



This document is the translation, for information purposes only, of the General Terms and Conditions of the insurance in effect in Spain. Only the General Terms and Conditions of the Insurance written in Spanish will be considered valid and binding.

If I can choose, I feel free

DKV Mundisalud

Take good care of yourself

**DKV MUNDISALUD
INSURANCE POLICY**

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FULLY PAID-UP SHARE CAPITAL: 66.110.000 EUR

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Frequently asked questions and answers

These general conditions will help you to fully understand the contract that you sign with DKV Seguros when you accept this insurance policy.

Throughout the document we explain most of the questions that can arise when using your insurance policy. In this section, we seek to give answers in a clear and simple way to some of our clients' most frequently asked questions.

We hope you find it useful.

Regarding the contract

What documents comprise the insurance contract?

The insurance contract consists of the application form, the health declaration, the general conditions, the particular conditions, the supplements and appendices, and as applicable, the special conditions.

What are the conditions exactly?

The “general conditions” and “particular conditions”, group together the rights and obligations of DKV Seguros, and those of the insured person or the person that takes out the insurance policy.

What documents do I receive when I take out the insurance policy?

The general and particular conditions, Your DKV Medi-Card(s)[®] and information about the medical directory or “DKV Health Care Network”.

Please check that your personal data has been correctly copied.

What do I have to do with the documentation?

Sign the particular and general conditions, keep a copy for yourself, and send us the other signed copy. The delivery of the signed copy together with the payment of the initial premium implies their acceptance. Until both requirements are fulfilled, the contract is signed and paid, the policy is not effective, even though a date for such is stipulated in the particular conditions.

If you have any doubts, contact us.

We will be pleased to help you.

Do I need to request the extension of the contract?

The contract is renewed automatically every year, you don't need to confirm the renewal.

However, both you and DKV Seguros can cancel the contract before the expiry date, provided that demonstrable notification is given to the other party. In the case of the policy holder one month's notice is required and for DKV Seguros, two months' notice.

What happens to my personal data?

DKV Seguros is specifically authorised to request, handle and give the personal data of the policy holder and/or the insured person to entities of the group.

Regarding the health data of the insured person, this may only be given to a third party with the sole aim of administering health care, the plans for prevention and promoting good health and the additional services covered by the policy.

DKV Seguros is also authorised to send the policy holder and/or insured person information about health care, the plans for prevention and promoting good health and the goods and services that could be of interest to them.

The policy holder and/or the insured person may contact DKV Seguros to consult this data and update, modify, or delete it in accordance with the Organic Law 15/99 for the Protection of Personal Data.

Care modality and extension of the insurance contract

What is the main feature that defines DKV Mundisalud?

DKV Mundisalud is an insurance policy based on a mixed system in which the insured person can choose between:

- › Receiving the services described in the policy through the associated DKV Health Care Network ("Own Means" Care Modality)
- › Free choice of doctors or centres other than those in the "DKV Health Care Network".

In this case there will be a refund of the invoices paid by the insured person according to the percentages and limits specified in the general conditions and Table of coverage and limits in the appendix to the particular conditions of the policy. (External Means Care Modality).

How can I use DKV Seguros own means?

The insured person can freely choose between the doctors and centres included in the DKV Health Care Network and receive the desired service on showing his DKV Medi-Card®, and in some cases the required authorisation.

How do I claim the refund of my expenses from DKV Seguros?

You must present the invoices you have paid within fifteen days, with a breakdown of all the medical acts carried out in non DKV Health Care Network centres, the doctor's prescribing note and the medical reports specifying the origin and nature of the illness. To make it easier for you, DKV Seguros has prepared a special "Refunds form" for you to fill in.

What percentage refund and what limits are specified in the policy, if I go to a doctor/ centre not in the DKV Health Care Network?

"DKV Mundisalud" refunds a percentage of the total amount on the submitted invoices up to the limits stipulated in the Table of coverage and limits in the appendix to the particular conditions of the insurance policy, depending on the modality taken out.

What is the territorial scope of the policy?

Except for "DKV Mundisalud Combinado", whose territorial scope is exclusively Spain, for the other modalities of "DKV Mundisalud" the insured person can go to an external doctor or hospital anywhere in the world and has the right to a refund of his medical expenses provided that he resides in Spain at least nine months a year.

Similarly, the DKV Health Care Network guarantees health care all over Spain. (Own Means Care Modality)

DKV Medi-Card®

Can the doctor ask me for my DKV Medi-Card® besides the authorisation of certain services?

Yes. The card DKV Medi-Card® is the means by which you are identified as a client of DKV Seguros, and you will be asked to show it.

How much do I have to pay for each visit?

You don't have to pay anything for using the DKV Health Care Network.

What happens if I don't show my DKV Medi-Card® to a doctor or centre in the dkv health care network?

You may be charged for the medical-surgical care provided.

DKV Seguros will not refund any amount corresponding to doctors or centres that are in the DKV Health Care Network under any circumstances.

What should I do if I lose my DKV Medi-Card®?

Contact the company so that we can send you a new one.

How can I contact DKV Seguros?

By telephone, via the DKV Seguros Call Centre ringing any of these numbers 902 499 499, 913 438 596, 934 797 539; by Internet at the address: www.dkvseguros.com, or going in person to any of the offices of DKV Seguros.

Authorisations

When do I need an authorisation?

Only for services given through the DKV Health Care Network.

It is never required for services that are not included in the DKV Health Care Network.

What tests or services need an authorisation in the DKV Health Care Network?

Complex diagnostic tests, transfers by ambulance, prostheses, and surgical implants, psychotherapy sessions, preventative programmes or check ups, medical or surgical treatment as well as hospital admissions.

If you have any doubts, please consult the web page and/or medical directory “DKV Health Care Network” for the current year, Chapter 2 “Advice for Use”, to see the list of diagnostic and therapeutic acts that do not require prior authorisation from DKV Seguros. If you have any doubts, contact us.

How can I request an authorisation if I cannot go to an office of DKV Seguros?

By telephone, via the DKV Seguros Call Centre ringing any of these numbers 902 499 499, 913 438 596, 934 797 539; by fax 902 499 000, through the DKV Seguros web page (www.dkvseguros.com) or anybody can visit an office of DKV Seguros with your card and the medical prescription of the test.

Payment

What do you mean by a yearly contract, if I pay monthly?

The duration of the contract stipulated in the policy is annual and can be extended by calendar years, which is compatible with the monthly payment of the premium. You can also opt for a quarterly, six-monthly, or annual payment.

The instalments scheme selected does not release the policy holder from his obligation to pay the annual premium in full. In the event of the receipts being returned or left unpaid, DKV Seguros is entitled to claim the amount corresponding to the outstanding balance.

Health care

What is the Healthy Living Plan “Vive la Salud”?

Through internet, at www.programas.vivelasalud.com, DKV Seguros offers its insured persons the possibility of access to diverse specific programmes for promoting health and the prevention of illnesses that will gradually be incorporated.

Can I go to the doctor the day after taking out the health policy?

Yes, from the first day that the policy becomes effective, except for some services that have a period of grace (see Section 6, Periods of grace).

Do I need to request an authorisation to go to a medical or surgical specialist's consultations?

No. Consultations for medical or surgical specialities have free access in the DKV Health Care Network. and outside.

Do I need authorisation for clinical psychiatry?

Yes. You need to request the corresponding authorisation to use this, non medical, speciality in the DKV Health Care Network.

Do I need an authorisation to have a mammogram or orthopantomogram?

No, you don't need an authorisation for these. Only the written prescription of a doctor is required.

When can I request a service at home?

When, due to the sick person's state, going to a consultation or hospital centre is inadvisable from a medical point of view.

Also, the visits of a practising nursing assistant can be made at home if a doctor prescribes them.

Are illnesses previous to contracting the policy covered?

By the nature of the contract, previous illnesses are not covered, but it is possible to include them by paying an extra premium in some cases, for example allergic asthma.

What does the dental speciality cover?

It covers consultations, extractions, stomatological cures, fluorisations, dental cleans and dental x-rays related to this treatment.

Also included up to the age of 14 are fissure sealers and obturations (fillings).

Other dental treatment not covered by the policy is available, with a contribution towards the cost from the insured person, through the dental service. (See Additional services).

How many dental cleans does the policy cover a year?

Those necessary, whenever they are requested by a doctor.

Does "DKV Mundisalud" include medications?

Only in the case of hospital admission, provided that the Hospital Care and Surgery module has been taken out, with the exception of biological medication and medicalised biomaterials not specified in section 4.7 "Surgical Prostheses".

Also, for Classic and Elite complete health care modalities, individual modality, 50% of the costs of out-patient medication up to an annual limit of 100 € per insured person, is refunded whenever it is prescribed by a physician, acquired in pharmacies, and with the limitations and exclusions stipulated in these terms and conditions.

Is the epidural anaesthesia for childbirth covered?

Yes, and for any other surgery where required.

Does “DKV Mundisalud” cover laser surgery for myopia?

DKV Seguros offers you access to laser surgery for myopia through a network of opticians' centres, associated to the company, anywhere in Spain.

Does “DKV Mundisalud” include clinical psychology?

Yes, it is only included as out-patient treatment with the prior prescription of a psychiatrist or paediatrician provided it is given by a psychologist, up to a maximum limit of sessions per person, per natural year (sum of own means and external means) with a refund per session in external means in the following susceptible pathologies of psychological intervention.

- › Psychiatric illness: depression, schizophrenia and psychotic disorders.
- › Behavioural disorders: neurosis, anxiety, personality, and obsessive compulsions.
- › Eating disorders: anorexia and bulimia.
- › Sleep disorders: enuresis, insomnia, somnambulism, night fears.
- › Adjustment disorders: work related and post traumatic stress, bereavement, divorce, adolescence: post vacation syndrome, etc.
- › Learning disorders: hyperactivity and school failure.

Should further sessions be required, DKV Seguros offers you the possibility of continuing the sessions at a subsidised rate, with prior application to DKV Seguros.

And family planning?

Yes. Both the fitting of the IUD (**except for the cost of the intrauterine device**) and tubal ligation, hysteroscopic tubal occlusion and vasectomy are included in the policy.

In these last three cases, as they are considered to be surgery, or require a prosthesis, there is a period of grace of six months.

If I break something while playing sports, is it covered by the policy?

Yes, as long as it is not a professional activity, an official competition or a high risk sport.

Is health care covered abroad?

Except in the case of DKV Mundisalud Combinado, a percentage of the total of the submitted invoices for services abroad will be refunded, up to the limits stipulated in the table of coverage and limits in the appendix to the particular conditions of the insurance policy, depending on the modality taken out, provided that the insured person resides at least nine months of the year in Spain.

In addition, for all modalities there is coverage of the complementary travel assistance that guarantees, **in the event of an emergency or accident**, health care for trips abroad up to 180 days per trip. (see Appendix I).

What number do I ring if I have a medical emergency while abroad?

+ 34 91 379 04 34.

They will attend to you and tell you which centre to go to for treatment.

Hospital admission

What should I do if I am admitted to hospital, with prior notice?

An admission to hospitals included in the DKV Health Care Network should be authorised beforehand by DKV Seguros. (Please refer to the section 'AUTHORISATIONS' of 'Frequently asked questions and answers'.

To do so, the written request of a doctor is required stating the need for this admission.

If you are admitted to a private centre not included in the 'DKV Health Care Network', the authorisation is not necessary. When you claim the refund, you will need to present your invoices, doctor's prescription and medical report.

In the event of an emergency, what hospital should I go to and what should I do?

You can go to any private hospital, associated or non associated to DKV Seguros.

If it is a non-associated hospital you must pay the invoice first yourself and then claim the refund for the health care received.

If it is an associated hospital in the DKV Seguros Health Care Network you must inform DKV Seguros as soon as possible in the 72 hours following admission.

In the event of hospital care, when is the companion's bed included?

The individual room with a companion's bed is included in the coverage of the policy, except in the cases of ICU, incubator and psychiatric hospital care.

Suggestions and complaints

How can I make a complaint or suggestion?

You can present it in writing in any of our offices or send it to Clients' Attention Service. To do so it should be sent to DKV Seguros' head office at Torre DKV, Avenida María Zambrano 31, (50018 Zaragoza) Telephone: ringing any of these numbers 902 499 499, 913 438 596, 934 797 539; or via e-mail to defensacliente@dkvseguros.es

You can also send it to the Commissioner for the Defence of Clients of Financial Services: Paseo de la Castellana, 44 (28046 Madrid).

If you do choose to do this, you should have first appealed to the DKV Seguros Clients' Attention service. (Consult full details of the procedure to follow in the section: "Preliminary clause").

Healthy Living Plan: “Vive la Salud”

DKV Seguros offers its insured clients the opportunity to adopt **The Healthy Living Plan: “Vive la Salud”** seeking to promote activities of health promotion and prevention of illness through diverse specific programmes, available through internet and with the support of the medical telephone helplines.

a) The objectives of this project are:

- › Acquiring healthy life styles.
- › Consolidating the appropriate habits that they have already established.
- › Educating about the prevention of risk factors of illnesses.
- › Teaching them to recognise the early symptoms of each illness and the necessary action for each case.
- › Having personalised medical advice: defining a personalised healthy living plan with specific health objectives and continued support to obtain them.
- › Facilitating effective preventive activities
- › Living in healthy conditions and anticipating complications if a health problem already exists.

To obtain them the following tools are available:

- › Information, training, and participation in events.
- › Online evaluation, follow up and control tools.
- › Personalised medical advice at a distance to fulfil the therapeutic objectives.

b) The programmes that will be gradually included are the following:

1. Healthy Life. Aimed at all those clients who don't present cardiovascular risk factors, but who want to acquire or maintain healthy habits. The programme will provide personalised diet and exercise plans.

2. Cardiovascular prevention. Aimed at people with some of the most common risk factors of cardiovascular illnesses: high blood pressure, cholesterol, sedentary lifestyle, tobacco addiction, etc. The programme will provide personalised advice to improve their own control of their illness and avoid complications.

3. Pregnancy and healthy childbirth.

Aimed at all insured adult clients who are pregnant. The programme aims to provide all insured adult clients of DKV Seguros who are pregnant with information and specific advice regarding different aspects related to the pregnancy, birth and post natal care, with the aim of improving their knowledge, attitude, and behaviour to have a positive influence on the development and the results of the pregnancy, birth and post natal care, as well as the care for the newborn.

4. Obesity. Aimed at DKV clients over 18 who present signs of being overweight or obesity. The objective of the programme is weight loss through following the advice of dieticians who will set objectives and design personalised diets and physical exercise routines to obtain them.

5. Child obesity. Aimed at clients who are parents of children who are overweight or obese. The main objective of the programme is to educate clients regarding the acquisition of healthy habits through educational material prepared for children and the personalised advice of dieticians.

6. Parents' school. The aim of this programme is to obtain a correct development for the child and to instil in him some healthy living habits from birth up to adolescence. It offers parents information about the care the infant needs (feeding, hygiene, vaccines, prevention of accidents, toys, clothes, etc.) besides the possibility of online advice for the different stages of growth and maturity of the children (infancy, puberty and adolescence) and a personal plan so that your child grows up healthy.

7. Prevention of breast cancer. Aimed at all women of 35 and over. The objective is to prevent breast cancer in an effective way and to detect it as early as possible. The programme offers personalised medical advice and recommendations about the most effective preventive activities depending on the personal characteristics of each insured person.

8. Prevention of prostate cancer. Aimed at men over 45 years of age. The objective is to prevent prostate cancer in an effective way and to detect it as early as possible. The programme offers personalised medical advice and recommendations about the most effective preventive activities depending on the personal characteristics of each insured person.

9. Prevention of cervical cancer.

Designed for all women between 18 and 65 of years who are sexually active. Includes periodic vaginal cytology to detect and treat dysplastic injuries at an early stage before they become cancerous.

10. Prevention of colon cancer. Colon cancer is the most frequent malign tumour in Spain. This programme has been designed for the general public and, especially, for those over 50 years with a family history of colon cancer.

It offers you, through online tools, the chance to assess the risk factors and helps you to avoid them. In addition, it offers a team of professional experts in prevention and healthy habits to give you long term, personal advice.

11. Preventing a stroke: A stroke is at present the second most common cause of death in Spain after heart disease. It is defined as the sudden appearance of an alteration in brain activity, exceeding 24 hours of a vascular origin, either haemorrhagic or ischemic. This programme for preventing a stroke is aimed at adults and, especially, at those with risk factors or a history of cardiovascular illness (diabetes, hypertension, hypercholesterolemia or obesity), offering, through online tools, the chance to assess risk factors and a team of professional experts who will help you to acquire healthy habits through a long term, personal programme.

12. Prevention of work related stress.

This programme is aimed at all those who work for a living and who are aware that there is something in their family or social life, or at work, that is preventing them from being happy, or those who, although they have not developed stress, have several risk factors.

c) Access:

Access to the above is exclusively **through internet on:**
www.programas.vivelasalud.com

Further details of the above services are available **by ringing any of these numbers 902 499 499, 913 438 596, 934 797 539.**

DKV Health and Wellness Club

The contracting of the “DKV Mundisalud” health insurance policy, both in its individual and its collective modalities, allows the insured person access to the additional services different to the DKV Health and Wellness Club, described below.

The details for the access to these services are included in the webpage www.dkvclubdesalud.com or are available through the telephone helplines given in the DKV Seguros medical directory.

1. e-Salud services

Medical advice at a distance

1.1 24 hour care

DKV Seguros’ insured clients have a 24 hour telephone helpline available, which is staffed by medical and administrative personnel, specialised in the coordination and activation of health care services in the home, depending on of the type of insurance taken out and the geographical area of residence.

