

**DKV MUNDICARE®
INSURANCE POLICY**

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

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

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

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We respond
to your questions

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

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

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

About the contract

What documents comprise the insurance contract?

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

What are the conditions exactly?

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

What documentation do we give you when taking out the insurance?

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

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

It will be our pleasure to help.

Do I need to notify the company in order to extend the contract?

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

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

Is there a limit to the contract's duration?

Yes, the insured person will be automatically taken out from the insurance at the end of the year in which the insured person reaches 75 years of age or when the maximum economic coverage limit established for the entire term of the contract is reached.

What happens to my personal data?

DKV Seguros is specifically authorised to apply, process and give to entities of the insurance group the policyholder's and/or insured person's personal data.

As regards the health data of the insured person, this information may be transferred to a third party when necessary for the sole purpose of managing health care benefits, health prevention and promotion plans, and any additional services covered by the insurance.

DKV Seguros is also authorised to send the policyholder and/or insured person information about health care benefits, health prevention and promotion plans, and goods or services which may be of interest to them.

The policyholder and/or insured person may contact DKV Seguros to consult this data and update, correct or cancel them in accordance with Organic Law 15/99 on the protection of personal data.

Modality and extension of the insurance policy

What is the main feature that defines DKV MundiCare®?

It is an insurance that ensures access to the best specialists and hospitals in the world (except Spain), and it covers the services and medical expenses, travel and accommodation for the treatment of certain severe illnesses. It also includes coverage for the repatriation expenses in the event of death, a compensation per day hospitalised abroad and the reimbursement of medications to continue the treatment in Spain.

When does the coverage begin?

The coverage of the treatment abroad begins after six months from contracting the policy, but you can access the rest of the contracted services from day one (second medical opinion for severe illness, DKV Health and Well-being Club, prevention plans, online will and remote medical advice).

Which severe illnesses grant the right to the provision of the medical care covered in the DKV MundiCare® insurance?

Cardiovascular diseases (coronary artery bypass and replacement of heart valves), cancer (except skin cancer), spinal tumour and intracranial neurosurgery, living donor organ transplant and neurodegenerative diseases (Parkinson's, Alzheimer's, multiple sclerosis and amyotrophic lateral sclerosis). There is detailed information in section 4. Description of the Coverage.

Are severe illnesses existing prior to the contracting of the policy covered?

No. In addition, any illnesses or medical procedures covered by the policy that are suspected, pre-existing or diagnosed for the first time or the first symptoms of which appear within six months after the effective date of the insurance of the insured person will not be covered under this insurance.

How can I access the coverage?

To access the coverage for the treatment of a disease abroad, you must request the provision of the second medical opinion service due to severe illness, which must be granted prior to receiving any treatment. The insured person can contact DKV Seguros calling 900 199 000, sending an email to dkvmundicare@dkvseguros.es or through the private customer area on our website (areadelcliente.dkvseguros.com) and provide information about the pathology.

Does the DKV MundiCare® insurance cover the travel and accommodation expenses arising in the foreign country where the treatment will be received?

Yes, DKV Seguros will directly arrange and take care of the travel and accommodation expenses covered by the insurance in the place where the treatment will be received up to the limits established in the contract, prior request from the insured person and provided that these are arranged by DKV Seguros.

The insurance also includes the arrangement and travel and accommodation expenses of the companion and the donor, in the event of a transplant.

To be entitled to the coverage, you must provide DKV Seguros with all the documentation and information required to process the booking of hotels and means of transport, as well as any modification.

What about the repatriation expenses in the event of death?

In the event of the death of the insured person, DKV Seguros will take care of the processing and preparation and transport of the body from the place of death abroad to the international airport closest to the place of burial in Spain, up to the limits included in the contract and provided that they are arranged by DKV. In the event of transplant, the repatriation expenses of the donor's body will also be included, if applicable.

Paying for the insurance

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

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

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

Other benefits and services

What other benefits does the insurance include?

Access to a second medical opinion in any severe illness, e-health services, the DKV Health and Well-being Club and the healthy living plans “Vive la Salud”. In addition, you can access the free service of executing an online will.

