for a hearing aid for each ear throughout

the period when the insurance is in force. If the hearing loss can only be corrected through the use of hearing implants, we will reimburse an overall amount of up to € 4,000 per ear for this care.

- c) If the appliance is expected to cost more than € 350, you must
- submit the medical prescription to us in advance and
 - request us to supply the appliance (loaned equipment or purchase) via our partners or suitable medical supply stores.

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

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

8. What do we reimburse in relation to midwives or male midwives?

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

This includes, for example:

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

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

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

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

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

- a) We reimburse the costs of home nursing care for an insured person if it has been prescribed by a doctor,
- if it is provided by suitable specialist carers outside of in-patient institutions such as care homes, hospices or rehabilitation facilities, and
 - a person living in the same household cannot provide adequate care and support for the insured person.

Another condition is that

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

Subject to these conditions, we

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

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

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

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

11. What do we reimburse in relation to sociotherapy?

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

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

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

Sociotherapy can be provided by:

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

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

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

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

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

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

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

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

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

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

This presupposes that

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

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

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

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

(4) In this regard, we will reimburse an overall maximum amount of € 60 for each insured person per calendar year.

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

VI. What do we reimburse in relation to in-patient ➤medical treatments?

1. Under what circumstances do we provide reimbursement?

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

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

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

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

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

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

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

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

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

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

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

4. What do we reimburse in relation to services provided by attending midwives / attending male midwives?

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

5. What do we reimburse in relation to ➤transportation?

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

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

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

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

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

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

VII. What do we reimburse in relation to hospice care?

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

This presupposes that

- the hospice stay is prescribed by a doctor, and
- the in-patient or partial in-patient care there is medically necessary because the palliative medical treatment (cf. IV.16.)
 - cannot be provided appropriately within the insured person's own home and/or within his family or
 - in a care home.

We reimburse the costs of the hospice stay –

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

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

We reimburse the necessary costs of return transportation

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

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

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

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

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

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

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

- **Hi.Medical S P500 tariff level:**

We deduct 10% from every reimbursement amount. In other words, we reduce the amount that we would reimburse in accordance with Sections IV., V. and VIII. by 10%. The maximum amount that you must pay as a result of this is € 500 per insured person per calendar year.

- **Hi.Medical S 1200 tariff level:**

You yourself must pay an deductible of € 1,200 per insured person per calendar year. We deduct this amount from the reimbursement that we provide for you.

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

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

Technical terms

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

Accident [Unfall]

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

Basic care [Grundpflege]

This includes, for example, personal care and dressing and undressing.

Digital health applications and digital health services [Digitale Gesundheitsanwendungen und Digitale Gesundheitsservices]

These include, for example:

- video consultations with doctors which are not charged for in accordance with the ➤Fee Schedule for Physicians (GOÄ),
- apps which provide advice for insured persons who are suffering from back problems, and
- services which provide support for people who are suffering from psychological problems.

Digital health services [Digitale Gesundheitsservices]

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

Domestic care [Hauswirtschaftliche Versorgung]

This includes, for example, shopping and cooking.

Emergency [Notfall]

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

Enteral

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

Fee Schedule for Physicians [Gebührenordnung für Ärzte]

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

General hospital benefits [Allgemeine Krankenhausleistungen]

If the hospital charges according to the ➤Hospital Fee Act (KHEntgG) or the Federal Ordinance on Nursing Fees (BPflV), the fees specified in § 7

KHEntgG are deemed to be the costs of general hospital services. These include, for example,

- case-based payments and
- additional charges.

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

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

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

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

In-patient medical treatment [Stationäre Heilbehandlung]

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

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

Insured event [Versicherungsfall]

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

Intensive nursing care [Intensiv-Behandlungspflege]

Intensive nursing care is provided if there is an especially pronounced need for medical nursing care on a long-term basis – for a minimum expected period of at least 6 months – which requires the constant presence of a suitable carer for undertaking individual monitoring and to be on call, in particular because care/treatment measures are provided which vary unpredictably in terms of their intensity and

frequency both in the daytime and at night, or because the use and monitoring of a treatment device (e.g. a breathing aid) is required both in the daytime and at night.

Medical nursing treatment [Medizinische Behandlungspflege]

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 remedy the injury, and to alleviate it or prevent it from getting worse.

