

DKV MUNDISALUD

GENERAL TERMS AND CONDITIONS



WE WANT TO BE ABLE TO CHOOSE!

Insurance Policy

DKV Mundisalud

Torre DKV

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

Throughout this document, we will explain the majority of matters that may arise when using this insurance.

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 terms and conditions, the particular terms and conditions, the supplements and appendices, and, where applicable, the special terms and conditions.

What are the conditions exactly?

The 'general terms and conditions' and/or 'particular terms and 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 terms and conditions, your DKV MEDICARD(s)[®]

and information about the medical directory or the DKV Network of Healthcare Services.

Please check that all your personal details are accurate.

What do I have to do with this documentation?

Sign the particular and general terms and 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 terms and 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 healthcare 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 Agencia Española de Protección de Datos, calle Jorge Juan, 6 (28001 Madrid), or by calling 901 100 099.

Assistance modality and extension of the insurance policy

What is the main feature that defines 'DKV Mundisalud'?

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

- > Receiving the services described in the policy through the associated DKV Network of Healthcare Services (own services modality).

- > Free choice of doctors or centres other than those in the DKV Network of Healthcare Services.

In this case there will be a reimbursement of the invoices paid by the insured person according to the percentages and limits specified in the general terms and conditions and table of coverage and limits in the appendix to the particular terms and conditions of the policy (external services care modality).

How can I access the DKV Seguros own services resources?

The insured can choose freely from among the doctors and centres in the DKV Network of Healthcare Services and receive the service after identifying himself with his DKV MEDICARD®, and when required the necessary authorisation.

How do I claim an expense reimbursement from DKV Seguros?

You must present the invoices you have paid within fifteen days, with a breakdown of all the medical procedures carried out in centres external to the DKV Network of Healthcare Services, the doctor's prescription and the medical reports specifying the origin and nature of the illness. To make it easier for you, DKV Seguros has prepared a special 'Reimbursement form' for you to fill in.

What percentage reimbursement and what limits are specified in the policy, if I go to a doctor/ centre not included in the DKV Network of Healthcare Services?

‘DKV Mundisalud’ reimburses a percentage of the total amount on the submitted invoices up to the limits stipulated in the table of coverage and limits in the appendix to the particular terms and conditions of the insurance policy, depending on the type of policy taken out.

What is the territorial scope of the policy?

In all modalities of ‘DKV Mundisalud’, the insured person can go to an external doctor or hospital anywhere in the world and has the right to a reimbursement of medical expenses, provided that s/he resides in Spain at least nine months per year.

Similarly, the DKV Network of Healthcare Services guarantees health care all over Spain (own services care modality).

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?

You don’t have to pay anything for using the DKV Network of Healthcare Services.

What happens if I can’t identify myself with my DKV MEDICARD® to doctors and centres of the DKV Network of Healthcare Services?

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

DKV Seguros will not reimburse any amount corresponding to doctors or centres that are in the DKV Network of Healthcare Services under any circumstances.

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?

By telephone, calling the DKV Seguros Customer hotline centre at 976 814 983; on the Internet, at the address: dkvseguros.com; or by going in person to any branch of DKV Seguros.

Authorisations

When do I need authorisation?

Authorisation is only needed to access the service provided through the DKV Network of Healthcare Services.

It is never required for external services not included in the DKV Network of Healthcare Services.

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 queries about the diagnostic and therapeutic procedures that do not require prior authorisation from DKV Seguros, please consult the website and/or medical directory of your corresponding DKV Network of Healthcare Services for the current year, Chapter 2 'Advice for Use'.

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

By telephone, calling our Customer hotline centre at 976 814 983; via the DKV Seguros website (www.dkvseguros.com) or with the assistance of anyone who appears in your DKV branch with your card and the prescription for the medical test.

Payment of the insurance

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

What is the Healthy Living Plan 'Vive la Salud blog'?

Online, at planesdevidasaludable.dkvseguros.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 policy becomes effective, except for some services that have a waiting period (see Section 6, 'Waiting 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 can be accessed freely, whether or not they are in the DKV Network of Healthcare Services.

Do I need authorisation to go to a psychiatric clinic?

Yes. You need to request the corresponding authorisation to use this non-medical speciality in 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 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.

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?

It covers consultations, extractions, stomatological treatment, fluoridations, dental cleans and dental x-rays associated with this treatment.

It also includes fissure sealers and obturations (fillings) up to 14 years of age.

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 prescribed by a doctor.

Does 'DKV Mundisalud' include medication?

'DKV Mundisalud' covers medication in the event of hospitalisation, provided that the 'Hospitalisation and surgery' module has been contracted. This does not include the biological medications and medicated biomaterials that are not detailed in section 4.7 'Surgical prostheses' of these terms and conditions.

In addition, in the individual policies of the Complet, Plus, Classic and Élite complete medical care modalities, DKV Seguros reimburses a percentage of

the outpatient medication expenses, up to a maximum limit per insured person per year established in the table of coverage and limits, attached to the particular terms and conditions of the policy, provided that this medication has been prescribed by a doctor, acquired at a pharmacy and is within the limits and exclusions set forth in these general terms and conditions.

Is epidural anaesthesia covered in childbirth?

Yes, and also for any other surgery where required.

Does 'DKV Mundisalud' cover laser surgery for myopia?

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 Club Salud y Bienestar prior to the procedure.

Does 'DKV Mundisalud' include clinical psychology?

Yes, psychotherapy is covered on an individual basis as outpatient treatment with the prior prescription from a psychiatrist or paediatrician, provided it is given by a psychologist, up to a maximum limit of sessions per person (sum of own services and external services) with a reimbursement per session via

external services, established in the table of coverage and limits attached to the particular terms and conditions, for the following pathologies that may be subject to psychological intervention:

- > Psychiatric illnesses: 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?

The insurance policy includes tubal ligation, vasectomy and IUD insertion. With regard to the IUD, DKV Seguros also reimburses the cost of the intrauterine device in the percentage established in the policy modality, up to a maximum limit that is set forth in the table of coverage and limitations attached to the particular terms and conditions.

In the first two cases, a waiting period of six months is established due to being surgical procedures.

Does ‘DKV Mundisalud’ cover assisted reproduction?

DKV Seguros covers the fertilisation techniques exclusively contracted in the individual policies of DKV Mundisalud Classic, Elite y Premium with complete medical care, provided that one member of the couple is infertile, that they do not have a child in common and that they are in a fertile age (over 18 years old, and a limit of 42 in women and 55 in men).

The treatment may only be received in authorised centres belonging to the ‘DKV Network of Healthcare Services’ (own services), with prior authorisation from DKV Seguros and a waiting period of 48 months. With regard to the techniques, it covers two attempts at artificial insemination and one attempt at in vitro fertilisation (IVF).

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

Yes, as long as it is not a professional activity, an official competition or the sport in question is defined as a high-risk sport.

Is healthcare included while I’m abroad?

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

In addition, all modalities include cover for complementary travel assistance, which, **in the event of an accident or emergency**, guarantees medical assistance for trips abroad of up to 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 medical assistance.

Hospital admissions

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

An admission to hospitals included in the DKV Network of Healthcare Services should be authorised beforehand by DKV Seguros (please refer to the section 'AUTHORISATIONS' under 'We answer your questions' to see which healthcare provisions require prior authorisation).

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

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

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

You can go to any private hospital, whether it is associated with DKV Seguros or not.

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

If it is an associated hospital in the DKV Network of Healthcare Services,

you must inform DKV Seguros as soon as possible in the 72 hours following admission.

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

The cover includes a single room with a companion's bed, except in psychiatric, ICU or incubator admissions.

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 Maria Zambrano 31, 50018 Zaragoza, or to the following email: defensacliente@dkvseguros.es. You can also call the phone number 976814983 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 blog'

DKV Seguros gives its insured the possibility of accessing the **Healthy Living Plan: 'Vive la Salud blog'**, 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) These programmes have the following objectives:

- > To acquire 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.
- > To have personalised medical advice: definition of a personalised health plan with concrete health goals and ongoing support for achieving them.

- > To provide efficient preventive activities.
- > Living in healthy conditions and anticipating complications if a health problem already exists.

The following tools have been made available to achieve them:

- > 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 customers 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 children's growth and maturity (infancy, puberty and adolescence), as well as a personal plan aimed at the child growing 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 malign 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 carried out online on: planesdevidasaludable.dkvseguros.com

Further details about these programmes can be obtained **by calling: 976 814 983**

DKV Club Salud y Bienestar

The contracting of the 'DKV Mundisalud' health insurance policy, both in its individual and collective modalities, provides the insured person access to the digital health services and to the additional premium services of the DKV Club Salud y Bienestar described below, which are different to the insurance coverage.

The access details for these services are included on the website **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 medical assistance 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 helpline

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) Quiero cuidarme Más application

At DKV Seguros, we invest in technology so you can take care of yourself. We have developed a wide

range of digital services in our insured person's policy, which are available through our **Quiero cuidarme Más** application. They include the following:

- Healthy Lifestyle Index

The Quiero cuidarme Más app 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 challenges to work on certain indicators that can be improved.

- Health coach

Via chat, the health coach will answer your queries and advise you on incorporating healthy habits in your daily life, in a simple way.

- Digital midwife

The digital midwife, via chat, will answer any questions that mothers may have during pregnancy and within one hundred days of the childbirth, about breastfeeding, baby care and recovery, among others. In addition, the service offers support in avoiding or identifying early postpartum depression.

- Virtual consultation

This service provides you the possibility of talking to a doctor by chat, video call or telephone. All of this wrapped

up in an easy-to-use, safe and strictly confidential package. It also features a symptom checker that provides quick and reliable guidance on health problems.

- Health diary: personal agenda to record your medical appointments and check your history of health activities.

- Health folder: to keep your medical reports in a safe place and automatically receive the analytical and image tests requested by the practitioner during the consultation and the results thereof.

- Electronic prescription: receive it in your health folder and go straight to the pharmacy. This is provided through a prescription and dispensing system approved by the Organización Médica Colegial (OMC).

- Online appointment: request an appointment with multiple centres without having to call or go in person.

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.

In addition, **DKV Mundisalud Premium**, both in its individual and collective modalities, includes the reimbursement of dental treatment expenses excluded in section 5.n of 'Excluded cover' for all other insurance modalities, in the percentage and up to the limits established in the table of coverage and limits attached to the general terms and conditions.

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 Club Salud y Bienestar 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, rehabilitation and physical and emotional well-being, as well as a variety of health care and family care services with discounts and/or special rates below market prices.

So, depending on the type of service that you want to use in the '**DKV Club Salud y Bienestar 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 Seguros card or customer number, which is necessary for

the supplier to apply the **special DKV Club Salud y Bienestar 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 Club Salud y Bienestar 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 Club Salud y Bienestar Network of Services', the discounts offered with the vouchers, the rates and the services included in the DKV Club Salud y Bienestar, as well as include new services or discontinue any of the existing ones, with the purpose of adapting them to the services demanded by the insured persons.

4.1 Health-promotion services

4.1.1 Wellness Services:

Spas and urban spas

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

Spa: it is a thermal centre, with the option of staying overnight, for resting and receiving treatment with mineral waters of public use whose therapeutic action is well-documented and depends on their temperature, pressure, chemical composition, radioactivity, bacterial flora and dissolved gases.

Urban spas: they are defined as such because they are located in urban centres and, because contrary to the spas, the customers only spend a few hours of the day in them and therefore do not stay overnight.

