



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

I like to feel at home

DKV Residentes

Take good care of yourself

An ERGO Insurance
Group company

**INSURANCE POLICY
DKV RESIDENTES**

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FULLY PAID-UP SHARE CAPITAL: 66,110,000 EUROS

DKV Seguros y Reaseguros S.A.E., registered in the Special Register of the Department of Insurance and Pension Funds by M.O. dated July 12, 1956. Address: Torre DKV, Avda. María Zambrano, 31 - 50018 Zaragoza (Spain).

Company Register of Zaragoza, vol 1711, folio 214, sheet Z-15152. Tax ID A-50004209.

Mod. RE CON-04307
Updated edition January 2017

2DNP1.CG/28_V12i

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Frequently asked questions and answers

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

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

We hope you find it useful.

Regarding the contract

What documents comprise the insurance contract?

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

What are the conditions exactly?

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

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

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

Please check that your personal data has been correctly copied.

What do I have to do with the documentation?

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

If you have any doubts, contact us.

We will be pleased to help you.

Do I need to request the extension of the contract?

The contract is renewed automatically every year. You 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 is given to the other party. In the case of the policyholder one month's notice is required and for DKV Seguros, two months' notice.

What happens to my personal data?

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

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

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

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

Care modality and extension of the insurance contract

What is the main feature that defines DKV Residentes?

DKV Residentes is based on a mixed system in which the insured person can choose between:

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

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

How can I use DKV Seguros' own means?

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

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

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

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

"DKV Residentes" refunds, unless otherwise agreed, 100% of the total amount of invoices in Spain without any limit, except for those stipulated in the general conditions and table of coverage and limits in the appendix to the particular conditions for some specialities and/or specific services:

- › For dental services, the refund of the difference between Own Means and External Means up to a maximum limit per person per year, adding together the two care modalities
- › In alternative and complementary therapies: homeopathy, phytotherapy, acupuncture and chiromassage or osteopathy are refunded up to a maximum amount per consultation and/or session

Also, the phytotherapy, acupuncture and chiromassage or osteopathy have an annual limit of consultations and/or sessions per insured person

- › Clinical psychology: a sum up to a maximum amount per consultation and/or session is refunded in external means, with an annual limit of consultations and/or sessions per insured person, adding together the two care modalities (own means and external means)
- › Spectacle frames are refunded up to a maximum amount. From 15 years of age onwards, more than two years must have elapsed from the previous refund for this concept
- › Made-to-measure orthopaedic shoes are covered with an excess paid by the insured person, which will be higher from 16 years of age

What is the territorial scope of the policy?

The insured person can go to a non-DKV Health Care Network doctor or hospital anywhere in Spain (and also in Germany, using External Means, for a maximum of 100 days on contracting Basic Coverage + Repatriation + Best Care Modality) and claim a refund of his medical-surgical expenses provided that he resides in Spain at least six months (183 days) a year.

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

DKV Medi-Card®

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

Yes. Your DKV Medi-Card® identifies you as a customer of DKV Seguros Health Care Network, and you will be asked to show it.

How much do I have to pay for each visit?

You do not have to pay anything when you use the DKV Health Care Network.

What happens if I don't show my DKV Medi-Card® to a doctor or centre in the DKV Health Care Network?

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

DKV Seguros will not refund any amount corresponding to doctors or centres that are in the DKV Health Care Network under any circumstances, except for the dental care speciality.

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

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

How can I contact DKV Seguros?

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

Authorisations

When do I need an authorisation?

Only for services associated with DKV Health Care Network.

No other external services, i.e. those not included in the DKV Health Care Network, require authorisation, except for insured persons who have taken out the modality Basic Coverage + Repatriation Repatriation + Best Care in Germany.

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

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

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

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

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

Payment

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

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

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

Health care

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

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

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

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

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

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

Do I need authorisation for clinical psychiatry?

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

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

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

When can I request service at home?

When, due to the sick person's state, going to a consultation or hospital centre is medically inadvisable.

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

Are illnesses previous to contracting the policy covered?

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

What does the dental speciality cover?

It includes all dental **services other than those for aesthetic purposes:** endodontics, periodontics, orthodontics, fillings, dental prostheses, apicectomies, implants and the necessary diagnostic means for these treatments.

How can I use the dental service?

The insured person can go to a dentist or dental clinic not included in the "DKV Dental Services Network" (External Means) in Spain (and also in Germany for a maximum of 100 days on contracting the modality "Basic Coverage + Repatriation + Best Care") and is entitled to a refund of the costs arising from the dental services provided, according to that specified in the table of coverage & limits in the appendix to the particular conditions.

The insured person can also visit the dentists and dental clinics included in the "DKV Dental Services Network (Own Means) throughout Spain on showing his DKV Medi-Card[®], and receive the required dental service at the special rate stipulated in the DKV Health Care Network, which also entitles him to a full refund of the dental care expenses.

Is there an established limit for dental care per person, per year?

Yes, there is a maximum annual limit in the table of coverage & limits in the appendix to the particular conditions per insured person, per year, which includes the dental treatment invoiced through the Own Means Care Modality (DKV Network of Dental Services) plus the refund paid for the services received in External Means.

How many dental cleans does the policy cover a year?

Those necessary, provided they are prescribed by a doctor.

Does "DKV Residentes" cover medication?

Medicines are refunded with the exception of biological medication and medicalised biomaterial implants not specified in section 4.7 "Surgical Prostheses" up to a maximum annual limit specified in the table of coverage & limits in the appendix to the particular conditions, as long as they have been medically prescribed, acquired in a chemist's, are included in the registry of medicines and have a therapeutic purpose. Homeopathic medicine, vaccines and extracts in allergy processes are included in this concept.

What alternative and complementary therapies are included in DKV Residentes?

DKV Residentes includes homeopathy, phytotherapy, acupuncture and chiromassage or osteopathy as long as they are given by a doctor. There is a refund up to a maximum limit per consultation/session according to that specified in the table of coverage & limits in the appendix to the particular conditions.

In addition, phytotherapy, acupuncture and chiromassage have an annual limit per person of consultations/sessions according to that specified in the table of coverage and limits in the appendix to the particular conditions.

Is the epidural anaesthesia for childbirth covered?

Yes, and for any other surgery where required.

Does DKV Residentes cover laser surgery for myopia?

DKV Seguros offers the possibility of receiving laser refractive surgery for myopia under advantageous economic conditions. The insured person can obtain this service by acquiring a coupon through the DKV Health and Well-being Club prior to the intervention.

Does “DKV Residentes” include clinical psychology?

Yes, it is only included as outpatient treatment with the prior prescription of a psychiatrist or paediatrician provided it is given by a psychologist, up to a maximum limit specified in the table of coverage & limits in the appendix to the particular conditions per insured person, per natural year, (the sum of Own Means and external Means) with a maximum refund in External Means specified in **the table of coverage & limits in the appendix to the particular conditions** for the following pathologies requiring psychological intervention:

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

Should further sessions be required, DKV Seguros offers you the possibility of continuing the sessions at a subsidised rate, subject to request being made to DKV Seguros.

And family planning?

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

In the first three cases, due to involving surgical operations or requiring prostheses, a grace period of six months will be established.

Does “DKV Residentes ®” cover assisted reproduction?

DKV Seguros covers the fertilisation techniques exclusively contracted in the individual policies of DKV Residentes, provided that one in the couple is infertile, that they do not have a child in common and that they are in a fertile age (over 18 years old, and a limit of 42 in women and 55 in men). **The treatment may only be received in authorised centres belonging to the “DKV Network of Healthcare Services” (own facilities), with prior authorisation from DKV Seguros and a grace period of 48 months. With regard to the techniques, it covers two attempts at artificial insemination and one attempt at in vitro fertilisation (IVF).**

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

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

Is health care included while I’m abroad?

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

Moreover, on contracting the modality Basic Coverage + Repatriation + Best Care, health care in Germany is also included for a period of up to 100 days per year.

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

At +34 91 387 46 18, they will assist you and tell you which centre to go to for treatment.

Hospital admissions

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

An admission to hospitals included in the DKV Health Care Network should be authorised beforehand by DKV Seguros (please refer to the section “authorisations” of ‘Frequently asked questions and answers’ to check which services require an authorisation).

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

If, however, you go into a private centre not included in the DKV Health Care Network, this is not required. On requesting the refund you must present the bills, written prescription and the medical report.

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

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

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

In the event that the centre is associated and belongs to the “DKV Network of Health Care Services”, you should notify DKV of the hospital admission within 72 hours following the admission.

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

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

In the case of having taken out the modality Basic Coverage + Repatriation + Best Care, an individual room is provided for hospital care in Germany.

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 Defence 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 any of the following phone numbers for our Customer Services: 902 499 499 / 913 438 596 / 934 797 539.

In addition, 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 Defence 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 offers its insured customers the opportunity to subscribe The Healthy Living Plan: “Vive la Salud”, seeking to promote activities of health promotion and prevention of illness through diverse specific programmes. It is available through the Internet and with the support of the medical telephone helplines.

a) The objectives of this project are:

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

These objectives are achieved with the following available tools:

- > Information, training and participation in events
- > Online evaluation, follow-up and control tools
- > Personalised, remote medical advice to fulfil the therapeutic objectives

b) The following programmes will be gradually included:

- 1. Healthy life.** Aimed at all those 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 they control their illnesses.

