

Please note that this translation is provided for information purposes only

Fact Sheet for the Private Health Insurance Rate InboundMed Best 100 (IMB100U) – Group insurance policy

This information provides a first overview of the insurance that the policyholder (e.g. your employer) has purchased for you. This is not the final terms of your cover. The content of the binding contract is indicated in the enclosed Insurance policy and the insurance terms and conditions provided to the policyholder.

1. What are the contractual relations?

The policyholder is our contractual partner that took out the insurance policy with us. However, you are always entitled to claim insurance benefits directly from us.

2. Which insurance terms and conditions apply?

The insurance terms and conditions of the InboundMed Best100 (group insurance policy) rate form the basis. They consist of

- the rules governing the scope of the insurance cover and the description of benefits (part A – benefits),
- the rules outlined in part B – your obligations – and C – general rules.

You can request a copy of the insurance terms and conditions from the policyholder.

3. Who can be insured under this rate?

You or the insured individual can be insured under this rate if

- you or the insured individual are part of the insurable persons according to the group insurance policy,
- you or the insured individual are a foreign national,
- Germany is your or the insured individual's primary country of residence
- you or the insured individual have/has a temporary residence permit pursuant to § 4(1) of the German Residence Act (AufenthG).

Failure to meet any of these requirements will result in the termination of your rate and/or the respective insured individual's rate.

4. What is the level of cover agreed?

This fact sheet provides essential information regarding your insurance cover. Any additional details can be found (and are regulated) in the insurance terms and conditions.

Insured benefits:

The area of cover is Europe. The insurance cover is extended to outside of Europe in case of a temporary stay for a total of six months. The eligible reimbursable expenses are covered by the rate in accordance with the applicable percentages for reimbursement (see below). The reimbursement of expenses incurred shall be based on the customary local costs of medical fees.

a) Insured benefits for medically necessary out-patient treatment

We will refund medically necessary out-patient treatment as follows:

- 100 % refund of medical services, the maximum rates limit, as per costs of medical fees for physicians (GOÄ), do not apply, i.e. if justified by medical reasons, we will also reimburse fees exceeding the maximum rate.
- 50 % refund for artificial insemination carried out by a doctor, limited to a maximum of four attempts per reproductive medicine procedure or two births; no limit applies to the maximum rates as per costs of medical fees for physicians (GOÄ), i.e. for any cases where treatment is required for medical reasons, we will also reimburse fees exceeding the maximum rate.
- 100% refund of any necessary preventive medical check-ups, without limitation on legal programs and without age limits.
- 100% refund of treatment performed by alternative practitioners up to the maximum rates of the list of charges for alternative practitioners (GebÜH).
- 100% refund of recognized alternative medical treatment (in particular cupping, acupuncture for treating pain, chirotherapy, self-blood treatment).
- 100% refund of psychotherapy treatment (including treatment by approved psychological psychotherapists and/or psychotherapists for children and adolescents).
- 100% refund of sociotherapy treatment carried out by suitable medical providers up to the maximum rate.
- 100% refund of vaccinations that are recommended by the Standing Vaccination Committee of Robert Koch-Institute, as well as vaccination against Hepatitis B and travel vaccinations, including the vaccine used.
- 100% refund of prescribed medication costs.
- 100% refund of nursing at home costs.
- 100% refund of domestic help in accordance with § 38 (1) Fifth Book of the Social Insurance Code [*Fünftes Buch Sozialgesetzbuch, SGB V*].
- 100% refund of remedies (e.g. massages, physiotherapy), according to the list of medical rates.
- 100 % refund of visual aids, up to a maximum of €300 within a period of 24 months.
- 100% refund of aids, according to the Table of Benefits and 100% refund of additional medical aids (as per open medical aids catalogue), when obtained through us. If the additional medical aids are not obtained through us, we will only reimburse 80% of the costs incurred.
- 100% refund of transportation and travel costs in following cases: medically certified inability to walk, out-patient dialysis, radiotherapy for cancer treatment, chemotherapy, accident and emergencies. In case of medical certified inability to walk, travel expenses are refunded up to a maximum of €50.
- 100% refund of out-patient follow-up treatment, within the scope of a medical rehabilitation, subject to the maximum rate depending on the medical indication.
- 100% refund of out-patient palliative medical treatment or care services in accordance with § 37b (1) bis (3), Fifth Book of the Social Insurance Code [*Fünftes Buch Sozialgesetzbuch, SGB V*].

b) Insured benefits for medically necessary in-patient treatment

We will refund medically necessary in-patient treatment as follows:

(1) Insured benefits if the hospital is subject to the "German Act on Hospital Fees" and the Federal Law on Hospital per Diem Charge".

- 100% refund of the chosen option of accommodation in a single or double room.