4.1.2 Gyms and fitness

Access to the gyms included in the 'DKV Club Salud y Bienestar 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 can 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. at competitive prices.

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

DKV Seguros offers insured customers in the 'DKV Club Salud y Bienestar Network of Services' acupuncturists for a consultation or session at special rates.

4.4.2.1 Acupuncture: complementary therapy to the pharmacological treatment of pain, based on the insertion of needles in the body.

4.4.3 Psychology

Access to psychologists in the 'DKV Club Salud y Bienestar 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 terms and conditions of the insurance policy has been exceeded.**

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

In DKV Mundisalud Classic Hospitalización, you can access special rates reserved for the DKV Club Salud y Bienestar for 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 Club Salud y Bienestar 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 micrografting or implants.

4.5.3 Opticians' service

By acquiring a voucher, the insured person can obtain significant discounts in the DKV Club Salud y Bienestar 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

By previously acquiring a voucher, the insured person has access to the purchase, in advantageous economic conditions, of over-the-counter drugstore products (cosmetics, insect repellents, solar protectors, etc.) not considered drugs, contributing actively to the well-being and health of people.

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 of 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 Training or re-education programme for the pelvic floor

The insured person can also access the pelvi-perineal rehabilitation training programme, based on Kegel exercises, with a DKV Club Salud y Bienestar discount voucher.

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. Network of clinics in the USA

This service offers 'DKV Mundisalud' insured persons a broad network of selected hospital centres in the USA for planned medical-surgical admissions

Insured persons who wish to be attended to in these hospitals, with the prior express request and authorisation from DKV Seguros, will not need to pay for the total cost of invoices to be subsequently reimbursed by DKV Seguros' instead, they will only need to pay the part that is not covered by the policy (in amounts that allow for this), whereby DKV Seguros will pay for the covered portion.

Furthermore, if the customer wishes, DKV Seguros can manage all procedures for travel and transport to the hospital.

6. Customer hotline 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 terms and 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. (henceforth DKV Seguros), with registered offices 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 of Insurance and Pension Funds.

The contract consists of the following documents:

- > Preliminary insurance information document (insurance application).
- > The health declaration.
- > General terms and conditions.
- > Particular terms and conditions.
- > Special terms and 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 of the DKV Seguros branches, before the Customer Defence 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 Defence Service: Torre DKV, Avenida María Zambrano 31, 50018 Zaragoza; by e-mail: defensacliente@dkvseguros.es; or by calling the following phone number: 976 814 983 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, he may contact the Claims Service of the Directorate-General for Insurance and Pension Funds, which is domiciled at Paseo de la Castellana 44, 28046 Madrid.

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

Without prejudice to any previous claim, you may also bring 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.

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.

Additional healing aids

Elements, anatomical pieces and devices, prescribed by a doctor and purchased in a pharmacy, optics, orthopaedics or similar, which are applied in the treatment of a wound or injury, or to prevent or correct deformities of the human body.

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, surgical or rehabilitation 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.

Artificial insemination

This assisted reproduction technique consists in artificially depositing spermatozoa that have been

previously prepared in the laboratory in the uterine cavity near the time of ovulation. It consists of three phases: ovarian stimulation, sperm capacitation and selection (includes **REM mobile sperm retrieval techniques**) and insemination.

B

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) adherence to certain contracting conditions and/or a single contract previously agreed upon with DKV Seguros and the contracting collective.

Complete medical assistance

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.

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, due to its action mechanism: alkylating agents, antimetabolites, plant alkaloids and 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

Quantity established in the policy after which the DKV Seguros coverage begins. This quantity is charged to the policyholder or insured.

Exclusion period

It is the **period of time set in the contract**, from the date that each insured person is registered, **during which a part of the cover 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 cover**. This period is calculated by months, counting from the effective date of the policy for each of the insured persons included in it.

External services

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

F

Fertile age

For the purpose of assisted reproduction treatments, this policy considers a woman's fertile age to be between 18 and 42 years of age, both inclusive, and between 18 and 55 years of age in men.

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.

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.

Hospital assistance

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.

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 person 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) adherence to contracting conditions and/or a single contract agreed upon in advance by DKV Seguros and a contracting collective.

Infertility

It is the absence of achieving pregnancy in a couple after 12 months of sexual relations without using a contraceptive method or the reproductive incapacity of couples of the same gender.

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 person

The person who will be given medical assistance.

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.

***In Vitro* Fertilisation (IVF)**

In vitro fertilisation (IVF) is an assisted reproduction technique in which the ova are fertilised with spermatozoa in a laboratory and the embryos are deposited in the patient's uterus. The *in vitro* fertilisation technique consists of five phases: ovarian stimulation, ovarian puncture, fertilisation (includes intracytoplasmic sperm injection or ICSI), embryo culture and transfer of embryos.

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.

The expenses that are generated during each day of hospital admission have a maximum limit depending on the country, the type of admission (general or intensive care) and its duration (long-term or short-term hospitalisation).

Medication

Agent or simple or compound substance administered inside or outside of the person for therapeutic purposes. Medications do not include nutritional products, comforting drugs, mineral waters, cosmetics, products for bodily hygiene and care, or bath salts.

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 a **severe acquired brain injury**.

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.

Nutritionist

Degree in Human Nutrition and Dietetics.

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 assistance

This is the diagnostic and/or therapeutic medical assistance 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. emergency box, day hospital, etc.).

Major outpatient surgery is not included in this concept.

Own services

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 terms and conditions, the particular terms and conditions, the special terms and 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 within it, 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.

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.**

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 terms and 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.

Prostate antigen

Prostate Specific Antigen (PSA) is a protein produced by the prostate. Its synthesis is raised with prostate disease.

Psychotherapy

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

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.

S

Short stay surgery

All surgery carried out in an operating theatre in five days or under.

Special care unit

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

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**Table of coverage and limits attached to the particular terms and conditions**

Written document attached to the particular terms and conditions that forms part of the insurance contract together with the general terms and conditions and that is made available at the same time. It contains the coverage and reimbursement limits agreed with the policyholder.

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**Waiting 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 persons included in it.

3. Modality, extension and territorial scope of the insurance policy

3.1 Purpose of the insurance

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

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

1. When their safety and cost-efficiency validation studies are ratified by means of a positive report from the Agencias de Evaluación de las Tecnologías Sanitarias (Health Care Technology Assessment Agencies) that report to the Health Services of the

Autonomous Communities or of the Ministerio de Sanidad.

2. They are expressly included in section 4 'Description of the cover' included in the general terms and conditions.

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

3.2 Modality of the insurance policy

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

> Accessing the service through doctors and hospital centres included in the DKV Network of Healthcare Services authorised by DKV Seguros throughout Spain. To do this, you must first identify yourself using your DKV MEDICARD® and, when required,

present the corresponding authorisation (own services healthcare modality).

- > Free choice of doctors or centres other than those in the associated DKV Network of Healthcare Services.

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

DKV Seguros will not reimburse any amount corresponding to doctors or centres that are in the ‘DKV Network of Healthcare Services’ under any circumstances.

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 modality of the insurance policy and determined coverage vary depending on the type of subscription taken out by the insured person. There are two modalities when it comes to taking out insurance: the individual insurance modality, with access to some exclusive coverage (see Appendix II), and the collective insurance modality, which does not have access to such exclusive coverage.

3.3 Territorial scope

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

In the external services care modality, the insured person in any 'DKV Mundisalud' modality can go to any doctors or centres anywhere in the world, even if they are not included in the DKV Network of Healthcare Services, provided that his/her habitual residence is in Spain for at least nine months of the year, unless otherwise expressly authorised expressly by DKV Seguros.

If the above-mentioned address were moved abroad, the insurance coverage would only be valid until the end of the ongoing calendar year.

3.4 Access to cover

Specific regulations for the own services healthcare modality

Assistance in the DKV Network of Healthcare Services:

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

b) In the DKV Network of Healthcare Services, the services covered by the policy may be free to 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.

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

d) Under no circumstances will DKV Seguros reimburse the insured person for invoices issued by doctors or centres belonging to the associated DKV Network of Healthcare Services, nor for any service that requires prior authorisation when it has not been given in advance.

e) 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 services, with the written prescription of a doctor and following administrative confirmation, unless the service is not covered by the policy.

To issue the authorisations, process the claims, 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 insured person, or person acting on his/her behalf, must notify 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 healthcare.

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.

f) The authorisations can be requested by telephone, from the Customer hotline centre, by calling 976 814 983, through the web www.dkvseguros.com or in any of the DKV Seguros branches.

Specific regulations for the external services care modality assistance external to the DKV Network of Healthcare Services:

a) For the purposes of this policy, a claim is understood to have been made when the insured person requests a reimbursement.

b) Within a maximum period of fifteen days, the policyholder or insured person must request the reimbursement of the medical expenses guaranteed by the policy and present DKV Seguros with the paid invoices, clearly showing all the medical procedures carried out in centres external to the DKV Network of Healthcare Services, the doctor's

prescription and the medical report specifying 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.

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

- > Once the reimbursement form has been submitted with the reports and original invoices showing the services received, DKV Seguros will pay the costs according to the percentage and limits established in the policy and the table of coverage and limits in the appendix.
- > The payment will be made to the designated current account. 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.

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

3.5 Subrogation clause or surrender of rights

Once the expense reimbursement has been paid or the service 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.

4. Description of the cover

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

Depending on whether they are usually provided in the hospital or outside of it:

a) Out-of-hospital medical assistance

Out-of-hospital medical assistance includes all consultations of primary care, emergencies and medical or surgical specialities, as well as diagnostic means, therapeutic methods and complementary coverage on an outpatient basis.

In addition, the following are specifically included:

- > The specific preventive programmes, detailed in section 4.7 (including prenatal care).
- > Clinical psychology.

- > IUD implant.
- > Speech therapy and phoniatrics, including speech re-education.
- > Minor surgery corresponding to Surgical Groups O and I, according to the directory 'Classification terminology and coding of events and medical techniques' of the OMC, exclusively carried out by healthcare professionals in consultations. You can consult the complete list of the surgical acts included in the aforementioned groups via the latest version of the OMC directory, valid for the current year, at <http://www.cgcom.org>
- > Sleep unit or polysomnography.
- > Pain unit for the treatment of chronic pain.

b) Hospital medical assistance

Hospitalisation or hospital care includes the expenses arising from

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

Specifically included in this care modality are other treatments described in section 4.6 of the general terms and conditions.

According to the care modality provided:

4.1 Primary care

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

Paediatrics and childcare: childcare 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 service (injections and 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 together with a report indicating the need for assisted transfer will be required in all cases.

4.2 Emergencies

Home medical assistance: for justifiable cases and only in areas where DKV Seguros has the service available, medical assistance at home will be provided. Includes general medicine, paediatrics, nursing and, where needed, an ambulance service.

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

Out-of-hospital emergencies: outpatient health care in a health centre with a 24-hour service, including ambulance.

Emergency hospital service: for emergency outpatient health care provided at a hospital.

4.3 Medical and surgical specialities

Allergies and immunology: the vaccines will be at the expense of the insured person, except for that stipulated in section 4.7.1 'Child Health Programme', up to the limits stated in the table of coverage and limits in the appendix to the particular terms and conditions.

Anaesthesiology and resuscitation: included epidural anaesthesia.

Angiology and cardiovascular surgery.

Digestive system.

Cardiology and 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).