3. **Pregnancy and healthy childbirth.**

Aimed at all insured adult customers who are pregnant. The programme aims to provide all insured adult 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 the 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 obesity. The objective of the programme is weight loss through following the advice of dieticians who will set targets and design personalised diets and physical exercise routines to meet them.

5. Child obesity. Aimed at customers who are parents of children who 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 achieve a correct development for the child and to instil some healthy living habits from birth up to adolescence. It offers parents information about the care infants need (feeding, hygiene, vaccines, prevention of accidents, toys, clothes, etc.) and the possibility of online advice for the different stages of children's growth and maturity (infancy, puberty and adolescence), as well as a personal plan so that your child grows up healthy.

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

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

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

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

11. Stroke prevention. A stroke is at present the second most common cause of death in Spain after heart disease. It is defined as the sudden appearance of an alteration brain activity of a vascular origin, either haemorrhagic or ischemic, and 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. Workplace stress prevention.

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

c) Access:

Access to the above is exclusively online on www.programas.vivelasalud.com.

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

DKV Health and Well-being Club

The contracting of the “DKV Residentes” health insurance policy, provides the insured person access to the additional services of the DKV Health and Well-being Club, different to the coverage of the insurance policy, described below.

The access details for these V Health and Well-being Club services are included on the website www.dkvclubdesalud.com or are available through the telephone helplines given in the DKV Seguros medical directory.

1. e-Salud services

Remote medical advice

1.1 24-hour care

DKV Seguros’ insured customers have a 24-hour telephone helpline available specialised in the coordination and activation of health care services in the home, depending on of the type of insurance taken out and the geographical area of residence.

This helpline is staffed by medical and administrative personnel.

1.2 24-hour DKV Doctor

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

1.3 24-hour paediatric medical line

This service provides DKV Seguros’ insured customers with telephone medical advice 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 being overweight and child obesity.

1.5 Pregnancy medical line

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

1.6 Women's medical line

This service provides DKV Seguros' female insured customers with telephone medical advice given by female doctors or specialists, offering information and solving queries regarding symptoms, diagnostic tests, health problems and 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 and advice regarding those pathologies that include physical exercise as part of the treatment prescribed by their doctor.

1.8 Medical nutritional line

This service provides DKV Seguros' insured customers with telephone dietary advice given by doctors or technicians 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 Medical tropical 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 Psychoemotional helpline

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

Advice for serious illnesses

1.11 Second medical opinion

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

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

1.12 Second bioethical opinion

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

2. Additional premium services

The insured person has access to, either directly or through vouchers while always assuming the cost, the “**DKV Health and Well-being Club Network of Services**”. **Being part of this club will allow him to enjoy** the different additional services related to the promotion of health, prevention, aesthetics, self-help, rehabilitation or physical and emotional well-being, as well as a variety of care services with some discounts and/or special rates well below the market’s standard.

Therefore depending on the type of service that you want to use in the “**DKV Health Club Network of Services**”, there are two ways of accessing it:

- › **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 himself with his card or DKV Seguros 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 in the “**DKV Health and Well-being Club Network of Services**” it is necessary to previously acquire a voucher. These can be obtained by visiting **www.dkvclubdesalud.com**, calling **902 499 150** or at any branch of DKV Seguros 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 **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.

2.1 Health Promotion Services

2.1.1 Well-being Services: spas and urban spas

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

Spa: a thermal centre for resting and receiving treatments with mineral waters declared of public use whose therapeutic action has been demonstrated and depends on their temperature, pressure, chemical composition, radioactivity, bacterial flora and dissolved gases.

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

2.1.2 Gyms and fitness

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

2.1.3 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.

2.2 Preventive services

2.2.1 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 carried out with a sample of blood that is examined in the genetics laboratory to determine whether there are changes in the gene or genes related to the illness. 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.

2.2.2 Giving up smoking

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

2.2.3 Cryopreservation in a bank of umbilical cord hematopoietic stem cells

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

2.2.4 Cryopreservation in a bank of mesenchymal stem cells from adipose tissue

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

2.2.5 Biomechanical study of walking

This service allows the insured persons, with a discount voucher, to make use of an associated network of podiatry centres that specialise in the design and preparation of fully made to measure insoles, as well as follow up visits and guarantee.

2.3 Cosmetic or aesthetic medical services

2.3.1 Refractive laser surgery for myopia, hypermetropia and astigmatism.

By acquiring discount vouchers, DKV Seguros offers its insured persons at highly attractive prices a specific network of specialised ophthalmological clinics for laser treatment of refraction defects (myopia, hypermetropia and astigmatism).

2.3.2 Surgery for presbyopia

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

2.3.3 Medicine and aesthetic surgery

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

2.4 Complementary health services

2.4.1 Assisted reproduction treatment

Those insured persons that do not have this covered in their insurance or that exceed the limit of attempts may access, by acquiring a discount coupon, a network of clinics specialising in infertility diagnosis and treatment with the most advanced techniques in assisted reproduction, such as in vitro fertilisation, artificial insemination, transfer of pre-embryos, and/or the cryopreservation of oocytes, sperm and embryos, where applicable.

2.4.2 Alternative therapies

DKV Seguros offers the 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.

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

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

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

2.4.3 Psychology

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

2.5. Personal self-help services

2.5.1 Auditory health

By acquiring discount vouchers, it provides access to an auditory check-up in the DKV Health and Well-being Club network of auditory centres and the purchase of headsets at highly attractive rates.

2.5.2 Healthy hair

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

2.5.3 Optics service

By acquiring a voucher, the insured person can obtain important 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.

2.5.4 Orthopaedics service

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

2.5.5 Online drugstore

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

2.6 Rehabilitation services

2.6.1 Rehabilitation therapy for recovery from phonation, speech or language dysfunctions

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

2.6.2 Home therapy for sleep apnea syndrome

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 apnea with intra-oral

splints.

2.6.3 Programme for rehabilitation of the pelvic floor

The insured person can also take advantage of access to 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 muscles of the pelvic floor can be monitored and registered on a website so that the user and/or the doctor can follow-up.

3. 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 dated October 8.

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

The contract consists of the following documents:

- › Preliminary insurance information document (insurance application).
- › The health declaration
- › The general conditions
- › The particular conditions
- › The special conditions (where applicable)
- › The supplements or appendices

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

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

At any of the DKV Seguros branches, before the Customer Defence Service of DKV Seguros or through our Customer Services.

Claims can also be sent by mail or to the address of the Customer Defence Service of DKV Seguros: Torre DKV, Avenida Maria Zambrano 31, 50018 Zaragoza, or to the following email: defensaciente@dkvseguros.es. Any of the following phone numbers can be called for our Customer Services: 902 499 499 / 913 438 596 / 934 797 539.

The customer may select the means and address through which to receive the reply. The complaint will be answered in writing within two months. The Regulations of DKV Seguros Customers' Attention Service are available from DKV Seguros' offices.

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

Where on showing the previous procedure made to DKV Seguros, he will be able to make an official appeal.

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

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 closest birthday (past or future) to the effective date, or the date of extending the policy.

Acupuncture

Medical practice generally based on the Chinese traditional medicine that involves the stimulation of specific anatomical points in the body for therapeutic purposes, by means of puncturing the skin with a needle.

Alternative and complementary therapies

Diverse set of therapeutic systems and medical practices that are not currently considered part of conventional allopathic medicine.

Angiogenesis inhibitor

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

Artificial insemination

This assisted reproduction technique consists in artificially depositing spermatozoa that have been previously prepared in the laboratory in the uterine cavity near the time of ovulation. It consists of three phases: ovarian stimulation, sperm capacitation and selection (includes **REM mobile sperm retrieval techniques**), and insemination.

B

Best care

A service that guarantees, for the diagnosis of certain specific serious illnesses, care given by a renowned, prestigious expert in Germany.

Biological or synthetic material

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

Biomaterial

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

C

Cardiac rehabilitation

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

Chiromassage or chiropractic

Manipulations of the spine, of the soft tissues and of the muscle-skeletal system carried out for therapeutic purposes by an expert doctor or physiotherapist, in an appropriate centre for such.

Clinical psychology

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

Clinical psychologist

Graduate in Psychology who specialises in Clinical Psychology.

Complete medical care

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

Congenital abnormality, defect, illness, or injury

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

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

Cost-efficiency analysis

It allows comparing costs 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.

Curing aids

Elements, anatomical pieces and appliances prescribed by a doctor and acquired in a chemist's, optician's, orthopaedic shop or similar applied during the treatment of a wound or injury or to prevent or correct deformities of the human body.

Cytostatic

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

D

DKV Health Care Network

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

E

Enzymatic and /or molecular inhibitor

Biologically directed pharmaceuticals that act on a therapeutic, intra or extra cellular target, inhibiting the generation and transmission of signals for cellular growth.

This therapeutic subgroup includes enzymatic transcription inhibitors of different levels (e.g. inhibitors of the protein kinase, of the tyrosine kinase, of proteasomes, etc.).

Excess (exemption sum)

Amount established in the policy from which the coverage of DKV Seguros starts. The policyholder or the insured person agrees to pay this amount.

Exclusion period

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

External means

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

Extra premium

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

F

Fertile age

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

G

Genetic therapy

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

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

H

Heliocoidal radiation therapy or tomotherapy

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

around the patient in a spiral manner. It is also called helical tomotherapy.

High medical technology

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

Homeopathy

Medical practice that uses minimal doses of biological extracts and specially prepared minerals to stimulate the body's natural defences and self healing processes with the aim of treating the illness.

