

DKV Health

I like to take care of myself

DKV Integral
General Conditions



Take good care of yourself

Insurance Policy
DKV Integral

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Fully paid-up share capital: 66 110 000 euros

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

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**We answer
your questions**

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

Throughout the document we explain most of the questions that can arise when using your insurance policy.

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

About the contract

What documents comprise the insurance contract?

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

What are the conditions exactly?

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

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

The general and particular conditions, your DKV MEDICARD® and information about the medical directory or the

corresponding DKV Network of Healthcare Services, according to the modality contracted.

Please check that all your personal details are accurate.

What do I have to do with this documentation?

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

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

We will be happy to help you.

Do I need to request the renewal of the contract?

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

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

What are your rights regarding privacy of personal data?

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

With respect to the insured's details, these will only be transferred to third parties when it is necessary to provide health care or insurance

services. Furthermore, DKV Seguros is authorised to send information on products and services related to health and well-being to the policyholder and the insured (over the age of 18), as well as on any initiatives that may be of interest.

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

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

You can exercise your privacy rights by writing to DKV Seguros, Torre DKV, Avenida María Zambrano, 31 (50018 Zaragoza), identifying yourself with your full name and a photocopy of your ID document, or by registering

in the customer area on www.dkvseguros.com. You can find more detailed information on your privacy rights in the privacy policy section on the website, and in the document provided to you alongside your contractual documentation. If you would like more information, or have any questions regarding your privacy rights, you can also get in touch with our Data Protection Officer by emailing dpogrupodkv@dkvseguros.es. If you are not satisfied with the assistance provided regarding your rights to information, you can also write to the Spanish Data Protection Agency at Calle Jorge Juan, 6 (28001 Madrid), or by calling 901 100 099.

DKV MEDICARD®

Can a doctor of the corresponding DKV Network of Healthcare Services, according to the modality contracted, ask me for my DKV MEDICARD® as well as the authorisation for certain services?

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

How much do I have to pay for each visit?

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

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

Contact DKV Seguros.

We will send you a new one.

How can I contact DKV Seguros?

By telephone, calling the DKV Seguros Call Centre on 976 506 000; on the website, dkvseguros.com; or by going in person to any branch of DKV Seguros.

Authorisations

What tests or services in the DKV Network of Healthcare Services need an authorisation, according to the modality contracted?

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

If you have any doubts, please consult the website and/or medical directory or the DKV Network of Healthcare

Services for the current year, Chapter 2 'Advice for Use', to see the list of diagnostic and/or therapeutic acts that do not require prior authorisation from DKV Seguros.

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

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

Payment of the insurance

Do I pay the same every month?

No. Some months you will also receive the surcharge for contributions towards the medical acts received.

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

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

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

Healthcare provisions

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

At www.programas.vivelasalud.com, DKV Seguros offers its insured persons the possibility to access a progressively broadening selection of specific programmes for promoting health and preventing illnesses.

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

Yes, from the first day that the policy becomes effective, except for some services that have a qualifying period (see Section 6, 'Qualifying periods').

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

No. Consultations for medical or surgical specialities have free access in the corresponding DKV Network of Healthcare Services, according to the modality contracted.

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 corresponding DKV Network of Healthcare Services, according to the modality contracted.

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

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

When can I request a service at home?

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

Also, home visits from a nursing assistant are possible if prescribed by a doctor from the corresponding DKV Network of Healthcare Services, according to the modality contracted.

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 requested by a doctor of the corresponding DKV Network of Healthcare Services, according to the modality contracted.

Does 'DKV Integral' include medications?

Only in the case of hospital admission, with the exception of biological medication and medicalised biomaterials not specified in section 4.7 'Surgical Prostheses'.

Is epidural anaesthesia covered in childbirth?

Yes, and also for any other surgery where required.

Does 'DKV Integral' 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 Health and Well-being Club prior to the procedure.

Does 'DKV Integral' include clinical psychology?

Yes. The coverage includes psychotherapy sessions on an individual basis as outpatient treatment with the prior prescription from a psychiatrist or paediatrician of the corresponding DKV Network of Healthcare Services, according to the modality contracted, given by an associated psychologist and with the authorisation of DKV Seguros.

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

- > Psychiatric illness: depression, schizophrenia and psychotic disorders

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

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

And family planning?

Yes. The IUD insertion (**except for the cost of the device**), tubal ligation and vasectomy are included in the insurance policy.

In these last two cases, a qualifying period of six months is established as they are surgical procedures.

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.

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

DKV Seguros will provide you with access to the service in the area that you choose where suitable means to carry it out are available.

Is health care included while I'm abroad?

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

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

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

Hospital admissions

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

The admission should be requested by the corresponding doctor of the DKV Network of Healthcare Services, according to the modality contracted, and should be authorised beforehand by DKV Seguros (please refer to the section 'AUTHORISATIONS' in 'Frequently asked questions' to see which provisions require advance authorisation).

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

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

You can go to any hospital, but you must inform DKV Seguros within 72 hours following admission. DKV Seguros may transfer you to an associated hospital, unless there are medical reasons for not doing so, providing the appropriate means of transport.

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

The coverage includes a single room with a companion's bed, except with 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 María Zambrano 31 (50018 Zaragoza) or to the following email: defensacliente@dkvseguros.es;
You can also call the phone number 976 506 000 for our Customer Services.

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

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

Healthy Living Plan: 'Vive la Salud'

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

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

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

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

These objectives are achieved with the following available tools:

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

b) The following programmes will be gradually included:

1. Healthy living. Aimed at all customers who do not present cardiovascular risk factors, but who want to acquire or maintain healthy habits. The programme will provide personalised diet and exercise plans.

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

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

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

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

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

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

8. Prostate cancer prevention.

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

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

10. Colon cancer prevention: Colon cancer is the most frequent 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 **online at**
www.programas.vivelasalud.com

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

DKV Health and Well-being Club

The contracting of the 'DKV Integral' 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 Health and Well-being Club described below, which are different to the insurance coverage.

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

1. Digital healthcare services

a) Telephone advice helplines:

1.1 24-hour care

DKV Seguros' insured customers have a 24-hour helpline at their disposal, specialised in coordinating and activating healthcare services at home, depending on the type of insurance taken out and the geographical area

of residence. This helpline is staffed by medical and administrative personnel.

1.2 24-hour DKV Doctor

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

1.3 24-hour paediatric medical line

This service provides DKV Seguros' insured customers with medical advice over the phone from doctors or experts specialising in Paediatrics, offering information and solving queries regarding symptoms, diagnostic tests and health problems of insured customers under 14 years of age.

1.4 Child obesity medical line

This service provides the parents of insured children in DKV Seguros with telephone advice from doctors or technicians specialising in diets and nutrition, providing strategies and medical documentation regarding

the prevention and treatment of overweight and obese children.

1.5 Pregnancy medical line

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

1.6 Women's medical line

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

1.7 Sports medical line

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

1.8 Nutritional medical line

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

1.9 Tropical medical line

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

1.10 Psycho-emotional helpline

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

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

b) Free self-care tool

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

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

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

c) App with symptom checker for 24h medical care

An app to solve your doubts anytime, anywhere.

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

In addition, you will be able to consult a doctor via phone call, video call or chat, and access all of their previous queries.

All of this wrapped up in an easy-to-use, safe and strictly confidential package.

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

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

2. Second opinion in cases of severe illness

2.1 Second medical opinion

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

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

2.2 Second bioethical opinion

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

3. Dental service

This service offers its customers access to dental treatment not included in their policy at special rates when visiting associated dental clinics included in the ‘DKV Network of

Healthcare Services’, according to the insurance modality contracted.

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

4. Premium additional services

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

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

> **Direct access to the service:** the insured person consults the rates of the centres or professionals available on the website **www.dkvclubdesalud.com**, directly arranges an appointment with

them and, on arriving at the centre, identifies themselves with their DKV card or customer number, which is necessary for the supplier to apply the **special DKV Health and Well-being Club rate**. Finally, the insured person pays the supplier for the service.

