

DKV Health

I like to take care of myself

DKV Integral
General Conditions



Take good care of yourself

Insurance Policy
DKV Integral

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Frequently asked questions and answers

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

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

In this section, we seek to give answers in a clear and simple way to some of our customers' most frequently asked questions. We hope you find it useful.

Regarding the contract

What documents comprise the insurance contract

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

What are the conditions exactly?

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

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

The general and particular conditions, your DKV MEDICARD(s)[®] and information about the medical

directory or the corresponding DKV Health Care Network, according to the modality contracted.

Please check that your personal data has been correctly copied.

What do I have to do with the documentation?

Sign the particular and general conditions, keep a copy for yourself, and send us the other signed copy.

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

If you have any doubts, contact us. We will be pleased to help you.

Do I need to request the extension of the contract?

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

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

What happens to my personal data?

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

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

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

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

DKV MEDICARD®

Can a doctor of the corresponding DKV Health Care Network, according to the modality contracted, ask me for my DKV MEDICARD® besides the authorisation of certain services?

Yes. The DKV MEDICARD® is the means by which you are identified as a customer of the corresponding DKV Health Care Network, according to the modality contracted, and you will be asked to show it.

How much do I have to pay for each visit?

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

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

Contact DKV Seguros so that we can send you a new one.

How can I contact DKV Seguros?

By telephone, calling the DKV Seguros Call Centre at 976 506 000; on the Internet, at the address: www.dkvseguros.com; or going in person to any branch of DKV Seguros.

Authorisations

What tests or services in the DKV Health Care Network need an authorisation, according to the modality contracted?

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

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

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

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

Payment

Do I pay the same every month?

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

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

The duration of the contract stipulated in the policy is annual and can be extended by calendar years, which is compatible with the monthly payment of the premium.

You can also opt for a quarterly, six-monthly, or annual payment. The instalments scheme selected does not release the policyholder from his obligation to pay the annual premium in full. In the event of the receipts being returned or left unpaid, DKV Seguros is entitled to claim the amount corresponding to the outstanding balance.

Health care

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

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

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

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

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

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

Do I need authorisation for clinical psychiatry?

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

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

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

When can I request service at home?

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

Also, the visits of a nursing assistant can be made at home if a doctor of the corresponding DKV Health Care Network, according to the modality contracted, prescribes them.

Are illnesses previous to contracting the policy covered?

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

What does the dental speciality cover?

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

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

Other dental treatment that is not covered by the policy can be provided, with a contribution from the insured person through the dental service (see "Additional services").

How many dental cleans does the policy cover a year?

Those necessary, whenever they are requested by a doctor of the corresponding DKV Health Care Network, according to the modality contracted.

Does “DKV Integral” include medications?

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

Is the epidural anesthesia for childbirth covered?

Yes, and also for any other surgery where required.

Does “DKV Integral” cover laser surgery for myopia?

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

Does “DKV Integral” include clinical psychology?

Yes. The coverage includes psychotherapy sessions on an individual basis as outpatient treatment with the prior prescription from a psychiatrist or paediatrician

of the corresponding DKV Health Care Network, according to the modality contracted, given by an associated psychologist and with the authorisation of DKV Seguros.

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

- > Psychiatric illnesses: depression, schizophrenia and psychotic disorders
- > Behavioural disorders: neurosis, anxiety, personality and obsessive compulsions
- > Eating disorders: anorexia and bulimia
- > In situations of school bullying, or gender or family-based violence
- > Sleep disorders: enuresis, insomnia, somnambulism and night fears

- > Adjustment Disorders: work-related and post-traumatic stress, bereavement, divorce, adolescence, post-vacation syndrome, etc.
- > Learning disorders: hyperactivity and school failure.

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

And family planning?

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

In these last two cases a grace period of six months is established due to being surgical procedures.

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

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

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

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

Is health care included while I'm abroad?

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

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

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

Hospital admissions

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

The admission should be requested by the corresponding doctor of the DKV Health Care Network, according to the modality contracted, and should be authorised beforehand by DKV Seguros (please refer to the section 'AUTHORISATIONS' of 'Frequently asked questions and answers').

To do so, the written application of a doctor stating the motive for admission is required.

In the event of an emergency, what should I do if there is no associated hospital in the area?

You can go to any hospital, but you must inform DKV Seguros in the 72 hours following admission. As long as there is no medical reason for not doing so, DKV Seguros may provide the hospital care in an associated hospital, providing the appropriate transfer means.

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

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

Suggestions and complaints

How can I make a complaint or suggestion?

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

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

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

Healthy Living Plan: “Vive la Salud”

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

a) The objectives of this project are:

- > Acquiring healthy life styles
- > Consolidating the appropriate habits that they have already established
- > Educating about the prevention of risk factors related to illnesses
- > Teaching them to recognise the early symptoms of each illness and the necessary action for each case
- > Having personalised medical advice: defining a personalised healthy-living plan with specific health objectives and continued support aimed at achieving them

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

These objectives are achieved with the following available tools:

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

b) The following programmes will be gradually included:

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

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

3. Pregnancy and healthy childbirth.

The programme aims to provide all insured adult customers of DKV Seguros who are pregnant with information and specific advice regarding different aspects related to the pregnancy, birth and postnatal care.

The purpose of this programme is to improve their knowledge, attitude and behaviour and to have a positive influence on the development and the results of the pregnancy, birth and postnatal care, as well as the newborn's care.

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

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

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

7. Breast cancer prevention.

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

8. Prostate cancer prevention.

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

9. Cervical cancer prevention.

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

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

This programme has been designed for the general public and, especially, for those over 50 years of age with a family history of colon cancer. It offers you, through online tools, the chance to assess the risk factors and helps you to avoid them. In addition it offers a team of professional experts in prevention and healthy habits to give you longterm, personal advice.

11. Stroke prevention. A stroke is at present the second most common cause of death in Spain after heart disease.

It is defined as the sudden appearance of an alteration in brain activity of a vascular origin, either haemorrhagic or ischemic, and that exceeds 24 hours.