1.2 24 hour DKV Doctor

This service provides DKV Seguros’ insured clients with telephone medical advice, offering information and solving doubts regarding symptoms, diagnostic tests, health problems and medication.

1.3 24 hour paediatric medical line

This service provides DKV Seguros’ insured clients with telephone medical advice from doctors or specialists in Paediatrics, offering information and solving doubts regarding symptoms, diagnostic tests, health problems of insured clients under 14 years of age.

1.4 Child obesity medical line

This service provides the parents of insured children in DKV Seguros with telephone advice, from doctors or technicians in diets and nutrition, providing strategies and medical documentation regarding the prevention and treatment of being overweight and child obesity.

1.5. Pregnancy medical line

This service provides DKV Seguros' pregnant insured clients with telephone medical advice given by doctors or specialists in Obstetrics, offering information and solving doubts regarding symptoms, diagnostic tests, health problems and appropriate medication for the stage of pregnancy.

1.6 Women's medical line

This service provides DKV Seguros' female insured clients with telephone medical advice given by female doctors or specialists offering information and solving doubts regarding symptoms, diagnostic tests, health problems and appropriate medication for women's health.

1.7 Sports medical line

This service provides DKV Seguros' insured clients with telephone advice related to Sports Medicine given by specialists in sports medicine, doctors or technicians in diets and nutrition, offering information and solving doubts regarding prevention of injuries, suitability of exercise when doing sports and advice regarding those pathologies that include physical exercise as part of the treatment prescribed by their doctor.

1.8 Medical nutritional line

This service provides DKV Seguros' insured clients with telephone dietary advice given by doctors or technicians in diets and nutrition, offering information and solving doubts regarding prevention for health and dietary control of pathologies that include diet therapy as part of the treatment prescribed by their doctor.

1.9 Medical tropical line

This service provides DKV Seguros' insured clients with telephone and internet medical advice, offering information and solving doubts regarding symptoms, diagnostic tests, health problems and chemoprophylaxis or specific medications for the speciality.

1.10 Psychoemotional helpline

The insured person can receive three consultations a year of a psychological character of thirty minutes each, and guidance by a qualified team of psychologists who study each case one by one. Opening hours 08:00 to 21:00 from Monday to Friday, and access via appointment.

1.11 DKV virtual doctor.

Medical advice via internet

This service provides DKV Seguros' insured clients With medical advice via the web (www.dkvseguros.com) and e-mail, providing medical information from Internet and solving doubts regarding diagnostic tests, health problems or medications.

Advice for serious illnesses

1.12 Second medical opinion

Through this free service, in the event of a serious illness, the insured person or his doctor will have access to the assessment and second opinion, at a distance, of a panel of leading medical specialists in the world.

These experts will study the medical records and offer their opinion regarding the diagnosis and possible alternative treatment.

1.13 Second bioethical opinion

By means of this free service, in the event of a serious illness, the insured person or his doctor will have access to the assessment and second opinion of specialists in bioethics who, in a confidential way and at distance, will study his medical records and offer their opinion about the bioethical aspects of a treatment or sensitive medical decision.

2. Dental service

DKV Seguros offers its clients access to dental treatment not included in their policy at special rates when visiting associated dental clinics included in the “DKV Health Care Network”.

With each renewal of the insurance contract, DKV Seguros may modify the dentists in the corresponding DKV Health Care Network, the subsidised dental fees and the dental services included.

3. Additional premium services

The insured person can access either directly or through vouchers, always assuming the cost, the “**DKV Health and Wellness Club Network of Services**”, which will allow him to enjoy the different additional services related to the promotion of health, prevention, aesthetics, personal self-care, retraining or physical and emotional well-being, and a variety of care services with some discounts and/or special rates well below those of the market.

So, depending on the type service that you want to use in the “**DKV Health and Wellness Club Network of Services**” there are two different forms of access

- › **Direct access to the service:** the insured person consults the rates of the centres or professionals available in the web **www.dkvclubdesalud.com**, directly requests an appointment with them and, on arriving at the centre, identifies himself with his card or DKV Seguros client number, which is necessary for the supplier to apply **the special DKV Health and Wellness Club rate**. Finally, the insured person pays the supplier for the service.
- › **Access with a voucher:** in other cases, however, to enjoy some services of the “**DKV Health and Wellness Club Network of Services**” it is necessary to acquire a voucher previously. These can be obtained by entering **www.dkvclubdesalud.com**, calling **902 499 150** or any branch of DKV Seguros directly.

On each renewal of the insurance contract, DKV Seguros may modify the “DKV Health and Wellness Club Network of Services”, the discounts offered with the vouchers, the rates and the services included in DKV Health and Wellness Club, including new services or discontinuing some of the existing services, with the purpose of adapting them to the services demanded by the insured persons.

3.1 Health Promotion Services

3.1.1 Wellness Services: spas and urban spas

DKV Seguros offers the insured persons discount vouchers for access to treatments of balneotherapy, hydrotherapy, kinesitherapy, drainage or firming treatments, with highly attractive conditions.

Spa: it is a thermal centre with the possibility of admission for rest and treatment with mineral waters declared of public use whose therapeutic action is contrasted and depends on their temperature, pressure, chemical composition, radioactivity, bacterial flora and dissolved gases.

Urban Spas: they are defined as such because they are located in urban centres and, because contrary to the spas, the clients only spend a few hours of the day in them and don't stay in them overnight.

3.1.2 Gyms and fitness

Access is by means of a voucher to the gyms included in the “DKV Health and Wellness Club Network of Services” at attractive rates.

3.1.3 Nutritional dietary advice

Access at special rates to a face to face consultation and design of a personalised dietary plan, as well as the subsequent follow up.

3.2 Preventive services

3.2.1 Predictive genetic studies

In indications not covered by the policy, access through a discount voucher, to studies that provide information about the risk of a specific person developing a certain genetic illness. The analysis is usually carried out with a sample of blood that is examined in the genetics laboratory to determine if there are changes in the gene or genes related with the illness. The studies that may be carried out are: prenatal screening test of foetal DNA in maternal blood, cardiovascular risk test, genetic profile of obesity and paternity tests among others.

3.2.2 Giving up smoking

Access at highly attractive rates, by means of the acquisition of a voucher, to a new service to stop smoking by means of different techniques.

3.2.3 Cryopreservation in bank of umbilical cord hematopoietic stem cells

The transplant of umbilical cord blood cells is at the moment a habitual treatment for many serious illnesses (leukaemia, lymphomas, neuroblastoma, thalassemia, etc.). The insured persons that wish to access the service, with economically advantageous conditions, can acquire a voucher that covers the collection, transport, preliminary analyses and conservation of umbilical cord cells of the children from the moment of birth in a private bank for a period of 20 years (with the possibility of an extension).

3.2.4 Cryopreservation in bank of mesenchymal stem cells from adipose tissue

This innovative service allows you after making a mini liposuction, the option to cryopreserve adult stem cells derived from adipose tissue, which have a high therapeutic potential for their future application in regenerative medicine and cosmetic surgery. Mesenchymal stem cells (MSC) are multipotent adult cells of great plasticity, which are able to differentiate into different cell lineages to regenerate destroyed or damaged tissues, such as in the treatment of extensive burn scars, limbo-corneal ulcers and bone fractures that do not heal.

3.2.5 Biomechanical study of walking

This service provides access of the insured persons, with a discount voucher, to an associated network of podiatry centres specialized in the design and preparation of fully made to measure insoles, and follow up visits and guarantee.

3.3 Medical cosmetic or aesthetic services

3.3.1 Refractive laser surgery for myopia, hypermetropia and astigmatism.

DKV Seguros offers its insured persons, by means of the acquisition of a discount voucher, a special network of specialised Ophthalmological clinics for the laser treatment of refraction defects (myopia, hypermetropia and astigmatism) at highly attractive rates.

3.3.2 Surgery for presbyopia

Presbyopia, it is a visual defect that usually appears at the age of forty or forty five years and is the decrease in the ability of the eye to change shape easily resulting in loss of near vision. DKV Seguros provides the insured persons with access to a network of ophthalmological centres that specialise in the surgical correction of this visual defect, by fitting intraocular lenses, acquiring a voucher that offers attractive rates.

3.3.3 Medicine and aesthetic surgery

Includes the access with a discount voucher to a consultation and a wide range of non-invasive facial and corporal treatments (peelings, stains, lymphatic drainage, firming, etc.,) and surgical such as mammoplasty, abdominoplasty, etc. at special rates.

3.4 Complementary health services

3.4.1 Assisted reproduction treatment

DKV Seguros offers their insured persons, by means of the acquisition of a discount voucher, access to a network of clinics that specialise in the diagnosis and treatment of infertility, with the most advanced assisted reproduction techniques, such as fecundation in vitro, artificial insemination, transfer of embryos, and/or the cryopreservation of eggs, sperm and embryos as required.

3.4.2 Alternative therapies

DKV Seguros offers the insured clients in the “DKV Health and Wellness Club Network of Services” a network of medical homoeopaths, acupuncturists and graduates in osteopathy and chiro massage with special rates for a consultation or session.

3.4.2.1 Homeopathy: therapeutic technique based on a complete clinical observation that leads to the prescription of homeopathic medications, in minimal, very diluted or infinitesimal doses, based on the phenomenon of similarity.

3.4.2.2 Acupuncture: therapeutic technique of traditional Chinese medicine whose aim is to restore health via the insertion and manipulation of needles in the body.

3.4.2.3 Osteopathy or chiro massage: physical or manual therapy, complementary to allopathic or conventional medicine, directed at the treatment of musculoskeletal disfunctions producing pain in the spine and extremities.

3.4.3 Psychology

Access to the psychologists in the “DKV Health Club Network of Services” at special rates, for psychological or psychometric tests and/or psychotherapy sessions, **when the maximum annual limit per insured person and years stipulated in the general conditions of the insurance policy has been exceeded.**

3.4.4 Medical consultations of specialties and means of diagnosis and/or out patient treatment

In the case of DKV Mundisalud hospital care, you can take advantage of, having identified yourself beforehand with your Medi-Card, the special rates of DKV Health Club for those services non included in your modality (see further details by visiting www.dkvclubdesalud.com).

3.5. Personal self help services

3.5.1 Auditory health

Provides access to an auditory check up, by means of the acquisition of a discount voucher, in the DKV Health and Wellness Club network of auditory centres and the purchase of headsets at highly attractive rates.

3.5.2 Healthy hair

This service facilitates access with a discount voucher to a personalised diagnosis that includes the fitting of a hair prosthesis or wigs in oncology patients and the most advanced treatments to avoid the progressive loss of hair or alopecia, such as capillary micro grafting or implants.

3.5.3 Optics service

The insured person via the acquisition of a voucher can obtain important discounts in the DKV Health and Wellness Club of opticians for the purchase of glasses (frames and lenses) contact lenses and their hygiene or cleaning liquids.

3.5.4 Orthopaedics service

It allows access to the purchase of any orthoprosthesis device at very competitive rates with a discount voucher.

3.5.5 On line parapharmacy

The insured person has access to, having previously acquired a discount voucher, the purchase with advantageous economic conditions of over the counter parapharmacy products (cosmetics, insect repellents, solar protectors, etc...) not considered drugs, contributing actively to the well-being and health of people.

3.6 Rehabilitation services

3.6.1 Rehabilitation therapy for recovery from dysfunctions of phonation, speech or language

DKV Seguros offers its insured persons a logopaedic service at special rates per session, for the treatment of the alterations of phonation, speech or language, for indications not included in the insurance policy (dysfunctions of neurodevelopment, learning, dyslexia, dyslalia, dysphemia, etc.).

3.6.2 Home therapy for sleep apnea syndrome

This service facilitates the purchase at highly attractive rates of home ventilation devices, with a discount voucher, for CPAP (Continuous Positive Airway Pressure) or BiPAP (Bilevel Positive Airway Pressure) device. These devices permit the supply of air at a continuous preset positive pressure during sleep at home, to patients with daytime hypersomnia restricting their activity and/or with associated risk factors (arterial hypertension, cardiovascular cerebrovascular illnesses and risk of traffic accidents). You can also access treatment for apnea with intra-oral splints.

3.6.3 Programme of rehabilitation of the pelvic floor.

The insured person can also enjoy access to the Kit Birdi pelvi perineal rehabilitation training programme, based on Kegel exercises, with a DKV Health and Wellness Club discount voucher, via a mobile or PC / Tablet, the activity of the muscles of the pelvic floor are monitored and registered in a web so that the user and/or the doctor can carry out the follow up.

4. Network of clinics in the USA

This service offers clients of DKV Mundisalud access to a wide range of selected associated clinics in the USA for a programmed medical-surgical admission.

Insured persons who wish to be attended to in these hospitals, with prior application and authorisation from DKV Seguros, will not have to pay the invoices in full and request a subsequent refund, but will only have to pay the proportion not covered by the policy taken out (when applicable) and DKV Seguros will pay the amount covered.

In addition, DKV Seguros can take care of the travel arrangements and transfer to the hospital, if the client wishes.

5. Call centre

General information and authorisations.

DKV Seguros' clients have access to a telephone consultation service to get information about the medical directory, to request authorisations, take out policies or services offered by the company, to make suggestions or deal with practically any other administrative process without having to go to an office.

General conditions

1.

Preliminary clause

This contract is subject to Insurance Contract Law 50/1980 dated October 8.

The control of the activities of the insurance company DKV Seguros y Reaseguros S.A.E. (henceforth DKV Seguros) situated at Torre DKV Avenida María Zambrano 31, 50018 Zaragoza corresponds to the Kingdom of Spain, and in particular to the Ministry of Economy via the General Directorate of Insurance and Pension Funds.

The contract consists of the following documents:

- › The application form
- › The health declaration
- › The general conditions
- › The particular conditions
- › The special conditions (where applicable)
- › The supplements or appendices

The transcriptions or references to laws require no expressed acceptance as they are compulsory in any case.

The policy holders of the insurance, insured persons, beneficiaries, affected third parties or claimants of any of these, in defence of their interests and for the resolution of any conflicts that may arise with DKV Seguros can make their complaint or appeal in the following ways:

To any DKV Seguros office or DKV Seguros Clients' Attention Service.

The appeals can be sent by post or fax to the address: Torre DKV Avenida María Zambrano 31, 50018 Zaragoza, by telephone, ringing any of these numbers 902 499 499, 913 438 596, 934 797 539; fax 976 28 91 35, or via e-mail by sending it to: defensacliente@dkvseguros.es.

The client may select the means through which he would like the reply to be made and address at which to receive it. The complaint will be answered in writing within two months. The Regulations of DKV Seguros Clients' Attention Service are available from DKV Seguros' offices.

Once this two month term has lapsed and if you are not fully satisfied with the proposed solution, you may visit the Commissioner for the Defence of Clients of Financial Services, situated at Pº. de la Castellana 44, 28046 Madrid, where on showing the previous procedure made to DKV Seguros you will be able to make an official appeal.

Without the aforementioned steps being affected, you may also make a legal claim before the corresponding Courts.

2.

Basic concepts. Definitions

For the effects of this contract the following terms are defined as:

A

Accident

Any kind of body damage suffered during the validity of the policy, which has been documented as being due to an external, violent and sudden cause against the will of the insured person, resulting in temporary or permanent disability, or death.

Actuarial age

The age of each insured person on his closest birthday (past or future) to the effective date, or the date of extending the policy.

Additional curing aids

Elements, anatomical parts and devices as prescribed by a doctor and purchased in orthopaedics, pharmacy, optical or similar establishments that are applied for the treatment of a wound or injury, or to prevent or correct deformities of the human body.

Angiogenesis inhibitor

Biological medication that acts on the growth factor of the vascular endothelium (VEGF) essential for the formation of new blood vessels (angiogenesis) inhibiting their growth.

B

Biological or synthetic material

Also known as biological prostheses, these are implanted by means of special techniques to replace, regenerate or add to an organ or its function. Includes cell transplants for regenerative purposes.

Biomaterial

Materials, natural (biological of either animal or human origin) or artificial (man made), used in the production of items or sanitary products that interact with biological systems, applied in various medical specialties.

C

Cardiac rehabilitation

The activities required to restore an optimum functional level after an acute heart attack, from a physical point of view.

Clinical psychology

Specialist area of Psychology that deals with the treatment and rehabilitation of anomalies and disorders of human behaviour.

Clinical psychologist

Graduate in Psychology who specialises in Clinical Psychology.

Collective insurance modality

For the effects of the contracting, it is considered that the insurance policy is of a collective modality when it includes a minimum of ten insured persons linked by a bond other than the interest of insuring, that fulfil the legal conditions for insuring and whose coverage is made by means of obligatory adhesion (closed collective) or voluntary (open or co-financed collectives) to some contracting conditions and/or single contract previously agreed with DKV Seguros and the contracting collective.

Complete medical care

Includes all the specialties and health care services included in the insurance policy in the modules of primary care, specialists and complementary means of diagnosis and treatment, and hospital care and surgery.

Congenital abnormality, defect, illness, or injury

Present at the moment of birth as a result of hereditary factors or medical conditions acquired during pregnancy up to the moment of the birth itself.

A congenital condition may show up and be recognised immediately after the birth, or be diagnosed later at any time during the individual's life.

Cytostatic

Cytotoxic medication used in oncological chemotherapy that is able to stop the development of the cancer acting directly on the integrity of the chains of deoxyribonucleic acid (DNA) and the cellular mitosis, inhibiting normal cellular multiplication, both of healthy and tumour cells. This therapeutic subgroup includes, for their action mechanism: the alkylating agents, the antimetabolites, plant alkaloids and of other natural products, cytotoxic antibiotics, those made from platinum and methylhydrazines.

