

DKV TOP HEALTH

GENERAL TERMS AND CONDITIONS



**WE WANT TO TAKE CARE OF OURSELVES
ALL OVER THE WORLD!**

Insurance Policy
DKV Top Health®

Torre DKV
Avda. María Zambrano, 31
50018 Zaragoza
Telephone (+34) 976 289 100
Fax (+34) 976 289 135

Fully paid-up share capital: €66,110,000

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

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**We answer
your questions**

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

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

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

About the contract

What documents comprise the insurance contract?

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

What are the conditions exactly?

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

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

The general and particular terms and conditions, your DKV MEDICARD(s)®

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

Please check that all your personal details are accurate.

What do I have to do with this documentation?

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

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

We will be happy to help you.

Do I need to request the renewal of the contract?

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

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

What are your rights regarding privacy of personal data?

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

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

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

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

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

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

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

Assistance modality and extension of the insurance policy

What is the main feature that defines 'DKV Top Health®'?

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

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

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

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

How can I access the DKV Seguros own services resources?

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

How do I claim an expense reimbursement from DKV Seguros?

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

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

Unless otherwise agreed, 'DKV Top Health®' reimburses the total amount of invoices raised in Spain and abroad with no limits, apart from those established in the general terms and conditions or in the table of coverage and limits attached to the particular terms and conditions for certain specialities and/or services:

- > In dentistry: partial reimbursement of invoices for external services, up to a maximum insured limit per year, adding the expenses derived from the two assistance modalities covered by the insurance (own and external services).
- > In acupuncture: **reimbursement of a maximum number of sessions per insured person and calendar year, up to a maximum limit per consultation and/or session.**
- > In ophthalmology: refractive surgery for near-sightedness, long-sightedness and astigmatism short with excimer laser is reimbursed up to a maximum limit per eye operated on.
- > In clinical psychology: compensation is given for a maximum number

of consultations and/or sessions per insured person per year.

- > In psychiatry: face-to-face psychotherapy consultations and/or sessions are reimbursed in a decreasing percentage as the number increases.
- > In the case of spectacle frames, compensation is payable up to a maximum amount. From the age of 15, more than two years must have elapsed since the last reimbursement for this item.
- > Custom-made orthopaedic shoes are covered by a deductible paid by the insured person, which will be higher from the age of 16.
- > Treatments in health resorts will be reimbursed for a maximum length of stay per insured person per year, if it is prescribed by a doctor after a minimum hospital stay of three days and the aim is to complete the medical treatment and facilitate convalescence.

What is the territorial scope of the policy?

The insured person can go to an external doctor or hospital outside of the DKV Network of Healthcare Services anywhere in the world and has the right to a reimbursement of medical expenses, provided that s/he

resides in Spain at least six months (183 days) per year.

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

DKV MEDICARD®

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

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

How much do I have to pay for each visit?

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

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

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

DKV Seguros will not reimburse any amount corresponding to doctors or

centres that are in the DKV Network of Healthcare Services under any circumstances.

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

Contact DKV Seguros.

We will send you a new one.

How can I contact DKV Seguros?

By telephone, calling the DKV Seguros Customer hotline centre at 900 814 390; on the Internet, at the address: dkvseguros.com; or by going in person to any branch of DKV Seguros.

Authorisations

When do I need authorisation?

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

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

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

Complex diagnostic tests, ambulance transfers, prostheses, and surgical implants, psychotherapy sessions, foot surgery, preventative programmes or check-ups, medical treatment in any healthcare modality (in-person or

virtual), surgical treatment and hospital admissions.

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

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

By telephone, calling our Customer hotline centre at 900 814 390; via the DKV Seguros website (dkvseguros.com) or with the assistance of anyone who appears in your DKV branch with your card and the prescription for the medical test.

Payment of the insurance

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

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

The payment of the premium in instalments does not exempt the policyholder from their obligation to

pay the full annual premium. In the event of the return or non-payment of invoices, DKV Seguros is entitled to claim the unpaid amount of the annual premium.

Healthcare provisions

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

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

Do I need to request an authorisation to access an in-person or remote medical or surgical specialist's consultation in the DKV Network of Healthcare Services?

No. **In-person consultations** for medical or surgical specialities can be accessed freely, whether they are in the DKV Network of Healthcare Services (own services modality) or not, for which there will be a reimbursement of expenses (**external services modality**). **However, teleconsultations are covered and can only be accessed through the network arranged by DKV Seguros (own services modality).**

Do I need authorisation to go to a psychiatric clinic?

Yes. You need to request the corresponding authorisation to use

this non-medical speciality in the DKV Network of Healthcare Services.

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

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

When can I request a service at home?

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

Nursing assistants can also make home visits if prescribed by a doctor.

Are pre-existing illnesses covered?

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

What does the dental speciality cover?

All odontological services are included **except those that are produced due to cosmetic causes** endodontics, periodontics, orthodontics, obturations or fillings, dental prostheses, apicectomies, implants and diagnostic procedures necessary for these treatments.

How can I access the dental service?

The insured person can go to dentists or dental clinics not included in the 'DKV Network of Dental Services' (external services) anywhere in the world and will be entitled to a reimbursement for the expenses arising from dental care provided in accordance with the table of coverage and limits attached to the particular terms and conditions.

You can also visit the 'DKV Network of Dental Services' (own services), available throughout Spain, and receive the prescribed dental service without having to pay anything when identifying yourself with your DKV MEDICARD®.

Is there any coverage limit per insured person per year in dentistry?

Yes, there is a maximum annual limit established in the table of coverage and limits attached to the particular terms and conditions per insured person per year, which includes dental treatment invoiced in the form of own services assistance ('DKV Network of Dental Services'), plus the reimbursements made for assistance provided in external services to DKV Seguros.

How many dental cleans does the policy cover a year?

Those necessary, whenever they are prescribed by a doctor.

Does ‘DKV Top Health®’ cover medication?

Medicines are reimbursed, provided that they have been prescribed under a doctor's prescription, acquired in a pharmacy, are included in the register of medicines and have a therapeutic use. This concept includes vaccines and allergen extracts.

Which alternative and complementary therapy is covered in ‘DKV Top Health®’?

‘DKV Top Health®’ covers acupuncture as an alternative and complementary therapy for the treatment of pain (only as specified in section 4.8 Special Cover), provided they are provided by a doctor, up to an annual maximum limit of sessions and a maximum reimbursement of expenses per consultation or session, according to the indications of the table of coverage and limits attached to the particular terms and conditions.

Is epidural anaesthesia covered in childbirth?

Yes, and also for any other surgery where required.

Does ‘DKV Top Health®’ include surgery for myopia?

Excimer laser refractive surgery is covered for the correction of myopia, hypermetropia and astigmatism, when a minimum of twelve months have elapsed from the insured's date of inclusion on the policy.

In order to receive the service, the insured person can choose between going to the network of associated ophthalmological clinics, informing DKV Seguros in advance, or going to an ophthalmological centre not included in the Network (external services modality), in which case the invoices will be reimbursed according to what is established in the table of coverage and limits attached to the particular terms and conditions.

Does ‘DKV Top Health®’ include clinical psychology?

Yes, face-to-face psychotherapy sessions on an individual basis as outpatient treatment with the prior prescription from a psychiatrist or paediatrician (when children), provided it is given by a psychologist, are covered via external and/or own services, as established in the table of coverage and limits attached to the particular terms and conditions. However, telepsychotherapy can only be accessed through and is covered by the Network arranged by DKV (own services modality). These sessions are added to the face-to-face sessions (sum of own services and external services) when it comes to applying the annual limit per insured person and year established in the table of coverage and limits attached to the particular terms and conditions.

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

And family planning?

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

In the latter cases, a waiting period of six months is established as they are surgical procedures.

Does 'DKV Top Health®' cover assisted reproduction?

Yes, the fertilisation techniques established in the whole national territory are covered, in both own services (**'DKV Network of Healthcare Services'**) and external services by reimbursing the bills paid, **with a waiting period of 12 months**, 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 45 in women and 55 in men). **It covers six attempts at artificial insemination, four attempts at in vitro fertilisation (IVF) with own gametes and two attempts at in vitro fertilisation (IVF) with donation of oocytes/pre-embryos.**

It also includes the cryopreservation of sperm and ovarian tissue (oocytes), in cases when the beneficiaries undergo surgical treatments, radiotherapy and/or chemotherapy during the term established by legislation in force

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

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

Is healthcare included while I'm abroad?

Yes. 'DKV Top Health®' reimburses the amount of bills spent on services abroad at the same percentage and with the same conditions as in Spain, provided the insured lives within Spain at least six months (183) of the year.

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

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

+ 34 913 790 434.

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

Hospital admissions

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

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

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

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

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

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

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

If it is an associated hospital in the DKV Network of Healthcare Services, you must inform DKV Seguros as soon as possible in the 72 hours following admission.

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

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

Is the network of clinics in the USA accessible to 'DKV Top Health®' customers?

Yes, although it is not covered in this contract, 'DKV Top Health®' customers can access this additional service in the event of a scheduled medical-surgical admission without any payment on their part, with a prior request and authorisation from DKV Seguros, and receive the requested medical or surgical service. If requested, DKV Seguros will also facilitate travel procedures and transport to the hospital, including a translation service, if necessary.

Suggestions and complaints

How can I make a complaint or suggestion?

You can submit it in writing to any of our branches or to the Customer Protection service. For this purpose, you can write to the registered office of DKV Seguros: Torre DKV, Avenida Maria Zambrano 31, 50018 Zaragoza, or to the following email: defensacliente@dkvseguros.es. You can also call the phone number 900 814 390 for our Customer Services.

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

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

Complementary health services

1. Remote medical advice

a) Telephone advice helplines

1.1 24-hour care

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

1.2 24-hour DKV Doctor

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

1.3 24-hour Paediatric medical line

This service provides DKV Seguros' insured customers with medical advice over the phone from doctors or experts

specialising in Paediatrics, offering information and solving queries regarding symptoms, diagnostic tests and health problems of insured customers under 14 years of age.