This programme for preventing a stroke is aimed at adults and, especially, at those with risk factors or a history of cardiovascular illness (diabetes, hypertension, hypercholesterolemia or obesity), offering, through online tools, the chance to assess risk factors and a team of professional experts who will help you to acquire healthy habits through a long-term, personal programme.

12. Workplace stress prevention.

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

c) Access:

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

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

DKV Health and Well-being Club

The contracting of the DKV Integral health insurance policy, both in its individual and its collective modalities, provides the insured person access to the digital health services and to the additional premium services of the DKV Health and Well-being Club described below, which are different to the insurance coverage.

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

1. Digital healthcare services

a) Telephone advice helplines

1.1 24-hour care DKV Seguros' insured customers have available a 24-hour telephone helpline, specialised in the coordination and activation of health care services at home, depending on the type of insurance taken out and the geographical area of residence. This helpline is staffed by medical and administrative personnel.

1.2 24-hour DKV Doctor This service provides DKV Seguros' insured customers with telephone medical advice, offering information and solving doubts regarding symptoms, diagnostic tests, health problems and medication.

1.3 24-hour paediatric medical line

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

1.4 Child obesity medical line

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

1.5 Pregnancy medical line

This service provides DKV Seguros' pregnant insured customers with

telephone medical advice given by doctors or experts specialising in Obstetrics, offering information and solving queries regarding symptoms, diagnostic tests, health problems and appropriate medication for the pregnancy stage.

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

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

1.8 Medical nutritional line This service provides DKV Seguros' insured customers with telephone dietary advice given by doctors or technicians specialising in diets and nutrition, offering information and solving queries regarding prevention

for the health and dietary control of pathologies that include diet therapy as part of the treatment prescribed by their doctor.

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

1.10 Psychoemotional helpline The insured person can receive three 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 08:00 to 21:00 on working days, and they can be accessed via appointment.

b) Free self-care tool

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

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

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

c) App with symptom checker for 24h medical care

An app to solve your doubts anytime, anywhere.

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

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

2. Advice for serious illnesses

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

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

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

3. Dental service

DKV Seguros offers its customers access to dental treatment not included in their policy at special rates when visiting associated dental clinics included in the corresponding DKV Health Care Network, according to the modality contracted.

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

4. Additional premium services

The insured person can access the **DKV Health and Well-being Club Network of Services** directly or with vouchers, always assuming the cost. This network

provides additional services related to health promotion, prevention, cosmetics, personal self-care, retraining or physical and emotional well-being, as well as a variety healthcare and family care services with discounts and/or special rates, which are well below market prices

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

- > **Direct access to the service:** the insured person consults the rates of the centres or professionals available on the website www.dkvclubdesalud.com, directly requests an appointment with them and, on arriving at the centre, identifies himself with his card or DKV Seguros customer number, which is necessary for the supplier to apply the **special DKV Health and Well-being Club rate**. Finally, the insured person pays the supplier for the service
- > **Access with a voucher:** in other cases, however, to enjoy some services of the **DKV Health and Well-being Club Network of Services** a voucher must be acquired in advance. These can be obtained by going to www.dkvclubdesalud.com, calling 976 506 010 I 902 499 150 or visiting any DKV Seguros branch directly

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

4.1 Health Promotion Services

4.1.1 Well-being Services: spas and urban spas

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

Spa: it is a thermal centre for resting and receiving treatments with mineral waters declared of public use whose therapeutic action is contrasted 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 do not stay overnight.

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

4.1.3 Nutritional dietary advice

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

4.2 Preventive services

4.2.1 Predictive genetic studies In indications not covered by the policy, access is provided through a discount voucher to studies that provide information about the risk of a specific person developing a certain genetic illness.

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

4.2.2 Quit smoking programme

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

4.2.3 Cryopreservation in a bank of umbilical cord hematopoietic stem cells

The transplantation of umbilical cord blood cells is currently a common treatment for many severe illnesses (leukaemia, lymphomas, neuroblastoma, thalassaemia, 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 children’s umbilical cord cells in a private bank for a period of 20 years (with the possibility of an extension).

4.2.4 Biomechanical study of walking

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

4.3 Medical cosmetic or aesthetic services

4.3.1 Refractive laser surgery for myopia, hypermetropia and astigmatism

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

4.3.2 Surgery for presbyopia

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

4.3.3 Medicine and aesthetic surgery

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

4.4 Complementary health services

4.4.1 Assisted reproduction treatment

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

4.4.2 Alternative therapies DKV

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

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

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

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

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

4.5. Personal self-help services

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

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

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

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

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

4.6 Rehabilitation services

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

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

4.6.2 Home therapy for sleep apnea syndrome

This service facilitates the purchase of home ventilation devices, at highly attractive rates with a discount voucher,

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

4.6.3 Programme for rehabilitation of the pelvic floor

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

4.7 Residential services and family assistance services

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

A professional will accompany you during your hospitalisation and take care of you while required.

4.7.2 Postpartum home services

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

4.7.3 Home care services

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

a) Personal Care:

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

b) Care of the home:

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

4.7.4 Fixed and portable teleassistance service

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

4.7.5 Home adaptation service

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

4.7.6 Network of retirement homes for senior citizens

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

4.7.7 Assisted flats system

They 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 flats service offers permanent protection, medical care, nursing, podiatry and physiotherapy.

5. Call centre

Consultations, information and authorisations

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

General conditions

1. Preliminary clause

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

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

The contract consists of the following documents:

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

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

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

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

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

The customer may select the means and address through which to receive the reply. The complaint will be answered in writing within two months.

The Regulations of DKV Seguros Customers' Attention Service are available from DKV Seguros' offices.

Once this two month term has elapsed and if you are not fully satisfied with the proposed solution, you may visit the Commissioner for the Defence of Customers of Financial Services, situated at Pº. de la Castellana 44, 28046 Madrid, where on showing the previous procedure made to DKV Seguros he will be able to make an official appeal.

Without the aforementioned steps being affected, you may also make a legal claim before the corresponding 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 closest birthday (past or future) to the effective date, or the date of extending the policy.

Angiogenesis inhibitor

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

B

Biological or synthetic material

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

Biomaterial

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

C

Cardiac rehabilitation

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

Clinical psychology

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

Clinical psychologist

Graduate in Psychology who specialises in Clinical Psychology.