Hospital or clinic

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

Hospital care for social or family reasons

Admission to, or extended stay in, hospital for reasons unrelated to objective medical pathologies and therefore not requiring 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.

I

Illness or injury

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

Immunotherapy or biological therapy

Immunotherapy or biological therapy (also sometimes called biotherapy or biological answer modifier therapy) is based on modifying, stimulating or restoring the capacity of the immune system to fight against cancer, infections and other illnesses.

It is also used to diminish certain secondary effects that some oncological treatments can cause.

The substances or medications used in anti-tumour immunotherapy are non-specific immunomodulating agents, interferons, interleukins, growth factors or colony stimulants, monoclonal antibodies or specific antigen-anti tumour agents, therapies with cytokines and vaccines.

Implant

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

Indisputable contract

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

Individual insurance modality

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

Infertility

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

Inpatient health 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.

Insurance application form

The questionnaire provided by DKV Seguros, in which the policyholder describes the risk that he wants to insure with all the circumstances known to him and which may influence the calculation of the risk.

Insurance application or preliminary information document

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

Insured person

The individual who receives the health care.

Insurer

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

Intensity modulated radiation therapy (imrt)

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

In Vitro Fertilisation (IVF)

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

L

Life threatening emergency

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

Limiting clause

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

M

Major outpatient surgery

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

Medical and surgical fees

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

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

Medical or surgical hospital care

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

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

Medicine

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

N

Neonatal care

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

N.I.C.E clinical guides.

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

O

Orthopaedic material and arch supports

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

Osteosynthetic material

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

Outpatient health care

Refers to the diagnostic and/or therapeutic care that is habitually given in surgeries, at the patient's home and/or at a hospital or clinic without an overnight stay or a stay of less than 24 hours (e.g. casualty, day visits).

This concept does not include major outpatient surgery.

Own means

Doctors and centres included in the DKV Health Care Network.

P

Pain unit

Medical service specialised in the treatment of chronic pain.

Period of grace

It is the period of time set 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.

Physician

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

Policy

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

Policyholder

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

Pre-existence

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

Pre-existing health condition

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

Premature or preterm childbirth

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

Premium

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

Psychotherapy

Refers exclusively to the diagnosis consultations carried out by a medical expert in this field. Phytotherapeutic medicine is not included.

Q

Questionnaire or health declaration

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

R

Radical or oncologic surgery

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

Regenerative medicine

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

Rehabilitation

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

Repatriation

In the event of the death of the insured person, the preparation and transport of the body from the place of death in Spain to the international airport closest to the place of burial in Germany.

Robotic or computer assisted surgery

Image-guided or computer-assisted surgical acts carried out by a robot following the instructions of a surgeon aided with a telerobotised laparoscopic system and/or assisted by a virtual reality computerised system or navigator with computer obtained 3D images.

S

Short stay surgery

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

Special care unit

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

Surgical operation

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

Surgical prostheses

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

T

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

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

Traffic accident

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

3.

Modality, extension and territorial scope of the insurance policy

3.1 Object of the insurance policy

By means of this policy, DKV Seguros covers medical, surgical and hospital care, within the limits established in these conditions and the particular conditions and its table of coverage and limits in the appendix, special conditions and/or health questionnaire, for all kinds of diseases or injuries included in the specialities and modalities that appear in the description of coverage of the policy, after payment of the relevant premium.

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

1. Their safety and cost-efficiency validation studies are ratified by means of a positive report from the Agencias de Evaluación de las Tecnologías Sanitarias (Health Care Technology Assessment Agencies) that report to the Health Services of the Autonomous Communities or the Ministry of Health and, where applicable, with regard to antitumor or oncological drugs, by the clinical guidelines of the National Institute for Health and Care Excellence (NICE).

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

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

3.2 Modality of the insurance policy

The insurance policy DKV Residentes is based on a mixed system in which the insured person can freely choose between:

- › Receiving the services through the associated DKV Health Care Network all over Spain, showing his Medi-Card® and the corresponding authorisation, where required (own means care modality)
- › Free choice of doctors or centres not included in the DKV Seguros Health Care Network associated to DKV Seguros

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

Under no circumstances will DKV Seguros refund the insured person for invoices issued by doctors or centres in the DKV Health Care Network, except for Odontology.

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 that the policy covers.

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

3.3 Territorial scope

In the own means care modality, medical and surgical health care is provided all over Spain.

In the external means care modality, you may be attended to by any doctor, in any centre anywhere in Spain, and in the case of having contracted the modality Basic Coverage + Repatriation + Best Care also in Germany for up to 100 days per year, provided that the insured person's habitual residence is in Spain for at least six months (183 days) of the year in Spain. If this residence changes to one abroad, the present policy would not be renewed when it expires at the end of the year.

3.4 Access to coverage

Specific regulation for own means care modality

Care in the DKV Health Care Network

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

b) In the DKV Health Care Network the services covered by the policy may have free access or require previous authorisation from DKV Seguros.

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

Hospital admissions, surgery, prostheses and surgical implants, psychotherapy sessions, preventive programmes or check-ups, ambulance transfers, therapeutic acts and complex diagnosis tests that are detailed in the associated list of the DKV Health Care Network, require authorisation.

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

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

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

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

DKV Seguros will issue the corresponding authorisations to access the services, with the written prescription of an associated doctor of the DKV Health Care Network 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 that mentioned in the previous paragraphs, in emergency cases the insured person, or person acting on his behalf, has to notify DKV Seguros of the event in a demonstrable manner to obtain their confirmation and authorisation within 72 hours following admission, or after receiving health care.

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

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

Specific regulation for external means care modality

Health care received outside the DKV Health Care Network:

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

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

To do so, DKV Seguros will provide a special "refunds form" to complete. The administrative requirements for a refund of the invoices are described on the back of this document.

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

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

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

> Once the refunds form has been submitted with the reports and original invoices showing the services received, DKV Seguros will pay the costs according to the percentage and limits established in the general conditions and/or particular conditions of the policy and its annexed table of coverage and limits in the appendix.

> DKV Residentes will refund the total of invoices from Spain (and also in Germany for up to 100 days per year in the event of having contracted the modality “Basic Coverage + Repatriation + Best Care”), except for Dental Care, which is refunded according to that specified in the Table of Coverage and Limits in the Appendix to the Particular conditions.

Similarly, in the general conditions and/or particular conditions some limits and excess amounts for certain specialities and/or specific services are stipulated (see section 4: Description of the Coverage).

- > The payment will be made to the current account indicated. Payment made in this way is totally valid, efficient and final for DKV Seguros.
- > The invoicing of expenses paid by the insured person in foreign currencies will be made and settled in Spain in Euros with the exchange rate corresponding to the day of payment.

If this is not possible, the exchange rate on the day of the issue of the invoice will be used or else that of the day on which the service was provided.

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

> Those of other languages must be paid by the insured person.

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

3.5 Subrogation clause or surrender of rights

Once the expenses have been reimbursed or the service has been provided, DKV Seguros may exercise the rights and actions that, deriving from the accident, 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 necessary documents required to proceed with the subrogation.

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

4.

Description of the coverage

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

4.1 Primary care

General medicine.

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

Paediatrics and child care.

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

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

Nursing services (injections/cures).

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

Ambulance service.

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

Transport with incubators and transport by rescue helicopter to the hospital is included.

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

4.2 Emergency care

Care at home.

For justifiable cases and only in areas where DKV Seguros has the service available, health care at home for General Medicine, Paediatrics, Nursing and ambulance will be provided where required.

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

Emergency outpatients service.

In a health centre with 24-hour service, including ambulance.

Emergency hospital service.

For emergency health care provided at a hospital.

4.3 Medical specialities and surgery**Allergy & immunology treatment.**

Includes the cost of the vaccines and extracts for allergy processes.

Its cost will be included in the annual limit for medication.

Anaesthesiology-resuscitation.

Includes epidural anaesthesia.

Angiology and cardiovascular surgery.**Brain surgery.****Cardiology-circulatory system.**

Includes cardiac rehabilitation after an acute myocardial infarction.

Cardiovascular surgery.**Dermatology (medical & surgical).**

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

Endocrinology and nutrition.**General and gastrointestinal surgery.**

includes bariatric surgery for a body mass index of 40 or over (morbid obesity).

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.

Haematology & haemotherapy.**Internal Medicine.****Midwife.**

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

Nephrology.**Neonatology****Neurology.****Nuclear medicine.****Obstetrics.**

Including control of pregnancy and childbirth assistance.

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

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

Odontostomatology.

Includes all dental services, except those for aesthetic purposes (see Section 4.8 Special Coverage).

Oncology.

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

Ophthalmology.

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

Orthopaedic surgery.

Includes arthroscopic surgery, percutaneous nucleotomy and chemonucleolysis.

Oral and maxillofacial surgery.

Otorhinolaryngology.

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

Paediatric surgery.

Peripheral vascular surgery.

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

Plastic and repair surgery.

Surgery to repair injuries using plasties and grafts.

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

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

2. Reduction mammoplasty in women above 18 years of age with gigantomastia (a volume over 1500 grams or ml in each breast) that, in addition, have a sternal distance (nipple to sternum-bone notch) greater than 32 cm, have a body mass index lower than or equal to 30 and require a minimum removal of 1000 g per breast.

Pneumology-respiratory tract.

Includes home therapy in severe obstructive sleep apnoea/hypopnoea syndrome (OSAHS) (see section 4.5 “Therapeutic methods” of the General Conditions).

Proctology.