D

Dkv health care network

The list of professionals and hospitals associated to DKV Seguros throughout Spain.

E

Enzymatic and /or molecular inhibitor

Biologically directed pharmaceuticals that act on a therapeutic, intra or extra cellular target, inhibiting the generation and transmission of signals for cellular growth. This therapeutic subgroup includes enzymatic transcription inhibitors of different levels (e.g. inhibitors of the protein kinase, of the tyrosine kinase, of proteasomes, etc).

Excess (exemption sum)

Amount established in the policy from which the coverage starts for DKV Seguros. The policy holder or the insured person will pay this amount.

External means

Doctors and centres not included in the DKV Health Care Network.

Extra premium

Additional quantity or complementary premium paid for a risk which is excluded from the general conditions.

G

Genetic therapy

The process that allows the treatment of hereditary illnesses, cancer, infections and other illnesses, by means of the modification of cellular genome.

Genetic therapy consists of inserting, by means of different vectors, genetic material in a target cell to obtain a therapeutic effect (synthesis of a protein of interest, to compensate a genetic deficit, to stimulate the immune response to a tumour or resistance to infection by a virus).

H

Heliocoidal radiation therapy or tomotherapy

Real time image guided helical radiotherapy, also called tomotherapy, integrates TAC and a multilayer binary linear accelerator (64) in a single device. It is an advanced radiotherapy modality that enables you to obtain a three-dimensional image of the tumour before administering the radiation and to focus the radiation on the tumor from many different directions by rotating the machine's radiation source around the patient in a spiral manner. It is also called helical tomotherapy.

High medical technology

Refers to the new applications of electronics, computer science, robotics and bioengineering in the field of medicine, especially in diagnosis technologies and medical treatment. These techniques are characterised by a high investment cost, the need for specialised personnel, and are subject to reports from the health technologies assessment agencies (AETS) to verify whether their security and effectiveness in the different indications are sufficiently strong to replace the existing technology.

Hospital or clinic

All public or private establishments that are legally authorised for the medical treatment of illnesses, body injury or accidents, with permanent medical staff and equipped with the means required to carry out diagnoses and surgical operations.

Hospital care for social or family reasons

Admission to, or extended stay in, hospital for reasons unrelated to objective medical pathologies and therefore not requiring hospitalisation in the judgement of a DKV Seguros doctor, but rather for social and/or family motives. Such cases are not covered by the policy.

I

Illness or injury

Alteration of health that occurs while the policy is effective, not resulting from an accident, the diagnosis and confirmation of which is carried out by a legally recognised physician in the place where he provides his services.

Immunotherapy or biological therapy

Immunotherapy or biological therapy (also sometimes called biotherapy or biological answer modifier therapy) is based on modifying, stimulating or restoring the capacity of the immune system to fight against cancer, infections and other illnesses. It is also used to diminish certain secondary effects that some oncological treatments can cause. The substances or medications used in anti tumour immunotherapy are: non specific immunomodulating agents, interferons, interleukins, growth factors or colony stimulants, monoclonal antibodies or specific antigen-anti tumour agents, therapies with cytokines and vaccines.

Implant

Sanitary product designed to be total or partially inserted in the human body by surgery or special techniques, with a diagnostic, therapeutic and /or aesthetic purpose, intended to remain there after the operation.

Indisputable contract

A term in the contract effective a year after contracting the policy, or of new insured persons joining by which DKV Seguros agrees to cover all pre-existing illnesses, as long as they were unknown to the insured person and that their omission in the health statement was unintentional.

Individual insurance modality

For the effects of the contracting, it is considered that the insurance policy is of an individual modality when it includes a minimum of one insured person and a maximum of nine, linked by a bond other than the interest of insuring, commonly first degree relatives (the holder, spouse or common law partner, and their non emancipated children under 30 cohabiting in the same family residence), and whose coverage in any case is carried out by means of obligatory adhesion (closed collective) or voluntary (open or co-financed collectives) to some contracting conditions and/or single contract previously agreed with DKV Seguros and the contracting collective.

In-patient health care

Hospital care is the care that is given in a hospital centre with admission for at least 24 hours for the insured person's medical or surgical treatment.

Insurance application

The questionnaire made available by DKV Seguros in which the policy holder describes the risk he wishes to insure with all the circumstances that he is aware of and which may influence the evaluation of the said risk.

Insured person

The individual who receives the health care.

Insurer

DKV Seguros y Reaseguros S.A.E.

Intensity modulated radiation therapy (IMRT)

A type of specifically shaped three-dimensional radiotherapy that uses computer generated images, by means of inversely planned computer programs, to show the size and exact shape of a tumour, to direct beams of radiation from multilayered linear accelerators at different angles and varying intensities toward the tumour, concentrating the maximum intensity on the tumour itself, and limiting the dose that the healthy adjacent tissues receive. It is also called RIM.

L

Life threatening emergency

A situation that requires medical health care immediately or without delay (in a few hours) as a delay could affect the life or cause irreparable damage to the physical state of the patient.

Limiting clause

Agreement stipulated in the insurance policy, by means of which the extension of the guarantee is limited or which leaves it without effect when some risk related circumstances arise.

M

Major out patient surgery

All surgery carried out in an operating theatre with general, local or regional anaesthetic or sedation that requires little post operative and short term care, which does not require hospital care and therefore patients can be discharged a few hours after the operation.

Medical and surgical fees

Professional fees corresponding to surgery and/or a stay in hospital. Includes the fees of the surgeon, assistants, anaesthetists, midwife, and those of any other staff who were strictly necessary for the surgery or treatment given.

Medical or surgical hospital care

A stay in hospital that is required to receive medical or surgical care.

Includes the costs arising from a stay in hospital, medical fees corresponding to the surgical-medical treatment given and the prosthesis, if applicable.

Medicine

Agent or simple or compound substance administered to inside or outside of the person for therapeutic purposes. Medications do not included nutritious, comforting products, cosmetic, cosmetics, mineral water, hygiene, body care products or bath additives.

N

Neonatal care

All medical or surgical treatment that affects a new born baby during the first four weeks (28 days) of his life.

N.I.C.E clinical guides.

The National Institute for Health and Clinical Excellence (NICE) is a non-profit public organisation created in 1999, belonging to the Department of Health of the United Kingdom, responsible for providing information and guidance to staff related to the health sector for the prevention and treatment of diseases, as well as make recommendations based on the available scientific evidence regarding the therapeutic usefulness (safety and cost-effectiveness) of certain health and medications (including radiopharmaceuticals and anti-tumour or cancer). NICE guidelines Clinical practice are world renowned and the most widely developed, therefore they have been selected as a reference to assess chemotherapy and radiation oncology with efficiency criteria, having based its recommendations on articles with the highest level of evidence, and not on publications of expert groups, or any other convenient source.

O

Orthopaedic material and arch supports

Sanitary products for permanent or temporary external use that are specifically adapted to the patient. They are designed to modify the structural or functional conditions of the neuromuscular or skeletal system, without their fitting ever requiring surgery.

Osteosynthetic material

Piece or element of any kind used in the joints of fractured bones, or to link ends of joints.

Out-patient health care

Refers to the diagnostic and /or therapeutic care that is habitually given in surgeries, at the patient's home and/ or at a hospital or clinic without an overnight stay or a stay of less than 24 hours (eg. casualty, day visits). Major out patient surgery is not included in this concept.

Own means

Doctors and centres included in the DKV Health Care Network.

P

Pain unit

Medical service specialised in the treatment of chronic pain.

Period of grace

The period of time after the insurance is in force, during which some of the coverage included in the guarantees of the policy is not effective.

Physician

Graduate or Doctor in medicine who is legally qualified and authorised to provide medical or surgical treatment for the illness, ailment or injury that the insured person is suffering.

Policy

The insurance contract, the document that contains the general conditions, the particular conditions, the special conditions, plus the supplements or appendices that are issued to establish additions to or change the above. the application form and the health declaration also form part of the policy.

Policy holder

The individual or legal entity that, together with the Insurer, subscribes this contract with DKV Seguros and accepts the obligations derived from the said contract, except for the obligations of the insured person.

Pre-existence

Health condition (for example pregnancy), alteration or organic disorder that existed before the moment of taking the policy out or it becoming effective and which is normally determined by signs or symptoms, regardless of whether or not a medical diagnosis has been given.

Pre-existing health condition

Health state or condition, not necessarily pathological (for example pregnancy), that began before the inclusion of the insured person in the policy.

Premature or preterm childbirth

Premature or preterm childbirth is considered to be that occurring after the twentieth week and before the thirty seventh week of gestation, provided that the pregnancy had not begun and the insured person could not have been aware of it before the date of its inclusion in the policy.

Premium

The price of the insurance. The receipt includes the surcharges and taxes that are legally applicable.

Psychotherapy

Method of treatment used on a patient suffering from a psychiatric conflict with a psychiatrist's prescription or recommendation.

Q

Questionnaire or health declaration

Question sheet which forms an integral part of the insurance policy made available to the policy holder and/or insured person by DKV Seguros, whose aim is to determine his state of health, in addition to discovering the circumstances that could influence the evaluation of the risk and the contracting of the policy.

R

Radical or oncologic surgery

Surgical process on the breast or other types of organs following an oncologic diagnosis.

Regenerative medicine

Includes techniques of tissue regeneration, cellular or molecular therapy, implants or transplants of mother cells and tissue engineering.

Rehabilitation

All the acts prescribed by a orthopaedic surgeon, neurologist, rheumatologist or specialist in rehabilitation and carried out by a specialist in rehabilitation or a physiotherapist in rehabilitation centres, with the purpose of returning functionality to the parts of the locomotive apparatus that have been affected by the consequences of a illness or accident caused while the policy is effective.

Robotic or computer assisted surgery

Surgical acts that a robot carries out, guided by images or computer assisted, following the instructions of a surgeon aided with a telerobotic assistant for laparoscopic system and/or that assisted by a virtual reality computerised system or navigator with computer obtained 3D images.

S

Short stay surgery

All kinds of surgery that have a maximum stay of 48 hours in hospital.

Special care unit

Section or area that is specially equipped and staffed by doctors and nurses who specialise in giving specific treatment.

Surgical operation

Diagnostic or therapeutic act carried out by means of an incision or other internal approach by a surgeon or surgical team usually requiring the use an operating theatre of a legally authorised hospital.

Surgical prostheses

Permanent or temporary health care products that in the event of the absence, defect or anomaly of an organ or part of the body substitute or restore, total or partially, its physiological function.

T

Table of coverage and limits in an appendix to the particular conditions

Written document in an appendix to the particular conditions that forms part of the insurance contract together with the general conditions and which is made available at the same time, which contains the coverage and refund limits agreed with the policy holder.

Traffic accident

Accident suffered by the insured person as a pedestrian; user of public transport, scheduled or charter flights; car driver or passenger; whilst riding a bicycle or motorbike on all kinds of public roads or private road open to the public.

3.

Modality, extension and territorial scope of the policy

3.1 Object of the insurance

By means of this policy, DKV Seguros, within the limits stipulated in the particular conditions and table of coverage and limits in the appendix and special conditions and/or questionnaire for determining the risk, covers medical, surgical and hospital health care for all kinds of illnesses or injuries included in the described specialities according to the health care modality taken out; after payment of the relevant premium.

Diagnostic and therapeutic advances in medical science that appear during the coverage of the policy will only be included to form part of the coverage of the policy when.

1. Studies of their safety and effectiveness have been verified by means of a positive report by the Health Technology Assessment Agencies depending on the regional health care services or the Ministry of Health.

2. They are expressly included in Section 4 “Description of the coverage” of the general Conditions.

With each renewal of the policy DKV Seguros will explain the techniques and treatment that will form part of the new coverage of the policy for the subsequent period.

3.2 Modality of the insurance

The policy “DKV Mundisalud” is based on a mixed system in which the insured person can choose between:

- › Receiving the services through the associated DKV Health Care Network all over Spain, showing his Medi-Card® and the corresponding authorisation, where required. (Own Means Care Modality).
- › Free choice of doctors or centres other than those in the associated network.

in this case DKV Seguros will refund the invoices paid according to the percentages and limits specified in the table of coverage and limits in the appendix to the particular conditions of the policy. (external means care modality).

Under no circumstances will DKV refund the insured person for invoices issued by a doctors and centres in the associated DKV Health Care Network.

The right to the free choice of physician and hospital implies the lack of direct, joint or subsequent responsibility of DKV Seguros for their acts which DKV Seguros cannot control due to the professional secrecy, confidentiality of health data and denying unwarranted access to third parties in the health sector.

The modality of the service provided is that specified in article 105 paragraph 1º Law of Insurance Contracts- payment of health care expenses-, without assuming directly the provision of those services supplied by professionals and qualified centres. In case of incorrect medical or hospital practice, the insured person is under an obligation to make a complaint exclusively against those professionals or centres directly intervening in the provision of the service and their respective insurance companies of civil responsibility, leaving DKV Seguros free of any responsibility.

The modality of the insurance policy and determined coverage vary depending on the type of subscription taken out by the insured person. There are two modalities for the effects of contracting, the individual insurance modality with access to some exclusive coverage of this modality (See Appendix II) and the collective insurance modality without access to the same.

3.3 Territorial scope

For the own means care modality, medical and surgical health care is provided throughout Spain for all modalities.

for external means care modality, except in the case of DKV Mundisalud Combinado whose territorial scope is exclusively Spain, for all other modalities the insured person may be attended to by any doctor, in any centre anywhere in the world, provided that the insured person's habitual residence is in Spain for at least nine months of the year in Spain.

If this residence has moved abroad, the present policy would not be renewed when it expires at the end of the year.

3.4. Access to coverage

Specific regulation for own means care modality

In the DKV Health Care Network

a) DKV Seguros will provide the policy holder with a DKV Medi-Card®, which is non transferable and for his personal use, as a means of identification for each beneficiary and information about the DKV Health Care Network with a breakdown of the associated medical services, health care professionals, diagnoses centres, hospital centres, emergency services and complementary services as well as their addresses and timetables.

b) The services covered by the policy may have free access or require previous authorisation from DKV Seguros.

Generally, the consultations of primary care, medical- surgical specialists and emergency consultations, as well as basic diagnosis tests have free access.

Hospital admissions, surgery, prostheses and surgical implants, psychotherapy sessions, preventative programmes or check ups, transfers by ambulance, therapeutic acts and complex diagnosis tests, which are detailed in the DKV Health Care Network, require authorisation.

c) With respect to this policy a claim is understood to have been made when the insured person requests a service or its authorisation from DKV Seguros' associated doctors or hospitals.

d) Under no circumstances will DKV Seguros refund the insured person for invoices issued by doctors or centres belonging to the associated DKV Health Care Network, or any service that required previous authorisation which had not been given beforehand.

e) To identify yourself to any doctor or centre of the Health Care Network as an insured person of DKV Seguros, just present the Medi-Card®.

Similarly, you may be obliged to show your identity card or some other official document verifying your identity (Passport, Residence permit, etc.), if required by the health care or auxiliary staff.

DKV Seguros will issue the corresponding authorisations to access the services, with the written prescription of a doctor and following administrative confirmation, unless the service is not covered by the policy.

To issue the authorisations, process the claims, to inform the client about additional services and/or to administer plans of prevention and promotion of good health, DKV Seguros is authorised to collect medical information related to prescriptions, directly from the doctor and/or centre, and request an additional medical report from the insured person containing the history, risk factors, diagnosis and need for treatment.

Despite that mentioned in the previous paragraphs, in emergency cases the insured person, or person acting on his behalf, has to notify DKV Seguros of the claim in a demonstrable manner to obtain their confirmation and authorisation within 72 hours following admission, or after receiving health care.

In cases of life threatening emergency DKV Seguros will be financially bound until the moment that it expresses its doubts about the medical order, in which case it is understood that the policy no longer covers the medical care or the hospitalisation.

f) The authorisations can be requested by telephone, from the Call Centre by ringing any of these numbers 902 499 499, 913 438 596, 934 797 539; by fax (902 499 000), through the web www.dkvseguros.com or in any of the offices of DKV Seguros.

Specific regulations for external means care modality.

Health care received outside the DKV Health Care Network:

a) For the effects of this policy a claim is understood to have been made when the insured person requests a refund.

b) Within a maximum period of fifteen days the policy holder or insured person must request the refund of the medical expenses guaranteed by the policy and present DKV Seguros with the paid invoices clearly showing all the external services received, the doctor's prescribing note and the medical report specifying the origin and nature of the illness.

To do so DKV Seguros has prepared a special "Refunds Form" to complete. The administrative requirements are described on the back of this document.

The insured person and his relatives must provide the reports and justifications that DKV Seguros consider necessary.

Not fulfilling this obligation may lead to the refund being denied.

c) The refund will be made in the following way:

- › Once the refunds form has been submitted with the reports and original invoices showing the services received, DKV Seguros will pay the costs according to the percentage and limits established in the policy and the table of coverage and limits in the appendix
- › The payment will be made to the current account indicated. Payment made in this way is totally valid, efficient and final for DKV Seguros.
- › Invoices paid in foreign currencies by the insured person will be refunded in Spain in euros according to the exchange rate on the day of payment, or else that of the issuing date of the invoice, or otherwise the date on which the service was provided.
- › The costs of translating reports, invoices, or bills for doctors' fees will be settled by DKV Seguros if and only if they are in English, German, French or Portuguese. Those of other languages must be paid by the insured person.

d) Under no circumstances will DKV Seguros reimburse the insured person the cost of the invoices issued by public hospitals, centres or other establishments integrated in the Spanish National Health System and/ or those depending on the autonomous communities, for the medical, surgical and hospital care provided, **except for cases of life saving emergency whose concept is defined in this document**, and only with express authorisation of DKV Seguros.