> **Access with a voucher:** in other cases, however, to enjoy some services of the ‘DKV Health and Well-being Club Network of Services’ a voucher must be acquired in advance. These can be obtained by going to **www.dkvclubdesalud.com**, calling 976 506 010, or by visiting any DKV Seguros branch directly.

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

4.1 Health-promotion services

4.1.1 Wellness services (health resorts and urban spas);

DKV Seguros offers insured persons discount vouchers to access

balneotherapy, hydrotherapy, kinesitherapy, drainage or firming treatments, at highly attractive rates.

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

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

4.1.2 Gyms and fitness

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

4.1.3 Nutritional dietary advice

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

4.2 Preventive services

4.2.1 Predictive genetic studies

In indications not covered by the policy, access is provided through a discount voucher, to studies that provide information about the risk

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

4.2.2 Quit smoking programme

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

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

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

4.2.4 Biomechanical gait analysis

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

4.3 Cosmetic or aesthetic medical services

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

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

4.3.2 Presbyopia surgery

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

4.3.3 Medicine and plastic surgery

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

4.4 Complementary healthcare services

4.4.1 Assisted reproduction treatment

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

4.4.2 Alternative therapies

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

4.4.2.1 Homeopathy: therapeutic technique based on a complete clinical observation that leads to

the prescription of homeopathic medications, in minimal, very diluted or infinitesimal doses, based on the phenomenon of similarity.

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

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

4.4.3 Psychology

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

4.5 Personal self-care services

4.5.1 Auditory health

By acquiring discount vouchers, this provides access to an auditory check-up in the DKV Health and Well-being Club network of auditory centres,

and the purchase of hearing aids at discounted rates.

4.5.2 Hair health

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

4.5.3 Opticians' service

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

4.5.4 Orthopaedics service

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

4.5.5 Online chemist

After acquiring a discount voucher, the insured person has access to over-the-counter chemist products (cosmetics, insect repellents, sun creams, etc.) at highly reduced prices, provided the items are not considered drugs and actively contribute to health and well-being.

4.6 Retraining or rehabilitation services

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

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

4.6.2 Therapy for Obstructive Sleep Apnoea

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

4.6.3 Pelvic floor training or rehabilitation programme

The insured person can also access the Kit Birdi pelvi perineal rehabilitation

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

4.7 Residential services and family assistance services

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

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

4.7.2 Postpartum home services

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

4.7.3 Home care services

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

a) Personal Care:

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

b) Care of the home:

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

4.7.4 Landline and mobile teleassistance service.

This is a personal, made-to-measure service, staffed by social workers, psychologists and doctors 24 hours a day, 365 days a year, inside and outside of the home, providing access through a specific terminal. They are portable or permanent communication devices permanently connected to a central switchboard in case of an emergency.

4.7.5 Home adaptation service

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

4.7.6 Network of retirement homes for senior citizens

Social, health and psychological care and rehabilitation aimed at a better quality of life for people who, due

to their health or family or social situation, are not self-sufficient.

4.7.7 Assisted-living flats system

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

5. Call centre

Consultations, information and authorisations.

DKV Seguros' customers have access to a telephone consultation service with the purpose of receiving information about the medical directory, requesting authorisations, taking out policies or services offered by the company, making suggestions or dealing with practically any other administrative process without having to go to an office.

General conditions

1. Preliminary clause

This contract is subject to Insurance Contract Act 50/1980 of 8 October.

The control of the insurance activity of DKV Seguros y Reaseguros, S.A.E. (hereinafter, DKV Seguros), with registered office at Torre DKV, Avenida María Zambrano, 31, 50018 Zaragoza, corresponds to the Kingdom of Spain and, in particular, to the Ministry of Economy via the Directorate-General for Insurance and Pension Funds.

The contract consists of the following documents:

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

- > The supplements or appendices

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

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

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

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

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

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

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

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

2. Basic concepts. Definitions

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

A

Accident

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

Actuarial age

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

Advanced medical technology

This refers to new applications in electronics, computer science, robotics and bio-engineering in the medical field, especially in the technologies of medical diagnosis and treatment. These techniques are characterised by

the high cost of investment and the need for specialised personnel, and are subject to reports by the agencies responsible for evaluating health technologies to verify whether their safety and effectiveness in different cases is sufficient for them to replace existing technology.

Angiogenesis inhibitor

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

B

Biological or synthetic materials

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

This concept includes cell transplants for regenerative purposes.

Biomaterial

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

C**Cardiac rehabilitation**

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

Clinical psychologist

A psychology graduate specialist in clinical psychology.

Clinical psychology

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

Collective insurance modality

For the purpose of contracting, it is considered that the insurance policy is of a collective modality when it includes a minimum of ten insured persons linked by a relationship other than for the sake of insurance, when it fulfils the legal conditions for insuring and when the coverage is established by means of obligatory (closed collective) or voluntary (open

or co-financed collectives) adhesion to certain contracting conditions and/or a single contract previously agreed upon with DKV Seguros and the contracting collective.

Complete medical care

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

Congenital abnormality, defect, illness, or injury

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

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

Copayment

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

Cost-efficiency analysis

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

Cytostatic

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

D

‘DKV Network of Healthcare Services

All the professionals and hospitals associated to DKV Seguros throughout Spain, adapted to each insurance category contracted.

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.).

Exclusion period

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

External means

Doctors and centres not included in the corresponding DKV Network of

Healthcare Services according to the modality contracted.

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 care

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

Hospital care for social and/or family reasons

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

Hospital or clinic

All public or private establishments that are legally authorised for the medical treatment of illnesses, injuries

or accidents, with permanent medical staff and which are equipped with the means required to carry out diagnoses and surgical operations.

I

Illness or injury

Any alteration of health that occurs while the policy is effective, not resulting from an accident, the diagnosis and confirmation of which is carried out by a legally recognised doctor in the area or country where s/ he provides his or her services.

Immunotherapy or biological therapy

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

Implant

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

Incontestability of the policy

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

Individual insurance modality

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

Insurance application or preliminary information document

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

Insured

The person who will be given medical care.

Insurer

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

Intensity-modulated radiotherapy (IMRT)

This is a type of three-dimensional conformal radiotherapy that uses images created by a computer, using reverse planning software, to show the size and shape of a tumour, and direct the radiation beams of a multi-layer linear accelerator at different angles and with different intensity to the tumour, concentrating the maximum intensity on the tumour, and limiting the dose received by the adjacent healthy tissues. In Spain, it is also referred to as RIM.

L

Limiting clause

Agreement stipulated in the insurance policy by means of which the extension of the guarantee is limited or which leaves it without effect when any risk-related circumstance arises.

M

Major outpatient surgery

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

Medical and surgical fees

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

This includes the fees of the surgeon, assistants, anaesthetists, midwife, and those of any other staff who were strictly necessary for the surgery or treatment given.

Medical and surgical hospitalisation

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

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

Minor outpatient surgery

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

N

Neonatal care

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

Neurological rehabilitation

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

N.I.C.E. clinical guide

The National Institute for Health and Care Excellence (NICE) is a public non-profit body created in 1999 under the Health Department of the United Kingdom, **responsible for providing information and guidance**

to staff involved in the health sector, regarding preventing and treating illnesses. It makes recommendations based on scientific evidence regarding the therapeutic use (safety and cost-effectiveness) of certain health technologies and medications (including radiopharmaceuticals, anti-tumour or cancer treatments).

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

O

Orthopaedic equipment or orthosis

Healthcare products for external use, permanent or temporary, which are individually adapted to the patient, and are intended to modify the structural or functional conditions of the neuromuscular or skeletal system, without their implantation ever requiring surgical intervention.

Osteosynthesis material

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

Out-of-hospital medical care

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

Major outpatient surgery is not included in this concept.

Own means

Doctors and centres included in the corresponding DKV Network of Healthcare Services according to the modality contracted.

P

Pain control unit

Medical service specialised in the treatment of chronic pain.

Policy

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

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

Policyholder

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

Pre-existing 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**.