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

Psychiatry.

Mainly neuro-biological treatment.

Rehabilitation.

Carried out in a suitably prepared centre under the direction of a specialist physician that 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.

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

Rheumatology.

Thoracic surgery.

Includes sympatectomy by hyperhydrosis (treatment for excess sweating).

Urology.

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

4.4 Diagnostic aids

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

Clinical, anatomopathological and smear tests.

X-ray diagnosis.

It includes complex diagnostic radiology techniques (with contrast materials), computed axial tomography (CAT), nuclear magnetic resonance (NMR) and bone densitometry.

Endoscopic capsule.

Included in the diagnosis of haemorrhage and/ or intestinal bleeding of unknown or hidden origin.

Endoscopic examinations.

Digestive. Diagnostic and/or therapeutic.

Fibrobroncoscopic.

Diagnostic and/or therapeutic.

Cardiac diagnostic.

Electrocardiograms, strength tests, ultrasound scans, holter, doppler and haemodynamic.

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

Neurophysiology.

Electroencephalograms, electromiograms, etc.

Sleep unit.

Polyomnography for pathological processes prescribed beforehand by a specialist.

Interventional or invasive vascular and visceral radiology.

Optical coherence tomography.

In ophthalmologic diagnoses according to commonly accepted clinical practices.

High diagnostic technology.

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

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 intra-articular injuries that are difficult to diagnose**, Magnetic resonance cholangiography (MRCP) and cholangiopancreatography (ERCP) allows three-dimensional reconstruction and **exclusion of choledocholithiasis in cholecystectomy patients, and oncology in bile and pancreatic ducts.**

c) The multislice computed tomography 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) Positron emission tomography (PET) **either** solely or combined with computerised tomography (PET-CT), single-photon emission computed tomography (Spectrography -SPECT), Scintigraphy and Spectroscopy by MRI or NMR or high resolution or field (3 teslas): **in oncological diagnosis and/or drug-resistant refractory epilepsy in accordance with commonly accepted clinical practice protocols.**

e) Genetic and molecular biology tests: covered with a doctor's prescription **provided that they have an effect on the treatment of a current illness, or that they 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.**

f) Endobronchial Ultrasound Bronchoscopy (EBUS) for the detection of **oncological pathologies** of the bronchi (in lung and mediastinum) that are **not accessible by other means**, and, if necessary, biopsies.

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

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

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.

The medication will be included in the outpatient regime up to the general annual limit for medications.

Analgesic and pain killing treatment. Covers techniques employed by specialised units **includes medication up to the established general annual limit** (See section 4.8).

Narrow-band ultraviolet B phototherapy.

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

Home therapy for severe Apnoea-Hypopnea (SAHS).

By means of CPAP/BiPAP devices for supplying air at a continuous preset positive pressure, **up to a maximum number of sessions per insured person / year** (sum of those carried out in own means and external means) stipulated in the table of coverage and limits in the appendix to the particular conditions **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.

It includes the linear accelerator, cobalt therapy, intracranial stereotactic radiosurgery, intensity modulated radiotherapy (IMRT) **and the radioactive isotopes whose therapeutic and diagnostic usefulness is authorised by the EMA (European Medicines Agency) and the NICE clinical guidelines.**

In addition, it covers three-dimensional real-time image-guided radiotherapy (IGRT) and helical tomotherapy (HT) **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. **Stereotactic body radiation therapy (intracranial):**
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, genitals and breast cancer.

Dialysis & haemodialysis.

This service is offered to both outpatients and hospitalised patients, for the treatment of renal insufficiencies.

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, except for the cornea, which is fully covered.

Grafts.

Includes bone and skin autografts and bone, tendon and ligament allograft obtained from bone and tissue banks.

Blood and plasma transfusions, in hospitals.

Physiotherapy.

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

Laser therapy and magnetotherapy, as rehabilitation techniques.

Renal and vesicular extracorporeal shock wave lithotripsy (ESWL).

Muscle-skeletal lithotripsy (maximum of 3 sessions per process).

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

High therapeutic technology.

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

a) Carto (3D) navigation or mapping system or 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)** and the insured person is under 70 years of age
- > **Recurrent symptomatic atrial fibrillation (more than one year) refractory to antiarrhythmic drugs** (2 or more antiarrhythmic drugs, including amiodarone), provided there is no Comorbidity (e.g. arterial hypertension, sdm. Sleep apnea ...) and the size of the left auricle is less than 5 centimetres
- > **Ventricular or atrial arrhythmias associated with congenital heart disease**

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

b) Cross-linking corneal therapy.

To treat keratoconus in its early stages and degenerative or traumatic corneal ectasia, except as a consequence of corrective laser surgery for vision defects (excluded from the coverage of the policy).

c) Intracranial and spinal tumour surgery assisted by neuronavigators (3D).

Computerised system of digitised images to guide the surgeon in real-time in complex or high risk neurological interventions.

d) Robot-assisted laparoscopic surgery, radical organ confined prostatectomy.

Via Da Vinci robot-assisted laparoscopic system, according to commonly accepted protocols.

e) Intraoperative neurophysiological monitoring (IONM) of the nervous system in intracranial surgery and spinal fusion surgery or three-level (or more) arthrodesis.

Monitoring system that improves the patients' surgical safety and simplifies the work of neurosurgeons. Its coverage requires a practitioner's written prescription.

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.

Speech therapy and speech pathology.

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

Speech re-education therapy.

Speech therapy is included **for speech** (articulation, fluidity and oral dysphagia) **and language disorders in children (receptive and expressive), up to a maximum of 10 sessions/insured person, and for rehabilitation of the alteration or loss in adults (aphasia) as a result of an acute cerebrovascular accident (stroke), up to a maximum of 20 sessions/insured person/year.**

There is a **maximum reimbursement limit per speech re-education therapy session** when the insured person uses means that are external to the "DKV Network of Healthcare Services" **and a maximum number of sessions covered per insured person and calendar year** (sum of those carried out in own and external facilities) **in each indication. Both limits are established in the table of coverage and limitations annexed to the particular conditions.**

Oncology chemotherapy.

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

With reference to medication, DKV Seguros will cover expenses for **cytostatic pharmaceutical products** that are sold on the domestic market provided they are duly authorised by the Ministry of Health, as well as **the intravenous drip feeds and Immunotherapy and palliative medications** without antitumoral effect that are administered in a simultaneous way in the same treatment session together with cytostatic medications, to avoid their adverse or side effects and/or to control the symptoms of the illness.

4.6 Hospital care

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

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

In addition it specifically includes:

- > Oncology treatment: radiotherapy, brachytherapy and chemotherapy
- > OSNA technique or method: intra

operative molecular diagnosis of the sentinel node for breast cancer at an early stage, without lymphatic extension

- › Renal and vesicular and muscle-skeletal lithotripsy
- › Dialysis and haemodialysis
- › Surgery of Groups II to VIII of the OMC carried out exclusively in a hospital centre
- › Major outpatient surgery
- › Interventional or invasive vascular and visceral radiology
- › Family planning techniques: tubal ligation and vasectomy. Tubal occlusion hysteroscopy
- › Intracranial stereotactic radio neurosurgery
- › Arthroscopic surgery
- › Turbinate surgery or turbinoplasty and adenoamigdaloplasty by radiofrequency
- › Surgical laser in gynaecology, ophthalmology, proctology, peripheral vascular surgery and otorrinolaringology
- › Endourologic Holmium laser and Green laser (KTP and HPS), Diode and Thulium for the surgical treatment of benign prostatic hiperplasia
- › Percutaneous nucleotomy and chemonucleosis
- › High therapeutic technology: prostate biopsy with multi-parametric magnetic resonance imaging, radical prostatectomy with Da Vinci robotic surgery, Carto system for radiofrequency ablation, corneal

cross-linking therapy, surgery assisted by intracranial and spinal tumour neuronavigators and intraoperative neurophysiological monitoring in intracranial surgery and spinal fusion surgery or three-level (or more) arthrodesis

- › Surgical prostheses
- › Daily compensation for hospital care

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

Similarly, according to the kind of treatment or hospital care:

1. Medical hospital care.

(without surgical intervention). 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. Surgical hospital care.

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

3. Obstetric hospital care.

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 under 14 years of age). Includes care given by paediatrician both in conventional hospitalisation and in the incubator.

5. Psychiatric hospital care

Includes care given by psychiatrist. Only covered in the event of acute outbreaks. The stay is limited to a maximum period of days per natural year that is specified in table of coverage and limits, appendix to the particular conditions. It is applied by adding the days of hospital care produced in the DKV Health Care Network and those in the external means care modality.

6. Hospital care in Intensive Care Unit.

Includes the care given by a specialist in intensive care.

7. Hospital care for dialysis and artificial kidney.

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

4.7 Complementary coverage

Preventive medicine.

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

1. Infant health program.

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, in the corresponding authorised centres belonging to the “DKV Network of Healthcare Services”, **up to a maximum of three sessions per childbirth**
- › 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
- › Compulsory programme of vaccines for Spain
- › Health control at key stages during the child’s development during the first four years

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

Includes:

- › Periodic examinations for the advance diagnosis of tumours in the breast and uterine neck

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

3. Programme for the prevention of heart disease.

Includes:

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

4. Programme for prevention of skin cancer.

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 digital every three years:** for the control and follow-up of congenital, pigmented lesions or cutaneous risk

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

Includes:

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

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

Includes:

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

7. Dental health programme.

From infancy for the prevention of caries, periodontal illnesses and malposition of teeth or occlusion problems.