3.5 Subrogation clause or surrender of rights

Once the refund has been made or the service provided, DKV Seguros can exercise its rights and take the legal steps that due to the nature of the claim correspond to the insured person against persons responsible for the claim up to the amount of compensation paid.

The insured person is obliged to provide DKV Seguros with all the necessary documents required to proceed with the subrogation.

This right to subrogation cannot be used against the insured person's spouse nor any other blood relative up to the third degree, adopting father or adopted son, who live with the insured person.

4.

Description of the coverage

The specialities, health care and other services that you are entitled to with this contract are grouped together:

- Depending on whether they are usually provided in a hospital or outside.

a) OUT-PATIENT CARE

Out-Patient Care includes all the consultations of primary care, emergencies and medical or surgical specialities as well as means of diagnosis, therapeutic methods and complementary coverage on an outpatient basis.

Specifically included are the following:

- › The specific preventive programmes, detailed in Section 4.7. (including preparation for the birth)
- › Clinical psychology.
- › Fitting an IUD.
- › Logopaedia and Phoniatics.
- › Minor surgery corresponding to Surgical Groups 0 and I, according to the directory “Classification terminology and coding of events and medical techniques” of the OMC,

exclusively carried out by health care professionals in consultations. You can consult the complete list of the surgical acts included in the aforementioned groups via the latest version of the OMC directory, valid for the current year, in the web page www.cgcom.org

- › Sleep unit or polysomnography.
- › Pain unit for the treatment of chronic pain.

b) HOSPITAL CARE

Hospital care includes the expenses arising from a stay in hospital and the medical and surgical fees derived from the treatment given, including pre-operative or pre-anaesthetic study (consultation, analysis and electrocardiogram), immediate post operative visits and treatment (up to 2 months after surgery), major outpatient surgery and, if required, prosthesis.

Specifically included in this care modality are other treatments described in section 4.6 of the General Conditions.

- According to the care modality taken out.

4.1 Primary care

General medicine: Medical care at a surgery or at home, as well as the prescription of basic diagnostic means.

Paediatrics and child care: child care up to 14 years of age, at a surgery or at home, and the prescription of basic diagnostic means.

Includes basic analytic blood tests (excluding hormone, immune, genetic and molecular biological tests), urine tests and standard X-rays (non contrast).

Nursing services: (injections/cures): Services of Health Care Technical Assistant or University Graduate (ATS/DUE) that will be given in a centre and at home with a prior written prescription from the doctor attending the insured person.

Ambulance service: for cases of urgent need, road transport is included from the place where the insured person is located to the nearest hospital where the treatment can be carried out and viceversa, provided that special circumstances impede him from physically using ordinary means of transport (public transport, taxi, private car).

Transport with incubators is included.

The written authorisation of a doctor together with a report indicating the need for assisted transfer will be required in all cases.

4.2 Emergency care

Care at home: For justifiable cases and only in areas where DKV Seguros has the service available, health care at home for general medicine, paediatrics, nursing and ambulance where required.

For emergencies the insured person should use the emergency services that DKV Seguros has available.

Emergency Out -Patients service: In a health centre with 24 hour service, including ambulance.

Emergency hospital service: For emergency health care provided at a hospital.

4.3 Medical specialities and surgery

Allergy & immunology treatment: The vaccines will be at the expense of the insured person, except for that stipulated in section 4.7.1 child health programme, up to the limits stated in the table of coverage and limits in the appendix to the particular conditions.

Anaesthesiology-resuscitation: includes epidural anaesthesia.

Angiology and cardiovascular surgery.

Brain surgery.

Cardiology-circulatory system: Includes cardiac rehabilitation after acute myocardial infarction.

Cardiovascular surgery.

Dermatology (medical & surgical). includes outpatient phototherapy with narrowband (UVB-BE) ultraviolet radiation B for the indications given in Section 4.5 (“therapeutic methods”) of the general conditions.

Digestive apparatus.

Endocrinology and nutrition.

General and gastrointestinal surgery.

Includes bariatric surgery for a body mass index of 40 or over (morbid obesity), in national associated centres.

Geriatrics.

Gynaecology: Includes diagnosis and treatment of women’s illnesses. Coverage includes a yearly gynaecological check-up, family planning, the use of surgical lasers (CO₂, Erbium and diode) and fertility and sterility tests.

Assisted reproduction treatment is at the client’s expense. (see Additional Services).

Haematology & haemotherapy.

Internal medicine.

Midwife: Registered nursing assistant (ATS) or qualified nurse (DUE) specialised in providing care during childbirth.

Nephrology.

Neonatology.

Neurology.

Nuclear medicine.

Obstetrics: Including control of pregnancy and childbirth assistance.

Includes “triple screening” EBA-Screening (the first trimester combined test) and amniocentesis or chorion biopsy to obtain the chromosomal karyotype, for the diagnosis of foetal anomalies up to a maximum limit per person and per natural year, stipulated in the table of coverage and limits in the appendix to the particular conditions for the sum of the previous items provided that the insured person uses the external means care modality.

Also includes **the genetic test of prenatal screening in maternal blood for trisomy 21 (Down) 18 (Edwards) and 13 (Patau) is only covered for high-risk pregnancies**, multiple gestation and a history of repeated miscarriages (two or more) of unknown cause, and **when the first trimester combined test is positive** (with risk of abnormality in the foetus of more than 1/250) **up to a maximum limit per person and per natural year, stipulated in the table of coverage and limits in the appendix to the particular conditions.**

Odontostomatology: Includes consultations, extractions and stomatological cures, dental cleans and associated X-rays.

Also, until 14 years of age coverage includes fissure sealers and obturations (fillings).

Other dental care requires the client’s participation in the expense through the Dental Service (see Additional Services).

Oncology. Includes intra operative molecular diagnosis of the sentinel node for breast cancer at an early stage, without lymphatic extension using the OSNA technique.

Ophthalmology: Includes cross linking or corneal cross linking technique, cornea transplants and use of surgical laser, except for the correction for visual refraction defects (myopia, hypermetropia and astigmatism), and presbyopia, **which are at the client's expense** (see Additional Services).

Orthopaedic surgery: includes arthroscopic surgery, percutaneous nucleotomy and chemonucleolysis.

Oral and maxillofacial surgery.

Otorhinolaryngology: Includes adenoamigdaloplasty and surgery for nasal turbinates or turbinoplasty by radiofrequency, and the use of laser in the operating theatre **except for surgery for snoring, obstructive sleep apnea or uvulopalatopharyngoplasty.**

Paediatric surgery.

Peripheral vascular surgery: Includes the use of endoluminal laser in the operating theatre for treatment of varicose veins **except for that stipulated in section 5.f ("Excluded Coverage")** of the General Conditions.

Plastic and repair surgery: Surgery to repair injuries using plasties and grafts.

Plastic surgery for aesthetic purposes is not included, except for:

- 1. in the case of oncoplastic breast reconstruction after radical surgery, and if required, during the same operation the reconstruction of the healthy contralateral breast (maximum limit of one year after the oncology surgery)** Includes the breast prosthesis, skin expanders and coated breast meshes.

- 2. Breast reduction for women over 18 years with gigantomastia (more than 1500 grams or ml. of volume for each breast): a distance from the nipple of more than 32 cm to the suprasternal notch, minimum removal of 1000 gr for each breast, and an index of body mass equal to or less than 30.**

Pneumology-respiratory tract: includes home therapy in severe obstructive sleep apnoea/hypopnoea syndrome (OSAHS) (see section 4.5 "Therapeutic methods" of the General Conditions).

Proctology: Includes the use of a surgical laser for the treatment of rectal and haemorrhoidal pathologies.

Psychiatry: Mainly neuro-biological treatment.

Rehabilitation: Under the direction of a specialist physician who is specifically qualified in this area and assisted by physiotherapists to restore the correct functioning of those parts of the locomotor apparatus injured due to an illness or accident and carried out in a suitably prepared centre.

A suitably prepared centre, or specific rehabilitation centre, is one that is duly licensed to carry out such health care activity and is registered in the autonomous community's Health Care Register of Centres, Services and Establishments.

Rheumatology.

Thoracic surgery: includes sympatectomy by hyperhydrosis (treatment for excessive sweating).

Urology: Includes use of Holmium surgical laser for lithiasis endourological, stenotic or tumour surgery and Green Laser Diode (KTP and HPS), Holmium and Thulium for the surgical treatment of benign prostatic hyperplasia in reference centres throughout the country, the rehabilitation of the pelvic floor for urinary incontinence, vasectomy, as well as the study and diagnosis of male sterility and infertility.

4.4 Diagnostic aids

These must be prescribed by a doctor specifying the reason for the exploration. Contrast techniques are included.

Clinical, anatomopathological and smear tests.

Radiology: includes the habitual techniques for diagnosis using images such as general X-rays, computerised axial tomography (TAC), magnetic nuclear resonance (RNM) and bone density measuring.

Endoscopic capsule: included in the diagnosis of haemorrhage and/or intestinal bleeding of unknown or hidden origin.

Endoscopic examinations: digestive, diagnostic and/or therapeutic.

Fibrobroncoscopic: diagnostic and/or therapeutic.

Cardiac diagnosis: Electrocardiograms, strength tests, ultrasound scans, holter, doppler and haemodynamic.

It also includes **Multislice Coronary Tomography** (TC 64) and **Cardiac Spectrography** (Cardiac SPECT) after an acute heart attack and post operative heart pathologies.

Neurophysiology: electroencephalograms, electromiograms, etc.

Sleep unit: Polymonography for pathological processes prescribed beforehand by a specialist.

Surgical radiology or profound vascular exploration.

Tomography by optic coherence (OCT): in ophthalmologic diagnoses according to commonly accepted clinical practices.

High diagnostic technology:

In the corresponding DKV health care network, depending on the modality that you have contracted, provided in reference centres throughout the country.

a) includes computed tomographic (CT angiography) multislice magnetic resonance angiography (MRA) for the **diagnosis of arterial vascular disease and cerebral and abdominal venous, the follow up and control of the integrity of the vascular prosthesis, evaluation of arterial dilations or aneurysms, vascular malformations and limitations regardless of their location.**

b) Magnetic resonance arthrography (ArthroRM) for **tendon and intra-articular injuries that are difficult to diagnose**, Magnetic resonance cholangiography (CRM) and cholangio-pancreatography (ERCP) allows three-dimensional reconstruction and **exclusion of choledocholithiasis in cholecystectomy patients, and oncology in bile and pancreatic ducts.**

c) Tomography by emission of positrons (PET) either solely or combined with computerised tomography (PETTC), Unique Photon Tomography (Spectography -SPECT), Scintigraphy and Spectroscopy by MRI or NMR or high field (3 teslas): **in oncologic diagnosis and/or epilepsy resistant to medical treatment according to commonly accepted clinical practices.**

d) Genetic and molecular biology tests covered with a doctor's prescription **provided that they have an effect on the treatment of a current illness, or that are necessary to obtain a different diagnosis that cannot be confirmed by any other means, according to the criteria established by the Health Technology Assessment Agencies. (AETS).**

e) Ecobronchoscopy (EBUS) or endobronchial ultrasound for the detection of **oncological pathologies of the bronchi (in lung and mediastinum) that are not accessible by other means, and if necessary, biopsies.**

f) digestive endoscopic (USE) sectoral or radial in the evaluation of **submucosal lesions, location of neuroendocrine tumours, identification of the degree of evolution of digestive and biliopancreatic cancer, and diagnosis of recurrence outside the wall of the digestive tube.**

4.5 Therapeutic methods

Aerosol therapy, oxygen therapy and ventilation therapy, In lung or breathing pathologies, only for hospitalisation and care given at home.

The medication will be at the insured person's expense.

Analgesic and pain killing treatment: covers techniques employed by specialised units in these techniques, **with limitations for out patients' medication as stipulated in the General Conditions. (see section 5.X. "Excluded coverage").**

Narrow-band ultraviolet B phototherapy: in associated centres of reference in the "DKV Health Care Network" on a national level, for the treatment of **extensive psoriasis** (affecting more than 20% of the body surface area) and **Chronic inflammatory dermatosis** (trunk and limbs), **when drug treatment has not been effective. There is an annual maximum limit of sessions per insured person** (sum of own means and external means) for this concept stipulated in the table of coverage and limits in the appendix to the particular conditions.

Home therapy for severe Apnoea-Hypopnea (SAHS): by means of CPAP/BiPAP devices for supplying air at a continuous preset positive pressure, **up to a maximum limit of sessions per insured person and natural year** (sum of own means and external means) established in the table of coverage and limits in the appendix, **when the Apnoea Hypopnea Index per hour (AHI) is over 30.** Includes polysomnography of dose titration to adjust the device and obtain the appropriate level of treatment.

Radiotherapy: includes linear particle accelerator, cobalt therapy, radioactive isotopes and radio neurosurgical stereotactic and intensity-modulated radiotherapy (IMRT) and **radioactive isotopes whose diagnostic or therapeutic use is endorsed by the EMA (European Medicines Agency) and the NICE clinical guidelines.** 3D image-guided radiotherapy is also covered in real time (IGRT) and the helical TomoTherapy (THel) **in paediatric tumours, in prostate, lung, spine, head and neck.**

Brachytherapy: for the treatment of prostate, gynaecological, genital and breast cancer.

Dialysis & haemodialysis: this service is offered to both out patients and hospitalised patients, exclusively for treatment during the precise days of acute renal insufficiencies.

Chronic disorders expressly excluded.

Chiroprody: Chiroprody treatment.

Transplants: cornea, heart, liver, bone marrow and kidney.

All costs arising from the implant are covered as well as matching tests.

Extraction, transport and conservation of the organ for the operation are not included, except for cornea which is fully covered.

Grafts: includes bone and skin autografts and bone, tendon and ligament allografts obtained from bone and tissue banks.

Blood and plasma transfusions: in hospitals.

Physiotherapy: requires written prescription of rehabilitating doctor, traumatologist, rheumatologist, or neurologist and will be carried out by a qualified physiotherapist to restore recoverable functions of the locomotor apparatus in a suitable rehabilitation centre that complies with the requirements stipulated in section 4.3, of Rehabilitation.

Laser therapy and magnetotherapy: as techniques of rehabilitation.

Renal and vesicular extracorporeal shock wave lithotripsy (ESWL).

Muscle-skeletal lithotripsy (maximum of 3 sessions per process) in DKV Health Care Network associated centres of national reference for pseudoarthrosis, osteonecrosis and chronic insertion tendinitis (over 3 months) of the shoulder, elbow, knee, heel and sole of the foot, when the medical and/or rehabilitative treatment has failed.

High therapeutic technology:

Available in national reference centres through the DKV Health Care Network.

a) Carto (3D) navigation or mapping system or nonfluoroscopic electroanatomical mapping atrial radiofrequency ablation for the following treatments:

- > Circumferencial pulmonary vein isolation for **highly symptomatic paroxysmal atrial fibrillation (with three or more episodes a year)** and the insured person is under 70 years of age.
- > **Recurrent symptomatic atrial fibrillation (more than one year) refractory to antiarrhythmic drugs** (2 or more antiarrhythmic drugs, including amiodarone), provided there is no Comorbidity (eg. arterial hypertension, sdm. Sleep apnea ...) and the size of the left auricle is less than 5 centimetres.
- > **Ventricular or atrial arrhythmias associated with congenital heart disease.**

› **Complex atrial fibrillation without structural heart disease, when at least two previous ablation treatments** guided by conventional radiographic systems have failed.

b) Cross-linking corneal therapy: to treat keratoconus in its early stages and degenerative or traumatic corneal ectasia, except as a consequence of corrective laser surgery for vision defects. (Excluded from the coverage of the policy).

c) Intracranial and spinal tumour surgery assisted by (3D) neuronavigators. Computerized system of digitised images to guide the surgeon in real time in complex or high risk neurological interventions.

d) Intraoperative neurophysiological monitoring (MNI) of the nervous system in intracranial surgery and fusion or arthrodesis of 3 levels or more of the spine. Surveillance system improves surgical safety for the patient and facilitates the work of neurosurgeons.

Logopedics & phoniatics: treatment for speech disorders caused by conditions of organic origin.

Oncology Chemotherapy: cytostatic anti tumour medication that the sick person requires will be provided, and if applicable the implanted port for intravenous perfusion, both for out-patients, day patients and during hospitalisation, providing that it is prescribed by the specialist physician who is in charge of the care of the patient.

With reference to medication, DKV Seguros will only cover expenses for **specific cytostatic pharmaceutical products** that are sold on the national market and which are duly authorised by the Ministry of Health as detailed in “Cytostatic” in section 2 of Basic Concepts- Definitions, as well as the **intravenous BCG** (Bacilo de Calmette y Guerin) **drip feeds** and **palliative medications** without antitumoral effect that are administered in a simultaneous way in the same treatment session together with cytostatic medications, to avoid their adverse or side effects and/or to control the symptoms of the illness.

4.6 Hospital care

Hospital care will be given in hospitals or clinics, previously prescribed in writing by a doctor and with the corresponding authorisation, in the case of the DKV Health Care Network.

Includes the expenses derived from a stay in a hospital centre and the medical or surgical fees corresponding to the treatment received.

