

I no longer worry about unforeseen events

DKV Profesional
General Conditions



DKV Health

Take good care of yourself

Insurance Policy
DKV Profesional

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Fully paid-up share capital: 66 110 000 euros

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DKV Seguros will provide this document to all who request it for its analysis and consultation, without there being any commitment to take out a policy, in order to contribute to the clarity and transparency of information of DKV Seguros and the insurance industry in general.

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**We answer
your questions**

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 chapter, we aim to give a clear and simple response to some of the most frequently asked questions we receive from our policyholders. We hope you find it useful.

About 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, where applicable, the special conditions.

What are the conditions exactly?

The 'general conditions' and/or '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 MEDICARD(s)[®] and information about the medical

directory or the 'DKV Network of Healthcare Services' in the event of taking out healthcare insurance.

Please check that all your personal details are accurate.

Which risks are covered in the policy?

Specifically those stated in the particular conditions.

What do I have to do with this documentation?

Sign the particular and general conditions, keep a copy for yourself, and send DKV Seguros 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, that is, the contract is signed and the initial premium is paid, the policy will not be effective, even if a date for such is stipulated in the particular conditions.

If you have any queries, please do not hesitate to contact us.

We will be happy to help you.

Do I need to request the renewal of the contract?

The contract is renewed automatically every year. You do not need to confirm the renewal.

However, both you and DKV Seguros can cancel the contract before the expiry date, provided that demonstrable notification has been given to the other party. One month's notice is required for the policyholder and two months for DKV Seguros.

What are your rights regarding privacy of personal data?

In accordance with articles 12 to 22 of EU General Data Protection Regulation 2016/679, DKV Seguros is expressly authorised to request, process and transfer the personal details of the policyholder and the insured to companies within its insurance group. The legal basis that makes data processing legal is your contractual relationship with DKV Seguros, as well as the legal obligations to which we are held by our sectorial regulation.

With respect to the insured's details, these will only be transferred to third parties when it is necessary to provide health care or insurance services. Furthermore, DKV Seguros is authorised to send information on products and services related to health and well-being to the policyholder and the insured (over the age of 18), as well as on any initiatives that may be of interest.

We have adopted all the technical and organisational security measures required to protect the privacy and integrity of information, and avoid any alterations, losses or unauthorised access to your information. We also perform periodical checks to verify compliance in this respect.

We will retain your personal data throughout the term of the contractual relationship, and, once it has been terminated, when data processing is required to attend to any potential responsibilities or claims derived from the relationship held, and in compliance with legal regulations in force. As a general rule, once the contractual relationship has been terminated, we will keep the information for seven years, and will proceed to delete it in full once this period has elapsed.

You can exercise your privacy rights by writing to DKV Seguros, Torre DKV, Avenida María Zambrano, 31 (50018 Zaragoza), identifying yourself with your full name and a photocopy of your ID document, or by registering in the customer area on www.dkvseguros.com. You can find more detailed information on your privacy rights in the privacy policy section on the website, and in the document provided to you alongside your contractual documentation. If you would like more information, or have any questions regarding your privacy rights, you can also get in touch with our Data Protection Officer by emailing dpogrupodkv@dkvseguros.es. If you are not satisfied with the assistance provided regarding your rights to information, you can also write to the Spanish Data Protection Agency at Calle Jorge Juan, 6 (28001 Madrid), or by calling 901 100 099.

Assistance modality and extension of the insurance policy

What is the main characteristic of 'DKV Profesional'?

'DKV Profesional' is a product that allows you to combine accident insurance, a compensation insurance for temporary disability or hospitalisation, funeral insurance and health insurance, whose cover is

structured in different levels, from a lower to higher degree of healthcare complexity, across three modules, and that can be contracted individually or collectively:

1. 'Primary care' module.
2. Module for 'Health care provided by specialists and complementary diagnosis and treatment methods'.
3. 'Hospital care and surgery' module.

What is your 'DKV Profesional' health coverage based on?

Providing the services described in the different modules via the associated 'DKV Network of Healthcare Services' available throughout Spain.

How can I use the health care provisions included in the different modules of coverage?

The insured can choose freely from among the doctors and centres in the 'DKV Network of Healthcare Services', but only those corresponding to the specialities included in the contracted coverage. The insured will receive the service after identifying themselves with their DKV MEDICARD®, and, when required, the corresponding authorisation.

How can I combine different modules in 'DKV Profesional' if I decide to contract two or more?

The different modules can be combined however you wish, according to your needs.

DKV MEDICARD®

Can a doctor from the ‘DKV Network of Healthcare Services’ ask me for my DKV MEDICARD® for reasons other than the authorisation of certain services?

Yes. The DKV MEDICARD® is the means by which you are identified as being insured by DKV Seguros in the ‘DKV Network of Healthcare Services’, and you will be asked to show it.

How much do I have to pay for each visit?

The preset amount for each medical act is stipulated in the ‘Table of groups of medical acts and contributions’ of the particular and/or special conditions of the policy.

What should I do if I lose my DKV MEDICARD®?

Contact DKV Seguros.

We will send you a new one.

How can I contact DKV Seguros?

Over the phone, by calling the DKV Seguros Call Centre on 976 506 000; online, at www.dkvseguros.com; or by going in person to any branch of DKV Seguros.

Authorisations when contracting health insurance

What tests or services in the ‘DKV Network of Healthcare Services’ need an authorisation?

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

If you have any doubts, please consult the website and/or medical directory or the DKV Network of Healthcare Services for the current year, Chapter 2 ‘Advice for Use’, to see the list of diagnostic and/or therapeutic acts that do not require prior authorisation from DKV Seguros.

How can I request an authorisation if I cannot go to a DKV Seguros branch?

Over the phone, by calling our Call Centre on 976 506 000; via the DKV Seguros website (www.dkvseguros.com); or with the assistance of anyone who appears in your DKV Seguros branch with your card and the prescription for the medical test.

Payment of the insurance

Do I pay the same every month?

No. If you have taken out the health insurance policy, some months you will also receive the surcharge for contributions towards the medical acts received.

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 payment of the premium in instalments does not exempt the policyholder from their obligation to pay the full annual premium. In the event of the return or non-payment of invoices, DKV Seguros is entitled to claim the unpaid amount of the annual premium.

Healthcare provisions when contracting health insurance

What is the Healthy Living Plan ‘Vive la Salud’?

At www.programas.vivelasalud.com, DKV Seguros offers its insured persons the possibility to access a progressively

broadening selection of specific programmes for promoting health and preventing illnesses.

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

Yes, from the first day that the insurance becomes effective, except for some services that have a qualifying period (see Section 3.1.8, ‘Qualifying and exclusion periods’).

Do I need to request an authorisation to go to a medical or surgical specialist’s consultation?

No. Consultations for medical or surgical specialities have free access in the ‘DKV Network of Healthcare Services’, provided they are included in the module contracted.

Do I need authorisation to go to a psychiatric clinic?

Yes. You need to have taken out the ‘Specialists’ module and to request authorisation to use this non-medical speciality within the ‘DKV Network of Healthcare Services’.

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

No, you do not need an authorisation for these. Only the written prescription of a doctor in the ‘DKV Network of Healthcare Services’ is required.

When can I request a service at home?

When, due to the condition of the ill person, going to a consultation or hospital centre is inadvisable from a medical point of view.

Nursing assistants can also make home visits if prescribed by a doctor from the 'DKV Network of Healthcare Services'.

Are pre-existing illnesses covered?

Due to the nature of the contract, pre-existing illnesses are not covered, but it is possible to include them by paying an extra premium in some cases, such as with allergic asthma, for example.

What does the dental speciality cover?

In any 'DKV Profesional' module, the policy includes consultations, extractions, stomatological treatment, fluoridations, dental cleans and dental X-rays associated with this treatment; if you contract the 'Specialists' module, fissure sealers and obturations (fillings) are also included up to the age of 14.

Other dental treatment that is not covered by the policy can be provided, with a contribution 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 of the 'DKV Network of Healthcare Services'.

Does 'DKV Profesional' include medications?

Only in the case of hospitalisation provided you have taken out the 'Hospital care and surgery' module, with the exception of biological medication and medicalised biomaterials not specified in section 3.1.6.7 'Surgical prostheses'.

Is epidural anaesthesia covered in childbirth?

Yes, and for any other surgery where required, provided that you have taken out the 'Hospital care and surgery' module.

Does 'DKV Profesional' include surgery for myopia?

By contracting any module, DKV Seguros offers the possibility to undergo laser refractive surgery for myopia at discounted prices. The insured person can obtain this service by acquiring a coupon through the DKV Health and Well-being Club prior to the procedure.

Does 'DKV Profesional' include clinical psychology?

The 'Specialists' module includes psychotherapy sessions on an individual basis as outpatient treatment with the prior prescription from a psychiatrist or paediatrician of the 'DKV Network of Healthcare Services', given by an associated psychologist and with the authorisation of DKV Seguros.

Insured persons can access this service for the following pathologies susceptible to psychological intervention, upon payment of the contribution stipulated in each act or session in the 'Table of groups of medical acts and contributions' of the particular and/or special conditions of the policy, **up to a maximum limit of 20 sessions per person and calendar year, except for eating disorders (anorexia and bulimia), school bullying and gender and/or family-based violence, cyberbullying and work-related stress, whose annual limit is 40 sessions.**

- > Psychiatric illness: depression, schizophrenia and psychotic disorders
- > Behavioural disorders: neurosis, anxiety, personality and obsessive compulsions
- > Eating disorders: anorexia and bulimia
- > In situations of school bullying, cyber bullying and gender or family-based violence
- > Sleep disorders: enuresis, insomnia, somnambulism and night terrors
- > Adjustment disorders: work-related and post-traumatic stress, bereavement, divorce, adolescence, post-vacation syndrome, etc.

> Learning disorders: ADHD and school failure

Should further sessions be required, DKV Seguros offers you the possibility to continue the sessions at a discounted rate, subject to requesting this from DKV Seguros.

And family planning?

Family planning techniques, including tubal ligation and vasectomy, are covered if the 'Hospital care and surgery' module has been contracted.

In both cases a qualifying period of six months is established as they are surgical procedures.

However, the fitting of the IUD (**except for the cost of the intra-uterine device**) is included provided that you have taken out the 'Specialists' module.

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

Yes, as long as you have contracted the healthcare module corresponding to the provision received, it is not a professional activity or official competition, and the sport in question is not defined as a high-risk sport.

What happens if I can't get a certain test done in my area?

DKV Seguros will provide you with access to the service in the area that

you choose where suitable means to carry it out are available, provided that it is included in the Health Insurance module(s) taken out.

Is health care included while I'm abroad?

Only in the event of an emergency or an accident through complementary travel assistance coverage, which guarantees the provision of health care abroad up to a maximum of 180 days per trip (see Appendix I).

What number do I call if I have a medical emergency while abroad? + 34 913 790434.

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

Hospital admissions

What should I do in the event of a scheduled hospital admission?

If you have taken out the 'Hospital care and surgery' module, the admission should be requested by a doctor of the 'DKV Network of Healthcare Services', and should be authorised beforehand by DKV Seguros (please refer to the section 'AUTHORISATIONS' in 'We answer your questions' to see which provisions require advance authorisation).

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

In the event of an emergency, what happens if there is no authorised hospital in the area?

If you have taken out the 'Hospital care and surgery' module, in the event of a life threatening emergency you can go to any hospital, but you must inform DKV Seguros as soon as possible in the 72 hours following admission. DKV Seguros may transfer you to an associated hospital, unless there are medical reasons for not doing so, providing the appropriate means of transport.

In the event of an emergency, when is the companion's bed included?

The coverage of the 'Hospitalisation' module includes a single room with a companion's bed, except in psychiatric, ICU or incubator admissions.

Regarding the provision for temporary disability or hospitalisation

How must you communicate your medical leave or hospitalisation?

You must send the claim declaration document to DKV Seguros, directly or through your certified agent or intermediary, which includes the initial information so the provision can be

processed, with all of its sections filled in, and the medical leave report must be signed by the doctor assisting the patient. It must include the following:

- > Identification of the doctor
- > Identity, residence, age and profession of the insured person
- > Current ailment causing temporary disability
- > Causes, background and probable start date of the illness or date of the accident
- > Start date of the disability and the expected duration thereof

If you have taken out the hospitalisation guarantee and have been hospitalised, you must also submit the hospital discharge report provided by the hospital.

If you have any queries, you should contact DKV Seguros in advance on 976 506 000.

Do I need to send information relating to social security or my mutual insurance company?

The temporary disability reports drafted by the administration may be required as additional information, but they do not bound or force DKV Seguros to accept or quantify the

compensation, as the policy's coverage does not coincide with that of Social Security or the equivalent public authority.

When do I need to notify my medical leave?

You must notify us of the accident within seven days of its occurrence. If failing to do so, the period established for the provision will start when the notification of the accident is received. The day of medical discharge will not be subject to compensation.

What information does DKV Seguros require to start processing the provision?

The 'claim form' and the medical leave certificate.

In addition, DKV Seguros may:

- > Request additional information, such as medical reports from the doctors who have assisted you, hospital records, etc.
- > Visit you to assess the evolution of the illness, check on your state and, if necessary, propose measures or steps that will lead to a satisfactory recovery.

Which is the maximum guaranteed period for medical leave?

You can choose from different options. The particular conditions specify

the coverage contracted and the maximum guaranteed period.

When is the provision paid?

After presenting the claim form, the medical leave report and the rest of the requested documentation, and when DKV Seguros recognises the right to the provision and checks its definitive scope, it will process it within two weeks.

In the event of extended temporary disability (over forty days), you may request an advance of the provision for daily temporary disability corresponding to the period of medical leave that has been sufficiently proven.

When does the medical leave end in daily temporary disability?

When the medical discharge to return to work is received or any of the following cases applies:

- > You feel able to return to work, even part time.
- > Your temporary disability becomes permanent.
- > You retire or become unemployed.
- > You are away from your home for over seventy-two hours without the knowledge of DKV Seguros.

> You oppose the visits required to verify your condition, as requested by DKV Seguros.

> DKV Seguros considers that your medical leave is being unnecessarily prolonged.

What can you do if you do not agree with DKV Seguros' decision?

You have a period of seven days to notify DKV Seguros in a demonstrable manner of your objection, stating your reasons.

If you disagree on medical terms, your doctor, or the one you appoint, will try to reach an agreement with the doctor from DKV Seguros.

If no agreement can be reached then a third doctor will be appointed to make a decision.

Is there a right to receive a provision in the event of childbirth?

Although childbirth is not considered an illness, mothers that are insured for over eight months will receive a provision on this account. You must have contracted one of the following guarantees: daily temporary disability, scaled temporary disability, hospitalisation or surgical procedure, within the scope and conditions established in each guarantee.

The same conditions and level of benefit apply in the case of adoption.

Will the beneficiaries receive any provision in the event of the death of the insured person?

Yes. The compensation corresponding to the insured person passes on to his/her beneficiaries.

What happens with the Social Security benefit?

The provision corresponding to the medical leave covered by the contract is compatible with and independent from the benefit that may be received from Social Security.

What is the qualifying period?

It is the period of time that has to elapse from the date the policy enters into force until the policy's guarantees become effective. This period is specified in the particular conditions. No qualifying period will be applied when the medical leave is due to an accident.

What is the excess period in the daily temporary disability guarantee?

It is the initial number of days of each medical leave process in which there is no right to the provision.

From which day does the provision for daily temporary disability start due to work leave?

If there is no excess period, from day one of the work leave. In the event

of an excess period, as of the day following the end of the established excess period.

We remind you that you must notify us of the accident within seven days of its occurrence. If failing to do so, the period established for the provision will start when the notification of the accident is received. The day of medical discharge will not be subject to compensation.

What is the excess period in the scaled temporary disability guarantee?

It is the number of days specified in the particular conditions and that, for the purposes of the provision, should be deducted from those that appear in the scale of Appendix I for each diagnosis.

When do you have the right to receive the provision for the scaled temporary disability due to work leave?

From the moment that you present the documentation justifying the time off work and the illness and any additional reports as required by DKV Seguros, and once the coverage of the claim has been verified.

What are the excluded risks?

They are the illnesses, accidents, circumstances, alterations, activities... that are not covered in the policy and that, therefore, do not grant the right to a provision.

The excluded risks are agreed with you when signing the policy, and they are highlighted in bold type.

whether you have taken out the option of annual revaluations of the provision level.

About the professional activity

What happens if your working situation or professional activity changes?

You should notify us of the change in your situation as soon as possible to be able to recalculate the insurance premium according to the new activity, which may represent an increase or decrease in the price depending on the level of risk that this new activity represents. This way we will avoid any problems or confusion during the claims procedure.

About personal data

What happens if I change my address, telephone number, etc.?

You should notify us of any change as soon as possible.

About the payment of the insurance

How much will the insurance policy increase by?

The premiums may be updated annually depending on your age and

Suggestions and complaints

How can I make a complaint or suggestion?

You can submit it in writing to any of our branches or to the Customer Protection service. For this purpose, you can write to the registered office of DKV Seguros: Torre DKV, Avenida María Zambrano, 31 (50018 Zaragoza), or by email: defensacliente@dkvseguros.es. You can also call the phone number 976 506 000 for our Customer Services.

You can also send it to the Complaints Service of the Directorate-General for Insurance and Pension Funds: Paseo de la Castellana 44, 28046 Madrid.

In this case, a complaint must have been forwarded beforehand to the Customer Protection service of DKV Seguros. (See more detailed information on the procedure to be followed in the section 'Preliminary clause').

Healthy Living Plan: 'Vive la Salud'

DKV Seguros gives its insured the ability to access the Healthy Living Plan: 'Vive la Salud', which seeks to promote activities aimed at health promotion and prevention of illness through diverse specific programmes. It is available online and with the support of medical helplines.

a) The programmes aim to help its customers in the following areas:

- > Developing healthy lifestyles
- > Consolidating appropriate habits that they have already established
- > Education around preventing risk factors related to illnesses
- > Teaching them to recognise the early symptoms of each illness and the necessary action for each case
- > Personalised medical advice: in the form of a customised healthy-living plan and specific health objectives for each customer, with continued support along the way

- > Facilitating effective preventive activities
- > Living in healthy conditions and anticipating complications if a health problem already exists

These objectives are achieved with the following available tools:

- > Information, training and participation in events
- > Online evaluation, follow-up and control tools
- > Personalised medical advice offered remotely to meet therapeutic objectives

b) The following programmes will be gradually included:

1. Healthy living. Aimed at all customers who do not 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 related to cardiovascular illnesses: high blood pressure, cholesterol, sedentary lifestyle, tobacco addiction, etc. The programme will provide personalised advice to improve how the insured persons can control their illnesses and avoid complications.

3. Healthy pregnancy and childbirth. Aimed at all adult insured persons who are pregnant. The programme aims to provide all adult insured customers of DKV Seguros who are pregnant with information and specific advice regarding different aspects related to the pregnancy, birth and post-natal care. The purpose of this programme is to improve their knowledge, attitude and behaviour and to have a positive influence on the development and results of the pregnancy, birth and post-natal care, as well as the newborn's care.

4. Obesity. Aimed at DKV customers over 18 who present signs of being overweight or obese. The objective of the programme is weight loss through following the advice of dietitians that will set targets and design personalised diets and physical exercise routines to meet them.

5. Childhood obesity. Aimed at customers who are parents of children that are overweight or obese. The main objective of the programme is to educate customers in acquiring healthy habits through educational material prepared for children and the personalised advice of dieticians.

6. Parents' school. The aim of this programme is to help children grow up in a healthy manner and to instil some healthy living habits at an early age, from birth until adolescence. It offers parents information about the care infants need (feeding, hygiene, vaccines, prevention of accidents, toys, clothes, etc.) and the possibility of online advice for the different stages of growth and maturity of children's growth (infancy, puberty and adolescence), as well as a personal plan so that your child grows up healthy.

7. Breast cancer prevention. Aimed at all women aged 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 advice and recommendations about the most effective preventive activities depending on the personal characteristics of each insured person.

8. Prostate cancer prevention.

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

9. Cervical cancer prevention. The cervical cancer prevention programme is aimed at all women between 18 and 65 years of age who are sexually active. It includes periodic vaginal cytology to detect and treat dysplastic injuries at an early stage before they become cancerous.

10. Colon cancer prevention. Colon cancer is the most frequent malignant tumour in Spain.

This programme has been designed for the general public and, especially, for those over 50 years old with a family history of colon cancer. Using online tools, it offers you the chance to assess the risk factors and avoid them. In addition, it offers a team of professional experts in prevention and healthy habits that will provide you with long-term, personal advice.

11. Stroke prevention. Stroke is currently 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 of a vascular origin, either haemorrhagic or ischemic, that exceeds 24 hours. 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. Work-related stress prevention.

This programme is aimed at all customers who work, 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 **online at**
www.programas.vivelasalud.com

Further details about these programmes can be obtained **by calling: 976 506 000.**

DKV Health and Well-being Club

The contracting of one or more modules of the 'DKV Profesional' health insurance policy, provides the insured person access to the digital health services and to the additional premium services of the DKV Health and Well-being Club described below, which are different to the insurance coverage.

The access details for these services are included on the website www.dkvclubdesalud.com, or are available through the helplines indicated in the DKV Seguros medical directory.

1. Digital healthcare services

a) Telephone advice helplines

1.1 24-hour care

DKV Seguros' insured customers have a 24-hour helpline at their disposal, specialised in coordinating and activating healthcare services at home, depending on the type of insurance taken out and the geographical area of residence. This helpline is staffed by medical and administrative personnel.

1.2 24-hour DKV Doctor

This service provides DKV Seguros insured customers with medical advice over the phone, offering information and solving queries regarding symptoms, diagnostic tests, health problems or medication.

1.3 24-hour paediatric medical line

This service provides DKV Seguros' insured customers with medical advice over the phone from doctors or experts specialising in Paediatrics, offering information and solving queries regarding symptoms, diagnostic tests and health problems of insured customers 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 specialising in diets and nutrition, providing strategies and medical documentation regarding the prevention and treatment of overweight and obese children.

1.5 Pregnancy medical line

This service provides DKV Seguros pregnant insured customers with medical advice over the phone given by doctors or experts specialising in Obstetrics, offering information and solving queries regarding symptoms, diagnostic tests, health problems or appropriate medication for the pregnancy stage.

1.6 Women's medical line

This service provides DKV Seguros female insured customers with medical advice over the phone given by female doctors, offering information and solving queries regarding symptoms, diagnostic tests, health problems or appropriate medication for women's health.

1.7 Sports medical line

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

1.8 Nutritional medical line

This service provides DKV Seguros insured customers with dietary advice over the phone given by doctors or experts specialising in diets and nutrition, offering information and solving queries regarding prevention for the health and dietary control of pathologies that include diet therapy as part of the treatment prescribed by their doctor.

1.9 Tropical medical line

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

1.10 Psycho-emotional helpline

The insured person can receive six psychology consultations a year of thirty minutes each, as well as advice from a team of qualified psychologists, who will study each case individually.

Opening hours are from 8am to 9pm on working days, and sessions are by appointment only.

b) Free self-care tool

At DKV Seguros, we invest in technology so you can take care of yourself.

The ‘**Quiero cuidarme +**’ app is free self-care tool available for everyone, which calculates your healthy lifestyle index (HLI), a score from 0 to 1000 based on nine indicators (body mass index, glucose, cholesterol, blood pressure, quality of sleep, emotional well-being, physical activity, tobacco consumption and diet).

In addition, users can sign up to action plans to work on certain indicators that can be improved.

c) App with symptom checker for 24h medical care

An app to solve your doubts anytime, anywhere.

This service features a symptom checker that provides quick and reliable answers about health problems.

In addition, you will be able to consult a doctor via phone call, video call or chat, and access all of their previous queries. All of this wrapped up in an easy-to-use, safe and strictly confidential package.

d) Health diary: personal agenda to record your medical appointments and other health activities.

e) Health folder: to save your medical reports and receive your test results automatically.

2. Second opinion in cases of severe illness

2.1 Second medical opinion

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

These experts will study the medical record and provide their opinion on the diagnosis and any possible treatment alternatives.

2.2 Second bioethical opinion

Through this new service, in the event of a serious illness, the insured person or his/her doctor will have access to the assessment and second opinion of specialists in bioethics who will study the medical record remotely and confidentially, and offer their opinion on the bioethical aspects of a treatment or sensitive medical decision.

3. Dental service

This service offers its customers access to dental treatment not included in their policy at special rates when visiting associated dental clinics included in the ‘DKV Network of Healthcare Services’, according to the insurance modality contracted.

With each renewal of the insurance contract, DKV Seguros may modify the dentists in the ‘DKV Network of Healthcare Services’, the subsidised dental fees and the dental services included.

