
Essential Parts of Tariff FEELfree

Visual Aids and refractory eye surgery

- 100% reimbursement of the costs for refractory eye surgeries for visual aids up to € 180

Hearing Aids

- 100% reimbursement of the costs for hearing aids

Other Aids

- 100% reimbursement of the costs for other medically prescribed aids

Remedies

- 100% reimbursement of the costs for medically prescribed remedies as per the tariff list of remedies

Medicaments and Dressings

- 100% reimbursement of the costs for medically prescribed medicaments and dressings

Non-Medical Practitioner

- 100% reimbursement of the costs for treatments with a non-medical practitioner

Dental Treatments

- 100% reimbursement of the costs for plastic dental fillings
- 100% reimbursement of the costs for inlays
- 100% reimbursement of the costs for root canal treatment and periodontal treatment

Dentures

- 100% reimbursement of the costs for dentures

Dental Prophylaxis

- 100% reimbursement of the costs for dental prophylaxis as well as for bleaching up to € 60

Maximum Reimbursement Amount as per the Tariff Rate chosen

- Per person and calendar year a maximum reimbursement amount of a total of
 - € 300 in tariff rate FEELfree 300
 - € 600 in tariff rate FEELfree 600
 - € 900 in tariff rate FEELfree 900
 - € 1200 in tariff rate FEELfree 1200
 - € 1500 in tariff rate FEELfree 1500

The maximum reimbursement amount is valid for all benefits mentioned in II.

Tariff FEELfree

Additional Health Insurance Coverage

As per January 2024

The tariff (part III of the General Conditions of Insurance) is only valid together with part I (German standard conditions MB/KK of the Verband der privaten Krankenversicherung) and part II (General Conditions of the tariff) 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.

I. Eligibility

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 (FEELfree – employees).

II. Insurance Benefits

1. Visual Aids and Refractory Eye Surgery

A total of € 180 of the costs for refractory eye surgeries (e. g. LASIK) and the following costs for visual aids:

- Contact lenses, spectacles as well as sunglasses and monitor work glasses – each with dioptries are reimbursable per person and calendar year.

2. Hearing Aids

The costs for the new purchase or the replacement of a hearing aid are reimbursable.

The costs for earmolds, costs for repairs and other operating costs (such as batteries) are not covered.

3. Other Aids (with exception of visual aids and hearing aids)

The costs for aids (material and technical means as well as prostheses),

- which directly relieve or balance disabilities, consequences of diseases or accidents (such as wheel chairs, prostheses),
- which are necessary for therapy and diagnostics (such as blood pressure monitors),
- which are necessary for life support (life-supporting aids such as respirators).

Furthermore the costs of purchase and training of a guide dog are reimbursable. The costs for a communication aid as per the regulation of communication aids (such as a sign language interpreter, speech-to-text interpreter) are also reimbursable as far as these are necessary for the claiming of benefits as per this tariff.

Above that, the costs for instruction, maintenance and repair of aids, except from repairs of soles and heels of orthopaedic measure shoes are reimbursable.

The following costs are not reimbursable for aids,

- the costs of which the nursing care insurance has to pay basically,
- which are counted to the fitness, wellness and/or relaxation area,
- which are objects of daily use and hygiene articles of the daily life (such as clinical thermometers, anti-allergic linen).

4. Remedies

The costs for the following medically prescribed remedies are reimbursable:

- physiotherapy / motion exercises,
- therapeutic gymnastics,
- massages,
- medicinal packs / hydrotherapy / baths,
- inhalations, cold and heat treatment,
- electric and physical treatment,
- electrotherapy,
- phototherapy,
- radiotherapy,
- speech therapy,
- ergotherapy.

5. Medicaments and Dressings

The costs for medically prescribed medicaments and dressings are reimbursable.

6. Non-Medical Practitioner

The costs for out-patient treatments by non-medical practitioners in the sense of the German Alternative Medical Practitioners Act (see § 4 (2) MB/KK 2009) are reimbursable.

Among these are:

All methods of examination and treatments mentioned in the table of charges for non-medical practitioners, the remedies mentioned in this table as well as the way charges up to the respective mentioned maximum amount as well as medicaments and dressings prescribed by a non-medical practitioner.

7. Dental treatment

The costs for

- plastic fillings,
 - inlays (metal, ceramics, plastics) and
 - root canal and periodontosis treatments
- are reimbursable.

The costs for out-patient expenses for the dental fee in the frame of the table of charges for dentists and doctors (German GOÄ/GOZ) as well as for reasonable dental benefits (material and lab costs) are reimbursable.

8. Dentures

The costs for dentures are reimbursable.

Dentures are prostheses, crowns, bridges, implants (the necessary preparative surgical measures to build up the jaw bone included) as well as dental splints, analytic and therapeutic measures which are necessary in connection with dentures as well as the reparation of dentures.

The costs for out-patient dental fees in the frame of the table of charges for dentists and doctors (GOÄ/GOZ) as well as for reasonable dental technical benefits (costs for material and lab) are reimbursable.

9. Dental Prophylaxis

The costs for out-patient professional dental cleaning and bleaching with a dentist as per the table of charges for dentists (GOZ) up to the amount of a total of € 60 per person and calendar year are reimbursable.

10. Reimbursement

100 % of the reimbursable costs are paid up to the amount of the maximum reimbursement amount of the tariff rate chosen. This maximum reimbursement amount is valid for all benefits of II.

III. Maximum Reimbursement Amount

The following maximum reimbursement amounts are valid per person and calendar year respective to the chosen tariff rate:

- € 300 in tariff rate FEELfree 300
- € 600 in tariff rate FEELfree 600
- € 900 in tariff rate FEELfree 900
- € 1200 in tariff rate FEELfree 1200
- € 1500 in tariff rate FEELfree 1500

If the insurance coverage does not start on the 1 January of a calendar year the maximum reimbursement amount is reduced by 1/12 for each month not insured.