In addition it specifically includes:

- › Oncology treatment: radiotherapy, brachytherapy and chemotherapy.
- › OSNA technique or method: intra operative molecular diagnosis of the sentinel node for breast cancer at an early stage, without lymphatic extension.
- › Renal and vesicular and muscle skeletal lithotripsy.
- › Dialysis and haemodialysis.

- › Surgery of the Groups II to VIII of the OMC carried out exclusively in a hospital centre.
- › Major out-patient surgery.
- › Surgical radiology or profound vascular exploration.
- › Family planning: techniques: tubal ligation and vasectomy. Tubal occlusion hysteroscopy.
- › Intracranial stereotactic radio neurosurgery.
- › Arthroscopic surgery.
- › Turbinate surgery or turbinoplasty and adenoamigdaloplasty by radiofrequency.
- › Surgical laser in gynaecology, ophthalmology, proctology, peripheral vascular surgery and otorrinolaringology.
- › Endourologic Holmium laser and Green laser (KTP and HPS), Diode and Thulium for the surgical treatment of benign prostatic hiperplasia.
- › Percutaneous nucleotomy and chemonucleolysis.
- › High therapeutic technology: Carto system for radiofrequency ablation and corneal cross-linking, therapy and surgery assisted by Intracranial and spinal tumour neuronavigators and monitoring neurophysiological intraoperative in intracranial surgery and fusion or arthrodesis of the column of three or more levels.
- › Surgical prostheses.
- › Daily compensation for hospital care.

Hospital admission includes the use of an individual room with toilet and bed for a companion (except for psychiatric hospital care, in ICU and incubator) the patient's maintenance, general nursing expenses, special care unit, complementary means of diagnosis, treatments, material, surgical expenses and delivery room, anaesthetic products and medications and implants of biological medication and medicalised biomaterials for therapeutic purposes specified in section 4.7 "Surgical Prostheses" of the General Conditions **Biological medication and medicalised biomaterials not stipulated in section 4.7 and the therapies in Section 5. r "Excluded Coverage" are expressly excluded.**

Similarly, according to the treatment or kind of hospitalisation:

1. Medical hospital care (without surgical intervention).

Includes the different medical specialities for the diagnosis and/or treatment of the medical pathologies susceptible for admission for adults over 14 years of age.

2. Surgical hospital care. Includes the surgical specialities for the treatment of pathologies that require it, pre-operative or pre-anaesthetic study (consultation, analysis and electrocardiogram), immediate post operative visits and treatment (up to 2 months after surgery), major out-patient surgery and, if required, prosthesis.

3. Obstetric hospital care. Includes treatment given by gynaecological obstetrician and/or midwife during pregnancy and birth; cot and/or incubator for the new born baby during admission, up to a maximum of 28 days.

4. Paediatric hospital care. (For under 14 year olds.) Includes care given by paediatrician both in conventional hospitalisation and in the incubator.

5. Psychiatric hospital care. includes care given by psychiatrist. Only covered in the event of acute outbreaks. The stay is limited to a maximum period of days per natural year that is specified in the table of coverage and limits, appendix to the particular conditions for whose application we will sum the days of hospitalisation produced in the DKV Health Care Network and those in the external means care modality.

6. Hospital care in Intensive Care Unit. Includes the care given by a specialist in intensive care.

7. Hospital care for dialysis and artificial kidney. Includes the care given by an internist or nephrologist Exclusively for the treatment of acute renal inadequacies during the necessary days.

4.7 Complementary coverage

Preventive medicine. includes the following specific programmes according to commonly accepted protocol:

1. Programme of infant health.

includes:

- › Exercise classes and psycho-prophylactic preparation for birth, with practical and theoretical classes in child care and the preventive rehabilitation of the pelvic floor following birth in associated reference centers of the “DKV Health Care Network “that corresponds to him, **with a maximum limit of three sessions covered per process and insured person.**
- › Check up of the new born baby, including metabolic screening tests(phenylketonuria and primary congenital hypothyroidism), otoacoustic emission (OAE) or neonatal auditory screening for the early detection of hypoacusis, visual acuity test and neonatal ultrasound.
- › The programme of child vaccination which is compulsory in Spain in associated centres, provided that are authorised by the autonomous communities.

- > **Refund of the cost of medication of the vaccines recommended by the Spanish Association of Paediatricians (cost of medication)** that do not form part of the compulsory programme of child vaccination of the Autonomous Spanish Communities, provided they are prescribed by a paediatrician. The following are included: **rotavirus in newborn babies, and chicken pox in children under two years and reimbursement of the vaccine for human papillomavirus virus (HPV) in poorly vaccinated women under 26.**

Also includes **women under 55 years with inadequate vaccination with genital warts, the cervicovaginal cytology is pathological (L-SIL low grade) and afterconisation**, as part of prevention of cervical cancer programme.

For these vaccines **there is a maximum refund limit per vaccine (unit)**, and another **maximum limit accumulated by insured person and natural year**(sum of expenses for this concept in own means and external means) established in the table of coverage and limits in the appendix to the particular conditions.

- > Health control at key stages during the child's infant development during the first four years.

2. Programme for the advance detection of gynaecological cancer in women.

Includes:

- > Periodic examinations for the early diagnosis of tumours in the breast and uterine neck.
- > Annual gynaecological check up, which includes check up consultation, colposcopy, cytology, gynaecological ultrasound scan, and mammography according to commonly accepted protocol.
- > HPV TEST (ADN-HPV) to detect a Human papillomavirus (HPV) infection in women with cervical-vaginal cytology (Bethesda Classification) and after conisation and to identify and treat cervical lesions with a high risk of developing a cervical carcinoma at an early stage.

3. Programme for the prevention of heart disease.

Includes:

- > **Annual basic cardiac check up** which includes the check up consultation, basic analyses of blood and urine, thorax X-ray and electrocardiogram.
- > **Complete cardiac check up every three years**, in national associated centres, includes clinical history, physical cardiac exploration, specific and preventive analysis of the atheromatous (cell blood count, ionogram, cholesterol, triglycerides, homocysteine, glycaemia, uraemia, uricaemia, calcemia, prothrombin rate and platelets) rest and stress electrocardiogram and an echocardiogram.

4. Prevention of skin cancer programme

Includes:

- › Consultations and revision of changes in size, colour and shape of the dysplastic or atypical nevus.
- › **Digitized epiluminescence microscopy or dermatoscopy** for the early diagnosis of the melanoma:
- 1. **In high risk patients** with atypical multiple nevus (>100) or family dysplastic nevus syndrome, personal or family (first and second degree) history of melanoma and/or carriers of genetic mutations associated with its development.
- 2. **In dermatological check up every three years:** for the control and follow-up of congenital, pigmented lesions or cutaneous risk.

5. Programme for the prevention of colorectal cancer in risk group with a history.

Includes:

- › Medical consultation and physical examination.
- › Specific tests to detect hidden blood in faeces.
- › Colonoscopy, if required.

6. Programme for the prevention of prostate cancer for men over 45.

Includes:

- › Medical consultation and physical examination.
- › Analyses of blood and urine to determine specific prostatic antigen.
- › Transrectal ultrasound scan and/or prostatic biopsy, if required.

7. Programme for dental health. From infancy for the prevention of caries, periodontal illness and problems of bad dental positioning or occlusion.

Includes:

- › Dental consultation and exploration of state of dental health.
- › Correction of eating habits.
- › Taking up appropriate dental hygiene.
- › External fluorisation.
- › Fissure sealers and obturations (fillings) up to the age of 14.
- › Tartrectomies or dental cleans, as required.

Clinical psychology. Includes psychotherapy sessions on an individual basis as Out-Patient treatment, given by a psychologist with the prior prescription of a psychiatrist or paediatrician provided its objective is the treatment of the following susceptible pathologies of psychological intervention.

- › Psychiatric illness: depression, schizophrenia and psychotic disorders.
- › Behavioural disorders: neurosis, anxiety, personality, and obsessive compulsions.
- › Eating disorders: anorexia and bulimia.
- › Sleep disorders: enuresis, insomnia, somnambulism, night fears.
- › Adjustment disorders: work related and post traumatic stress, bereavement, divorce, adolescence: post vacation syndrome, etc.
- › Learning disorders: hyperactivity and school failure.

The maximum refund limit for psychotherapy sessions, when the insured person uses the external means to “DKV Health Care Network”, and the maximum number of sessions covered per insured person and natural year (sum of those in own means and external means) is specified in the table of coverage and limits, appendix to the particular conditions.

For DKV Mundisalud Combinado, Psychotherapy is included only via the “DKV Health Care Network” (Own Means Care Modality) up to a limited number of sessions per insured person and natural year which is regulated by these General Conditions (See section 7.6 DKV Mundisalud Combinado)

Family planning. Includes the following services:

- › Fitting of the IUD. **The cost of the intra-uterine device is at the insured person’s expense.**
 - › Tubal ligation.
 - › Tubal occlusion hysteroscopy with the limits for the coverage of prosthetic material as stipulated in these general conditions (See “Surgical Prostheses”).
 - › Vasectomy.
- Surgical Prosthesis:** includes the prescription and fitting of **articular**, (shoulder, hip, knee, ankle and foot), **vascular and heart** prostheses (heart valves, bypass vascular, stent, temporary and permanent pacemakers, automatic desfibrilator), **helical tubal prosthesis**, **internal orthopaedic** prostheses (internally fitted metal plates and screws) and **intersomatic cages or spacers** in spinal fusion or arthrodesis of the spine, as well as **biological and/or biomaterial implants** for therapeutic purposes as detailed below:
- › Sealants, biological glues or bioglues in oncologic surgery.
 - › Antiadhesive or nonstick barrier gel in back surgery and in reoperations of other specialties.
 - › Substitutes of bone grafts: cements and regenerative demineralised bone matrix in back and joint surgery: hip, knee and foot).
 - › Biological plasties. Biomatrix or resorbable mesh in substitution of the dura in intracranial surgery or spinal tumour, and the pericardium in heart surgery.
 - › Joint anchors: Includes highly resistant biomaterials (PPLA AND PEEK) for ligament fixation in major joints (shoulder, knee, hip, elbow and ankle) in minimally invasive arthroscopic surgery of extremities.

Also includes osteosynthesis material, surgical meshes for the repair of defects of the abdominal wall, tension free suburethral bands and mesh for containing the pelvic floor and prolapse of the pelvic organs, valves for hydrocephalus, external extra-skeletal braces, neutral monofocal intraocular lens (without added visual correction) in the cataract, testicular prosthesis for orchidectomy after oncological process or an accident, skin expander, breast prosthesis and mesh covering only in reconstruction after radical surgery.

The maximum limit of this coverage prosthetic material and implantology per insured person, per year is stipulated in the table of coverage and Limits in the appendix to the particular conditions which is the sum of the costs arising from both modalities- own means care modality and external means care modality

Daily compensation for hospital care.

A maximum daily level of compensation is included from the third day of hospital care (ie first two days are not compensated) and up to a maximum per insured person, per year is stipulated in the table of coverage and limits in the appendix to the particular conditions provided that two conditions are met:

- › the hospital care is covered by the policy.
- › none of the costs derived from the hospital care has been paid by DKV Seguros.

4.8 Exclusive coverage

Only the contracting of the insurance policy “DKV Mundisalud” complete medical care in its individual modality grants the insured person access to the following additional guarantee:

1. Refund of alternative and complementary therapies (homeopathy and acupuncture)
2. Refund of expenses for family care and/or dependence, in the event of being awarded Dependence grade 3 due to an accident.

Similarly the contracting of DKV Mundisalud Classic and Elite, complete health care policy in its Individual Modality is the only one that grants the insured person access to the following:

1. Refund of the cost of medication

The description of this exclusive coverage, its modality, territorial scope, object, form of access, coverage limitations and excluded risks are stipulated in APPENDIX II (Exclusive Coverage of DKV Mundisalud in its Individual Modality) and in the sections of the General Conditions that define the coverage of the insurance policy: apartado Section 2 “Basic Concepts. Definitions”, Section 3 “Modality and Extension of the Insurance Policy”, Section 4 “Description of the coverage”, Section 5 “Excluded coverage” and Section 6 “Periods of grace”

4.9 Travel assistance

For temporary trips abroad, the insurance policy has a World-Wide Travel Assistance coverage for a maximum of 180 days per trip and whose coverage is detailed in Appendix I of these general conditions. This service is only available by telephoning +34 91 379 04 34.

5.

Excluded coverage

Excluded from the general coverage of this insurance policy are:

a) The coverage of all kinds of pre-existent illnesses, injuries, ailments, states or medical conditions (for example pregnancy) and their consequences, as well as the congenital, constitutional or physical defects and those that are a result of accidents or illnesses and their consequences suffered previously to the date of inclusion of each insured person in the policy.

The policy holder, acting on his behalf and that of the beneficiaries is obliged to state at the moment of taking out the policy, any type of injury, congenital pathology, illnesses diagnostic tests, treatments and even the symptoms that could be considered as the beginning of a pathology. In the event of concealment, the condition will be excluded from the coverage of the insurance contract. If they were declared pre-existent and/or congenital illnesses, DKV Seguros reserves the right to accept or to reject the insurance application.

In the event of accepting them DKV Seguros may include the corresponding exclusion clause for this coverage, or as appropriate apply an excess premium for the coverage of the same.

For illnesses neither known nor suspected by the insured person or policy holder in the absence of symptoms prior to contracting, the contract will be considered indisputable after a period of a year starting from the perfection of the contract or the inclusion of an insured person in the contract except for the fraudulent conduct of the policy holder.

b) All those diagnostic and therapeutic procedures whose clinical security and effectiveness have not been scientifically proven and/ or have not been ratified by the of Health Technologies Assessment Agencies or have been clearly substituted by other available ones.

c) Physical damage that is a consequence of wars, mutinies, revolutions and terrorism; that caused by officially declared epidemics; that which is directly or indirectly related to radiation or nuclear reaction and that which results from cataclysms (earthquakes, floods and other seismic or meteorological phenomena).

d) Illnesses or injuries resulting from the professional practice of any sport, the participation in bets and competitions and the practice, as an amateur or professional, of high risk activities like bullfighting and enclosing of wild stock, the practice of dangerous sports, such as diving, bobsleigh, boxing, martial arts, rock climbing, motor vehicles races, rugby, quad, speleology, paragliding, aerial activities not authorised for the public transportation of passengers, sailing activities, or in rough waters, bungee jumping, gully climbing, including training and any other professedly dangerous practice.

e) Health care for the treatment of chronic alcoholism and/or the addiction to drugs of any type, as well as their complications and consequences, and health care for injuries due to intoxication, aggression, fighting, attempted suicide or self injury, as well as for illnesses or accidents due to the deceit, negligence or lack of care of the insured person.

f) Aesthetic surgery and any other treatment, infiltration or act that has an aesthetic and/or cosmetic purpose, unless referring to a functional defect of the affected part of the body (purely psychological reasons not being valid), treatments of varicose veins for aesthetic aims, weight loss methods both for outpatients and hospitalised patients and skin treatments, in general, including capillary treatments. Also excluded the surgical correction of myopia, astigmatism and hypermetropia and presbyopia, as well as orthokeratology. In addition to the consequences and complications resulting from all the exclusions included in this section.

g) Alternative medicines, naturopathy, homeopathy, acupuncture, chiromassage, lymphatic drainage, mesotherapy, gymnastics, osteopathy, hydrotherapy, three phase oxygen therapy, presotherapy, ozonotherapy, the modalities of phototherapy and its indications not detailed in section 4.5, and other similar services or specialities not officially recognised.

Also exempt are medical – surgical treatments with radiofrequency techniques except for adenoamigdaloplasty and turbinate surgery or turbinoplasty.

h) The stays, visits to and treatments in non hospital centres such as hotels, spas and spa centres, asylums, residences, rest homes, of diagnosis and similar, although they may be prescribed by doctors, as well as admission to centres dedicated to activities related to leisure, rest and dietary treatments.

Hospital care for psychiatric reasons, except in the case of severe attacks, or social or family reasons is also excluded, as well as that which can be substituted by treatment at home or out patient treatment.

Also excluded is health care given in non associated private centres and that given in public hospitals, centres and other establishments that form part of the Spanish National Health System and/or those that depend on the autonomous communities, except for the stipulated cases (see section 3.4 Care via means other than the DKV Health Care Network)

DKV Seguros reserves the right at all times to claim from the insured person the costs paid to the public health care system for the medical, surgical and hospital care provided.

i) High medical, diagnostic and/or therapeutic technology, lithotripsy, except for that stipulated in 4.4 Diagnostic Aids and 4.5 Therapeutic methods of these general conditions.

j) The treatment for snoring or apnoea sleep obstruction (except for the ten sessions with CPAP or BiPAP) in addition to the treatment and /or modalities of radiotherapy and their medical indications that are not expressly stated in Section 4.5 “Therapeutic methods” of these general conditions. Also excluded are protontherapy, neutrontherapy, Cyberknife radiosurgery, radiotherapy or intracranial stereotactic radiosurgery and/or adapted to breathing (4D)

and radiopharmaceuticals with radioactive isotope not approved by the EMA (European Medicines Agency) and/or not recommended by the NICE clinical guidelines.

k) Preventive medicine and general check ups, all types of vaccines and the supply of extracts in allergic processes other than those detailed in the specific prevention programmes included in section 4.7 (“Complementary Coverage”) of the general conditions are also excluded.

l) The voluntary interruption of a pregnancy and selective instrumental embryonic reduction under any circumstances, as well as sterility treatment and assisted fertility techniques , sperm washing techniques and those of assisted reproduction of any kind.

m) All kinds of prostheses, implants, health devices, anatomical and orthopaedic pieces, except for those detailed in section 4 “Description of the coverage” of the general conditions.