Includes:

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

8. Preventive screening programmes of aortic abdominal aneurysm (AAA) by means of abdominal ultrasound.

Includes:

- › Primary care and abdominal ultrasound consultation for the early diagnosis of the aneurysm in asymptomatic risk population: men over 65 years of age (between 65 and 75 years of age), and in risk groups, such as female smokers and over 50 year-olds with first degree relatives that have a history of aortic abdominal aneurysm

Clinical psychology. Includes psychotherapy sessions on an individual basis as Outpatient treatment with the prior prescription of a psychiatrist or paediatrician, given by a psychologist provided that it is to treat the following pathologies that require psychological help.

- › Psychiatric illness: depression, schizophrenia and psychotic disorders
- › Behavioural disorders: neurosis, anxiety, personality and obsessive compulsions
- › Eating disorders: anorexia and bulimia

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

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

Family Planning.

Includes the following services:

- › IUD implant: includes the reimbursement of the cost of the intrauterine device in the percentage established in the policy modality, up to a maximum limit that is set forth **in the table of coverage and limitations annexed to the particular conditions.**
- › Tubal ligation.
- › Tubal occlusion hysteroscopy, with the limitations for prosthetic material stipulated in the general conditions (see section “Surgical prostheses”).
- › 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), intersomatic 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, biological glues or bioglues in oncologic surgery
- > Antiadhesive or non-stick barrier gel in back surgery and in reoperations of other specialties
- > Substitutes of bone grafts: cements and regenerative demineralised bone matrix in back and joint (hip, knee and foot)
- > Biological plastics. Biomatrix or resorbable mesh in substitution of the dura in intracranial surgery or spinal tumour, and the pericardium in heart surgery

- > Joint anchors: Includes highly resistant biomaterials (PPLA AND PEEK) for ligament fixation in major joints (shoulder, knee, hip, elbow and ankle) in minimally invasive arthroscopic surgery of extremities

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

There is no maximum coverage limit for prosthetic material and implantology through the "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 limit of coverage per insured person and year as established in the table of coverage and limitations annexed to the particular conditions for surgical prosthesis.**

In the external facilities healthcare modality, when the aforementioned prosthetic and implant material is acquired in centres not belonging to the “DKV Network of Healthcare Services” and/or with DKV Seguros’ compulsory prior authorisation before surgery, the billing expenses will be reimbursed in the percentage and up to the limit of coverage established in the table of coverage and limitations annexed to the particular conditions of this policy.

To calculate the annual coverage limit for prostheses per insured person, all the expenses arising through the “DKV Network of Healthcare Services” (cardiovascular prostheses authorised by own facilities) and outside the Network authorised by DKV Seguros (healthcare modality of reimbursement of expenses in external facilities) will be taken into account.

Daily compensation for Hospital care.

A daily compensation is included from the third day of hospital care and up to a maximum per insured person, per year stipulated in the table of coverage and limits in the appendix to the particular conditions, provided that two conditions are met:

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

Healthcare assistance for HIV/AIDS (acquired immune deficiency syndrome) and for illnesses caused by the human immunodeficiency virus (HIV) are included.

It covers the expenses arising from the treatment with the limits and exclusions established for healthcare compensation in the different applicable sections of the general terms and conditions (sections 2, 3, 4, 5 and 6). In addition, **an exclusion period and a total maximum limit per insured person is established during the term of the policy and/or the lifetime of the insured person, which is specified in the table of cover and limitations annexed to the particular conditions** (own and external facilities count together).

4.8 Special coverage

Medication.

Includes 100% refund up to a limit stipulated in the table of coverage and limits in the appendix to the particular conditions per person, per year of the costs of pharmaceuticals detailed in the register of medicines (Vade mecum International) that have been prescribed by a doctor and acquired in a chemist’s for therapeutic purposes.

Similarly, vaccines and extracts for allergy processes are also included, as well as homeopathic medicines.

Publicity specialities and products of little therapeutic use, such as nutrition products, relaxants, mineral water, cosmetic products, and personal hygiene and body care products are excluded.

Auxiliary curing aids.

With a written prescription from a doctor, coverage includes bandages, spectacle lenses, spectacle frames up to the limit specified in the table of coverage and limits in the appendix to the particular conditions (from 15 years of age, two years must have passed since the last payment for this concept).

Orthopaedic material

Insoles for the correction of feet, walking aids, hearing aids, compressive socks, contact lenses, corrective splints, artificial limbs, trays for being seated or lying, orthopaedic apparatus to support the trunk, arms and legs. Also includes made-to-measure orthopaedic footwear, with a refund for the excess specified in the table of coverage and limits, appendix to the particular conditions, according to the age of the insured person.

Special curing aids.

Wheelchairs, oxygen apparatus, inhaling apparatus, apparatus for obstructive sleep treatment (CPAP or BiPAP), infusion pumps, electronic reading aids, walking sticks for the blind, guide apparatus and guide dog for the blind (including direction and mobility training).

The acquisition of these curing aids requires previous authorisation from DKV Seguros. DKV Seguros may provide these directly for the insured person's use.

Similarly the repair costs associated with these curing aids are covered and will be reimbursed, except for the soles and heels of made-to-measure orthopaedic shoes.

The maximum refund per person and year for the coverage of auxiliary curing aids is specified in the table of coverage and limits in the appendix to the particular conditions, which is the sum of the costs arising from both the DKV Health Care Network and External Means Care Modality.

Odontology.

With "DKV Residentes" all odontological services are included, except those that are carried out for aesthetic reasons. That is, endodontics, periodontics, ortodontics, fillings, dental prostheses, orthopaedic maxillary, apsectomy, implants and the diagnostic means required.

The insured person can visit dentists that are not included in the DKV Dental network (External Means) in Spain (and also in Germany for up to 100 days, in the case of having contracted the modality Basic Coverage + Repatriation + Best Care) and have the right to the refund specified in the table of coverage and limits in the appendix to the particular conditions, for the costs stated in the bill for the dental service provided.

In addition he can visit the DKV Dental Network (Own Means) available throughout Spain and on showing his DKV Medi-Card® receive dental treatment at the favourable rates stated in the "DKV Health Care Network", which includes a full refund of the cost of this dental service.

The total amount for the dental treatment invoiced for both dental care modalities (own means and external means) has a limit per person, per year, which is specified in the table of coverage and limits in the appendix to the particular conditions.

Assisted reproduction techniques.

Assisted reproduction techniques are **exclusively covered in the “DKV Residentes” insurance in the individual modality** for the infertility treatment of couples, including couples of the same gender, during the period of maximum fertility (over 18 years old, and up to 42 in women and 55 in men) **with a grace period of 48 months.**

Requirements.

To be entitled to the coverage and be able to receive the included assisted reproductive treatments, both partners must be insured parties in the policy, must not have a child in common and must have fulfilled the grace period established in the table of coverage and limitations annexed to the particular conditions, which shall be applied, due to the inclusion of both partners being necessary, in reference to the latest registered insured person, if it were not contracted on the same date.

Modality: Healthcare at own facilities.

The insured person may only access the healthcare through the assisted reproduction medical and clinical centres in the “DKV Network of Healthcare Services” authorised by

DKV Seguros (own facilities) in Spain, with DKV Seguros’ prior authorisation and identification with your DKV Medi-Card®.

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

Description.

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

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

Risk limitations and exclusions.

The following is excluded:

- a) Any reproductive or fertilisation technique that has not been specifically indicated in these general terms and conditions or when it is due to a previous contraceptive surgery (vasectomy, hysteroscopic tubal occlusion or tubal ligation).**
- b) The pre-implantation genetic diagnosis and the transfer of thawed embryos.**

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

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

e) The hospitalisation (> 24 hours) to carry out fertilisation treatments using assisted reproduction techniques.

Any other aspect of the coverage that is not expressly governed in section 4.8 Exclusive coverage (Assisted reproduction) will be subject to the sections of the general terms and conditions that limit, define and are related to the coverage: section 2 “Basic concepts. Definitions”, section 3 “Insurance modality and scope”, section 4 “Description of the coverage”, section 5 “Excluded coverage” and section 6 “Grace period”.

Complementary and alternative therapies.

DKV Residentes exclusively includes those detailed below as long as they are provided by a doctor, through a refund of costs up to a maximum per consultation/session according to that specified in the table of coverage and limits in the appendix to the particular conditions.

In addition, phytotherapy, acupuncture and chiromassage have an annual limit per person of consultations/sessions according to that specified in the table of coverage and limits in the appendix to the particular conditions.

- > Homeopathy: Refund up to a maximum compensation limit per consultation or session. No annual limit for number of consultations / sessions
- > Acupuncture: Refund up to a maximum compensation limit per consultation or session, and a maximum of consultations/sessions per person, per year
- > Phytotherapy: Refund up to a maximum compensation limit per consultation or session, and a maximum of consultations/sessions per person, per year
- > Chiromassage and/or osteopathy: Refund up to a maximum compensation limit per consultation or session, and a maximum of consultations/sessions per person, per year adding together those given for both techniques

Refund of the expenses for services of family care and/or dependency care, having been awarded a dependency level 3 due to an accident.