Collective insurance modality

For the purpose of contracting, it is considered that the insurance policy is of a collective modality when it includes a minimum of ten insured persons linked by a relationship other than the interest of insuring, when it fulfils the legal conditions for insuring and when the coverage is made by means of obligatory (closed collective) or voluntary (open or co-financed collectives) adherence to certain contracting conditions and/or a single contract previously agreed with DKV Seguros and the contracting collective.

Complete medical care

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

Congenital abnormality, defect, illness, or injury

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

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

Contribution

The preset amount for each medical act that the policyholder or insured person accepts for the use of the corresponding DKV Health Care Network, according to the modality contracted, and which is stipulated in the "Table of groups of medical acts and contributions" of the Particular and/or Special Conditions of the policy.

Cost-efficiency analysis

It allows comparing costs of one or more health interventions in monetary terms and their consequences in qualityadjusted life years (QALY), in order to measure the health outcome.

Cytostatic

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

D

DKV Health Care network

The list of professionals and hospitals associated to DKV Seguros throughout Spain, adapted for each modality of the policy contracted.

E

Enzymatic and /or molecular inhibitors

Biologically directed pharmaceuticals that act on a therapeutic, intra or extra cellular target, inhibiting the generation and transmission of signals for cellular growth. This therapeutic subgroup includes different levels of enzymatic transcription inhibitors (e.g. inhibitors of protein kinase, of tyrosine kinase, of proteasomes, etc.).

Exclusion period

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

External means

Doctors and centres not included in the corresponding DKV Health Care Network, according to the modality contracted.

Extra premium

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

G

Genetic therapy

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

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

Grace period

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

H

Heliocoidal radiation therapy or tomotherapy

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

It is also called helical tomotherapy.

High medical technology

Refers to the new applications of electronics, computer science, robotics and bioengineering in the field of medicine, especially in diagnosis technologies and medical treatment.

These techniques are characterised by a high investment cost, the need for specialised personnel, and are subject to reports from the health technologies assessment agencies (AETS) to verify whether their security and effectiveness in the different indications are sufficiently strong to replace the existing technology.

Hospital care

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

Hospital care for social or family reasons

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

Hospital or clinic

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

I

Illness or injury

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 physician in the place where he provides his services.

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 aesthetic purpose, intended to remain there after this surgery.

Immunotherapy or biological therapy

Immunotherapy or biological therapy (also sometimes called biotherapy or biological answer modifier therapy) is based on modifying, stimulating or restoring the capacity of the immune system to fight against cancer, infections and other illnesses. It is also used to diminish certain secondary effects that some oncological treatments can cause.

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

Individual insurance modality

For the purpose of contracting, it is considered that the insurance policy is of an individual modality when it includes a minimum of one insured person and a maximum of nine linked by a relationship other than the interest of insuring, commonly first degree relatives (the holder, spouse or common law partner, and their

non-emancipated children under 30 cohabiting in the same family residence), and when the coverage in any case is carried out by means of obligatory (closed collective) or voluntary (open or co-financed collectives) adherence to certain contracting conditions and/or a single contract previously agreed with DKV Seguros and the contracting collective.

Insurance application

The questionnaire made available by DKV Seguros in which the policyholder describes the risk he wishes to insure with all the circumstances that he is aware of and which may influence the evaluation of the said risk.

Insurance application or preliminary information document

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

Insured person

The individual who receives the health care.

Insurer

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

Intensity modulated radiation therapy (IMRT)

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

L**Life threatening emergency**

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

Limiting clause

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

M**Major outpatient surgery**

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

Medical and surgical fees

Professional fees corresponding to surgery and/or a stay in hospital. Includes the fees of the surgeon, assistants, anaesthetists, midwife, and those of any other staff who were strictly necessary for the surgery or treatment given.

Medical or surgical hospital care

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

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

Minor outpatient surgery

Health care processes that require surgical procedures or other simple interventions that are carried out in consultations, on superficial tissue and that generally require local anaesthetic. The techniques most used are surgical exeresis and cryotherapy.

N

Neonatal care

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

N.I.C.E clinical guides.

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

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.

O

Orthopaedic material

Anatomical piece or element of any kind used to prevent or correct body abnormalities.

Orthopaedic material and arch supports

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

Osteosynthetic material

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

Outpatient health care

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

This concept does not include major outpatient surgery.

Own means

Doctors and centres included in the corresponding DKV Health Care Network, according to the modality contracted.

P

Pain unit

Medical service specialised in the treatment of chronic pain.

Physician

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

Policy

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

Policyholder

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

Pre-existence

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

Pre-existing health condition

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

Premature or preterm childbirth

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

Premium

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

Psychotherapy

Method of treatment for a person suffering a psychic conflict, with the indication or prescription of a psychiatrist.

Q

Questionnaire or health declaration

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

R

Radical or oncologic surgery

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

Regenerative medicine

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

Rehabilitation

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

Robotic or computer assisted surgery

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

S

Special care unit

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

Surgical operation

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

Surgical prostheses

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

T

Traffic accident

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

3. Modality and extension of the insurance policy

3.1 Object of the insurance policy

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

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

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

2. They are expressly included in Section 4 “Description of the coverage” of the General Conditions. With each renewal of the policy, DKV Seguros will explain the techniques and treatment that will form part of the new coverage of the policy for the subsequent period.

3.2 Modality of the insurance policy

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

This insurance is based on the free selection of doctors and medical centres among those detailed in the DKV Network of Healthcare Services, which covers the whole national territory and varies according to the insurance modality contracted.

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

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

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

The modality of the insurance policy and defined coverage vary depending on the type of subscription taken out by the insured person. There are two modalities for the effects of contracting, the individual insurance modality with access to some exclusive coverage of this modality (see Appendix II) and the collective insurance modality without access to the same.

The payment of a contribution from the insured person towards some services is included in the regulations.

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

3.3 Access to coverage

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

In the corresponding DKV Health Care Network, according to the modality contracted, the insured person pays a quantity for each act given (see section “Frequently asked questions and answers”, DKV MEDICARD®).