4. Premium additional services

The insured person can access the **‘DKV Health and Well-being Club Network of Services’** directly or with vouchers, always assuming the cost. This network provides additional services related to health promotion, prevention, cosmetics, personal self-care, retraining or physical and emotional well-being, as well as a variety healthcare and family care services with discounts and/or special rates, which are well below market prices

So, depending on the type of service that you want to use in the **‘DKV Health and Well-being Club Network of Services’**, there are two different types of access:

- > **Direct access to the service:** the insured person consults the rates of the centres or professionals available on the website **www.dkvclubdesalud.com**, directly arranges an appointment with them and, on arriving at the centre, identifies themselves with their DKV card or customer

number, which is necessary for the supplier to apply the **special DKV Health and Well-being 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 Well-being Club Network of Services’** a voucher must be acquired in advance. These can be obtained by going to **www.dkvclubdesalud.com**, calling 976 506 010, or by visiting any DKV Seguros branch directly.

On each renewal of the insurance contract, DKV Seguros may modify the ‘DKV Health and Well-being Club Network of Services’, the discounts offered with the vouchers, the rates and the services included in the DKV Health and Well-being Club, as well as include new services or discontinue any of the existing ones, with the purpose of adapting them to the services requested by the insured.

4.1 Health-promotion services

4.1.1 Wellness services (health resorts and urban spas);

DKV Seguros offers insured persons discount vouchers to access balneotherapy, hydrotherapy, kinesitherapy, drainage or firming treatments, at highly attractive rates.

Health resorts: these are thermal centres where visitors can stay overnight and treat themselves with mineral waters. The therapeutic action of the water depends on temperature, pressure, chemical composition, radioactivity, bacterial flora and dissolved gases.

Urban Spas: defined as such because they are located in urban centres and, unlike spas, the customers only spend a few hours there and don't stay overnight.

4.1.2 Gyms and fitness

Access to the gyms included in the 'DKV Health and Well-being Club Network of Services' at attractive rates, obtained by means of a voucher.

4.1.3 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.

4.2 Preventive services

4.2.1 Predictive genetic studies

In indications not covered by the policy, access is provided 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 conducted through a blood

sample, which is examined in the genetics laboratory, to determine if there are changes in the gene or genes associated with the disease. The following studies may be carried out: prenatal screening test of foetal DNA in maternal blood, cardiovascular risk test, genetic profile of obesity and paternity tests, among others.

4.2.2 Quit smoking programme

Access to a new service aimed at giving up smoking, employing different techniques at highly attractive rates, and by means of a voucher.

4.2.3 Cryopreservation of the umbilical cord in a haematopoietic stem cell bank

The transplantation of umbilical cord blood cells is currently a common treatment for many severe illnesses (leukaemia, lymphomas, neuroblastoma, thalassemia, etc.). The insured persons that wish to access the service, at highly attractive rates, can acquire a voucher that covers the collection, transport, preliminary analyses and conservation of the child's umbilical cord cells in a private bank for a period of 20 years (with the possibility of an extension).

4.2.4 Biomechanical gait analysis

This service provides insured persons access, with a discount voucher, to an associated network of podiatry centres specialised in the design and

manufacture of fully made-to-measure insoles, as well as follow-up visits and a guarantee.

4.3 Cosmetic or aesthetic medical services

4.3.1 Refractive laser surgery for near-sightedness, long-sightedness and astigmatism

By acquiring discount vouchers, DKV Seguros offers its insured persons a special network of ophthalmological clinics specialising in the laser treatment of visual refraction defects (near-sightedness, long-sightedness and astigmatism) at highly attractive rates.

4.3.2 Presbyopia surgery

Presbyopia, also known as eyestrain, is a visual defect that usually begins to manifest itself at about 40 or 45 years of age and involves the eye's decreased ability to focus, resulting in the loss of near vision. DKV Seguros provides its insured persons access to a network of ophthalmological centres that specialise in the surgical correction of this defect through the implantation of intraocular lenses by acquiring a voucher with discounted rates.

4.3.3 Medicine and plastic surgery

Includes access, with a discount voucher that offers special rates, to a consultation and a wide range of non-

invasive facial and body treatments (peelings, stains, lymphatic drainage, firming, etc.), as well as surgical treatments, such as mammoplasty, abdominoplasty, etc.

4.4 Complementary healthcare services

4.4.1 Assisted reproduction treatment

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

4.4.2 Alternative therapies

Seguros offers insured customers in the 'DKV Health and Well-being Club Network of Services' a network of medical homoeopaths, acupuncturists and graduates in osteopathy and chiromassage for a consultation or session at special rates.

4.4.2.1 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.

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

4.4.2.3 Osteopathy or chiropractic massage: physical or manual therapy, complementary to allopathic or conventional medicine, aimed at the treatment of musculoskeletal dysfunctions that produce pain in the spine and extremities.

4.4.3 Psychology

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

4.4.4 Medical speciality consultations and diagnostic methods and/or outpatient treatment

If you do not contract the specialists module, you can still take advantage of the special rates reserved for the DKV Health and Well-being Club in those services not covered by your insurance modality by identifying yourself with your MEDICARD® (see details at www.dkvclubdesalud.com).

4.5 Personal self-care services

4.5.1 Auditory health

By acquiring discount vouchers, this provides access to an auditory check-up in the DKV Health and Well-being Club network of auditory centres, and the purchase of hearing aids at discounted rates.

4.5.2 Hair health

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

4.5.3 Opticians' service

By acquiring a voucher, the insured person can obtain significant discounts in the DKV Health and Well-being Club network of opticians for the purchase of spectacles (frames and lenses), contact lenses and their hygiene or cleaning liquids.

4.5.4 Orthopaedics service

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

4.5.5 Online chemist

After acquiring a discount voucher, the insured person has access to over-the-

counter chemist products (cosmetics, insect repellents, sun creams, etc.) at highly reduced prices, provided the items are not considered drugs and actively contribute to health and well-being.

4.6 Retraining or rehabilitation services

4.6.1 Re-education therapy recovery from phonation, speech and language disorders

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

4.6.2 Therapy for Obstructive Sleep Apnoea

This service facilitates the purchase of home ventilation devices, at highly attractive rates with a discount voucher, for CPAP (Continuous Positive Airway Pressure) or BiPAP (Bilevel Positive Airway Pressure) devices. These devices provide a 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 apnoea with intra-oral splints.

4.6.3 Pelvic floor training or rehabilitation programme

The insured person can also access the Kit Birdi pelvi-perineal rehabilitation training programme, based on Kegel exercises, with a DKV Health and Well-being Club discount voucher. Via a mobile or PC/Tablet, the activity of the pelvic floor muscles can be monitored and registered on a website so that the user and/or the doctor can monitor it.

4.7 Residential services and family assistance services

4.7.1 Support services for dependent hospitalised patients or people who are alone.

A professional will accompany you during your hospitalisation and take care of you when you need it

4.7.2 Postpartum home services

Health professionals provide you assistance in everyday tasks with the baby or teach you recovery exercises. They will also monitor the mother's progress, looking for possible signs of anxiety and depression, and the baby's progress, and they will offer help with breastfeeding, food preparation and hygiene of the mother and baby.

4.7.3 Home care services

Those that provide, by means of suitably qualified personnel, a series of useful care services for people that have suffered a decrease of their independence 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:

They provide personal hygiene, companionship at the home, and change of posture and personal hygiene for those who are bedridden.

b) Care of the home:

Qualified personnel carry out the household shopping, clean the home and even provide a kitchen service.

4.7.4 Landline and mobile teleassistance service.

This is 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. They are portable or permanent communication devices permanently connected to a central switchboard in case of an emergency.

4.7.5 Home adaptation service

This consists in a set of items intended to adapt the home to your needs. These products allow for improved access and mobility throughout the home.

4.7.6 Network of retirement homes for senior citizens

Social, health and psychological care and rehabilitation aimed at a better quality of life for people who, due to their health or family or social situation, are not self-sufficient.

4.7.7 Assisted-living flats system

These are homes aimed at elderly people who want to live with other people of the same age, while feeling safe and maintaining their freedom, independence and privacy at home. This assisted-living flats service offers permanent protection, medical care, nursing, podiatry and physiotherapy.

5. Call centre

Consultations, information and authorisations.

DKV Seguros' customers have access to a telephone consultation service with the purpose of receiving information about the medical directory, requesting authorisations, taking out policies or services offered by the company, making suggestions or dealing 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 Act 50/1980 of 8 October.

The control of the insurance activity of DKV Seguros y Reaseguros, S.A.E. (hereinafter, DKV Seguros), with registered office 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 Directorate-General for Insurance and Pension Funds.

The contract consists of the following documents:

- > Preliminary insurance information document (insurance application)
- > The health declaration
- > General conditions
- > The particular conditions
- > The special conditions (where applicable)

- > The supplements or appendices

The transcriptions or references to laws do not require express acceptance, as they are compulsory in any case.

For the resolution of any conflicts that may arise with DKV Seguros, the policyholders, beneficiaries, affected third parties or representatives of any of these can lodge their complaint in the following ways:

At any DKV Seguros branch, with the Customer Protection Service of DKV Seguros, or through our Customer Services.

Claims can also be sent by mail or to the address of the DKV Seguros Customer Protection Service: Torre DKV, Avenida Maria Zambrano 31, 50018 Zaragoza; by email: defensacliente@dkvseguros.es, or by calling 976 506 000 for our Customer Services.

The customer can choose the form in which they wish to receive a response, and indicate the address to which responses can be sent. The claim will be processed in writing, if no other way has been previously specified, within a maximum of two months. Customers can consult the company's Customer Services Regulations at DKV Seguros branches.

After a two-month period has elapsed, if the customer disagrees with the proposed solution, s/he may contact the Claims Service of the Directorate-General for Insurance and Pension Funds, which is located at Paseo de la Castellano 44, 28046 Madrid.

Once confirmed in advance with DKV Seguros, administrative proceedings can be initiated.

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

2. Basic concepts. Definitions

For the purpose of this contract, the following terms have been defined:

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.

The following are also considered accidents:

- > Asphyxiation or injuries caused by gases or vapours, immersion or submersion or the ingestion of solids or materials other than foods
- > Infections as a result of an accident
- > Tearing or pulling of a muscle as a result of a sudden movement

- > Injuries produced in legitimate self-defence or while saving persons or goods
- > Injuries due to surgery or medical treatment arising from an accident covered by the policy

The following are not considered as accidents:

- > Illnesses of any kind
- > Surgery or operations performed by the insured person on himself
- > Injuries resulting from ionising radiation of any kind, including that related to modifying the nucleus of an atom

Actuarial age

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

Advanced medical technology

This refers to new applications in electronics, computer science, robotics and bio-engineering in the medical field, especially in the technologies of medical diagnosis and treatment. These techniques are characterised by the high cost of investment and the need for specialised personnel, and are subject to reports by the agencies responsible for evaluating health technologies to verify whether their safety and effectiveness in different cases is sufficient for them to replace existing technology.

Angiogenesis inhibitor

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

B

Beneficiary/accident insurance

The individual or legal entity who has the right to the compensation, following assignment from the insured. For the case of 'disability', the beneficiary is the insured person.

Beneficiary/income insurance

The individual or legal entity stipulated in the particular conditions that has the right to receive the compensation guaranteed by the policy, or otherwise,

in case of death, those stipulated for such, unless expressly agreed to the contrary in the particular conditions.

Biological or synthetic materials

Also called biological prosthesis that, implanted through a special technique, replaces, regenerates or complements an organ or its function.

This concept includes cell transplants for regenerative purposes.

Biomaterial

Natural (biological of animal or human origin) or artificial (man-made) materials used to manufacture medical devices or products that interact with biological systems, and which are applied in different medical specialities.

C

Cardiac rehabilitation

All activities needed to recover the optimum functional level from a physical perspective following a heart attack.

Clinical psychologist

A psychology graduate specialist in clinical psychology.

Clinical psychology

Branch or speciality of psychology, which treats and rehabilitates human behaviour anomalies and disorders.

Collective insurance modality

For the purpose of 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 relationship other than for the sake of insurance, when it fulfils the legal conditions for insuring and when the coverage is established by means of obligatory (closed collective) or voluntary (open or co-financed collectives) adhesion to certain contracting conditions and/or a single contract previously agreed upon with DKV Seguros and the contracting collective.

Complete medical care

This includes all the healthcare specialities and provisions included in the insurance in the primary care modules, assistance from specialists and complementary diagnosis and treatment means, hospital care and surgery.

Congenital abnormality, defect, illness, or injury

That which is present at the moment of birth as a result of hereditary factors or medical conditions acquired during pregnancy up to the moment of birth.

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

Copayment

Pre-established amount for each medical act that the policyholder and/or insured person pays for the use of the 'DKV Network of Healthcare Services', as detailed in the 'Table of groups of medical acts and co-payments' in the particular and/or special conditions of the policy.

Cost-efficiency analysis

This allows for the cost comparison of one or more health interventions in monetary terms and their consequences in quality-adjusted life years (QALY), in order to measure the health outcome.

Cytostatic

Cytotoxic medication used in oncological chemotherapy that is able to stop the development of 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 Network of Healthcare Services’

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

Doctor

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.

E

Enzymatic and/or molecular inhibitor

Targeted biological drugs that act on a therapeutic target, intra or extracellular, inhibiting the generation and transmission of signals in the cell growth pathway. This therapeutic subgroup includes inhibitors of enzymatic transcription at different levels (e.g. protein kinase inhibitors, tyrosine kinase inhibitors, protease inhibitors, etc.).

Excess period

In the case of the daily temporary disability guarantee, the excess period will be understood as the initial number of days of each claim event that do not generate the right to the provision.

In the case of the scaled temporary disability guarantee, the excess period will be understood as the number of days that, for the purposes of the provision, should be deducted from those that appear in the scale of Appendix I for each diagnosis.

Exclusion period

This is the **time period set out in the contract**, from the date that each insured person is registered, during which a part of the coverage included in the policy guarantees does not take effect **and during which if a diagnosis is provided or the first symptoms appear of an illness with an exclusion period, there will be no right to any type of compensation related thereto, thus remaining excluded from the insurance coverage**. This period is calculated by months, counting from the effective date of the policy for each of the insured parties included in it.

External means

Doctors and centres not included in the ‘DKV Network of Healthcare Services’.

G

Gene therapy

This is the process that allows for the treatment of hereditary diseases, cancer, infections and other illnesses, by modifying the cell genome.

Gene therapy consists of inserting genetic material into a target cell, by means of different vectors, in order to obtain a therapeutic effect (synthesis of a protein of interest, compensating for a genetic deficit, stimulating the immune response against a tumour or resistance to infection produced by a virus).

H

Health questionnaire or declaration

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

Heart attack

Acute coronary obstruction caused by thrombosis or embolism.

Helical radiotherapy or tomotherapy

Real-time image-guided helical radiotherapy, also called tomotherapy, combines the CT and a 64-leaf binary multi-layer linear accelerator in one device. It is an advanced modality of radiotherapy that allows the doctor to obtain a three-dimensional image of the tumour before administering the radiation, and focus the radiation

on the tumour from many different directions, by rotating the radiation source of the machine around the patient in the form of a spiral. It is also called helical tomotherapy.

Holder/accident insurance

Person who signs the death and disability guarantees in the complementary accident insurance.

Hospital care

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

Hospital care for social and/or family reasons

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

Hospital or clinic

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

Hospitalisation/income insurance

A stay in a hospital for a period of more than 24 hours, with a medical prescription, for therapeutic or diagnostic purposes.

I

Illness or injury

Any 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 doctor in the area or country where s/he provides his or her services.

Immunotherapy or biological therapy

Immunotherapy or biological therapy (also sometimes called biotherapy or biological response 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 totally or partially inserted in the human body by surgery or special techniques, with a diagnostic, therapeutic and/or cosmetic purpose, intended to remain there after the operation.

Incontestability of the policy

A benefit included in the contract, by which DKV Seguros assumes the coverage of any pre-existing illness of an insured person once one year has elapsed since they were included in the policy, provided that the insured person was not aware of it and did not intentionally omit it in the health questionnaire.

Individual insurance modality

For the purposes of entering into the contract, the insurance is considered to be of an individual modality when it includes a minimum of one insured party and a maximum of nine, connected by a link other than for the sake of insurance, generally first-degree relatives (the holder, their spouse or partner and unemancipated children under the age of 30 who live in the same family home), and whose coverage is never provided through obligatory (closed collective) or voluntary (open or co-financed collective) adhesion to contracting conditions and/or a single contract agreed upon in advance by DKV Seguros and a contracting collective.

Insurance application or preliminary information document

In addition to preliminary information and the data protection policy, it includes a health status questionnaire provided by DKV Seguros in which the insurance policyholder describes the risk that s/he wishes to insure, with all the circumstances known to him and which can have an impact on the assessment of the above-mentioned risk. Honest answers are required to the questions established by DKV Seguros.

Insured

The person covered by the contracted insurance policy.

Insured provision

The daily financial provision specified in the particular conditions.

Insurer

Insurance company that assumes the contractually agreed risk, DKV Seguros y Reaseguros, S.A.E.

Intensity-modulated radiotherapy (IMRT)

This is a type of three-dimensional conformal radiotherapy that uses images created by a computer, using reverse planning software, to show the size and shape of a tumour, and direct the radiation beams of a multi-layer linear accelerator at different angles and with different intensity to the

tumour, concentrating the maximum intensity on the tumour, and limiting the dose received by the adjacent healthy tissues. In Spain, it is also referred to as RIM.

L**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 any risk-related circumstance arises.

M**Major outpatient surgery**

Any surgery carried out in the operating room with general, local or regional anaesthesia, or sedation, that requires low-intensity and short-duration postoperative care, whereby it does not require hospital admission and the patient can be discharged within hours after the operation.

Medical and surgical fees

Professional fees corresponding to surgery and/or a stay in hospital.

This 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 and surgical hospitalisation

Hospital admission that is required to receive medical or surgical treatment.

It comprises the expenses incurred during hospitalisation, medical and surgical fees resulting from treatments and prostheses, when applicable.

Minor outpatient surgery

Healthcare processes that require surgical procedures or other simple operations that are carried out in a consultation procedure, generally requiring local anaesthesia. The most commonly used techniques are surgical excision and cryotherapy.

N

Neonatal care

Any medical or surgical hospital process that affects the newborn during the first four weeks of life (28 days).

Neurological rehabilitation

All the physical therapy (also known as neurological physiotherapy) prescribed by a neurologist or specialist in rehabilitation and carried out by a physiotherapist in a specific rehabilitation centre, with the purpose of returning, to the extent possible, normal mobility to patients that have been affected by the consequences of a motor-sensitive impairment due to severe brain damage.

N.I.C.E. clinical guide

The National Institute for Health and Care Excellence (NICE) is a public non-profit body created in 1999 under the Health Department of the United Kingdom, **responsible for providing information and guidance to staff involved in the health sector**, regarding preventing and treating illnesses. **It makes recommendations based on scientific evidence regarding the therapeutic use (safety and cost-effectiveness) of certain health technologies and medications (including radiopharmaceuticals, anti-tumour or cancer treatments).**

The clinical guidelines of the NICE are recognised worldwide and are the most widely developed. This is why they have been selected as a **reference guide for assessing the efficiency criteria of chemotherapy and oncological radiotherapy**, as they are based on their recommendations in articles with the highest level of evidence, and not in publications by groups of experts or any other means.

O

Orthopaedic equipment or orthosis

Healthcare products for external use, permanent or temporary, which are individually adapted to the patient, and are intended to modify the structural or functional conditions of the neuromuscular or skeletal system,

without their implantation ever requiring surgical intervention.

Osteosynthesis material

A piece or element of any nature used to join the ends of a broken bone or to connect joint ends.

Out-of-hospital medical care

This is the diagnostic and/or therapeutic medical care provided on an outpatient basis in medical centres, at the patient's home, and/or on a regular basis in a hospital or clinic without spending the night, which generates a stay of under 24 hours (e.g. day hospital).

Major outpatient surgery is not included in this concept.

Own means

Doctors and centres included in the 'DKV Network of Healthcare Services'.

P

Pain control unit

Medical service specialised in the treatment of chronic pain.

Policy

This is the insurance contract. The written document that contains the general conditions, the particular conditions, the special conditions, and the supplements or appendices added to complement or amend it.

The insurance application form and the health declaration are also part of the policy.

Policyholder

The individual or institution that signs this contract with DKV Seguros and that, by doing so, accepts the obligations that are established therein, except for those which due to their nature must be fulfilled by the insured person.

Pre-existing condition

Health condition, alteration or organic disorder that existed before the time the insurance was contracted or the insured person was included in the policy, regardless of whether there is a medical diagnosis or not.

A condition which, from a medical point of view, already existed before the effective date of the insurance or inclusion therein, even if no medical diagnosis has been given.

Pre-existing health condition

State or condition of health that is not necessarily pathologic (e.g. pregnancy), which begins **prior to the insured's inclusion date on the policy**.

Pregnancy complication

All clinical situations requiring health care whose origin, worsening or complication is a consequence of the ongoing pregnancy, childbirth or

puerperium, regardless of the final result of this pregnancy.

Premium

This is the price of the insurance. The bill also includes the surcharges and taxes that are legally applicable.

Premium surcharge

Additional amount or complementary premium paid to cover a risk excluded from the general conditions.

Preterm or premature birth

Preterm or premature labour is considered to be that which happens after the twentieth week and before the thirty-seven week of gestation.

DKV Seguros will only cover the medical costs derived from a premature birth if, prior to inclusion on the policy, the insured person was not pregnant or, if she was pregnant, was not able to know this due to a lack of signs and/or symptoms of pregnancy.

Psychotherapy

Treatment method for someone who suffers from a psychological conflict, at the indication or prescription of a psychiatrist.

Q

Qualifying period

It is the time period established in the contract, from the date the policy enters into force, during which a part of the coverage included in the policy guarantees does not take effect.

This period is calculated by months, counting from the effective date of the policy for each of the insured parties included in it.

R

Radical or oncological surgery

Surgical procedure following a diagnosis of breast cancer or cancer in other organs.

Regenerative medicine

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

Rehabilitation

All the physical therapy prescribed by a traumatologist, neurologist, rheumatologist or specialist in rehabilitation and carried out by a physiotherapist in specific rehabilitation centre, with the purpose of returning functionality to the parts of the locomotive apparatus that have been affected by the consequences of an illness or accident caused while the policy is effective.

Robotic or computer-assisted surgery

Robotic surgery, guided by images or assisted by computer, consists in surgical manoeuvres carried out by a robot following the instructions of a surgeon and guided by a tele-robotised laparoscopic system, and/or assisted by a computerised virtual reality system or navigator with 3D images obtained by a computer.

Rule of proportionality

This consists in adjusting the compensation received to the premium paid in the event of a claim. It is used when, as a result of omitting relevant personal information, the policyholder pays a lower premium than that which would correspond to him/her had this information been provided. Thus, in the event of a claim, if there is no wilful misconduct or gross negligence by the policyholder or insured person, the compensation is reduced in the same proportion as the premium that DKV Seguros has not received due to this omission.

S**Scale**

A table included in the general conditions of the policy containing a list of illnesses and injuries with an assigned standard number of days,

according to which the compensation of the guarantee of temporary scaled compensation are established.

Special care unit

Service or specially equipped area of a hospital with medical staff and nurses who specialise in certain treatments.

Successor

Person who holds a right derived from another

Sum insured

This is the quantity of money established for each item of the policy coverage, which represents the maximum compensation limit for each claim.

Surgical procedure

Any operation for diagnostic or therapeutic purposes, performed by incision or other internal approach by a surgeon or surgical team, which normally requires the use of an operating theatre in an authorised health centre.

Surgical prostheses

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

T

Temporary disability

Situation due to an accident or illness, covered by the policy, that makes it completely impossible for the insured person to temporarily carry out his/her professional activity.

Total permanent disability

Irreversible physical situation caused by an illness or accident, against the insured person's will, resulting in his/her total inability to permanently hold any type of employment or professional activity.

Traffic accident

That suffered by the insured as a pedestrian, a user of public transport, regular or chartered airlines, the driver or passenger of a car or the rider of a bicycle or moped, when on any public road or private passage opened to the public.

V

Vital emergency

This is a situation that requires immediate and urgent medical attention (within a few hours), given that a delay may result in a lifelong commitment or irreparable damage to the physical integrity of the patient.

W

Wilful misconduct

Deceit, fraud, or malicious and disloyal wilfulness in terms of compliance with the obligations of a contract.

3. Modality and extension of the insurance policy

3.1 Health insurance

3.1.1 Purpose of the insurance

Through this policy, the insurer, DKV Seguros, within the limits stipulated in these conditions and those established in the particular and special conditions and/or the questionnaire for determining the risk, covers medical, surgical and hospital health care for all kinds of illnesses or injuries included in the specialities described in the cover of this policy, after payment of the corresponding premium.