DKV Seguros guarantees in the event of the insured person and/or person acting on his behalf (legal guardian) demonstrating the recognition awarded by the Spanish System for Personal Autonomy and Care of Dependent Adults (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 refund of 100% of the amount of the invoices paid for family care services and/or dependency care, **up to a maximum limit of 10,000 euros per insured person.**

The compensation is guaranteed provided it corresponds to expenses for social health care services included in this coverage, and subject to the **limitations and exclusions specified in the General Conditions of the policy (see Section 5.a, 5.c, 5.d and 5.e “Excluded Coverage”).**

For the purpose 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 pass to a grade of lower dependence.

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

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 faculties and personal mobility, experiencing difficulties with getting up, personal hygiene, getting dressed and preparing daily meals, and who require a permanent assistant.

a) Personal Care:

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

b) Care of the home:

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

Residential Care Service.

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

- › Residences
- › Specialised care day centres
- › Night centres

Fixed and portable Teleassistance Service.

Portable or permanent communication devices permanently connected to a central switchboard in case of an emergency.

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

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

Home Adaptation Service.

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

The insured person and/or person acting on his behalf (legal guardian) may request the refund from DKV Seguros of the total expenses generated by the services of family care and/or dependency care described in this section, up to a maximum limit of 10,000 euros per insured person. **To do so, it is essential to present the resolution awarding the insured person the situation of Dependency Level 3 (level 1 or 2) from the competent administrative body of the System for Personal Autonomy and Care of Dependent Adults of their Autonomous Community, specifying the causes and circumstances of the situation of dependency.**

The dependency coverage is cancelled in an automatic and definite way when the insured person receives the maximum guaranteed capital of 10,000 euros for this concept during the validity of the insurance policy, through way of refund of expenses.

Access to the coverage

a) Requirements to be beneficiary of the dependency coverage:

- › To be entitled to the dependency benefit in Spain and to fulfil the legal requirements to access the same
- › To be included in the health policy as an insured person at the moment of the occurrence of the accident, of the application for the refund of expenses for Dependency Level 3, and for the payment of the benefit
- › That 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, 5.d and 5.e “Excluded Coverage” of the General Conditions) or specifically excluded from the dependency coverage (section 4.8 “Special coverage”)
- › To be in a situation of Dependency Level 3, according to the levels established in the Dependency Act 39/2006 of December 14, and the Scale of valuation of Dependency rating (Royal Order 504/2007, of April 20) currently valid in Spain

› To submit the resolution, dated and signed, with the qualification or recognition of the situation of Dependency Level 3 granted by the competent administrative body of the System for Personal Autonomy and Care of Dependent Adults of the Autonomous Community, which specifies the causes and the circumstances of the situation of dependency

b) Documentation required for the recognition of the benefit.

To be a 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 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 refund of expenses will be made in the following way:

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

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

Excluded risks of the coverage

Excluded from the coverage for dependency:

1. **The refund of expenses for services of family care and/or dependency care not detailed in Section 4.8 of the General Conditions.**

2. The refund of expenses for services of family care and/or care dependency care detailed in Section 4.8 of the General Conditions, when the situation of Dependency Level 3:

a) is produced by an accident caused by activities or in circumstances expressly excluded from the general coverage of the health insurance policy (section 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 have not been the cause of the accident.

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

e) is produced by accidents produced by 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 seriously dangerous nature.

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

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

4.9 Travel assistance

For temporary trips abroad, the insurance policy has a world-wide Travel Assistance coverage for a maximum of 180 days per trip that is detailed in Appendix I of these General Conditions. This service is only available by telephoning + 34 91 379 04 34.

5.

Excluded coverage

The following is excluded from the general coverage:

- a) The coverage of all kinds of pre-existent illnesses, injuries, ailments, states or medical conditions (for example pregnancy) and their consequences, as well as the congenital, constitutional or physical defects, and those that are a result of accidents or illnesses and their consequences have been suffered previously to the date of inclusion of each insured person in the policy.
- b) All the diagnostic and therapeutic procedures whose safety and cost effectiveness are not scientifically proven and/or have not been ratified by Health Care Technology Assessment Agencies, or which have been rendered obsolete.
- c) Physical damage that is a consequence of wars, mutinies, revolutions and terrorism; that is caused by officially declared epidemics; that is directly or indirectly related to radiation or nuclear reaction; and that results from cataclysms (earthquakes, floods and other seismic or meteorological phenomena).
- d) Illnesses or injuries resulting from the professional practice of any sport; the participation in bets and competitions, the practice, as an amateur or professional, of high risk activities like bullfighting and enclosing of wild stock; the practice of dangerous sports, such as diving, bobsleigh, boxing, martial arts, rock climbing, motor vehicles races, rugby, quad, speleology, paragliding, aerial activities not authorised for the public transportation of passengers, sailing activities, or in rough waters, bungee jumping and gully climbing, including training; and any other professedly dangerous practice.
- e) Health care for the treatment of chronic alcoholism and/or the addiction to drugs of any type, as well as their complications and consequences; and health care for injuries due to intoxication, aggression, fighting, attempted suicide or self injury, as well as for illnesses or accidents due to the deceit, negligence or lack of care of the insured person.

f) Aesthetic surgery and any other treatment, infiltration or act that has an aesthetic and/or cosmetic purpose, unless referring to a functional defect of the affected part of the body (purely psychological reasons not being valid); treatments of varicose veins for aesthetic aims; weight loss methods both for outpatients and hospitalised patients; and skin treatments, in general, including capillary treatments. Surgical correction for presbyopia and skin treatments, in general, including capillary treatments and aesthetic dental treatment. This includes the consequences and complications resulting from all the exclusions mentioned in this section.

g) Complementary and alternative therapies when they are not given by a doctor or are not specifically included in Section 4.8 (Special coverage) of these general conditions, as well as any other medical or specialist treatment not officially recognised such as lymphatic drainage, mesotherapy, gymnastics, hydrotherapy, osteopathy, three-phase oxygen therapy, presotherapy, ozone therapy, the modalities of phototherapy and its indications not detailed in section 4.5, and other similar services.

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

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

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

Health care provided in non-associated private centres; public hospitals, public centres and other establishments that are part of the Spanish National Health System; and/or those dependent on the Autonomous Communities are also excluded, except for the stipulated cases (see section 3.4 Care via means other than the DKV - UMLF Health Care Network).

Care via means other than the DKV Health Care Network. DKV Seguros reserves the right at all times to claim from the insured person the costs paid to the public health care system for the medical, surgical and hospital care provided.

i) High medical, diagnostic and/or therapeutic technology, lithotripsy, except for that stipulated in 4.4 “Diagnostic Aids” and 4.5 “Therapeutic Methods” of these General Conditions.

j) Treatment for roncopathy or obstructive sleep apnea (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”, section “Radiotherapy”, in these general terms and conditions. Furthermore, proton therapy, neutron therapy, radiosurgery with Cyberknife, stereotactic, extracranial radiotherapy or radiosurgery and/or that which is adapted to breathing (4D), 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 preventative check-ups, except for the specific prevention programmes included in Section 4.7 (Complementary Coverage) of the general conditions.

l) Voluntary interruption of pregnancy and selective instrumental embryonic reduction in any circumstance, gestational surrogacy or rental of the uterus, expenses for oocyte, sperm and embryo donation and cryopreservation, and the use of assisted reproduction techniques in the prevention and treatment of genetic or hereditary diseases, of chronic viral diseases by means of seminal washing, or for any other purposes besides the infertility treatment for couples. In addition, the coverage does not include that specified in section 4.8 “Special coverage” in item “Risk limitations and exclusions” for assisted reproduction (letters a-e).

Likewise, the assisted reproduction techniques are excluded when the infertility of one of the partners was produced voluntarily or occurs as a result of a natural physiological process that is typical of the person’s completion of the reproductive cycle.

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) Curing aids, orthopaedic material, biological material, medical items and necessary health items (for example electric pillows, massage equipment, etc.) that are not specifically included in Section 4.8 (Special coverage) of these general conditions.

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

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

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

q) Speech therapy and speech pathology for the recovery from 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 re-education therapy” section).

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

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

s) 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 the table of cover and limitations included as an appendix to these general conditions for this coverage.

t) Robotic, image-guided, computer-assisted or virtual navigator-assisted surgery, except for what is specified in section 4.5 of these general conditions. Treatments that use laser are also excluded, except for the specialities and indications specified in the section 4 “Description of the coverage”.

u) The expenses for use of a telephone, television, companion’s meals and travelling expenses, except for the ambulance, according to the terms stipulated in the “Primary Care” and “Emergencies” sections of the General Conditions, as well as other unnecessary services for hospital treatment.

v) The transplants or auto transplants of organs, grafts, or autografts, except for those described in the “Therapeutic Methods” section of the general conditions. Also, for transplants, the extraction, transport and conservation expenses of the organ will be excluded, except for a cornea transplant.

w) Pharmaceuticals, medications and auxiliary treatment methods of any type, from its maximum limit of coverage, except for those administered to the insured person while admitted (a minimum of 24 hours) to a hospital. In any case, biological medications or medication-related biomaterials not detailed in the section 4.7 “Surgical prostheses” and the therapies in section 5 “Excluded Coverage “ are exclusively excluded, even when administered during hospitalisation.

Oncologic chemotherapy does not cover the cost of cytostatic and immunotherapy pharmaceutical products and those of hormone therapy when there is no scientific evidence of their therapeutic effectiveness according to the reports and recommendations published by the clinical practice guidelines of the National Institute for Health and the Care Excellence (NICE), included as a reference guide in section 3.1.1 “Object of the insurance” and 2 “Basic Concepts. Definitions” of these General Conditions.