1.4 Child obesity medical line

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

1.5 Pregnancy medical line

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

1.6 Women's medical line

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

1.7 Sports medical line

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

1.8 Nutritional medical line

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

1.9 Tropical medical line

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

1.10 Psycho-emotional medical line

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

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

b) Second medical opinion for serious illness

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

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

c) Second opinion on bioethical matters for serious illness

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

2. Digital healthcare services: Quiero cuidarme Más (QC+) application

At DKV Seguros, we invest in technology so you can take care of yourself. We have developed a wide range of digital services in our insured person's policy, which are available through our **Quiero cuidarme Más** application. They include the following:

2.1. Self-care tools and personalised prevention plans

2.1.1. Healthy Life Index (HLI)

It involves a health questionnaire that scores from 0 to 1000 the user's healthy lifestyle, and it is obtained by measuring nine previously-entered indicators (body mass index, glucose, cholesterol, blood pressure, quality of sleep, emotional well-being, physical activity, tobacco consumption and diet). The indicator's data can be synchronised with Apple Health, Google and other next-generation devices.

In addition to these nine parameters, the user can enter another series of indicators, such as personal and family history, allergies, nature doses, etc.

2.1.2. Take care of your mind

A tool with which you can ask for psychological guidance via chat. All you have to do is specify your areas of concern or discomfort and fill out a personalised questionnaire so the psychologist can assess the query. It also provides access to a psychology and psychiatry video consultation and to other services and tools that help maintain good mental health.

2.1.3. Personalised prevention plan

Based on the health data, the insured person will be provided access to personalised prevention plans with the support of a coach for assessment and monitoring purposes. In addition, prior permission from the user, the coach will be able to access the insured person's health folder and indicators for further personalisation.

In addition, the insured person can sign up to challenges to work on certain health indicators that can be improved.

2.1.4. Health Coach

Via chat, the health coach will answer your queries and advise you on incorporating healthy habits and following various health plans, which are adapted to the specific risk factors of each insured person according to their age and gender.

2.2. Diagnostic guidance and treatment services

2.2.1. Symptom checker

The Quiero cuidarme Más app features a symptom checker, by filling out a questionnaire, that provides the insured person quick and reliable guidance on health problems. In addition, it offers the possibility of contacting a professional after the assessment.

2.2.2. Virtual consultation

You can speak directly on your mobile phone with different specialists from the QC+ medical team. In the case of general medicine and paediatrics, you can do so by chat, phone or video call.

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

2.2.3. Digital midwife

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

2.3. Online procedures with the company: appointment request, health folder, diary and electronic prescription

2.3.1. Online appointment

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

2.3.2. Personal health folder

By means of your Health folder, you can receive, keep, see and download your medical reports in a safe place; automatically receive the analytical and image tests requested by the practitioner during the consultation; and access the results thereof. In this folder you will also receive the standardised electronic prescription issued by the professionals via the app, which can be dispensed at a chemist's.

2.3.3. Health diary

A personal diary to record manually your medical appointments or automatically view those requested

online via the app and to check your history of health activities.

2.3.4. Mi Farmacia

This function can be used for requesting electronic prescriptions for general medicine, checking the insured person's medications and establishing a live chat with chemists to clear up any doubts.

Electronic medical prescriptions allow doctors to issue medicine prescriptions and the insured persons to receive them in their health folder and go directly to the pharmacy. This is provided through the REMPe (Private Medical Electronic Prescription) system, a prescription and dispensing system approved by the Organización Médica Colegial (OMC).

In addition, this service is also connected to Club Salud y Bienestar pharmacy- and parapharmacy-related products and services to purchase online.

3. Network of clinics in the USA

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

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

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

4. Customer hotline centre

Consultations, information and authorisations

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

DKV Club Salud y Bienestar

The contracting of the DKV Top Health® insurance policy, provides the insured person access to the additional services of the DKV Club Salud y Bienestar described below, which are different to the insurance cover.

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

1. DKV Club Salud y Bienestar Premium

The insured person can access the **"DKV Club Salud y Bienestar Network of Services"** with vouchers, always assuming the cost. This network provides additional services related to health promotion, prevention, cosmetics, personal self-care, rehabilitation and physical and emotional well-being, as well as a variety of health care and family care services with discounts and/or special rates below market prices.

So, depending on the type of service that you want to use in the **'DKV Club Salud y Bienestar Network of Services'** there are two different types of access:

1) Booking the service with a voucher:

the insured person consults the rates of the centres or professionals available on the website www.dkvclubdesalud.com, books their voucher, directly arranges an appointment with them and, on arriving at the centre, identifies themselves with their voucher and

DKV Seguros card, which is necessary for the supplier to apply the special DKV Club Salud y Bienestar rate. Finally, the insured person pays the supplier for the service.

2) Online payment of the service: in other cases, to enjoy some services of the "DKV Club Salud y Bienestar Network of Services" the payment must be made in advance. The customer consults the rates of the centres or professionals available on the website www.dkvclubdesalud.com, books their voucher and pays for it with a credit or debit card.

They must also directly arrange an appointment with the supplier, and on arriving at the centre, identify themselves with their voucher and DKV Seguros to enjoy the service.

Further information can be found at **www.dkvclubdesalud.com**, calling **900 810 670**, or by visiting any DKV Seguros branch directly.

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

1.1 Health-promotion services

1.1.1 Wellness Services:

Spas and urban spas

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

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

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

1.1.2 Gyms and fitness

Access to the gyms included in the 'DKV Club Salud y Bienestar Club Network of Services' at attractive rates, obtained by means of a voucher.

1.1.3 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.

1.2 Preventive services

1.2.1 Predictive genetic studies

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

1.2.2 Quit smoking programme

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

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

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

1.2.4 Biomechanical gait analysis

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

1.3 Cosmetic or aesthetic medical services

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

By acquiring discount vouchers, DKV Seguros offers its insured persons a special network of ophthalmological clinics specialising in the laser treatment of visual refraction defects (near-sightedness,

long-sightedness and astigmatism) at highly attractive rates.

1.3.2 Presbyopia surgery

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

1.3.3 Medicine and plastic surgery

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

1.4 Complementary healthcare services

1.4.1 Assisted reproduction treatment

Insured persons that do not have this covered in their insurance, or that exceed the limit of attempts, may use a discount coupon (voucher) to access 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.

1.4.2 Psychology

Access psychologists from the 'DKV Club Salud y Bienestar Network of Services' at special rates, to take psychological or psychometric tests and/or clinic psychology consultations, when the annual limit per insured person per year has been exceeded (sum of own services and external services) as stipulated in the general terms and conditions and in the table of coverage and limits attached to the particular terms and conditions of the insurance.

1.5 Personal self-care services

1.5.1 Auditory health

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

1.5.2 Hair health

This service facilitates access with a discount voucher to a personalised diagnosis that includes the fitting of a hair prosthesis or wigs for oncology

patients and the most advanced treatments to avoid the progressive loss of hair or alopecia, such as capillary micrografting or implants.

1.5.3 Opticians' service

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

1.5.4 Orthopaedics service

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

1.5.5 Online chemist

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

1.6 Retraining or rehabilitation services

1.6.1 Re-education 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 phonation, speech or language disorders, for indications not included in the insurance policy (neurodevelopment and learning disorders, dyslexia, dyslalia, dysphemia, etc.).

1.6.2 Therapy for Obstructive Sleep Apnea

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

1.6.3 Training or re-education programme for the pelvic floor

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

1.7 Residential services and family assistance services

1.7.1 Support services for dependent hospitalised patients or people who are alone

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

1.7.2 Postpartum home services

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

1.7.3 Home care services

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

a) Personal care:

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

b) Care of the home:

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

1.7.4 Landline and mobile teleassistance service

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

1.7.5 Home adaptation service

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

1.7.6 Network of retirement homes for senior citizens

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

1.7.7 Assisted-living flats system

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

General terms and conditions

1. Preliminary clause

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

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

The contract consists of the following documents:

- > Preliminary insurance information document (insurance application).
- > The health declaration.
- > General terms and conditions.
- > Particular terms and conditions.
- > Special terms and conditions (where applicable).

- > The supplements or appendices.

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

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

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

Claims can also be sent by mail or to the address of the DKV Seguros Customer Defence Service: Torre DKV, Avenida María Zambrano 31, 50018 Zaragoza; by e-mail: defensacliente@dkvseguros.es; or by calling the following phone number: 900 814 390 for our Customer Services.

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

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

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

Without prejudice to any previous claim, you may also bring a legal claim before the corresponding Courts.

2. Basic concepts. Definitions

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

A

Accident

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

Actuarial age

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

Acupuncture

A medical practice based on traditional Chinese medicine, which involves the stimulation of specific anatomical points in the body for therapeutic purposes, usually by puncturing the skin with a needle.

Additional healing aids

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

Advanced medical technology

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

Alternative and complementary therapies

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

Artificial insemination

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

B

Biological or synthetic materials

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

This concept includes cell transplants for regenerative purposes.

Biomaterial

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

C

Cardiac rehabilitation

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

Chiromassage or chiropractic

Manipulations of the spine, soft tissues and musculoskeletal system carried out for therapeutic purposes by an expert doctor or physiotherapist in a suitable centre for this purpose.

Clinical psychologist

A psychology graduate specialist in clinical psychology.

Clinical psychology

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

Complete medical assistance

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

Congenital abnormality, defect, illness, or injury

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

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

Cost-efficiency analysis

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

Cytostatic

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

D

Dependency

It is a permanent state in which people are and due to which, for several possible reasons (age, illness, disability, etc.), they require other people or aids to carry out basic daily activities.

There are three levels of dependency:

- 1. Level I.** Moderate dependency
- 2. Level II.** Severe dependency
- 3. Level III.** High-level dependency.