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, symmetry surgery of the contralateral healthy breast (maximum limit two years after oncological surgery).** It will include the breast prosthesis, skin expanders, and breast mesh coating.
- 2. Breast reconstruction therapeutic contralateral mastectomy** in women previously operated of breast cancer and carriers of the BRCA1 and BRCA2 gene mutations. This surgery is excluded for women not suffering breast cancer.

3. 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 5.f ('.xcluded Cover'. of the general terms and conditions).

Medical-surgical dermatology: includes ambulatory phototherapy with narrow-band ultraviolet B radiation (UVB-BE) as indicated in section 4.5 ('.herapeutic methods'. of the general terms and conditions).

Endocrinology and nutrition.

Geriatric medicine.

Gynaecology: includes diagnosis and treatment of women's illnesses. Cover includes family planning; the use of lasers (CO₂, Erbium and diode); sterility tests; and early detection of

gynaecological cancer in women by means of two screening methods, alternative and mutually incompatible, such as the yearly gynaecological check-up and the specific multiannual prevention programmes (see section 4.7.4 of the general terms and conditions).

In addition, in women previously operated of breast cancer and carriers of the BRCA1 and BRCA2 gene mutations, the therapeutic contralateral mastectomy is covered as an alternative to active surveillance.

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.

Pneumonology - Respiratory system: Includes **respiratory rehabilitation for children under the age of 10, with a maximum of 10 sessions per year, and adults and children over the age of 10 years, with a maximum**

of 3 sessions per year, in cases with chronic obstructive pulmonary diseases and COVID-19 sequelae. It also covers **home therapy with CPAP or BiPAP in severe Obstructive Sleep Apnea Hypopnea Syndrome (SAHOS)** (see inclusion criteria in section 4.5 'Therapeutic methods' of these general terms and conditions).

Neurosurgery.

Neurology.

Obstetrics: includes pregnancy surveillance and childbirth assistance.

Includes triple screening or EBA-Screening (the first trimester combined test) and amniocentesis or chorion biopsy to obtain the chromosomal karyotype for the diagnosis of foetal anomalies, **up to a maximum limit per person and per calendar year stipulated in the table of coverage and limits attached to the particular terms and conditions when the insured person uses other services than the DKV Network of Healthcare Services. This limit includes, as a whole, the sum of any of the aforementioned tests (amniocentesis, triple screening, EBA-Screening and corion biopsy).**

It also includes **prenatal genetic testing in maternal blood for trisomy 21 (Down), 18 (Edwards) and 13 (Patau) for high-risk pregnancies,**

multiple gestation and a history of repeated miscarriages (two or more) of unknown cause, **and when the first trimester's combined test is positive** (with risk of abnormality in the foetus of more than 1/250), **up to a maximum limit per person and per calendar year stipulated in the table of coverage and limits attached to the particular terms and conditions.**

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: this covers consultations, extractions, stomatological treatment, dental cleans and associated dental x-rays.

It also includes fissure sealers and obturations (fillings) up to 14 years of age.

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 insured person'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; and **pelvic floor rehabilitation to treat dyssynergic defaecation and faecal incontinence** that do not respond to medical treatment, prior digestive prescription and **up to a maximum limit of 10 sessions/insured person/year (sum of session carried out in own and external services) set out in the table of coverage and limits**

in the appendix to the particular terms and conditions.

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 national centres of reference, with a suitable rehabilitation service for such purpose and exclusively to treat the following indications: **stroke, anoxia or hypoxia, meningitis, 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 such health care 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.

4.4 Diagnostic means

They must be prescribed by a practitioner that specifies the reason for the exploration. The contrast materials required in the diagnostic tests of this section are included.

Clinical, anatomopathological and smear tests.

Analyses at home: Blood collection at the insured person's home, **only through the associated network arranged by the entity DKV Network**

of Healthcare Services (own services), prior doctor's prescription and the required company's authorisation, provided that the level 3 dependency (high-level dependency) is certified by a medical report.

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

Endoscopies: digestive, diagnostic and/or therapeutical.

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

Fibrobronchoscopy: diagnostic and/or therapeutical.

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: polysomnography or respiratory polygraphy in pathological processes, upon request of a medical 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) Urogram by multi-slice computed tomography (UroTAC) of the urinary tract (collection system, ureters and bladder) for the study **of congenital abnormalities, in nephritic or reno-ureteral colic when simple radiology or renal ultrasound is not conclusive 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 or with magnetic resonance imaging (PET-MRI) **in cancer-related processes and in other clinical indications authorised by the Agencia Española de Medicamentos y Productos Sanitarios (AEMPS), included in the technical data sheet of the radiopharmaceutical fludeoxyglucose (18F) usually employed.** In addition, PET scan with Gallium is covered in gastro-entero-pancreatic neuroendocrine tumours.

e) Unique photon tomography (Spectography-SPECT), scintigraphy and spectroscopy by MRI or NMR in 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 that are necessary to obtain a different diagnosis that cannot be confirmed by any other means, according to the criteria established by the Assessment Agencies (AETS).**

In this respect, the only exception would be:

1. Genetic diagnosis (HLA-DQ2/ DQ8) of gluten intolerance or coeliac disease, for symptomatic children up to the age of 16 with altered serological markers, and for adults when endoscopy or digestive biopsy is contraindicated or inconclusive.

2. The early breast cancer prognostic-predictive genomics platform, which estimates the risk of recurrence of breast cancer and whether there is a need to administer chemotherapy after surgery. Covered when the following inclusion criteria are met (compulsory, all required):

a) Women under 75 years old, with invasive ductal carcinoma that has been operated on recently (less than 8 weeks since surgery).

b) Positive hormone receptors.

c) Negative human epidermal growth factor type 2 (HER2) receptor.

d) Tumour with a diameter of more than 0.5 cm, in stage T1-T2, without pathological lymph nodes or distant metastases (N0 and M0). If there are pathological lymph nodes (N1mic), it is covered when there are micrometastases (less than 2 mm) and no more than 3 affected lymph nodes.

The genomics platform is only covered in the associated services of the DKV Network of Healthcare Services (own services), prior authorisation by the company.

3. Breast cancer genetic testing (BRCA 1 and 2) in women with breast or ovarian cancer, whose family history suggests that it may be hereditary cancer. It is included when these two criteria are met:

a) There are two or more 1st and 2nd degree relatives affected by breast or ovarian cancer.

b) And one of them has breast cancer before the age of 50 and ovarian cancer at any age; or bilateral breast cancer.

g) Ecobronchoscopy (EBUS) or endobronchial ultrasound for the detection of oncological pathologies of the bronchi (in lung and

mediastinum) **that are not accessible by other means**, and if necessary, biopsies.

h) Digestive endoscopic (USE) sectoral or radial in the evaluation of **submucosal lesions, location of neuroendocrine tumours, and identification and staging of the digestive and biliopancreatic cancer**, as well as its extraluminal recurrence.

i) Breast tomosynthesis (3D). Only in services included in the DKV Network of Healthcare Services (own services) with the purpose of controlling and monitoring the fibrocystic pathology, and for early oncological diagnosis in dense breasts, avoiding unnecessary biopsies.

j) 3D/4D pregnancy ultrasound, which provides a global view of the foetus' anatomy in real time. Included with the medical prescription of a specialist, **with a maximum of one exploration per insured person per year.**

k) Spectography (spect) of a brain perfusion and dopamine transporters (DaTscan). Only in services included in the DKV Network of Healthcare Services (own services) for the differential diagnosis of Parkinson's disease with other movement disorders.

l) 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.

m) Multi-parametric magnetic resonance imaging (mpMr) for the early detection of occult prostate cancer, when the Prostate Specific Antigen (PSA) remains high (between 4-10 ng/ml) persistently (over 6 months) and the following indications are in place:

1) Free PSA/total PSA ratio of less than 20% (0.2) and transrectal ultrasound without alterations.

2) Prior negative ultrasound-guided prostate biopsy.

3) Local and regional staging of prostate cancer.

4) Active surveillance or planning of focal therapies.

5) Suspected of recurrence after cancer treatment.

n) Transient elastography (Fibroscan). This assesses the hardness of the liver without the need for a biopsy, in cases of cirrhosis and in chronic cholestatic diseases viral and in chronic hepatitis B and C. **Maximum one scan per insured person per year.**

Excluded in alcoholic liver disease and metabolic syndrome (non-alcoholic fatty liver disease).

4.5 Therapeutic methods

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

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

Analgesia and pain killing treatment: covers techniques employed by specialised units **with limitations for outpatients' medication as stipulated in the general terms and conditions (see section 5.x. 'Excluded cover').**

Narrow-band ultraviolet B phototherapy (UVB-BE): at reference 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 sessions per insured person** (sum of own services and external services) **for this concept stipulated in the table of coverage and limits in the appendix to the particular terms and conditions.**

Home therapy for severe Obstructive sleep apnea/hypopnea syndrome (OSAHS): by means of CPAP/ BiPAP devices for supplying air at a continuous preset positive pressure, **up to a maximum of 20 sessions per insured person/year if the Apnoea Hypopnea Index per hour (AHI) is over 30.** Includes respiratory polygraphy of dose titration to adjust the device and obtain the appropriate level of treatment.

Radiotherapy: it includes the linear accelerator, cobalt therapy, intracranial stereotactic radiosurgery, intensity modulated radiotherapy (IMRT) and **the 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 and hemodialysis: this service is offered both to outpatients and hospitalised patients, for the treatment of acute renal insufficiency, except in the DKV Mundisalud Premium individual modality, which also includes the treatment for **chronic renal insufficiency in the DKV Network of Healthcare Services.**

The treatment of acute renal insufficiency is expressly excluded in all modalities of DKV Mundisalud, except in the DKV Mundisalud Premium individual modality, when the treatment is carried out in the DKV Network of Healthcare Services (own services) with prior authorisation from DKV Seguros.

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 hospitalisation 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 treatments.

Transplants: of 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 hospitalisation.

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 4.3 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 4.3 ('neurological rehabilitation in severe acquired brain injury'..**

Physiotherapy at the insured person's home is covered in **level 3 dependency situations following hospitalisation (of over 24 hours), up to a maximum limit of 20 sessions,**

only through the associated network arranged by the entity DKV Network of Healthcare Services (own services), prior prescription from one of the medical specialists referred to in the previous section and the required company's authorisation, **provided that the level 3 dependency (high-level dependency) is certified by a medical report.**

Laser therapy, as rehabilitation techniques.

Renal and vesicular extracorporeal shock wave lithotripsy (ESWL).

Muscle-skeletal lithotripsy: up to the maximum limit of sessions per insured person and calendar year according to that specified in the table of coverage and limits attached to the particular terms and conditions (sum of own services and external services). 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, are also covered.

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 insurance cover**).