The services covered by the policy may have free access or require previous authorisation from DKV Seguros. Generally, primary care, a medical-surgical specialist and emergency consultations, as well as basic diagnosis tests, have free access.

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

To identify yourself as a DKV insured customer to any doctor or centre of the corresponding DKV Health Care Network, according to the modality contracted, just present the DKV MEDICARD®.

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

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

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

Despite that mentioned in the previous paragraphs, in emergency cases the order given by a doctor of the corresponding DKV Health Care Network, according to the modality contracted, will be sufficient, provided that the insured person, or person acting on his behalf, notifies DKV Seguros of the event in writing to obtain their confirmation and authorisation within 72 hours following admission, or after receiving health care.

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

The authorisations can be requested by telephone, from the Call Centre, by calling 976 506 000, through the web www.dkvseguros.com or in any of the DKV Seguros branches.

3.4 Care via means other than the DKV Health Care Network

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

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

In cases of life threatening emergency, the concept of which is defined in this document, and with the express authorisation of the company, DKV

Seguros will cover the health care expenses arising in centres outside of the corresponding DKV Health Care Network, according to the modality contracted.

The insured person must notify DKV Seguros in a demonstrable way, by any means, within 72 hours after admission or beginning to receive health care.

Provided that his clinical situation allows it, the patient will be transferred to one of the centres in the corresponding DKV Health Care Network, according to the modality contracted.

For care abroad, the policy includes travel assistance coverage, which you can access by telephoning +34 91 379 04 34.

3.5 Subrogation clause or surrender of rights

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

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

4. Description of the coverage

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

4.1 Primary care

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

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

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

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

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

Transport with incubators is included.

The written authorisation of an associated doctor in the corresponding DKV Health Care Network, according to the modality contracted, together with a report indicating the need for assisted transfer, will be required in all cases.

4.2 Emergency care

Permanent Emergency service:

To obtain health care in emergency cases you should go to any centre offering this service that appears in the corresponding DKV Health Care Network, according to the modality contracted.

In the case of going to a centre not in the corresponding DKV Health Care Network, according to the modality contracted, for a life threatening emergency the insured person, or person acting on his behalf, should notify DKV Seguros in a demonstrable way within 72 hours following admission.

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

4.3 Medical and surgical specialities

Allergy & immunology treatment: the vaccines will be borne by the insured person.

Anaesthesiology-resuscitation: includes epidural anaesthesia.

Angiology and cardiovascular surgery.

Brain surgery.

Cardiology-circulatory system:

Includes cardiac rehabilitation after an acute myocardial infarction.

Cardiovascular surgery.

Dermatology (medical & surgical):

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

Digestive apparatus.

Endocrinology and nutrition.

General and gastrointestinal surgery:

includes bariatric surgery for a body mass index of 40 or over (morbid obesity), in national associated centres.

Geriatrics.

Gynaecology: includes diagnosis and treatment of women’s illnesses. Coverage includes a yearly gynaecological check-up, family planning, the use of surgical lasers (CO₂, Erbium and diode) and fertility and sterility tests.

Assisted reproduction treatment is at the customer’s expense (see Additional services).

Haematology & haemotherapy.

Internal medicine.

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

Nephrology.

Neonatology.

Neurology.

Nuclear medicine.

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

It also covers the non-invasive test of foetal lung maturity during the last trimester of the pregnancy, in replacement of amniocentesis, to detect and prevent neonatal respiratory distress, when there is a high risk of premature birth or an elective

Caesarean section is considered due to pregnancy complications, before week 37 of gestation.

Odontostomatology.

Includes consultations, extractions and stomatological cures, dental cleans and associated X-rays.

Also, until 14 years of age coverage, includes fissure sealers and obturations (fillings).

Other dental care requires the customer’s participation in the expense through the Dental Service (see Additional services).

Oncology.

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

Ophthalmology.

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

Orthopaedic surgery.

Includes arthroscopic surgery, percutaneous nucleotomy and chemonucleolysis.

Oral and maxillofacial surgery.

Otorhinolaryngology.

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

Paediatric surgery.

Peripheral vascular surgery.

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

Plastic and repair surgery.

Surgery to repair injuries using plasties and grafts.

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

1. In the case of oncoplastic breast reconstruction after radical surgery, and if required, during the same operation the reconstruction of the healthy contralateral breast (maximum limit of one year after the oncology surgery).

Includes the breast prosthesis, skin expanders and coated breast meshes.

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

Pneumology-respiratory tract.

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

Proctology.

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

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 suitably prepared centre.

A suitably prepared centre, or specific rehabilitation centre, is one that is duly licensed to carry out such health

care activity and is registered in the Autonomous Community's Health Care Register of Centres, Services and Establishments.

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 and encephalitis, traumatic brain injury from accidents covered by insurance, brain tumour surgery, and radiosurgery to remove brain tumours.**

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

Rheumatology.

Thoracic surgery.

Includes sympatectomy by hyperhydrosis (treatment for excessive sweating).

Urology.

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

4.4 Diagnostic aids

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

Clinical, anatomopathological and smear tests.

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

Endoscopic capsule: included in the diagnosis of haemorrhage and/or intestinal bleeding of unknown or hidden origin.

Endoscopic examinations: digestive, diagnostic and/or therapeutic.

Fibrobroncoscopic: diagnostic and/or therapeutic.

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

It also includes multislice coronary tomography (tc 64 MSCT) and cardiac spectography (cardiac spect) after an acute heart attack and post-operative heart pathologies.

Neurophysiology: electroencephalograms, electromiograms, etc.

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

Interventional or invasive vascular and visceral radiology.

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

High diagnostic technology: in the corresponding DKV health care network, depending on the modality that you have contracted, provided in reference centres throughout the country.

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

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

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

d) Tomography by emission of positrons (PET) either solely or combined with computerised tomography (PET-CT) **in cancer-related processes and in other clinical indications included in the technical data sheet of the**

radiopharmaceutical fludeoxyglucose (18F) usually employed, provided that they are authorised by the Spanish Agency for Medicines and Medical Devices (AEMPS).