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.

Premium

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

Premium surcharge

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

Preterm or premature birth

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

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

Psychotherapy

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

Q

Qualifying period

It is the time period established in the contract, from the date the policy enters into force, during which a part of the coverage included in the policy guarantees does not take effect. This period is calculated by months, counting from the effective date of the policy for each of the insured parties included in it.

R

Radical or oncological surgery

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

Regenerative medicine

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

Rehabilitation

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

Robotic or computer-assisted surgery

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

S

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**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.

3. Modality and extension of the insurance policy

3.1 Purpose of the insurance

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

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

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

2. They are expressly included in section 4 'Description of the coverage' included in the general conditions.

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

3.2 Insurance modality

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

This insurance is based on the free selection of doctors and medical centres, among those detailed in the DKV Network of Healthcare Services,

which covers the whole national territory and varies according to the insurance modality contracted.

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

The right to freely choose a doctor or centre implicates the absence of direct, joint or subsequent liability of DKV Seguros with regard to the actions of such doctors or centres, where DKV Seguros has no control capacity owing to the protection of professional secrecy, the confidentiality of health details and the prohibition of third parties gaining access to data in the health sector. Medicine is an activity of means and not results. For this reason, DKV Seguros cannot guarantee the positive outcome of medical acts covered by the policy.

The modality of the service provided is that specified in article 105, paragraph 1 of the Insurance Contract Act -payment of healthcare expenses-, without directly assuming the provision of services supplied by professionals and qualified centres. In case of incorrect medical or hospital practice, the insured person is under an obligation to make a complaint exclusively against those professionals or centres directly intervening in the

provision of the service and their respective civil liability insurance companies, releasing DKV Seguros from any responsibility.

The 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.

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

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

3.3 Access to coverage

DKV Seguros will provide the policyholder with a DKV MEDICARD®, which is non-transferable and for his/her personal use, as a means of identification for each beneficiary and information about the DKV Network of Healthcare Services, relevant to the insurance modality taken out, with a breakdown of the associated services -

healthcare professionals, diagnostic centres, hospital centres, emergency services and complementary services -, as well as their addresses and timetables.

In the corresponding DKV Network of Healthcare Services, according to the modality contracted, the insured person pays a quantity for each medical act (see section 'Frequently asked questions', DKV MEDICARD®).

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

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

The following concepts require authorisation: hospital admissions, surgery, prostheses and surgical implants, psychotherapy sessions, preventative programmes or check-ups, transfers by ambulance, therapeutic acts and complex diagnosis tests, which are detailed in the corresponding DKV Network of Healthcare Services according to the insurance modality contract.

To identify yourself to any doctor or centre of the corresponding DKV Network of Healthcare Services, according to the modality contracted,

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 of the DKV Network of Healthcare Services, corresponding to the insured depending on the insurance modality contracted, and following administrative confirmation, unless the service is not covered by the policy.

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

Despite the stipulations of the previous paragraphs, in emergency cases, the order given by a doctor of the DKV Network of Healthcare Services, corresponding to the insured according

to the insurance category contracted, will be sufficient provided that the insured person, or person acting on his/her behalf, notifies DKV Seguros of the event in a demonstrable way to obtain their confirmation and authorisation within 72 hours following hospital admission or provision of the 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.

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

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

DKV Seguros does not accept responsibility for the fees of doctors outside of the corresponding DKV Network of Healthcare Services, according to the insurance modality contracted, or the hospitalisation expenses or services that these professionals may prescribe.

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

In cases of life threatening emergency, the concept of which is defined in this document, and with the express authorisation of the company, DKV Seguros will cover the health care expenses arising in centres outside of the corresponding DKV Network of Healthcare Services, according to the insurance modality contracted.

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

Provided that his/her clinical situation allows it, the patient will be transferred to a centre of the corresponding DKV Network of Healthcare Services, according to the insurance modality taken out.

For assistance abroad the policy includes travel assistance coverage, which you can access by calling +34 913 790 434.

3.5 Subrogation or surrender of rights clause

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

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

4. Description of the coverage

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

4.1 Primary care

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

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

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

Nursing services: (injections/ 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 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 an associated doctor in the DKV Network of Healthcare Services, together with a report indicating the need for assisted transfer, will be required in all cases.

4.2 Emergencies

Permanent Emergency Care service.

To obtain health care in emergency cases you should go to any centre

offering this service that appears in the corresponding DKV Network of Healthcare Services, according to the modality contracted.

In the event of that you go to an emergency facility outside of the corresponding DKV Network of Healthcare Services, according to the modality contracted, for a life-threatening emergency, the insured person, or person acting on his/her behalf, should notify DKV Seguros in a demonstrable manner within 72 hours following admission.

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

4.3 Medical and surgical specialities

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

Anaesthesiology and resuscitation: includes epidural anaesthesia.

Angiology and cardiovascular surgery.

Digestive system.

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

Cardiovascular surgery.

General and digestive surgery. Includes bariatric surgery when the body mass index is equal to or greater than forty (morbid obesity), at associated national centres of excellence.

Oral and maxillofacial surgery.

Paediatric surgery.

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

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

1. Oncoplastic breast reconstruction after radical surgery and, if necessary during the same surgical process, remodelling of the contralateral healthy breast (maximum limit one year after oncological surgery). It will include the breast prosthesis, skin expanders, and breast mesh coating.

2. Reduction mammoplasty in women above 18 years of age with gigantomastia (a volume of over 1500 grams or ml in each breast) that, in addition, have a sternal distance (nipple to sternum-bone notch) greater than 32 cm, a body mass index lower than or equal to 30,

and require a minimum removal of 1000 g per breast.

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

Peripheral vascular surgery: includes the use of an endoluminal laser in the operating room to treat varicose veins, **except as detailed in section 5.f ('Excluded Coverage') of the general conditions.**

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

Endocrinology and nutrition.

Geriatrics.

Gynaecology: includes diagnosis and treatment of women's illnesses. Coverage includes a yearly gynaecological check-up, family planning, the use of surgical lasers (CO₂, Erbium and diode) and fertility and sterility tests (includes the study of the ovarian reserve marker, anti-Müllerian hormone).

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

Haematology and haemotherapy.

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

Internal medicine.

Nuclear medicine.

Nephrology.

Neonatology.

Pneumology-respiratory system: includes home therapy in severe obstructive sleep apnoea-hypopnea (SAHOS) syndrome (see section 4.5 'Therapeutic methods' of these general conditions).

Neurosurgery.

Neurology.

Obstetrics: includes pregnancy surveillance and childbirth assistance.

Includes 'triple screening' EBA Screening (the first trimester combined test) and amniocentesis or chorion biopsy to obtain the chromosomal karyotype, for the diagnosis of foetal anomalies. **The genetic test of prenatal screening in maternal blood for trisomy 21 (Down), 18 (Edwards) and 13 (Patau) is only**

covered for high-risk pregnancies, multiple gestation and a history of repeated miscarriages (two or more) of unknown cause, **and when the first trimester combined test is positive** (with risk of abnormality in the foetus of more than 1/250).

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

Odontostomatology: 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 customer's expense** (see 'Additional Services').

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

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

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

Psychiatry: mainly neuro-biological treatment.

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

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

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

Rheumatology.

Traumatology: includes arthroscopic surgery, percutaneous nucleotomy and chemonucleolysis.

Urology: includes use of Holmium surgical laser for lithiasis, endourological, stenotic or tumour surgery and Green Laser Diode (KTP and HPS), Holmium and Thulium for the surgical treatment of benign

prostatic hyperplasia in reference centres throughout the country, the rehabilitation of the pelvic floor for urinary incontinence, vasectomy, and the study and diagnosis of male sterility and infertility.

4.4 Diagnostic tools

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

Clinical, anatomopathological and smear tests.

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

Endoscopy: digestive, diagnostic and/or 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: Polymonography for pathological processes prescribed beforehand by a specialist.

Interventional or invasive vascular and visceral radiology.

