

Tariff bKV-K, ZbKV-K and ZbKVA-K (Hospital) Additional Health Insurance Coverage

As per January 2024

Essential Parts of tariff bKV-K, ZbKV-K and ZbKVA-K

Hospital Treatment

100% reimbursement of

- the costs for accommodation in a one bedded room (tariff rate I) or in a two bedded room (tariff rate II)
- the costs for a treatment by a senior consultant
- the costs for the out-patient examination on admission and when leaving the hospital
- the costs for an accompanying person with children
- the costs for a transportation
- In addition in tariff bKV-K (tariff rate II): out-patient surgeries in a hospital with pre-payment of the statutory health insurance (German GKV)

Part III of the General Conditions of Insurance

The tariff (part III of the General Conditions of Insurance) is only valid for the group insurance together with part I (German standard conditions MB/KK of the Verband der privaten Krankenversicherung [MB/KK 2009]) and part II (General Conditions of the tariff TB/KK 2013) of the General Conditions of Insurance as well as in the bKV/Group tariffs together with the additional conditions for the employer's financed company health promotion as per the bKV-tariffs and in the ZbKV/Group tariffs together with the additional conditions for the company health promotion as per the ZbKV and ZbKVA-tariffs. The General Conditions of Insurance for the additional health and daily indemnity coverage for hospitalisation as per ZbKV- and ZbKVA-tariffs of the individual insurance are valid for the individual insurance.

I. Eligibility

1. Eligibility in the Group Insurance

1.1 Tariff bKV-K/Group

All persons who are eligible as employees in the employer's financed additional company health scheme within the frame of the group insurance contract are eligible (bKV-K-employees).

1.2 Tariff ZbKV-K/Group

Eligible are – as far as eligible in the frame of the group insurance contract -

a) spouses, homosexual partners as per the German § 1 of the Civil Partnership Law, partner in a consensual union and children of the bKV-K

employee during the period of time during which the bKV-K employee is insured as per tariff bKV-K,

b) employees who are not eligible in the employer's financed additional company health schemes and their spouses, homosexual partners as per the German § 1 of the Civil Partnership Law, partner in a consensual union and children,

c) retired persons and their spouses, homosexual partners as per the German § 1 of the Civil Partnership Law, partner in a consensual union and children,

d) members of the policy holder and their spouses, homosexual partners as per the German § 1 of the Civil Partnership Law, partner in a consensual union and children.

1.3 Tariff ZbKVA-K/Group

Eligible are – as far as eligible in the frame of the group insurance contract -

a) persons who are insured as per the tariffs bKV-K or ZbKV-K, if they, at the same time, take out with tariff ZbKVA-K the „Special Conditions for the Continuation of Coverage as per ZbKVA-K“,

b) persons who get their old age pension and who immediately change their coverage from tariffs bKV-K or ZbKV-K into tariff ZbKVA-K,

c) persons who have not acquired any qualifying period for an old age pension, who have, however, reached the age of the statutory old age pension and who change immediately their coverage from tariff bKV-K or ZbKV-K into tariff ZbKVA-K.

2. Eligibility in the Individual Insurance

2.1 Tariff ZbKV-K

All persons are eligible who claim for the right of continuation of coverage in the individual insurance immediately after losing the eligibility as per 1.1 or 1.2.

2.2 Tariff ZbKVA-K

1.3 a) to c) is valid accordingly for the eligibility in the individual insurance.

II. Insurance Benefits

The insurance coverage includes

- Hospital treatment
- As well as out-patient operations and other medical interventions in hospital replacing an in-patient stay (see point 6. of the tariff)

in the Federal Republic of Germany

The insurance benefits will be granted, if they may not be claimed in another insurance contract. Benefits

of other cost units have to be claimed first in full and have to be proven (subsidiarity).

The insurer grants benefits for

- Medically necessary hospital treatment as well as treatment in Tbc-sanatoria,
- Medical check-ups, if they have to be carried through in a hospital due to medical reasons,
- A hospital stay due to pregnancy and delivery,
- In tariff bKV-K (tariff rate II) for medically necessary out-patient operations or other medical interventions in hospital replacing an in-patient stay as well as the associated pre and post examinations if the German statutory health insurance pays.

Existing deductibles in the private health insurance are not reimbursable.

1. The following costs are reimbursable

1.1 Optional Services

1.1.1 Optional services are in hospitals which liquidate according to the German law for payment of services provided by hospitals (Krankenhausentgeltgesetz) or the German regulation of hospital charges (Bundespflegesatzverordnung) the separately chargeable accommodation in a one or two bedded room (reasonable surcharge to the hospital per diem charge, the charges for the provision of a telephone, radio and TV included) and the treatment by a private doctor separately agreed upon.

1.1.2 In hospitals which do not liquidate as per the German law for payment of services provided by hospitals (Krankenhausentgeltgesetz) or the German regulation of hospital charges (Bundespflegesatzverordnung), the optional services are the additional costs for a one or two bedded room and the treatment by a private doctor separately agreed upon.

If a hospital distinguishes as per nursing categories, the following benefits are considered: 1st nursing category – one bedded room, 2nd nursing category – two bedded room and 3rd nursing category – more bedded room.

1.2. Ambulance Transportation

Transportation to and from the nearest suitable hospital.