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

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

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

4.5 Therapeutic methods

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

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

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

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

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

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

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

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

1. Stereotactic body radiation therapy (intracranial): Rhinopharynx tumours and tumours near nerve structures.

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

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

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

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

Chronic disorders are expressly excluded.

Chiroprody: chiroprody treatment.

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

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

Extraction, transport and conservation of the organ for the operation are not included, except for the cornea, which is fully covered.

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

Blood and plasma transfusions: in hospitals.

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: will be carried out by Physiotherapy graduates in a suitable or specific centre for rehabilitation that fulfils the requirements established in the 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")**.

Laser therapy and magnetotherapy: as rehabilitation techniques.

Renal and vesicular extracorporeal shock wave lithotripsy (ESWL).

Muscle-skeletal lithotripsy (maximum of five sessions per insured person and calendar year): in the DKV Network of Healthcare Services, associated centres of national reference for pseudoarthrosis, osteonecrosis and chronic insertion tendinitis (over 3 months) of the shoulder, elbow, knee, heel and sole of the foot, when the medical and/or rehabilitative treatment has failed.

High therapeutic technology: through the corresponding DKV Health Care Network, according to the modality taken out. Available in national reference centres.

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

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

- > Ventricular or atrial arrhythmias associated with congenital heart disease
- > Complex atrial fibrillation without structural heart disease, when at least two previous ablation treatments guided by conventional radiographic systems have failed

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

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

d) Intraoperative neurophysiological monitoring (IONM) of the nervous system in intracranial surgery and spinal fusion surgery or three-level (or more) arthrodesis: monitoring system that improves the patients' surgical safety and simplifies the work of neurosurgeons. Its coverage requires a practitioner's written prescription.

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

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

Speech therapy and speech pathology.

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

Speech re-education therapy.

Speech therapy is included for speech (articulation, fluidity and oral dysphagia) and language disorders in children (receptive and expressive), up to a maximum of 10 sessions/insured person, and for rehabilitation of the alteration or loss in adults (aphasia) as

a result of an acute cerebrovascular accident (stroke), up to a maximum of 20 sessions/insured person/year.

Oncology chemotherapy.

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

With reference to medication, DKV Seguros will only cover expenses for **specific cytostatic pharmaceutical products** that are sold on the domestic market and which are duly authorised by the Ministry of Health, as detailed in "Cytostatic" in section 2 of Basic Concepts-Definitions, as well as the **intravenous BCG (Bacillus Calmette-Guérin) drip feeds and palliative medications** without antitumoral effect that are administered in a simultaneous way in the same treatment session together with cytostatic medications, to avoid their adverse or side effects and/or to control the symptoms of the illness.

4.6 Hospital care

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

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

In addition, the following is specifically included:

- > Oncology treatment: radiotherapy, brachytherapy and chemotherapy
- > Therapy with platelet-rich plasma or platelet-rich growth factor: in joint replacement surgery and in the surgical treatment of non-consolidated fractures
- > OSNA technique or method: intra operative molecular diagnosis of the sentinel node for breast cancer at an early stage, without lymphatic extension
- > Renal and vesicular and muscle-skeletal lithotripsy
- > Dialysis and haemodialysis

- > Surgery of Groups II to VIII of the OMC carried out exclusively in a hospital centre
- > Major outpatient surgery
- > Interventional or invasive vascular and visceral radiology
- > Family planning methods: tubal ligation and vasectomy
- > Intracranial stereotactic radio neurosurgery
- > Arthroscopic surgery
- > Turbinate surgery or turbinoplasty and adenotomyplasty by radiofrequency
- > 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 hiperplasia
- > 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 an individual room with toilet and bed for a companion (except for psychiatric hospital care, in ICU and incubator), the patient's maintenance, general nursing expenses, special care unit, complementary means of diagnosis, treatments, material, surgical expenses and delivery room, anaesthetic products and medications and implants of biological medication and/or medicalised biomaterials for therapeutic purposes specified in section 4.7 "Surgical prostheses" of the general conditions. **The therapies in section 5.r "Excluded coverage" and the biological medication and/or medicalised biomaterials not specified in section 4.7 are expressly excluded.**

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

1. Medical hospital care (without surgical intervention).

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

2. Surgical hospital care. Includes the surgical specialities for the treatment of pathologies that require it, pre-operative or pre-

anaesthetic study (consultation, analysis and electrocardiogram), immediate post operative visits and treatment (up to 2 months after surgery), major outpatient surgery and, if required, prosthesis.

- 3. Obstetric hospital care.** Includes treatment given by gynaecological obstetrician and/or midwife during pregnancy and birth, as well as a cot and/or incubator for the new born baby during admission, up to a maximum of 28 days.
- 4. Paediatric hospital care.** For under 14 years of age. Includes care given by paediatrician both in conventional hospital care and in the incubator.
- 5. Psychiatric hospital care.** Includes care given by a psychiatrist. Only covered in the event of acute outbreaks. The stay is limited to a maximum period of 60 days per natural year.
- 6. Hospitalisation in Intensive care Unit (UCI).** Includes the care given by a specialist in intensive care.
- 7. Hospital care for Dialysis and artificial kidney.** Includes the care given by an internist or nephrologist for the treatment of acute renal inadequacies.

4.7 Complementary coverage

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

1. Infant health program.

Includes:

- > Exercise classes and psychoprophylactic preparation for birth, with practical and theoretical classes in child care, and preventive rehabilitation of the pelvic floor after childbirth, in the corresponding authorised centres belonging to the “DKV Network of Healthcare Services”, **up to a maximum of three sessions per childbirth**
- > Check-up of the new born baby, including metabolic screening tests (phenylketonuria and primary congenital hypothyroidism), otoacoustic emissions (OAE) or neonatal auditory screening for the early detection of hypoacusis, visual acuity test and neonatal ultrasound
- > The child vaccination programme which is compulsory in Spain, in associated centres, provided that it is authorised by the Autonomous Communities
- > Health control at key stages during the child’s development in the first four years

2. Programme for the early detection of diabetes.

It includes:

- > **Starting at the age of 45**, this includes a basal plasma glucose test every 4 years.
- > **For people with a high risk of diabetes:** If there is a family history of first-degree relatives with diabetes, metabolic syndrome or an altered basal glycaemia (ABG 110-125 mg/dl), the test is conducted every year. If an altered basal glycaemia (ABG) is confirmed, it is necessary to conduct a glycosylated haemoglobin test (HbA1c) or an oral glucose tolerance test.
- > **If prediabetes is diagnosed** due to a basal glycaemia between than 110-125 mg/dl and the glycosylated haemoglobin is below 6.5%, a clinical follow-up shall be carried out on both.
- > Lastly, **if diabetes is diagnosed** due to an 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 3 years.
- > When there is a family history of glaucoma, an annual control 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 the early detection of gynaecological cancer in women.