Also excluded are artificial heart, column implants, biomaterials and/or biological, synthetic and orthopaedic materials not expressly included in section 4.7, as well as the use of those included for other purposes than those indicated.

n) Endodontics, periodontics, orthodontics, fissure sealers and obturations or fillings for people over 14 years of age, reconstructions dental prosthesis, apicectomies, Implantology and the diagnostic means necessary to carry out these treatments.

o) Analysis or other explorations that are necessary for the issuing of certificates, reports and the drafting of any kind of document type that does not have a clear health care function.

p) With respect to psychiatry and clinical psychology, the following are excluded: consultations, diagnoses techniques and therapies that do not follow neurobiological or pharmacological treatment criteria, such as psychoanalysis, hypnosis, ambulatory narcolepsy, sofrologia, rest or dream cures and anything derived from similar services.

Also excluded are pair or group psychotherapy, psychological and psychometrical tests, psycho-social rehabilitation and neuropsychiatry, educative or cognitive conductual therapy in oral and written communication disorders of varied origin, except for that expressly included in article 4.7 (Description of the coverage of Clinical psychology).

q) Logopaedics & Phoniatics to correct speech and language defects after anatomical or congenital neurological and psychomotor alterations of diverse origin.

r) Regenerative and biological medicine, immunotherapy or biological therapy, genetic or genetic therapy and those with direct action antivirals and all of their applications.

Also excluded are all types of experimental treatments, those of compassionate use, with orphan drugs, as well as those that are for clinical trials in all their phases or degrees.

s) Hyperbaric chambers, dialysis and haemodialysis: the treatment of chronic disorders will be excluded.

t) Health care for viral haemorrhagic fevers, and that derived from the infection of the virus Acquired Immune Deficiency Syndrome (HIV), AIDS and the illnesses related to this, as well as its complications and consequences.

u) Robotic surgery, guided by image or computer assisted (except for neuronavigators and the Carto mapping system as detailed in Section 4.5) and laser treatments which are only covered for the specialities and details as described in section 4 "Description of the Coverage".

v) The expenses for use of a telephone, television, companion's meals, travelling expenses, except for the ambulance according to the terms stipulated in the "Primary care" and "Emergencies" sections of the general conditions, as well as other unnecessary services for hospital treatment.

w) The transplants or auto transplants of organs, grafts, or autografts, except for those described in the section "Therapeutic methods" of the general conditions. Also, for transplants the extraction, transport and conservation expenses of the organ are excluded, except for a cornea transplant.

x) Pharmaceutical products, medications and additional curing aids of any kind, except for those that are administered to the insured person during his admission to hospital (minimum 24 hours). In any event, biological medications or biomaterials not specified in section 4.7 “Surgical prostheses” and the therapies in section 5. r “Excluded Coverage” are also expressly excluded although they may be given during a stay in hospital.

Oncological chemotherapy only covers expenses for specific cytostatic pharmaceutical products that are detailed in “Cytostatic” in section 2 of “Basic Concepts- Definitions”.

Expressly excluded from this concept are anti tumour immunotherapy, monoclonal antibodies, genetic therapy, endocrinal and hormonal therapy, enzymatic and/or molecular inhibitors, anti angiogenic pharmaceuticals and sensitizers used in photodynamic and radiation therapy.

y) Maintenance rehabilitation for irreversible neurological injuries of diverse origin and in chronic injuries of the locomotor apparatus is excluded.

Also excluded is premature stimulation, rehabilitation at home or as a reason for hospital care and that carried out in non authorised and/or registered centres of their respective Autonomous Community.

z) Genetic advice, paternity or family relationship tests, the obtaining of genetic maps of risk with a preventive or predictive purpose, the massive sequence of genes or molecular karyotype, compared genomic hybridization techniques, and microarrays platforms with automated interpretation of results, as well as any other genetic technique and/or of molecular biology that is requested for a diagnostic purpose, or if this can be obtained by other means, or doesn't have a therapeutic aim.

6.

Periods of grace

All services, which by virtue of the Policy DKV Seguros assumes, will be available for use from the effective date of the Contract.

Nevertheless, the following services are not covered by the previous general principle and have a period of grace which is stipulated in the table of coverage and limits in the appendix to the particular conditions:

1. Surgery and hospital care, including surgical prostheses, for any reason and of any kind, except in the cases of a life threatening emergency or as the result of an accident.
2. Treatment for any kind of childbirth (except premature childbirth) or Caesarean operation.
3. Transplants

The same periods of grace are applied using either the DKV Health Care Network (own means) or external means.

7.

Services according to the care modality contracted

The health care coverage specified in Section 4 of these general conditions can be contracted in six different modalities:

7.1 DKV Mundisalud Classic hospital care

Mixed refund insurance policy that only includes the services described in Section 4.6 HOSPITAL CARE of these General Conditions

It also includes hospital emergency care –if necessary, with admission -, travel assistance and access to some complementary additional services.

It allows the insured person either to select hospital care in the “DKV Health Care Network” (own means care modality), or to go to medical and hospital centres in Spain and abroad that are not included in the DKV Health Care Network (external means care modality) and to request the refund of the invoices (See Section 3.4 “ACCESS TO COVERAGE”).

In both cases a previous period of grace is required, to access certain services as described in section 6 “PERIODS OF GRACE.”

If the insured person goes to doctors and hospitals other than those in the DKV Health Care Network, (external means care modality) he has the right to, provided they are services that are covered by this insurance policy:

- › **A percentage refund** of the total amount of the invoice, depending on whether this was raised in Spain or abroad (see table of coverage and limits in the appendix to the particular conditions).
- › **Up to some maximum limits** specified in this table included in the appendix to the particular conditions which will be applied to the guaranteees and following coverage:
 - **Maximum capital guaranteed** in the policy per insured person and natural year.
 - Hospital care (section 4.6 of the general conditions) has a maximum guaranteed capital per insured person and natural year.

- The expenses that are generated by every day of hospital admission have a maximum limit depending on the type of admission (see section 4.6) that will be applied to the stay (standard individual room with toilet and companion's bed), the sick person's maintenance, general nursing expenses, intensive care unit, complementary means of diagnosis, therapeutic aids, operating theatre expenses, material, delivery room, anaesthetic products and medications.
- Medical fees for medical or surgical admission, including surgeon, assistants, anaesthetists and medical team in general, up to a maximum limit per insured person and natural year.
- For psychiatric hospital care the stay is limited to that stipulated in section 4.6.5 of these general conditions.
- Surgical prostheses have a maximum limit according to that stipulated in section 4.7 of these general conditions.
- Daily compensation for hospital care, according to that indicated in section 4.7 of these general conditions.

Excludes: out-patients medical care (primary and specialist care, care at home, out-patients emergencies, complementary means of diagnosis, the therapeutic methods not specifically detailed in section 4.6, the programmes of preventive medicine, clinical psychology and health care transport).

7.2 Dkv mundisalud complet

Mixed refund insurance policy that integrates in its coverage all the specialties and health care and services that are described in section 4 DESCRIPTION OF THE COVERAGE of these General Conditions.

It also includes access to some complementary Additional Services.

It allows the insured person either to select hospital care in the "DKV Health Care Network" (own means care modality), or to go to medical and hospital centres in Spain and abroad that are not included in the DKV Health Care Network (external means care modality) and to request the refund of the invoices (See Section 3.4 ACCESS TO COVERAGE).

In both cases a previous period of grace is required, to access certain services as described in section 6 PERIODS OF GRACE.

If the insured person goes to doctors, hospitals and diagnosis and outpatient centres other than those in the DKV Health Care Network (external means care modality), he has the right to, provided they are services that are covered by this insurance policy:

- > **A percentage refund** of the total amount of the invoice, depending on whether this was raised in Spain or abroad (See table of coverage and limits in the appendix to the particular conditions).

- > **Up to some maximum limits** specified in this table included in the appendix to the particular conditions which will be applied to the guarantees and following coverage:
 - **Maximum capital guaranteed** in the policy per insured person and natural year.
 - **Out Patient care:**
 - Medical fees for consultations, complementary means of diagnosis and treatment in doctors' surgeries, including health care transport, up to a maximum limit per insured person and natural year.
 - Consultations of primary, specialised and emergency care, with a partial sub-limit per consultation.
 - Amniocentesis, triple screening or EBA Screening or corion biopsy, according to that stipulated in section 4.3 of the general conditions.
 - Clinical psychology and psychotherapy sessions, according to that stipulated in Section 4.7 of the General Conditions.
 - **Hospital care:**
 - Hospital Care (section 4.6 of the General Conditions) has a maximum guaranteed capital per insured person and natural year.
- The expenses that are generated by every day of hospital admission have a maximum limit depending on the type of admission that will be applied to the stay (standard individual room with toilet and companion's bed), the sick person's maintenance, general nursing expenses, intensive care unit, complementary means of diagnosis, therapeutic aids, operating theatre expenses, material, delivery room, anaesthetic products and medications.
- Medical fees for medical or surgical admission, including surgeon, assistants, anaesthetists and medical team in general, up to a maximum sub-limit for surgical group, birth or caesarean operation, and transplants.
- For psychiatric hospital care the stay is limited according to that stipulated in section 4.6.5 of these general conditions.
- Surgical prostheses have a maximum limit according to that stipulated in section 4.7 of these general conditions.
- Daily compensation for hospital care, according to that indicated in section 4.7 of these general conditions.

7.3 DKV Mundisalud plus

Mixed refund insurance policy that integrates in its coverage all the specialties and health care and services that are described in section 4 DESCRIPTION OF THE COVERAGE of these general conditions.

It also includes access to some complementary Additional services.

It allows the insured person either to select hospital care in the “DKV Health Care Network” (own means care modality), or to go to medical and hospital centres in Spain and abroad that are not included in the DKV Health Care Network (external means care modality) and to request the refund of the invoices (See Section 3.4 ACCESS TO COVERAGE).

In both cases a previous period of grace is required, to access certain services as described in section 6 PERIODS OF GRACE.

If the insured person goes to doctors, hospitals and diagnosis and outpatient centres other than those in the DKV Health Care Network (external means care modality), he has the right to, provided they are services that are covered by this insurance policy:

> **A percentage refund** of the total amount of the invoice, depending on whether this was raised in Spain or abroad (see table of coverage and limits in the appendix to the particular conditions).

> **Up to some maximum limits** specified in this table included in the appendix to the particular conditions which will be applied to the guarantees and following coverage:

- **Maximum capital guaranteed** in the policy per insured person and natural year.
- **Out Patient care:**
 - Medical fees for consultations, complementary means of diagnosis and treatment in doctors' surgeries, including health care transport, up to a maximum limit per insured person and natural year.
 - The consultations of primary, specialists and emergency care have a partial sub-limit per consultation.
 - Amniocentesis, triple screening or EBA Screening or corion biopsy, according to that stipulated in section 4.3 of the general conditions.
 - Clinical psychology and psychotherapy sessions, according to that stipulated in Section 4.7 of the general conditions.
- **Hospital care:**
 - Hospital Care (section 4.6 of the general conditions) has a maximum guaranteed capital per insured person and natural year.

- The expenses that are generated by every day of hospital admission have a maximum limit depending on the type of admission that will be applied to the stay (standard individual room with toilet and companion's bed), the sick person's maintenance, general nursing expenses, intensive care unit, complementary means of diagnosis, therapeutic aids, operating theatre expenses, material, delivery room, anaesthetic products and medications.
- Medical fees for medical or surgical admission, including surgeon, assistants, anaesthetists and medical team in general, up to a maximum sub-limit for surgical group, birth or caesarean operation, and transplants.
- For psychiatric hospital care the stay is limited according to that stipulated in section 4.6.5 of these general conditions.
- Surgical prostheses have a maximum limit according to that stipulated in section 4.7 of these general conditions.
- Daily compensation for hospital care, according to that indicated in section 4.7 of these general conditions.

7.4 DKV Mundisalud Classic

Mixed refund insurance policy that integrates in its coverage all the specialties and health care and services that are described in section 4 DESCRIPTION OF THE COVERAGE of these General Conditions.

It also includes access to some complementary Additional Services.

It allows the insured person either to select hospital care in the "DKV Health Care Network" (own means care modality), or to go to medical and hospital centres in Spain and abroad that are not included in the DKV Health Care Network (external means care modality) and to request the refund of the invoices (See Section 3.4 ACCESS TO COVERAGE).

In both cases a previous period of grace is required, to access certain services as described in section 6 PERIODS OF GRACE.

If the insured person goes to doctors, hospitals and diagnosis and outpatient centres other than those in the DKV Health Care Network (external means care modality), he has the right to, provided they are services that are covered by this insurance policy:

- › **A percentage refund** of the total amount of the invoice, provided that it has been produced in Spain (see table of coverage and limits in the appendix to the particular conditions).

› **Up to some maximum limits**

specified in this table of coverage and limits in the appendix to the particular conditions which will be applied to the following guarantees and coverage:

- **Maximum capital guaranteed** in the policy per insured person and natural year.
- **Out-Patient care:**
 - Medical fees for consultations, complementary means of diagnosis and treatment in doctors' surgeries, including health care transport, up to a maximum limit per insured person and natural year.
 - Amniocentesis, triple screening or EBA Screening or corion biopsy, according to that stipulated in section 4.3 of the General Conditions.
 - Clinical psychology and psychotherapy sessions, according to that stipulated in Section 4.7 of the general conditions.
- **Hospital care:**
 - Hospital Care (section 4.6 of the general conditions) has a maximum guaranteed capital per insured person and natural year.
 - The expenses that are generated by every day of hospital admission have a maximum limit depending on the type of admission that will be applied to the stay (standard individual room with toilet and companion's bed), the sick person's maintenance, general nursing

expenses, intensive care unit, complementary means of diagnosis, therapeutic aids, operating theatre expenses, material, delivery room, anaesthetic products and medications.

- Medical fees for medical or surgical admission, including surgeon, assistants, anaesthetists and medical team in general, up to a maximum limit per insured person and natural year.
- For psychiatric hospital care the stay is limited according to that stipulated in section 4.6.5 of these general conditions.
- Surgical prostheses have a maximum limit according to that stipulated in section 4.7 of these general conditions.
- Daily compensation for hospital care, according to that indicated in section 4.7 of these general conditions.

› **With a maximum excess of 25.000**

EUR per insured person and natural year through the refund of expenses (external means care modality), starting from this quantity the refund percentage applied by DKV Seguros to the invoices will be 100% except for those guarantees and coverage that are subject to the limits and exclusions specified in the general conditions and/or in table of coverage and limits in the appendix to the particular conditions.

7.5 DKV Mundisalud Elite

Mixed refund insurance policy that integrates in its coverage all the specialties and health care and services that are described in section DESCRIPTION OF THE COVERAGE of these general conditions.

It also includes access to some complementary Additional Services.

It allows the insured person either to select hospital care in the “DKV Health Care Network” (own means care modality), or to go to medical and hospital centres in Spain and abroad that are not included in the DKV Health Care Network (External Means Care Modality) and to request the refund of the invoices (See Section 3.4 ACCESS TO COVERAGE).

In both cases a previous period of grace is required, to access certain services as described in section 6 PERIODS OF GRACE.

If the insured person goes to doctors, hospitals and diagnosis and outpatient centres other than those in the DKV Health Care Network (external means care modality), he has the right to, provided they are services that are covered by this insurance policy:

- › **A percentage refund** of the total amount of the invoice, depending on whether it has been produced in Spain or abroad (see table of coverage and limits in the appendix to the particular conditions).

- › **Up to some maximum limits** specified in this table of coverage and limits in the appendix to the particular conditions which will be applied to the following guarantees and coverage:

- **Maximum capital guaranteed** in the policy per insured person and natural year.
- **Out-Patient care:**
 - Medical fees for consultations, complementary means of diagnosis and treatment in doctors' surgeries, including health care transport, up to a maximum limit per insured person and natural year.
 - Amniocentesis, triple screening, or EBA Screening or corion biopsy, according to that stipulated in section 4.3 of the general conditions.
 - Clinical psychology and psychotherapy sessions, according to that stipulated in Section 4.7 of the general conditions.
- **Hospital care:**
 - Hospitalisation (section 4.6 of the general conditions) has a maximum guaranteed capital per insured person and natural year.
 - The expenses that are generated by every day of hospital admission have a maximum limit depending on the type of admission that will be applied to the stay (standard individual room with toilet and companion's bed), the sick person's maintenance, general nursing expenses, intensive care unit, complementary means of diagnosis, therapeutic aids, operating theatre expenses, material, delivery room, anaesthetic products and medications.

- Medical fees for medical or surgical admission, including surgeon, assistants, anaesthetists and medical team in general, up to a maximum limit per insured person and natural year.
 - For psychiatric hospital care the stay is limited according to that stipulated in section 4.6.5 of these general conditions.
 - Surgical prostheses have a maximum limit according to that stipulated in section 4.7 of these general conditions.
 - Daily compensation for hospital care, according to that indicated in section 4.7 of these general conditions.
- > **With a maximum excess of 25.000 EUR** per insured person and natural year through the refund of expenses (external means care modality), starting from this quantity the refund percentage applied by DKV Seguros to the invoices will be 100% except for those guarantees and coverage that are subject to the limits and exclusions specified in the general conditions and/or in table of coverage and limits in the appendix to the particular conditions.