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

High diagnostic technology: in the corresponding DKV Network of Healthcare Services, depending on the modality contracted, this will be available in reference centres throughout the country.

a) Includes computed tomography (CT angiography) multislice magnetic resonance angiography (MRA) for the diagnosis of arterial vascular disease and cerebral and abdominal

venous, the follow-up and control of the integrity of the vascular prosthesis, evaluation of arterial dilations or aneurysms and vascular malformations and limitations regardless of their location.

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

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

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

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

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

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

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

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

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

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

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

4.5 Therapeutic methods

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

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

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

Narrow-band ultraviolet B phototherapy: at reference associated centres in the DKV Network of Healthcare Services at a national level, for the treatment of **extensive psoriasis** (affecting more than 20% of the body surface area) and **chronic inflammatory dermatosis (trunk and limbs)**, when drug treatment has not been effective. **There is an annual maximum limit of 35 sessions per insured person.**

Home therapy for severe Apnoea-Hypopnea (SAHS): by means of CPAP/ BiPAP devices for supplying air at a continuous preset positive pressure, **up to a maximum of 10 sessions per insured person / year if the Apnoea Hypopnea Index per hour (AHI) is over 30.** Includes polysomnography of dose titration to adjust the device and obtain the appropriate level of treatment.

Radiotherapy: this includes the linear accelerator, cobalt therapy, intracranial stereotactic radiosurgery, intensity modulated radiotherapy (IMRT) **and radioactive isotopes whose therapeutic and diagnostic usefulness is authorised by the EMA**

(European Medicines Agency) and the NICE clinical guidelines.

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

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

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

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

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

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

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

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

Chiropody: chiropody treatment.

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

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

Extraction, transport and conservation of the organ for the operation are not included. The corneal transplant is fully covered.

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

Blood and/or plasma transfusions, in hospitals.

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 (section 'Neurological rehabilitation in severe acquired brain injury').**

Laser therapy and magnetotherapy, as rehabilitation techniques.

Renal and vesicular extracorporeal shock wave lithotripsy (ESWL).

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

centres of national reference for pseudoarthrosis, osteonecrosis and chronic insertion tendinitis (over 3 months) of the shoulder, elbow, knee, heel and sole of the foot, when the medical and/or rehabilitative treatment has failed.

High therapeutic technology:

in the corresponding DKV Network of Healthcare Services, depending on the modality contracted, this will be available in reference centres throughout the country.

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

- > **Circumferential pulmonary vein isolation for highly symptomatic paroxysmal atrial fibrillation (with three or more episodes a year)** when the insured person is under 70 years of age
- > **Recurrent symptomatic atrial fibrillation (more than one year) refractory to antiarrhythmic drugs** (2 or more antiarrhythmic drugs, including amiodarone), provided there is no comorbidity (e.g. arterial hypertension, myofascial pain syndrome, sleep apnoea, etc.) and the size of the left auricle is less than 5 centimetres.

> **Ventricular or atrial arrhythmias associated with congenital heart disease.**

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

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

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

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

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

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

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

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

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

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

With reference to medication, DKV Seguros will only cover expenses for **specific cytostatic pharmaceutical products** that are sold on the domestic market and which are duly authorised by the Ministry of Health, as detailed in 'Cytostatic', section 2, 'Basic concepts. Definitions, as well as the **intravenous BCG** (Bacillus Calmette-Guerin) drip feeds and **palliative medications** without an antitumour effect that are administered in a simultaneous way in the same treatment session together with cytostatic medications, to avoid

their adverse or side effects and/or to control the symptoms of the illness.

4.6 Hospital care

Hospital care will be given in hospitals or clinics, after being prescribed in writing by a doctor of the corresponding DKV Network of Healthcare Services, according to the modality contracted, with the corresponding authorisation.

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

In addition, the following is specifically included:

- > Oncology treatment: radiotherapy, brachytherapy and chemotherapy
- > Therapy with platelet-rich plasma or platelet-rich growth factor: in joint replacement surgery and in the surgical treatment of non-consolidated fractures
- > Vacuum-assisted closure (VAC) therapy or topical negative pressure (PNT) therapy in the indications and with the limits detailed in section 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
- > 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 conditions. **The therapies in section 5.r 'Excluded coverage' and the biological medication and/or medicalised biomaterials not specified in section 4.7 are expressly excluded.**

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

1. Medical hospitalisation (without surgical procedure).

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

2. Hospitalisation with surgery.

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

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

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

5. Psychiatric hospitalisation.

Includes care given by a psychiatrist.

Only covered in the event of acute outbreaks. The stay is limited to a maximum period of 60 days per calendar year.

6. Hospitalisation in Intensive Care Unit (UCI).

Includes the care given by a specialist in intensive care.

7. Hospitalisation for dialysis or artificial kidney.

Includes the care given by an internist or nephrologist for the treatment of acute renal inadequacies.

4.7 Complementary coverage

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

1. Child Health Programme.

Includes:

- > Exercise classes and psychoprophylactic preparation for birth, with practical and theoretical classes in child care; and preventive rehabilitation of the pelvic floor after childbirth (maximum cover period, **four months after birth**), in the reference services included in the corresponding DKV Network of Healthcare Services, **up to an annual limit of 10 sessions**

- > Check-up of the new born baby, including metabolic screening tests (phenylketonuria and primary congenital hypothyroidism), otoacoustic emissions (OAE) or neonatal auditory screening for the early detection of hypoacusis, visual acuity test and neonatal ultrasound

- > The child vaccination programme, which is compulsory in Spain, in associated centres, provided that it is authorised by the Autonomous Communities

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

2. Programme for the early detection of diabetes.

It includes:

- > **Starting at the age of 45**, a basal plasma glucose test every four years.
- > **For people with a high risk of diabetes:** if there is a family history of first-degree relatives with diabetes, metabolic syndrome or an altered basal glycaemia (ABG 110-125 mg/dl), the test is conducted every year. If an altered basal glycaemia (ABG) is confirmed, it is necessary to conduct a glycosylated haemoglobin test (HbA1c) or an oral glucose tolerance test.

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

3. Programme for the early detection of glaucoma.

It includes:

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

In the event of detecting high intraocular pressure, the glaucoma will be controlled and monitored by means of an ophthalmoscopy and a visual field test, and, if required, an optical coherence tomography in accordance with commonly accepted protocols.

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

It includes:

- > Periodic examinations for the early diagnosis of tumours in the breast and cervix
- > Annual gynaecological check-up, which includes check-up consultation, colposcopy, cytology, gynaecological ultrasound scan, and mammography according to commonly accepted protocols
- > HPV test (DNA-HPV) to detect a human papillomavirus (HPV) infection in women with cervical-vaginal cytology (Bethesda classification) and after conisation, and to identify and treat cervical lesions with a high risk of developing a cervical carcinoma at an early stage

5. Coronary risk prevention programme.

It includes:

- > **Annual basic cardiac check-up** which includes the check-up consultation, basic blood and urine analyses, thorax X-ray and electrocardiogram

- > **Complete cardiac check-up every three years** in reference associated centres, which includes clinical history, physical cardiac exploration, specific and preventive analysis of the atheromatous (cell blood count, ionogram, cholesterol, triglycerides, homocysteine, glycaemia, uraemia, 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) up to the age of 14
- > Tartar removal or dental cleans, as required

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

It includes:

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

Clinical psychology. Includes psychotherapy sessions on an individual basis as outpatient treatment with a prior prescription from a psychiatrist or paediatrician of the corresponding DKV Health Care Network, according to the modality contracted, given by an associated psychologist and with the authorisation of DKV Seguros.

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

- > Psychiatric 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/or gender-based or domestic violence
- > Sleep disorders: enuresis, insomnia, somnambulism and night terrors
- > Adjustment disorders: work-related and post-traumatic stress, bereavement, divorce, adolescence, post-vacation syndrome, etc.