DKV Network of Healthcare Services

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

Doctor

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

E

Excess

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

External services

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

F

Face-to-face consultation or consultation

This is the type of consultation that appears in the **general terms**

and conditions expressed as "consultation". It is the conventional consultation, which is defined as a healthcare process **based on the doctor's face-to-face or personal relationship with the patient** and is aimed at reaching a diagnosis, following a treatment and/or establishing a prognosis of the insured person's illness or health condition. **It is provided through the DKV Network of Healthcare Services authorised by the entity (own services modality) and through the reimbursement of expenses (external services modality).**

Fertile age

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

G

Gene therapy

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

Gene therapy consists of inserting genetic material into a target cell, by means of different vectors, in order to obtain a therapeutic effect

(synthesis of a protein of interest, compensating for a genetic deficit, stimulating the immune response against a tumour or resistance to infection produced by a virus).

H

Health questionnaire or declaration

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

Health resort or spa

Establishment with mineral-medicinal waters of public use, whose therapeutic action depends on the temperature, pressure, chemical composition, radioactivity, bacterial flora and dissolved gases.

Helical radiotherapy or tomotherapy

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

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

Hospital care for social and/or family reasons

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

Hospital assistance

Hospital care or hospitalisation is the care given in a hospital centre in person by a specialist and/or surgeon and in which the insured person is admitted during at least 24 hours to receive medical or surgical treatment.

Hospital or clinic

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

I

Illness or injury

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

Immunotherapy or biological therapy

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

Implant

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

Incontestability of the policy

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

Individual insurance modality

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

Infertility

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

Insurance application or preliminary information document

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

Insured person

The person who will be given medical assistance.

Insurer

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

Intensity-modulated radiotherapy (IMRT)

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

In Vitro Fertilisation (IVF)

In vitro fertilisation (IVF) is an assisted reproduction technique in which the 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 **intracytoplasmatic sperm injection or ICSI**), embryo culture and transfer of embryos.

L

Limiting clause

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

M

Major outpatient surgery

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

Medical and surgical fees

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

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

Medical and surgical hospitalisation

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

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

Medication

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

Minor outpatient surgery

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

N

Neonatal care

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

Neurological rehabilitation

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

N.I.C.E. clinical guide

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

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

Nutritionist

Degree in Human Nutrition and Dietetics.

O

Orthopaedic equipment or orthosis

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

Osteosynthesis material

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

Out-of-hospital assistance

This is the diagnostic and/or therapeutic medical assistance provided on an outpatient basis in-person in medical centres, at the

patient's home, and/or on a regular basis in a hospital or clinic without spending the night, which generates a stay of under 24 hours (e.g. emergency box, day hospital, etc.).

Major outpatient surgery is not included in this concept.

Own services

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

P

Pain control unit

Medical service specialised in the treatment of chronic pain.

Phytotherapy

This refers exclusively to diagnostic consultations carried out by a medical expert in this practice. It does not include phytotherapeutic medication.

Policy

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

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

Policyholder

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

Postbariatric reconstructive surgery

This consists of a series of sequential interventions during the same surgery, or in several surgical procedures separated over time (to decrease the anaesthetic risk, if there are any comorbidities) to treat the different anatomical regions affected by massive weight loss after surgery for morbid obesity (with a body mass index greater than 40). Includes treatment of mammary ptosis (mastopexy), removal of excess skin in the arms and/or legs, abdominoplasty and/or umbilical transposition, and treatment of associated lipodystrophy.

Pre-existing condition

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

Pre-existing health condition

State or condition of health that is not necessarily pathological (e.g. pregnancy),

which begins **prior to the insured's inclusion date** on the policy.

Premium

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

Premium surcharge

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

Preterm or premature birth

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

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

Prostate antigen

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

Psychotherapy

Therapeutic method for someone who suffers from a psychological conflict, at the indication or prescription of a psychiatrist or paediatrician (when

children), based on a direct in-person relationship between the therapist and the patient. **It is provided through the DKV Network of Healthcare Services authorised by the entity (own services modality) and through the reimbursement of expenses (external services modality).**

R

Radical or oncological surgery

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

Regenerative medicine

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

Rehabilitation

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

Remote consultation or teleconsultation

This is the type of consultation that appears in the general terms and conditions expressed as **"teleconsultation"**, also called e-consultation, virtual consultation or telematic consultation. This act is carried out remotely via digital means of communication, in which the doctor acts as a medical practitioner guiding, diagnosing and/or prescribing a treatment. **It is provided exclusively through the "DKV Network of Telemedicine Healthcare Services" authorised by the entity (own services modality).**

Robotic or computer-assisted surgery

Robotic surgery, guided by images or assisted by computer, consists in surgical manoeuvres carried out by a tele-robotised laparoscopic system following the instructions of a surgeon and guided by a computerised virtual reality system or navigator with a specific software that provides a three-dimensional reconstruction of the images obtained by a computer.

S

Short stay surgery

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

Special care unit

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

Surgical procedure

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

Surgical prostheses

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

T

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

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

Telemedicine

It is based on the secure transmission of medical data and information through text, sound, images or other means necessary for the prevention, diagnosis, treatment and monitoring of the patient. It covers a wide variety of healthcare modalities, such as teleconsultation, teletherapy, telemonitoring, teleradiology, telepathology, teledermatology, teleophthalmology and telesurgery, among others.

Teletherapy

Scheduled virtual treatment sessions exclusively and remotely provided through the "DKV Network of Telemedicine Healthcare Services" arranged by the entity (own services modality), with the company's prior authorisation, via different digital communication channels, dependent upon the type of treatment required.

Traffic accident

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

W

Waiting period

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

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

3.1 Purpose of the insurance

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

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

1. When their safety and cost-efficiency validation studies are ratified by means of a positive report from the Agencias de Evaluación de las Tecnologías Sanitarias (Health

Care Technology Assessment Agencies) that report to the Health Services of the Autonomous Communities or the Ministerio de Sanidad and, where applicable, with regard to antitumour 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 cover’ included in the general terms and conditions.

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

3.2 Modality of the insurance policy

The ‘DKV Top Health®’ policy is based on a mixed system in which the insured person can choose between:

- > **Accessing the service through doctors and hospital centres included in the DKV Network of Healthcare Services authorised by DKV Seguros throughout Spain. To do this, you must first identify yourself using your DKV MEDICARD® and, when required, present the corresponding authorisation (own services healthcare modality).**
- > Free choice of doctors or centres other than those in the associated DKV Network of Healthcare Services.

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

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

The right to freely choose a doctor or centre implicates the absence of direct, joint or subsequent liability of DKV Seguros with regard to the actions of such doctors or centres, where DKV Seguros has no control capacity owing to the protection of professional

secrecy, the confidentiality of health details and the prohibition of third parties gaining access to data in the health sector. Medicine is an activity of means and not results. For this reason, DKV Seguros cannot guarantee the positive outcome of medical acts covered by the policy.

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

3.3 Territorial scope

In the own services care modality, medical, surgical and hospital care is provided throughout Spain.

In the external services care modality, medical, surgical and hospital care is provided by any doctor, in any centre around the world, provided that the insured person's habitual residence is in Spain for at least six months

(183 days) of the year.

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

3.4 Access to cover

Specific regulations for the own services healthcare modality

Assistance in the DKV Network of Healthcare Services:

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

b) In the 'DKV Network of Healthcare Services', the services covered by the policy may be free to access or require prior authorisation from DKV Seguros.

In general, primary care consultations or teleconsultations, medical and surgical consultations or teleconsultations, emergency consultations and basic

diagnostic tests are free to access.

The following concepts require authorisation: hospital admissions, surgery, prostheses and surgical implants, psychotherapy sessions, foot surgery, preventative programmes or check-ups, transfers by ambulance, virtual teletherapy, medical treatments and complex diagnosis tests, which are detailed in the corresponding "DKV Network of Healthcare Services".

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

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

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

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

by the healthcare or auxiliary staff.

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

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

Despite the stipulations of the previous paragraphs, in emergency cases, the insured person, or person acting on his/her behalf, must notify DKV Seguros of the event in a demonstrable way to obtain their confirmation and authorisation within 72 hours following hospital admission or provision of the healthcare.

In the case of an emergency, DKV Seguros will be financially bound until the moment that it expresses its doubts about the medical command, in which case it is understood that the policy no longer covers the medical

care or the hospitalisation.

In this case, emergency will be understood as any healthcare or medical assistance which, if not provided immediately and urgently, could endanger the patient's life or physical integrity or cause permanent serious damage to their health.

f) Authorisations can be requested over the phone, by calling the Customer hotline centre on 900 814 390, online at www.dkvseguros.com, or in any of the DKV Seguros branches.

Specific regulations for the own services healthcare modality

Assistance outside the DKV Network of Healthcare Services:

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

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

specifying the origin and nature of the illness.

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

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

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

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

- > Once the reimbursement form has been submitted with the reports and original invoices showing the services received, DKV Seguros will pay the costs according to the percentage and limits established in the policy and the table of coverage and limits in the appendix.
- > 'DKV Top Health®' reimburses the total amount of invoices raised in Spain and abroad, except for dentistry and psychotherapy, which are reimbursed according to the provisions of the table of

coverage and limits attached to the particular terms and conditions.

The general and/or particular terms and conditions also establish limits for certain specialities and/or services (see section 4 'Description of the cover').

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

If this is not given, it will be made according to the exchange rate corresponding to the date of issue of the invoice or, otherwise, on that of the receipt of the service.

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

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

d) Under no circumstances will DKV Seguros reimburse the insured person the cost of the invoices

issued by public hospitals, centres or other establishments integrated in the Sistema Nacional de Salud de España and/or those depending on the autonomous communities, for the medical, surgical and hospital care provided, **except for cases of emergencies whose concept is defined in this document**, and only with express authorisation of DKV Seguros.

In this case, emergency will be understood as any healthcare or medical assistance which, if not provided immediately and urgently, could endanger the patient's life or physical integrity or cause permanent serious damage to their health.

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 documents required to proceed with the subrogation.

4. Description of the cover

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

4.1 Primary care

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

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

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

Nursing service (injections and dressings): services of a Qualified Nurse that will be given in consultation 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 in the corresponding DKV Network of Healthcare Services, according to the contracted insurance modality, where the treatment can be carried out and vice-versa, provided that special circumstances impede him or her from physically using ordinary means of transport (public transport, taxi or private car).

It also includes transfers in incubator and rescue helicopter transfers to the hospital.