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

1. Their safety and cost-efficiency validation studies are ratified by means of a positive report from the Health Care Technology Assessment Agencies that report to the Health Services of the Autonomous

Communities or of the Ministry of Health.

2. They are expressly included in section 4 ‘Description of the coverage’ included in 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.

3.1.2 Insurance modality

‘DKV Profesional’ is a health insurance policy that is structured in a series of steps, from basic to more complex health care, in three modules that can be taken out separately or together:

1. Primary care module

2. Module for health care provided by specialists and complementary diagnosis and treatment methods.

3. Hospital care and surgery module.

The health care modules of 'DKV Profesional' can be taken out separately and freely or in different combinations to adapt to the insured person's needs.

'DKV Profesional' insurance provides medical and surgical care on a national level through the 'DKV Network of Healthcare Services', for all kinds of illnesses or injuries included in the coverage detailed in the contracted modules, provided that the usual residence of the insured person is in Spain, unless otherwise expressly accepted by DKV Seguros.

This insurance is based on the free selection of doctors and medical centres, among those detailed in the 'DKV Network of Healthcare Services', which covers the whole national territory, provided that the speciality is included in the contracted module.

If some of the services included in the contract are not available in a particular area, the insured person has the right to choose a location where they are offered.

The right to freely choose a doctor or centre implicates the absence of direct, joint or subsequent liability of DKV Seguros with regard to the actions of such doctors or centres, where

DKV Seguros has no control capacity owing to the protection of professional secrecy, the confidentiality of health details and the prohibition of third parties gaining access to data in the health sector. Medicine is an activity of means and not results. For this reason, DKV Seguros cannot guarantee the positive outcome of medical acts covered by the policy.

The modality of the service provided is that specified in article 105, paragraph 1 of the Insurance Contract Act -payment of healthcare expenses-, without directly assuming the provision of 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 civil liability insurance companies, releasing DKV Seguros from any responsibility.

The payment of a specific payment from the insured person towards some services, known as co-payments, forms a part of these regulations.

Under no circumstances will a cash compensation be paid instead of healthcare services.

3.1.3 Access to coverage

DKV Seguros will provide the policyholder with a DKV MEDICARD®, which is non-transferable and for his/her personal use, as a means of identification for each beneficiary and for information about the 'DKV Network of Healthcare Services', with a breakdown of the associated services—healthcare professionals, diagnostic centres, hospital centres, emergency services and complementary services—, as well as their addresses and timetables.

In the 'DKV Network of Healthcare Services', the insured person pays a quantity for each medical act (see section 'We answer your questions' - DKV MEDICARD®).

The services covered by the policy, in its different modules, may have free access or require prior authorisation from DKV Seguros.

In general, primary care consultations, medical and surgical consultations, emergency consultations and basic diagnostic tests are free to access.

The following concepts require authorisation: 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 corresponding 'DKV Network of Healthcare Services'.

To identify yourself to any doctor or centre of the 'DKV Network of Healthcare Services' as an insured person, you must present your DKV MEDICARD®.

Similarly, you may be obliged to present your identity card or official means of identification (passport, residence permit, etc.), if required by the healthcare or auxiliary staff.

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

To issue the authorisations, process the claims, inform the customer about additional services and/or 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 the stipulations of the previous paragraphs, in emergency cases, the order given by a doctor of the 'DKV Network of Healthcare Services' will be sufficient provided that the insured person, or person acting on his/her behalf, notifies DKV Seguros of the event in a demonstrable way to obtain their confirmation and authorisation within 72 hours following hospital admission or provision of the health care.

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

Authorisations can be requested over the phone, by calling the call centre on 976 506 000, online at www.dkvseguros.com, or in any of the DKV Seguros branches.

3.1.4. Care via means other than the 'DKV Network of Healthcare Services'.

DKV Seguros does not accept responsibility for the fees of doctors outside of the 'DKV Network of Healthcare Services', or the hospitalisation expenses or services that these professionals may prescribe.

DKV Seguros does not accept responsibility for hospital care expenses of services incurred in public or private centres not associated with DKV Seguros, which are not included in the 'DKV Network of Healthcare Services', whoever their prescribing doctor or author may be.

In life threatening emergencies, the concept of which is defined in this document, and with the express authorisation of the company, DKV Seguros will cover the health care expenses incurred in centres external to the 'DKV Network of Healthcare Services', provided that the provision received is included in the contracted module(s).

The insured person must notify DKV Seguros in a demonstrable manner within 72 hours after admission or the start of the healthcare provision.

Provided that his/her clinical situation allows it, the patient will be transferred to a centre of the 'DKV Network of Healthcare Services'.

For assistance abroad, all the health insurance modules of 'DKV Profesional' include travel assistance coverage, which you can access by calling +34 913 790 434.

3.1.5 Subrogation or surrender of rights clause

Once the service has been provided, DKV Seguros may exercise the rights and actions that, deriving from the claim event, correspond to the insured person against third parties that may be civilly or criminally liable, up to the limit of the paid compensation.

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

3.1.6 Description of the coverage

The specialities, health care and other services that this contract gives rise to, according to the module(s) taken out as detailed in section 3.1.9 'Services according to the module(s) taken out', are as follows:

3.1.6.1 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/dressings): services of a Qualified Nurse, Healthcare Technical Assistant or University Graduate in Nursing (ATS/DUE) that will be given in a centre and at home with a prior written prescription from the doctor attending the insured.

Ambulance service: for cases of urgent need, road transport is included from the place where the insured person is located to the nearest hospital in the corresponding 'DKV Network of Healthcare Services', according to the contracted insurance modality, where the treatment can be carried out and vice-versa, provided that special circumstances impede him or her from physically using ordinary means of transport (public transport, taxi or private car).

Transport with incubators is included.

The written authorisation of a doctor in the 'DKV Network of Healthcare Services', together with a report indicating the need for assisted transfer, will be required in all cases.

3.1.6.2 Emergencies

Permanent Emergency Service: to obtain health care in emergencies, you should go to any centre offering this service that appears in the 'DKV Network of Healthcare Services'.

If you have contracted the 'Hospital care' module and go to an emergency facility outside of the 'DKV Network of Healthcare Services' for a life-threatening emergency, the insured person, or person acting on his/her behalf, should notify DKV Seguros in a demonstrable manner within 72 hours following admission.

As long as there is no medical reason for not doing so, DKV Seguros may relocate you to an associated hospital, providing the appropriate transfer means.

3.1.6.3 Medical and surgical specialities:

Allergies and immunology: vaccines will be at the expense of the insured person.

Anaesthesiology and resuscitation: includes epidural anaesthesia.

Angiology and cardiovascular surgery.

Digestive system.

Cardiology-circulatory system: includes rehabilitation after an acute heart attack.

Cardiovascular surgery.

General and digestive surgery. Includes bariatric surgery when the body mass

index is equal to or greater than forty (morbid obesity), at associated national centres of excellence.

Oral and maxillofacial surgery.

Paediatric surgery.

Plastic and reconstructive surgery: includes surgery to heal injuries, essentially through plastic surgery and grafts.

Plastic surgery for cosmetic purposes is excluded, except in the following cases:

- 1. Oncoplastic breast reconstruction after radical surgery and, if necessary during the same surgical process, remodelling of the contralateral healthy breast (maximum limit one year after oncological surgery).** It will include the breast prosthesis, skin expanders, and breast mesh coating.
- 2. Reduction mammoplasty in women above 18 years of age with gigantomastia (a volume of over 1500 grams or ml in each breast) that, in addition, have a sternal distance (nipple to sternum-bone notch) greater than 32 cm, a body mass index lower than or equal to 30, and require a minimum removal of 1000 g per breast.**

Thoracic surgery: including sympathectomy for hyperhidrosis (treatment of excessive sweating).

Peripheral vascular surgery: includes the use of an endoluminal laser in the operating room to treat varicose veins, except as detailed in section 3.1.7.f ('Excluded Coverage') of the general conditions.

Medical-surgical dermatology: includes ambulatory phototherapy with narrow-band ultraviolet B radiation (UVB-BE) as indicated in section 3.1.6.5 ('Therapeutic methods') of the general conditions.

Endocrinology and nutrition.

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 (includes the study of the ovarian reserve marker, anti-Müllerian hormone).

Assisted reproduction treatment is at the customer's expense (see 'Additional Services').

Haematology and haemotherapy.

Midwives: Nursing graduate, registered nursing assistant (ATS) or qualified nurse (DUE) specialised in providing care during childbirth.

Internal medicine.

Nuclear medicine.

Nephrology.

Neonatology.

Pneumology-respiratory system: includes home therapy in severe obstructive sleep apnoea/hypopnoea (SAHOS) syndrome (see section 3.1.6.5 'Therapeutic methods' of these general conditions).

Neurosurgery.

Neurology.

Obstetrics: includes pregnancy surveillance 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. **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).

It also covers the **non-invasive test of foetal lung maturity during the last trimester of the pregnancy**, in replacement of amniocentesis, to detect and prevent neonatal respiratory distress, when there is a high risk of premature birth or an elective caesarean section is considered due to pregnancy complications, before week 37 of gestation.

Odontostomatology - in any of the 'DKV Profesional' modules: this covers consultations, extractions, stomatological treatment, dental cleans and associated dental x-rays.

In the 'Specialists' module, fissure sealers and obturations (fillings) are included up to the age of 14.

Other dental treatment not covered by the policy is available through the Dental Service with a contribution from the customer (see 'Additional Services').

Ophthalmology: includes cross linking or corneal cross linking technique, cornea transplants and use of surgical laser, except for the correction of

visual refraction defects (myopia, hypermetropia and astigmatism), and presbyopia, **which are at the customer's expense** (see 'Additional Services').

Oncology: includes the OSNA technique (intro operative molecular diagnosis of the sentinel node) **for breast cancer at an early stage, without lymphatic extension.**

Otolaryngology: includes adenotonsillectomy and surgery for nasal turbinates or turbinoplasty, rhinosinusitis radiofrequency ablation, and the use of laser in the operating theatre, **except for surgery for snoring, also called obstructive sleep apnoea or uvulopalatopharyngoplasty.**

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 centre with a suitable rehabilitation service.

Neurological rehabilitation in severe acquired brain injury: specific physical therapy, on an outpatient basis, with a maximum limit of 60 sessions during the term of the policy and/or the lifetime of the insured person in a nationally renowned centre, with a suitable rehabilitation service for such purposes, and exclusively to treat the following indications: **stroke, anoxia or hypoxia, meningitis and encephalitis, traumatic brain injury from accidents covered by insurance, brain tumour surgery, and radiosurgery to remove brain tumours.**

In both cases, a suitably prepared centre, or specific rehabilitation centre, is one that is duly licensed to carry out this healthcare activity by means of the corresponding administrative authorisation, and is registered in the Autonomous Community's Health Care Register of Centres, Services and Establishments.

Rheumatology.

Traumatology: includes arthroscopic surgery, percutaneous nucleotomy and chemonucleolysis.

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, and the study and diagnosis of male sterility and infertility.

3.1.6.4 Diagnostic tools

They must be prescribed by an eligible doctor of the corresponding DKV Network of Healthcare Services, according to the insurance modality contracted, and the reason for the exploration must be specified. The contrast materials required in the diagnostic tests of this section are included.

Clinical, anatomopathological and smear tests.

X-ray diagnosis: includes complex diagnostic radiology techniques (with contrast materials), computed axial tomography (CAT), nuclear magnetic resonance (NMR) and bone densitometry.

Endoscopy: digestive, diagnostic and/or therapeutic.

Endoscopic capsule: included for the diagnosis of intestinal haemorrhage or bleeding of unknown or obscure origin.

Fibrobronchoscopy: diagnostic and/or therapeutic.

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

This also includes Multislice Coronary Tomography (CT 64) and Cardiac Spectography (Cardiac SPECT) after an acute heart attack and post-operative heart pathologies.

Neurophysiology:
electroencephalograms,
electromyograms, etc.

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

Interventional or invasive vascular and visceral radiology.

Optical coherence tomography (OCT):
in ophthalmologic diagnoses according to commonly accepted clinical practices.

High diagnostic technology:
Available in national reference centres through the 'DKV Network of Healthcare Services'.

a) Includes computed tomography (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 and vascular malformations and limitations regardless of their location.

b) Magnetic resonance arthrography (MRAr) **for tendon and intraarticular injuries that are difficult to diagnose**, Magnetic resonance cholangiography (MRCP) and cholangiopancreatography (ERCP), for the **exclusion of choledocholithiasis in cholecystectomy patients, and oncology in bile and pancreatic ducts.**

c) The multislice urinary computed tomography (UroTAC) of the urinary tract (collection system, ureters and bladder) for the study of **congenital abnormalities, following radical surgery of the urinary tract, and when an intravenous urogram (IVU) or ureterorenoscopy is contraindicated.**

d) Includes tomography by emission of positrons (PET) either solely or combined with computerised tomography (PET-CT) **in cancer-related processes and in other clinical indications included in the technical data sheet of the radiopharmaceutical fludeoxyglucose (18F-FDG) usually employed, provided that they are authorised by the Spanish Agency for Medicines and Medical Devices (AEMPS).**

e) Unique photon tomography (Spectography-SPECT), scintigraphy and spectroscopy by MRI or NMR or high resolution or field (3 teslas): in oncological diagnosis and/or drug-resistant epilepsy in accordance with commonly accepted clinical practice protocols.

f) 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 are necessary to obtain a different diagnosis that cannot be confirmed by any other means, according to the criteria established by the Health Care Technology Assessment Agencies.

In this respect, the only exception is the **genetic diagnosis (HLA-DQ2/ DQ8) of gluten intolerance or coeliac disease**, which is only included in symptomatic children **up to the age of 16 with altered serological markers**, and in adults when endoscopy and/or digestive biopsy is contraindicated or inconclusive.

g) Endobronchial ultrasound (EBUS) for diagnosing oncological pathologies of the bronchial tree (in the lungs and mediastinum) that are not accessible by other means, and if necessary, biopsies.

h) Sectoral or radial digestive echoendoscopy (EUS) in the evaluation of submucosal lesions, localisation of neuroendocrine tumours, and identification and staging of digestive and biliopancreatic cancer, as well as its extraluminal recurrence.

i) Breast tomosynthesis (3D) with the purpose of controlling and monitoring the fibrocystic pathology, and early oncological diagnosis in dense breasts, avoiding unnecessary biopsies.

j) Spectography (spect) of cerebral perfusion and presynaptic dopamine transporters (DaTscan) for the differential diagnosis of Parkinson's disease with other movement disorders.

k) Magnetic resonance enterography (MRE) in the diagnosis of obstructive and inflammatory bowel disease, or computerised tomography (CTE) in bleeding in the small bowel of an occult origin.

3.1.6.5 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 **with limitations for outpatients' medication as stipulated in the general conditions (see section 3.1.7.x. 'Excluded coverage').**

Narrow-band ultraviolet B phototherapy: at reference associated centres in the 'DKV Network of Healthcare Services' at 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 35 sessions per insured person.**

Home therapy for severe Obstructive Sleep Apnoea-Hypopnoea Syndrome (SAHS): by means of CPAP/ BiPAP devices for supplying air at a continuous preset positive pressure, **up to a maximum of 10 sessions per insured person/year if 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: this includes the linear accelerator, cobalt therapy, intracranial stereotactic radiosurgery, intensity modulated radiotherapy (IMRT) **and radioactive isotopes**

whose therapeutic and diagnostic usefulness is authorised by the EMA (European Medicines Agency) and the NICE clinical guidelines.

In addition, it covers three-dimensional real-time image-guided radiotherapy (IGRT) and helical tomotherapy (THel) **in paediatric, localised prostate, lung, spine, head and neck tumours.**

It includes latest generation external radiation therapy adapted to respiratory movements in order to protect the neighbouring healthy organs (RT-4/RT-6D):

1. Intracranial fractionated stereotactic radiotherapy (FSRT) in rhinopharyngeal tumours and tumours near nerve structures.

2. Volumetric modulated arc therapy (VMAT) in thoracic and abdominal tumours.

3. Extracranial or corporal stereotactic body radiation therapy (SBRT) and image-guided volumetric modulated arc therapy (VMA-IGRT) in tumours or metastases, which, due to their location, cannot be removed (solitary pulmonary nodule or localised non-small-cell lung cancer; carcinomas and liver, lung, vertebral and adrenal metastases; and inoperable primary pancreatic tumours).

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

Dialysis & haemodialysis: this service is offered to both outpatients and hospitalised patients, exclusively for treatment during the precise days of acute renal insufficiencies. **Chronic disorders are expressly excluded.**

Vacuum assisted closure (VAC) or topical negative pressure (TNP) therapy. Only wounds with torpid evolution or chronic ulcers (venous, arterial and neuropathic) resistant to medical or surgical treatment, which do not heal during a hospital admission after 6 weeks of treatment, **or which do not reduce in size by at least 50 % in a period of one month with conventional treatments, are covered under a hospitalisation regime.**

Chiropody: chiropody 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. The corneal transplant is fully covered.

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

Blood and/or plasma transfusions, in hospital.

Therapy using platelet-rich plasma or plasma rich in growth factors (PRGF) in joint replacement surgery (arthroplasty) and in the surgical treatment of fractures that do not heal properly (pseudarthrosis).

Physiotherapy: this will be carried out by Physiotherapy graduates in a suitable or specific centre for rehabilitation that fulfils the requirements established in section 3.1.6.3 for rehabilitation and neurological rehabilitation centres with the written prescription of a rehabilitating doctor, traumatologist, rheumatologist, or neurologist **in order to restore recoverable functions of the locomotor apparatus, and of a neurologist when requested in the clinical indications set forth in section 3.1.6.3 (section ‘Neurological rehabilitation in severe acquired brain injury’).**

Laser therapy and magnetotherapy, as rehabilitation techniques.

Renal and vesicular extracorporeal shock wave lithotripsy (ESWL).

Muscle-skeletal lithotripsy (maximum of five sessions per insured person and calendar year) in the DKV Network of Healthcare Services, 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 Network of Healthcare Services'.

a) Carto navigation or 3D mapping system or non-fluoroscopic electroanatomical mapping atrial radiofrequency ablation for the following treatments:

- > **Circumferential pulmonary vein isolation for highly symptomatic paroxysmal atrial fibrillation (with three or more episodes a year)** when 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 (e.g. arterial hypertension, myofascial pain syndrome, sleep apnoea, etc.)

and the size of the left auricle is less than 5 centimetres

- > **Ventricular or atrial arrhythmias associated with congenital heart disease**
- > **Complex atrial arrhythmias, 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 neuronavigator-assisted (3D) surgery. Computerised system of digitised images to guide the surgeon in real-time in complex or high risk neurological interventions.

d) Robotic laparoscopic surgery in radical organ-confined prostatectomy: included in accordance with generally accepted protocols in the reference services of the 'DKV Network of Healthcare Services', provided the procedure is performed using the Da Vinci robotic laparoscopic system and the insured person has obtained prior authorisation from

DKV Seguros. **Only covered in DKV Profesional, if you hire the Specialist module combined with the Hospital care module..**

e) Intraoperative neurophysiological monitoring (IONM) of the nervous system in intracranial surgery, in the thyroid or parathyroid glands, and spinal fusion surgery or three-level (or more) arthrodesis. Monitoring system that improves patients' surgical safety and simplifies the work of neurosurgeons. Its coverage requires a written prescription from a doctor.

f) Prostate biopsy with multiparametric magnetic resonance imaging (mpMR): to detect occult prostate carcinoma early (not detectable using current immunoassay) **in cases of high clinical suspicion, with persistent elevated PSA (over six months) and previous ultrasound-guided prostate biopsies that have come back negative.**

g) Surgical removal by means of mucosectomy or endoscopic mucosal resection in the local treatment of superficial premalignant or malignant lesions emerging from the digestive tract (confined to the mucous layer and equal to or less than 2 cm in size), to obtain large diagnostic biopsies and to locally contain a tumour.

Speech therapy and phoniatrics: includes, under an otolaryngologist's prescription, voice therapy aimed at recovering from voice alterations caused by organic diseases (infectious, traumatic or oncological) in the vocal cords.

Speech therapy rehabilitation: speech therapy is included for speech (articulation, fluidity and oral dysphagia) **and language disorders in children** (receptive and expressive), **up to a maximum of 20 sessions/insured person, and for rehabilitation of the alteration or loss in adults (aphasia) as a result of an acute cerebrovascular accident (stroke), up to a maximum of 20 sessions/insured person/year.**

Oncology chemotherapy: cytostatic anti-tumour medication required by the patient will be provided, and if applicable, the implanted port for intravenous perfusion, both for outpatients, day patients and during hospitalisation, providing that it is prescribed by the specialist doctor who is in charge of the patient's care.

With reference to medication, DKV Seguros will only cover expenses for **specific cytostatic pharmaceutical products** that are sold on the domestic market and which are duly authorised by the Ministry of Health, as detailed in 'Cytostatic', section 2, 'Basic concepts.

Definitions', as well as the **intravenous BCG (Bacillus Calmette-Guerin) drip feeds** and palliative medications **without an antitumour 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.**

3.1.6.6 Hospital care

Hospital care will be given in hospitals or clinics, previously prescribed in writing by a doctor from the 'DKV Network of Healthcare Services', and with the corresponding authorisation.

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

In addition, the following is specifically included:

- > Oncology treatment: radiotherapy, brachytherapy and chemotherapy
- > Therapy with platelet-rich plasma or platelet-rich growth factor: in joint replacement surgery and in the surgical treatment of non-consolidated fractures
- > Vacuum-assisted closure (VAC) therapy or topical negative pressure

(PNT) therapy in the indications and with the limits detailed in **section 3.1.6.5 'Therapeutic methods'**

- > OSNA method or technique: intraoperative molecular analysis of the sentinel node. Includes breast cancer at an early stage, without any lymphatic spread
- > Renal and vesicular and musculoskeletal lithotripsy
- > Dialysis and haemodialysis
- > Surgery of Groups II to VIII of the OMC (Spanish Medical Organisation) carried out exclusively in a hospital centre
- > Major outpatient surgery
- > Interventional or invasive vascular and visceral radiology
- > Family planning methods: tubal ligation and vasectomy
- > Intracranial stereotactic radio neurosurgery
- > Arthroscopic surgery
- > Turbinate surgery or turbinoplasty, adenotonsillectomy and radiofrequency ablation for rhinosinusitis

- > Surgical laser in gynaecology, ophthalmology, proctology, peripheral vascular surgery and otorhinolaryngology
- > Endourologic Holmium laser and Green laser (KTP and HPS), Diode and Thulium for the surgical treatment of benign prostatic hyperplasia
- > Percutaneous nucleotomy and chemonucleolysis
- > High therapeutic technology **(see details of the covered treatments in section 3.1.6.5 Therapeutic methods)**
- > Surgical prostheses
- > Daily compensation for hospital care

Hospital admission includes the use of a standard individual room with a toilet and a 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/or medicalised biomaterials for therapeutic purposes specified in section 3.1.6.7 'Surgical prostheses' of the general conditions. **The therapies**

in section 3.1.7.r 'Excluded coverage' and the biological medication and/or medicalised biomaterials not specified in section 3.1.6.7 are expressly excluded.

In addition, according to the reason for the treatment and/or the type of hospital care, we differentiate between:

1. Medical hospitalisation (without surgical procedure).

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

2. Hospitalisation with surgery.

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 outpatient surgery and, if required, prosthesis.

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

4. Paediatric hospital care (for children under 14 years old). Includes care given by a paediatrician both in conventional hospital care and in the incubator.

5. Psychiatric hospitalisation.

Includes care given by a psychiatrist. **Only covered in the event of acute outbreaks. The stay is limited to a maximum period of 60 days per calendar year.**

6. Hospitalisation in Intensive Care Unit (UCI). Includes the care given by a specialist in intensive care.

7. Hospitalisation for dialysis or artificial kidney. Includes the care given by an internist or nephrologist for the treatment of acute renal inadequacies.

3.1.6.7 Complementary coverage

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

1. Child Health Programme.

Includes:

- > Exercise classes and prophylactic preparation for birth, with practical and theoretical classes in child care; and preventive

rehabilitation of the pelvic floor after childbirth (maximum cover period, **four months after birth**), in the reference services included in the 'DKV Network of Healthcare Services', **up to an annual limit of 10 sessions**

- > Check-up of the new born baby, including metabolic screening tests (phenylketonuria and primary congenital hypothyroidism), otoacoustic emissions (OAE) or neonatal auditory screening for the early detection of hypoacusis, visual acuity test and neonatal ultrasound
- > The child vaccination programme, which is compulsory in Spain, in associated centres, provided that it is authorised by the Autonomous Communities
- > Health control at key stages during the child's development in the first four years

2. Programme for the early detection of diabetes.

It includes:

- > **Starting at the age of 45**, a basal plasma glucose test every four years.
- > **For people with a high risk of diabetes:** if there is a family history of first-degree relatives with diabetes, metabolic syndrome or an

altered basal glycaemia (ABG 110-125 mg/dl), the test is conducted every year. If an altered basal glycaemia (ABG) is confirmed, it is necessary to conduct a glycosylated haemoglobin test (HbA1c) or an oral glucose tolerance test.