Expressly excluded from this concept are: genetic therapy and other contributing pharmaceuticals (hormonal therapy, enzymatic inhibitors, angiogenic inhibitors and sensitizers).

Also excluded are publicity specialities, phytotherapeutic medication, nutrition products, relaxants, mineral water, cosmetic products, personal hygiene and body care products, and bath additives.

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

Also excluded is premature stimulation, rehabilitation at home or as a part of hospital care and in cases carried out in non-authorized and/or registered centres of their respective Autonomous Community.

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

6.

Grace and exclusion periods

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

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

1. Surgery and hospital care, including surgical prostheses, for any reason, except in the cases of a life threatening emergency or accident.
2. Treatment for any kind of childbirth (except premature childbirth) or caesarean.
3. Dental prostheses and orthopaedic maxillary
4. Transplants.

5. Assisted reproduction techniques.

6. The Best Care service in the “Basic cover + Repatriation + Best Care” modality, except for accident.

7. The healthcare for HIV/AIDS infection has an exclusion period of twelve months that is established in the table of coverage and limitations annexed to the particular conditions (see definition of “exclusion period” in section 2 Basic concepts. Definitions).

The same periods of grace apply using either the DKV Health Care Network (Own Means) or External Means.

7.

Services according to the care modality of the coverage contracted

The health services detailed in Section 4 of these general conditions may be contracted by means of 3 coverage modalities:

Basic coverage

Health services only in Spain, according to that described in Section 4 (“Description of the Coverage”) of these general conditions.

Basic coverage + repatriation

Besides that described for the Modality “Basic Coverage”, the guarantee of the insured person’s repatriation is included, in the event of death, from the place of death in Spanish territory to the closest international airport to the place of burial in Germany.

The guarantee of Repatriation is detailed in Appendix II of these general conditions.

Basic coverage + repatriation + best care

This also includes the service “Best Care” in addition to that described for the modality “Basic Coverage + Repatriation”. This service guarantees, for the diagnosis of certain specific serious illnesses, health care in Germany given by a specialist of renowned prestige within a short period of time. The guarantee Best Care is detailed in Appendix III of these general conditions.

This Modality includes the health services detailed in Section 4 also in Germany, for a maximum period of a non-permanent stay of 100 days a year, provided that the insured person’s residence is in Spain for at least six months, 183 days, a year. For hospital processes corresponding to serious illnesses, the maximum limit of hospitalisation will be four months.

8.

Basis of the contract

8.1 Perfection of the contract and duration of the 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 to determine the premium.

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

If the content of the policy differs from the insurance application or the agreed clauses, the Policyholder will be able to request DKV Seguros, during a period of one month starting from the issue of the policy, to correct the existent divergence.

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

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

The policy will be 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.**

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

By waiving its right to object to the continuity of the policy, there is the condition that the policyholder accepts that premiums vary from year to year, in accordance with the technical criteria laid out in section 8.4 of this contract, and accepts the modifications to the general terms and conditions that may be proposed to all insured parties that have subscribed the same insurance modality.

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

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

- a) Before the conclusion of the contract, disclose to DKV Seguros any circumstances known to him that may affect the risk assessment, according to the questionnaire provided. The Policyholder will be exempt from this requirement if DKV Seguros does not provide a questionnaire or if, even when it is provided, the circumstances that might influence the assessment of the risk are not included in it (article 10 of the Insurance Contract Act).
- b) During the period of the contract, inform DKV Seguros as soon as possible of all the circumstances that, according to the questionnaire presented before the perfection of the contract, increase the risk and are of such nature that if they had been known by DKV Seguros at the moment of signing the contract, it would not have been accepted or would have been done so at a different cost.

- c) Use all the means at his disposal to obtain a prompt recovery and to reduce the consequences of the claim.

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

- d) Facilitate the surrender of his rights or subrogation to DKV Seguros in accordance with that stipulated in Section 3.5.

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

8.3 Other obligations of DKV Seguros

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

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

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

8.4 Payment of premiums

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

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

The policyholder can request the distribution of the payment of the annual premium in six-monthly, quarterly or monthly instalments.

In these cases the corresponding surcharge will be applied. Payment by instalments does not release the policyholder from the obligation of paying the entire annual premium.

If, due 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 event, and unless otherwise stated in the particular conditions, if the premium has not been paid before the claim takes place, DKV Seguros will be released from its obligation.

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

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

If the contract had not been cancelled or extinguished according to the previous conditions, the coverage will become effective twenty four hours after the day that the policyholder pays the premium.

DKV Seguros will assume the premium corresponding to the period during which there was no coverage due to lack of payment.

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

DKV Seguros shall only be bounded by the receipts issued by DKV Seguros.

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

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

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

With each policy contract renewal, DKV Seguros may modify the annual premium and, where applicable, the costs for medical acts taking as a base the technical actuarial calculations. 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 joint 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.

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

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

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

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

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

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

8.5 Loss of rights

The insured person 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 concealing relevant circumstances or not exercising due diligence when providing the requested information (article 10 of the Insurance Contract Act).

8.6 Suspension and termination of the insurance contract

The insured person loses the right to the guaranteed benefit:

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 change in residence, 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.

8.7 Communications

Notifications from the policyholder or the insured person to DKV Seguros should be made to its business address.

Nevertheless, demonstrable notifications that are made to the Agent of DKV Seguros that mediated in the policy will also be valid.

The notifications made by an insurance broker to DKV Seguros on behalf of the 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 it.

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

8.8 Special health risks

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

These will be denominated special health risks, and for their coverage to be included, it should be duly specified in the particular conditions and an additional premium paid.

8.9 Taxes and surcharges

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

Appendix I: Travel Assistance

1. Preliminary provisions

1.1 Insured person

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

1.2 Territorial scope of the insurance

The insurance is valid anywhere in the world, starting from the provincial limit of the insured person's habitual residence.

Only the guarantees 2.1.1.1, 2.1.2.1, 2.2.8 and the guarantee 2.2.2 referring to hotel expenses are not applicable in Spain and they cover the insured person's trips abroad.

1.3 Duration

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

1.4 Validity

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

2. Description of the coverage

2.1 Medical guarantees

2.1.1 Direct Medical Expenses

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

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

2.1.1.2 Emergency dental expenses

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

2.1.2 Indirect Costs

2.1.2.1 Extended stay in a hotel

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

2.1.2.2 Repatriation or health care transfer

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

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

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

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

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

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

2.1.2.3 Repatriation of the deceased and his companions

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

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

If the relatives were the insured deceased person's children under 15 years of age who 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 the burial or their home in Spain.

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

2.2 Other guarantees

2.2.1 Repatriation or transfer of other insured persons

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

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

2.2.2 Companion's travel

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

2.2.3 Premature return home

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

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

2.2.4 Delivery of medications

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

2.2.5 Telephone medical consultation

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

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

2.2.6 Help in the search for lost luggage

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

2.2.7 Delivery of documents

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

2.2.8 Legal defence expenses and advance on bail abroad

When, as a consequence of a traffic accident that occurred abroad during a trip, the insured person needs to arrange his legal defence, DKV Seguros will assume the expenses for such up to a limit of EUR 1,500.

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

If the competent authorities of the country in which the accident occurs required bail from the insured person, DKV Seguros will advance this, up to a limit of EUR 6,000.

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

2.2.9 Travel assistance

If the insured person requires any information relating to the countries 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 means of a call to the telephone number printed in this policy and where he may request an answer by telephone or email.

2.2.10 Transmission of messages

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

3. Limitations of the contract

3.1 Exclusions

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

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

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

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

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

3.1.6 Incidents due to competing in sports and the rescue of people at sea, in mountains or in deserts.

3.1.7 Any medical or pharmaceutical expenses under EUR 10.

3.1.8 Expenses corresponding to the burial and funeral ceremony.

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 he/she is located, a contact telephone number and the type of assistance that he/she requires.

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

Medical and health care repatriation services should be made by agreement with 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.

The compensations set in the guarantees will be in any event additional 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 inherent services of the previous guarantees, it is essential that the insured person requests their intervention, from the moment of the claim arising, by calling the following telephone number (reversing the charges if necessary):
+34 91 379 04 34 .**

Appendix II: Repatriation

Preliminary provisions

Insured persons

Foreign residents in Spain, notified by DKV Seguros y Reaseguros S.A.E.

Territorial scope of the insurance and duration

The insurance policy is valid in Spain. Its duration is linked to that of the DKV Residentes Health Care Policy.

Guarantees covered

1. Repatriation of the deceased

In the event of the death of the insured person, the insurer will deal with the administrative formalities and cover the expenses of the preparation and transport of the body from the place of death in Spanish territory to the closest international airport to the place of burial in Germany.

The costs of the burial and funeral service are excluded from this guarantee.

2. Escort of mortal remains

The insurer will provided the person designated by the insured person's relatives with a return ticket from the country of origin to Spain, or vice versa, to accompany the mortal remains to the closest international airport to the place of burial.

3. Maximum capital per claim

The maximum capital guaranteed per claim for all the guarantees as a whole is set at EUR 6,000.

Exceptional circumstances

The insurer does not accept responsibility for the delays or non-fulfilment, due to acts of god, nor the special administrative or political characteristics of a certain country.

Exclusions and limitations

The following are not covered by this guarantee:

a) The guarantees and benefits that have not been requested from the insurer and which have not been made by or with his agreement, except for acts of god or those which cannot be demonstrated in a material way.

b) Mountain, sea or desert rescue.