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

4.2 Emergencies

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

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

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

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

4.3 Medical and surgical specialities

Allergies and immunology: includes the cost of vaccines and allergen extracts.

Anaesthesiology and resuscitation: included epidural anaesthesia.

Angiology and cardiovascular surgery.

Digestive system: including the computed colonography or virtual colonoscopy (3D), exclusively through the 'DKV Network of

Healthcare Services' with the required authorisation of the company (own services).

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

Cardiovascular surgery.

General and digestive surgery. Includes bariatric surgery when the body mass index is equal to or greater than forty (morbid obesity).

Oral and maxillofacial surgery.

Paediatric surgery.

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

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

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

2. Breast reconstruction therapeutic contralateral mastectomy in women previously operated of breast cancer and carriers of the BRCA1 and BRCA2 gene mutations.

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

4. Post-bariatric reconstructive surgery (in those over the age of 18). With a waiting period of 36 months.

This is included during a **period of three years after the surgery, only in associated reference services of the DKV Network of Healthcare Services in Spain**, when the following requirements are met.

1. The bariatric surgery for morbid obesity (with BMI >40) **has been covered by DKV Seguros.**
2. There has been a **massive weight loss** (at least 40 kg in one year).
3. There is significant **drooping of the tissues in different anatomical regions** (inner side of the arms, thighs

and pannus stomach) with functional affectation.

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

Peripheral vascular surgery: includes surgical techniques and endovascular laser or radiofrequency ablation of **varicose veins in Group C3 or higher, according to the CEAP clinical score for chronic venous insufficiency, except for that established in section 5.f ("Excluded cover")** of the general terms and conditions.

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

Endocrinology and nutrition.

Geriatric medicine.

Gynaecology: includes diagnosis and treatment of women's illnesses. Cover includes family planning; the use of lasers (CO2, Erbium and diode); sterility tests; and early detection of gynaecological cancer in women by means of two screening methods, alternative and mutually incompatible, such as the yearly gynaecological check-up and the specific multiannual

prevention programmes (see section 4.7.4 of the general terms and conditions).

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

Haematology and haemotherapy.

Midwives: Nursing graduate specialised in providing care during childbirth.

Internal medicine.

Nuclear medicine.

Nephrology.

Neonatology.

Pneumonology - Respiratory system: Includes **respiratory rehabilitation for children under the age of 10, with a maximum of 10 sessions per year, and adults and children over the age of 10 years, with a maximum of 3 sessions per year**, in cases with chronic obstructive pulmonary diseases and COVID-19 sequelae. It also covers **home therapy with CPAP or BiPAP in severe Obstructive Sleep Apnea Hypopnea Syndrome (SAHOS)**

(see inclusion criteria in section 4.5 ‘Therapeutic methods’ of these general terms and conditions).

Neurosurgery.

Neurology.

Obstetrics: includes pregnancy surveillance and childbirth assistance.

Includes ‘triple screening’ EBA Screening (the first trimester combined test) and amniocentesis or chorion biopsy to obtain the chromosomal karyotype, for the diagnosis of foetal anomalies. **The genetic testing of prenatal screening in maternal blood for trisomy 21 (Down), 18 (Edwards) and 13 (Patau) is only covered for high-risk pregnancies, multiple gestation and a history of repeated miscarriages (two or more) of unknown cause, and when the first trimester combined test is positive (with risk of abnormality in the foetus of more than 1/250).**

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

Odontostomatology: all odontological services are included except those that are produced due to cosmetic causes (see section 4.8 ‘Special cover’).

Ophthalmology: includes corneal cross linking technique, cornea transplants, laser treatments, surgery for visual refraction defects (myopia, hypermetropia and astigmatism), and presbyopia (see section 4.8 ‘Special cover’).

Oncology: includes intra-operative molecular diagnosis of the sentinel node for breast cancer at an early stage, without lymphatic extension, using the OSNA technique, and gynaecological and breast risk-reducing surgery in women with a diagnosed BRCA1 and BRCA2 gene mutation, with or without a personal history of cancer.

Otolaryngology: includes adenotonsillectomy and surgery of the nasal turbinates or turbinoplasty, rhinosinusitis radiofrequency ablation, and the use of laser in the operating theatre.

Proctology: includes the use of a surgical laser for the treatment of rectal and haemorrhoidal pathologies; and **pelvic floor rehabilitation to treat dyssynergic defaecation and faecal incontinence** that do not respond to medical treatment, prior digestive

prescription and **up to a maximum limit of sessions/insured person/year (sum of session carried out in own and external services) set out in the table of coverage and limits in the appendix to the particular terms and conditions.**

Psychiatry: mainly neuro-biological treatment.

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

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

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

Rheumatology.

Traumatology: includes arthroscopic surgery, percutaneous nucleotomy and chemonucleolysis.

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

4.4 Diagnostic means

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

Clinical, anatomopathological and smear tests.

Analyses at home: Includes blood collection at the insured person's home, **only through the associated network arranged by the entity "DKV Network of Healthcare Services" (own services modality), prior doctor's prescription and the required company's authorisation, provided that the following is certified by a medical report:**

a) A situation equivalent to dependency level 3 (high-level dependency) characterised by the insured person's total incapacity to leave their home, or

b) A situation equivalent to dependency level 2 (severe dependency) characterised by the insured person's difficulty of leaving their home without constant support or supervision of a third party. **In this case, a maximum limit of 2 blood collections per insured person and calendar year is established.**

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

Diagnostic digestive endoscopy: for the early detection of lesions in the upper digestive tract (esophagoscopy, gastroscopy and duodenoscopy) and lower digestive tract (colonoscopy, sigmoidoscopy and rectoscopy).

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

Therapeutical digestive endoscopy: includes biopsy of the lesions and/or surgical treatment of the pathology in the upper and lower digestive tract.

Fibrobronchoscopy: diagnostic and/or therapeutical.

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

This also includes Multislice Coronary Tomography (CT 64) after an acute heart attack and post-operative heart pathologies; cardiac spectography or **stress-rest myocardial perfusion tomography (SPECT)**, including the radiopharmaceutical, to assess coronary perfusion in ischemic cardiopathy; and the global or regional ventricular function in cardiomyopathy or heart failure.

Cardiac magnetic resonance imaging is also covered to assess and monitor coronary artery disease, valve diseases, congenital cardiopathy diseases, non-

ischemic heart disease, aorta disease, pericardial disease and cardiac tumours.

Neurophysiology: electroencephalograms, electromyograms, etc.

Sleep Unit: polysomnography or respiratory polygraphy in pathological processes, upon request of a medical specialist.

Interventional or invasive vascular and visceral radiology.

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

High diagnostic technology:

Available in national reference centres through the DKV Network of Healthcare Services.

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

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

c) Urogram by multi-slice computed tomography (MSCT) of the urinary tract (collection system, ureters and bladder) for the study of congenital abnormalities, in nephritic or reno-ureteral colic when simple radiology or renal ultrasound is not conclusive following radical surgery of the urinary tract, and when an intravenous urogram (IVU) or ureterorenoscopy is contraindicated.

d) Includes tomography by emission of positrons (PET) either solely or combined with computerised tomography (PET-CT) or with magnetic resonance imaging (PET-MRI) in cancer-related processes and in other clinical indications authorised by the Agencia Española de Medicamentos y Productos Sanitarios (AEMPS), included in the technical data sheet of the radiopharmaceutical fludeoxyglucose (18F) usually employed. In addition, PET scan with Gallium is covered in gastro-entero-pancreatic neuroendocrine tumours.

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

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

In this respect, the only exception would be:

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

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

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

b) **Positive hormone receptors**

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

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

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

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

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

b) And one of them has breast cancer before the age of 50 and ovarian

cancer at any age; or bilateral breast cancer.

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

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

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

j) Computed colonography or virtual colonoscopy (3D). Only in associated services included within the DKV Network of Healthcare Services (own services) for detecting colon cancer and inflammatory bowel disease in people at risk, according to commonly accepted protocols.

k) 3D/4D pregnancy ultrasound, provides a global view of the foetus' anatomy in real time. Included with the medical prescription of a specialist,

with a maximum of one exploration per insured person per year.

l) Spectrography (spect) of cerebral perfusion and presynaptic dopamine transporters (DaTscan). Only in services included in the **DKV Network of Healthcare Services (own services)** for the differential diagnosis of Parkinson's disease with other movement disorders.

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

n) Multi-parametric magnetic resonance imaging (mpMRI) for the early detection of occult prostate cancer, in the following cases:

1) High clinical risk, when at least two of the following criteria are met: when there is a high Prostate Specific Antigen (hereinafter, PSA) in blood (between 4-10 ng/ml) for more than three months, the PSA ratio (free/total) is less than 20% and/or the rectal examination of the suspect prostate surface is different (the size, hardness, consistency and changes with respect to its normal state are assessed).

2) Prior negative ultrasound-guided prostate biopsy.

3) Local and regional staging of prostate cancer.

4) Active surveillance or planning of focal therapies.

5) Suspected of recurrence after cancer treatment.

o) Transient elastography (Fibroscan).

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

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

p) Multiple allergen panel with microarrays, prescription from an allergist, in multiple sensitivity to panallergens with suspected cross-reactivity, anaphylactic reactions due to food intake and after unsatisfactory response to immunotherapy.

Food intolerance tests are excluded.

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 included in all cases.

Analgesia and pain killing treatment: treatments conducted by specialised units in these techniques are covered, including medication.

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

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

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

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

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

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

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

3. Extracranial or corporal stereotactic body radiation therapy (SBRT) and image-guided volumetric modulated arc therapy (VMA-IGRT) in tumours or metastases, which, due to their location, cannot be removed (solitary pulmonary nodule or localised

non-small-cell lung cancer; carcinomas and liver, lung, vertebral and adrenal metastases; and inoperable primary pancreatic tumours).

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

Dialysis and haemodialysis: this service shall be provided as on an outpatient and inpatient basis, only to treat renal failure.

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

Chiropody: includes chiropody sessions and surgical treatment of the ingrown toenail and plantar warts **with a waiting period of six months.**

Transplants: transplants of all kinds of organs are included (see section 4.8 'Special cover').