Out-patient medical treatment [Ambulante Heilbehandlung]

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

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

Parenteral

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

Remedies [Heilmittel]

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 transportation [Rücktransport]

Return transportation means the insured person's repatriation from the country where they are staying to Germany if they are ill or injured. It also requires that he is therefore unable to undertake travel as a normal passenger by using his own means of transport or public transport.

Rides [Fahrten]

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

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

Stoma articles [Stoma-Artikel]

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

Transportation [Transport]

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

Without delay [Unverzöglich]

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

Annex 1

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

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

Annex 2 - List of remedies

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

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

	reimbursable up to €		reimbursable up to €
Inhalations		Physiotherapeutic treatment / movement-based exercises in the exercise pool	
Inhalation therapy - also by means of ultrasound nebulisation		<ul style="list-style-type: none"> as individual treatment, including the necessary rest, guideline value: 30 minutes 31.20 in a group in the exercise pool (2-3 persons), per participant, including the necessary rest, guideline value: 30 minutes 19.50 in a group in the exercise pool (4-5 persons), per participant, including the necessary rest, guideline value: 30 minutes 15.60 	
• as single inhalation	8.80		
• 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.		Manual therapy, guideline value: 30 minutes 29.70	
Radon inhalation in the tunnel	14.90	Chiropractic (functional spinal gymnastics), guideline value: 20 minutes 19.00	
Radon inhalation through hoods	18.20	Extended ambulatory physiotherapy (EAP), guideline value: 120 minutes, per treatment day 108.10	
Physical therapy/movement-based exercises		(Note: This special therapy is associated with specific indications.)	
Initial physiotherapeutic findings for the preparation of a treatment plan	16.50	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 46.20	
Physiotherapeutic treatment (also on a neurophysiological basis, respiratory therapy), as individual treatment including the necessary massage, guideline value: 20 minutes	25.70	Traction treatment with device (e.g. inclined bed, extension table, Perl device, sling table) as individual treatment, guideline value: 20 minutes 8.80	
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	33.80	Massages	
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	45.30	Massages of single or multiple body parts:	
Physiotherapy in a group (2-8 persons), guideline value: 25 minutes, per participant	8.20	<ul style="list-style-type: none"> Classical massage therapy (CMT), segmental, periosteal, reflex zone, brush and colon massage, guideline value: 20 minutes 18.20 Connective tissue massage, guideline value: 30 minutes 18.20 	
Physiotherapy for cerebral dysfunctions in a group (2-4 persons), guideline value: 45 minutes, per participant	14.30	Manual lymphatic drainage (MLD)	
Physiotherapy (breathing therapy) for cystic fibrosis and severe bronchial diseases as individual treatment, guideline value: 60 minutes	71.40	<ul style="list-style-type: none"> Partial treatment, guideline value: 20 minutes 18.20 Large-scale treatment, guideline value: 45 minutes 38.50 Full treatment, guideline value: 60 minutes 58.30 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. 12.40 	
Movement-based exercises			
• as individual treatment, guideline value: 20 minutes	10.20		
• in a group (2-5 persons), guideline value: 20 minutes	6.60		

	reimbursable up to €
Underwater pressure jet massage, including the necessary rest, guideline value: 20 minutes	30.50
Palliative care	
Physiotherapeutic complex treatment in palliative care, guideline value: 60 minutes	66.00
Expenses for this shall be reimbursable separately, provided they are not already covered by specialized outpatient palliative care.	
Packs, hydrotherapy, baths	
Hot roll, including the necessary rest	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
Hay flower bag, peloid compress	12.10
Wraps, pads, compresses, etc., also with addition	6.10
Dry pack	4.10
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
Partial alternating bath, including the necessary rest	12.10
Full alternating bath, including the necessary rest	17.60
Brush massage bath, including the necessary rest	25.10
Partial natural moor bath, including the necessary rest	43.30