- > **If prediabetes is diagnosed** due to a basal glycaemia between than 110-125 mg/dl and the glycosylated haemoglobin is below 6.5 %, a clinical follow-up shall be carried out on both.
- > Lastly, **if diabetes is diagnosed** due to a basal glycaemia higher than 125 mg/dl and the glycosylated haemoglobin is equal to or above 6.5 %, DKV Seguros will carry out a clinical follow-up.

3. Programme for the early detection of glaucoma.

It includes:

- > Starting at the age of 40, the measurement of intraocular pressure (IOP) every three years
- > When there is a family history of glaucoma, an annual check of intraocular pressure

In the event of detecting high intraocular pressure, the glaucoma will be controlled and monitored by means

of an ophthalmoscopy and a visual field test, and if required an optical coherence tomography in accordance with commonly accepted protocols.

4. Programme for early detection of gynaecological cancer in women.

It includes:

- > Periodic examinations for the early diagnosis of tumours in the breast and cervix
- > Annual gynaecological check-up, which includes check-up consultation, colposcopy, cytology, gynaecological ultrasound scan, and mammography according to commonly accepted protocols
- > HPV test (DNA-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

5. Coronary risk prevention programme.

It includes:

- > **Annual basic cardiac check-up**, which includes the check-up

consultation, basic blood and urine analyses, thorax X-ray and electrocardiogram

- > **Complete cardiac check-up every three years** in reference associated centres, which includes clinical history, physical cardiac exploration, specific and preventive analysis of the atheromatous (cell blood count, ionogram, cholesterol, triglycerides, homocysteine, glycaemia, uraemia, calcemia, prothrombin rate and platelets), resting and stress electrocardiogram, and an echocardiogram

6. Skin cancer prevention programme.

It includes:

- > Consultations and revision of changes in size, colour and shape of the dysplastic or atypical nevus
- > **Digital 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-ups every three years: for the control and follow-up of congenital, pigmented lesions or cutaneous risk

7. Programme for the prevention of colorectal cancer in people with a past medical history.

It includes:

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

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

It includes:

- > Medical consultation and physical examination
- > Blood and urine analyses to determine specific prostatic antigen
- > Transrectal ultrasound scan and/or prostatic biopsy, if required

9. Dental Health Programme.

9.1 For infants: aimed at the prevention of caries, periodontal illness

and problems of bad dental positioning or occlusion.

It includes:

- > Dental consultation and exploration of state of dental health
- > Correction of eating habits
- > Taking up proper dental hygiene
- > External fluoridation
- > Fissure sealers and obturations (fillings) up to the age of 14
- > Tartar removal or dental cleans, as required

9.2. In gestation or pregnancy: this establishes prevention guidelines, assessing the gingival state, offering advice on oral hygiene and diet, and information about the most prevalent dental illnesses in your future child.

It includes:

- > Diet planning to control tooth decay
- > Mouth cleaning
- > Application of desensitising fluoride

Clinical psychology. Includes psychotherapy sessions on an

individual basis as outpatient treatment with a prior prescription from a psychiatrist or paediatrician of the 'DKV Network of Healthcare Services', given by an associated psychologist and with the authorisation of DKV Seguros.

Insured persons can access this service for pathologies susceptible to psychological intervention, upon payment of the contribution stipulated in the 'Table of groups of medical acts and contributions' of the particular and/or special conditions of the policy, **up to a maximum limit of 20 sessions per person and calendar year, except for eating disorders (anorexia and bulimia), school bullying, cyberbullying, occupational stress and gender or family-based violence, whose annual limit is 40 sessions.**

- > Psychiatric illness: depression, schizophrenia and psychotic disorders
- > Behavioural disorders: neurosis, anxiety, personality and obsessive compulsions
- > Eating disorders: anorexia and bulimia
- > In situations of school bullying, cyber bullying and gender or family-based violence

- > Sleep disorders: enuresis, insomnia, somnambulism and night terrors
- > Adjustment disorders: work-related and post-traumatic stress, bereavement, divorce, adolescence, post-vacation syndrome, etc.
- > Learning disorders: ADHD and school failure

Family planning. Includes the following services:

- > IUD implant
The cost of the intrauterine device shall be borne by the insured.
- > Tubal ligation
- > Vasectomy

Surgical prostheses: the policy's cover includes the prescription and fitting of articular, (shoulder, hip, knee, ankle and foot), vascular and heart prostheses (heart valves, vascular bypass, stent, septal occluder systems, temporary and permanent pacemakers, automatic defibrillator), helical tubal prosthesis, internal orthopaedic prostheses (internally fitted metal plates, bars and screws), **interbody devices or spacers in spinal fusion or arthrodesis, moving cervical disc prosthesis prescribed for symptomatic disc disease** (pain and functional neurological deficit)

refractory to medical treatment, and interspinous device or spacer in stenosis or of the spinal canal in the lumbar area causing radiative pain and neurogenic claudication (pain that starts when walking and stops when sat down) **of more than six months despite conservative treatment. The following biological implants and/or biomaterials with a therapeutic purpose are also covered:**

- > Sealants and biological glues in oncologic surgery
- > Antiadhesive or non-stick barrier gel in back surgery and in reoperations of other specialties
- > Transtympanic drains: in recurrent acute otitis media, secretory or serous otitis media (>3 months course)
- > Substitutes of bone grafts: cements and regenerative demineralised bone matrix in back and joint surgery (hip, knee and foot)
- > Biological surgeries: 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 limb surgery

Also includes osteosynthesis material, **biliary, oesophageal, gastric, pancreatic and enteral digestive stents for the palliative treatment of obstructive oncological pathology, 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 an oncological process** or an accident, skin expander, breast prosthesis and mesh covering only in reconstruction after radical surgery.

You must take out the 'Hospital Care' module in order to have the aforementioned surgical prostheses and implants covered. There is no maximum annual coverage limit for prosthetic material and implantology when the application is processed, with DKV Seguros' compulsory prior authorisation, through the 'DKV Network of Healthcare Services' (own means), **except for the aforementioned vascular and heart prostheses, which will have**

a coverage limit of 12 000 euros per insured person and year.

Daily compensation for hospitalisation. DKV Seguros provides a compensation of 80 euros per day, after the third day of hospital admission, up to a maximum of 2400 euros per insured person, per year, provided that the two following requirements are met:

- > The hospital care is covered by the policy, and there is no third party responsible for payment.
- > None of the costs derived from the hospital care has been paid by DKV Seguros.

Healthcare assistance for HIV/AIDS (acquired immune deficiency syndrome) and for illnesses caused by the human immunodeficiency virus (HIV) are included: with an exclusion period of 12 months, it covers the expenses arising from the insured person's treatment **up to a total maximum limit of 6000 euros/insured person during the term of the policy and/or lifetime of the insured person, including the limits and exclusions established for healthcare compensation in the different applicable sections of the general conditions** (sections 2 and 3).

You must take out either the 'Specialised health care' or the 'Hospital care' health insurance module in order to be covered for HIV/AIDS infection.

3.1.6.8 Exclusive coverage

Contracting the "DKV Profesional" insurance with complete medical care and the three modules Primary Care, Specialised Care and Hospital Care provides the insured person access to the following additional guarantees:

1. Reimbursement of the medical expenses incurred abroad for serious illnesses:

The insured can access medical and/or surgical treatment for any of the serious illnesses described below, and included in this guarantee, under the expense reimbursement modality, with the cover and limits detailed. To do so, it is necessary to prove it as one of these aforementioned diseases, through a medical report, with it having been previously diagnosed in Spain while the insurance policy is in effect.

1.1 Heart attack: illness that consists of the permanent occlusion of a portion of the main trunk or an important branch of those coronary arteries, and of its post-heart attack complications (cardiac arrhythmia, cardiac inadequacy, heart blockages and residual angina).

1.2 Cancer: illness that manifests itself with the presence of a malign tumour characterised by its uncontrolled growth and proliferation of malign cells, the invasion of tissues including the direct extension or metastasis, or high numbers of malign cells in the lymphatic or circulatory systems as in Hodgkin's lymphoma or leukaemia. **In skin cancer, only the invasive melanoma is covered, other skin cancers are excluded.**

In all cases, the cancer diagnosis will depend on a histopathological result of malignancy.

1.3 Cerebrovascular disease: cerebrovascular illness or accident that produces neurological consequences of a permanent nature as a result of a stroke of cerebral tissue, haemorrhages and blood clot in-situ or extra cranial.

1.4 Organ transplant: being the recipient of a cornea, heart, liver, bone marrow or kidney transplant **(the donor's medical coverage is excluded).**

1.5 Paralysis/Paraplegia: total and permanent functional loss of the use of two or more limbs as a consequence of a spinal cord section or neurological illnesses.

The maximum coverage of DKV Seguros for the previously stipulated illnesses is 80% of the amount of the invoices paid by the insured person for his/her treatment, up to a total limit of 16 000 euros per insured person per year, provided these invoices have been raised abroad and correspond to expenses derived from the provision of health care services included in the insurance policy (See section 2 'Basic Concepts. Definitions', section 3.1.1 'Purpose of the insurance' and section 3.1.6 'Description of the coverage' of the General Conditions), with the qualifying periods for certain services, limitations and excluded coverage specified in the General Conditions of the policy (See section 3.1.7 'Excluded coverage' and section 3.1.8 'Qualifying Periods').

For the purposes of this coverage, the claim is understood to have been made when the insured person requests the reimbursement of medical expenses incurred abroad due to a severe illness previously diagnosed in Spain during the term of the insurance and covered by this guarantee, and s/he presents the medical reports with the definitive medical diagnosis that confirms this.

In a maximum term of fifteen days, the policyholder or insured person must request the reimbursement of the medical expenses covered by the

guarantee and submit the invoices paid by him/her to DKV Seguros, with a breakdown of the medical acts carried out, the prescription and the medical reports that specify the origin and nature of the illness.

For the purpose of presenting this documentation, DKV Seguros will provide a reimbursement form with the minimum administrative processes that the invoices should fulfil to be reimbursed, which are described on the back of this document.

The insured person and family members must provide any reports and verifications that DKV Seguros deems necessary. Failure to comply with this obligation may result in the denial of the right to a reimbursement.

The reimbursement of expenses will be made in the following way:

- > Once the reimbursement 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 generated and paid in foreign currencies by the insured person will be paid in Spain in euros at 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, otherwise, on that of the receipt of the service.
- > The costs of translating reports, invoices or bills for doctors' fees will be only settled by DKV Seguros if they are in English, German, French or Portuguese.

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

Once the reimbursement of expenses has been made, DKV Seguros is entitled to exercise the subrogation right, with the limits specified in these general conditions (see section 3.1.5 'Subrogation clause').

2. Reimbursement of expenses incurred for family assistance services in cases of dependency, when there is a Dependency grade 3 due to an accident.

DKV Seguros guarantees the reimbursement of 100 % of the amount of the invoices paid for family care services and/or dependency care, **up to a maximum limit of 12 000 euros**

while the policy is effective and during the lifetime of the insured person, with a sublimit of 2000 euros for advice on and processing dependency subsidies, when the insured person and/or person acting on his/her behalf (legal guardian) proves the recognition awarded by the Spanish System for Personal Autonomy and Care of Dependent Adults (Sistema para la Autonomía y Atención a la Dependencia, SAAD) of a state or situation of **Dependency Level 3 after an accident covered by the insurance policy, starting from the effective date of this coverage.**

The reimbursement is guaranteed provided it corresponds to expenses for social-health care services included in this coverage, **and is subject to the limitations and exclusions specified in the general conditions of the policy (see sections 3.1.7.a, 3.1.7.c, 3.1.7.d and 3.1.7.e of 'Excluded Coverage').**

For the purposes of this coverage, Dependency Level 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 progress to a grade of lower dependence.

This guarantee covers the following social-health care services and family care or dependency care services carried out by professional assistants:

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

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:

- > Home cleaning
- > Household shopping
- > Kitchen service

2.2 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, nurses, physiotherapists, psychologists or occupational therapists, among others.

This service includes temporary and permanent stays and day centres.

- > Residences
- > **Specialised day care** centres
- > **Night centre**

2.3 Landline and mobile teleassistance service. Portable or permanent communication devices permanently connected to a central switchboard in case of an emergency.

This is 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.

2.4 Home adaptation service. This consists in a set of items intended to adapt the home to your needs. These products allow for improved access and mobility throughout the home.

2.5 Management and consultancy service for dependency subsidies. This includes a management and consultancy service for dependency subsidies, **with a maximum sublimit**

of 2000 euros during the term of the policy and/or the lifetime of the insured person.

The insured person and/or person acting on his behalf (legal guardian) may request the reimbursement 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 12 000 euros per insured person, with a sublimit of 2000 euros for management and consultancy services for dependency subsidies. To do so it is essential to present the resolution awarding the insured person the situation of Dependency Grade 3 (level 1 or 2) from the competent administrative body of the Spanish System for Personal Autonomy and Care of Dependent Adults in 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 12 000 euros for this concept, or the sublimit of 2000 euros for management and consultancy services for dependency subsidies, during the validity of the insurance policy, through the modality of expense reimbursement.

Access to the coverage

a) Requirements for being a beneficiary of dependency coverage:

- > To be entitled to the dependency benefit in Spain and to fulfil the legal requirements to access it.
- > To be included in the health policy as an insured person at the time of the occurrence of the accident, of the expense reimbursement application due to Dependency Level 3, and of the payment of the provision.
- > The accident that took place is not a consequence of activities or circumstances excluded from the general coverage of the health insurance policy (section 3.1.7.a, 3.1.7.c, d and 3.1.7.e of 'Excluded Coverage' of the General Conditions) or specifically excluded from the dependency coverage (section 3.1.6.8 'Exclusive coverage').
- > To be in a situation of Dependency Level 3, according to the levels established in the Dependency Act 39/2006 of December 14, and the Dependency rating (Royal Decree 504/2007, of 20 April) currently valid in Spain.
- > To submit the resolution, dated and signed, with the qualification or recognition of the situation of

Dependency Level 3 granted by the competent administrative body of the System for Personal Autonomy and Care of Dependent Adults of the autonomous region, specifying the causes and the circumstances of the situation of dependency.

b) Documentation required for the recognition of the benefit:

To be beneficiary of the dependency refund, the insured person must present the entire dependency recognition procedure while providing the following documents (original or validated copies):

1. Personal, family and professional information of the insured person who is the recipient of the benefit.
2. Qualification granted by the competent administrative body of the System for Personal Autonomy and Care of Dependent Adults, specifying the causes and the circumstances of the situation of dependency.
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 Dependency Level 3, from when 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 reimbursement of expenses will be made in the following way:

- > Once the reimbursement 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 designated current account. The payment made in this way is fully valid, effective and final for DKV Seguros.
- > The invoicing of expenses paid in foreign currencies by the insured person will be paid in Spain in euros, according to the exchange rate on the day of 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, otherwise, on that of the receipt of the service.

- > The costs of translating reports, invoices or bills for doctors' fees will be only settled by DKV Seguros if they are in English, German, French or Portuguese.

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

Excluded risks of the coverage

Excluded from the coverage for dependency:

1. The reimbursement of expenses for services of family care and/or dependency care not detailed in section 3.1.6.8 of the general conditions.

2. The reimbursement of expenses for services of family care and/or dependency care detailed in section 3.1.6.8 of the general conditions, when the situation of Dependency Level 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 3.1.7.c, 3.1.7.d and 3.1.7.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, even if these did not cause the accident.

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

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

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

3. The reimbursement of expenses for services of family care and/or care for dependence, with the right to the benefit having been

extinguished due to the insured person having previously received the maximum capital guaranteed by this concept during the term of the policy, or of a previously contracted complete health care insurance policy, in the individual or collective modality.

3. Reimbursement of expenses for the annual maintenance of the umbilical cord in a haematopoietic stem cell bank for the first six years, provided that the service for extracting and cryopreserving the cord was contracted through the supplier associated with the 'DKV Health and Well-being Club', the pregnancy is covered and the insured person whose cells are preserved is included in the policy.

DKV offers the **extraction and cryopreservation of the umbilical cord**, as a franchised service, through the DKV Health and Well-being Club. Specifically, DKV Seguros assumes 300 euros of the extraction expenses, while the insured person pays 690 euros, if s/he opts for the FIRST modality, or 990 euros for the ADVANCE modality. In addition, **during the first six years, the maintenance expenses for the umbilical cord are covered with a maximum reimbursement of 90 euros/year, provided that the birth is covered by the insurance and the insured person**

is included in the policy from the birth.

In the latter case (reimbursement of the expenses for maintaining the umbilical cord in a stem cell bank), **those who are insured with individual policies and have taken out the 'DKV Profesional Specialists and Hospital care' option can also access the coverage.**

In addition, on every renewal of the insurance, DKV Seguros may change the DKV Health and Well-being Club provider that provides the service, the extraction costs it assumes, the conditions of access, the rates paid by the insured person and the maximum maintenance expense reimbursed.

3.1.6.9 Travel assistance

For temporary trips abroad, the insurance policy has worldwide travel assistance coverage for a maximum of 180 days per trip that is detailed in Appendix I to these general conditions. This service is only available by calling +34 913 790 434.

3.1.7 Excluded coverage

The following is excluded from the general Health insurance coverage:

a) The coverage of all kinds of pre-existing illnesses, injuries, ailments, medical states or conditions (e.g.

pregnancy) and their consequences, as well as congenital, constitutional or physical defects and those that are a result of accidents or illnesses and their consequences, which have been suffered prior to the date of inclusion of each insured person in the policy.

b) All the diagnostic and therapeutic procedures whose safety and cost effectiveness are not scientifically proven and/or have not been ratified by Health Care Technology Assessment Agencies, or which have been rendered obsolete.

c) Physical damage that is a consequence of wars, mutinies, revolutions and terrorism; that which is 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 arising from the professional practice of any sport, from participating in bets and competitions and from engaging, as an amateur or professional, in high-risk activities such as bullfighting and the running of the bulls, from engaging in dangerous sports such as diving, bobsledding, boxing, martial arts, rock climbing, motor vehicle racing, rugby, quads,

caving, paragliding, unauthorised air activities for the public transport of travellers, sailing or white water activities and in any other risk conditions, bungee jumping, canyoning, including training activities and other manifestly dangerous practice.

e) Healthcare for the treatment of chronic alcoholism and/or drug addiction of any kind, as well as their complications and consequences, and health care to those injured due to drunkenness, aggression, quarrels, a suicide attempt or self-harm, as well as due to illnesses or accidents resulting from the wilful misconduct, fault or negligence of the insured person.

f) Plastic surgery and any other treatment, infiltration or action that has an aesthetic and/or cosmetic purpose, unless there was a functional defect of the affected body part (purely psychological reasons are not valid). Sex change surgery. Treatment of varicose veins for aesthetic purposes, outpatient or inpatient slimming cures and skincare treatments in general, including hair treatments. The surgical correction of nearsightedness, astigmatism, farsightedness and presbicia, as well as orthokeratology and cosmetic dentistry, are also excluded. The consequences and complications

arising from all the exclusions included in this section are also excluded.

g) Alternative and complementary therapies, naturopathy, homeopathy, acupuncture, chiropractic massage, lymphatic drainage, mesotherapy, gymnastics, osteopathy, hydrotherapy, alternative deliveries (at home, aquatic delivery, etc.), three-phase oxygen therapy, pressotherapy, ozone therapy, the modalities of phototherapy and its indications not detailed in section 3.1.6.5, and other similar services, as well as orthoptics and medical specialities not officially recognised.

Medical/surgical treatments with radiofrequency techniques are also excluded, except in adenotonsillectomy, cardiac ablation, surgery on nasal passages or turbinoplasty, and in ablation for rhinosinusitis.

h) Stays, visits to and treatments in non-hospital centres, such as hotels, spas and spa centres, asylums, residences, rest homes, of diagnosis and similar (even if they are prescribed by doctors), as well as admission to centres dedicated to activities related to leisure, rest and dietary treatments.

Hospitalisation for psychiatric reasons, except in the case of severe attacks, or social or family reasons, are also excluded, as well as that which can be substituted by home treatment or outpatient treatment.

Healthcare in non-authorised private centres and that provided in publicly owned hospitals, centres and other establishments included in Spain's National Health System and/or under the responsibility of the autonomous regions, except in the circumstances identified (see section 3.1.4. Care via means other than the 'DKV Network of Healthcare Services').

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

i) High medical, diagnostic and/or therapeutic technology, lithotripsy, except for that stipulated in 3.1.6.4 'Diagnostic means' and/or 3.1.6.5 'Therapeutic methods' of these general conditions.

j) The treatment of roncopathy or obstructive sleep apnoea (except for ten sessions with CPAP or BiPAP), as well as radiotherapy treatments and/or modalities and their medical indications that are not expressly specified in section

3.1.6.5 ‘Therapeutic methods’, under ‘Radiotherapy’, in these general conditions. Furthermore, proton therapy, neutron therapy, radiosurgery with Cyberknife, and radiopharmaceuticals with radioactive isotopes not authorised by the EMA (European Medicines Agency) and/or not endorsed by the NICE clinical guidelines are excluded.

k) Preventive medicine and general preventive medical check-ups or examinations, the cost of vaccinations and the supply of extracts in allergic processes, except as specified in the specific prevention programmes included in section 3.1.6.7 (‘Complementary coverage’) of the general conditions.

l) The voluntary interruption of a pregnancy and selective instrumental embryonic reduction under any circumstances, prior reconstructive contraceptive surgery techniques, as well as sterility treatment, sperm washing techniques and any type of assisted reproduction.

m) All kinds of prostheses, implants, health devices, anatomical and orthopaedic pieces, except for those detailed in section 3.1.6 ‘Description of the coverage’ of the general conditions.

Also excluded are artificial heart implants, column implants, biomaterials and/or biological, synthetic and orthopaedic materials not expressly included in section 3.1.6.7, as well as the use of those included for other purposes than those indicated.

n) Special dentistry: endodontics, periodontics, orthodontics, fissure sealants and obturations or fillings in people over 14 years old, reconstructions, dental prostheses, apicectomies, implantology and the diagnostic methods necessary to carry out these treatments.

o) Travel required to attend medical consultations, diagnostic tests and any type of outpatient treatment. Analyses or explorations that are required to issue certifications or reports and the release of any kind of document has no clear healthcare-related function.

p) In Psychiatry and Clinical Psychology, consultations, diagnostic techniques and therapies that do not follow neurobiological or pharmacological treatment criteria, psychoanalysis, outpatient narcolepsy or hypnosis, sophrology, rest or sleep cures, and all those derived from similar provisions.

Group or couple psychotherapy, psychological and psychometric tests, psychosocial or neuropsychological rehabilitation, educational therapy or cognitive/behavioural therapy for oral and written communication disorders, and developmental of diverse origin, except for what is expressly included in section 3.1.6.7 (Description of clinical psychology coverage) are also excluded.

q) Speech therapy and phoniatrics for speech, phonation and language disorders caused by congenital anatomical or neurological and psychomotor alterations of diverse origin, except for the indications specified in section 3.1.6.5 'Therapeutic methods' ('Speech rehabilitation therapy' section).

r) Regenerative medicine, biological medicine, immunotherapy, biological therapies, gene or genetic therapy and therapy with direct action antivirals, as well as applications of all of them.

All types of experimental treatments, compassionate use treatments, treatment with orphan drugs, and those which are in clinical testing in all its phases or degrees are also excluded.

s) Hyperbaric chambers, dialysis and haemodialysis for the treatment of chronic diseases.

t) Healthcare for viral hemorrhagic fevers, as well as its complications and consequences. Healthcare expenses derived from HIV/AIDS and illnesses caused by the virus, when they exceed the maximum quantity guaranteed in section 3.1.6.7 'Complementary coverage' in the general conditions.

u) Robotic, image-guided, computer-assisted or virtual navigator-assisted surgery (except neuronavigators, prostate biopsy with multi-parametric magnetic resonance imaging and the Carto system in the indications included in section 3.1.6.5), and treatments that use laser, which are covered only in the specialities and indications specified in section 3.1.6. 'Description of the coverage'.

v) The expenses for use of a telephone, television, companion's meals and travelling expenses, except for ambulance journeys, 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 autotransplants 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) Pharmaceuticals, medications and auxiliary treatment methods of any type, except for those administered to the insured person while admitted (a minimum of 24 hours) in hospital. In any case, biological medications or medication-related biomaterials not detailed in section 3.1.6.7 'Surgical prostheses' and the therapies in section 3.1.7.r 'Excluded Coverage' are exclusively excluded, even when administered during hospitalisation.