Grafts: includes bone and skin autografts and bone, tendon and

ligament allograft obtained from bone and tissue banks.

Blood and/or plasma transfusions, in hospitalisation.

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

Physiotherapy: this will be carried out by Physiotherapy graduates in a suitable or specific centre for rehabilitation that fulfils the requirements established in section 4.3 for rehabilitation and neurological rehabilitation centres with the written prescription of a rehabilitating doctor, traumatologist, rheumatologist, or neurologist **in order to restore recoverable functions of the locomotor apparatus, and of a neurologist when requested in the clinical indications set forth in section 4.3 ("Neurological rehabilitation in severe acquired brain injury").**

Physiotherapy at the insured person's home following hospitalisation (of over 24 hours) is included up to a maximum limit of 20 sessions per insured person and calendar year, exclusively in the "DKV Network of Healthcare Services" (own services

modality), prior prescription from one of the medical specialists referred to in the previous section and the required company's authorisation, provided that the following is certified by a medical report:

a) A situation equivalent to dependency level 3 (high-level dependency) characterised by the insured person's total incapacity to leave their home, or

b) A situation equivalent to dependency level 2 (severe dependency) characterised by the insured person's difficulty of leaving their home without constant support or supervision of a third party.

Laser therapy, as rehabilitation techniques.

Renal and vesicular extracorporeal shock wave lithotripsy (ESWL)

Musculoskeletal lithotripsy: up to the maximum limit of sessions per insured person and calendar year according to that specified in the table of coverage and limits attached to the particular terms and conditions (**sum of own services and external services**). Pseudoarthrosis, osteonecrosis and chronic insertion tendinitis (over 3 months) of the shoulder, elbow, knee, heel and sole of the foot, when the medical and/or

rehabilitative treatment has failed, are also covered.

High therapeutic technology:

Available in national reference centres through the DKV Network of Healthcare Services.

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

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

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

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

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

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

d.1) Inclusion criteria:

- > **Diagnosed with localised prostatic adenocarcinoma, with PSA equal to below 15 ng/ml.**
- > **Life expectancy longer than 10 years.**

- > **Prostatic transrectal ultrasound without extracapsular pathology or seminal vesicle pathology (stage T1-T2).**

- > **No lymphatic invasion or metastases (N0 and M0).**

- > **Anaesthetic risk ASA I or II.**

d.2) Exclusion criteria:

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

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

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

g) Advanced digestive endoscopy: it includes two minimally invasive techniques, according to commonly accepted protocols:

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

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

Inclusion criteria for endoscopic submucosal dissection:

1) Flat superficial well-differentiated adenocarcinoma, without ulceration of any size, even greater than 5 cm.

2) Well-differentiated adenocarcinoma, with ulceration smaller than 3 cm in diameter.

3) Poorly-differentiated adenocarcinoma and/or early gastric cancer of signet ring cells, smaller than 2 cm.

4) Well-differentiated adenocarcinoma, with superficial submucous invasion and without lymphovascular invasion.

h) Fusion-image guided prostate transperineal biopsy, using multi-parametric magnetic resonance imaging (mpMRI) and real-time transrectal ultrasound (TRUS): it is included in the early diagnosis of occult prostate cancer, **when there is a high persistence of more than three months of prostate specific antigen** (PSA between 4-10 ng/ml), with a PSA ratio (free/total) of less than 20% (0.2) **and a negative result in a previous ultrasound-guided biopsy.**

i) Da Vinci robotic laparoscopic system is included in the three surgical indications detailed below, provided that the inclusion criteria

for this type of surgery are fulfilled and none of the following exclusion criteria are met:

1. Partial nephrectomy due to renal carcinoma.

a) Inclusion criteria:

1. Age: must be over 18 and under 70 years old.
2. Anaesthetic risk ASA I/II.
3. Predominantly exophytic tumour (growing outwards) of **less than 4 cm** (in its largest diameter).
4. **Tumour less than 4 cm in solitary kidney** (patients with a single kidney).

b) Exclusion criteria:

- > Anaesthetic risk ASA III or higher (severe coagulation disorders, severe ventilation disorders, severe glaucomas, prior heat-attacks, etc.).
- > Previous kidney surgery.
- > Inability to tolerate pneumoperitoneum.
- > Renal vein thrombosis.
- > Multiple tumours.

2. Total hysterectomy, due to localised endometrial tumours.

- Exclusion criteria:

- > Anaesthetic risk ASA III or higher.

3. Localised colorectal tumour surgery.

- Exclusion criteria:

- > Anaesthetic risk ASA III or higher.

Without limit of coverage in the DKV Network of Healthcare Services (own services care modality) provided that the insured person has DKV Seguros' prior authorisation. If the insured person chooses services external to the DKV Network of Healthcare Services (external services care modality), DKV Seguros will reimburse the expenses borne up to the maximum limit per insured person and year as established in the table of coverage and limitations attached to the particular terms and conditions. In this maximum limit, all the expenses incurred by the surgery are calculated together: the fees of doctors, assistants, anaesthetists or any other professional attending the operation, which are added to the expenses of using the robotic system, the associated surgical material, and those derived from the surgical hospitalisation (see section 4.6 Hospital care).

j) Minimally invasive percutaneous valve replacement surgery using a transcatheter aortic valve implantation (TAVI) in **symptomatic severe aortic stenosis with high surgical risk**. Only covered in associated centres of the DKV Network of Healthcare Services (own services care modality) in Spain, prior authorisation by the company, when the following clinical inclusion criteria are met:

1. Aortic ring between 20 mm and 27 mm.
2. Ejection fraction is equal to or greater than 20 % (without contractile reserve).
3. Life expectancy is longer than a year.
4. High surgical risk: due to old age ≥ 80 years or serious associated illnesses (morbid obesity, advanced cirrhosis, immunodeficiencies, coronary artery bypass, previous cardiac surgery or severe obstructive pulmonary insufficiency).
5. Conventional valve replacement surgery contraindicated (due to porcelain aorta or thoracic deformity).

Speech therapy and speech pathology: it includes, under an otolaryngologist's prescription, voice

therapy aimed at recovering voice alterations caused by organic diseases (infectious, traumatic and oncological pathology) in the vocal cords.

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

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

Oncology chemotherapy: anti-tumour treatments required by the patient will be provided, and if applicable, the implanted port for intravenous perfusion, both for outpatients, day

patients and during hospitalisation, providing that it is prescribed by the specialist doctor who is in charge of the patient's care.

With reference to medication, DKV Seguros will only **cover expenses for cytostatic pharmaceutical products** that are sold on the domestic market and which are duly authorised by the Ministerio de Sanidad, **intravenous drip feeds, immunotherapy and palliative medications** without an antitumoural effect that are administered in a simultaneous way in the same treatment session together with cytostatic medications, to avoid their adverse or side effects and/or to control the symptoms of the illness.

4.6 Hospital care

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

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

In addition, the following is specifically included:

- > Oncological treatments: radiotherapy, brachytherapy and chemotherapy.
- > Therapy with platelet-rich plasma or platelet-rich growth factor: in joint replacement surgery and in the surgical treatment of non-consolidated fractures.
- > Vacuum-assisted closure (VAC) therapy or topical negative pressure (PNT) therapy in the indications and with the limits detailed in section 4.5 'Therapeutic methods'.
- > OSNA method or technique: intraoperative molecular analysis of the sentinel node. Includes breast cancer at an early stage, without any lymphatic spread.
- > Renal and vesicular and musculoskeletal lithotripsy.
- > Dialysis and haemodialysis.
- > Surgery of Groups II to VIII of the Organización Médica Colegial (OMC) carried out exclusively in a hospital centre.
- > Major outpatient surgery, therapeutic digestive endoscopy, and diagnostic and/or therapeutic

fibrobronchoscopy.

- > Interventional or invasive vascular and visceral radiology.
- > Family planning methods: tubal ligation and vasectomy.
- > Intracranial stereotactic radio neurosurgery.
- > Arthroscopic surgery, advanced digestive endoscopy (musesoctomy and endoscopic submucosal dissection).
- > Turbinate surgery or turbinoplasty, adenotonsillectomy and radiofrequency ablation for rhinosinusitis.
- > Surgical laser in gynaecology, ophthalmology, proctology, peripheral vascular surgery and otorhinolaryngology.
- > Endourologic Holmium laser and Green laser (KTP and HPS), Diode and Thulium for the surgical treatment of benign prostatic hyperplasia.
- > Percutaneous nucleotomy and chemonucleolysis.
- > High therapeutic technology (see details of the covered treatments in section 4.5 Therapeutic methods).

> Surgical prostheses.

> Daily compensation for hospital care.

Hospital admission includes the use of a standard individual room with a toilet and a bed for a companion (except for psychiatric hospital care, in ICU and incubator), the patient's maintenance, general nursing expenses, special care unit, complementary means of diagnosis, treatments, material, surgical expenses and delivery room, anaesthetic products and medications and implants of biological medication and/or medicalised biomaterials for therapeutic purposes specified in section 4.7 'Surgical prostheses' of the general terms and conditions. **The therapies in section 5.o 'Excluded cover' are expressly excluded.**

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

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

b) Long-term general hospitalisation: any hospitalisation for any reason **with**

a duration above or equal to six days (except for ICU).

c) Hospital care in Intensive Care

Unit: any hospitalisation stay in medical units specialising in providing this type of medical care.

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

1. Medical hospitalisation (without surgical procedure).

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

2. Hospitalisation with surgery.

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

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

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

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

5. Psychiatric hospitalisation.

Includes care given by a psychiatrist. Only covered in the event of acute outbreaks. **The stay is limited to maximum period of days per calendar year established in the table of coverage and limits attached to the particular terms and conditions,** whereby we will total the days of hospitalisation produced in the 'DKV Network of Healthcare Services' and those in the external services care modality.