7.6 DKV Mundisalud Combinado

Mixed refund insurance policy that integrates in its coverage all the specialties and health care and services that are described in section 4 DESCRIPTION OF THE COVERAGE, including Clinical Psychology with a maximum limit of 15 psychotherapy sessions per insured person and natural year, with a refund for the costs of “HOSPITAL CARE” generated in Spain, doctors and centres not included in “DKV Health Care Network” (own means care modality), which are indicated in Section 4.6 of these general conditions.

In both cases a previous period of grace must be respected to be entitled to certain services as stipulated in section 6 “PERIODS OF GRACE.”

It also includes access to some complementary Additional Services. (Serviplus Mundisalud).

If the insured person goes to doctors and hospital centres not included in the “DKV Health Care Network” (external means care modality), he has the right to, provided they are services that are included in section 4.6 of HOSPITAL CARE:

- > **A percentage refund** of the total amount of the invoice, provided that it has been produced in Spain (see table of coverage and limits in the appendix to the particular conditions).

› **Up to some maximum limits** specified in this table of coverage and limits in the appendix to the particular conditions which will be applied to the following guarantees and coverage:

- **Maximum capital guaranteed** in the policy per insured person and natural year.
- Hospital care (section 4.6 of the general conditions) has a maximum guaranteed capital per insured person and natural year.
- The expenses that are generated by every day of hospital admission have a maximum limit depending on the type of admission that will be applied to the stay (standard individual room with toilet and companion's bed), the sick person's maintenance, general nursing expenses, intensive care unit, complementary means of diagnosis, therapeutic aids, operating theatre expenses, material, delivery room, anaesthetic products and medications.
- Medical fees for medical or surgical admission, including surgeon, assistants, anaesthetists and medical team in general, up to a maximum limit per insured person and natural year.

- For psychiatric hospital care the stay is limited according to that stipulated in section 4.6.5 of these general conditions.
- Surgical prostheses have a maximum limit according to that stipulated in section 4.7 of these general conditions.
- Daily compensation for hospital care, according to that indicated in section 4.7 of these general conditions.

Similarly in “external means care modality” it excludes from the refund of costs: Out-patients medical care (primary and specialist care, care at home, out-patients emergencies, complementary means of diagnosis, the therapeutic methods not specifically detailed in section 4.6, the programmes of preventive medicine, clinical psychology and health care transport).

7.7 Scaled refund substitute for hospital care

In DKV Mundisalud Classic and Élite, there exists the possibility in the external means care modality of a scaled substitute refund when the reimbursable concepts **are not broken down or are not itemised individually in the invoice for the hospital care provided** (eg. system of billing for fixed tariffs, related diagnostic groups .GRDor similar) **as stipulated in this article** (*consult the section and details of hospital care, sections. 7.4 and 7.5*) and therefore the maximum refund limits specified in the table of coverage and limits, in the appendix to the particular conditions cannot be calculated for them; **in such cases the following proportional rule or scale will be applied in substitution of the breakdown of the hospital invoice** (including the coverage of the prosthesis as applicable) to later make the refund for the services, by means of the application of the following percentages:

- › **50% of the total amount of the hospital invoice:** the expenses of the hospital stay or hospital care are calculated (minimum 24 hours) to which the refund percentage and the maximum daily refund limit for hospital care are applied, depending on the billed nº of days of admission, stipulated in the modality of the insurance policy contracted.

- › **35% of the total amount of the hospital invoice:** the expenses for the medical or surgical fees (surgeons, assistants, anaesthetists, and medical team in general) generated during an admission to, or stay in hospital (in their different modalities, Section.4.6.gen.cond.) to which the refund percentage and the maximum daily refund limit for doctor-surgical fees per insured person and year are applied, as stipulated in the modality of the insurance policy contracted.

- › **15% of the total amount of the invoice:** the expenses on prosthesis or surgical implants are calculated (consult details in section.4.7 Gen Cond.) to which the refund percentage and the maximum daily refund limit for prosthesis and surgical implants per insured person and year are applied, as stipulated in the modality of the insurance policy contracted.

In the event that no prosthesis and/or implant has been charged during a hospital admission, 15% of the remainder will be calculated according to the following outline:

- › **60% of the total amount of the hospital invoice:** the expenses for the hospital admission or stay to which the percentage and daily refund limit for hospital care previously referred to will be calculated

- › **40% of the total amount of the hospital invoice:** the expenses for the medical or surgical fees (surgeons, assistants, anaesthetists, and medical team in general) to which the refund percentage and the refund limit for fees previously referred to will be calculated.

8.

Base of the contract

8.1 Perfection of the contract and length of insurance

This contract has been drawn up on the base of the declarations made by the policy holder of the insurance policy and the insured person in the previously supplied questionnaire, which have motivated DKV Seguros to accept the risk and which have enabled them to determine the premium.

The insurance contract and its modifications will have no effect until the policy has been signed and the first premium paid, unless otherwise stipulated in the particular conditions.

If the content of the policy differs from the insurance application or the agreed clauses, the policy holder will be able to request that DKV Seguros, during a period of one month starting from the issue of the policy, corrects the existent divergence. Once this term has lapsed without the request being made, that stipulated in the policy will be binding.

Once this term has lapsed without the request being made, that stipulated in the policy will be binding.

The contract is for the period foreseen in the particular conditions and, unless otherwise stated, the duration of the policy will be adjusted to the natural year.

The policy will be continued tacitly by annual periods. **DKV Seguros may oppose the extension of the contract by written notice to the policy holder**, if they will not renew the policy, or if changes will be made to it, **with a minimum notice of two months from the date of conclusion of the current year, also, the policy holder may oppose the renewal of a policy, at least from one month to the due date stipulated in the same , provides he notifies DKV Seguros in a demonstrable way.**

DKV Seguros will not be able to cancel the policy of the insured persons who have maintained the same policy for three consecutive years. The contract will be automatically continued, with the exception of the suppositions of non fulfilment of obligations on the part of the insured person, as well as the existence of inaccuracy, deceit or fault in the answers contained in the Insurance Application questionnaire.

The renunciation of DKV Seguros of its right to oppose the continuing of the contract depends on the acceptance by the policy holder of the annual variation of future premiums, according to the technical criteria stipulated in section 8.4. of the present contract.

8.2 Other obligations, duties and faculties of the policy holder or the insured person

The policy holder and, if applicable, the insured person, should:

- a) Declare to DKV Seguros with truthfulness, diligence, and without withholding anything, all the circumstances known to him that can influence the evaluation of the risk.
- b) During the period of the contract, inform DKV Seguros as soon as possible of all the circumstances that, according to the questionnaire presented before the perfection of the contract, increase the risk and are of such nature that if they had been known by DKV Seguros at the moment of signing the contract, it would not have been accepted or would have been offered at a different cost.
- c) Use all the means at his disposal to obtain a prompt recovery and to reduce the consequences of the claim.

The non fulfilment of this duty with the intention of deceiving or harming DKV Seguros or obtaining an additional lucre, will release DKV Seguros from all obligations relating to the claim.

- d) Facilitate the surrender of his rights or subrogation to DKV Seguros according to section 3.5.

In case the policy holder or insured person is entitled to an indemnity from a third responsible part, such a right passes to DKV Seguros for the amount corresponding to the health care.

8.3 Other obligations of DKV Seguros

Besides providing the health care contracted according to the modality described in the policy, DKV Seguros will provide the policy holder with a copy of the policy.

DKV Seguros will also provide the policy holder with the identifying card of each insured person in the policy and information about the medical directory (“DKV Health Care Network”) for his residential area, in which the permanent centre or centres for emergencies and the associated doctors’ timetables and addresses appear.

8.4 Payment of premiums

The policy holder is obliged to settle the payment of the first premium or of the single premium at the moment of accepting the contract.

The successive payments will have to be made on the corresponding due dates.

The policy holder can request the distribution of the payment of the annual premium in six-monthly, quarterly or monthly instalments, in which case the corresponding surcharge will be applied. Payment by instalments does not release the policy holder from the obligation of paying the entire annual premium.

If, for the fault of the policy holder, the first instalment, or the single premium has not been paid, DKV Seguros is entitled to cancel the contract or to demand the payment by legal means according to the policy.

In any event, and unless otherwise stated in the particular condition, if the premium has not been paid before the claim takes place, DKV Seguros will be released from their obligation.

In the event of non-payment of the second or successive premiums, or their instalments, the coverage of DKV Seguros will be suspended for one month after the due date.

If the DKV Seguros does not request the payment in the six months following this date, it will be understood that the contract is extinguished.

If the contract had not been cancelled or extinguished according to the previous conditions, the coverage will become effective 24 hours after policy holder pays the premium.

DKV Seguros will not request the premium corresponding to the period during which there was no coverage due to lack of payment.

The insurer cannot claim the premium corresponding to the period during which there was no coverage due to non-payment.

In any case, while the coverage is suspended, DKV Seguros will only be able to claim for the payment of the premium for the current period.

DKV Seguros is only obliged by the receipts issued by DKV Seguros.

Unless otherwise stated in the particular conditions, the place of payment of the premium will be the one that appears in the standing order issued by the bank.

To do so, the policy holder of the insurance policy must provide DKV Seguros with his bank account details to which the payment of the receipts of this insurance policy will be charged, authorising the financial entity to settle.

If no location is specified in the particular conditions for the payment of the premium, by default this will be the policy holder's address.

DKV Seguros will be able to modify, with each renewal of the policy, the annual premium and, if applicable the contribution for medical acts taking as a base the technical actuarial calculations based on the modifications of the health care costs of the services and/or the technological medical innovations that are necessary to incorporate, applying the rates that DKV Seguros has in force on the date of renewal.

Besides the supposition indicated in the previous paragraph, the premiums due may also vary depending on the age and other personal circumstances of the insured persons.

For policies of a collective modality age groups may be established. Similarly the premiums may experience modifications due to variations in the structure of the insured collective and the revaluation of the maximum guaranteed capital for refund of costs.

When the insured person reaches, during the course of the insurance policy, an actuarial age understood to belong to another group, the corresponding premium for the new age group will be applied in the following annual renewal.

DKV Seguros is not subject to any limit regarding the annual variations of the premiums. The amount fixed for the total premium, on summing the corresponding surcharges, will cover the principles of sufficiency and technical balance, according to the rules governing insurance companies.

The mentioned calculations will also be applied in the supposition of the insured person having obtained the right to non-rescission from DKV Seguros for the extension of the policy.

The policy holder, having been informed of the variation in the premium for the following annuity by DKV, will be able to choose between extending the insurance contract or cancelling it on the expiry date of the current period. In this last case, the policy holder will notify DKV in writing of his decision to conclude the contractual relationship.

8.5 Loss of rights and cancellation of the contract

The insured person loses the right to the guaranteed benefit:

- a) If, when completing the health questionnaire, the policy holder or the insured person do not respond with truthfulness either hiding in any conscious way relevant circumstances, or not observing due diligence to provide the requested data.
- b) If an increase in the risk has taken place, due to the circumstances indicated in article 8.2b and the policy holder or the insured person has not previously notified DKV Seguros.
- c) If the claim takes place before the initial premium has been paid, unless it has otherwise expressly been agreed to the contrary.
- d) If the claim takes place due to bad faith on the part of the insured person or the policy holder or the beneficiary.

In any case, DKV Seguros may cancel the contract within one month of becoming aware in a demonstrable way of the following facts:

omission or inaccuracy in the risk declaration on the part of the policy holder or the insured person, or the risk level has increased without the insurer having been informed.

8.6 Notifications

Notifications from the policy holder or the insured person to DKV Seguros should be made to its business address. Nevertheless, demonstrable notifications that are made to the Agent of DKV Seguros that mediated in the policy will also be valid.

The notifications made by an insurance broker to DKV Seguros on behalf of the policy holder or the insured person will have the same effects as if they had been made directly to DKV Seguros.

However, the notifications made by the policy holder or the insured person to the insurance broker are not considered to have been made to DKV Seguros until they are received by them.

The notifications of DKV Seguros to the policy holder or the insured person will be made at the address given in the contract, unless DKV Seguros has been notified of the change of address.

8.7 Special health risks

The policy holder may agree with DKV Seguros the coverage of risks excluded from these general conditions or those that are not specifically contemplated in them.

These will be denominated special health risks and so that their coverage is included, they should be duly specified in the particular conditions and an additional premium paid.

8.8 Taxes and surcharges

The taxes and surcharges legally due will be paid by the policy holder and/or insured person.

Appendix I: Travel Assistance

1. Prior dispositions

1.1 Insured person

The individual residing in Spain, beneficiary of a health care insurance policy of DKV Seguros.

1.2 Territorial scope of the insurance

The insurance is valid anywhere in the world, starting from the provincial limit of the insured person's habitual residence. Only the guarantees 2.1.1.1, 2.1.2.1, 2.2.8 and the guarantee 2.2.2 referring to hotel expenses are not applicable in Spain, and cover the insured person's trips abroad.

1.3 Duration

Its duration is the same as that of the health care policy.

1.4 Validity

To be able to benefit from the guaranteed services, the insured person must have his usual residence in Spain, habitually reside in it and the length of his stays away from this habitual residence, must not exceed 180 days consecutively per trip or journey.

2. Description of the coverage

2.1 Medical guarantees

2.1.1 Direct Medical Expenses

2.1.1.1 Medical, pharmaceutical, surgical, hospitalisation and ambulance expenses abroad.

DKV Seguros will cover the medical surgical expenses, pharmaceuticals prescribed by a doctor, those of hospitalisation and ambulances that arise as a consequence of an illness or accident that takes place abroad during his trip, up to a limit of 20.000 EUR.

2.1.1.2 Emergency dental expenses

If acute dental problems such as infections, pains or traumas that require emergency treatment appear during the trip, DKV Seguros will cover the inherent expenses for the mentioned treatment, up to a maximum of 150 EUR.

2.1.2 Indirect Costs

2.1.2.1 Extended stay in a hotel

When the previous guarantee of payment of medical expenses (2.1.1.1) is applicable DKV Seguros will cover the expenses of the insured person's extended stay in a hotel, after hospitalisation with written medical prescription, up to an amount of 30 EUR per day and with a maximum of 300 EUR.

2.1.2.2 Repatriation or health care transfer

In case the insured person suffers an illness or accident during his trip, DKV Seguros will:

- a) Cover the expenses of transport by ambulance to the nearest clinic or hospital.
- b) Establish contact with the doctor that has attended the wounded or sick insured person, to determine the convenient measures, the best treatment to follow and the most suitable means for his eventual transfer, if necessary, to another more suitable hospital centre or to his home.

c) Cover the expenses of the transfer of the wounded or sick person by the most appropriate means of transport to another hospital centre or to his habitual home.

If the insured person is admitted to a hospital centre that is not near his home, DKV Seguros will cover the subsequent transfer to his home once he has been discharged from hospital.

The means of transport used in Europe and Mediterranean coastal countries, when the emergency and the seriousness of the case requires it, will be a special health care airplane.

Otherwise, or in the rest of the world, the transfer will be made by regular airline or by the quickest and most appropriate means, according to the circumstances.

2.1.2.3 Repatriation of the deceased and his companions

DKV Seguros will deal with all the formalities required in the place of the insured person's death and the repatriation of the body to the place of burial in Spain.

If the insured deceased person travelled accompanied by other insured relatives and these could not return by the initially foreseen means or with the purchased return ticket, DKV Seguros will pay for their transport to the place of the burial or their home in Spain.

If the relatives were the insured deceased person's children under 15 years of age who didn't have a relative or person of trust to accompany them on their return trip, DKV Seguros will arrange for a person to travel with them to the place of the burial or their home in Spain.

If the insured deceased person had travelled alone, DKV Seguros will arrange the return trip for a relative to accompany the cadaver.

2.2 Other guarantees

2.2.1 Repatriation or transfer of other insured persons

When one of the insured persons has been transferred or repatriated due to illness or accident and these circumstances also impede the return of the rest of the insured relatives to their home by the initially foreseen means, DKV Seguros will cover the expenses corresponding to:

- a) The transport of the remaining insured persons to the place of their habitual residence or to the place where the repatriated insured person has been hospitalised or transferred.
- b) Arranging for a person to travel and accompany the remaining insured persons as described in point a) before, when these are the repatriated insured person's children under 15 years of age and they do not have a relative or person of trust to accompany them on their return trip.

2.2.2 Companion's travel

When the insured person is hospitalised for more than five days, DKV Seguros will arrange a return ticket for the insured person's relative to be by his side. Also, if the hospitalisation takes place abroad, DKV Seguros will cover the expenses of the relative's stay in a hotel, on presenting proof of such, up to 30 EUR daily, with a maximum of 300 EUR.

2.2.3 Premature return home

If during a trip, when the insured person was away from his habitual home, a fire or serious catastrophe occurred, or the death of a first degree relative, DKV Seguros will arrange for a return ticket for the insured person to return home, if this were not already covered by the insured person's return ticket.

Also, in the event that the insured person, having resolved the situation that forced him to return to his habitual home, wanted to return to where he was previously, DKV Seguros will arrange for a ticket to such effect.

2.2.4 Delivery of medications

DKV Seguros will cover the cost of delivery of the necessary medication for the insured person's cure if it cannot be found in the place where he is situated.

2.2.5 Telephone medical consultation

If the insured person requires medical information during his trip, he can request it by telephoning the Call Centre.

Given the impossible nature of establishing a diagnosis by telephone, the information should be considered as merely indicative, without DKV Seguros accepting any responsibility whatsoever.

2.2.6 Help in the search for lost luggage

In the event of loss of luggage, DKV Seguros will provide support in order to request and administer the search for locating the lost luggage and, once located, will cover any delivery costs to the insured person's home.