- > Learning disorders: ADHD and school failure

Family planning. Includes the following services:

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

Surgical prostheses: the policy's cover includes the prescription and fitting of articular, (shoulder, hip, knee, ankle and foot), vascular and heart prostheses (heart valves, vascular bypass, stent, septal occluder systems, temporary and permanent pacemakers, automatic defibrillator), helical tubal prosthesis, internal orthopaedic prostheses (internally fitted metal plates, bars and screws), **interbody devices or spacers in spinal fusion or arthrodesis, moving cervical disc prosthesis prescribed for symptomatic disc disease** (pain and functional neurological deficit) refractory to medical treatment, and interspinous device or spacer in stenosis or of the spinal canal in the lumbar area causing radiative pain and neurogenic claudication (pain that starts when walking and stops when sat down) **of more than six months** despite conservative treatment. **The**

following biological implants and/or biomaterials with a therapeutic purpose are also covered:

- > Sealants and biological glues in oncologic surgery
- > Anti-adhesive or non-stick barrier gel in back surgery and in re-operations of other specialties
- > Transtympanic drains: in recurrent acute otitis media, secretory or serous otitis media (>3 months course)
- > Substitutes of bone grafts: cements and regenerative demineralised bone matrix in back and joint surgery (hip, knee and foot)
- > Biological surgeries: Biomatrix or resorbable mesh in substitution of the dura in intracranial surgery or spinal tumour, and the pericardium in heart surgery
- > Joint anchors: Includes highly resistant biomaterials (PPLA and PEEK) for ligament fixation in major joints (shoulder, knee, hip, elbow and ankle) in minimally invasive arthroscopic limb surgery

Also includes osteosynthesis material, **biliary, oesophageal, gastric, pancreatic and enteral digestive stents for the palliative treatment of**

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

There is no maximum coverage limit for prosthetic material and implantology through the corresponding DKV Network of Healthcare Services (own facilities), provided that DKV Seguros has given the compulsory prior authorisation, **except for the aforementioned vascular and heart prostheses, which will have a coverage limit of 12 000 euros per insured person per year.**

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

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

Healthcare assistance for HIV/AIDS (acquired immune deficiency syndrome) and for illnesses caused by the human immunodeficiency virus (HIV) are included: with an exclusion period of 12 months, it covers the expenses arising from the insured person's treatment up to a total maximum limit of 6000 euros/insured person during the term of the policy and/or lifetime of the insured person, including the limits and exclusions established for healthcare compensation in the different applicable sections of the general conditions (sections 2, 3, 4, 5 and 6).

4.8 Exclusive coverage

Only taking out the DKV Integral insurance policy in its Individual category provides the insured person access to the following additional guarantees:

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

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

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

The description of this exclusive coverage, its modality, territorial scope, object, form of access, coverage limitations and excluded risks are stipulated in Appendix II (Exclusive coverage of DKV Integral in its individual modality) and in the sections of the general conditions that define the coverage of the insurance policy: section 2 'Basic concepts. Definitions', section 3 'Modality and extension of the insurance policy', section 4 'Description of the coverage', section 5 'Excluded coverage' and section 6 'Qualifying periods'.

4.9 Optional coverage

Only the contracting of 'DKV Integra'™ for full medical care in its individual modality grants the insured person access to the following optional coverage:

> **Appendix for reimbursement of expenses in gynaecology, obstetrics and paediatrics.**

This complementary refund guarantee is optional and allows the insured person to consult a gynaecologist, obstetrician or paediatrician anywhere in Spain and the world, provided that they are not included in the 'DKV Network of Healthcare Services' associated to DKV Seguros, and reimburses a percentage of the health care costs generated, **taking into account the qualifying period and the maximum reimbursement, partial limits (for therapeutic acts, care for the newborn) and total limits (per insured person and calendar year, or a proportional part) set out in the table of coverage and limits in the appendix to the particular conditions.**

The definition of this optional coverage, its description, form of access, qualifying periods, limits and exclusions of risk are laid down in the special conditions that are issued separately with the contracting of

this optional module by the insured person.

For all the provisions not expressly stipulated in that appendix, the provisions set out in the sections of the general conditions that delimit the insurance coverage will apply: section 2 ‘Basic concepts. Definitions’, section 3 ‘Modality and extension of the insurance policy’, section 4 ‘Description of the coverage’, section 5 ‘Excluded coverage’ and section 6 ‘Qualifying periods’.

4.10 Travel assistance

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

5. Excluded coverage

The following are excluded from the general coverage:

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

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

c) Physical damage that is a consequence of wars, mutinies, revolutions and terrorism; that which is caused by officially declared epidemics; that which is directly or indirectly related to radiation or

nuclear reaction; and that which results from cataclysms (earthquakes, floods and other seismic or meteorological phenomena).

d) Illnesses or injuries arising from the professional practice of any sport, from participating in bets and competitions and from engaging, as an amateur or professional, in high-risk activities such as bullfighting and the running of the bulls, from engaging in dangerous sports such as diving, bobsledding, boxing, martial arts, rock climbing, motor vehicle racing, rugby, quads, caving, paragliding, unauthorised air activities for the public transport of travellers, sailing or white water activities and in any other risk conditions, bungee jumping, canyoning, including training activities and other manifestly dangerous practice.

e) Healthcare for the treatment of chronic alcoholism and/or drug addiction of any kind, as well as their

complications and consequences, and health care to those injured due to drunkenness, aggression, quarrels, a suicide attempt or self-harm, as well as due to illnesses or accidents resulting from the wilful misconduct, fault or negligence of the insured person.

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

g) Alternative and complementary therapies, naturopathy, homeopathy, acupuncture, chiropractic massage, lymphatic drainage, mesotherapy, gymnastics, osteopathy, hydrotherapy, alternative deliveries (at home, aquatic delivery, etc.), three-phase oxygen therapy,

pressotherapy, ozone therapy, the modalities of phototherapy and its indications not detailed in section 4.5, and other similar services, as well as orthoptics and medical specialities not officially recognised.

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

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

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

Healthcare in non-authorized private centres and that provided in publicly owned hospitals, centres and other establishments included in Spain's National Health System and/or under the responsibility of the autonomous

regions, except in the circumstances identified (see section 3.4. Care via means other than the DKV Network of Healthcare Services).

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

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

j) The treatment of roncopathy or obstructive sleep apnoea (except for ten sessions with CPAP or BiPAP), as well as radiotherapy treatments and/or modalities and their medical indications that are not expressly specified in section 4.5 'Therapeutic methods', under 'Radiotherapy', in these general conditions. Furthermore, proton therapy, neutron therapy, radiosurgery with Cyberknife, and radiopharmaceuticals with radioactive isotopes not authorised by the EMA (European Medicines Agency) and/or not endorsed by the NICE clinical guidelines are excluded.

k) Preventive medicine and general preventive medical check-ups or examinations, the cost of

vaccinations and the supply of extracts in allergic processes, except as specified in the specific prevention programmes included in section 4.7 ('Complementary coverage') of the general conditions.

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

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

Also excluded are artificial heart implants, column implants, biomaterials and/or biological, synthetic and orthopaedic materials not expressly included in section 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 methods necessary to carry out these treatments.

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

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

Group or couple psychotherapy, psychological and psychometric tests, psychosocial or neuropsychological rehabilitation, educational therapy or cognitive/behavioural therapy for oral and written communication disorders, and developmental of diverse origin, except for what is expressly included in section 4.7 (Description of clinical psychology coverage) are also excluded.

q) Speech therapy and phoniatrics for speech, phonation and language disorders caused by congenital anatomical or neurological and

psychomotor alterations of diverse origin, except for the indications specified in section 4.5 'Therapeutic methods' ('Speech rehabilitation therapy' section).

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

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

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

t) Healthcare for viral hemorrhagic fevers, as well as its complications and consequences. Healthcare expenses derived from HIV/AIDS and illnesses caused by the virus, when they exceed the maximum quantity guaranteed in section 4.7 'Complementary coverage' in the general conditions.

u) Robotic, image-guided, computer-assisted or virtual navigator-assisted surgery (except neuronavigators, prostate biopsy with multi-

parametric magnetic resonance imaging and the Carto system in the indications included in section 4.5), and treatments that use laser, which are covered only in the specialities and indications specified in section 4. 'Description of the coverage'.