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

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

4.7 Complementary cover

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

1. Child Health Programme.

Includes:

- > Exercise classes and psychoprophylactic preparation for birth, with practical and theoretical classes in child care, in reference centres of the DKV Network of Healthcare Services, or in external services through a reimbursement of expenses. It also includes preventive rehabilitation of the pelvic floor after childbirth (maximum cover period, four months after birth), but only in the reference services included in the DKV Network of Healthcare Services (own services), up to an annual limit of 10 sessions.
- > Check-up of the newborn 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.
- > Vaccination.

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

2. Programme for the early detection of diabetes.

It includes:

- > Starting at the age of 45, this includes a basal plasma glucose test every 4 years.
- > **For people with a high risk of diabetes:** If there is a family history of first-degree relatives with diabetes, metabolic syndrome or an altered basal glycaemia (ABG 110-125 mg/dl), the test is conducted every year. If an altered basal glycaemia (ABG) is confirmed, it is necessary to conduct a glycosylated haemoglobin test (HbA1c) or an oral glucose tolerance test.
- > **If prediabetes is diagnosed** due to a basal glycaemia between 110-125 mg/dl and the glycosylated haemoglobin is below 6.5%, a clinical follow-up shall be carried out on both.
- > Lastly, **if diabetes is diagnosed** due to a basal glycaemia higher than 125 mg/dl and the glycosylated haemoglobin is equal to or above 6.5%, DKV Seguros will carry out a clinical follow-up.

3. Programme for the early detection of glaucoma.

It includes:

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

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

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

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

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

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

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

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

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

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

a colposcopy will be conducted: if it is negative, a check-up will be scheduled three years later, and if positive, a treatment including a High-risk Human Papilloma Virus (HVP) test, prior medical prescription, will be initiated.

- > For women between 35 and 65 years of age, a liquid based cytology with High-risk Human Papilloma Virus (HVP) test will be provided every five years, and if positive, a smear test will be conducted: if it is negative, a High-risk Human Papilloma Virus (HVP) test will be scheduled in one year, and if positive, a colposcopy will be conducted. If this is negative, a check-up will be scheduled five years later, and if positive, the treatment will be initiated.

5. Coronary risk prevention programme.

It includes:

- > **Annual basic cardiac check-up**, which includes the check-up consultation, basic blood and urine analyses, thorax X-ray and electrocardiogram.
- > **Complete cardiac check-up every three years** in reference associated centres, which includes clinical history, physical cardiac exploration,

specific and preventive analysis of the atheromatous (cell blood count, ionogram, cholesterol, triglycerides, homocysteine, glycaemia, uraemia, uricaemia, calcemia, prothrombin rate and platelets), resting and stress electrocardiogram, and an echocardiogram.

6. Skin cancer prevention programme.

It includes:

- > Consultations and revision of changes in size, colour and shape of the dysplastic or atypical nevus.
- > **Digital epiluminescence microscopy or dermatoscopy** for the early diagnosis of the melanoma:

1. In high-risk patients: with atypical multiple nevus (>100) or family dysplastic nevus syndrome, personal or family (first and second degree) history of melanoma and/or carriers of genetic mutations associated with its development.

2. In dermatological check-ups every three years: for the control and follow-up of congenital, pigmented lesions or cutaneous risk.

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

It includes:

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

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

It includes:

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

9. Dental Health Programme.

9.1 For infants: aimed at the prevention of caries, periodontal illness and problems of bad dental positioning or occlusion.

It includes:

- > Dental consultation and exploration of state of dental health.
- > Correction of eating habits.

> Taking up proper dental hygiene.

> External fluoridation.

> Fissure sealers and obturations (fillings)

> Tartar removal or dental cleans, as required.

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

It includes:

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

10. Preventive screening programmes of aortic abdominal aneurysm (AAA) with an abdominal ultrasound scan.

It includes:

- > Primary care consultation and abdominal ultrasound, for the early diagnosis of an aneurysm in the at-risk asymptomatic population: men over 65 (between 65 and 75), and at-risk groups, such as female smokers and people over 50 with

first-degree relatives with a history of abdominal aortic aneurysms.

Prophylactic or risk-reducing surgery for breast and ovarian cancer in healthy women:

This is included for female carriers of the BRCA1 and BRCA2 gene mutation with or without a personal history of cancer, and high family load of breast and ovarian cancer, if prescribed by an oncologist or gynaecologist, **with a waiting period of 48 months**. It includes bilateral mastectomy and, if required, removing the fallopian tubes and ovaries, as a preventative therapy that reduces the risk of breast, ovarian and fallopian tube cancer. The coverage also includes prosthetic breast reconstruction.

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

Family planning. Includes the following services:

- > IUD implant, including the cost of the intrauterine device.
- > Tubal ligation.
- > Vasectomy.

Surgical prostheses: artificial replacements that supply an organ, or complement its functioning, are included in the policy's cover, with no limit of indemnity per insured person per year.

Daily compensation for hospitalisation. A daily compensation is included from the third day of hospitalisation and up to a maximum amount per insured person per year, which is specified in the table of coverage and limits attached to the particular terms and conditions, provided that the following conditions are met:

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

4.8 Special cover

Health resort or spa. After a minimum stay of three days in a hospital and with the prior prescription, in writing and immediately from a doctor, the insured will be covered for admission to a health resort with a maximum limit of stay stipulated in the table of coverage and limits attached to the particular terms and conditions, for the purposes of curative medical treatment or convalescence,

Refractive surgery for defects of visual refraction. Surgical correction for shortsightedness, farsightedness and astigmatism with excimer laser, **except for presbyopia**, is covered. The maximum limit that DKV Seguros will pay per operated eye is specified in the table of coverage and limits attached to the particular terms and conditions.

Medication. Includes the reimbursement of the cost of medicines detailed in the Spanish list of medicines (International Vademecum in Spain), vaccines and allergen extracts, as well as curative and auxiliary means (bandages and dressings) that have been prescribed by medical prescription, acquired in a pharmacy and administered with therapeutic purposes.

Advertising specialities, homeopathic medication and products of little

therapeutic use are excluded from this item and the insurance cover.

Nutritional products, comforting drugs, mineral waters, cosmetics, products for bodily hygiene and care, and bath additives are also excluded.

Additional healing aids. Prior medical prescription, dressings, spectacle lenses, and spectacle frames are included up to the amount indicated in the table of coverage and limits attached to the particular terms and conditions (from the age of 15, more than two years must have elapsed since the last payment was made for this concept).

Orthopaedic equipment. Corrective shoe insoles, walking aids, hearing aids, compression socks, contact lenses, correction splints, artificial limbs, trays for lying or sitting, and orthopaedic devices for supporting the trunk, arms and legs. Tailor-made orthopaedic shoes are also included, for which a payment will be made for the part that exceeds the stipulations of the table of coverage and limits attached to the particular terms and conditions, according to the age of the insured.

Special aids. wheelchairs, oxygen devices, inhalation devices, devices for the treatment of obstructive sleep apnoea (CPAP or BiPAP), baby monitors,

infusion pumps, electronic reading aids, cane, guide apparatus and guide dog for the blind (including orientation and mobility training).

These aids will require prior authorisation from DKV Seguros. DKV Seguros may provide them directly to the insured.

Furthermore, expenses for repairing such aids will be covered by reimbursement, except for soles and heels for tailor-made orthopaedic shoes.

Dentistry. 'DKV Top Health®' covers all dental treatments, except for those which have a cosmetic purpose: endodontics, periodontics, orthodontics, obturations or fillings, dental prostheses and maxillary orthopaedics, apicectomies, implants and diagnostic procedures necessary for these treatments.

The insured person can go to dentists or dental clinics not included in the 'DKV Network of Dental Services' (external services) anywhere in the world and will be entitled to the reimbursement indicated in the table of coverage and limits attached to the particular terms and conditions, for the expenses reflected on the bill for the dental service provided.

In addition, you can visit the DKV Dental Services Network (own services), available throughout Spain, and receive the prescribed dental service when identifying yourself with your DKV MEDICARD®.

The sum of the dental treatments billed in the insurance for both modalities (own and external services) will have a maximum limit per insured person per year, as established in the table of coverage and limits attached to the particular terms and conditions.

Clinical psychology. Consultations with clinical psychologists are included up to the maximum limit indicated in the table of coverage and limits attached to the particular terms and conditions per insured person per calendar year (sum of own services and external services), with a prior prescription from a psychiatric doctor.

Psychotherapy. Therapy consultations and/or sessions will be given by a psychiatric doctor, assisted by a clinic psychologist where necessary, and will be reimbursed according to the indications of the table of coverage and limits attached to the particular terms and conditions.

Assisted reproduction techniques. Assisted reproduction techniques are covered **in the infertility treatment of couples, including couples of the**

same gender, during the period of maximum fertility (over 18 years old, and up to 45 in women and 55 in men) **with a waiting period of 12 months.**

Requirements: to be entitled to the coverage and be able to receive the included assisted reproductive treatments, both partners must be insured persons in the policy, must not have a child in common and must have fulfilled the waiting period established in the table of coverage and limitations attached to the particular terms and 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: Mixed health care. The insured person may access the health care through the assisted reproduction medical and clinical centres in the DKV Network of Healthcare Services (own services) in Spain, with DKV Seguros' prior authorisation and identification with your MEDICARD®, or request the reimbursement of the expenses paid in clinics outside the network authorised by DKV Seguros (external services).

The assisted reproduction techniques established in the whole national territory **are covered in accordance with the Spanish Assisted Human Reproduction Act and the use criteria**

included in the assessment reports from the Health Care Technology Assessment Agencies of the National Health System, for provisions that are not expressly limited and/or excluded in this contract (sections 4.8 and 5.k of these general terms and conditions) and/or set forth in the Decree of the Ministerio de Sanidad SSI/2065/2014.

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

- 1. Artificial insemination (AI): maximum of six attempts, up to 40 years of age, during the term of the policy or the lifetime of the insured person.**
- 2. In Vitro Fertilisation (IVF) with own gametes: maximum of four attempts, up to 42 years of age, during the term of the policy or the lifetime of the insured person.**
- 3. In vitro fertilisation with donation of oocytes/pre-embryos: maximum of two attempts, up to 45 years of age, during the term of the policy or the lifetime of the insured person.**

In addition, the cryopreservation of oocytes and sperm during the period established by current legislation will be borne by DKV Seguros in

cases in which the beneficiaries are undergoing surgical and/or chemotherapy or radiotherapy treatments.