Cancer chemotherapy shall cover only the expenses for the specifically cytostatic medications defined and specified in 'Cytostatic' included in section 2 '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 sensitisers used in photodynamic and radiation therapy.

y) Maintenance rehabilitation in irreversible neurological lesions of diverse origin and in chronic injuries of the musculoskeletal system.

Also excluded are early stimulation, occupational therapy, rehabilitation for brain damage acquired while hospitalised or any type of rehabilitation at home, or as a reason for admission, and that which is carried out at non-authorised centres, and/or centres that are not registered in the Healthcare Centres and Services registers of the respective autonomous region.

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

3.1.8 Qualifying and exclusion periods

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:

1. Surgery and hospital care, including surgical prostheses, for any reason and of any kind, will have a qualifying period of six months, 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 with a qualifying period of eight months.
3. Transplants have a qualifying period of twelve months.
4. **Health care for HIV/AIDS has an exclusion period of twelve months (see definition of ‘exclusion period’ in section 2, Basic concepts. Definitions).**

3.1.9 Services according to the module(s) taken out

The healthcare services detailed in section 3.1.6 of these general conditions are structured into three coverage modules, according to their care application.

All the options include emergency care in the corresponding care modality.

‘DKV Profesional’ Health insurance can be taken out, depending on how you combine these care modules, in up to seven different combinations.

All the options include emergency health care, travel assistance, access to additional services and the ‘Vive la Salud’ healthy living plan.

For certain coverage, it is necessary to combine two or more modules to access the service.

3.1.9.1 Primary health care

This covers consultations in general medicine, paediatrics and child care, as well as nursing at the clinic and at home; emergencies without hospitalisation in these specialities; basic blood and urine clinical analyses **(excluding hormone, immunological, genetic and molecular biology testing)**; conventional radiology (without contrast materials); basic yearly cardiac check-up; ambulance service, if urgent; and travel assistance in trips abroad, up to a maximum of 180 days per trip or journey.

Exclusions: specialised medical care, medical treatments, complementary diagnosis means (except for those expressly included), hospital care or surgical assistance, medication and reimbursement of medical care expenses abroad for severe illnesses and/or family support services for Dependency Level 3 due to an accident and conservation of umbilical cord.

3.1.9.2 Specialised medical care without hospitalisation

This includes different medical and surgical specialities (as well as paediatrics, except at home, if the primary care module is not taken out), medical treatments and diagnostic methods, exclusively when carried out in a clinic and do not entail surgery or hospitalisation expenses, detailed in sections 3.1.6.3, 3.1.6.4 and 3.1.6.5 of the general conditions.

Furthermore, emergency care without admission is included for these specialities and travel assistance.

This modality includes:

- > High diagnostic technology
- > The specific preventive programmes, detailed in section 3.1.6.7 (including prenatal care)
- > Clinical psychology
- > IUD implant
- > Speech therapy and phoniatrics
- > Speech therapy rehabilitation
- > Narrow-band ultraviolet B phototherapy (UVB-BE)
- > The different types of rehabilitation established in section 3.1.6.3

(trauma, neurological, cardiac and pelvic floor rehabilitation)

- > Minor surgery of Groups 0 and I of the OMC (Spanish Medical Organisation), carried out exclusively in a clinic
- > Sleep unit or polysomnography, and therapy for obstructive sleep apnoea/hypopnoea syndrome
- > Pain Relief Unit, for the treatment of chronic pain (excluding medications, which are borne by the insured)

Exclusions: primary care at home, therapeutic methods covered expressly by other modalities of the 'DKV Profesional' insurance policy, hospital care or surgical assistance, pre-operative and/or post-operative treatment, medication and reimbursement of medical care expenses abroad for severe illnesses, family support services for Dependency Level 3 due to an accident and conservation of the umbilical cord.

3.1.9.3 Hospital care

This includes the services described in Section 3.1.6.6 for all the specialities of surgery and hospitalisation, with pre-operative or preanaesthetic consultation, analysis and electrocardiogram, visits and immediate post-operative care (up

to two months after the surgery), medication during hospitalisation and major outpatient surgery and, if required, prostheses.

It also includes emergency care, with admission if necessary, travel assistance and the payment of a daily compensation for hospitalisation, provided this is included in the coverage of the policy and none of the expenses arising from the admission have been charged to DKV Seguros.

In addition, the following is specifically included in this modality:

- > Oncology treatment: radiotherapy, brachytherapy and chemotherapy
- > Therapy with platelet-rich plasma or platelet-rich growth factor: in joint replacement surgery and in the surgical treatment of non-consolidated fractures
- > Vacuum-assisted closure (VAC) therapy or topical negative pressure (PNT) therapy in the indications and **with the limits detailed in section 3.1.6.5. 'Therapeutic methods'**
- > OSNA method or technique: intraoperative molecular analysis of the sentinel node. Includes breast cancer at an early stage, without any lymphatic spread
- > Renal and vesicular and musculoskeletal lithotripsy
- > Dialysis and haemodialysis
- > Surgery of Groups II to VIII of the OMC (Spanish Medical Organisation) carried out exclusively in a hospital centre
- > Major outpatient surgery
- > Interventional or invasive vascular and visceral radiology
- > Family planning methods: tubal ligation and vasectomy
- > Intracranial stereotactic radio neurosurgery
- > Arthroscopic surgery
- > Turbinate surgery or turbinoplasty, adenotonsillectomy and radiofrequency ablation for rhinosinusitis
- > Surgical laser in gynaecology, ophthalmology, proctology, peripheral vascular surgery and otorhinolaryngology
- > Endourologic Holmium laser and Green laser (KTP and HPS), Diode and Thulium for the surgical treatment of benign prostatic hyperplasia

- > Percutaneous nucleotomy and chemonucleolysis
- > High therapeutic technology **(see details of the covered treatments in section 3.1.6.5 Therapeutic methods)**
- > Surgical prostheses
- > Daily compensation for hospital care

Exclusions: out-of-hospital, primary and specialised medical care, medical treatments (except for those expressly included in this module), robotic laparoscopic surgery, complementary diagnostic means and the reimbursement of medical care expenses abroad for severe illnesses and/or family support services for Dependency Level 3 due to an accident and conservation of the umbilical cord.

3.1.9.4 Out-of-hospital medical care

This includes, in the same policy, the coverage and services of the two modules of non-hospital care, emergency care for these specialities without admission and travel assistance.

3.1.9.5 Specialised medical care with hospitalisation

This includes specialist medical or surgical care for outpatient or hospital care; robotic laparoscopic

surgery; emergency care for these specialities with admission, if required; complementary diagnostic aids; medical treatment and travel assistance.

The individual contracting of this modality allows access to the following additional coverage:

Reimbursement of expenses for the annual maintenance of the umbilical cord in a stem cell bank for the first six years, and franchised service for extracting and cryopreserving the cord.

3.1.9.6 Primary medical care with hospitalisation

This combines primary medical care, at the clinic and at home, with specialised medical or surgical care under hospital admission. Furthermore, this includes emergency care for these specialities - with admission, if necessary - and travel assistance.

3.1.9.7 Complete medical care

This comprises the insurance's three health care modules and covers all medical and surgical specialities, as well as any complementary diagnostic and therapeutic methods described in the insurance, including hospitalisation, emergencies in its various healthcare modalities, ambulance service and travel assistance.

In the individual modality of the insurance policy, **the subscription of all three modules** (primary, specialised and hospital care) is required to access the policy's exclusive coverage (**see section 3.1.6.8 'Exclusive coverage'**), except for the extraction and conservation of the umbilical cord, which will only require two modules (Specialists and Hospital care).

3.1.10 Special health risks when contracting the health insurance policy

The policyholder may agree the coverage of risks excluded from these general conditions, or those that are not specifically contemplated therein, with DKV Seguros.

These are called 'special health risks'. For their coverage to be included, they should be duly specified in the particular conditions and an additional premium will be paid.

3.2 Compensation Insurance for Temporary Disability or Hospitalisation

3.2.1 Purpose of the insurance

This insurance guarantees the payment of a daily provision in accordance with the risks covered by the policy. The contracted coverage is applicable to accidents occurring around the world, provided that the insured person's habitual residence is effectively in Spain.

The cover for daily temporary disability is only applicable when the insured person is in Spanish territory.

The cover for scaled temporary disability requires the confirmation of a doctor who practises in Spain.

Cover for hospitalisation is limited to territory of the European Union, the United States of America and Canada.

3.2.2 Temporary disability

If the temporary disability coverage is taken out, it must be reflected in the particular conditions, specifying which of the coverage's six guarantees have been contracted.

Guarantee I. Daily temporary disability. First period

During a period of thirty days, DKV Seguros guarantees the insured person the payment of a daily amount, determined in the particular conditions of the policy, when s/he is in a situation of temporary disability.

S/he will be entitled to this compensation from the day after the conclusion of the excess period. If there is no excess period, s/he is entitled to this from the first day of medical leave.

For every newborn child, with a minimum pregnancy period of six

months, whose mother is insured in each of the guarantees I, II and III for over eight months, DKV Seguros will also pay, as a single provision in the first period, the equivalent to twenty times the daily amount guaranteed for cases of temporary disability.

The same conditions and level of benefit apply to insured mothers in the case of adoption, provided the adoption process had begun after the first eight months of the policy's validity.

Guarantee II. Daily temporary disability. Second period

For this guarantee, if the situation of temporary disability is prolonged, DKV Seguros will pay the insured person the corresponding daily compensation determined in the particular conditions of the policy, from the 31st day until the 90th day, while s/he is in a situation of total temporary disability.

Guarantee III. Daily temporary disability. Third period

For this guarantee, if the situation of temporary disability is prolonged, DKV Seguros will pay the insured person the corresponding daily compensation determined in the particular conditions of the policy, from the 91st day until the 365th day, while s/he is in a situation of total temporary disability.

Guarantee IV. Daily temporary disability. Fourth period

For this guarantee, if the situation of temporary disability is prolonged, DKV Seguros will pay the insured person the corresponding daily compensation determined in the particular conditions of the policy, from the 366th day until the 547th day, while s/he is in a situation of total temporary disability.

Guarantee V. Daily temporary disability. Fifth period

For this guarantee, if the situation of temporary disability is prolonged, DKV Seguros will pay the insured person the corresponding daily compensation determined in the particular conditions of the policy, from the 548th day until the 730th day, while s/he is in a situation of total temporary disability.

Insurable persons for the guarantees of daily temporary disability

This policy may be contracted by persons whose age is between 16 and 64, both inclusive, on the date the policy is taken out, and who are employed or carry out a remunerated professional activity and who are not in a situation of unemployment, work stoppage, temporary or permanent disability, maternity leave, leave of absence, or any other reason for professional inactivity or similar.

Implementing rules for daily temporary disability.

Limits of the coverage

a) The insured person will have the right to compensation for each day in which s/he is in a situation of total temporary disability.

Furthermore, the insured person must require and receive appropriate medical care for the condition affecting him/her.

b) The day the insured person is discharged is considered a working day for all purposes and therefore compensation will not be paid.

c) If the period of temporary disability is prolonged due to a waiting period in the medical services attending the insured person for carrying out a special diagnostic test, DKV Seguros may propose an authorisation so that this test is carried out in a centre designated by DKV Seguros, or the insured person may request this.

For such purposes, the following have the consideration of special diagnostic tests:

- > Ultrasound in muscular or articular traumatology
- > Electromyogram

> Simple radiology

> Scanner/CAT

> Nuclear magnetic resonance

The cost of this test will be covered by DKV when the test prescribed by the doctor attending the insured person has a waiting time of more than thirty days at the moment of authorisation.

When the insured person refuses to have the test carried out according to the stipulations of point c), the benefit will cease thirty days after the proposal was made by DKV Seguros.

The medical leave period can only be renewed when the medical reports carried out after the diagnostic test justify being unable to work.

d) As a consequence, the right to the daily compensation will cease:

- > When the insured person is able to resume or has resumed his/her professional activity, even if only partially, in spite of not having fully recovered (the disability will no longer be considered total).
- > When the insured person becomes permanently disabled or unable to carry out his/her profession, or applies for recognition of this state, or receives a pension or

compensation for such a cause, or his/her state of health is irreversible and determined in an objective way based on medical criteria and regardless of any administrative resolutions (the disability will no longer be temporary).

- > When the circumstances in point c) occur.
- > When the insured person retires or is unemployed or in a similar situation (there will no longer be a purpose for this insurance).
- > When, during medical leave, the insured person is absent from his/her declared home for a period exceeding 72 hours, without having previously informed DKV Seguros and without their consent (DKV Seguros will not be able to verify the claim).

e) In the event that the insured person is subject to new periods of medical leave for the same cause or for medical causes directly related to the previous period, the new periods of medical leave are considered for all purposes as a continuation of the first, provided the policy is still in force.

With regard to compensation, the sum of every period must not exceed the maximum limits stipulated in the particular conditions. In no case will the periods corresponding with

the same illness or related illnesses exceed, throughout the duration of the policy, the cover limits established in the particular conditions.

f) If the insured person suffers several ailments at the same time or if a new one subsequently appears in addition to the one initially declared, the provision will not be cumulative. A new term will begin on the date when the new ailment begins. S/he will not be entitled to compensation for this, until s/he is discharged for the first ailment.

g) In the case of claims covered by policies that have contracted both guarantees of daily temporary disability and scaled temporary disability, the compensation for each will not be cumulative during the days of temporary disability in which the terms covered by both coincide. The guarantee of daily temporary disability will only begin to pay compensation after the day on which the period covered by the guarantee of scaled temporary disability expires.

Rules for processing a claim. Procedure for the resolution of discrepancies

a) For the purposes of confirming the provision for daily temporary disability, the policyholder must provide DKV Seguros with the claim declaration document, with all its sections filled

in, and the medical leave report signed by the doctor assisting the patient. It must include the following:

- > Identification of the doctor
- > Identity, residence, age and profession or activity of the insured person
- > Current ailment causing temporary disability
- > Causes, background and probable start date of the illness or date of the accident
- > Start date of the disability and the expected duration thereof

DKV Seguros may request the presentation of a copy of the official medical leave report issued by the competent public body, although it will not be binding for the company.

Furthermore, when the medical discharge to work takes place, the document that proves this must be provided to DKV Seguros.

b) The corresponding provision can begin on the day of the medical leave, provided that DKV Seguros is informed of this by way of the above-mentioned method, within seven days following the date of the event. If DKV Seguros receives this declaration after

the aforementioned seven days, the provision will be paid from the date of receipt.

c) For the purpose of receiving the provision for each newborn child or adoption, you must submit the pertinent certification, in the form of the hospital discharge report, the registration certificate in the Civil Registry or the Family Record Book.

d) Prior to paying this provision, the motive for the medical leave should be proved, and DKV Seguros may carry out any visits that it deems necessary to check the state and ailment of the insured person, who would have to provide any medical report related to the cause of the medical leave to the medical services of DKV Seguros. In the event of the insured person's reluctance or opposition, DKV Seguros will be released of its requirement to pay the service provision.

e) If, by any means, DKV Seguros verifies that the insured person has extended the duration of his or her temporary disability in a deceptive manner, or has unjustifiably denied the possibility of working, whether fully or partially, or if it is proved that the insured person is suffering a different ailment to that which caused the claim, DKV Seguros can deem the temporary disability concluded for the purposes of perceiving the provision,

and will communicate this in writing to the insured person.

When the policyholder, the insured person or the beneficiary do not agree with such a decision, they must inform the insurer, in writing, within seven days at most, stating their reasons to the contrary.

In this case, the insured person's doctor and that of DKV Seguros will try to resolve the discrepancy directly.

If they do not reach an agreement, the parties will appoint a third party and, alternatively, it will be carried out by the competent judge of first instance.

This same procedure will be applied in any other discrepancies relating to medical questions that arise.

The three doctors will jointly decide by a majority of votes. Each party will pay their own medical expert's fees and those of the third party, jointly.

The decision of the doctors will be made within the term of ninety days following the date of the third medical expert's appointment and, during this time, the parties will not be able to take the corresponding judicial steps to settle compensation in dispute.

Guarantee VI. Scaled temporary disability

If the guarantee of scaled temporary disability is contracted in accordance with the coverage of this insurance policy, this will be stipulated in the particular conditions of the policy.

DKV Seguros guarantees the insured person the payment of a single compensation sum calculated by multiplying the insured daily capital for this guarantee, as shown in the particular conditions, by the number of days indicated in the scale minus the excess period contracted, if relevant. This provision will always be applied according to the type of illness or injury suffered by the insured person, and provided that it causes total incapacity to work and temporary disability, in accordance with the indications of these general terms and conditions.

For each newborn baby with a minimum gestation period of six months, whose mother has been insured for over eight months, DKV Seguros will pay a single financial provision for the birth, established in the 'Pregnancy and Birth' section of the scale.

The same conditions and level of benefit apply to insured mothers in the case of adoption, provided the

adoption process had begun after the first eight months of the policy's validity.

Insurable persons for the guarantees of scaled temporary disability

This policy may be contracted by persons whose age is between 16 and 64, both inclusive, on the date the policy is taken out, and who are employed or carry out a remunerated professional activity and who are not legally or effectively unemployed or in a similar situation.

Implementing rules for scaled temporary disability.

Limits of the coverage

a) The insured person will be entitled to compensation when s/he is in a situation of total temporary disability and must require and receive appropriate medical care for the condition affecting him/her.

b) If the insured person suffers several ailments at the same time or if a new one subsequently appears in addition to the one initially declared, the benefit will only be cumulative up to a maximum of 130 % of that with the highest number of days assigned in the scale, once the excess is applied.

c) In no case will the daily provision exceed 365 days in each year of the policy.

d) Illnesses or injuries, of the same or a similar cause, that have 15 days or fewer allocated in the scale, will only be compensated three times during a period of 365 days.

e) In the event that the insured person is subject to new periods of temporary disability due to the same cause or for medical causes directly related to the previous one, s/he will only receive the benefit corresponding to the second or subsequent periods when the interval between one period finishing and the preceding period is at least twice the number of days covered by the preceding period; with a minimum of 90 days.

f) In the case of claims covered by policies that have contracted both guarantees of daily temporary disability and scaled temporary disability, the compensation for each will not be cumulative during the days of temporary disability in which the terms covered by both coincide. The guarantee of daily temporary disability will only begin to pay compensation after the day on which the period covered by the guarantee of scaled temporary disability expires.

The diseases or injuries not listed in the scale will be subject to a provision by analogy or similarity to those described, according to doctor's opinion, provided they are covered and not included among the risks excluded from the insurance coverage.

**Rules for processing a claim.
Procedure for the resolution
of discrepancies**

a) For the purposes of confirming the financial provision, the policyholder must provide DKV Seguros with the claim declaration document, with all its sections filled in, and the medical leave report signed by the doctor assisting the patient. It must include the following:

- > Identification of the doctor
- > Identity, residence, age and profession or activity of the insured person
- > Current ailment causing temporary disability
- > Causes, background and probable start date of the illness or date of the accident
- > Start date of the disability and the expected duration thereof

DKV Seguros may request the presentation of a copy of the official medical leave report issued by the competent public body, although it will not be binding for the company.

Furthermore, when the medical discharge to work takes place, the document that proves this must be provided to DKV Seguros.

b) The corresponding provision will begin on the day of the medical leave, provided that DKV Seguros is informed of this by way of the above-mentioned method, within seven days following the date of the event. If DKV Seguros receives this declaration after the aforementioned seven days, the provision will be reduced in the amount corresponding to seven days.

c) Prior to paying this provision, the motive for the medical leave should be proved, and DKV Seguros may carry out any visits that it deems necessary to check the state and ailment of the insured party, who would have to provide any medical report related to the cause of the medical leave to the medical services of DKV Seguros. In the event of the insured person's reluctance or opposition, DKV Seguros will be released of its requirement to pay the financial provision.

d) If, by any means, DKV Seguros verifies that the insured person is

suffering a different ailment to that which caused the claim, DKV Seguros can deem the non-existence of the right to perceive the provision and will communicate this in writing to the insured person.

When the policyholder, the insured person or the beneficiary do not agree with such a decision, they must inform the insurer, in writing, within seven days at most, stating their reasons to the contrary.

In this case, the insured person's doctor and that of DKV Seguros will try to resolve the discrepancy directly.

If they do not reach an agreement, the parties will appoint a third party and, alternatively, it will be carried out by the competent judge of first instance.

This same procedure will be applied in any other discrepancies relating to medical questions that arise.

The three doctors will jointly decide by a majority of votes. Each party will pay their own medical expert's fees and those of the third party, jointly.

The decision of the doctors will be made within the term of ninety days following the date of the third medical expert's appointment and, during this time, the parties will not be able to take the corresponding judicial steps to settle compensation in dispute.

3.2.3 Hospitalisation

If hospitalisation cover is taken out, it must appear in the particular conditions of the policy.

During a maximum term of 365 days, DKV Seguros guarantees the insured person the payment of the daily payment determined in the particular conditions of the policy, when s/he is hospitalised due to any illness or accident covered by this policy.

For each newborn child, with a minimum gestation period of six months, whose mother is insured in this guarantee for over eight months, DKV Seguros will pay a single provision of the equivalent of three times the daily amount guaranteed for the hospitalisation guarantee. It is essential that such guarantee has been contracted and that the birth takes place after the first eight months of the policy's validity.

The same conditions and level of benefit apply to insured mothers in the case of adoption, provided the adoption process had begun after the first eight months of the policy's validity.

Insurable persons

People aged between 0 and 64 years of age, both inclusive, on the date of taking out this policy are accepted.

Application regulations

Limits of the coverage

a) The compensation can be received during the days in which the insured person is hospitalised. The insured person must require and receive appropriate medical care for the condition affecting him/her.

b) The admission to the hospital centre will be for a stay of more than 24 hours, with a medical prescription and for diagnostic or therapeutic purposes.

c) In the event that the insured person is subject to new periods of hospitalisation for the same cause or for medical causes directly related to the previous stay, the new periods of hospitalisation are considered for all purposes as a continuation of the initial stay. For the purposes of the daily provision, the sum of all stays cannot exceed 365 days.

d) The amount of the daily provision will be that stipulated in the particular conditions, even in the event that the hospital admission is due to several ailments or several surgical operations being carried out at the same time.

Rules for processing a claim

To be entitled to receive the corresponding daily provision, the

following documents should be presented to DKV Seguros:

- > A certificate of the stay in hospital and a medical discharge report from the hospital
- > If the stay exceeds seven days, a medical report must be sent to DKV Seguros stating the centre that the insured person has been admitted to and the reason for admission

3.2.4 Excluded risks and additional coverage

3.2.4.1 Excluded risks

The following events are excluded from the guarantees of this insurance contract, and therefore do not give rise to any provision:

a) Any alteration of the state of health, chronic or not, injury or constitutional defect of origin that precedes the effective date of the policy, either diagnosed or not, and their consequences.

b) Pathological processes exclusively manifested by pain, dizziness or vertigo, that is, without other symptoms that are medically verifiable.

c) Mental or psychosomatic disorders or illnesses, such as: depression, stress, anxiety or eating disorders.

Dementia, Alzheimer's disease, fibromyalgia or chronic fatigue syndrome, burnout syndrome and multiple chemical sensitivity.

d) Pregnancy, abortion, childbirth and puerperium.

e) Illnesses or pathologies derived or aggravated by pregnancy, abortion, childbirth and puerperium.

f) Illnesses or injuries directly or indirectly linked to drug addiction or the chronic consumption of alcohol, narcotics or psychotropic substances without a medical prescription.

The consequences of accidents or injuries caused in a state of intoxication, or under the influence of narcotics or psychotropic substances.

For the purposes of this policy, intoxication is considered to be when the degree of blood alcohol exceeds the legal limit established for driving motor vehicles. Furthermore, it is considered that the insured person is under the influence of narcotics or psychotropics when their presence is detected via an analytical or laboratory determination.

g) Illnesses or injuries as a consequence of war, terrorism and riots or public disorder, extraordinary events or catastrophes such as

earthquakes, hurricanes, floods, radioactive leaks and officially declared epidemics.

h) Accidents derived from the insured person taking part in fights (unless acting in legitimate self-defence) and criminal acts.

In these cases, 25 % of the compensation may be advanced provisionally without having to wait for the final sentence, when the case brought by the insured person clearly states that the insured person did not provoke the fight.