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 prostate cancer: included using the Da Vinci robotic laparoscopic system, **provided that the inclusion and/or exclusion criteria recommended by the Health Care Technology Assessment Agencies in Spain are met.**

d.1) Inclusion criteria:

- > **Diagnosed with localised prostatic adenocarcinoma, with PSA equal to below 15 ng/ml.**
- > **Life expectancy longer than 10 years.**
- > **Prostatic transrectal ultrasound without extracapsular pathology or seminal vesicle pathology (stage T1-T2).**
- > **No lymphatic invasion or metastases (N0 and M0).**
- > **Anaesthetic risk ASA I or II.**

d.2) Exclusion criteria:

- > **PSA higher than 15 ng/ml.**
- > **Extracapsular pathology, lymphatic invasion or metastases.**
- > **Anaesthetic risk ASA higher than II (severe coagulation disorders, severe ventilation disorders, severe glaucomas, prior heat-attacks, etc.).**
- > **Prior oncological abdominal surgery.**

If the insured person chooses services other than in the DKV Network of Healthcare Services, DKV Seguros will reimburse the expenses borne in the percentage and within the limits of the DKV Mundisalud modality contracted, up to the maximum annual limit for robotic laparoscopic surgery as established in the table of coverage and limitations attached to the particular terms and conditions. In this maximum limit, all the expenses incurred by the surgery are calculated together: the fees of doctors, assistants, anaesthetists or any other professional attending the operation, which are added to the expenses of using the robotic system, the associated surgical material, and those derived from the surgical hospitalisation (see section 4.6 Hospital care).

e) Intraoperative neurophysiological monitoring (IONM) of the nervous system in intracranial surgery, in the thyroid or parathyroid glands, and spinal fusion surgery or two-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 multi-parametric magnetic resonance imaging (mpMR): to detect occult prostate cancer 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) Advanced digestive endoscopy: it includes two minimally invasive techniques, according to commonly accepted protocols:

g.1) Endoscopic Mucosal Resection (EMR) or mucosotomy: to obtain large diagnostic biopsies and to locally treat **superficial precancerous lesions** (high grade dysplasia, on Barrett's esophagus) **or malignant lesions in the early stage** in the upper digestive tract (**confined to the mucous layer and equal to or below 2 cm in diameter**).

g.2) Endoscopic Submucosal Dissection (ESD): allows the complete or en-block removal of superficial or ulcerated **malignant tumours larger than 2 cm throughout the digestive tract**. This surgery is indicated when, due to the characteristics of the neoplastic lesion, using other techniques are not appropriate and the probability of associated regional lymphatic metastasis is minimal.

Inclusion criteria for endoscopic submucosal dissection:

- 1) Flat superficial well-differentiated adenocarcinoma, without ulceration of any size, even greater than 5 cm.
- 2) Well-differentiated adenocarcinoma, with ulceration smaller than 3 cm in diameter.
- 3) Poorly-differentiated adenocarcinoma and/or early gastric cancer of signet ring cells, smaller than 2 cm.
- 4) Well-differentiated adenocarcinoma, with superficial submucous invasion and without lymphovascular invasion.

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

Speech re-education: included for **speech** (articulation, fluidity, incorrect swallowing and oral dysphagia) **and language disorders in children** (receptive and expressive), **up to a maximum of 10 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.**

There is also a **maximum reimbursement limit per speech re-education therapy session** when the insured person uses services other than in the DKV Network of Healthcare Services **and a maximum number of sessions covered per insured person and calendar year** (sum of those carried out in own and external services) in each of the aforementioned indications. **Both limits are established in the table of coverage and limits attached to the particular terms and conditions.**

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 Ministerio de Sanidad, 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.

4.6 Hospital care

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

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:

> Oncological treatments: 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 4.5 ‘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, advanced digestive endoscopy (musesoctomy and endoscopic submucosal dissection).
- > 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 4.5 '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 4.7 'Surgical prostheses' of the general terms and conditions. **The therapies in section 5.r 'Excluded cover' and the biological medication and/or medicalised biomaterials not specified in section 4.7 are expressly excluded.**

Within this scope, the following is considered for the maximum reimbursement limit for each day of hospitalisation services in external services, according to its duration:

a) Short-term general hospitalisation: any hospitalisation for any reason **with a duration below or equal to five days.**

b) Long-term general hospitalisation: any hospitalisation for any reason **with a duration above or equal to six days** (except for ICU).

c) Hospital care in Intensive Care Unit: any hospitalisation stay in medical units specialising in providing this type of medical care.

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.

In this type of hospitalisation a short-term stay is considered an admission that does not exceed a predefined period (see section 2. Basic concepts. Definitions'..

3. Obstetric hospitalisation. Includes the treatment provided by the obstetrician gynaecologist and/or midwife in hospital admission during the pregnancy and/or childbirth; and includes cot and/or incubator for the newborn during hospital admission up to a maximum of 28 days.

4. Paediatric hospitalisation (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 maximum period of days per calendar year established in the table of coverage and limits attached to the particular terms and conditions**, whereby we will total the days of hospitalisation produced in the DKV Network of Healthcare Services and those in the external services care modality.

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.

In addition, DKV Mundisalud Premium, in its individual modality, covers the treatment of acute renal insufficiency in the DKV Network of Healthcare Services.

4.7 Complementary cover

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

1. Child Health Programme.

Includes:

- > Exercise classes and psycho-prophylactic preparation for birth, with practical and theoretical classes in child care, in reference centres of the DKV Network of Healthcare Services, or in external services through a reimbursement of expenses. It also includes preventive rehabilitation of the pelvic floor after childbirth (maximum cover period, four months after birth), but **only in the reference services included in the DKV Network of Healthcare Services** (own 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.
- > **Administration of vaccinations** included in the compulsory child vaccination programme in Spain, at certified associated vaccination centres, **where the medication will be borne by the insured person**, except when provided for free by the provincial Public Health authorities or similar body in the autonomous community.

- > **Reimbursement of vaccines recommended by the Spanish Association of Paediatricians (including the cost of medication), which are not covered in the calendar of compulsory child vaccinations** of the Spanish Autonomous Communities, provided they are prescribed by a paediatrician. **The following three are included: vaccination against rotavirus in infants, meningitis B in children up to 2 years of age, and human papillomavirus (HPV) in children (male) that are 12 years of age and women under 26 who have not had the proper vaccination.**

Low-grade (L-SIL) or post-conisation squamous intraepithelial dysplasia is also included for women under 55 with genital warts, as part of the cervical cancer prevention programme.

For these vaccines, there is a **maximum reimbursement limit per vaccine (unit)**, and **another maximum limit accumulated per insured person per year** (total of expenses for this concept under both own and external services), established in the table of coverage and limits in the appendix to the particular terms and conditions.

- > 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**, this includes a basal plasma glucose test every 4 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.

Two gynaecological screening methods, alternative and mutually incompatible, are included, which are as follows:

- a) One annual gynaecological check-up**, with consultation, colposcopy, cytology, gynaecological ultrasound scan, and mammography according to commonly accepted protocols. Also covered is the **HPV test (DNA-HPV) to detect a human papillomavirus (HPV) infection in women with cervical-vaginal cytology (Bethesda classification) and after conisation.**

A preventive High-risk Human papillomavirus (HR-HPV) test with the prescription of a gynaecologist is also included in women between **25 and 34 years old every three years and between 35 and 65 every 5.**

b) Multiannual specific screening programmes for the early detection of breast and cervical cancer:

b.1) Breast cancer screening programme: Taking a mammogram every two years is recommended for women between 45 and 69 years of age. Women between 35 and 45 years of age are advised to take annual check-ups if there is a family history of breast cancer and/or genetic risk (BRCA).

b.2) Cervical cancer screening programme for women between 25 and 65 years of age: includes taking a liquid sample that will be used in a smear test or High-risk Human Papilloma Virus (HVP) test, depending on the age and the protocol established in the cervical cancer screening programme of the Spanish National Health System (Order SCB/480/2019).

> For women between 25 and 34 years of age, a smear test will be conducted and if negative, it will be repeated every three years. When the result is positive,

a high-risk human papilloma or HPV test is provided.

> For women between 35 and 65 years of age, a High-risk Human Papilloma Virus (HVP) test will be provided every five years and if positive, the diagnosis will be confirmed by conducting a smear test.

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, uricaemia, 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)
- > 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, given by a psychologist with the prior prescription of a psychiatrist or paediatrician, provided its objective is the treatment of the following pathologies subject to psychological intervention:

- > Psychiatric illnesses: 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.

There is a maximum reimbursement limit for each psychotherapy session, when the insured person uses services external to the DKV Network of Healthcare Services, except with DKV Mundisalud Premium. The maximum number of sessions covered per insured person per calendar year (sum of own services and external services) is established in the table of coverage and limits attached to the particular terms and conditions.

Orthoptics. Rehabilitation therapy through eye exercises. Only included in the **external services care modality**, by means of reimbursement of expenses, **for children under 10 years old**, with amblyopia (lazy eye) and strabismus, prior prescription from an ophthalmologist, up to a limit of sessions per insured person and calendar year, and a maximum reimbursement for each session as set forth in the table of coverage and limitations attached to the particular terms and conditions.

Family planning. Includes the following services:

- > Implementation of the IUD, includes the reimbursement of the intrauterine device's cost in the percentage established in the policy modality, **up to a maximum reimbursement limit that is set forth in the table of coverage and limitations attached to the particular terms and conditions.**
- > Tubal ligation.
- > Vasectomy.

Surgical prostheses: the policy's cover includes the prescription and fitting of **articular**, (shoulder, hip, knee, ankle and foot), **vascular** (includes coils as embolisation agents) and **heart prostheses** (heart valves, vascular bypass, stent, septal occluder systems, temporary and permanent pacemakers, automatic defibrillator), **ossicles** (replacing the hammer, anvil and stirrup), **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) resistant 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.
- > Anti-adhesive or non-stick barrier gel: in back surgery and in reoperations of other specialties.
- > Transtympanic drainage: in recurrent acute otitis media, secretory or serous otitis media (>3 months course).
- > Lacrimal plugs (maximum 2 per eye) to treat epiphora or constant tearing and dry eye syndrome as a consequence of cataract surgery or Sjögren's syndrome.
- > 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, testicular prosthesis for orchidectomy** after an oncological process or an accident, skin expander, **breast prosthesis** and mesh covering only in reconstruction after radical surgery, and **a neutral monofocal intraocular lens** (without added visual correction) **in the cataract surgery, except with DKV Mundisalud Classic Élite and Premium, which covers the toric lens and/or multifocal lens, up to the maximum limit per eye stipulated in the table of coverage and limits in the appendix to the particular terms and conditions.**

There is no maximum coverage limit for prosthetic material and implantology through the DKV

Network of Healthcare Services (own services) in DKV Mundisalud Premium, provided that DKV Seguros has given the compulsory prior authorisation. The rest of the DKV Mundisalud modalities do not have a maximum annual cover limit in own services, provided that DKV Seguros **has given the compulsory prior authorisation, except for the aforementioned vascular and heart prostheses, which will have a limit of coverage per insured person per year as established in the table of coverage and limitations attached to the particular terms and conditions for surgical prosthesis.**

In the external services healthcare modality, when the aforementioned prosthetic and implant material is acquired in centres not belonging to the DKV Network of Healthcare Services and/or without DKV Seguros' compulsory prior authorisation before surgery, the billing expenses will be reimbursed in the percentage and up to the limit of coverage established in the table of coverage and limitations attached to the particular terms and conditions of this policy.

To calculate the annual coverage limit for prostheses per insured person, all the expenses arising through the DKV Network of Healthcare Services (also cardiovascular prostheses authorised by own

services, if the case) and outside the Network authorised by DKV Seguros (healthcare modality of reimbursement of expenses in external services) will be taken into account.

Daily compensation for hospitalisation. A daily compensation is included from the third day of hospitalisation and up to a maximum amount per insured person per year, which is specified in the table of coverage and limits attached to the particular terms and conditions, provided that the following conditions 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: it covers the expenses arising from the treatment with the limits and exclusions established for healthcare compensation in the different applicable sections of the general terms and conditions (sections 2, 3, 4, 5 and 6). In addition, **an exclusion**

period and a total maximum limit per insured person is established during the term of the policy and/or the lifetime of the insured person, which is specified in the table of coverage and limitations attached to the particular terms and conditions (own and external services are calculated together).

