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**Maintaining health:** Private comprehensive health insurance

# An overview of the cover – privatSTART-PLUS/privatSTART

| Insured expenses | START-PLUS/START | |
|---|---|---|
| Doctor up to the maximum GOÄ [1] rate | 100 % | for treatment by a general practitioner (doctor for general medicine, practitioner of medicine, internist), emergency doctor or specialist doctor (paediatrician, eye doctor and gynaecologist) |
| | 100 % | for (further) treatment by a specialist doctor if the initial treatment is carried out by an above-named doctor and there is a corresponding referral |
| Dressings | 100 % | for emergency treatment by a specialist doctor if this person is on emergency service or call-out duty |
| | 100 % | if treatment is carried out by a midwifea |
| Vaccinations | 75 % | for direct use of a specialist doctor/treatment personnel not named above; this 25 % excess is limited for all accompanying service types to a total of € 1,000 per calendar year (€ 500 for under 20s); 100 % reimbursement is provided thereafter |
| Preventative examinations | 100 % | for preventative examinations according to statutorily introduced programmes |
| Medication (generic) | 100 % | |
| Medication (original preparations) | 100 % | for original preparations if generic medicine is not available or a proven severe allergic (life-threatening) reaction is feared and always in the case of accident or emergency treatment: otherwise 75 % |
| Alternative practitioners | no | |
| Outpatient psychotherapy | 75 % | max. 50 sessions per calendar year, only with prior approval |
| Glasses (including lenses) and alternative contact lenses | 100 % | up to € 150, from 8 dioptres € 300; always in the event of a change of eyesight by at least 0.5 dioptres in one eye, every 2 calendar years at the latest |
| Assistive devices (open catalogue of assistive devices) | 100 % | for assistive devices of the same type, up to € 500 once per calendar year without written approval, more frequently than once per calendar year only with prior approval |
| | 100 % | for assistive devices over a € 500 invoice amount with prior approval (reduction possible without prior approval) |
| Therapeutic products named in the tariff (speech therapy and ergotherapy up to the maximum rates defined by the GOÄ [1]) | 75 % | up to € 500 of the refundable invoice amount (maximum cover € 375 per calendar year) |
| | 100 % | over € 500 for products prescribed for illnesses classed as especially serious in the tariff |
| Outpatient transport costs | 100 % | for emergency or accident transportation as well as journeys for dialysis, radiotherapy and chemotherapy |
| Outpatient operations | 100 % | |

1 GOÄ = Schedule of fees for doctors

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| Insured expenses | START-PLUS | START |
|---|---|---|
| Inpatient standard services | 100 % for general hospital services | |
| Inpatient optional services | 100 % for accident-related hospital stays: 2-bed room/chief physician up to the maximum GOÄ [1] rate | no |
| Inpatient transport | 100 % to and from the nearest suitable hospital, including medically sensible and reasonable return transport from abroad; in the event of death abroad, max. € 11,000 for transportation costs or funeral at the place of death | |
| Dental treatment, dental prophylaxis | 100 % [2] up to the maximum GOÄ/GOZ [1] rate; professional dental cleaning twice per calendar year | |
| Dentures (including inlays and implant dentures) | 90 % [2 3] up to the maximum GOÄ/GOZ [1] rate | 75 % [2 3] up to the maximum GOÄ/GOZ [1] rate |
| Orthodontic treatment (beginning of treatment before the age of 22) | 80 % + 20 % [2] upon successful completion, up to maximum GOÄ/GOZ [1] rate | 75 % [2] up to the maximum GOÄ /GOZ [1] rate |
| Removal procedures | 80 % for the first removal measure, unless costs are levied otherwise (prior approval necessary); this does not apply for nicotine removal | |
| Absolute excess, for outpatient and inpatient treatment only | € 480 (under 20s - € 240) | |
| Premium refund, health bonus | 2 monthly contributions' worth of success-dependent premium refund plus up to € 600 health bonus [4] | 2 monthly contributions' worth of success-dependent premium refund |
| Right of choice | without a new health check after 36 or 72 months after the beginning of the first insurance policy in the respective tariff; only in tariffs that provide max. 2-bed rooms for inpatient care | |

1 GOÄ = Schedule of fees for doctors
GOZ = Schedule of fees for dentists

2 Maximum contributions for dental treatment per insurance year: 1st year – € 500, 1st to 2nd year – € 1,000, 1st to 3rd year – € 2,000, 1st to 4th year – € 3,000 €, from 5 years – € 4,000. The named limits do not apply in the event of an accident. In the event of an expected invoice amount of over € 1,500, a treatment and cost plan must be submitted before the start of the treatment.

3 Always 75 % (START) or 90 % (START-PLUS) if a dental check-up is carried out annually. Otherwise the reimbursement rate for dentures will reduce from the 3rd calendar year by 10 % per year to a maximum of 55 % (START) or 70 % (START-PLUS); corresponding increases due to check-ups with negative results are possible.

4 The health bonus for unused cover is € 400, € 500 or € 600 after 1, 2 or 3 and more consecutive calendar years; half for those aged under 20 and those on training tariffs. Times prior to insurance with no use of cover of private or state insurers are taken into consideration.

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