It includes:

- > Periodic examinations for the early diagnosis of tumours in the breast and uterine neck
- > Annual gynaecological check-up, which includes check-up consultation, colposcopy, cytology, gynaecological ultrasound scan, and mammography according to commonly accepted protocol

- > HPV TEST (DNA-HPV) to detect a Human papillomavirus (HPV) infection in women with cervical-vaginal cytology (Bethesda Classification) and after conization, and to identify and treat cervical lesions with a high risk of developing a cervical carcinoma at an early stage

5. Coronary risk prevention programme.

It includes:

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

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-up 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 in 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.

Starting in infancy for 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 appropriate dental hygiene
- > External fluorisation
- > Fissure sealers and obturations (fillings) up to the age of 14
- > Tartrectomies or dental cleans, as required

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

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

- > Psychiatric illness: Depression, Schizophrenia and Psychotic Disorders
- > Behavioural disorders: Neurosis, Anxiety, Personality and Obsessive Compulsions
- > Eating disorders: Anorexia and Bulimia
- > In situations of school bullying, or gender or family-based violence

- > Sleep disorders: Enuresis, Insomnia, Somnambulism, Night Fears
- > Adjustment disorders: work-related and post-traumatic stress, Bereavement, Divorce, Adolescence, post-vacation Syndrome, etc
- > Learning disorders: Hyperactivity and school failure

Family planning. Includes the following services:

- > IUD implant. **The cost of the intrauterine device is at the insured person's expense**
- > Tubal ligation
- > Vasectomy

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

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

- > Sealants, biological glues or bioglues in oncologic surgery
- > Antiadhesive or non-stick barrier gel in back surgery and in reoperations of other specialties
- > Substitutes of bone grafts: cements and regenerative demineralised bone matrix in back and joint surgery (hip, knee and foot)
- > Biological plasties. Biomatrix or resorbable mesh in substitution of the dura in intracranial surgery or spinal tumour, and the pericardium in heart surgery
- > Joint anchors: Includes highly resistant biomaterials (PPLA AND PEEK) for ligament fixation in major joints (shoulder, knee, hip, elbow and ankle) in minimally invasive arthroscopic surgery of extremities

Also includes osteosynthesis material, surgical meshes for the repair of defects of the abdominal wall, tension-free suburethral bands and mesh for containing the pelvic floor and

prolapse of the pelvic organs, valves for hydrocephalus, external extra-skeletal braces, neutral monofocal intraocular lens (without added visual correction) in the cataract, testicular prosthesis for orchidectomy after oncological process or an accident, skin expander, breast prosthesis and mesh covering only in reconstruction after radical surgery.

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

Daily compensation for hospitalisation. DKV Seguros provides a compensation of 80 euros per day, after the third day of hospital admission, up to a maximum of 2,400 euros per insured person, per year, provided that the two following requirements are met:

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

Healthcare assistance for HIV/AIDS (acquired immune deficiency syndrome) and for illnesses caused by the human immunodeficiency virus (HIV) are included: with an exclusion period of 12 months, it covers the expenses arising from the insured person’s treatment **up to a total maximum limit of 6,000 euros/insured person during the term of the policy and/or lifetime of the insured person, including the limits and exclusions established for healthcare compensation in the different applicable sections of the general terms and conditions** (sections 2, 3, 4, 5 and 6).

4.8 Exclusive coverage

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

1. Refund of health care expenses abroad for severe illnesses.
2. Refund of expenses for family care and/or dependency, in the event of being awarded Dependency level 3 due to an accident.
3. **Reimbursement of expenses for the annual maintenance of the umbilical cord in a haematopoietic stem cell bank for the first six years, provided that the franchised service for**

extracting and cryopreserving the cord was **contracted through the supplier associated with the DKV Health and Well-being Club, the pregnancy was covered by the insurance and the child whose organ is preserved was included in the policy since birth.**

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

4.9 Optional coverage

Only the contracting of “DKV Integral” for full medical care in its individual modality grants the insured person access to the following optional coverage:

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

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

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

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

4.10 Travel assistance

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

5. Excluded coverage

The following is excluded from the general coverage:

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

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

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

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

d) Illnesses or injuries 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 whitewater activities and in any other risk conditions, bungee jumping, canyoning, including training activities and other manifestly dangerous practice.

e) Health care for the treatment of chronic alcoholism and/or the addiction to drugs of any type, as well as their complications and

consequences; and health care for injuries due to intoxication, aggression, fighting, attempted suicide or self injury, as well as for illnesses or accidents due to the deceit, negligence or lack of care by 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. Treatment of varicose veins for aesthetic purposes, outpatient or inpatient slimming cures and skincare treatments in general, including hair treatments. The surgical correction of the nearsightedness, astigmatism, farsightedness and presbicia, as well as orthokeratology and cosmetic dentistry, are also excluded. The consequences and complications arising from all the exclusions included in this section are also excluded.

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

indications not detailed in section 4.5, and other similar services, as well as orthoptics and medical specialities not officially recognised.

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

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

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

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

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

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

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

k) Preventive medicine and general preventive medical check-ups or examinations, the cost of vaccinations and the supply of extractos in allergic processes, except as specified in the specific prevention programmes included in section 4.7 “Complementary coverage” of the general conditions.

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

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

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

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

o) Travel required to attend medical consultations, diagnostic tests and any type of outpatient treatment. Analyses or explorations that are required to issue certifications

or reports and the release of any kind of document has no clear healthcare-related function.