4.8 Exclusive cover

Only the contracting of the insurance policy 'DKV Mundisalud' complete medical care in its individual modality grants the insured person access to the following additional guarantee (see Appendix II):

- 1. Gait analysis. In specialised reference centres in the DKV Network of Healthcare Services (own services).**
- 2. Obesity control and treatment programme by a nutritionist.**
- 3. Reimbursement of acupuncture expenses.**
- 4. Reimbursement of expenses incurred for family assistance services in cases of dependency, when there is a Dependence grade 3 due to an accident.**
- 5. Reimbursement for medication expenses.**

6. 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 franchised service for extracting and cryopreserving the cord was **contracted through the supplier associated with the DKV Club Salud y Bienestar, the pregnancy was covered by the insurance and the child whose organ is preserved was included in the policy since birth.**

In addition, when taking out the DKV Mundisalud Classic, Elite or Premium complete health insurance policy in its individual modality, the insured person will have access to the following additional coverage:

1. Assisted reproduction. The assisted reproduction techniques are covered during the period of maximum fertility (over 18 years old, and up to 42 in women and 55 in men) in the infertility treatment of couples. To qualify for this coverage, both partners must be insured and must not have a child in common.

The treatment, with the required authorisation of the company, shall be received **exclusively through the corresponding assisted reproduction medical and clinical centres associated to the DKV Network of Healthcare Services (own services),** even if they are not located in the

insured persons' province of residence, **with a waiting period of 48 months.**

The description of this exclusive cover, the modality, territorial scope, purpose, form of access, waiting period, coverage limitations and excluded risks are established in Appendix II (Exclusive cover of the DKV Mundisalud insurance in its individual modality) **and in the sections of general terms and conditions that define the insurance cover:** section 2 'Basic concepts. Definitions', section 3 'Modality and extension of the insurance policy', section 4 'Description of the cover', section 5 'Excluded cover' and section 6 'Waiting and exclusion periods'.

4.9 Travel assistance

For temporary trips abroad, the insurance policy has worldwide travel assistance cover for a maximum of 180 days per trip that is detailed in Appendix I to these general terms and conditions. This service is only available by calling +34 913 790434.

5. Excluded cover

The following are excluded from the general cover of this policy:

a) For each insured person, any pathology (illness or injury, sudden or congenital) and health condition, such as pain or symptoms originating before the policy became effective or they were included in it, that was known and the company had not been informed in the health questionnaire.

In any case, DKV Seguros may exclude from cover any declared pathology and health condition that cannot be taken on based on the policy's characteristics, and it shall expressly state these specific exclusions.

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 injuries that are the consequence of wars, mutinies, revolutions and terrorism; injuries caused by officially declared epidemics; injuries that are directly or indirectly related to nuclear radiation or reaction; and those coming 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 healthcare 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 (except in the individual modality), phytotherapy, chiropractic

massage, lymphatic drainage, mesotherapy, magnet therapy, gymnastics, osteopathy, hydrotherapy, alternative deliveries (at home, aquatic delivery, etc.), three-phase oxygen therapy, presotherapy, ozonotherapy, the modalities of phototherapy and its indications not detailed in section 4.5, and other similar services, as well as and medical specialities not included in section 4 ('Description of cover') or not officially recognised.

Prophylactic surgery of any type of cancer and 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 publicly owned hospitals, centres and other establishments included in Spain's National Health System and/or under the responsibility of the autonomous regions is excluded, except in the circumstances identified (see section 3.4 Specific regulations for the external services care modality).

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 4.4 'Diagnostic means' and 4.5 'Therapeutic methods' of these general terms and conditions.

j) The treatment of roncopathy or obstructive sleep apnea (except for twenty sessions with CPAP or BiPAP), as well as radiotherapy treatments and/or modalities and their medical indications that are not expressly specified in section 4.5 'Therapeutic methods'. section 'Radiotherapy'. in these general terms and 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 4.7 'Complementary cover' of the general terms and conditions.

l) The voluntary interruption of pregnancy and selective instrumental embryonic reduction in any circumstance, prior reconstructive contraceptive surgery techniques, as well as treatment of infertility, seminal washing techniques and any type of assisted fertilisation techniques, except for those specified in Appendix II, section 3 'Exclusive cover' of the DKV Mundisalud Classic, Élite and Premium insurance with complete medical care in its individual modality, which is subject to the risk exclusions and limits established in section 3.1.6 [a - i] of the same Appendix.

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

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

n) 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 means necessary to carry out these treatments, except in DKV Mundisalud Premium where it is included (except for cosmetic dentistry) by reimbursement with the limits established in the table of cover and limitations attached to the general terms and conditions.

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 4.7 (Description of clinical psychology cover) 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 4.5 'Therapeutic methods' ('Speech rehabilitation therapy' section).

r) Regenerative medicine, biological medicine, immunotherapy, genetic and/or cell therapies, biological therapies 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) The hyperbaric chamber. Dialysis and haemodialysis in the treatment of chronic diseases, except in DKV Mundisalud Premium in its individual modality, which are covered in the DKV Network of Healthcare Services.

t) Healthcare for viral haemorrhagic 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 the table of coverage and limitations included as an appendix to the general terms and conditions for this coverage.

u) Robotic, image-guided, computer-assisted or virtual navigator-assisted surgery, except for what is specified in section 4.5 of the general terms and conditions. Robot- or computer-assisted therapies and treatments that use laser are also excluded, except for the specialities and indications specified in the section 4. 'Description of the cover'.

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 terms and 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 terms and conditions. Also, for transplants, the extraction, transport and conservation expenses of the organ are excluded, except for a cornea transplant.

x) Pharmaceutical products, medications and additional curing aids of any kind, except for those detailed in section 2.3 of Appendix II of the general terms and conditions 'Exclusive coverage of DKV Mundisalud in its individual modality' and those that are consumed by the insured person during his/her hospital admission (minimum 24 hours). In any event, biological medications or biomaterials not specified in section 4.7 'Surgical prostheses' and the therapies in section 5.r of 'Excluded cover' are also expressly excluded, although they may be given during a stay in hospital.

Cancer chemotherapy shall cover only the expenses for the specifically cytostatic medications defined and specified in 'Cytostatic' included in section 2 'Basic concepts. Definitions'. Antitumour immunotherapy,

monoclonal antibodies, genetic and/or cell therapies, endocrine or hormonal therapy, enzymatic or molecular suppressants, antiangiogenic medicines and the sensitisers used in photodynamic therapy and radiation are expressly excluded from this category.

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 (except for as indicate in section 4.5 Home physiotherapy), as a reason for admission, and that which is carried out at non-authorized 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 (except for prognostic genomics

platform to predict breast cancer), 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.

6. Waiting 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 and have a **waiting period that is stipulated in the table of coverage and limits in the appendix to the particular terms and conditions:**

1. Surgery and hospital care, including surgical prostheses, for any reason and of any kind, except in the cases of a life-threatening emergency or as the result of an accident.

2. Assistance for any type of birth (except for premature birth) **or caesarean:**

3. Transplants

4. Assisted reproduction techniques, exclusive coverage **of DKV Mundisalud Classic completo, Élite and Premium**

in their individual modality, only covered through the DKV Network of Healthcare Services (own services) with a waiting period of 48 months.

5. The Healthcare for HIV/AIDS infection has an exclusion period of twelve months that is established in the table of coverage and limitations attached to the particular terms and conditions (see definition of 'exclusion period' in section 2 Basic concepts. Definitions).

6. The biomechanical gait analysis (exclusive cover of DKV Mundisalud in its individual modality) is only included through the DKV Network of Healthcare Services (own services) **with a waiting period of 6 months.**

The waiting and exclusion periods to access these healthcare services will apply both in the own services care modality, known as the DKV Network of Healthcare Services, and in the external services care modality when included in the provision.

7. Services according to the module(s) taken out

The healthcare services detailed in section 4 of these general terms and conditions can be contracted with seven different modalities:

7.1 DKV Mundisalud Classic Hospitalización

Mixed reimbursement insurance policy that only includes the services described in Section 4.6 'Hospital Care' of these general terms and conditions.

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

It allows the insured person to either select hospital care in the DKV Network of Healthcare Services (own services care modality), or to go to doctors and hospital centres in Spain and abroad that are not included in the DKV Seguros network (external services care modality), and to request a reimbursement for the invoices (see Section 3.4 'Access to Cover').

In both cases a previous waiting or exclusion period is required to access certain services, as described in section 6. 'Waiting and exclusion periods' (details in the table of coverage and limits attached to the particular terms and conditions).

If the insured person goes to doctors and hospitals other than those in the DKV Network of Healthcare Services (external services care modality), s/he has the right to the following, provided they are services that are covered by this insurance policy:

- > **A percentage reimbursement** of the total amount of the invoice, depending on whether this was raised in Spain or abroad (see table of coverage and limits attached to the particular terms and conditions).
- > **The maximum reimbursement limits are established in the table of coverage and limits attached to the particular terms and conditions, which will be applied to the following guarantees and coverage:**

- **Maximum capital guaranteed** in the policy per insured person per calendar year.
 - Hospital care (see section 4.6 of the general terms and conditions) has a maximum guaranteed capital per insured person per year.
 - The expenses that are generated during each day of hospital admission have a maximum limit depending on the country, the type of admission and/or its duration (see section 4.6. Hospital care and table of coverage and limits attached to the particular terms and conditions), which will be applied to the stay (standard individual room with toilet and companion's bed), the patient's maintenance, general nursing expenses, intensive care unit, complementary means of diagnosis, therapeutic aids, operating theatre expenses, materials, delivery room, anaesthetic products and medications.
 - Medical fees for medical or surgical admission, including the surgeon, assistants, anaesthetists and medical team in general, up to a maximum limit per insured person per year.
 - For psychiatric hospital care the stay is limited to that stipulated in section 4.6.5 of these general terms and conditions.
 - Surgical prostheses have a maximum annual limit according to that stipulated in section 4.7 of these general terms and conditions.
 - **Monofocal, multifocal or toric intraocular lens for cataract surgery:** includes the cost of the lens **up to a maximum annual limit per eye operated, set forth in the table of coverage and limitations attached to the particular terms and conditions** and applied to the own services care modality and reimbursement modality in external services.
 - Daily compensation for hospital care, according to the indications of section 4.7 of these general terms and conditions.
 - Other medical and surgical hospital services, according to the coverage indications and limitations established in sections 4.3 and 4.6 of these general terms and conditions for hospital care.
- The following is excluded: out-of-hospital medical assistance (primary and specialist care, care at home, outpatient emergencies, complementary means of diagnosis, therapeutic methods not specifically detailed in section 4.6, programmes on preventive medicine, clinical psychology and sanitary transport).**

7.2 DKV Mundisalud Complet

Mixed reimbursement insurance policy that integrates all the specialities, health care and services described in section 4 ‘Description of the Cover’, within these general terms and conditions.

It also includes access to some complementary additional services.

It allows the insured person to either select hospital care in the DKV Network of Healthcare Services (own services care modality), or to go to doctors, hospitals and diagnosis or outpatient treatment centres in Spain and abroad that are not included in the DKV Seguros network (external services care modality), and to request a reimbursement for the invoices (see Section 3.4 ‘Access to Cover’).

In both cases, a prior waiting or exclusion period is required to access certain services, as described in section 6 ‘Waiting and exclusion periods’ (details in the table of coverage and limits attached to the particular terms and conditions).