Reimbursement of acupuncture expenses. 'DKV Top Health®' covers acupuncture, as long as it is provided by a doctor through the reimbursement of expenses in external services, **for the treatment of pain in the following indications: tension-type headaches, migraines, post-operative dental pain, and non-specific musculoskeletal pain in the neck and lower back. Their cover in other different indications, not detailed, is expressly excluded.**

- > Acupuncture: reimbursement up to a maximum compensation per consultation or session, and a maximum number of sessions covered per insured person per calendar year is established in the table of coverage and limits attached to the particular terms and conditions.

Transplants. Transplants for all types of organs are included. The acquisition and transplant of organs will take place according to the provisions of health legislation in force. DKV Seguros will cover the costs of extraction, transport and conservation of the organ for the operation.

Telemedicine. It includes the following provisions **exclusively through the "DKV Network of Telemedicine Healthcare Services" authorised by the entity (own services modality).**

1. Teleconsultation: face-to-face consultation

In the **"DKV Network of Telemedicine Healthcare Services"** arranged by the entity, the insured person **will enjoy access through the Quiero cuidarme Más app, via different communication channels** (voice, text, video call) and by prior appointment **to scheduled teleconsultations in different specialities with authorised healthcare professionals** (see medical directory).

2. Teletherapy: virtual therapy

In the **"DKV Network of Telemedicine Healthcare Services"** arranged by the entity (own services), **the insured person will enjoy access, prior request and authorisation from DKV Seguros,** to healthcare professionals specialising in telerehabilitation treatments, according to the type of treatment required, via different communication channels (voice, text, video call).

The following virtual rehabilitation therapies are covered:

a) Telephysiotherapy.

b) Telepsychotherapy.

These teletherapies and any other subsequently added will be covered exclusively in the own services modality with the same indications, limitations and exclusions as similar face-to-face therapies, and they will be counted together (sum of face-to-face sessions in own and external services plus virtual sessions in own services) thereto.

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

DKV Seguros guarantees the reimbursement of 100 % of the amount of the invoices paid for family care services and/or dependency care, **up to a maximum limit of 12,000 euros while the policy is effective and or the life of the insured person, with a sublimit of 2,000 euros for advice on and processing dependency subsidies, when the insured person and/or person acting on his behalf (legal guardian) proves the recognition awarded by the Spanish System for Personal Autonomy and Care of Dependent Adults (Sistema para la Autonomía y Atención a la Dependencia, SAAD) of a state or situation of Dependency Level 3 after an accident covered by the insurance policy, starting from the effective date of this cover.**

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

For the purposes of this coverage, Dependency Level 3 due to an accident is defined as an irreversible state in which the dependent person will neither be fully independent again nor be able to progress to a grade of lower dependence.

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

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

a) Personal care:

> Personal hygiene

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

b) Care of the home:

- > Home cleaning
- > 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, nurses, physiotherapists, psychologists or occupational therapists, among others. This service includes temporary and permanent stays and day centres.

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

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

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

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

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

Management and consultancy service for dependency subsidies. This includes a management and consultancy service for dependency subsidies, **with a maximum sublimit of 2,000 euros during the term of the policy and/or the lifetime of the insured person.**

The insured person and/or person acting on his behalf (legal guardian) may request the reimbursement from DKV Seguros of the total expenses generated by the services of family care and/or care for dependence described in this section, up to **a maximum limit of 12,000 euros per insured person, with a sublimit of 2,000 euros for management and consultancy services for dependency subsidies.** To do so it

is essential to present the resolution awarding the insured person the situation of Dependency Grade 3 (level 1 or 2) from the competent administrative body of the Spanish System for Personal Autonomy and Care of Dependent Adults in their autonomous region, specifying the causes and circumstances of the dependence situation.

The coverage of dependence is cancelled in an automatic and definite way when the insured person receives the maximum guaranteed capital of 12,000 euros for this concept, or the sublimit of 2,000 euros for management and consultancy services for dependency subsidies, during the validity of the insurance policy, through the modality of expense reimbursement.

Access to the cover

a) Requirements for being a beneficiary of dependency cover:

- > To be entitled to the dependency benefit in Spain and to fulfil the legal requirements to access it.
- > To be included in the health policy as an insured person at the time of the occurrence of the accident, of the expense reimbursement application due to Dependency Level 3, and of the payment of the provision.

- > The accident that took place is not a consequence of activities or circumstances excluded from the general cover of the health insurance policy (section 5.a, 5.c, 5.d and 5.e of 'Excluded Cover' of the general terms and conditions) or specifically excluded from the dependency coverage (section 4.8 'Special cover').
- > To be in a situation of Dependency Level 3, according to the levels established in the Dependency Act 39/2006 of December 14, and the Dependency rating (Royal Decree 504/2007, of 20 April) currently valid in Spain.
- > To submit the resolution, dated and signed, with the qualification or recognition of the situation of Dependency Level 3 granted by the competent administrative body of the System for Personal Autonomy and Care of Dependent Adults of the autonomous region, specifying the causes and the circumstances of the situation of dependency.

b) Documentation required for the benefit

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

1. Personal, family and professional information of the insured person who is the recipient of the benefit.

2. Qualification granted by the competent administrative body of the System for Personal Autonomy and Care of Dependent Adults, specifying the causes and the circumstances of the situation of dependency.

3. Medical reports with the conditions of the dependent's health, and the social report made by the social worker.

4. All the additional documents required to be able to grant the right to receive the benefit.

5. Resolution issued and the date, with the qualification or recognition of the situation of Dependency Level 3, from when the entitlement to the reimbursement of the social health care is valid.

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

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

- > Once the reimbursement form has been presented, with the reports and original invoices demonstrating the services received, DKV Seguros

will reimburse the expenses paid, according to the percentage and coverage limits previously indicated.

- > The payment will be made to the designated current account. The payment made in this way is fully valid, effective and final for DKV Seguros.
- > The invoicing of expenses paid in foreign currencies by the insured person will be paid in Spain in euros, according to the exchange rate on the day of payment. If this is not given, it will be made according to the exchange rate corresponding to the date of issue of the invoice or, otherwise, on that of the receipt of the service.
- > The costs of translating reports, invoices or bills for doctors' fees will be only settled by DKV Seguros if they are in English, German, French or Portuguese.

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

Excluded risks of the cover

Excluded from the coverage for dependency:

1. The reimbursement of expenses for services of family care and/or dependency care not detailed in

section 4.8 of the general terms and conditions.

2. The reimbursement of expenses for services of family care and/or dependency care detailed in section 4.8 of the general terms and conditions, when the situation of Dependency Level 3:

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

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

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

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

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

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

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

Reimbursement of expenses for the annual maintenance of the umbilical cord in a haematopoietic stem cell bank for the first six years, exclusively in the 'DKV Top Health®' individual modality, provided that the service for extracting and cryopreserving the cord

was contracted **through the supplier associated with the 'DKV Club Salud y Bienestar Network of Services', the childbirth is covered and the insured person whose cells are preserved is included on the policy.**

DKV Seguros offers the **extraction and cryopreservation of the umbilical cord**, as a franchised service, through the DKV Club Salud y Bienestar. Specifically, DKV Seguros assumes 300 euros of the extraction expenses, while the insured person **pays 690 euros**, if they opt for the FIRST modality, or 990 euros for the ADVANCE modality. In addition, **during the first six years, the maintenance expenses for the umbilical cord are covered with a maximum reimbursement of 90 euros/year**, provided that the pregnancy is covered by the insurance and the insured person is included in the policy since birth.

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

4.9 Exclusive cover

Only taking out the 'DKV Top Health' insurance policy in its individual modality provides the insured person access to the following additional guarantees:

1. Biomechanical gait analysis. Only through specialised reference centres in the DKV Network of Healthcare Services (own services).

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

2. Obesity control and prevention programme for overweight children under 14 years of age and obesity treatment for children and adults by a nutritionist.

With an Endocrinologist's and Nutritionist's prescription, or a paediatrician's. It includes overweight control and prevention consultations when the Body Mass Index (BMI) is between 25-29.9, in children under 14, and obesity treatment consultations **when the Body Mass Index (BMI) is equal to or higher than 30**, in children and adults, up to a **maximum annual limit of 20 consultations per insured**

person (including those of own services and external services), and a maximum reimbursement of €40/consultation in external services.

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

4.10 Travel assistance

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

5. Excluded cover

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

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

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

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

c) Physical injuries that are the consequence of wars, mutinies, revolutions and terrorism; injuries caused by officially declared epidemics; injuries that are directly or indirectly related to nuclear radiation or reaction; and those coming from cataclysms (earthquakes, floods and other seismic or meteorological phenomena).

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

activities and other manifestly dangerous practice.

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

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

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

Risk-reducing surgery of any type of cancer (unless that detailed in section 4. "Description of cover") and medical/surgical treatments with radiofrequency techniques are also excluded, except in adenotonsillectomy, cardiac ablation, surgery on nasal passages or turbinoplasty, and in ablation for rhinosinusitis.

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

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

Healthcare in publicly owned hospitals, centres and other establishments included in the Sistema Nacional de Salud de España and/or under the responsibility of the autonomous regions is excluded, except in the circumstances identified (see section 3.4 Specific regulations for the external services care modality).

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

i) High medical, diagnostic and/or therapeutic technology, lithotripsy, except for that stipulated in 4.4 'Diagnostic means' and 4.5 'Therapeutic methods' of these general terms and conditions. Furthermore, telemedicine services not expressly indicated in the general terms and conditions are excluded, as well as their access through reimbursement of expenses in the external services modality.

j) Preventive medicine and general preventive medical check-ups or examinations, except as specified in the specific prevention programmes included in section 4.7 ('Complementary cover') of the general terms and conditions.

k) The voluntary interruption of a pregnancy, and selective instrumental embryonic reduction under any circumstances, prior reconstructive contraceptive surgery techniques, subrogated pregnancy or renting of the womb, the costs of the donated eggs or sperm and their cryopreservation for purposes other than those provided for in section 4.8, as well as the use of the techniques of assisted reproduction in the prevention and treatment of genetic or hereditary diseases, of viral chronic seminal washing techniques, or for any other purpose that is not the treatment of the couple's infertility.