Appendix III: Best Care

1. Coverage

The Best Care service guarantees, within 5 days, access to a renowned leading specialist in Germany for the diagnosis of certain selected illnesses that are detailed in this appendix (see Section 2.1).

2. When can a claim be considered to be a best care claim?

2.1 Claims

There is Best Care coverage if you need a treatment with hospital admission, for illnesses malformations, and injuries due to an accident.

a) for people up to 20 years of age (included)

- > Chronic physical body illnesses (for example, diabetes, rheumatism, cardiac and renal illnesses), but not psychological illnesses (for example, depression, behavioural dysfunctions)
- > Birth malformations (for example, defective heart valve, labial and palatine fissure)
- > Malign tumours (for example, leukemia)

- > Benign tumours of the nervous system (for example, growth of the pituitary gland)
- > Complications after injuries due to an accident (for example, incorrect bone setting or limitation of mobility)

If an illness is diagnosed before the age of 20 (included) that only appears in section 2.1.b, the following is applied: you have the right to all the services included in the Best Care Coverage.

b) for people over 20 years of age

- > Malign tumours (for example, leukaemia)
- > Benign tumours of the nervous system (for example, meninx tumour of the auditory nerve).
- > Cardiac illnesses (for example, narrowing of the coronary arteries, heart rhythm dysfunctions)
- > Cardiovascular arterial illnesses (for example, dilation of the stomach artery, narrowing of the leg artery)
- > Spinal illnesses affecting nerves (for example, slipped disc and compression of the spinal marrow)

- › Illnesses and injuries of knee and shoulder joints (for example, arthritis and torn ligaments)
- › Complications after injuries due to accident (for example, paralysis or movement limitation)

The requirement is that the diagnosis in question is confirmed by a specialist doctor. If it were possible within the range of a treatment with hospital care for the patient, a medical recognition for reasonable indications would be sufficient. For the specialist's medical indication a medical treatment with hospital care should be applied.

2.2 Medical tests

As proof of the mentioned requirements, the insured person has to send the medical tests of the diagnosis issued according to Section 2.1. He can send the report in text form (for example by letter or email) marked for the attention of Best Care Manager (see Section 7). Besides the medical diagnosis, the medical report should include the following information: name and surname of the insured person affected, as well as the date of the diagnosis. This documentation will be the property of DKV Seguros.

In the case of a letter, he should indicate in the documentation, on the envelope, **the key words "Best Care" clearly visible and the insured person's age. If this key information is not indicated**, the term of 5 working days foreseen in Section 2.3, will begin when the notification is received by the unit of the competent service.

2.3 Organisation of the treatment

a) We offer for the corresponding diagnosis a series of high-level experts (Top) (see Section 4). If surgery were required, we would make arrangements for such providing high-level experts according to the existing guaranteed coverage. If there were no surgery, our service of a providing high-level expert would be defined as the inclusion of a recommendation regarding the best way to continue with the treatment and a medical consultation before hospital care.

It is guaranteed that:

- › The hospital care will be given in the place where the selected high level expert (Top) provides his services
- › Or a pre-hospital care medical visit by a high-level expert (Top)

It will be carried out within the first five working days, excluding Saturdays. The term of five days begins the day following the receipt of the documentation (medical proof) see Section 2.2. If the insured person is not in a fit state to be transferred, the term begins the day in which he notifies us with a medical report that the transfer is possible.

- b)** The operation may also be carried out by the high-level expert's (Top) permanent substitute if the expert has suffered an unforeseen injury, which is defined as when the expert because of illness cannot carry out the surgery. Similarly, when the expert due to an unforeseen work commitment, or for reasons of a similar serious nature is unable to operate. The work commitment must be of high-priority due to an employment contract or for personal valuation.
- c)** In case an operation is not necessary, and once the treatment to follow has been determined, the insured person does not have the right to select the expert who will carry out the treatment.
- d)** Furthermore, in the event of a claim, the right to advice is contemplated beforehand, during and after the treatment. This advice includes, among others, information about who will bear the cost of any subsequent treatments that may be necessary from a medical point of view. At the request of the insured person, DKV Seguros with the backing of DKV Deutsche Krankenversicherung AG, has the pleasure of assuming these responsibilities and the organisation of these measures whenever they are not the responsibility of some other services provider (e.g. pensions, mutual professional, public health, other private health insurance).

2.4 Guaranteed compensation

According to the above mentioned conditions, the insured person is entitled to a guaranteed compensation of 500 euros. This guaranteed compensation is paid to him when the medical tests have been delivered, according to Section 2.2 even when treatment has not been arranged.

2.5 Compensation

In the event that, exceptionally, we cannot fulfil the specified term of five working days to organise the treatment, we will pay a compensatory compensation of 500 euros. Subsequently, we will continue trying to contact a high ranking expert as soon as possible.

Other rights are not contemplated.

2.6 When am I entitled to use the Best Care coverage service again?

You have the right to the services for the same diagnosis as soon as 12 months have lapsed following the aforementioned term of five working days.

The twelve month term is not applicable when the requirements correspond to a different diagnosis. This is the case in which no causal relationship exists between the new diagnosis and the treatment given to date. The same precept is applied when, although a causal nexus exists, the illness is valued as independent. An independent illness is considered as such when other parts of the body or other organs are affected.

3. Services excluded from the Best Care coverage

- › **Illnesses, deformities or injuries due to accidents that existed before the contracting of the coverage, denominated preexisting**
- › **Emergency cases (for example heart attack, apoplexy, accident) that need immediate medical treatment. Emergency treatment also includes hospital treatment that should begin for medical reasons before the term of five working days (see Section 2.3)**
- › **Transplant (except skin transplants)**
- › **Treatment expenses**
- › **Costs of trips and transport to visit the expert (return ticket)**

4. Best care specialist

4.1 High-level experts (Top) within the Best Care coverage are considered to be renowned and recognised experts for the treatment of the corresponding diagnosis and have a contractual relationship with DKV as Best Care doctors. DKV AG has the responsibility and the freedom to choose the high-level medical expert (Top). In the event that these high-level experts do not fulfil the agreed conditions, we can cancel the contractual relationship with them. In this case it would be no longer possible to mediate again with these high-level experts using the Best Care coverage.

4.2 These high-level experts (Top) are selected using our scientific criteria and the knowledge of independent professionals that work in our company.

4.3 Whenever possible, we will bear in mind the insured person's wishes, about which of our experts he wishes to contact. It is necessary to take into account that with the selection of the expert he is also selecting where the services will take place in Germany.

5. Insured persons with Best Care coverage

5.1 Those that have taken out the DKV Residentes policy with DKV Seguros in the basic modality "Coverage + Repatriation + Best Care" and whose actuarial age, at the moment of the contracting is between 0 and 70 years of age. If the coverage has been accepted, the service will continue even if they are over 70 years of age.

5.2 For the newly born son of an insured person, we will be able to apply the coverage without a surcharge for preexistences and without periods of grace from their moment of birth. To do so, the child should be insured in the first two months of life retroactively. Within this coverage any anomalies and defects are included since birth.

These regulations also apply in the event of a minor's adoption. In any event, we can apply a surcharge for high mortality risk that may reach a maximum of 100% of the premium.

6. Beginning and end of the coverage. Period of grace

6.1 The insured coverage begins on the date indicated in the insurance policy (beginning date). This coverage does not begin before the contracting of the insurance policy (delivery of the insurance policy or written declaration of the acceptance of the conditions). Neither does it begin before the periods of grace have ended (see Section 6.4).

6.2 Incidents previous to the contracting of the coverage are not covered. If the insured person and the doctor have spoken about the use of the Best Care coverage before the signing of the contract, that conversation should have taken place in the 24 months previous to the signing of the contract.

6.3 The Best Care coverage ends when the insurance contract concludes. Similarly, any preparation for treatment not given will also conclude.

6.4 The period of grace for the use of the Best Care coverage is 3 months as from the starting date of the insured person in the DKV Residentes policy in the basic modality “Coverage + Repatriation + Best Care.”

The period of grace is suspended or terminated in the event of an accident.

7. Notifications

In the event of a claim you should contact our Call Centre directly calling any of these numbers 902 499 499 | 913 438 596 | 934 797 539. Identify yourself as an insured customer of DKV Residentes, modality “Basic Coverage + Repatriation + Best Care”, and you will be put in contact with the Best Care Case Manager, who will carry out the necessary administration in collaboration with DKV AG.

The address to which you should send the medical reports, according to that specified in Section 2.2. is the following:

DKV Seguros

- Centro de Gestión de Barcelona
Att. Case Manager de Best Care
C/Bergueda, 1 –local-1 esc. A

- Or via email, at the following address
bestcare@dkvseguros.es

- Or via fax at 93 378 01 26

The policyholder, for the purposes established in Article 3 of the Insurance Contract Act, recognises having received a copy of the present general conditions and appendices of the contract, accepting them by means of his signature. He expressly states his full acceptance of the limiting and delimiting clauses included within, and especially, the exclusions of coverage that are expressly stipulated in Section 5, which have been clearly, explicitly and separately indicated and whose content he is aware of and understands as having been read.

The policyholder

The insured person

By DKV Seguros S.A.E.
Dr. Josep Santacreu
CEO

A handwritten signature in blue ink, consisting of a horizontal line that curves upwards and loops back down to the right, ending in a vertical stroke.

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

Follow us at:



902 499 499 | 913 438 596 | 934 797 539
dkvseguros.com

902 499 150
Call Centre staffed by:

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