If the insured person goes to doctors, hospitals and diagnosis and outpatient centres other than those in the DKV Network of Healthcare Services (own services care modality), s/he has the right to the following,

provided they are services that are covered by this insurance policy:

- > **A percentage reimbursement** of the total amount of the invoice, depending on whether this was raised in Spain or abroad (see table of coverage and limits attached to the particular terms and conditions).
- > **The maximum reimbursement limits are established in the table attached to the particular terms and conditions, which will be applied to the following guarantees and coverage:**
 - **Maximum capital guaranteed** in the policy per insured person per calendar year.
 - **Out-of-hospital care:**
 - Medical fees for consultations, complementary means of diagnosis and outpatient treatment, including sanitary transport, up to a maximum limit per insured person per year.
 - Consultations of primary, specialised and emergency care, with a partial sub-limit per consultation.
 - Amniocentesis, triple screening or EBA Screening or chorion biopsy, according to the

stipulations in section 4.3 of the general terms and conditions.

- Prenatal screening genetic test, according to the stipulations in section 4.3 of the general terms and conditions.
- Clinical psychology and psychotherapy sessions, according to the stipulations in Section 4.7 of the general terms and conditions.
- Other outpatient therapeutic acts, according to the coverage indications and limitations established in section 4 of these general terms and conditions for out-of-hospital assistance.

- **Hospital care:**

- Hospital care (see section 4.6 of the general terms and conditions) has a maximum guaranteed capital per insured person per year.
- The expenses that are generated during each day of hospital admission have a maximum limit depending on the country, the type of admission and/or its duration (see section 4.6. Hospital care and table of coverage and limits attached to the particular terms and conditions), which will be applied to the stay

(standard individual room with toilet and companion's bed), the patient's maintenance, general nursing expenses, intensive care unit, complementary means of diagnosis, therapeutic aids, operating theatre expenses, materials, delivery room, anaesthetic products and medications.

- Medical fees for medical or surgical admission, including the surgeon, assistants, anaesthetists and medical team in general, up to a maximum sub-limit for surgical group, birth or caesarean operation, and transplants.
- For psychiatric hospital care the stay is limited to that stipulated in section 4.6.5 of these general terms and conditions.
- Surgical prostheses have a maximum limit according to that stipulated in section 4.7 of these general terms and conditions.
- Daily compensation for hospital care, according to the indications of section 4.7 of these general terms and conditions.
- Other medical and surgical hospital services, according to the coverage indications and limitations established in sections 4.3 and 4.6

of these general terms and conditions for hospital care.

7.3 DKV Mundisalud Plus

Mixed reimbursement insurance policy that integrates all the specialities, health care provisions and services described in section 4 'Description of the Cover', within these general terms and conditions.

It also includes access to some complementary additional services.

It allows the insured person to either select hospital care in the DKV Network of Healthcare Services (own services care modality), or to go to doctors, hospitals and diagnosis or outpatient treatment centres in Spain and abroad that are not included in the DKV Seguros network (external services care modality), and to request a reimbursement for the invoices (see Section 3.4 'Access to Cover').

In both cases a previous waiting or exclusion period is required to access certain service, as described in section 6. 'Waiting and exclusion periods' (details in the table of coverage and limits attached to the particular terms and conditions).

If the insured person goes to doctors, hospitals and diagnosis and outpatient centres other than those

in the DKV Network of Healthcare Services (external services care modality), s/he has the right to the following, provided they are services that are covered by this insurance policy:

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

> **The maximum reimbursement limits are established in the table attached to the particular terms and conditions, which will be applied to the following guarantees and coverage:**

- Maximum capital guaranteed in the policy per insured person per calendar year.
- **Out-of-hospital care:**
 - Medical fees for consultations, complementary means of diagnosis and outpatient treatment, including sanitary transport, up to a maximum limit per insured person per year.
 - Consultations of primary, specialised and emergency care, with a partial sub-limit per consultation.

- Amniocentesis, triple screening or EBA Screening or chorion biopsy, according to the stipulations in section 4.3 of the general terms and conditions.
- Prenatal screening genetic test, according to the stipulations in section 4.3 of the general terms and conditions.
- Clinical psychology and psychotherapy sessions, according to the stipulations in section 4.7 of the general terms and conditions.
- Other outpatient therapeutic acts, according to the coverage indications and limitations established in section 4 of these general terms and conditions for out-of-hospital assistance.

- **Hospital care:**

- Hospital care (see section 4.6 of the general terms and conditions) has a maximum guaranteed capital per insured person per year.
- The expenses that are generated during each day of hospital admission have a maximum limit depending on the country, the type of admission and/or its duration (see section 4.6. Hospital care and table of coverage and

limits attached to the particular terms and conditions), which will be applied to the stay (standard individual room with toilet and companion's bed), the patient's maintenance, general nursing expenses, intensive care unit, complementary means of diagnosis, therapeutic aids, operating theatre expenses, materials, delivery room, anaesthetic products and medications.

- Medical fees for medical or surgical admission, including the surgeon, assistants, anaesthetists and medical team in general, up to a maximum sub-limit for surgical group, birth or caesarean operation, and transplants.
- For psychiatric hospital care the stay is limited to that stipulated in section 4.6.5 of these general terms and conditions.
- Surgical prostheses have a maximum limit according to that stipulated in section 4.7 of these general terms and conditions
- Daily compensation for hospital care, according to the indications of section 4.7 of these general terms and conditions.

- Other medical and surgical hospital services, according to the coverage indications and limitations established in sections 4.3 and 4.6 of these general terms and conditions for hospital care.

7.4 DKV Mundisalud Classic

Mixed reimbursement insurance policy that integrates all the specialities, health care and services described in section 4. 'Description of cover' of the general terms and conditions.

It also includes access to some complementary additional services.

It allows the insured person to either select hospital care in the DKV Network of Healthcare Services (own services care modality), or to go to doctors, hospitals and diagnosis or outpatient treatment centres in Spain and abroad that are not included in the DKV Seguros network (external services care modality), and to request a reimbursement for the invoices (see Section 3.4 'Access to Cover').

In both cases, a prior waiting or exclusion period is required to access certain services, as described in section 6 'Waiting and exclusion periods' (details in the table of coverage and limits attached to the particular terms and conditions).

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

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

> **The maximum reimbursement limits are established in the table attached to the particular terms and conditions, which will be applied to the following guarantees and coverage:**

-**Maximum capital guaranteed** in the policy per insured person per calendar year.

- **Out-of-hospital care:**

- Medical fees for consultations, complementary means of diagnosis and outpatient treatment, including sanitary transport, up to a maximum limit per insured person per year.

- Amniocentesis, triple screening or EBA Screening or chorion biopsy, according to the stipulations in section 4.3 of the general terms and conditions.
- Prenatal screening genetic test, according to the stipulations in section 4.3 of the general terms and conditions.
- Clinical psychology and psychotherapy sessions, according to the stipulations in section 4.7 of the general terms and conditions.
- Other outpatient therapeutic acts, according to the coverage indications and limitations established in section 4 of these general terms and conditions for out-of-hospital assistance.

- **Hospital care:**

- Hospital care (see section 4.6 of the general terms and conditions) has a maximum guaranteed capital per insured person per year.
- The expenses that are generated during each day of hospital admission have a maximum limit depending on the country, the type of admission and/or its duration (see section 4.6. Hospital care and table of coverage and

limits attached to the particular terms and conditions), which will be applied to the stay (standard individual room with toilet and companion's bed), the patient's maintenance, general nursing expenses, intensive care unit, complementary means of diagnosis, therapeutic aids, operating theatre expenses, materials, delivery room, anaesthetic products and medications.

- Medical fees for medical or surgical admission, including the surgeon, assistants, anaesthetists and medical team in general, up to a maximum limit per insured person per year.
- For psychiatric hospital care the stay is limited to that stipulated in section 4.6.5 of these general terms and conditions.
- Surgical prostheses have a maximum limit according to that stipulated in section 4.7 of these general terms and conditions
- **Monofocal, multifocal and/or toric intraocular lens for cataract surgery:** includes the cost of the lens **up to a maximum annual limit per eye operated, set forth in the table of coverage and limitations attached to the**

particular terms and conditions

and applied to the own services care modality and reimbursement modality in external services.

- Daily compensation for hospital care, according to the indications of section 4.7 of these general terms and conditions.
 - Other medical and surgical hospital services, according to the coverage indications and limitations established in sections 4.3 and 4.6 of these general terms and conditions for hospital care.
- > **There is a maximum excess of 25,000 euros** per insured person per calendar year through the reimbursement of expenses (external services care modality). After this quantity has been reached, the reimbursement percentage applied by DKV Seguros to the invoices will be 100 %, except for guarantees and coverage that are subject to the limits and exclusions specified in the general terms and conditions and/or the table of coverage and limits in the appendix to the particular terms and conditions.

7.5 DKV Mundisalud Élite

Mixed reimbursement insurance policy that integrates all the specialities, health care provisions and services described in section 4 ‘Description of the Cover’, within these general terms and conditions.

It also includes access to some complementary additional services.

It allows the insured person to either select hospital care in the DKV Network of Healthcare Services (own services care modality), or to go to doctors, hospitals and diagnosis or outpatient treatment centres in Spain and abroad that are not included in the DKV Seguros network (external services care modality), and to request a reimbursement for the invoices (see Section 3.4 ‘Access to Cover’).

In both cases a previous waiting or exclusion period is required to access certain service, as described in section 6. ‘Waiting and exclusion periods’ (details in the table of coverage and limits attached to the particular terms and conditions).

If the insured person goes to doctors, hospitals and diagnosis and outpatient centres other than those in the DKV Network of Healthcare Services (external services care modality), s/he has the right to the

following, provided they are services that are covered by this insurance policy:

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

> **The maximum reimbursement limits are established in the table attached to the particular terms and conditions, which will be applied to the following guarantees and coverage:**

- **Maximum capital guaranteed** in the policy per insured person per calendar year.

- **Out-of-hospital care:**

- Medical fees for consultations, complementary means of diagnosis and outpatient treatment, including sanitary transport, up to a maximum limit per insured person per year.
- Amniocentesis, triple screening or EBA Screening or chorion biopsy, according to the stipulations in section 4.3 of the general terms and conditions.

- Prenatal screening genetic test, according to the stipulations in section 4.3 of the general terms and conditions.
- Clinical psychology and psychotherapy sessions, according to the stipulations in section 4.7 of the general terms and conditions.
- Other outpatient therapeutic acts, according to the coverage indications and limitations established in section 4 of these general terms and conditions for out-of-hospital assistance.

- **Hospital care:**

- Hospital care (see section 4.6 of the general terms and conditions) has a maximum guaranteed capital per insured person per year.
- The expenses that are generated during each day of hospital admission have a maximum limit depending on the country, the type of admission and/or its duration (see section 4.6. Hospital care and table of coverage and limits attached to the particular terms and conditions), which will be applied to the stay (standard individual room with toilet and companion's bed), the patient's maintenance, general

- nursing expenses, intensive care unit, complementary means of diagnosis, therapeutic aids, operating theatre expenses, materials, delivery room, anaesthetic products and medications.
 - Medical fees for medical or surgical admission, including the surgeon, assistants, anaesthetists and medical team in general, up to a maximum limit per insured person per year.
 - For psychiatric hospital care the stay is limited to that stipulated in section 4.6.5 of these general terms and conditions.
 - Surgical prostheses have a maximum limit according to that stipulated in section 4.7 of these general terms and conditions
 - **Monofocal, multifocal and/or toric intraocular lens for cataract surgery:** includes the cost of the lens **up to a maximum annual limit per eye operated, set forth in the table of coverage and limitations attached to the particular terms and conditions** and applied to the own services care modality and reimbursement modality in external services.
 - Daily compensation for hospital care, according to the indications of section 4.7 of these general terms and conditions.
 - Other medical and surgical hospital services, according to the coverage indications and limitations established in sections 4.3 and 4.6 of these general terms and conditions for hospital care.
- > **There is a maximum excess of 25,000 euros** per insured person per calendar year through the reimbursement of expenses (external services care modality). After this quantity has been reached, the reimbursement percentage applied by DKV Seguros to the invoices will be 100%, except for guarantees and coverage that are subject to the limits and exclusions specified in the general terms and conditions and/or the table of coverage and limits in the appendix to the particular terms and conditions.
- 7.6 DKV Mundisalud Premium**
- Mixed reimbursement insurance policy that integrates all the specialities, health care and services described in section 4. 'Description of cover' of the general terms and conditions.

