

Tariff Hi.Dental S

Temporary Comprehensive Health Insurance

Version of December 2020

Essential Parts of the tariff Hi.Dental S

Dental services

We reimburse 100% of the costs up to a maximum overall benefit amount of € 500 for

- dentures and inlays
 - dental treatment
 - orthodontics for children
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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?

People can be insured under this tariff who are insured under the

- tariff Hi.Medical L or
- tariff Hi.Medical S.

Once a person is no longer insured under either of the two tariffs, this insurance also ends.

II. What do we reimburse and subject to what conditions?

1. What do we reimburse?

If the insured person needs out-patient treatment which is provided by a practice-based dentist and is medically necessary, we always base our reimbursement only on the following costs:

- The dentist's fee, which is calculated at up to 3.5 of the fee rate according to the ➤German Fee Schedule for Dentists (GOZ), and at up to the maximum rates according to the German Fee Schedule for Physicians (GOÄ).
- The reasonable costs of dental services (costs of materials and laboratory costs).

2. What do we reimburse in relation to dentures and inlays?

We reimburse 100% of the costs of metal, ceramic or plastic inlays and the costs of dentures and associated accompanying services.

The provision of dentures is deemed to include

- prostheses,
- crowns,
- bridges,
- implants and the preparatory surgical measures that are required in this context for building up the jaw bone,
- veneers,
- biteguards and splints,
- functional analytical and functional therapeutic measures connected with dentures and splinting, as well as
- the repair of dentures.

3. What do we reimburse in relation to dental treatment?

We reimburse 100% of the costs of

- general,
- conservative and
- surgical services,
- X-ray services,
- periodontal treatment
- examinations and consultations.

4. What do we reimburse in relation to orthodontics?

We reimburse 100% of the costs of orthodontics if the insured person begins the treatment before reaching the age of 18.

We also reimburse functional analytical and functional therapeutic measures which are connected with orthodontics.

5. What is the maximum amount that you can receive for all the insured benefits?

For each insured person you will receive a maximum overall benefit amount of € 500 per calendar year. You must pay for any costs in excess of this yourself.

We allocate our benefits to the calendar year in which the treatment has taken place.

If the insured person changes from another Hi.Germany dental tariff to this tariff, we count the benefits that we have already provided under the previous tariff as part of the maximum amount.

6. Do you have to provide us with a ➤treatment and costs plan?

No. However, if well before the treatment starts you provide us with a treatment and costs plan that has been prepared by the dentist

- we will review it and
- let you know if you have to bear any of the costs yourself, and if so what those costs are.

Technical terms

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

Fee Schedule [Gebührenordnung (GOÄ/GOZ)]

The Fee Schedule for Dentists (GOZ) and the Fee Schedule for Physicians (GOÄ) govern how private services provided by doctors and dentists are paid for, i.e. all medical and dental services that are not part of the statutory health insurance scheme (GKV). They set out the fees for medical and dental services.

Treatment and costs plan [Heil- und Kostenplan]

A plan which shows the services and the costs involved in a forthcoming treatment that is to be provided by the dentist. It clarifies exactly which costs have to be paid by the patient or by other parties.