2. Reimbursement

100% of the remaining reimbursable costs after a pre-payment by the statutory health insurance (German GKV) or private health insurance (German PKV) are paid in

Tarif rate I

- In case of a stay in a one, two or more bedded room.

Tarif rate II

- In case of a stay in a two or more bedded room,
- In case of a stay in a one bedded room limited to the costs which would have occurred in a two bedded room. If these may not be proven, the respective costs of the nearest comparable hospital are valid.

2.1 Remaining Costs of the General Hospital Benefits

If the statutory health insurance (GKV) or the private health insurance (PKV) does not have to pay the general hospital benefits in full, the remaining costs will be paid 100 % - with the exception of existing deductibles with the GKV or PKV.

2.1.1 In hospitals which liquidate according to the German law for payment of services provided or the German regulation of hospital charges there are nursing categories for general hospital benefits, special hospital charges and lump-sums and the costs for a doctor who has extra beds in a hospital or the midwife who has extra beds in a hospital.

2.1.2 In hospitals which do not liquidate according to the German law for payment of services provided or the German regulation of hospital charges regular benefits are expenses for the accommodation in a three or more bedded room (general nursing category), medical benefits and additional costs included as well as the benefits of a midwife.

If the statutory health insurance or the private health insurance does not have to bear any costs, the costs for the general hospital benefits will not be reimbursed. If the amount of the costs for the general hospital benefits may not be proven, the respective costs of the nearest suitable hospital are valid.

3. Additional Benefits for Out-patient Examinations on Admission and when Leaving the Hospital as Private Patient

100 % of the medical costs for the single out-patient examination before and after a hospital treatment by the doctor in hospital or who has extra beds in a hospital and who is entitled to liquidate will be reimbursed. For this the benefits of the statutory health insurance and the private health insurance are to be claimed first and are to be proven to the insurer.

4. Daily Hospital Benefit

The person insured gets a daily hospital benefit for optional services not claimed for:

Accommodation insured	Accommodation claimed	Daily hospital benefit	
		with Treatment by the senior consultant	without Treatment by the senior consultant
One bedded room (Tariff rate I)	One bedded	-	€ 25.00
	two bedded	€ 20.00	€ 45.00
	more bedded room	€ 35.00	€ 60.00
Two bedded room (Tariff rate II)	One bedded	-	€ 25.00
	two bedded	-	€ 25.00
	more bedded room	€ 15.00	€ 40.00

In case of a medical treatment before and after the hospital stay or on a semi in-patient as well as in case of out-patient operations and other medical interventions in hospital replacing an in-patient stay no daily hospital benefit will be paid.

5. Costs for an Accompanying Person with Children

If besides an insured child up to the age of 8 years one parent will be admitted during a hospital medical treatment as an accompanying person, also the separately chargeable costs for accommodation and boarding of the accompanying person will be reimbursed.

The period of accompany as well as the amount of the costs for accommodation and boarding of the accompanying person are to be proven with a confirmation of the hospital.

6. Out-Patient Operations only in Tariff bKV-K (Tarif rate II)

6.1 Out-Patient Operation

If the person insured has an out-patient operation, 100% of the remaining costs for the treatment by the senior consultant will be reimbursed.

The remaining costs will be reimbursed for

- costs for anaesthesiological benefits in connection with the out-patient operation and
- for benefits which are in direct medical connection with the out-patient operation, such as lab examinations, radiological, histological and pathological benefits.

The reimbursement requires that

- the out-patient operation in a hospital is carried through by a doctor working there, by a hospital doctor
- it is an operation which may be carried through on an out-patient basis or another medical intervention in hospital replacing an in-patient stay which is mentioned in the respectively valid catalogue of § 115b of the German Social Legislation Book and
- for which the statutory health insurance prepays.

6.2 Out-Patient Pre- and Post-Examination

100 % of the remaining costs will be reimbursed for a single out-patient pre-examination in hospital, if

- this is carried through due to the out-patient operation
- this is carried through not more than 4 weeks before the out-patient operation and
- if the statutory health insurance prepays.

100% of the remaining costs for out-patient post-examinations in hospital will be reimbursed, if

- these are carried through due to an out-patient operation,
- these are necessary to secure the result of the out-patient operation,
- they are carried through within 2 weeks after the operation and
- if the statutory health insurance prepays.

If the statutory health insurance does not prepay for the out-patient operation, no costs are covered for pre- and post-examinations.

6.3 Regular Proofs

In order to reimburse the costs the following information is always required:

- all invoices,
- proof of the pre-payment of the statutory health insurance,
- the name and place of the hospital in which the out-patient operation took place and
- medical documents which show the respective operation and procedure keys.

6.4 Dental Treatments

The costs for dental treatments will not be reimbursed.

Appendix– Remarks to the Laws

Social Legislation Book (German SGB) Fifth Book (V) [SGB V]

Catalogue as per § 115b SGB V

As per § 115b SGB V the head office association of the statutory health insurance, the German Hospital Association (German DKG) and the Federal Association of Statutory Health Insurance (KBV) agree a catalogue. In this catalogue all operations are mentioned which may be carried through on an out-patient basis in a hospital and for which the statutory health insurance pays. These also include medical

interventions in hospital replacing an in-patient stay.

Among these are operations of breach of the lath, umbilical hernia, arthroscopic interventions with a knee or shoulder or the varicose vein removal.