Injuries derived from attempted suicide or self-harm.

i) Accidents resulting from:

- > Off-piste skiing, mountain skiing and ski touring. Off-piste snowboarding and acrobatics
- > Cycling and motorcycling, and, generally, the use of all kinds of vehicles in training, racing, competitions, contests, acrobatics, sports events, and their use on roads not covered with tarmac or which are private

The use of special land motor vehicles for agricultural or farming tasks is excluded from this. However, it will be covered when the accident

takes place during such activities and it is declared a work accident by the National Social Security Institute, and when said profession is declared and contracted with the policy.

- > Climbing, mountaineering (except for hiking and trekking), canyoning and similar activities, such as extreme sports, caving, bungee jumping, rafting, activities in rough waters or diving
- > Air-borne activities and flying activities unless as a passenger of commercial flights
- > Martial arts, contact sports and self-defence
- > Events with livestock in the area set out for their exploitation

j) Accidents caused by practising sport professionally.

k) Any type of non-healing treatment and its consequences and repercussions that the insured person voluntarily undergoes, such as cosmetic surgery, vasectomy, tubal ligature, etc., unless as a result of an illness or an accident.

The surgical treatment for obesity, even with a medical prescription. Assisted reproduction techniques, infertility testing and treatment and

amniocentesis. Organ donation and transplants to third parties.

3.2.4.2 Additional coverage

Despite the exclusions contained in the previous section, 3.2.4.1, exceptionally, the coverage of the following cases is established, to which the indicated exclusion will not be applied and from which the potential contracted excess will be discounted.

For the guarantee of 'Daily temporary disability':

- > The surgical correction of nearsightedness, far-sightedness and presbyopia will have a maximum coverage of three days and dental pathology will have a maximum coverage of two days (exclusion 3.2.4.1.a not applicable).
- > Pains and aches without medically ascertainable objective symptoms will have a maximum coverage of ten days, and dizziness and vertigo without medically ascertainable objective symptoms will have a maximum coverage of four days (exclusion 3.2.4.1.b not applicable).
- > Mental or psychosomatic disorders or illnesses, such as: depression, stress, anxiety or eating disorders, dementia, Alzheimer's disease, fibromyalgia or chronic fatigue

Scaled temporary disability table

| Main denomination | Days |
|---|------|
| Cardiocirculatory | |
| Cerebrovascular accident (thrombosis, clot, infarction, etc.) (CVA) | 60 |
| Transitory cerebral ischemic vascular accident (TIA) | 20 |
| Aortic aneurysm. Surgical treatment | 40 |
| Coronary aneurysm. Coronary arteriosclerosis | 30 |
| Chest angina, angina pectoris, anginous syndrome | 20 |
| Cardiac arrhythmias, blockages, paroxysmal tachycardia | 20 |
| Clot or arterial thrombosis | 60 |
| Lung clot; acute pulmonary heart disease | 50 |
| Chronic cardiopulmonary illness | 30 |
| Hypertensive renal illness | 30 |
| Rheumatic illness of the heart (valvulopathy, endocarditis, etc.) | 50 |
| Blood disease (haemophilia, anemias, CID, purpura, etc.) or spleen (cyst, fibrosis, etc.) | 14 |
| Rheumatic fever. Rheumatic arthritis | 20 |
| Phlebitis and thrombophlebitis | 20 |
| Hemiplegia, paraplegia, or tetraplegia by CVA | 60 |
| Extradural or subdural haemorrhage (not traumatic) | 10 |
| Intracerebral haemorrhage (not traumatic) | 60 |
| Haemorrhoids. Crisis without surgery | 3 |
| Haemorrhoids. Surgical treatment | 15 |
| Primary or essential arterial hypertension | 5 |
| Acute heart attack. Acute coronary insufficiency | 100 |
| Congestive heart failure, acute lung oedema, cardiac asthma | 40 |
| Lymphangitis, lymphedema | 10 |
| Cardiomyopathy, valvulopathy, endocarditis, etc. (not rheumatic) | 50 |
| Acute pericarditis, pericardial effusion | 30 |
| Isolated cardiovascular symptom (palpitations, tachycardia, etc.) | 3 |
| Thrombosis of the hepatic portal vein | 30 |
| Varices or varicose veins of the leg. Surgical treatment | 15 |
| Ligature of esophageal varicose veins. Surgical treatment | 20 |
| Dermatology | |
| Lymphatic abscess, non-specific adenopathy, adenitis | 15 |
| Abscesses of the fingers, whitlow, nail infection | 20 |
| Candidiasis, muguet | 3 |
| Cellulite or abscess in the skin (not of the fingers) | 20 |
| Diseases in the nails | 7 |
| Boils | 3 |
| Dermal mycosis, ringworm | 7 |
| Subcutaneous nodules, located oedema | 3 |
| Athlete's foot, onychomycosis, etc. | 7 |

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|---|----|
| Psoriasis and dysfunctions | 20 |
| Keratosis and hyperkeratosis, keloid scar, scleroderma, etc. | 15 |
| Sebaceous cyst, acne | 7 |
| Cyst, fistula or sinus, pilonidal or coccygeal | 20 |
| Rash | 7 |
| Viral warts. Surgical treatment | 3 |
| Digestive | |
| Abscess in anal and rectal region | 20 |
| Non-amoebic hepatic abscess. Hepatic coma | 30 |
| Achalasia, esophagitis, oesophageal ulcer, etc. | 20 |
| Acute appendicitis. Surgical treatment | 15 |
| Cirrhosis, chronic hepatitis | 30 |
| Cholangitis | 7 |
| Cholecystitis | 20 |
| Abdominal colic | 3 |
| Colic hepatobiliary. Gallstone | 10 |
| Colitis idiopathic. Toxic megacolon | 15 |
| Irritable colon. Megacolon (not toxic) | 20 |
| Intestinal diverticulum (non-Meckel). Surgical treatment | 20 |
| Illnesses of the salivary glands | 20 |
| Illnesses of the jaws | 20 |
| Regional enteritis, Crohn's disease. Ulcerative colitis | 40 |
| Pyloric stenosis | 25 |
| Stomatitis, oral cyst, oral abscess, etc. | 10 |
| Anal fissure or fistula. Surgical treatment | 20 |
| Acute gastritis | 4 |
| Gastroenteritis (due to salmonella) | 4 |
| Non-infectious gastroenteritis, non-infectious colitis | 2 |
| Gastrointestinal haemorrhage (without gastrointestinal ulcer) | 10 |
| Hepatitis B, C, D | 70 |
| Non-specific hepatitis | 25 |
| Viral hepatitis A | 30 |
| Abdominal hernia (non-inguinal) without obstruction or gangrene. Surgical treatment | 30 |
| Inguinal hernia. Surgical treatment | 20 |
| Portal hypertension. Phlebitis of the portal vein | 30 |
| Ill-defined intestinal infection | 3 |
| Obstruction or intestinal invagination, paralytic ileus | 20 |
| Acute pancreatitis | 30 |
| Dental pathology, gingivitis, abscess, cyst, malocclusion, etc. | 3 |
| Peritonitis | 30 |
| Anal and rectal polyps. Endoscopic resection | 2 |
| Rectal prolapse, anal and rectal polyps. Inpatient surgery | 20 |
| Hydatid cyst, echinococcosis, hydatidosis | 20 |
| Isolated digestive symptom (nausea, vomiting, pyrosis, etc.) | 3 |

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| Teniasis, cysticercosis | 20 |
| Trichinosis | 20 |
| Gastric ulcer, duodenal ulcer, jejunal ulcer, etc. | 25 |
| Pregnancy and childbirth | |
| Intra-uterine death (more than 7 months of gestation) | 20 |
| Childbirth under normal conditions | 20 |
| Childbirth by caesarean section, forceps or sucker | 20 |
| Complicated childbirth (cord, lacerations, infection, etc.) | 20 |
| Endocrinology | |
| Goiter, thyroid nodule, hypothyroidism; hypothyroidism, Graves' disease | 30 |
| Hypoglycemic or insulin coma | 21 |
| Complicated diabetes mellitus (coma, cataract, nephropathy, retinopathy, neuropathy, etc.) | 21 |
| Ovarian disfunction | 3 |
| Illnesses of nutritional origin | 10 |
| Illnesses of the thymus (hyperplasia, hypertrophy, abscess, etc) | 21 |
| Gout (arthropathy, nephropathy, tophus, etc.) | 7 |
| Other thyroid dysfunctions (cyst, haemorrhages, thyrocalcitonin, etc.) | 21 |
| Polycystic ovary. Surgical treatment | 15 |
| Thyroidectomy | 30 |
| Thyroiditis | 21 |
| Dysfunction of the adrenal glands (Conn, Cushing, Addison, etc.) | 21 |
| Dysfunctions of the hypophysis, acromegaly, dwarfism, insipid diabetes, panhypopituitarism | 21 |
| Dysfunctions of the parathyroids, hypoparathyroidism, hyperparathyroidism | 14 |
| Gynaecology | |
| Adnexitis, salpingitis, oophoritis, parametritis (non-gestational) | 15 |
| Cervicitis, vaginitis, vulvovaginitis, bartholinitis, etc. | 10 |
| Dysmenorrhea, premenstrual syndrome | 3 |
| Benign mammary dysplasia, solitary breast cyst | 7 |
| Dysplasia, leukoplakia, or cervical polyp | 10 |
| Dysplasia, leukoplakia, or vaginal polyp | 7 |
| Endometriosis | 5 |
| Pelvic inflammatory illness, endometritis, etc. (non-gestational) | 15 |
| Mastitis or diffuse inflammatory mastopathy (non-gestational) | 7 |
| Metrorrhagias | 10 |
| Non-specific uterine polyp | 20 |
| Genital prolapse (non-gestational) | 15 |
| Ovarian cyst. Surgical or laparoscopic treatment | 3 |
| Infectious | |
| Amebiasis; amoebic dysentery, etc. | 7 |
| Botulism | 40 |
| Brucellosis, Malta fever | 40 |
| Verruca acuminata | 7 |
| Diphtheria | 20 |

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| Tropical infectious diseases | 40 |
| Erysipelas | 7 |
| Erythema infectiosum (fifth disease). Roseola infantum (sixth disease) | 20 |
| Scarlet fever, angina, tonsillitis, laryngitis and streptococcal tracheitis | 7 |
| Q fever, rickettsiosis | 21 |
| Recurrent fever (non-symptomatic) | 7 |
| Typhoid fever or paratyphoid | 40 |
| Gangrene gas, intestinal lipodystrophy | 50 |
| Simple herpes, genital herpes, eczema herpeticum | 7 |
| Herpes zoster or area with neurological affection | 7 |
| Infection meningococcal (carditis, meningitis, etc.) | 20 |
| Infectious mononucleosis, Pfeiffer's disease | 14 |
| Parotitis, mumps | 4 |
| Rubella | 20 |
| Measles | 20 |
| Septicemia with hospital admission | 40 |
| Tetanus | 90 |
| Pertussis | 14 |
| Acquired toxoplasmosis | 20 |
| Miliary tuberculosis, disseminated or widespread | 100 |
| Chickenpox | 7 |
| Neurology | |
| Intracranial abscess, subarachnoidal, subdural, extradural, etc. | 90 |
| Muscular dystrophy and other myopathy | 20 |
| Viral encephalitis | 30 |
| Encephalitis, myelitis, poliomyelitis, etc. | 90 |
| Demyelinating diseases of the CNS, multiple sclerosis, in plaques, syringomyelia | 30 |
| Epilepsy (all forms) | 30 |
| Phlebitis and intracranial thrombophlebitis | 14 |
| Slow virus infection of the CNS | 30 |
| Headache, migraine or hemicrania | 3 |
| Median ulnar or radial nerve. Carpal tunnel syndrome | 30 |
| Bacterial meningitis, bacterial meningoencephalitis | 50 |
| Viral meningitis, mycotic, etc. | 30 |
| Non-specific viral meningitis | 30 |
| Mono or polyneuropathies, myasthenia gravis, Guillain-Barré syndrome | 30 |
| Trigeminal neuralgia | 20 |
| Facial paralysis | 20 |
| Parkinson's, chorea, ataxia | 90 |
| Neurological or isolate muscular symptom (spasms, tremor, ataxia paralysis transit, etc.) | 5 |
| Dysfunction of roots and nerve plexuses | 20 |
| CNS tuberculosis and meninges | 100 |

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| Ophthalmology | |
| Choroid alterations, chorioretinitis | 20 |
| Cataract surgery | 10 |
| Myopia, hypermetropia and presbyopia surgery | 3 |
| Conjunctivitis | 3 |
| Retinal detachment | 60 |
| Glaucoma (not congenital) | 40 |
| Iritis, cyclitis, iridocyclitis, uveitis in the past, etc. | 30 |
| Eyelid pathology, blepharitis, chalazion, sty | 2 |
| Lacrimal apparatus pathology, dacryoadenitis, epiphora, dacryocystitis, etc. | 2 |
| Total loss of sight in one eye | 60 |
| Pterygium | 3 |
| Keratitis, keratoconjunctivitis, corneal ulcer, etc. | 4 |
| Retinopathy (diabetic, proliferative, etc.) | 21 |
| Oncology | |
| Cancer or extended or peritoneum carcinomatosis | 120 |
| Carcinoma in situ of genitourinary system | 15 |
| Carcinoma in situ of respiratory system | 60 |
| Carcinoma in situ of the breast (not skin) | 150 |
| Carcinoma in situ of the skin | 30 |
| Carcinoma in situ of digestive organs | 150 |
| Carcinoma in situ of other places | 15 |
| Meckel's diverticulum | 150 |
| Hodgkin's disease. Hodgkin's lymphoma | 150 |
| Pheochromocytoma | 60 |
| Hemangioma, lymphangioma, angioma, glomus, of any place | 7 |
| Leiomyoma, fibroma, myoma, or fibromyoma uteri | 30 |
| Leukaemia | 150 |
| Lymphoma (not Hodgkin's) | 150 |
| Lymphosarcoma and reticulum-cell sarcoma | 90 |
| Lipoma, angioliipoma, fibrolipoma, myxoliipoma | 7 |
| Cutaneous melanoma, melanocarcinoma | 80 |
| Multiple myeloma and immunoproliferative neoplasms | 120 |
| Osteosarcoma, chondrosarcoma, Ewing's sarcoma | 90 |
| Polycythemia vera, myeloproliferative disorders | 21 |
| Vocal cords polyp | 15 |
| Kaposi's sarcoma | 120 |
| Sarcomatosis, fibrosarcoma, non-specified sarcoma | 60 |
| Zollinger-Ellison's syndrome | 30 |
| Benign brain tumour and in other parts of the nervous system | 120 |
| Benign tumour in the oesophagus, stomach, or intestine | 15 |
| Benign tumour in the liver, pancreas, or spleen | 15 |
| Benign tumour in bones or articular cartilages | 15 |

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| Benign tumour in the skin; blue nevus; pigmented nevus | 7 |
| Benign tumour in the lip, mouth or pharynx. Surgical treatment | 15 |
| Benign breast tumour (not a cyst, nor in the skin) | 15 |
| Benign tumour in the male genitals | 15 |
| Benign tumour in the respiratory or thoracic organs | 15 |
| Benign tumour in other endocrine glands (suprarenal, parathyroid, hypophysis, etc.) | 30 |
| Benign tumour in other places, non-specified places, or lymph nodes | 30 |
| Benign tumour in the ovary | 15 |
| Benign tumour in the kidney and other urinary organs | 15 |
| Benign tumour in the thyroids. Thyroid adenoma | 30 |
| Malignant brain tumour | 150 |
| Malignant digestive/peritoneum tumour without specifying the location | 150 |
| Malignant stomach tumour | 150 |
| Malignant tumour in the nasal cavity, middle ear and passages | 150 |
| Malignant liver tumour; hepatoblastoma, hepatocellular carcinoma | 150 |
| Malignant tumour in the small intestine or colon | 150 |
| Malignant tumour in the breast | 120 |
| Malignant tumour in the bladder | 120 |
| Malignant tumour in the lip, buccal cavity, pharynx and oesophagus | 100 |
| Malignant tumour in the larynx or vocal cords | 180 |
| Malignant tumour in the female genitals | 120 |
| Malignant tumour in other non-specified locations | 60 |
| Malignant tumour in the pancreas, gastrinoma | 180 |
| Malignant prostate tumour | 120 |
| Malignant tumour in the rectum, rectosigmoid junction or anus | 150 |
| Malignant kidney tumour | 120 |
| Malignant testis tumour | 120 |
| Malignant thyroid tumour | 60 |
| Malignant tumour in the trachea, bronchi, lung or pleura | 120 |
| Malignant tumour in the extrahepatic biliary tract and bile duct | 150 |
| Musculoskeletal issues | |
| Arthritis or arthropathy (infectious, etc.) | 20 |
| Traumatic arthropathy | 20 |
| Rheumatoid arthritis (except in the spine), inflammatory polyarthritis | 30 |
| Bursitis, synovial cyst, ganglion | 30 |
| Non-traumatic cervicalgia, without objective clinical tests | 10 |
| Non-traumatic cervicalgia, with objective clinical tests | 20 |
| Knee surgery (meniscus, ligaments, floating bodies chondromalacia patellae) | 30 |
| Joint surgery (excluding the knee): recurrent dislocation, ankylosis | 30 |
| Surgery for acquired deformities (finger stenosis, hammer finger, hallux valgus, etc.). Surgery | 30 |
| Paget's disease; osteitis deformans | 30 |
| Epicondylitis | 30 |
| Calcaneal or bone spur | 30 |
| Ankylosing spondylitis, rheumatoid arthritis in the spine | 60 |

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| Spondylosis, vertebral arthrosis, ankylosis, vertebral hyperostosis | 60 |
| Plantar fasciitis, Dupuytren's contracture | 10 |
| Slipped disk. Arthrodesis treatment | 100 |
| Slipped disk. Laminectomy treatment | 60 |
| Slipped disk. Chemonucleolysis or nucleotomy percutaneous treatment | 40 |
| Slipped disk. Medical treatment | 10 |
| Slipped disk. Orthopaedic treatment | 20 |
| Hydrarthrosis or articular effusion | 30 |
| Lumbago or sciatica, of non-traumatic origin, without clinical objective tests | 10 |
| Lumbago or sciatica, of non-traumatic origin, with clinical objective tests | 20 |
| Disseminated Lupus erythematosus, idiopathic polymyositis | 20 |
| Myositis, panniculitis | 20 |
| Bilateral osteoarthritis (non-vertebral) | 30 |
| Osteochondropathy, osteochondrosis, osteochondritis | 60 |
| Osteomyelitis, periostitis | 60 |
| Osteoporosis, bone cyst | 40 |
| Shoulder joint periarthritis | 30 |
| Polymyalgia rheumatica | 60 |
| Peripheral tendinitis | 10 |
| Otolaryngology | |
| Middle and internal ear surgery | 30 |
| Mastoiditis and related disease | 20 |
| Acute or chronic otitis | 4 |
| Perforation of the eardrum, tympanitis | 14 |
| Vertigo (only symptom), non-specified (non-Meniere) | 4 |
| Meniere's disease, vestibular vertiginous syndrome | 21 |
| Psychiatry | |
| Anorexia or stress that requires hospital admission | 10 |
| Dementia, psychosis or schizophrenia that requires hospital admission | 10 |
| Depression or psychosomatic disease that requires hospital admission | 10 |
| Neurosis, stress or anxiety that requires hospital admission | 10 |
| Respiratory | |
| Peritonsillar abscess | 20 |
| Pulmonary or mediastinal abscess | 30 |
| Aphonia without specified cause | 5 |
| Alveolitis and extrinsic allergic pneumonitis | 30 |
| Tonsillitis | 2 |
| Asthma. Asthmatic status or crisis | 5 |
| Bronchopneumonia | 15 |
| Bronchitis, bronchiolitis or acute tracheobronchitis | 7 |
| Complications of chronic obstructive pulmonary disease (COPD) | 40 |
| Diseases of the vocal cords, non-adenomatous polyp | 10 |
| Emphysema | 40 |

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| Pharyngitis, angina, adenoid vegetations surgery | 2 |
| Flu (Influenza) and its complications | 3 |
| Turbinate hypertrophy | 2 |
| Chronic laryngitis | 15 |
| Laryngitis or acute tracheitis | 3 |
| Acute laryngopharyngitis | 3 |
| Pneumonia | 20 |
| Non-traumatic pneumothorax | 20 |
| Non-traumatic surgical pneumothorax | 40 |
| Diaphragm pathology, mediastinum, tracheostomy, etc. | 20 |
| Pleuritis, pleurisy, pleural effusion | 20 |
| Nasal polyps (surgery) | 7 |
| Common cold, nasal catarrh, rhinopharyngitis, etc. | 2 |
| Allergic rhinitis | 7 |
| Chronic rhinopharyngitis, ozena | 2 |
| Sarcoidosis | 40 |
| Isolated respiratory symptom (dyspnoea, cough, haemoptysis, etc.) | 3 |
| Sinusitis | 5 |
| Respiratory or lung tuberculosis | 60 |
| Urology | |
| Balanitis, priapism | 10 |
| Prostatic calculus | 10 |
| Calculus or renal or ureteral lithiasis, renal colic from lithiasis | 10 |
| Calculus or vesical or urethral lithiasis | 10 |
| Chancroid; Reiter's syndrome; Venereal lymphogranuloma | 20 |
| Renal colic without evidence of lithiasis | 3 |
| Bladder diverticulum | 10 |
| Urethral stenosis | 10 |
| Phimosis | 5 |
| Hydrocele | 20 |
| Hyperplasia and prostate adenoma. TURP treatment | 30 |
| Gonococcal infection, gonorrhoea | 4 |
| Urinary infection. Cystitis. Urethritis | 3 |
| Renal insufficiency, uremia, nephrosis, nephritis, nephropathy | 40 |
| Renal Lithiasis treated with lithotripsy | 3 |
| Nephrectomy | 60 |
| Orchidectomy | 30 |
| Orchitis, epididymitis | 20 |
| Pyelonephritis, renal abscess, renal infection, etc. | 10 |
| Prostatitis | 15 |
| Renal cyst, ureteral stenosis | 15 |
| Torsion of the testis, scrotum abscess, etc. | 15 |

| Sprains and luxations | |
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| Temporo-maxillary-mandibular sprain or dislocation | 15 |
| Cervical sprain, dislocation, contracture, cervicalgy. Medical treatment | 10 |
| Cervical sprain, dislocation, contracture, cervicalgy. Orthopaedic treatment | 20 |
| Lumbosacral, sacroiliac or sacrosciatic sprain | 10 |
| Lumbago or back pain of traumatic origin | 10 |
| Hip sprain or dislocation (without fracture) | 25 |
| Rib sprain | 10 |
| Sternoclavicular dislocation. Orthopaedic treatment | 20 |
| Sternoclavicular dislocation. Surgical treatment | 30 |
| Sprain or dislocation of the shoulder. Surgical treatment | 50 |
| Sprain or dislocation of the elbow | 30 |
| Sprain or dislocation of fingers, phalanx, etc. in the hand | 20 |
| Sprain or dislocation of the wrist, carpus, etc. | 20 |
| Sprain or dislocation of the shoulder. Medical treatment | 15 |
| Sprain or dislocation of the shoulder. Orthopaedic treatment | 30 |
| Dislocation of the knee or patella | 30 |
| Sprain of the knee (collateral or patellar ligaments). Medical treatment | 7 |
| Sprain of the knee (collateral or patellar ligaments). Orthopaedic treatment | 15 |
| Sprain of the knee (collateral or patellar ligaments). Surgical treatment | 30 |
| Traumatic injury with meniscus tear. Orthopaedic treatment | 20 |
| Traumatic injury with meniscus tear. Surgical treatment or arthroscopy | 30 |
| Rupture of cruciate knee ligaments or patellar tendon. Surgical treatment | 90 |
| Triad, traumatism of multiple structures of the knee | 120 |
| Knee prosthesis | 80 |
| Dislocation of the ankle | 30 |
| Ankle sprain. Medical treatment | 10 |
| Ankle sprain. Orthopaedic treatment | 20 |
| Ankle sprain. Surgical treatment | 40 |
| Rupture of ankle ligaments | 45 |
| Rupture of the Achilles tendon | 50 |
| Dislocation of the foot (tarsus, metatarsus, phalanges, toes, etc.) | 20 |
| Sprain of the foot or toes. Orthopaedic treatment | 4 |
| Sprain of the foot or toes. Surgical treatment | 15 |
| Tear or muscular laceration (with ultrasound confirmation) | 5 |
| Tear or muscular laceration (without ultrasound confirmation) | 2 |
| Fractures | |
| Extraction of osteosynthetic material | 2 |
| Nose, maxillary or jaw fracture Medical treatment | 20 |
| Nose, maxillary or jaw fracture Surgical treatment | 60 |
| Fracture of the skull without neurological affection | 60 |
| Fracture of the skull with neurological affection | 210 |