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

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

q) Speech therapy and speech pathology for the recovery from speech, phonation and language disorders caused by congenital anatomical or neurological and psychomotor alterations of diverse origin, except for the indications specified in section 4.5 "Therapeutic methods" ("Speech re-education therapy" section).

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

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

s) Hyperbaric chambers, dialysis and haemodialysis: the treatment of chronic disorders will be excluded.

t) Healthcare for viral hemorrhagic fevers, as well as its complications and consequences. Healthcare expenses derived from HIV/AIDS and illnesses caused by the virus, when they exceed the maximum quantity guaranteed in section 4.7 "Complementary coverage" of the general conditions.

u) Robotic surgery, image-guided, computer-aided or virtual- navigator-assisted surgery (except for neuro-navigators, prostate biopsy with multi-parametric magnetic resonance imaging and the Carto system in the indications included in section 4.5), and treatments that use laser, which are covered only in the specialities and indications specified in section 4. "Description of the coverage".

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

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

x) Pharmaceutical products, medications and additional curing aids of any kind, except for those that are administered to the insured person during his admission to hospital (minimum 24 hours). In any event, biological medications or biomaterials not specified in section 4.7 "Surgical prostheses" and the therapies in section 5. r of "Excluded Coverage" are also expressly excluded, although they may be given during a stay in hospital. Oncological chemotherapy only covers expenses for specific cytostatic pharmaceutical products that are detailed in "Cytostatic" in section 2 of "Basic Concepts- Definitions".

Expressly excluded from this concept are anti-tumour immunotherapy, monoclonal antibodies, genetic therapy, endocrinal and hormonal therapy, enzymatic and/or molecular inhibitors, anti-angiogenic pharmaceuticals and sensitizers used in photodynamic and radiation therapy.

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

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

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

6. Grace periods

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

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

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

7. Basis of the contract

7.1 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 conditions.

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

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

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

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

In addition, the policyholder may oppose the renewal of a policy with an advance period of at least one month before the due date, provided that he notifies DKV in a demonstrable 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 will be automatically continued, with the

exception of the cases of non-fulfilment of obligations on the part of the insured person, as well as the existence of inaccuracy, deceit or fault in the answers contained in the Insurance Application questionnaire.

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

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

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

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

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

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

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

d) Facilitate the surrender of his rights or subrogation to DKV Seguros according to section 3.5.

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

7.3 Other obligations of DKV Seguros

Besides providing the health care contracted according to the modality described in the policy, DKV Seguros

will provide the policyholder with a copy of the policy.

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

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

7.4 Payment of premiums

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

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

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

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

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

In any event, and unless otherwise stated in the Particular Conditions, if the premium has not been paid before the claim takes place, DKV Seguros will be released from its obligation.

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

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

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

DKV Seguros will assume the premium corresponding to the period during

which there was no coverage due to lack of payment.

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

DKV Seguros shall only be bounded by the receipts issued by DKV Seguros. Unless otherwise stated in the Particular Conditions, the place of payment of the premium will be the one that appears in the standing order issued by the bank.

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

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

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

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

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

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

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

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

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

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

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

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

The policyholder will be able to choose between extending the insurance contract or cancelling it on the expiry date of the current period when he receives the notification from DKV Seguros regarding the increase in the premium for the following annuity. In this last case, the policyholder will notify DKV Seguros in writing of his decision to conclude the contractual relationship.

7.5 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 does not respond truthfully to it or any clarification sought thereof, either concealing relevant circumstances or not exercising due diligence when providing the requested information (article 10 of the Insurance Contract Act).

7.6 Suspension and termination of the insurance contract

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

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

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

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

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

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

7.7 Communications

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

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

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

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

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

7.8 Special health risks

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

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

7.9 Taxes and surcharges

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

Appendix I: Travel Assistance

1. Preliminary provisions

1.1 Insured person

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

1.2 Territorial scope of the insurance

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

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

1.4 Validity

To be able to benefit from the guaranteed services, the insured person must have his usual residence

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

2. Description of the coverage

2.1 Medical guarantees

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 his trip, up to a limit of EUR 20,000.

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 EUR 300.**

2.1.3 Prolonged hotel stay abroad

If the insured person is ill or injured abroad and 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 EUR 80 per day and with a maximum of EUR 800.**

2.1.4 Repatriation or health care transfer

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

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

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

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

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

2.1.5 Repatriation of the deceased and his companions

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

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 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 remaining insured persons as described in point a) above when these are the repatriated insured person's children under 15 years of age and they do not have a relative or person of trust to accompany them on their return trip.

2.1.8 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 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 EUR 80 daily, with a maximum of ten days.**

2.1.9 Premature return home If during a trip, when the insured person was away from his 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 to return to his habitual home, wanted to return to where he was previously, DKV Seguros will arrange for a ticket to such effect.

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

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

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

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

2.1.13 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 EUR 1,500.**

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

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

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 had 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 he is planning to visit, such as entry requirements, visas, currency, economic or political conditions, population, language, the availability of health care, etc., DKV Seguros will provide this general information, which may be requested from the company by means of a call to the telephone number printed in this policy and where he may request an answer by telephone or email.

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

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

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

2.1.19 Blocking of mobile phone If the insured person notifies a loss or theft of his 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 with 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, advanced, in accordance with the current exchange control legislation.

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

2.2 Luggage

2.2.1 Administrative fees for the replacement of documents Duly justified fees incurred by the insured person due to 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 acts of god or those whose nature makes it impossible to demonstrate.

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

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

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

3.1.5 The costs of prostheses, spectacles and contact lenses, births and pregnancies except for

unforeseen complications during the first six months, and any type of mental illness.

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

3.1.7 Any medical or pharmaceutical expenses under EUR 10.

3.1.8 Expenses corresponding to the burial and funeral ceremony.

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 gross negligence.

4. Additional provisions

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

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

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

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

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

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

For the provision, by DKV Seguros, of the 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 91 379 04 34.

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

1. Preliminary provisions

1.1 Insured persons

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

1.2 Individual insurance modality

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

1.3 Duration of the insurance

The same as that of the main coverage of the health care insurance.