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.

l) Auxiliary treatment resources, healthcare devices, orthopaedic equipment, biological equipment, biomaterials, medical appliances, and

sanitary items needed (e.g. heating pads, massage apparatus, etc.) that are not specifically included in section 4.8 ('Special cover') of these general terms and conditions.

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

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

Group or couples' psychotherapy, psychological and psychometric tests, psychosocial or neuropsychological rehabilitation and educational and occupational therapy are also excluded.

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

In addition, healthcare for viral haemorrhagic fevers, as well as their complications and consequences, experimental treatments, clinical testing in all its phases or degrees, compassionate use treatments and treatment with orphan medications are excluded.

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

q) Pharmaceutical products or drugs of little therapeutic use, those not included in the medication registry (International Vademecum) in Spain, advertising specialities, homeopathic medication, phytotherapy nutritional products, comforting drugs, mineral waters, dermaesthetic and cosmetic products, products for bodily hygiene and care as well as bath additives.

Oncological or antitumoral medication, radiopharmaceuticals with radioactive isotopes, when there is no scientific evidence of its therapeutic use according to reports and recommendations published by the "Clinical practice guidelines" of the National Institute for Health and

Care Excellence (NICE), included as a reference guideline in section 3.1.1 "Purpose of the insurance" and 2 "Basic concepts. Definitions" of these general terms and conditions.

The therapies included in section 5 o of "Excluded cover" are also expressly excluded, although they may be given during a stay in hospital.

r) Maintenance rehabilitation in irreversible neurological lesions of diverse origin and in chronic injuries of the musculoskeletal system. Speech therapy, except for what is specified in section 4.5 'Therapeutic methods'.

Also excluded are early stimulation, occupational therapy, rehabilitation for brain damage acquired while hospitalised or any type of rehabilitation at home (except for as indicate in section 4.5 Home physiotherapy), as a reason for admission, and that which is carried out at non-authorized centres, and/ or centres that are not registered in the Healthcare Centres and Services registers of the respective autonomous region.

s) Genetic advice, paternity or family relationship tests, the acquisition of genetic risk maps with a preventive or predictive purpose, the massive sequence of genes or

molecular karyotype, compared genomic hybridisation techniques, and microarrays platforms with automated interpretation of results (except for multiple allergen panel and prognostic genomics platform to predict breast cancer), as well as any other genetic technique and/or entailing molecular biology that is requested for a diagnostic purpose, or if this can be obtained by other means, or does not have a therapeutic aim.

6. Waiting periods

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

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

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

In this case, emergency will be understood as any healthcare or medical assistance which, if not provided immediately and urgently, could endanger the patient's life or physical integrity or cause permanent serious damage to their health.

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

3. Psychotherapy, dental prostheses and maxillary orthopaedics.

4. Transplants, surgical correction for shortsightedness, farsightedness and astigmatism with excimer laser are covered.

5. Assisted reproduction techniques.

6. Prophylactic risk surgery for breast cancer and gynaecological cancers.

7. Postbariatric reconstructive surgery is only covered through the 'DKV Network of Healthcare Services' (own services care modality) with a waiting period of 36 months.

8. Foot surgery and biomechanical gait analysis, exclusive cover of DKV Top Health in its individual modality, is only covered through the 'DKV Network of Healthcare Services' (own

**services) with a waiting period
of 6 months.**

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

7. Services according to the care modality taken out

The health benefits detailed in section 4 of these general terms and conditions may be taken out by means of an excess system, in the amounts established in the particular terms and conditions of this policy.

The excess will not apply if the service is provided through the assistance network arranged by DKV Seguros or the DKV Network of Healthcare Services (own services care modality).

Hospitalisation benefits, with the medical or surgical fees derived from these, carried out outside the DKV Network of Healthcare Services, will also not be subject to the excess system, and will be fully covered by DKV Seguros under the conditions established in this policy.

7.1 Excess

The following terms are established in application of the excess system:

- a) The excess will be applied individually to every person on the policy.
- b) The excess quantity established will be the same for each insured person on the policy.
- c) At the policy's annual maturity, the policyholder may modify the excess regime, by communicating this in writing to DKV Seguros one month in advance.
- d) The excess quantity in policies with an effective date other than 1 January will be established in proportion to the number of months remaining until the end of the policy's annual maturity.
- e) The quantity established as an excess affects the reimbursed amount.
- f) The expenses will be applied to the calendar year in which the treatment provision took place or the medication, dressings or aids were acquired.

8. Bases 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 determine the premium.

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

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

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

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

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

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

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

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

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

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

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

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

the risk are not included therein (article 10 of the Insurance Contract Act).

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

c) Use all the means at his/her disposal to recover promptly and to minimise the consequences of the claim.

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

d) Provide the transfer of rights or subrogation to DKV Seguros, in accordance with section 3.5.

If the policyholder or insured person is entitled to an indemnity from liable third parties, said right is assigned to DKV Seguros for the amount corresponding to the health care.

8.3 Other obligations of DKV Seguros

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

DKV Seguros will also provide the policyholder with the identification card of each insured person in the policy and information about the medical directory (the DKV Network of Healthcare Services) for his/her residential area, in which the permanent centre or centres for emergencies and the associated doctors' timetables and addresses appear.

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

8.4 Payment of the insurance (premiums)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Age groups may be established for policies of a collective modality. Similarly, the premiums may experience modifications due to variations in the structure of the insured collective, as well as the revaluation of maximum insured capitals in the reimbursement of expenses.

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

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

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

The policyholder, having been informed of the variation in the premium for the following year by DKV, will be able to choose between renewing the insurance contract or cancelling it on the maturity date of the current period. In the latter case, the policyholder will notify DKV Seguros in writing of his/her decision to end the contractual relationship.

8.5 Loss of rights

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

8.6 Suspension and termination of the insurance contract

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

(article 10 of the Insurance Contract Act).

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

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

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

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

When the contract is not restored or terminated in accordance with

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

8.7 Notifications

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

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

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

Notifications by DKV Seguros to the insurance policyholder or insured person will be made using any of the contact details provided by the policyholder or insured person.

8.8 Special health risks

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

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

8.9 Taxes and surcharges

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

Appendix I: Travel assistance

1. Preliminary provisions

1.1 Insured persons

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

1.2 Scope of the insurance policy

The insurance is valid anywhere in the world, starting from the provincial limit of the insured person's habitual residence. **Only guarantees 2.1.1, 2.1.3, 2.1.14, 2.1.20, and guarantees 2.1.6, 2.1.8, referring to hotel expenses, are not applicable in Spain, but rather cover the insured person's trips abroad.**

1.3 Duration of the insurance

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

1.4 Validity

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

2. Description of the cover

2.1 Assistance

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

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

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

2.1.2 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 300 euros.**

2.1.3 Prolonged hotel stay abroad

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

2.1.4 Repatriation or health care transfer

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

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

another more suitable hospital or their home.

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

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

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

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

2.1.5 Repatriation of the deceased and his/her companions

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

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

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

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

2.1.6 Human remains escort

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

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

2.1.7 Repatriation or transfer of other insured persons

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

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

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

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

2.1.8 Companion's travel

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

2.1.9 Premature return home

If during a trip, when the insured person was away from his/her habitual home, a fire or serious catastrophe

occurs, or the death of a first degree relative, DKV Seguros will arrange for a return ticket for the insured person to return home, if this were not already covered by the insured person's return ticket.

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

2.1.10 Delivery of medicines

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

2.1.11 Medical helpline

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

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

2.1.12 Help in the search for lost luggage

In the event of a loss of luggage, DKV Seguros will provide support in order to request and administer the

search for locating the lost luggage and, once located, will cover any delivery costs to the insured person's home.

2.1.13 Delivery of documents

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

2.1.14 Legal defence expenses and advance on bail abroad

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

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

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

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

been reimbursed by the competent authorities of the country, the insured person is obliged to reimburse DKV Seguros immediately.

2.1.15 Travel assistance

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

2.1.16 Communication of messages

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

2.1.17 Family assistance

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

2.1.18 Cancellation of cards

In the event of theft or loss of bank or other cards issued by companies in Spain, DKV Seguros, at the request of the insured person, commits to requesting their cancellation to the issuing entity.

2.1.19 Blocking of mobile phone

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

2.1.20 Advance of monetary funds abroad

If required due to any extraordinary expenses arising from an illness or accident abroad, DKV Seguros will provide the insured person an advance, **with a limit of 1,500 euros**, against a written acknowledgement of debt or bank cheque for the amount, or its equivalent in euros, in accordance with the current exchange control legislation.

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

2.2 Luggage

2.2.1 Administrative fees for the replacement of documents

Duly justified fees incurred by the insured person to replace the loss or theft of credit cards, bank, travellers and petrol cheques, travel tickets, passport or visas occurring during the trip or stays away from his regular place of residence shall be covered **up to the limit of 120 euros.**

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

2.3 Delays

2.3.1 Missed connections due to transport delays

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

3. Limitations of the contract

3.1 Exclusions

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

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

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

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

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

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

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

3.1.8 Expenses corresponding to the burial and funeral ceremony.

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

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

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

4. Additional provisions

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

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

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

If the insured person were entitled to a reimbursement for part of the unused ticket, when making use of the repatriation guarantee, this

reimbursement must revert to DKV Seguros.

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

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

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

For the purposes described in article 3 of the Insurance Contract Act, the policyholder recognises having received a copy of these general terms and conditions and appendices to the contract, which s/he agrees to by signing it, and expressly grants his/her approval of the limiting clauses set forth therein and, especially, of the cover exclusions established in section 5, which have been especially and separately highlighted, and whose content s/he is aware of and understands after reading it.

The policyholder

The insured person

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

A handwritten signature in black ink, consisting of a horizontal line with a large, stylized loop extending downwards and to the right, and a vertical line extending upwards and to the right, crossing the horizontal line.

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