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| Spine fracture without spinal cord injury. Orthopaedic treatment | 60 |
| Spine fracture without spinal cord injury. Surgical treatment | 120 |
| Spine fracture with spinal cord injury (paraplegia, tetraplegia, paralysis, etc.) | 180 |
| Rib or sternum fracture without organic affection | 20 |
| Rib or sternum fracture with organic affection | 40 |
| Pelvis fracture. Orthopaedic treatment | 80 |
| Pelvis fracture. Surgical treatment | 120 |
| Collarbone or shoulder blade fracture. Orthopaedic treatment | 40 |
| Collarbone or shoulder blade fracture. Surgical treatment | 60 |
| Humerus fracture. Orthopaedic treatment | 80 |
| Humerus fracture. Surgical treatment | 100 |
| Fracture of the radius and/or ulna. Colles fracture | 50 |
| Scaphoid fracture | 100 |
| Carpus or wrist fracture. Orthopaedic treatment | 40 |
| Carpus or wrist fracture. Surgical treatment | 80 |
| Metacarpal or hand fracture. Bennett fracture | 30 |
| Fracture of the phalanges or fingers | 30 |
| Fracture of the femoral neck, socket or trochanters | 120 |
| Hip fracture-dislocation | 240 |
| Hip prosthesis | 120 |
| Fracture of diaphysis of the femur. Orthopaedic treatment | 100 |
| Fracture of diaphysis of the femur. Surgical treatment | 120 |
| Patella fracture. Orthopaedic treatment | 50 |
| Patella fracture. Surgical treatment | 60 |
| Tibia and/or fibula fracture. Orthopaedic treatment | 70 |
| Tibia and/or fibula fracture. Surgical treatment | 90 |
| Ankle or malleolus fracture | 60 |
| Bimalleolar fracture | 80 |
| Trimalleolar fracture | 100 |
| Calcaneus fracture. Orthopaedic treatment | 80 |
| Calcaneus fracture. Surgical treatment | 100 |
| Tarsus or metatarsus fracture. Orthopaedic treatment | 50 |
| Tarsus or metatarsus fracture. Surgical treatment | 70 |
| Toe or phalanx fracture Orthopaedic treatment | 20 |
| Toe or phalanx fracture Surgical treatment | 30 |
| Wounds and trauma | |
| Shock or contusion - cranioencephalic trauma (CET). With hospital admission | 10 |
| Subdural hematoma for traumatism without fracture | 30 |
| Cerebral haemorrhage for cranioencephalic trauma without fracture | 50 |
| Pneumothorax or haemothorax trauma with wound | 50 |
| Contusion without a wound to the face or scalp | 3 |
| Contusion without a wound to the eye or adnexa | 3 |
| Contusion without a wound to the trunk | 3 |
| Contusion without a wound to the upper extremity | 3 |

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| Contusion without a wound to the lower extremity | 3 |
| Bruised contusions or multiple erosions without fracture or wound | 5 |
| Wound with superficial lesion of the hand | 5 |
| Wound with superficial lesion of the fingers | 5 |
| Wound with superficial lesion of the hip or leg | 5 |
| Wound with superficial lesion of the foot or fingers | 5 |
| Wound with superficial lesion of the eye and adnexa | 5 |
| Wound that requires stitches in the finger, hand, wrist, foot, knee, elbow or head | 7 |
| Traumatic nerve wound | 30 |
| Penetrating wound in the neck, trunk, limb, or internal organ | 20 |
| Deep wound of the bulbus oculi | 40 |
| Cutting of the tendons of the hand or fingers | 40 |
| Partial traumatic amputation of the thumb | 30 |
| Total traumatic amputation of the thumb | 60 |
| Partial traumatic amputation of the 2nd, 3rd, 4th or 5th finger | 20 |
| Traumatic total amputation of the 2nd, 3rd, 4th or 5th finger | 40 |
| Traumatic amputation of the arm or hand | 120 |
| Traumatic amputation of toes | 30 |
| Traumatic amputation of the foot (not toes) | 90 |
| Traumatic amputation of the leg | 240 |
| Burn on the face, head or neck | 20 |
| Minor burn: 1st (<15 %), 2nd (<5 %), 3rd (<1 %) | 10 |
| Moderate burn: 1st (15-30 %), 2nd (5-20 %), 3rd (1-10 %) | 30 |
| Severe burn: 1st (31-60 %), 2nd (21-40 %), 3rd (10-25 %) | 90 |
| Very severe burn: 1st (>60 %), 2nd (40-90 %), 3rd (25-80 %) | 180 |
| Multiple serious trauma with hospital admission over 30 days | 120 |

- syndrome, burnout syndrome and multiple chemical sensitivity will have a maximum provision of 10 days, provided that the patient is hospitalised during the leave (exclusion 3.2.4.1.c not applicable).**

period must have been contracted and an eight-month qualifying period will be applied (exclusion 3.2.4.1.e not applicable).
- > The compensation in cases of hospitalisation due to illnesses or pathologies derived from pregnancy, abortion, childbirth and puerperium will be of a maximum of twenty-five days per gestation process. The first**

> Surgical correction for myopia, hypermetropia and presbyopia and dental pathology as described in the temporary disability scale (exclusion 3.2.4.1.a not applicable)
- For the guarantee of ‘Scaled temporary disability’:**

- > **Pains, aches, dizziness and vertigo without medically verifiable objective symptoms that are listed in the temporary disability scale (exclusion 3.2.4.1.b not applicable)**
- > **Depression, stress, psychosomatic illnesses, and any form of mental dysfunction described in the psychiatry section of the temporary disability scale (exclusion 3.2.4.1.c not applicable)**
- > **Childbirth and intrauterine death as described in the temporary disability scale A qualifying period of eight months will be applied (exclusion 3.2.4.1.d not applicable)**

For the guarantee of ‘Hospital Care’:

- > **The compensation in cases of hospitalisation due to illnesses or pathologies derived from pregnancy, abortion, childbirth and puerperium will be of a maximum of seven days per gestation process. A qualifying period of eight months will be applied (exclusion 3.2.4.1.e not applicable).**

3.3 Accident insurance

3.3.1 Purpose of the insurance

This insurance policy guarantees compensation either in the form of a sum of capital or the provision of a service, depending on the guarantees

contracted, for the accidents that the insured person may suffer, in accordance with the agreements in the General, Particular and Special Conditions of the policy, depending on the declarations made by the insured person in the insurance application.

3.3.2 Death due to an accident

With this guarantee, DKV Seguros will pay the beneficiary the compensation agreed in the Particular Conditions, if the insured person dies due to an accident within one year of the date on which the accident took place.

In the event that no individual has been expressly designated, the beneficiary will be considered as the person designated as such in the policy or a subsequent written statement or will.

The policyholder can designate or modify the beneficiary without obtaining the consent of DKV Seguros. In the event that no individual has been expressly designated, the insured person’s spouse will be considered to be the beneficiary, or otherwise his/her children in equal parts, or legal heirs, also in equal parts.

As well as the capital for ‘Death due to an accident’ indicated in the particular conditions:

1. Prior documentary justification of the death and the existence of the insurance being up to date with payments, the beneficiary is entitled to an advance payment of up to 5 % of the capital insured, with a maximum of 6000 euros, deducted from the compensation, to cover the unforeseen expenses of the insured person's death, such as burial expenses, execution of the will, death duties, etc.

2. This guarantee cannot be contracted for people under 14 years old.

Extensions of the guarantee

Death of both partners in a traffic accident.

If, as a result of the same traffic accident, the insured person and his/her spouse die, the same amount as that guaranteed in the event of death due to an accident (as specified in the particular conditions), with a maximum limit per claim of 300 506 euros, will be distributed equally among the insured person's children under 18 years of age.

For the purpose of this specific coverage, the spouse will be considered as the person whose name appears as the insured person's consort in the Civil Register, at the moment that the accident occurred.

3.3.3 Permanent disability due to an accident

For this guarantee, DKV Seguros will pay the insured person the compensation agreed in the particular conditions if, as a result of an accident, s/he is permanently disabled, and it has been verified and established within a period of one year from the date of said accident.

The insurance covers the payment of a compensation determined by the scale according to the degree of disability.

How the compensation is calculated:

1. The corresponding degree of disability will be calculated using the table of percentages below as a basis.

2. The compensation levels included in the following scale are expressed as a percentage of the insured capital established for the 'Permanent total disability due to an accident' cover in the particular conditions:

Total and permanent disability is considered to be:

| | |
|---|-------|
| Total loss or total and permanent functional incapacity of both arms or hands, legs or feet, or of one arm and one foot, or of one arm and one leg, or of one hand and one foot | 100 % |
| Total and incurable mental derangement | 100 % |
| Total blindness or complete paralysis | 100 % |
| Total loss of movement of the whole spinal column, with or without neurological manifestations | 100 % |

Partial permanent disability is considered to be:

| | |
|--|------|
| Total loss of the right arm or of the right hand | 60 % |
| Total loss of the left arm or of the left hand | 50 % |
| Total loss of the movement of the right shoulder | 25 % |
| Total loss of the movement of the left shoulder | 20 % |
| Total loss of the movement of the right elbow | 20 % |
| Total loss of the movement of the left elbow | 15 % |
| Total loss of the movement of the right wrist | 20 % |
| Total loss of the movement of the left wrist | 15 % |
| Total loss of the right thumb and index finger | 30 % |
| Total loss of the left thumb and index finger | 30 % |
| Total loss of three fingers, including the thumb and the index finger of the right hand | 35 % |
| Total loss of three fingers, including the thumb and the index finger of the left hand | 30 % |
| Total loss of three fingers that are not the right thumb or index finger | 25 % |
| Total loss of three fingers that are not the left thumb or index finger | 20 % |
| Total loss of the right thumb and of another finger that is not the index finger of the right hand | 30 % |
| Total loss of the left thumb and of another finger that is not the index finger of the left hand | 25 % |
| Total loss of the right index finger and of another finger that is not the thumb of the right hand | 20 % |
| Total loss of the left index finger and of another finger that is not the thumb of the left hand | 17 % |
| Total loss only of the right thumb | 22 % |
| Total loss only of the left thumb | 18 % |
| Total loss only of the right index finger | 15 % |
| Total loss only of the left index finger | 12 % |
| Total loss of the right middle finger, ring finger or little finger | 10 % |
| Total loss of the left middle finger, ring finger or little finger | 8 % |
| Total loss of two of the aforementioned right fingers | 15 % |
| Total loss of two of the aforementioned left fingers | 12 % |
| Total loss of a leg or amputation above the knee | 50 % |
| Total loss of a leg below the knee or the amputation of a foot | 40 % |
| Partial amputation of a foot, including all the toes | 40 % |
| Loss of movement of the subtalar joint | 10 % |
| Complete loss of movement of the instep of a foot | 20 % |

| | |
|--|-------|
| Total loss of the big toe of a foot | 10 % |
| Non-union fracture of a leg or a foot | 25 % |
| Non-union fracture of a kneecap | 20 % |
| Total loss of movement of a hip or of a knee | 20 % |
| Reduction of at least five centimetres of a lower limb (the total anatomical loss of a metatarsal is equivalent to the loss of the third phalanx of the corresponding toe) | 15 % |
| Total loss of one of the other toes | 5 % |
| Complete loss of movement of the cervical spine, with or without neurological manifestations | 33 % |
| Complete loss of movement of the dorsal spine, with or without neurological manifestations | 33 % |
| Complete loss of movement of the lumbar spine, with or without neurological manifestations | 33 % |
| Total loss of an eye or decrease to half of the binocular vision | 30 % |
| If vision in the other eye was lost before the accident | 50 % |
| Complete deafness in both ears | 40 % |
| Complete deafness in one ear | 10 % |
| If deafness in the other ear already existed before the accident | 20 % |
| Total loss in one ear | 7.5 % |
| Total loss in both ears | 15 % |
| Deformation or deviation of the nasal partition that prevents normal breathing | 5 % |
| Total loss of the nose | 15 % |
| Total loss of the lower maxillary or complete ablation of the jaw | 25 % |
| The loss of bone matter in the cranial wall will be equivalent to a percentage of 1 % for each cm2 that has not been replaced by appropriate materials, but with a maximum percentage of | 15 % |

3.3.3.1 Other rules for determining disability:

1. In cases that are not already indicated, such as the partial loss of limbs, the degree of disability will be determined in proportion to its severity compared with those specified.

2. In the event that the insured simultaneously loses more than one of the aforementioned limbs, the degree of disability will be determined adding the respective evaluations without, under any circumstances, the total exceeding 100 % of the capital established in the particular conditions for the coverage of permanent disability.

3. If an accident affects an organ or a limb that already presented a physical or functional defect prior to the accident, the degree of disability will be determined according to the difference between the pre-existing degree and that resulting from the accident.

4. If the insured person is left handed, the percentages for the disability of the superior right limb will be applied to the superior left limb and vice versa.

5. The total and permanent functional loss of use of the limb is comparable to its total loss.

6. If, after the payment of the compensation for Permanent Disability has been made, the insured person dies as a consequence of this accident, within one year of this occurring, DKV Seguros will pay the difference between the compensation already paid out and that guaranteed for death, if this is higher.

If it were the contrary, no reimbursement would be due from the beneficiary.

3.3.4 Medical assistance in the event of an accident

This guarantee refers to the expenses for medical care received by the insured person in a medical centre for the injuries suffered because of an accident covered by the policy.

If coverage for medical care for an accident is taken out, it must appear in the particular conditions of the policy.

This guarantee covers the following, provided they are derived from an accident covered by the policy:

- > Expenses for medical and pharmaceutical care, medical admission and physical rehabilitation; up to the maximum amount of the insured quantities, as set out in the particular conditions
- > Emergency transport and journeys authorised by DKV Seguros; up to a maximum of 1000 euros per claim
- > All orthopaedic devices and prostheses, including those derived from dental care, up to a maximum limit of 1000 euros per claim

DKV Seguros will cover the expenses for medical care, during a maximum period of one year from the date of the accident covered by the insurance policy.

If the insured person decides to continue treatment using DKV Seguros' own means, DKV Seguros will cover the costs incurred directly. In the event that insured person decides to follow treatment via external means, DKV Seguros will compensate him/her for this concept, up to the maximum limits stipulated in the particular conditions.

DKV Seguros will reimburse the expenses arising from emergency care and first aid, regardless of the doctor or centre that provides them. DKV Seguros will exercise the right to appoint doctors and centres at the moment that the injured person can be transferred from the centre where s/he was first treated, by agreement with the doctor designated for such purposes by DKV Seguros.

This guarantee is only covered within Spain.

3.3.5 Scope of the guarantees for the accident insurance

The accident guarantees cover both accidents that occur while the insured person is carrying out his/her professional activity, which s/he has declared in the insurance application, and also accidents in his/her private life.

3.3.5.1 Territorial scope of the accident insurance

The guarantees for 'Death', 'Permanent Disability' and 'Medical Care' provide coverage for claims anywhere in the world, as long as the insured person's usual place of residence is in Spain.

The 'Medical care' guarantees are only applicable when the insured person is in Spain.

3.3.5.2 Non-insurable persons

People that cannot take out this insurance are detailed below:

1. Those older than 65 and younger than 14.

Nevertheless, in the former case, DKV Seguros may accept yearly extensions of existing contracts. At the end of the year when the insured person reaches the age of 70, the contract will be cancelled.

2. Habitual consumers of narcotics and drugs.

3. Those suffering from blindness or myopia of over 12 dioptries, complete deafness, mental derangement, apoplexy, epilepsy, syphilis, AIDS, diabetes, alcoholism, or illnesses of the spinal cord.

3.3.6 Excluded risks

1. Accidents due to extraordinary or catastrophic events that are covered by the Insurance Compensation Consortium (see 'Indemnity clause by the Insurance Compensation Consortium and the losses resulting from extraordinary events', in Section 3.3.9).

2. Those derived from the participation of the insured person in fights (except when acting in

legitimate self-defence), bets and criminal acts.

3. Cardiovascular accidents and heart attack, and those that take place whilst in a state of mental derangement, intoxication or under the effects of toxic drugs or narcotics, and non-organic pathologies (without objective encephalic injury).

For the purposes of this policy, intoxication is considered to be when the degree of blood alcohol exceeds the legal limit established for driving motor vehicles, or when the insured is sentenced or sanctioned as a result.

4. Those derived from the insured person's participation in scientific expeditions, sub-aquatic activities with the use of autonomous breathing equipment, training and competitions, speed or resistance tests with any type of vehicle.

5. Those provoked by suicide or attempted suicide.

6. Those caused in the exercise or practice of any sport as a professional (or when receiving any type of remuneration), as well as those occurred as a consequence of participation in competitions or tournaments organised by sport federations or associations.

This also includes those that occur while doing aerial and adventure sports and activities, mountaineering, canyoning, climbing, boxing, martial arts, bobsleigh, skiing and snowboarding off-piste, long-racket sports, jai alai, diving, rugby, bullfighting, enclosing wild stock and other manifestly dangerous practices.

7. Those derived from driving vehicles without the corresponding licence having been issued by the competent authority.

8. Hernias of any type or nature. Injuries caused by planned repetitive or forceful movements.

9. The damage caused by nuclear or solar reaction or radiation, radioactive contamination or nuclear phenomena, whatever their cause.

10. In general, those derived from pathologies or accidents whose origin was prior to the date of contracting the policy, even if their consequences persist, manifest themselves or are determined during the validity of this policy.

3.3.7 Insurable risks with an additional premium

Risks that are not covered by this policy unless they are expressly included in the particular conditions and an additional corresponding

premium is paid (see definitions). They are the following:

1. The use of mopeds, motorcycles, quads or jet skis, regardless of whether the insured person is the driver or a passenger.
2. The use of sailing or motor-powered boats in high seas (distances of more than 2km from the coast).
3. Hillwalking, trekking, speleology, submarine swimming and big game hunting.
4. Skiing and any sport related to riding or the handling of horses.

3.3.8 Regulations for processing a claim

Procedure for the resolution of discrepancies

1. In the event of an accident covered by this policy, the policyholder, the insured person, their rightful claimants or beneficiaries must inform DKV Seguros within seven days following the accident, except for cases of force majeure.
2. Fill out the necessary claim form providing full details of the circumstances and consequences of the accident.

In the event of the nonfulfilment of this obligation, the loss of the right to the compensation will only occur in cases where there has been deceit or negligence.

3. Furthermore, original doctors' invoices, medical leave reports, discharge reports, hospital admission forms, etc. must be provided at the request of the insurer.
4. DKV Seguros can claim the damages and losses caused by the delay or failure to make the declaration, unless it can be shown that it had knowledge of the claim through other means.
5. Once the event has occurred, the insured person should seek the care of a doctor, follow his/her instructions and do whatever is necessary to preserve his/her life and ensure a rapid recovery:

- a) The non-fulfilment of this duty will entitle DKV Seguros to reduce the compensation by the appropriate proportion, taking into account the importance of the derived damage and the degree of the insured person's negligence.
- b) If this non-fulfilment took place with the demonstrated intention of harming or deceiving DKV Seguros, it will be released from all obligations relating to the claim.

6. In the event of the insured person's death, it is necessary to provide DKV Seguros with the following, unless they already have this information:

- a)** Full certificate of the registration of the insured person's death in the corresponding Civil Register.
- b)** Medical report from doctor(s) that have attended to the insured person, indicating the evolution of the consequences of the accident that caused his/her death.
- c)** Documents that describe the personality of and, where appropriate, the condition of the beneficiary.
- d)** Letter detailing the payment of Death Duties, or the exemption of this obligation.

7. In the event of permanent disability derived from the accident, the degree of disability will be determined after the presentation of the medical certificate confirming the disability, once the condition of the insured person has been recognised as definitive, but always within the term of one year starting from the date of the accident.

DKV Seguros will inform the insured in writing of the amount of compensation due, in accordance with the degree

of disability derived from the medical certificate and the scales established in these general conditions (see the 'Permanent disability' guarantee).

If the insured does not accept DKV Seguros' proposition regarding the degree of disability, the parties will seek the decision of medical experts, according to Article 38 of the Insurance Contract Act.

8. For medical care resulting from a bodily accident, the claim sheet corresponding to the events that occurred and the body damage suffered must be presented to DKV Seguros, as well as a report from the doctor(s) who attended to the insured person, indicating the evolution of the consequences of the accident that made it necessary.

3.3.8.1 Determination of the compensation

1. If the parties reach an agreement at any time regarding the amount and the form of compensation, the payment will be made within five days of this agreement being signed.

2. If no agreement is reached within forty days starting from the date of the claim, each party will appoint a medical expert.

The acceptance of these persons must be made in writing.

3. Once the experts have been appointed and have accepted the task, which cannot be revoked, these will start immediately.

4. In the event that the experts reach an agreement, this will be reflected in a combined report which will detail the causes of the problem, the evaluation of the damages, the other circumstances that influence the determination of the compensation and the proposed level of compensation.

5. If one of the parties had not already made their appointment, they will be obliged to do so within the eight days following the date requested by the other party that had already designated theirs.

Not adhering to this period will mean that they accept the decision that the expert of the other party reaches and will be bound by this.

6. When there is no agreement among the experts, both parties will designate a third expert that they agree on.

Otherwise, the judge of first instance will make the appointment.

In this case, the conclusion of the expert will be made within the

period determined by the parties or, otherwise, within thirty days starting from the appointment of the third expert.

7. The decision of the experts, unanimously or by majority, will be made known to the parties in an immediate and clear way.

This decision will be binding, unless it is refuted judicially by one of the parties within the term of thirty days, in the case of DKV Seguros, and one hundred and eighty days for the insured person, both starting from the date of its notification. If no appeal is made within these terms the decision will be final.

8. Each party will settle their own expert's fees. Those of the third-party expert and other expenses arising from the expert appraisal will be jointly and equally settled by the insured person and DKV Seguros.

Nevertheless, if either of the parties makes the expert appraisal necessary by insisting on a disproportionate level of compensation, they alone will be responsible for these expenses.

3.3.8.2 Paying the compensation

1. The payment of the compensation will take place as follows:

- > If the damage was established by mutual agreement, DKV Seguros must pay the agreed sum within a maximum period of five days from the date on which both parties signed the agreement.

This is notwithstanding the provisions of number 3 of this article, in relation to the obligation of DKV Seguros to pay the minimum amount to which it is obliged.

- > If the appraisal of the damages was made by the experts' agreement, DKV Seguros will pay the amount determined within a term of five days starting from the moment that both parties have consented to and accepted the experts' agreement, which will therefore be final.

2. In any event, DKV Seguros will apply the legal tax deductions in force to the compensation, at the moment of making the payment.

3. If the decision of the experts is refuted, DKV Seguros will pay the minimum amount that it believes is due according to the circumstances known to it.

4. If the beneficiary has provoked the claim event by deceitful means, the decision made in his/her favour will be null. The compensation will correspond to the policyholder or otherwise to his/her legal heirs.

5. If within three months of the claim event DKV Seguros has not repaired the damage or compensated this amount by means of a payment, for non-justifiable reasons or reasons attributable to them, the compensation will be increased according to the provisions of Article 20 of the Insurance Contract Act.

6. If DKV Seguros delays the payment of the final irrefutable compensation, and the insured person or beneficiary were forced to claim this sum judicially, the corresponding compensation will be increased according to the provisions of Article 20 of the Insurance Contract Act.

In this case, the calculation will be applied from the moment the compensation became irrefutable for DKV Seguros and, in any event, with the amount of the expenses derived from the resulting judicial process.

3.3.9 Indemnity clause by the Insurance Compensation Consortium for losses derived from extraordinary events in the insurance of persons

In accordance with the provisions of the amended text of the Legal Statute of the Insurance Compensation Consortium, approved by Royal Legislative Decree 7/2004, of 29 October, the policyholder of an insurance contract, of the type which is obliged to include a surcharge in

favour of the aforementioned public business institution, is entitled to arrange coverage for extraordinary risks with any insurance entity that meets the conditions required by prevailing legislation.

Compensation deriving from claims arising from extraordinary events occurring in Spain or abroad, when the insured party has his habitual residence in Spain, will be paid by the Insurance Compensation Consortium when the policyholder has paid the corresponding surcharges and any of the following situations applies:

- a)** The extraordinary risk covered by the Insurance Compensation Consortium is not covered by the insurance policy contracted with the insurance company.
- b)** When, even though it is covered by said insurance policy, the obligations of the insurance company could not be fulfilled due to it having been declared legally bankrupt or due to it being subject to a liquidation procedure intervened or assumed by the Insurance Compensation Consortium.

The Insurance Compensation Consortium will adjust its activity to the provisions of said Legal Statute, in Insurance Contract Act 50/1980, of 8 October, in the Regulations on the Insurance of Extraordinary Risks,

approved by Royal Decree 300/2004, of 20 February, and in the supplementary provisions.