It also includes access to some complementary additional services.

It allows the insured person to either select hospital care in the DKV Network of Healthcare Services (own services care modality), or to go to doctors, hospitals and diagnosis or outpatient treatment centres in Spain and abroad that are not included in the DKV Seguros network (own services care modality), and to request a reimbursement for the invoices (see Section 3.4 'Access to Cover').

In both cases a previous waiting or exclusion period is required to access certain service, as described in section 6. 'Waiting and exclusion periods' (details in the table of coverage and limits attached to the particular terms and conditions).

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

> **A percentage reimbursement** of the total amount of the invoice, depending on whether this was raised in Spain or abroad (see **table of coverage and limits**

attached to the particular terms and conditions).

> **The maximum reimbursement limits are established in the table attached to the particular terms and conditions, which will be applied to the following guarantees and coverage:**

- **Maximum capital guaranteed** in the policy per insured person per calendar year.
- **Out-of-hospital care:**
 - Medical fees for consultations, complementary means of diagnosis and outpatient treatment, including sanitary transport, up to a maximum limit per insured person per year.
 - Amniocentesis, triple screening or EBA Screening or chorion biopsy, according to the stipulations in section 4.3 of the general terms and conditions.
 - Prenatal screening genetic test, according to the stipulations in section 4.3 of the general terms and conditions.
 - Clinical psychology and psychotherapy sessions, according to the stipulations in section 4.7 of the general terms and conditions.

- Other outpatient therapeutic acts, according to the coverage indications and limitations established in section 4 of these general terms and conditions for out-of-hospital assistance.

- **Hospital care:**

- Hospital care (see section 4.6 of the general terms and conditions) has a maximum guaranteed capital per insured person per year.
- The expenses that are generated during each day of hospital admission have a maximum limit depending on the country, the type of admission and/or its duration (see section 4.6. Hospital care and table of coverage and limits attached to the particular terms and conditions), which will be applied to the stay (standard individual room with toilet and companion's bed), the patient's maintenance, general nursing expenses, intensive care unit, complementary means of diagnosis, therapeutic aids, operating theatre expenses, materials, delivery room, anaesthetic products and medications.

- Medical fees for medical or surgical admission, including the surgeon, assistants, anaesthetists and medical team in general, up to a maximum limit per insured person per year.

- For psychiatric hospital care the stay is limited to that stipulated in section 4.6.5 of these general terms and conditions.
- Surgical prostheses have a maximum limit according to the stipulations in section 4.7 of these general terms and conditions, by means of reimbursement of expenses in external services, and without a limit in the DKV Network of Healthcare Services (own services), with prior authorisation from the company.
- Daily compensation for hospital care, according to the indications of section 4.7 of these general terms and conditions.
- Other medical and surgical hospital services, according to the coverage indications and limitations established in sections 4.3 and 4.6 of these general terms and conditions for hospital care.

- **Special coverage for DKV**

Mundisalud Premium: individual and collective modalities.

a) Special dentistry. 'DKV Mundisalud Premium' covers all dental treatments, **except for those which have a cosmetic purpose:** endodontics, periodontics, orthodontics, obturations or fillings, dental prostheses and maxillary orthopaedics, apicectomies, implants and diagnostic procedures necessary for these treatments.

The insured person may visit dentists or dental centres not included in the 'DKV Network of Dental Services' (**external services**) in Spain and abroad, and he will have the right to a **percentage of reimbursement for the billed dental care**, provided that the concepts appear correctly broken down and including the dental pieces and treatments carried out.

In addition, you can visit the DKV Dental Services Network (own services), available throughout Spain. **Before receiving the dental service at the special price established in the DKV Network of Healthcare Services, the insured must identify themselves with their DKV MEDICARD®**, which will also provide the right to the reimbursement of all expenses incurred from this dental care.

The sum of the dental treatments billed in the insurance for both modalities (own and external

services) will have a maximum limit per insured person per year, as established in the table of coverage and limits attached to the particular terms and conditions.

b) Psychotherapy: unitary reimbursement of each session in external services, without a maximum limit (see detail of the cover in section 4.7 for clinical psychology).

c) Family planning: includes the cost of the intrauterine device (IUD), by means of a reimbursement of expenses in external services, without a maximum limit per unit (see detail of the coverage in section 4.7 for family planning).

d) Surgical prostheses: without maximum limit for coverage own services, with prior authorisation from the company (see detail of the coverage in section 4.7 for prosthesis). **In external services, the percentage and maximum limit for reimbursement per insured person per calendar year is established in the table attached to the particular terms and conditions.**

e) Monofocal, multifocal or toric intraocular lens for cataract surgery: includes the cost of the lens **up to a maximum annual**

limit per eye operated, set forth in the table of coverage and limitations attached to the particular terms and conditions and applied to the own services care modality and reimbursement modality in external services.

- **Exclusive coverage of DKV Mundisalud Premium, individual modality**

a) Reimbursement of acupuncture expenses: (see description of the coverage in section 2.1 Appendix II of the general terms and conditions and the reimbursement limits in the table attached to the particular terms and conditions).

b) Reimbursement of expenses incurred for family care services and/or dependency care, with a sublimit for management or advisory expenses, in the event of proving a state of Dependence grade 3 due to an accident (see description of the cover in section 2.2 Appendix II of the general terms and conditions and the reimbursement limits in the table attached to the particular terms and conditions).

c) Reimbursement of medication expenses (see description of the cover in section 2.3 Appendix II of the general terms and conditions

and the reimbursement limits in the table attached to the particular terms and conditions). This coverage is optional in the collective modality.

d) 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 Club Salud y Bienestar, the pregnancy is covered by the insurance and the insured person whose stem cells are preserved is included in the policy** (see details of the cover in section 2.4 of Appendix II of the general terms and conditions, and the reimbursement limit in the table attached to the particular terms and conditions).

e) Assisted reproduction in associated services of the DKV Network of Healthcare Services (see description of the cover in the assisted reproduction section of Appendix II of the general terms and conditions and the age limits and attempts set in the table attached to the particular terms and conditions).

f) Dialysis and hemodialysis in associated services of the DKV Network of Healthcare Services: for the treatment of acute renal insufficiency.

> **With a maximum excess of 25,000 euros** per insured person per calendar year, via the reimbursement of expenses (external services care modality). After this quantity has been reached, the reimbursement percentage applied by DKV Seguros to the invoices will be 100%, except for guarantees and coverage that are subject to the limits and exclusions specified in the general terms and conditions and/or the table of coverage and limits in the appendix to the particular terms and conditions.

7.7 Scaled reimbursement substitute for hospital care

The DKV Mundisalud Classic, Élite and Premium external services care modality also offers the possibility of a scaled substitute refund when the reimbursable concepts are **not broken down or are not itemised individually in the invoice for the hospital care provided (e.g. system of billing for fixed tariffs, related diagnostic groups GRD or similar), as stipulated in this article** (consult the section and details of hospital care, sections 7.4 and 7.5), and therefore the maximum reimbursement limits specified in the table of coverage and limits attached to the particular terms and conditions cannot be calculated for them. In such cases **the following proportional**

rule or scale will be applied in the following percentages (including the cover of the prosthesis as applicable), instead of considering the items broken down in the hospital invoice, in order to subsequently make the refund for the services:

50% of the total amount of the hospital invoice: is allocated as expenses of the hospital stay or hospital care (minimum 24 hours), to which the refund percentage and the maximum daily refund limit for hospital care are applied, according to the billed number of days of admission, as stipulated in the modality of the insurance policy contracted.

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

15% of the total amount of the hospital invoice is allocated as expenses on prostheses or surgical

implants (consult details in section 4.7 of the general terms and conditions), to which the refund percentage and the maximum daily refund limit for prostheses and surgical implants per insured person per year are applied, as stipulated in the modality of the insurance policy contracted.

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

60% of the total amount of the hospital invoice: is allocated as expenses for the hospitalisation, to which the refund percentage and the daily reimbursement limit for hospital care previously referred to will be applied.

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

8. Bases of the contract

8.1 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 terms and 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 terms and 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 they decide not to renew it or if they decide 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 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 its 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 8.4 of this contract, and accepts the modifications to the general terms and conditions that may be proposed to all insured persons that have subscribed the same insurance modality.

8.2 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 circumstances known to him 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 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.

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 3.5.

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.

8.3 Other obligations of DKV Seguros

Besides providing the medical assistance 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 persons, 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.

8.4 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 terms and 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 cover 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 terms and 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 terms and 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 healthcare 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.com 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 for policies of a collective modality. Similarly, the premiums may experience modifications due to variations in the structure of the insured collective, as well as the revaluation of maximum insured capitals in the reimbursement of expenses.

When the insured person reaches, during the course of the policy, an actuarial age included in another group, the premium corresponding to the new age group shall apply at the next annual maturity date.

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.

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.

8.5 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).

8.6 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 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 cover will become effective twenty-four hours after the day on which the policyholder pays the premium.

8.7 Notifications

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.

8.8 Special health risks

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

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

8.9 Taxes and surcharges

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

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 healthcare policy.

1.4 Validity

To be able to benefit from the guaranteed services, the insured

person must have his usual residence in Spain, habitually reside in it and the length of his stays away from this habitual residence **must not exceed 180 days consecutively** per trip or journey.

2. Description of the cover

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.

2.12 Emergency dental expenses

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

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 Medical helpline

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 legal defence, DKV Seguros will assume the expenses for such **up to a limit of 1,500 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 6,000 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 1,500 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 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 their 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, healthcare 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, at the following telephone number: +34 913 790 434.

**Appendix II:
Exclusive coverage
of DKV Mundisalud
insurance in its
individual modality**

1. Preliminary provisions

1.1 Insured persons

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

1.2 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 person and a maximum of nine, connected by a link other than for the sake of insurance, who are 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) adherence to contracting conditions and/or a single contract agreed upon in advance by DKV Seguros and a contracting collective.

1.3 Duration of the insurance

Its duration is the same as that of the healthcare policy.

1.4 Validity

To be able to benefit from the guaranteed services, the insured person must have their usual residence in Spain, and live there at least nine months per year.

2. Exclusive complementary cover

Only the taking out the insurance policy 'DKV Mundisalud' in its individual modality, with complete medical assistance grants the insured person access to the following additional guarantees:

a) Gait analysis. Only through specialised reference centres in the DKV Network of Healthcare Services.

A functional and anatomical study **every 5 years in adults and every 2 years in children under the age of 15 is included**, with a prescription from a traumatology specialist within the company's associated network. **With a six-month waiting period.**

b) Obesity control and treatment programme by a nutritionist.