	reimbursable up to €
Full natural moor bath, including the necessary rest	52.70
Sand bath, including the necessary rest	
• Partail bath	37.90
• Full bath	43.30
Balneo phototherapy (brine light phototherapy) and light-oil bath, including re-greasing and the necessary rest	43.30
Medical baths with additive	
• Hand, foot bath	8.80
• Partial bath, including the necessary rest	17.60
• Full bath, including the necessary rest	24.40
• if there are several additions, each further addition	4.10
• For partial and full baths with local natural healing waters, the maximum amounts are increased by € 4.10.	
Baths containing gas	
• Baths containing gas (e.g. carbonic acid bath, oxygen bath), including the necessary rest	25.70
• Gaseous bath with additive, including the necessary rest	29.70
• Gas bath with local natural healing waters and with additives, including the necessary rest	33.80
• Carbon dioxide gas bath (carbonic acid gas bath), including the necessary rest	27.70
• Radon bath, including the necessary rest	24.40
• Radon additive, 500,000 millistat each	4.10
Cold and heat treatment	
Cold therapy of one or more body parts with local application of intensive cold in the form of ice compresses, frozen ice or gel bags, direct rubbing, cold gas and cold air with appropriate equipment as well as partial ice baths in foot or arm baths	12.90
Heat therapy using hot air (also by incandescent light, radiators, including infrared) for one or more body parts, guideline value: 20 minutes	7.50
Ultrasound heat therapy	11.90
Electrotherapy	
Electrotherapy of one or more parts of the body with individually adjusted current strengths and frequencies	8.20
Electrostimulation for paralysis	15.60
Iontophoresis, phonophoresis	8.20
Hydroelectric partial bath (two or four cell bath)	14.90

	reimbursable up to €
Hydroelectric full bath (e.g. balvanic bath), also with additives, including the necessary rest	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 and language therapy)	
Initial findings from voice, speech and language therapy to draw up a treatment plan, once per treatment case	108.00
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	41.80
• Guideline value: 45 minutes	59.00
• Guideline value: 60 minutes	68.90
• 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 speech, language and voice disorders per participant	
• Group (2 persons), guideline value: 45 minutes	50.40
• Group (3-5 persons), guideline value: 45 minutes	34.60
• Group (2 persons), guideline value: 90 minutes	67.60
• Group (3-5 persons), guideline value: 90 minutes	56.10
Expenses for preparation and follow-up work, documentation of the course of treatment, the speech therapy report for the prescribing doctor and for counselling the insured person and his or her reference persons shall not be reimbursable.	
Occupational therapy	
Functional analysis and initial consultation, including consultation and treatment planning, once per treatment case	41.80

	reimbursable up to €
Individual treatment	
• for motor disorders, guideline value: 30 minutes	41.80
• for sensorimotor or perceptive disorders, guideline value: 45 minutes	54.80
• for functional mental disorders, guideline value: 60 minutes	72.30
• for functional mental disorders as a stress test, guideline value: 120 minutes	128.20
• 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	40.70
• for sensorimotor or perceptive disorders	54.40
• up to 2 units per day, per unit for functional mental disorders	67.70
Group treatment	
• for functional motor disorders, guideline value: 30 minutes, per participant	16.00
• for sensorimotor or perceptive disorders, guideline value: 45 minutes, per participant	20.60
• for functional mental disorders, guideline value: 90 minutes, per participant	37.90
• for functional mental disorders as a stress test, guideline value: 180 minutes, per participant	70.20
Brain performance training / neuropsychologically oriented individual treatment, guideline value: 30 minutes	46.20
Brain performance training as group treatment, guideline value: 45 minutes, per participant	20.60
Podiatry	
Callus ablation on both feet	26.70
Callus ablation on one foot	18.90
Nail treatment on both feet	25.10
Nail treatment on one foot	18.90
Podological complex treatment on both feet (callus ablation and nail treatment)	41.60
Podological complex treatment of one foot (callus ablation and nail treatment)	26.70
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
Adjustment of the orthonyxia clasp according to Ross-Fraser, one-piece including clasp check after 1 to 2 days	37.40

	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	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.	
Initial consultation with treatment planning, guideline value: 60 minutes	66.00
Individual treatment, guideline value: 30 minutes	33.00
Group treatment, guideline value: 30 minutes	11.00
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	7.50
• Rehabilitation sports in heart groups	8.50
• Rehabilitation sports for severely disabled people who require increased care	12.00
For children up to the age of 14:	
• General rehabilitation sports	8.50
• Rehabilitation sports in water	11.00
• Rehabilitation sports in children's heart groups	16.00
• Rehabilitation sports for severely disabled children	16.00
Functional training in groups under expert guidance and supervision, per participant	6.60

	reimbursable up to €
Miscellaneous	
Home visit prescribed by doctor	12.10
Travel costs for rides 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 3 – Legislative texts

Social Security Act, Fifth Book [Sozialgesetzbuch; SGB]

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

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