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

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

x) Pharmaceuticals, medications and auxiliary treatment methods of any type, except for those administered to the insured person while admitted (a minimum of 24 hours) in hospital. In any case, biological medications or medication-related biomaterials not detailed in section 4.7 'Surgical prostheses' and the therapies in section 5.r 'Excluded Coverage' are

exclusively excluded, even when administered during hospitalisation.

Cancer chemotherapy shall cover only the expenses for the specifically cytostatic medications defined and specified in 'Cytostatic' included in section 2 'Basic concepts. Definitions'. Expressly excluded from this concept are anti-tumour immunotherapy, monoclonal antibodies, genetic therapy, endocrinal and hormonal therapy, enzymatic and/or molecular inhibitors, anti-angiogenic pharmaceuticals and sensitisers used in photodynamic and radiation therapy.

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

Also excluded are early stimulation, occupational therapy, rehabilitation for brain damage acquired while hospitalised or any type of rehabilitation at home, or as a reason for admission, and that which is carried out at non-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, 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. Qualifying and exclusion periods

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

Nevertheless, the following services are not covered by the previous general principle:

1. Surgery and hospital care, including surgical prostheses, for any reason and of any kind, will have a qualifying period of six months, except in the cases of a life-threatening emergency or as the result of an accident.
2. Treatment for any kind of childbirth (except premature childbirth) or Caesarean operation with a qualifying period of eight months.
3. Transplants have a qualifying period of twelve months.
4. **Health care for HIV/AIDS has an exclusion period of twelve months (see definition of 'exclusion period' in section 2, Basic concepts. Definitions).**

7. Bases of the contract

7.1 Perfection of the contract and duration of the insurance policy

This contract has been drawn up on the basis of the declarations made by the policyholder and the insured person in the previously supplied questionnaire, which have motivated DKV Seguros to accept the risk and determine the premium.

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

If the content of the policy differs from the insurance application form or the agreed clauses, the policyholder may demand the correction of the existent divergence from DKV Seguros within one month from the issue of the policy.

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

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

The policy will be renewed automatically for successive annual periods. **DKV Seguros can oppose said renewal by way of written notification to the policyholder if it decides not to renew it or if it decides to make any changes therein, at least two months prior to the conclusion of the policy year.**

The policyholder can also oppose the renewal of the policy, at least one month prior to the maturity date written therein, provided that DKV Seguros is notified in a verifiable manner.

DKV Seguros will not be able to cancel the policy of the insured persons who have maintained the same policy for three consecutive years. The contract shall be extended

automatically year on year, with the exception of cases of non-compliance with the obligations by the insured person or the existence of inaccuracy, deceit or fault in the responses provided in the policy application questionnaire.

By waiving the right to object to the continuity of the policy, there is the condition that the policyholder accepts that premiums vary from year to year, in accordance with the technical criteria laid out in section 7.4 of this contract, and accepts the modifications to the general conditions that may be proposed to all insured persons that have entered into the same insurance modality.

7.2 Other rights and obligations of the policyholder or the insured person

The insurance policyholder or the insured person has the duty to:

a) Before the conclusion of the contract, disclose to DKV Seguros any known circumstances that may affect the risk assessment, according to the questionnaire provided. The policyholder will be exempt from this requirement if DKV Seguros does not provide a questionnaire or if, even when it is provided, the circumstances that might influence the assessment of the risk are not included therein (article 10 of the Insurance Contract Act).

b) During the term of the contract, inform DKV Seguros as soon as possible of the transfer of usual residence abroad, change of residence in Spain, change of habitual profession and/or the commencement of leisure or sport activities with a high or extreme risk that are of such a nature that if they had been known by DKV Seguros at the moment of signing the contract, it would not have been accepted or would have been offered at a different cost.

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.

7.3 Other obligations of DKV Seguros

Besides providing the health care contracted according to the modality described in the policy, DKV Seguros will provide the 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 corresponding DKV Network of Healthcare Services, according to the modality contracted) for his/her residential area, in which the permanent centre or centres for emergencies and the associated doctors' timetables and addresses appear.

As of the first year of the contract's perfection or the inclusion of new insured parties, DKV Seguros assumes the coverage of any pre-existing illness, provided that the insured person was not aware of it and did not intentionally omit it in the health questionnaire.

7.4 Payment of the insurance (premiums)

The insurance policyholder is obliged to pay the first premium or the single premium at the time of accepting the contract.

The successive premiums must be paid on the corresponding due dates.

The policyholder can request the payment of the annual premiums in half-yearly, quarterly or monthly instalments.

In this case the corresponding surcharge will apply. The payment of the premium in instalments does not exempt the policyholder from his/her obligation to pay the full annual premium.

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

In any case, and unless otherwise agreed in the particular conditions, if the premium has not been paid before the claim takes place, DKV Seguros will be exempt from its obligation.

In the event of non-payment of the second or subsequent premiums, or their instalments, the cover of DKV Seguros will be suspended one month after the maturity date.

If DKV Seguros does not receive the payment within the six months following said maturity, the contract will be understood as terminated.

If the contract is not restored or terminated in accordance with the aforementioned conditions, the coverage will become effective twenty-four hours after the day on which the policyholder pays the premium.

DKV Seguros will absorb the cost of the premium corresponding to the period in which, due to lack of payment, cover had been suspended.

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

DKV Seguros shall only be bound by the bills issued by DKV Seguros.

Unless otherwise specified in the particular conditions, the place of payment of the premium shall be the one specified in the direct debit order.

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

If no place of payment for the premiums is specified in the particular conditions, it will be understood that this will be the policyholder's place of residence.

With each policy contract renewal, DKV Seguros may modify the annual premium and the costs for medical acts, taking the technical actuarial calculations as a base. The premium for each insured person is calculated according to the following objective risk factors: age and geographical area of residence.

If the mathematical methods used by DKV Seguros for calculating the risk premium reveal any other significant objective risk factors, these will be included in the calculation of the premium before the renewal of the policy.

Other factors also intervene in the calculation of the premium, such as the increase in the health care cost and the medical technology innovations that are incorporated into the insurance cover.

In the case of collective policies, the result of the group and the number of layers of premiums applied will also be taken into account in the renewal of contracts.

You can see the current premiums of any health product in its individual modality at www.dkvseguros.es and at DKV Seguros branches.

The rates that DKV Seguros has in place on the renewal date shall apply.

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

Age groups may be established for policies of a collective modality. Similarly, the premiums may experience modifications due to variations in the structure of the insured collective.

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

DKV Seguros shall not be subject to any limit in terms of annual premium variations. The amount established for the full premium, after the corresponding surcharges, shall meet the sufficiency principles and technical balance, in accordance with the regulatory standard for the activities of this insurance company.

These calculations will also be applied in the event of the insured person having obtained the right to non-rescission from DKV Seguros for the renewal of the policy.

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.

7.5 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).

7.6 Suspension and termination of the insurance contract

a) DKV Seguros has the right to cancel the contract by means of a statement sent to the policyholder, within the term of one month starting from the date of becoming aware of the secrecy or inaccuracy of the policyholder when responding to the health status questionnaire (article 10 of the Insurance Contract Act).

b) If a risk is increased due to a transfer of usual residence abroad, change of residence in Spain, change of habitual profession or the commencement of leisure or sport activities with a high or extreme risk, DKV Seguros may terminate the policy and will communicate it in writing to the policyholder or insured person within one month from the day in which the risk increase was known. (Article 12 of the Insurance Contract Act).

c) If due to the policyholder, the first premium or the single premium has not been paid at its maturity date, DKV Seguros has the right to terminate the contract.

In the event of non-payment of the second premium or subsequent premiums, or their instalments, the cover of DKV Seguros will be suspended one month after the maturity date of said premium or instalment.

If DKV Seguros does not receive the payment within the six months following said maturity, the contract will be understood as terminated.