1.4 Validity

To be able to take advantage of the guaranteed services, the insured person should have his habitual home and residence in Spain.

2. Complementary exclusive coverage

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

2.1 Refund of health care expenses from abroad for serious illnesses

2.1.1 Territorial scope The insured person may access the medical and/or surgical treatment of any of the serious diseases listed below and included in this guarantee, in the form of reimbursement of expenses, with

the coverage and limits that are listed. To do so, it is necessary to prove it as one of these aforementioned diseases, through a medical report, with it having been previously diagnosed in Spain while the insurance policy is in effect.

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

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

2.1.2.2 Cancer: illness that manifests itself with the presence of a malign tumour characterised by its uncontrolled growth and proliferation of malign cells, the invasion of tissues including the direct extension or metastasis, or high numbers of malign cells in the lymphatic or circulatory systems as in Hodgkin’s lymphoma or

leukaemia. **In skin cancer, only the invasive melanoma is covered, other skin cancers are excluded.**

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

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

2.1.2.4 Transplant of organs: being the receiver of a cornea, heart, liver, bone marrow and kidney transplant **(the donor’s medical coverage is excluded).**

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

Also, the expenses of health care abroad for these severe illnesses are covered, but with the limits and specified coverage exclusions established in the general conditions of the policy (see section 5 “Excluded coverage” and section 6 “Grace periods”).

2.1.3 Access to the coverage: specific regulations

a) For the effects of this coverage, the claim is understood to have been made when the insured person requests the refund of the medical expenses that were produced abroad by a severe illness previously diagnosed in Spain during the validity of the insurance and covered by this guarantee and he presents the medical reports with the definitive medical diagnosis that confirms he is suffering from the same.

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

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

The insured person and his relatives should facilitate the reports and checks that DKV Seguros considers necessary. The non-fulfilment of this duty may result in the refund being rejected.

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

- > Once the refund form has been submitted together with the reports and original invoices proving the services received, DKV Seguros will refund the expenses, according to the percentage and the coverage limits indicated previously
- > The payment will be made to the designated current account. The payment carried out by this means 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 available, it will be carried out with the exchange rate corresponding to the issue date of the invoice or, else, to that of the provision of the service
- > The cost of translation of the reports, invoices or receipts of medical fees will be met by DKV Seguros exclusively if they are written in English, German, French or Portuguese

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

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

2.1.4 Delimitations of the coverage

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

- > Section 2 “Basic Concepts. Definitions”
- > Section 3 “Modality and extension of the insurance policy”
- > Section 4 “Description of the coverage”
- > Section 5 “Excluded coverage”
- > Section 6 “Grace periods”.

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

2.2.1 Object of the coverage

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

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

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

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

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

a) Personal care:

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

b) Care of the home:

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

2.2.1.2 Residential care service: Services provided in residences and day or night centres staffed by teams of highly qualified people

that guarantee complete care, such as doctors, male nurses, physiotherapists, psychologists or occupational therapists, among others. This service includes temporary and permanent stays and day centres.

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

2.2.1.3 Fixed and portable teleassistance service: Portable or permanent communication devices permanently connected to a central switchboard in case of an emergency.

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

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

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

2.2.1.5 Management and consultancy service for dependency subsidies.

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

The insured person and/or person acting on his behalf (legal guardian) may request the refund 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 Dependence 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 refund of expenses.

2.2.2 Access to the coverage:

a) Requirements to be beneficiary of the dependency coverage:

- > To be entitled to the dependency benefit in Spain and to fulfil the legal requirements to access the same
- > To be included in the health policy as an insured person at the moment of the occurrence of the accident, of the application for the refund of expenses for Dependence Grade 3, and for the payment of the benefit
- > The accident that took place is not a consequence of activities or circumstances excluded from the general coverage of the health insurance policy (section 5.a, 5.c, 5.d and 5.e of “Excluded Coverage” of the General Conditions) or specifically excluded from the dependency coverage (section 2.2.3 of this Appendix)
- > To be in a situation of Dependence Grade 3, according to the levels established in the Dependency Act 39/2006 of December 14, and the Dependency rating (Royal Order 504/2007, of April 20) currently valid in Spain

- > The resolution, dated and signed, with the qualification or recognition of the situation of Dependence Grade 3 granted by the competent administrative body of the “System for Personal Autonomy and Care of Dependent Adults” of the Autonomous Region, which specifies the causes and the circumstances of the situation of dependency

b) Documentation required for the recognition of the benefit

To be a beneficiary of the dependence refund, the insured person must present the whole granting of dependence procedure contributing 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 Dependence Grade 3, from when the entitlement to the refund of the social health care is valid.

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

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

- > Once the refund form has been presented, with the reports and original invoices demonstrating the services received, DKV Seguros will reimburse the expenses paid, according to the percentage and coverage limits previously indicated
- > The payment will be made to the current account designated for such. The payment made in this way is fully valid, effective and final for DKV Seguros
- > The invoicing of expenses paid in foreign currencies by the insured person will be paid in Spain in euros according to the exchange rate on the day of the payment. If this is not given, it will be made

according to the exchange rate corresponding to the date of issue of the invoice or, else, on that of the receipt of the service

- > The cost of translation of the reports, invoices or medical fees will be met by DKV Seguros exclusively if they are written in English, German, French or Portuguese

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

2.2.3 Excluded risks of the coverage

Excluded from the coverage for dependency:

- 1. The refund of expenses for family care and/or dependency care services not detailed in Appendix II of the general conditions**
- 2. The refund of expenses for family care and/or dependency care services detailed in Appendix II of the General Conditions, when the situation of Dependence Grade 3:**

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

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

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

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

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

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

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

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

DKV offers, as a franchised service through the DKV Health and Well-being Club, **the extraction and cryopreservation of the umbilical cord.** 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.

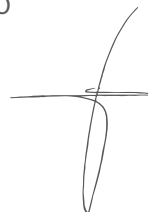
In addition, on every renewal of the insurance, DKV Seguros may change the DKV Health and Well-being Club provider that provides the service, the extraction costs it assumes, the conditions of access, the rates paid by the insured person and the maximum maintenance expense reimbursed.



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

The policyholder

The insured person

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

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

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