Overview of legal standards

1. Extraordinary events covered

a) The following natural phenomena: earthquakes and tsunamis; extraordinary flooding, including that caused by giant waves; volcanic eruptions; atypical cyclones (including extraordinary winds with gusts of over 120 km/h, and tornados); and the fall of astral bodies and meteorites.

b) Violent events as a result of terrorism, rebellion, sedition, mutiny and civil commotion.

c) Deeds or activities of the Armed Forces or the Law Enforcement Agencies in peacetime.

Atmospheric and seismic phenomena, from volcanic eruptions and the fall of astral bodies will be certified, at the request of the Insurance Compensation Consortium, through reports issued by the AEMET (the State Meteorological Agency), the Spanish Geographic Institute and other public authorities with competencies over the matter in question. In events of a political or social nature, as well as the case of damages caused by events or

actions incurred by the Armed Forces of Security Agencies in peacetime, the Insurance Compensation Consortium will be able to obtain information on such events from the competent jurisdictional and administrative bodies.

2. Excluded risks

a) Those which do not give rise to compensation according to the Insurance Contract Act.

b) Those caused to persons insured under insurance policies other than those in which the surcharge for the Insurance Compensation Consortium is compulsory.

c) Those caused by armed conflicts, even when there has been no official declaration of war.

d) Those deriving from nuclear power, without prejudice to the provisions of Act 12/2011, of 27 May, on civil liability for nuclear damage or damage produced by radioactive material.

e) Those arising from phenomena of a different nature from those indicated in Section 1.a) above and, in particular, those caused by rising levels in the water table, soil movement on hillsides, landslides or land subsidence, rock falls and

similar phenomena, unless these are clearly caused by the action of rainwater that has, in turn, caused an extraordinary flood situation in the area, and have occurred at the same time as said flood.

f) Those caused by tumultuous activities occurring during the course of meetings and demonstrations held in accordance with Organic Law 9/1983, of 15 July, regulating the right of assembly, or during the course of legally constituted strikes, unless the aforementioned activities could be categorised as extraordinary events of the type referred to in section 1.b) above.

g) Those caused by a lack of good faith on the part of the insured person.

h) Those corresponding to incidents occurring before the payment of the first premium or when, in accordance with that established in the Insurance Contract Act, coverage by the Insurance Compensation Consortium has been suspended or the insurance has been cancelled due to a failure to pay the premiums.

i) Accidents that, due to their magnitude and seriousness are qualified by the National Government as a 'national catastrophe or calamity'.

3. Extent of the coverage

1. Cover for extraordinary risks will apply to the same people and involve the same sums insured as has been established in the policy for the purposes of ordinary risks.

2. In life insurance policies, which, in accordance with the provisions of the contract and with the regulations concerning private insurance, generate a mathematical provision, the Consortium's cover will refer to the capital at risk for each insured party; that is, the difference between the sum insured and the mathematical provision that the insurance institution issuing it must have established. The sum corresponding to this mathematical provision will be paid by the aforementioned insurance institution.

Communication of damages to the Insurance Compensation Consortium

1. The request for compensation for damage, the coverage of which corresponds to the Insurance Compensation Consortium, will be made through communication to said consortium by the policyholder, the insured person or the beneficiary of the policy, or by whomever acts on behalf of the aforementioned, or by the insurance company or the

insurance broker with whom the insurance was processed.

2. Communicating damages and obtaining any information pertaining to the procedure and the state of the claims procedure can be done:

- > By calling the Insurance Compensation Consortium Call Centre (900 222 665 or 952 367 042)
- > Via the Insurance Compensation Consortium website (www.consorseguros.es)

3. Damage assessment: The assessment of damages that are compensable in accordance with insurance legislation and the content of the insurance policy can be done through the Insurance Compensation Consortium, without being bound by any valuation that may have been made by the insurance company providing cover against ordinary risks.

4. Payment of compensation The Insurance Compensation Consortium will pay indemnity to the beneficiary of the insurance by bank transfer.

3.4 Funeral insurance

3.4.1. Purpose of the insurance

DKV Seguros guarantees the following for each of the insured persons in the policy that have taken out the coverage:

- a) The payment of a compensation that is stipulated in the particular conditions, in the event of the death of the insured person to cover the costs derived from his/her burial, or
- b) The provision of a funeral service selected by the relatives when the death occurs.

The insured capital is established as the maximum limit for this service (see definitions).

In this contract, the coverage for funeral insurance will expire at the end of the year in which the insured person reaches 70 years of age. From then on, said coverage can be indefinitely prolonged through an individual funeral policy, which DKV Seguros offers the insured person through a levelled premium module.

3.4.2. Regulations for processing a claim

In the event of the death of an insured person, the relatives can choose to:

- > Call DKV Seguros' customer services numbers, 976 506 000 or 976 506 009, specifying the place of death, so the company can arrange the necessary proceedings to provide the funeral services through a funeral establishment, for which an amount up to the maximum limit of the sum insured will be provided for this coverage.

- > Arrange the burial or cremation of the insured person personally and, subsequently, present the insured deceased's death certificate and justification of the corresponding expenses, in any branch of the company, delegation, agency or representative of the same.

In this case, DKV Seguros will pay the cost of the service, up to the maximum limit of the capital insured, to whoever verifies having settled the payment for the service.

4. Bases of the contract

4.1 Perfection of the contract and duration of the insurance policy

This contract has been drawn up on the basis of the declarations made by the policyholder and the insured person in the previously supplied questionnaire, which have motivated DKV Seguros to accept the risk and 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 form or the agreed clauses, the policyholder may demand the correction of the existent divergence from DKV Seguros within one month from the issue of the policy.

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

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

The policy will be renewed automatically for successive annual periods. **DKV Seguros can oppose said renewal by way of written notification to the policyholder if it decides not to renew it or if it decides to make any changes therein, at least two months prior to the conclusion of the policy year.**

The policyholder can also oppose the renewal of the policy, at least one month prior to the maturity date written therein, provided that DKV Seguros is notified in a verifiable manner.

DKV Seguros, for the contracted coverage relating to the health policy, will not be able to cancel the policy of the insured persons who have maintained the same policy for

three consecutive years. The contract shall be extended automatically year on year, with the exception of cases of non-compliance with the obligations by the insured person or the existence of inaccuracy, deceit or fault in the responses provided in the policy application questionnaire.

By waiving the right to object to the continuity of the policy, there is the condition that the policyholder accepts that premiums vary from year to year, in accordance with the technical criteria laid out in section 4.4 of this contract, and accepts the modifications to the general conditions that may be proposed to all insured persons that have entered into the same insurance modality.

For the rest of the policies, the coverage will expire at the end of the year in which the insured person reaches 70 years of age.

For the temporary disability and hospital care policy, the coverage will also cease in the following cases:

- > When the insured person becomes disabled or permanently unable to carry out his/her profession, or when s/he requests recognition of this state, or receives a pension, provision or compensation for said cause.

- > When the insured person is retired, unemployed or in a similar situation, or ceases all his/her professional or labour activities.

In the case of Funeral insurance, the said coverage can be indefinitely prolonged through an individual funeral policy, which DKV Seguros offers the insured person through a levelled premium module.

4.2 Other rights and obligations of the policyholder or the insured person

The insurance policyholder or the insured person has the duty to:

a) Before the conclusion of the contract, disclose to DKV Seguros any known circumstances that may affect the risk assessment, according to the questionnaire provided. The policyholder will be exempt from this requirement if DKV Seguros does not provide a questionnaire or if, even when it is provided, the circumstances that might influence the assessment of the risk are not included therein (article 10 of the Insurance Contract Act).

b) During the term of the contract, inform DKV Seguros as soon as possible of the transfer of usual residence abroad, change of residence in Spain, change of habitual profession and/or the commencement of leisure or sport activities with a high or

extreme risk that are of such a 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.

With regard to the compensation insurance for temporary disability or hospitalisation, a change in the occupation or professional activity carried out by the insured person and the way in which it is carried out - whether on a self-employed or employed basis -, which are indicated in the particular conditions, are circumstances that modify the risk level and which must be communicated to DKV Seguros (Articles 11 and 12 of the Insurance Contract Act).

In the event of DKV Seguros not having been notified of an increase in the risk prior to a claim in which the insured person's labour activity had changed from self-employed to employed, the daily benefit will never exceed the amount that DKV Seguros has specified in its rates for salaried workers at the time of the claim event.

The agreed premium will be adapted to that which would have been applied if they had known the true extent of the risk; if this occurs, the policyholder will be requested to pay the difference between the new

adapted premium and the premium paid for the ongoing year.

c) Use all the means at his/her disposal to recover promptly and to minimise the consequences of the claim.

The breach of this duty with the intention of deceiving or harming DKV Seguros or to obtain an additional gain will release DKV Seguros from all obligations relating to the claim.

d) Provide the transfer of rights or subrogation to DKV Seguros, in accordance with section 3.1.5.

If the policyholder or insured person is entitled to an indemnity from liable third parties, said right is assigned to DKV Seguros for the amount corresponding to the health care.

4.3 Other obligations of DKV Seguros when taking out the health insurance

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

DKV Seguros will also provide the policyholder with the identification card of each insured person in the policy and information about the medical directory (the 'DKV Network of Healthcare Services') for his/

her residential area, in which the permanent centre or centres for emergencies and the associated doctors' timetables and addresses appear.

As of the first year of the contract's perfection or the inclusion of new insured parties, DKV Seguros assumes the coverage of any pre-existing illness, provided that the insured person was not aware of it and did not intentionally omit it in the health questionnaire.

4.4 Payment of the insurance (premiums)

The insurance policyholder is obliged to pay the first premium or the single premium at the time of accepting the contract.

The successive premiums must be paid on the corresponding due dates.

The policyholder can request the payment of the annual premiums in half-yearly, quarterly or monthly instalments.

In this case the corresponding surcharge will apply. The payment of the premium in instalments does not exempt the policyholder from his/her obligation to pay the full annual premium.

If, at the fault of the policyholder, 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 case, and unless otherwise agreed in the particular conditions, if the premium has not been paid before the claim takes place, DKV Seguros will be exempt from its obligation.

In the event of non-payment of the second or subsequent premiums, or their instalments, the cover of DKV Seguros will be suspended one month after the maturity date.

If DKV Seguros does not receive the payment within the six months following said maturity, the contract will be understood as terminated.

If the contract is not restored or terminated in accordance with the aforementioned conditions, the coverage will become effective twenty-four hours after the day on which the policyholder pays the premium.

DKV Seguros will absorb the cost of the premium corresponding to the period in which, due to lack of payment, cover had been suspended.

In any case, while the coverage is suspended, DKV Seguros will only

be able to claim the payment of the premium for the current period.

DKV Seguros shall only be bound by the bills issued by DKV Seguros.

Unless otherwise specified in the particular conditions, the place of payment of the premium shall be the one specified in the direct debit order.

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

If no place of payment for the premiums is specified in the particular conditions, it will be understood that this will be the policyholder's place of residence.

With each policy contract renewal, DKV Seguros may modify the annual premium and the costs for medical acts, taking the technical actuarial calculations as a base. The premium for each insured person is calculated according to the following objective risk factors: age and geographical area of residence.

If the mathematical methods used by DKV Seguros for calculating the risk premium reveal any other significant objective risk factors, these will be

included in the calculation of the premium before the renewal of the policy.

Other factors also intervene in the calculation of the premium, such as the increase in the health care cost and the medical technology innovations that are incorporated into the insurance cover.

In the case of collective policies, the result of the group and the number of layers of premiums applied will also be taken into account in the renewal of contracts.

You can see the current premiums of any health product in its individual modality at **www.dkvseguros.es** and at DKV Seguros branches.

The rates that DKV Seguros has in place on the renewal date shall apply.

Besides the case indicated in the previous paragraph, the premiums due may also vary depending on the age and other personal circumstances of the insured persons. Age groups may be established in some areas.

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 shall not be subject to any limit in terms of annual premium variations. The amount established for the full premium, after the corresponding surcharges, shall meet the sufficiency principles and technical balance, in accordance with the regulatory standard for the activities of this insurance company.

These calculations will also be applied in the event of the insured person having obtained the right to non-rescission from DKV Seguros for the renewal of the policy, in the health module.

The policyholder, having been informed of the variation in the premium for the following year by DKV, will be able to choose between renewing the insurance contract or cancelling it on the expiry date of the current period. In the latter case, the policyholder will notify DKV Seguros in writing of his/her decision to end the contractual relationship.

4.5 Loss of rights.

The insured loses the right to the guaranteed provision:

a) If, when completing the health questionnaire, the policyholder or the insured person do not respond truthfully to it or any clarification sought thereof, either by concealing

relevant circumstances or not exercising due diligence when providing the requested information (article 10 of the Insurance Contract Act).

4.6 Suspension and termination of the insurance contract

a) DKV Seguros has the right to cancel the contract by means of a statement sent to the policyholder, within the term of one month starting from the date of becoming aware of the secrecy or inaccuracy of the policyholder when responding to the health status questionnaire (article 10 of the Insurance Contract Act).

b) If a risk is increased due to a transfer of usual residence abroad, change of residence in Spain, change of habitual profession or the commencement of leisure or sport activities with a high or extreme risk, DKV Seguros may terminate the policy and will communicate it in writing to the policyholder or insured person within one month from the day in which the risk increase was known. (Article 12 of the Insurance Contract Act).

c) If due to the policyholder, the first premium or the single premium has not been paid at its maturity date, DKV Seguros has the right to terminate the contract.

In the event of non-payment of the second premium or subsequent premiums, or their instalments, the cover of DKV Seguros will be suspended one month after the maturity date of said premium or instalment.

If DKV Seguros does not receive the payment within the six months following said maturity, the contract will be understood as terminated.

When the contract is not restored or terminated in accordance with the aforementioned conditions, the coverage will become effective twenty-four hours after the day on which the policyholder pays the premium.

4.7 Communications

Notifications from the policyholder or the insured person to DKV Seguros should be sent to its business address. However, verifiable communications made to the DKV Seguros agent that mediated in the insurance contract will also be valid.

The notifications made by an insurance broker to DKV Seguros on behalf of the policyholder 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 policyholder 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 made by DKV Seguros to the policyholder or the insured person will be sent to the address given in the contract, unless DKV Seguros has been notified of the change of address.

3.1.10 Special health risks when contracting the health insurance policy

The policyholder may agree the coverage of risks excluded from these general conditions, or those that are not specifically contemplated therein, with DKV Seguros.

These will be called ‘special health risks’. For their coverage to be included, they should be duly specified in the particular conditions and an additional premium will be paid.

4.8 Taxes and surcharges

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

4.9 Revaluation of premiums, financial provisions and compensation, for insurance policies for temporary disability or hospitalisation, accidents and funerals

For the purpose of maintaining its value up to date, the provisions and compensations insured by this contract will be readjusted automatically, unless agreed otherwise, at each annual maturity, according to one of these two possibilities:

1. By the same proportion as the increase in the annual rate of the Consumer Price Index (CPI), published by the National Institute of Statistics.
2. Based on a set percentage.
The revaluation of the provision and compensation will have its corresponding effect on the premium to be paid and the new capitals will be reflected in the bill.

As a consequence of the actuarial position of the insurance contract signed, the premium due will be adapted depending on the insured person's age, as well as the possible changes in professional activity or work or guarantees of the policy.

4.10 Limitation and jurisdiction

Any actions derived from the contract are legally valid for five years.

The competent judge made aware of actions derived from the contract will be that corresponding to the insured person's place of residence.

Appendix I:

Travel assistance

1. Preliminary provisions

1.1 Insured persons

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

1.2 Scope of the insurance policy

The insurance is valid anywhere in the world, starting from the provincial limit of the insured person's habitual residence. **Only guarantees 2.1.1, 2.1.3, 2.1.14, 2.1.20, and guarantees 2.1.6, 2.1.8, referring to hotel expenses, are not applicable in Spain, but rather cover the insured person's trips abroad.**

1.3 Duration of the insurance

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/her usual residence in Spain, habitually reside in it and the length of his/her stays away from this habitual residence **must not exceed 180 days consecutively per trip or journey.**

2. Description of the coverage

2.1 Assistance

2.1.1 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 the trip, **up to a limit of 20 000 euros.**

The limit for this guarantee is per accident occurred and insured.

2.1.2 Emergency dental expenses

If acute dental problems such as infections, pains or traumas that require emergency treatment arise during the trip, DKV Seguros will cover the inherent expenses for the aforementioned treatment, **up to a maximum of 300 euros.**

2.1.3 Prolonged hotel stay abroad

If the insured person is ill or injured abroad and s/he cannot return on the planned date, DKV Seguros will cover the expenses of an extended stay of the insured person in a hotel, after hospitalisation and under medical prescription, **up to an amount of 80 euros per day and with a maximum of 800 euros.**

2.1.4 Repatriation or health care transfer

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

a) The costs of ambulance transfer to the nearest clinic or hospital.

b) It will contact the doctor attending the injured or ill insured person, to determine the appropriate measures for the best treatment to be followed and the most suitable means for their eventual relocation,

if required, to another more suitable hospital or their home.

c) The costs of transferring the injured or ill person, by the most suitable means of transport, to another hospital or their usual residence.

If the insured person is admitted to a hospital centre that is not near his/her home, DKV Seguros will cover the subsequent transfer upon discharge from the hospital.

When the emergency and the seriousness of the case requires it, the means of transport used in Europe and the Mediterranean coastal countries will be an air ambulance.

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.

2.1.5 Repatriation of the deceased and his/her 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 with other insured relatives and they 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 burial or their home in Spain.

If the relatives were the insured deceased person's children under 15 years of age who did not 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 burial or their home in Spain.

2.1.6 Human remains escort

If there is no companion to transfer the remains of the deceased insured person, DKV Seguros will provide a person designated by his/her relatives with a round-trip ticket to accompany the body.

If the death occurred abroad, DKV Seguros will assume, in addition, the accommodation expenses for this person or the accommodation expenses of another that is already there due to travelling with the deceased insured and that is appointed by the relatives to accompany the body, **with a limit of 80 euros per day and up to a maximum of three days.**

2.1.7 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 insured persons referred to in point a) above, when they 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 the return trip.

2.1.8 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/her side. In addition, if the hospitalisation takes place abroad, DKV Seguros will cover the expenses of the relative's stay in a hotel, upon presenting proof of such, **up to 80 euros per day, with a maximum of ten days.**

2.1.9 Premature return home

If during a trip, when the insured person was away from his/her habitual home, a fire or serious catastrophe occurs, 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.

Likewise, in the event that the insured person, having resolved the situation that forced him/her to return to his habitual home, wants to return to where s/he was previously, DKV Seguros will arrange for a ticket for this purpose.

2.1.10 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 s/he is located.

2.1.11 Telephone medical consultation

If the insured person requires medical information during his/her trip, this can be requested by calling 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 for such.

2.1.12 Help in the search for lost luggage

In the event of a 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.

2.1.13 Delivery of documents

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

2.1.14 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/her legal defence, DKV Seguros will assume the expenses for such **up to a limit of 1500 euros**.

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 requires bail from the insured person, DKV Seguros will advance this, **up to a limit of 6000 euros**.

The insured person must return 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 has been reimbursed by the competent authorities of the country, the insured

person is obliged to reimburse DKV Seguros immediately.

2.1.15 Travel assistance

If the insured person requires any information relating to the countries s/he is planning to visit, such as entry requirements, visas, currency, economic or political conditions, population, language, the availability of health care, etc., DKV Seguros will provide this general information, which may be requested from the company by calling the telephone number printed in this policy, at which point s/he may request a response over the phone or by email.

2.1.16 Communication 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.

2.1.17 Family assistance

If children under 15 years of age or disabled children would be left home alone as a result of the guarantee involving a relative travelling due to hospitalisation or death of the insured person, a person will be assigned for their care, **with a cost of up to 60 euros per day and limited to seven days.**

2.1.18 Cancellation of cards

In the event of theft or loss of bank or other cards issued by companies

in Spain, DKV Seguros, at the request of the insured person, commits to requesting their cancellation to the issuing entity.

2.1.19 Blocking of mobile phone

If the insured person notifies a loss or theft of his/her mobile phone, DKV Seguros will communicate this to the corresponding operator, requesting the blocking of the terminal. DKV Seguros will not be responsible for improper use in any case.

2.1.20 Advance of monetary funds abroad

If required due to any extraordinary expenses arising from an illness or accident abroad, DKV Seguros will provide the insured person an advance, **with a limit of 1500 euros**, against a written acknowledgement of debt or bank cheque for the amount, or its equivalent in euros, in accordance with the current exchange control legislation.

The insured person agrees to reimburse DKV Seguros the advanced amount within 30 days of its receipt.

2.2 Luggage

2.2.1 Administrative fees for the replacement of documents

Duly justified fees incurred by the insured person to replace the loss or theft of credit cards, bank, travellers

and petrol cheques, travel tickets, passport or visas occurring during the trip or stays away from his/her regular place of residence shall be covered **up to the limit of 120 euros.**

Damage derived from the loss or theft of the above documents or their wrongful use by third parties, as well as any related expenses that are not directly related to the obtainment of duplicates, is not covered by this guarantee and consequently compensation shall not be provided.

2.3 Delays

2.3.1 Missed connections due to transport delays

If the means of public transport chosen is delayed due to a technical fault, strike, inclement weather, natural disaster, an intervention by the authorities or by other persons by force and, as a result of this delay, it was not possible to connect with the next means of public transport included and confirmed on the ticket, **DKV Seguros will pay, up to the limit of 120 euros, the hotel and maintenance expenses incurred during the wait, upon presentation of the receipts and invoices.**

3. Limitations of the contract

3.1 Exclusions

3.1.1 The guarantees and services that have not been requested from DKV Seguros and that have not been made with their agreement or by them, except in cases of force majeure 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 illnesses and injuries resulting from attempted suicide or deliberately self-inflicted actions, as well as those arising from his/her criminal actions, either directly or indirectly.

3.1.4 Treatment of illnesses or pathological conditions arising from the consumption or administration of toxic substances (drugs) or narcotics, or from the use of medication without a 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 type of medical or pharmaceutical expense less than 10 euros.

3.1.8 Expenses corresponding to the burial and funeral ceremony.

3.1.9 Incidents occurring during wars, pandemics demonstrations and popular movements, acts of terrorism and sabotage, strikes, arrest by any authority for a criminal offence not related to a traffic accident, restrictions on freedom of movement or any other case of force majeure, unless the insured person can prove that the incident does not have any connection with such events.

3.1.10 Incidents caused by radiation from nuclear transmutation or disintegration, radioactivity, and chemical or biological agents.

3.1.11 Damage caused intentionally by the insured person, or through his/her gross negligence.

4. Additional provisions

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

Any delays or non-fulfilment due to force majeure 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 incurred which are guaranteed, having presented the corresponding documents justifying these, upon returning to Spain, or, if required, as soon as s/he enters a country where such circumstances are not taking place.

Medical and health care repatriation services should be made by agreement between the doctor of the hospital centre that is attending the insured person and the 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.

In any event, the compensations set in the guarantees will be in addition to the contracts that the insured person may have covering the same risks, or any benefits from social security or from any other body.

DKV Seguros is subrogated in the rights and actions that may 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 services included in the foregoing guarantees, it is indispensable for the insured person to request its intervention, from the time of the event, by calling +34 913 790 434.

Appendix II: Services complementary to the compensation insurance for temporary disability or hospitalisation, accident insurance and burial insurance

DKV Health and Well-being Club

The contracting of insurance compensation for temporary disability or hospital care, accidents, or deaths, grants the insured person access to a module of additional services that are listed in this section and that are different to the coverage of the insurance policy.

The insured persons can access medical guidance services over the telephone, a second opinion for serious illnesses, and additional services aimed around promoting health and well-being with special rates, or the prior acquisition of a coupon with economically advantageous conditions, through a network of approved professionals and medical services called the 'DKV Health and Well-being Club'.

For more information on the additional services and how to access them, check the medical directories and providers of the DKV Health and Well-being Club on the website www.dkvclubdesalud.com, calling 976 506 010 or directly at any DKV Seguros branch.

For the purposes described in article 3 of the Insurance Contract Act, the policyholder recognises having received a copy of these general terms and conditions and appendices to the contract, which s/he agrees to by signing it, and s/he expressly grants his/her approval of the limiting clauses set forth therein and, especially, of the coverage exclusions established in section 3.1.7 for health insurance; section 3.2.4 for the compensation insurance for temporary disability or hospitalisation; and section 3.3.6 for accident insurance, which have been especially and separately highlighted and whose content s/he is aware of and understands after reading it.

The policyholder

The insured

DKV Seguros y Reaseguros, S.A.E.
Dr Josep Santacreu
CEO

A handwritten signature in black ink, consisting of a horizontal line with a large, stylized loop extending downwards and to the right.

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