When the contract is not restored or terminated in accordance with the aforementioned conditions, the coverage will become effective twenty-four hours after the day

on which the policyholder pays the premium.

7.7 Communications

Notifications from the policyholder or the insured person to DKV Seguros should be sent to its business address. However, verifiable communications made to the DKV Seguros agent that mediated in the insurance contract will also be valid.

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

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

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

7.8 Special health risks

The policyholder may agree the coverage of risks excluded from these general conditions, or those that are

not specifically contemplated therein, with DKV Seguros.

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

7.9 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 health care policy.

1.4 Validity

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

2. Description of the coverage

2.1 Assistance

2.1.1 Medical, pharmaceutical, surgical, hospitalisation and ambulance expenses abroad

DKV Seguros will cover the medical-surgical expenses, pharmaceuticals prescribed by a doctor, those of hospitalisation and ambulances that arise as a consequence of an illness or accident that takes place abroad during the trip, **up to a limit of 20 000 euros.**

The limit for this guarantee is per accident occurred and insured.

2.1.2 Emergency dental expenses

If acute dental problems such as infections, pains or traumas that require emergency treatment arise during the trip, DKV Seguros will cover the inherent expenses for the aforementioned treatment, **up to a maximum of 300 euros.**

2.1.3 Prolonged hotel stay abroad

If the insured person is ill or injured abroad and s/he cannot return on the planned date, DKV Seguros will cover the expenses of an extended stay of the insured person in a hotel, after hospitalisation and under medical prescription, **up to an amount of 80 euros per day and with a maximum of 800 euros.**

2.1.4 Repatriation or health care transfer

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

- a)** The costs of ambulance transfer to the nearest clinic or hospital.
- b)** It will contact the doctor attending the injured or ill insured person, to determine the appropriate measures for the best treatment to be followed and the most suitable means for their eventual relocation,

if required, to another more suitable hospital or their home.

- c)** The costs of transferring the injured or ill person, by the most suitable means of transport, to another hospital or their usual residence.

If the insured person is admitted to a hospital centre that is not near his/her home, DKV Seguros will cover the subsequent transfer upon discharge from the hospital.

When the emergency and the seriousness of the case requires it, the means of transport used in Europe and the Mediterranean coastal countries will be an air ambulance.

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

2.1.5 Repatriation of the deceased and his/her companions

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

If the insured deceased person travelled with other insured relatives and they could not return by the initially foreseen means or with the

purchased return ticket, DKV Seguros will pay for their transport to the place of burial or their home in Spain.

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

2.1.6 Human remains escort

If there is no companion to transfer the remains of the deceased insured person, DKV Seguros will provide a person designated by his/her relatives with a round-trip ticket to accompany the body.

If the death occurred abroad, DKV Seguros will assume, in addition, the accommodation expenses for this person or the accommodation expenses of another that is already there due to travelling with the deceased insured and that is appointed by the relatives to accompany the body, **with a limit of 80 euros per day and up to a maximum of three days.**

2.1.7 Repatriation or transfer of other insured persons

When one of the insured persons has been transferred or repatriated due to illness or accident and these

circumstances also impede the return of the rest of the insured relatives to their home by the initially foreseen means, DKV Seguros will cover the expenses corresponding to:

a) The transport of the remaining insured persons to the place of their habitual residence or to the place where the repatriated insured person has been hospitalised or transferred.

b) Arranging for a person to travel and accompany the insured persons referred to in point a) above, when they are the repatriated insured person's children under 15 years of age and they do not have a relative or person of trust to accompany them on the return trip.

2.1.8 Companion's travel

When the insured person is hospitalised for more than five days, DKV Seguros will arrange a return ticket for the insured person's relative to be by his/her side. In addition, if the hospitalisation takes place abroad, DKV Seguros will cover the expenses of the relative's stay in a hotel, upon presenting proof of such, **up to 80 euros per day, with a maximum of ten days.**

2.1.9 Premature return home

If during a trip, when the insured person was away from his/her habitual home, a fire or serious catastrophe occurs, or the death of a first degree relative, DKV

Seguros will arrange for a return ticket for the insured person to return home, if this were not already covered by the insured person's return ticket.

Likewise, in the event that the insured person, having resolved the situation that forced him/her to return to his habitual home, wants to return to where s/he was previously, DKV Seguros will arrange for a ticket for this purpose.

2.1.10 Delivery of medications

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

2.1.11 Telephone medical consultation

If the insured person requires medical information during his/her trip, this can be requested by calling the call centre.

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

2.1.12 Help in the search for lost luggage

In the event of a loss of luggage, DKV Seguros will provide support in order to request and administer the search for locating the lost luggage and, once

located, will cover any delivery costs to the insured person's home.

2.1.13 Delivery of documents

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

2.1.14 Legal defence expenses and advance on bail abroad

When, as a consequence of a traffic accident that occurred abroad during a trip, the insured person needs to arrange his/her legal defence, DKV Seguros will assume the expenses for such **up to a limit of 1500 euros**.

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

If the competent authorities of the country in which the accident occurs requires bail from the insured person, DKV Seguros will advance this, **up to a limit of 6000 euros**.

The insured person must return the amount of the bail advanced within **the maximum term of three months** starting from the date on which DKV Seguros provided the loan. If before that term the amount has been reimbursed by the competent authorities of the country, the insured

person is obliged to reimburse DKV Seguros immediately.

2.1.15 Travel assistance

If the insured person requires any information relating to the countries s/he is planning to visit, such as entry requirements, visas, currency, economic or political conditions, population, language, the availability of health care, etc., DKV Seguros will provide this general information, which may be requested from the company by calling the telephone number printed in this policy, at which point s/he may request a response over the phone or by email.

2.1.16 Communication of messages

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

2.1.17 Family assistance

If children under 15 years of age or disabled children would be left home alone as a result of the guarantee involving a relative travelling due to hospitalisation or death of the insured person, a person will be assigned for their care, **with a cost of up to 60 euros per day and limited to seven days.**

2.1.18 Cancellation of cards

In the event of theft or loss of bank or other cards issued by companies

in Spain, DKV Seguros, at the request of the insured person, commits to requesting their cancellation to the issuing entity.

2.1.19 Blocking of mobile phone

If the insured person notifies a loss or theft of his/her mobile phone, DKV Seguros will communicate this to the corresponding operator, requesting the blocking of the terminal. DKV Seguros will not be responsible for improper use in any case.

2.1.20 Advance of monetary funds abroad

If required due to any extraordinary expenses arising from an illness or accident abroad, DKV Seguros will provide the insured person an advance, **with a limit of 1500 euros**, against a written acknowledgement of debt or bank cheque for the amount, or its equivalent in euros, in accordance with the current exchange control legislation.

The insured person agrees to reimburse DKV Seguros the advanced amount within 30 days of its receipt.

2.2 Luggage

2.2.1 Administrative fees for the replacement of documents

Duly justified fees incurred by the insured person to replace the loss or theft of credit cards, bank, travellers

and petrol cheques, travel tickets, passport or visas occurring during the trip or stays away from his/her regular place of residence shall be covered up to the limit of 120 euros.

Damage derived from the loss or theft of the above documents or their wrongful use by third parties, as well as any related expenses that are not directly related to the obtainment of duplicates, is not covered by this guarantee and consequently compensation shall not be provided.

2.3 Delays

2.3.1 Missed connections due to transport delays

If the means of public transport chosen is delayed due to a technical fault, strike, inclement weather, natural disaster, an intervention by the authorities or by other persons by force and, as a result of this delay, it was not possible to connect with the next means of public transport included and confirmed on the ticket, **DKV Seguros will pay, up to the limit of 120 euros, the hotel and maintenance expenses incurred during the wait, upon presentation of the receipts and invoices.**

3. Limitations of the contract

3.1 Exclusions

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

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

3.1.3 Death as a result of suicide or illnesses and injuries resulting from attempted suicide or deliberately self-inflicted actions, as well as those arising from his/her criminal actions, either directly or indirectly.