With an endocrinologist's and nutritionist's prescription, or a paediatrician's if children; includes obesity treatment consultations **when the Body Mass Index is equal to or higher than 30, up to a maximum limit of 20 consultations/insured person/year (including those of own services and/or external services), and a maximum reimbursement of €40/consultation in external services.**

This exclusive cover is only included in the modality, territorial scope, purpose, form of access, cover limitations and excluded risks are established in this Appendix II and/or in the following sections of general terms and conditions that define the insurance cover: Section 2 'Basic concepts. Definitions', section 3 'Modality and extension of the insurance policy', section 4 'Description of the cover', section 5 'Excluded cover' and section 6 'Waiting and exclusion periods'.

In addition, the taking out of the insurance policy 'DKV Mundisalud' complete medical assistance in its individual modality grants the insured person access to the other reimbursement guarantees:

2.1 Reimbursement of acupuncture expenses

It is included provided it is carried out by a doctor as a complementary therapy to the pharmacological treatment of pain, as per the following indications: **tension-type headaches, migraines, post-operative dental pain due to molar extraction, and non-specific musculoskeletal pain in the neck and lower back.** Their cover in other different indications is expressly excluded.

The reimbursement percentage, the maximum compensation per consultation or session, and the maximum number of acupuncture sessions covered per insured person per year is established in the table of coverage and limits attached to the particular terms and conditions.

2.1.1 Limits of the coverage

Acupuncture is covered by the 'DKV Mundisalud' complete medical assistance in its individual modality, with the specifications detailed in section 2.1 and the limitations

established in the table of coverage and limits attached to the particular terms and conditions.

The alternative therapies set forth in section 5.g 'Excluded cover' of the general terms and conditions are also excluded.

2.2 Reimbursement of expenses for family assistance services and/or dependency care, when there is a dependency grade of 3 due to an accident.

2.2.1 Object of the coverage

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 or the life of the insured person, with a sublimit of 2,000 euros for advice on and processing dependency subsidies,** when the insured person and/or person acting on his 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 Dependence Grade 3 after an accident covered by the insurance policy, starting from the effective date of this cover.**

The reimbursement is guaranteed provided it corresponds to expenses for social-health care services included in this cover **and is subject to the limitations and exclusions specified in the general terms and conditions of the policy (see sections 5.a, 5.c, 5.d and 5.e of 'Excluded Cover'. and Appendix II (section 2.2.3).**

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:

2.2.1.1 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.

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
- > Domestic shopping
- > Kitchen service

2.2.1.2 Residential care service:

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

- > Nursing homes
- > Specialised **day centres**
- > **Night centre**

2.2.1.3 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.

2.2.1.4 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.

2.2.1.5 Management and consultancy service for dependency subsidies.

This includes a management and consultancy service for dependency subsidies, **with a maximum sublimit of 2,000 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 2,000 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 2,000 euros for management and consultancy services for dependency subsidies, during the validity of the insurance policy, through the modality of expense reimbursement.

2.2.2 Access to the cover

a) Requirements for being a beneficiary of dependency cover:

- > 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 5.a, 5.c, d and 5.e of 'Excluded Cover' of the General Terms and Conditions) or specifically excluded from the dependency coverage (section 2.2.3 of this Appendix).

> 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 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.

2.2.3 Excluded risks of the cover

Excluded from the coverage for dependency:

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

2. The reimbursement of expenses for services of family care and/or dependency care detailed in Appendix II of the general terms and 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 cover of the health insurance policy (section 5.c, 5.d and 5.e of the general terms and 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 practising 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 or dependency care, and the partial reimbursement for management and consultancy services, when the right to the benefit has extinguished due to the insured person having previously received the maximum capital for this concept during the term of the policy or of another individual or collective comprehensive medical insurance held with DKV Seguros previously.

2.3 Reimbursement for medication expenses.

2.3.1 Purpose and description of the coverage

It includes the **50% reimbursement (except in DKV Mundisalud Premium, where it is 70%) of the billed allopathic medicines** (used in

conventional medicine) **acquired in pharmacies in Spain and abroad**, through the external services care modality. The reimbursement **has an annual maximum limit of 100 euros per insured person (except in DKV Mundisalud Premium, where the limit is 500 euros)** and the medicine must have been prescribed by a practitioner, be included in the Spanish list of medicines (International Vademecum in Spain) **and administered for treating pathologies suffered by the insured person and covered by his policy.**

To simplify the payment process, the minimum total amount of the invoice(s) for medications provided under the same reimbursement request is 10 euros.

2.3.2 Access to the coverage

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

1. Original copies of invoices and payment receipts for medication, which prove that the amount was paid in pharmacy establishments.

The invoice must include the **name or corporate name of the individual or legal entity that issued them**, their address, telephone number, tax identification number, and, where

appropriate, collegiate number, **as well as a detailed breakdown of medications with their denomination, form of presentation, format, individual amount, number of containers, date of purchase and the full name of the insured person receiving them.**

2. Original medical prescriptions

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

When medication is prescribed, **using official pharmaceutical prescriptions of the national health system and of official mutual companies, these are reimbursable only when the space reserved for 'Contingency' includes the code of the health insurance card of the users with their contribution, ranging from TSI 002 to TSI 006 (both inclusive), and DAST (cross-border health care).**

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.

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.

2.3.3 Risk limitations and exclusions

1. The following are excluded from the insurance cover: pharmaceuticals not included in the register of medications (International Vademecum in Spain), indications not authorised by the Spanish agency of medicines and health products, products of low therapeutic value (- not financed - in prescriptions of the national health system) and whose therapeutic efficiency is not endorsed by the international reference clinical guide (NICE), over-the-counter (OTC) medicine or advertising specialties, homeopathic medicinal products, herbal products (derived from plants) and auxiliary healing methods of any kind.

2. Desensitisation or allergic vaccines intended to counter infectious agents, comforting or nutritious products, cosmetics, mineral water, hygiene, body care and bath salts are also excluded and not considered as medicines.

3. Official prescription drugs in the national health system or mutual companies for civil servants are also not covered, when the space for 'Contingency' includes the health card code for contribution-exempt users TSI 001, or the NOFIN code for non-financed medicines and health products, or the ATEP exclusive for prescriptions for accidents at work or occupational disease.

4. With regard to medication, for anything that is not regulated in the previous sections, the provisions of the general terms and conditions that delimit the insurance cover apply: section 2 'Basic concepts. Definitions', section 3 'Modality and extension of the insurance policy', section 4 'Description of the cover', section 5 'Excluded cover' and section 6 'Waiting and exclusion periods'.

2.4 Reimbursement of expenses for the annual maintenance of the umbilical cord in a haematopoietic stem cell bank, during the first six years after birth, provided that the franchised service for extracting and cryopreserving the cord was contracted through the supplier associated with the DKV Club Salud y Bienestar Network of Services, the pregnancy is covered by the insurance and the insured person whose cells are preserved is included in the policy.

DKV Seguros offers the **extraction and cryopreservation of the umbilical cord**, as a franchised service, through the DKV Club Salud y Bienestar. Specifically, DKV Seguros assumes 300 euros of the extraction expenses, while the insured person **pays 690 euros**, if they opt 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 pregnancy is covered by the insurance and the insured person is included in the policy since birth.**

In addition, on every renewal of the insurance, DKV Seguros may change the DKV Club Salud y Bienestar 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. Exclusive coverage of DKV Mundisalud, Classic, Élite and Premium, in their individual modality with complete medical care

Taking out 'DKV Mundisalud', Classic, Élite and Premium in their individual modality with complete medical assistance is the only one that provides the insured person access to the following additional guarantee:

3.1 Assisted reproduction

3.1.1 Object of the cover

Assisted human reproduction includes the development and use of alternative reproduction techniques **in the infertility treatment of couples, including couples of the same gender, during the period of maximum fertility** (over 18 years old, and up to 42 in women and 55 in men).

3.1.2 Access to the coverage

Requirements: to be entitled to the cover and be able to access the included assisted reproduction treatments, **both partners must be insured persons in the policy, must not have a child in common and must have fulfilled the established waiting period** (see section 3.1.5 'Waiting period'..

3.1.3 Healthcare modality

Health care at own facilities. **The insured person may only receive the healthcare through the assisted reproduction medical and clinical centres in the DKV Network of Healthcare Services authorised by the company (own services) in Spain**, with the company's prior authorisation and identification with your MEDICARD®.

The fertilisation techniques are covered in accordance with the Spanish Assisted Human Reproduction Act and the use criteria established in the assessment reports from the **Health Care Technology Assessment Agencies of the National Health System**.

3.1.4 Description of the cover

Below are the coverage criteria for reproduction techniques and their limits in terms of number of treatments and age of the woman:

- 1. Artificial insemination (AI):**
maximum of two attempts, up to 40 years of age, during the term of the policy and/or the lifetime of the insured person.
- 2. In Vitro Fertilisation (IVF):**
maximum of one attempt, up to 42 years of age, during the term of the policy and/or the lifetime of the insured person.

3.1.5 Waiting period

The assisted reproduction techniques included in this guarantee include a **waiting period of 48 months before being able to receive them**, which will be applied, due to the inclusion of both partners being necessary, in reference to the latest registered insured person, if it were not contracted on the same date.

3.1.6 Risk limitations and exclusions

The following are excluded from this coverage:

- a) Any reproductive or fertilisation technique that has not been specifically listed in Appendix II, section 3 of these general terms and conditions.**
- b) An infertility treatment, by means of assisted reproduction techniques, when it is due to a previous contraceptive surgery (vasectomy, hysteroscopic tubal occlusion or tubal ligation).**
- c) The expenses arising from sperm and/or oocyte donation (sperm and oocyte banks), and, where applicable, the embryos.**
- d) The expenses arising from the cryopreservation of own gametes (spermatozoa or oocytes) and from the embryos for any cause, as well as their thawed transfer to the uterus.**

e) Surrogate pregnancy with reproductive purposes.

f) A pre-implantation genetic diagnosis and the use of reproductive techniques for preventing and treating genetic or hereditary diseases or for any other purpose that is not the treatment of the couple's infertility.

g) The special complementary techniques for obtaining spermatozoa (testicular sperm aspiration); for sperm selection, magnetic activated cell sorting (MACS) and intracytoplasmic morphologically selected sperm injection (IMSI); for embryo culture (long-term culture in incubators up to blastocyst); and for uterine implantation (assisted hatching).

h) The incubators with real-time monitoring systems for embryo cultures (e.g. Embryoscope or Primo Vison) and the expenses of outpatient medication required supplying to the insured person during the assisted reproduction treatment.

i) Hospitalisation (>24 hours) to carry out fertilisation treatments using assisted reproduction techniques.

Any other aspect of the coverage that is not expressly governed in section 4.8 Exclusive cover (Assisted reproduction) will be subject to the sections of the general terms and conditions that limit, define and are related to the coverage: section 2 'Basic concepts. Definitions', section 3 'Modality and extension of the insurance policy', section 4 'Description of the cover', section 5 'Excluded cover' and section 6 'Waiting and exclusion periods'.

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 expressly grants his/her approval of the limiting clauses set forth therein and, especially, of the cover exclusions established in section 5, which have been especially and separately highlighted, and whose content s/he is aware of and understands after reading it.

The policyholder

The insured person

By DKV Seguros y Reaseguros, S.A.E.
Dr. Josep Santacreu
CEO

A handwritten signature in black ink, consisting of a horizontal line that loops back and then curves downwards into a vertical stroke.

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