2.2.7 Delivery of documents

If the insured person requires some documents that have been forgotten, DKV Seguros will arrange for their delivery to the destination.

2.2.8 Legal defence expenses and advance on bail abroad

When, as a consequence of a traffic accident that occurred abroad during a trip, the insured person needs to arrange his legal defence, DKV Seguros will assume the expenses for such up to a limit of 1.500 EUR.

If the insured person is not able to designate a lawyer, DKV Seguros will do so, without accepting any responsibility whatsoever regarding the lawyer's subsequent performance.

If the competent authorities of the country in which the accident occurs required bail from the insured person, DKV Seguros will advance this, up to a limit of 6.000 EUR.

The insured person must refund the amount of the bail advanced within the maximum term of three months starting from the date on which DKV Seguros provided the loan. If before that term the amount had been reimbursed by the competent authorities of the country, the insured person is obliged to reimburse DKV Seguros immediately.

2.2.9 Travel assistance

When the insured person requires information about the countries that he will visit such as, for example, entrance formalities, concession of visas, currency, economic and political conditions, population, language, level of health care, etc; DKV Seguros will provide him with this general information if requested by means of a phone call or electronic mail.

2.2.10 Transmission of messages

DKV Seguros will take care of sending urgent messages to the insured person's relatives due to events covered by the guarantees of the present policy.

3. Limitations of the contract

3.1 Exclusions

3.1.1 The guarantees and services that have not been requested from DKV Seguros and which have not been made with their agreement or by them, except in cases of acts of god or those whose nature makes it impossible to demonstrate.

3.1.2 Illnesses or injuries that take place as a consequence of chronic suffering or prior to the beginning of the trip, as well as their complications or relapses.

3.1.3 Death as a result of suicide or the illnesses and injuries resulting from attempted suicide or those caused deliberately by the insured person to himself, as well as those arising from his criminal actions, either directly or indirectly.

3.1.4 The treatment of illnesses or pathological states caused by the intentional ingestion or administration of toxins (drugs), narcotics, or by the use of medications without medical prescription.

3.1.5 The costs of prostheses, spectacles and contact lenses, births and pregnancies except for unforeseen complications during the first six months, and any type of mental illness.

3.1.6 Events due to the practice of sports in competition and the rescue of people at sea, in mountains or in deserts.

3.1.7 Any medical or pharmaceutical expenses under 10 EUR.

3.1.8 Expenses corresponding to the burial and funeral ceremony.

4. Additional dispositions

In the telephone communications requesting the services of the indicated guarantees, the following must be clearly indicated: the insured person's name, the policy number of the health care policy or the card number, the place where he/she is situated, a contact telephone number and the type of assistance that he/she requires.

Delays or non fulfilment due to acts of god or the special administrative or political characteristics of a certain country will not be dealt with. In any event, if a direct intervention were not possible, the insured person would be reimbursed the expenses he had incurred and that are guaranteed, having presented the corresponding documents justifying these, on his return to Spain or, if required, as soon as he enters a country where the previous circumstances are not occurring.

Medical services and those of health care repatriation should be made by agreement with the doctor of the hospital centre that is attending to the insured person and DKV Seguros medical team.

If the insured person were entitled to a refund for part of the unused ticket, when making use of the repatriation guarantee, this refund must revert to DKV Seguros.

The compensations fixed in the guarantees will be in any event additional to the contracts that the insured person may have covering the same risks, the benefits from social security or of any other body.

DKV Seguros is subrogated in the rights and actions that can correspond to the insured person for facts that have motivated their intervention up to the total of the amount of the services provided.

**For the provision, by DKV Seguros, of the inherent services of the previous guarantees, it is essential that the insured person requests their intervention, from the moment of the claim arising, by calling the following telephone number (reversing the charges if necessary):
+ 34 91 379 04 34.**

Appendix II: Exclusive Coverage of DKV Mundisalud in its individual modality

1. Previous dispositions

1.1 Insured persons

The individual, residing in Spain, beneficiary of the health care insurance of DKV Seguros in its individual contracting modality.

1.2 Individual insurance modality

For the effects of the contracting, it is considered that the insurance policy is of an individual modality when it includes a minimum of one insured person and a maximum of nine, linked by a bond other than the interest of insuring, being first degree relatives (the holder, spouse or common law partner, and their non emancipated children under 30 cohabiting in the same family residence), and whose coverage in any case is carried out by means of obligatory adhesion (closed collective) or voluntary (open or cofinanced collectives) to some contracting conditions and/or single contract previously agreed with DKV Seguros and the contracting collective.

1.3 Duration of the insurance

The same as that of the main coverage of the health care insurance.

1.4 Validity

To be able to take advantage of the guaranteed services, the insured person should have his habitual home in Spain at least nine months of the year.

2. Complementary exclusive coverage

The contracting of the insurance policy DKV Mundisalud in its individual modality is the only one that grants the insured person access to the following additional guarantees:

2.1 Alternative and complementary therapies

Those specified below are only covered through the refund of expenses, whenever they are provided by a doctor, and are refunded according to that indicated in the table of coverage and limits, appendix to the particular conditions .

- › **Homeopathy:** Refund up to a maximum compensation limit for consultations or sessions. Without an annual limit for the number of consultations or sessions.
- › **Acupuncture:** Refund up to a maximum compensation limit for consultations or sessions, and a maximum number of sessions per insured person and year.

2.1.1 Delimitations of the coverage

alternative and complementary therapies homeopathy and Acupuncture are covered by the policy “DKV Mundisalud” for complete medical care in its individual modality, with the limitations stipulated in section 4.8 “Exclusive coverage” and contradicting that specified in the general conditions (section 5.g “excluded coverage”).

Other therapies included in section 5.g “Exclusive coverage” continue being excluded naturopathy, chiromassage, osteopathy, lymphatic drainage, mesotherapy, gymnastics, hydrotherapy, triple phase oxygenotherapy, presotherapy, ozonotherapy and other similar services or specialties not officially recognised. Also excluded are medical-surgical treatments with radiofrequency techniques except for turbinate surgery or turbinoplasty and adenoamigdaloplasty.

2.2 Refund of the expenses for services of family care and/or care for dependence, having been awarded a grade 3 dependence due to an accident

2.2.1 Object of the coverage

DKV Seguros guarantees in the event of the insured person and/or person acting on his behalf (legal guardian) demonstrating the recognition awarded by the “System for autonomy and care for dependence” (SAAD) of a state or situation of Dependence Grade 3 **after an accident covered by the insurance policy, starting from the effective date of this coverage**, the refund of 100% of the amount of the invoices paid for family care services and/or care for dependence, **up to a maximum limit of 10.000 euros per insured person**. The compensation is guaranteed provided it corresponds to expenses for socialhealth care services included in this coverage, **and subject to the limitations and exclusions specified in the general conditions of the policy (see Section 5.a 5.c 5.d 5.e “Excluded Coverage”) and Appendix II (section 2.2.3).**

For the effects of this coverage,

Dependence Grade 3 due to an accident is defined as an irreversible state in which the dependent person will neither be fully independent again nor be able to pass to a grade of lower dependence.

The social-health care services and family care services or care for dependence, carried out by professional assistants, which this guarantee covers, are:

2.2.1.1 Care services in the home:

Those that provide, by means of suitably qualified and supervised personnel, a series of useful care services for people that have suffered a decrease of their faculties and personal mobility, experiencing difficulties with getting up, personal hygiene, getting dressed and preparing daily meals and who require a permanent assistant.

a) Personal Care:

- › Personal hygiene
- › Mobility in the home
- › Change of posture and personal hygiene for the bedridden
- › Companionship at home

b) Care of the home:

- › Cleaning of the home
- › Domestic shopping
- › Kitchen service

2.2.1.2 Residential care service.

Services provided in residences and day or night centres staffed by teams of highly qualified people that guarantee complete care; such as doctors, male nurses, physiotherapists, psychologists or occupational therapists, among others. This service includes temporary and permanent stays and day centres.

- › Residences
- › Specialized care day centres.

› Night centres

2.2.1.3 Fixed and portable Teleassistance Service. Portable or permanent communication devices permanently connected to a central switchboard in case of an emergency.

It offers a personal, made to measure service, staffed by social workers, psychologists and doctors 24 hours a day, 365 days a year, inside and outside of the home, providing access through a specific terminal.

The only condition established is that the beneficiary must have sufficient cognitive functions to be able to use the corresponding technology.

2.2.1.4 Home adaptation service:

Consists of a set of items intended to adapt the home to their needs. These products allow for improved access and mobility throughout the home.

The insured person and/or person acting on his behalf (legal guardian) may request the refund from DKV Seguros of the total expenses generated by the services of family care and/or care for dependence described in this section, up to a maximum limit of 10.000 euros per insured person. **To do so it is essential to present the resolution awarding the insured person the situation of Dependence Grade 3 (level 1 or 2) from the competent administrative body of the “System for autonomy and care for dependence” of their Autonomous Region, specifying the causes and circumstances of the dependence situation.**

The coverage of dependence is cancelled in an automatic and definite way when the insured person receives the maximum guaranteed capital of 10.000 euros for this concept during the validity of the insurance policy, through the modality of refund of expenses.

2.2.2 Access to the coverage

a) Requirements to be beneficiary of the coverage of dependence:

- › To be entitled to the benefit for dependence in Spain and to fulfil the legal requirements to access the same.
- › To be included in the health policy as an insured person at the moment of the occurrence of the accident, of the application for the refund of expenses for Dependence Grade 3, and for the payment of the benefit.
- › That the accident that took place is not a consequence of activities or circumstances excluded from circumstances of the general coverage of the health insurance policy (section 5.a 5.c 5.d and 5.e “excluded coverage” of the general conditions) or specifically excluded from the dependence coverage. (section 2.2.3 of this appendix).
- › To be in a situation of Dependence Grade 3, according to the grades established in the Law of Dependence 39/2006 of December 14, and the Scale of valuation of dependence (Real Ordinance 504/2007, of April 20) currently valid in Spain.

- › To submit the resolution, dated and signed, with the qualification or recognition of the situation of Dependence Grade 3 granted by the competent administrative body of the “System for the Autonomy and Care for Dependence” of the autonomous region, specifying the causes and the circumstances of the dependence situation.

b) Documentation required for the recognition of the benefit:

To be a beneficiary of the dependence refund, the insured person must present the whole granting of dependence procedure contributing the following documents (original or validated copies):

1. Personal, family and professional data of the insured person who is recipient of the benefit.
2. Qualification granted by the competent administrative body of the “System for the Autonomy and Care for Dependence.” Specifying the causes and the circumstances of the dependence situation.
3. Medical reports with the conditions of the dependent’s health, and the social report made by the social worker.
4. All the additional documents required to be able to grant the right to receive the benefit.
5. Resolution issued and the date, with the qualification or recognition of the situation of Dependence Grade 3, starting from which the entitlement to the refund of the social health care is valid.

The non-fulfilment of the previous requirements may lead to the refund being refused.

c) The refund of expenses will be made in the following way:

- › Once the refund form has been presented, with the reports and original invoices demonstrating the services received, DKV Seguros will reimburse the expenses paid, according to the percentage and coverage limits previously indicated.
- › The payment will be made to the current account designated for such. The payment made in this way is fully valid, effective and final for DKV Seguros.
- › The invoicing of expenses paid and paid in foreign currencies by the insured person will be paid in Spain in euros according to the exchange rate on the day of the payment. If this is not given, it will be made according to the exchange rate corresponding to the date of issue of the invoice or, else, on that of the receipt of the service.
- › The cost of translation of the reports, invoices or medical fees will be met by DKV Seguros exclusively if they are written in English, German, French or Portuguese.

If they appear in another language, they will be paid by the insured person.

2.2.3 Excluded risks of the coverage

Excluded from the coverage for dependence:

1. The refund of expenses for services of family care and/or care for dependence not detailed in Appendix II of the general conditions.

2. The refund of expenses for services of family care and/or care for dependence detailed in Appendix II of the general conditions, when the situation of Dependence grade 3:

a) is produced by an accident caused by activities or in circumstances expressly excluded from the general coverage of the health insurance policy (section 5.c 5.d, 5 e. of the general conditions).

b) is a consequence and/or after effect, or complication of injuries that occurred in an accident that took place prior (pre-existing) to the date of each insured person's inclusion in the policy.

c) is due to an accident that took place in a situation of mental derangement, under the influence of alcohol or drugs of any type or psychoactive substances in general, although these have not been the cause of the accident.

d) is a consequence of accidents whose origin were in acts of rash imprudence or serious fault, attempted suicide, and those derived from the participation in bets, competitions, challenges, fights or aggression.

e) is produced by accidents derived from the practice of the following sports: automobile or motorcycle races and in any of their modalities, hunting, scuba diving, sailing in crafts not dedicated to the public transport of passengers, horse riding, climbing, mountaineering, pot holing, boxing, wrestling in any of its modalities, martial arts, parachuting, ballooning, freefalling, gliding, and in general any sport or recreational activity of a seriously dangerous nature.

f) is due to accidents that occurred while travelling, either as a passenger or manning of aircraft with a capacity of fewer than ten passenger seats.

3. The refund of the expenses for services of family care and/or care for dependence, with the right to the benefit having been extinguished, on the insured person having previously received the maximum capital guaranteed by this concept during the validity of a previously contracted health care insurance policy of individual modality.

3. Exclusive coverage of “DKV Mundisalud” Classic and Elite of complete medical care in their individual

modality is the only one that grants the insured person access to the following additional guarantees:

3.1 Refund of costs of medicines

3.1.1 Object and description of coverage

Object and description of coverage includes **reimbursement of 50% of the amount of the invoices of allopathic medications** (used in conventional medicine) **purchased in pharmacies in Spain and abroad**, through external means care modality. Reimbursement has **an annual ceiling of 100€ per insured person**, and it is necessary that the medication has always been prescribed or prescribed by a physician, is included in the registration of medicine (International vademecum in Spain) **and is administered for the treatment of diseases suffered by the insured person and included in the coverage of your policy.**

To facilitate the payment process, the minimum total amount of invoice or invoices for medication submitted for refund, is 10€.

3.1.2 Access to coverage

For the reimbursement of the costs of medicines, the policy holder, or insured person, must provide DKV Seguros with, **within a maximum period of fifteen days, the following documentation:**

1. original invoices and proof of payment for the medication, showing payment in a pharmacy.

The invoice must include the **name or corporate name of the individual or legal entity that issued them**, their address, telephone, VAT, and as appropriate, collegiate number as well as a detailed breakdown of medications with their denomination, **form of presentation, format, individual amount, number of containers, date of purchase and the full name and surname of the insured person receiving them.**

2. Original prescriptions.

The prescription or prescription for the medication will include the name and surname of the prescribing doctor, specialty, collegiate number, address, telephone, date of delivery or dispensing (chronic treatment) and the name and full surname of the insured person receiving assistance.

In the case that they are prescribed medications, **official prescriptions used in providing pharmaceuticals of the national health system** and of the official mutual companies, these are refundable **only when the space reserved for “Contingency” includes the code of the health insurance card of the users with the contribution, ranging from 002 TSI to TSI 006 (both inclusive) and DAST** (cross-border health care).

For the presentation of this documentation, DKV Seguros provides a refund form with the minimum administrative requirements that the invoices must satisfy to be refunded.

The insured person and members of their families must provide any reports and checks that DKV Seguros deems necessary.

Failure to fulfil this obligation may result in the denial of the right to a refund.

3.1.3 Delimitations and exclusions of the risk

1. Excluded from the coverage of this policy are: drugs not included in the register of medicines (Vademecum International in Spain), those not authorised by the Spanish Agency of medicines and health products, products of low therapeutic value (- not financed - in prescriptions of the national health system) and whose therapeutic efficiency is not endorsed by the international reference clinical guide (NICE), the over-the-counter (OTC) or advertising specialties, homeopathic medicinal products, herbal (derived from plants) and auxiliary means of healing of any kind.
2. Also excluded and not considered to be medicines, desensitization or allergic vaccines and intended to counter infectious agents, comforting, nutritious products, cosmetic, mineral water, hygiene, body care and bath additive products

3. Also excluded are official prescription drugs in the national health system or mutual companies for civil servants, when the space for “Contingency” includes the health card code for contribution-exempt users TSI 001, or the NOFIN code for non-financed medicines and health products, or ATEP exclusive for prescriptions for accidents at work or occupational disease.

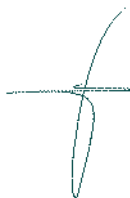
4. With regard to drugs, by not being regulated in the preceding paragraphs, the provisions of the general conditions that delimit the insurance coverage applies: Section 2 “Basic concepts. Definitions”, Section 3 “modality and scope of the insurance policy”, Section 4 “Description of coverage”, Section 5 “Excluded coverage” Section 6 “Periods of grace”.

The policy holder, to the effects stipulated in Article 3.º of the Law of Insurance Contracts, recognises having received a copy of the present General Conditions and Appendices of the contract, accepting them by means of his signature and expressly states his full acceptance of the limiting and delimiting clauses included within, and especially, the exclusions of coverage that are expressly stipulated in Section 5.º which have been clearly, explicitly and separately indicated and whose content he is aware of and understands as having been read.

The policy holder

The insured person

for DKV Seguros S.A.E.
Chief Executive Officer

A handwritten signature in blue ink, consisting of a horizontal line with a vertical stroke crossing it, and a large loop extending downwards from the intersection.

DKV | ERGO is a team of specialists that works for your complete peace of mind and safety. DKV advises you on Health, Income Support and Accident areas while ERGO focuses on Life, Home and Funeral insurance.

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