3.1.4 Treatment of illnesses or pathological conditions arising from the consumption or administration of toxic substances (drugs) or narcotics, or from the use of medication without a medical prescription.

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

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

3.1.7 Any type of medical or pharmaceutical expense less than 10 euros.

3.1.8 Expenses corresponding to the burial and funeral ceremony.

3.1.9 Incidents occurring during wars, pandemics demonstrations and popular movements, acts of terrorism and sabotage, strikes, arrest by any authority for a criminal offence not related to a traffic accident, restrictions on freedom of movement or any other case of force majeure, unless the insured person can prove that the incident does not have any connection with such events.

3.1.10 Incidents caused by radiation from nuclear transmutation or disintegration, radioactivity, and chemical or biological agents.

3.1.11 Damage caused intentionally by the insured person, or through his/her gross negligence.

4. Additional provisions

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

Any delays or non-fulfilment due to force majeure or the special administrative or political characteristics of a certain country will not be dealt with. In any event, if a direct intervention were not possible, the insured person would be reimbursed the expenses incurred which are guaranteed, having presented the corresponding documents justifying these, upon returning to Spain, or, if required, as soon as s/he enters a country where such circumstances are not taking place.

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

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

In any event, the compensations set in the guarantees will be in addition to the contracts that the insured person may have covering the same risks, or any benefits from social security or from any other body.

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

For the provision, by DKV Seguros, of the services included in the foregoing guarantees, it is indispensable for the insured person to request its intervention, from the time of the event, at the following telephone number: +34 913 790 434.

**Appendix II:
Exclusive coverage
of the DKV Integral
policy 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 party 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 health care policy.

1.4 Validity

To be able to benefit from the guaranteed services, the insured person must be a resident in Spain and have their usual residence there.

2. Exclusive complementary coverage

DKV Integral insurance in its individual modality, with complete medical care, is the only one that provides the insured person access to the following additional guarantees:

2.1 Reimbursement of the medical expenses incurred abroad for serious illnesses:

2.1.1 Territorial scope

The insured can access medical and/or surgical treatment for any of the serious illnesses described below, and included in this guarantee, under the

expense reimbursement modality, with the cover and limits detailed. To do so, it is necessary to prove it as one of these aforementioned diseases, through a medical report, with it having been previously diagnosed in Spain while the insurance policy is in effect.

2.1.2 Object of the coverage

The maximum coverage of DKV Seguros for the illnesses stipulated below is 80% of the amount of the invoices paid by the insured person for his/her treatment, up to a total limit of 16 000 euros per insured person per year, provided these invoices have been raised abroad and correspond to expenses derived from the provision of health care services included in the insurance policy (See section 4 'Description of the coverage' of the general conditions):

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

2.1.2.2 Cancer: illness that manifests itself with the presence of a malign tumour characterised by its uncontrolled growth and proliferation of malign cells, the invasion of tissues

including the direct extension or metastasis, or high numbers of malign cells in the lymphatic or circulatory systems as in Hodgkin's lymphoma or leukaemia. **In skin cancer, only the invasive melanoma is covered, other skin cancers are excluded.**

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

2.1.2.3 Cerebrovascular disease:

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

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

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

Health care expenses incurred abroad for these severe illnesses are also covered, but with the limits and specified coverage exclusions established in the general conditions of the policy (see section 5 'Excluded coverage' and section 6 'Qualifying periods').

2.1.3 Access to the coverage: specific regulations

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

b) In a maximum term of fifteen days, the policyholder or insured person must request the reimbursement of the medical expenses covered by the guarantee and submit the invoices paid by him/her to DKV Seguros, with a breakdown of the medical acts carried out, the prescription and the medical reports that specify the origin and nature of the illness.

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

The insured person and family members must provide any reports and verifications that DKV Seguros deems necessary. Failure to comply

with this obligation may result in the denial of the right to a reimbursement.

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 current account designated for such. The payment made in this way is fully valid, effective and final for DKV Seguros.

> The invoicing of expenses generated and paid in foreign currencies by the insured person will be paid in Spain in euros at the exchange rate on the day of the payment. If this is not given, it will be made according to the exchange rate corresponding to the date of issue of the invoice or, otherwise, on that of the receipt of the service.

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

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

d) Once the reimbursement of expenses has been made, DKV Seguros is entitled to exercise the subrogation right, with the limits specified in these general conditions (see section 3.5 ‘Subrogation clause’).

2.1.4 Limits of the coverage

Health care expenses incurred abroad for the severe illnesses detailed in this Appendix are covered with the modality, territorial scope, form of access, limits of coverage and excluded risks that are stipulated in Appendix II, and in the following sections of the general conditions that limit the insurance coverage:

- > Section 2 ‘Basic concepts. Definitions’
- > Section 3 ‘Modality and extension of the insurance policy’
- > Section 4 ‘Description of the coverage’
- > Section 5 ‘Excluded coverage’
- > Section 6 ‘Qualifying periods’

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

The reimbursement is guaranteed provided it corresponds to expenses for social-health care services included in this coverage, **and is subject to the limitations and exclusions specified in the general conditions of the policy (see sections 5.a, 5.c, 5.d and 5.e of ‘Excluded Coverage’) 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

- > Household 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.

- > Residences
- > **Specialised day care** 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 2000 euros during the term of the policy and/or the lifetime of the insured person.**

The insured person and/or person acting on his behalf (legal guardian) may request the reimbursement from DKV Seguros of the total expenses generated by the services of family care and/or care for dependence described in this section, **up to a maximum limit of 12 000 euros per insured person, with a sublimit of 2000 euros** for management and consultancy services for dependency subsidies. **To do so it is essential to present the resolution awarding the insured person the situation of Dependency Grade 3 (level 1 or 2) from the competent administrative body of the Spanish System for Personal Autonomy and Care of Dependent Adults in their autonomous region, specifying the causes and circumstances of the dependence situation.**

The coverage of dependence is cancelled in an automatic and definite way when the insured person receives the maximum guaranteed capital of 12 000 euros for this concept, or the sublimit of 2000 euros for management and consultancy services for dependency subsidies, during the validity of the insurance policy, through the modality of expense reimbursement.

2.2.2 Access to the coverage

a) Requirements for being a beneficiary of dependency coverage:

- > To be entitled to the dependency benefit in Spain and to fulfil the legal requirements to access it.
- > To be included in the health policy as an insured person at the time of the occurrence of the accident, of the expense reimbursement application due to Dependency Level 3, and of the payment of the provision.
- > The accident that took place is not a consequence of activities or circumstances excluded from the general coverage of the health insurance policy (section 5.a, 5.c, d and 5.e of 'Excluded Coverage' of the General 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 current account designated for such. The payment made in this way is fully valid, effective and final for DKV Seguros.

- > The invoicing of expenses paid in foreign currencies by the insured person will be paid in Spain in euros according to the exchange rate on the day of the payment. If this is not given, it will be made according to the exchange rate corresponding to the date of issue of the invoice or, otherwise, on that of the receipt of the service.
- > The costs of translating reports, invoices or bills for doctors' fees will only be 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 coverage

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 conditions.

2. The reimbursement of expenses for services of family care and/or dependency care detailed in Appendix II of the general conditions, when the situation of Dependency Level 3:

a) is produced by an accident caused by activities or in circumstances

expressly excluded from the general coverage of the health insurance policy (section 5.c, 5.d and 5.e of the general conditions).

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

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

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

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

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

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

DKV offers **the extraction and cryopreservation of the umbilical cord**, as a franchised service, through the DKV Health and Well-being Club. Specifically, DKV Seguros assumes 300 euros of the extraction expenses, while **the insured person**

pays 690 euros, if s/he opts for the FIRST modality, or 990 euros for the ADVANCE modality. In addition, **during the first six years, the maintenance expenses for the umbilical cord are covered with a maximum reimbursement of 90 euros/year**, provided that the birth is covered by the insurance and the insured person is included in the policy from the birth.

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

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 coverage 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

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

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

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