- 100% refund of treatment performed by a preferred doctor or by a general practitioner, with no limitation to the maximum rates as per costs of medical fees for physicians (GOÄ), i.e. in cases where treatment is required for medical reasons, we will also reimburse fees exceeding the maximum rate.
- 100% refund of general hospital services.
 - Alternative daily allowance for stays in hospital €70 refund if you do not avail of a separately charged accommodation in a single or double room. Please note that we will not pay any daily hospital allowance for the day of your discharge, intensive care treatment or infant ward.
 - €40 refund when a consultant physician is not used, in a hospital where physician fees are charged separately from the general hospital fees, and no reimbursement of expenses for these services are claimed.

Please note that we will pay half of these allowances respectively when the patient is a child, up to the age of 16.

Please note that we will not pay any daily hospital allowance for days of complete absence from the hospital, for day-care treatment or for treatment that takes place in a private clinic.

(2) Insured benefits if the hospital is not subject to the German Act on Hospital Fees and the Federal Law on Hospital per Diem Charge:

We will reimburse hospital fees, in particular private clinics, of medical facilities that are not subject to the German Act on Hospital Fees” and the Federal Law on Hospital per Diem Charge”, up to the maximum insured amount.

(3) Insured benefits for in-patient follow-up treatment within the scope of a medical rehabilitation:
100% refund of in-patient care, medication and remedies, any medically substantiated ancillary costs, accommodation and meals in a single, double or shared room, as well as medical treatment by a medical practitioner.

(4) Insured transportation costs:
100% refund of transportation costs in an ambulance or rescue helicopter.

(5) Insured benefits for in-patient hospice care:
100% refund of in-patient hospice care expenses.

c) Insured benefits for medically necessary dental treatment

We will refund medically necessary dental treatment as follows:

- 100% refund of dental treatment, dental prophylaxis, inlays and orthodontic treatment (for individuals up to the age of 18; the age limit does not apply in cases of accident or serious illnesses).
- 80% refund of dental prostheses, e.g. crowns, partial crowns, prostheses and bridges, implantological benefits, including required surgical treatment, functional analytical or therapeutic examinations, including splint supports and splints.
- The maximum rates limit, as per costs of medical fees for dentists (GOZ) and physicians (GOÄ) does not apply, i.e. where treatment is required for medical reasons, we will also reimburse fees exceeding the maximum rate.
- The applicable reimbursement percentage rate for dental services depends on the expenses (e.g. dental treatment, dental prostheses) which are rendered in association therewith.

- The applicable reimbursement percentage rate on medication is based on the expenses (e.g. dental treatment, dental prostheses) which are incurred in association therewith.
- The maximum reimbursement amount for dental treatment is €5.000 per person and per insurance year. The maximum reimbursement amount does not apply if dental treatment are required as a result of an accident.

b) Other insured benefits

We will refund the costs for medically necessary curative treatment as follows:

- 100% refund of treatment relating to an organ transplant for the insured individual and the living organ donor, including any medical complications, for the provision of the donated organ or tissue in accordance with the German Organ Transplant Act (TPG) and for the net loss of earnings of the living organ donor.
- 100% refund of a maximum of three detoxification measures (on an in-patient or out-patient basis), – except for nicotine addiction; following written approval prior to starting treatment; for in-patient detoxification, the maximum amount applies.

In the event of the death of an insured individual, we provide the

benefits for repatriation or burial as follows:

- 100% refund of the immediate costs of repatriation of the deceased to the respective permanent place of residence in Germany or to the insured person’s country of residence before arriving in Germany, and/or the expenses directly incurred for the funeral (limited to the expenses of a repatriation).

5. Which benefits are excluded?

Not all circumstances are covered by the insurance. We do not provide cover, for example, for the following scenarios:

- Reimbursement of expenses that exceeds an agreed maximum amount.
- Treatment of diseases or accidents caused intentionally.
- Treatment rendered by spouses, civil partners, children or parents (proven non-personnel costs are reimbursed according to the rate chosen).
- Accommodation which is necessary due to a need for nursing care or compulsory detention.
- Curative or sanatorium treatment.
- Rehabilitation measures covered by the statutory rehabilitation providers.

This list is not exhaustive. The benefit exclusions under this policy are found in detail in the terms and conditions of insurance .

6. When does the insurance cover start and end?

The insurance cover will commence on the date specified in the insurance certificate.

This is a fixed-term insurance policy with a maximum term of five years. Moreover, the insurance cover will end on termination of the insurance policy by the policyholder or following your departure or the departure of the insured individual from the insurable persons of the group insurance policy (see item 3.). The grounds for cancellation/termination of this policy can be found in detail in the terms and conditions of insurance. Please contact your HR department to find out whether you are still covered at the start of a parental leave or in the case of unpaid leave.