On which diagnosed severe illnesses can a second opinion be requested?

The DKV MundiCare® insured person can request a second medical opinion for any severe illness, but he can only access the health care abroad covered by the policy if he is diagnosed any of the severe illnesses included in the insurance coverage.

Where can I request the second medical opinion service for severe illnesses?

In your private customer area (areadelcliente.dkvseguros.com), prior registration; calling 900 199 000; or sending an email to dkvmundicare@dkvseguros.es. After receiving your request by any of these channels, DKV Seguros will identify your case as of second medical opinion covered by the insurance policy and it will send you a specific form that you should send completed, together with the available medical reports on your illness.

What is the DKV Health and Well-being Club?

The DKV MundiCare® insured person can access the different prevention services, such as medical check-ups, health promotion, aesthetics, personal self-care, and physical and emotional well-being, included in the “DKV Health and Well-being Club Network of Services” arranged by the company, by paying an excess, by acquiring a discount voucher or at a special rate. In addition, the insured person will regularly receive health-related information of interest.

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 accessing diverse specific programmes for promoting health and preventing illnesses that will be incorporated gradually.

Which e-Health services am I entitled to?

The DKV MundiCare® insured person can access the telephone medical advice directly through different specialised medical lines and request a second medical opinion in the event of a severe illness.

In addition, he can access the free service of executing an online will.

Suggestions and complaints

What do you need to do to submit a suggestion or complaint?

You can submit it in writing to any of our branches or to the Customer Defence service. For this purpose, you can write to the registered office of DKV Seguros:

Torre DKV, Avenida María Zambrano 31 (50018 Zaragoza) or to the following email: defensacliente@dkvseguros.es.

You can also call any of these phone numbers 902 499 499 I 913 438 596 I 934 797 539 for our Customer Services.

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

In this case, a complaint must have been forwarded beforehand to the Customer 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 persons the possibility of accessing the **Healthy Living Plan: “Vive la Salud”**, which seeks to promote activities aimed at health promotion and prevention of illness through diverse specific programmes. It is available on the Internet and with the support of the medical telephone helplines.

a) The aims of these programmes are:

- › To acquire healthy lifestyles.
- › To consolidate already-established appropriate habits.
- › To educate on the prevention of disease risk factors.
- › To teach them to recognise early symptoms of each illness and the action steps necessary in each case.
- › To have personalised medical advice: definition of a personalised health plan with concrete health goals and ongoing support for achieving them.
- › To provide efficient preventive activities.
- › To live in healthy conditions and to prevent complications if there is already some health problem present.

The following tools are available to achieve them:

- › Information, training and participation in events.
- › Online tools for assessment, follow-up and monitoring.
- › Remote personalised medical advice for meeting the treatment goals.

b) The following programmes will be gradually included:

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

2. **Cardiovascular prevention.**

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

3. **Healthy pregnancy and childbirth.**

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

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

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

6. Parents' school. The aim of this programme is to 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 aimed at the child growing 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 advice and recommendations about the most effective preventive activities depending on the personal characteristics of each insured person.

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

9. Cervical cancer prevention. The cervical cancer prevention programme is aimed at all women between 18 and 65 years of age who are sexually active. 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 it helps you avoid them. In addition, it offers a team of professional experts in prevention and healthy habits that will provide you with long-term, personal advice.

11. Stroke prevention. 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, 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 an upset in their family or social life or at work that is preventing them from being happy, or those who, although have not developed stress, have several risk factors.

c) Access:

Access to the above is exclusively carried out online at:
www.programas.vivelasalud.com

Further details of the above services are available by **calling any of these phone numbers:**
902 499 499 | 913 438 596 | 934 797 539.

DKV Health and Well-being Club

The contracting of the DKV MundiCare® health insurance policy, both in its individual and its collective modalities, provides the insured person access to the additional 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 available on the website www.dkvclubdesalud.com or by phoning 902 499 150.

1. E-Health services

Remote medical advice: by phoning 902 499 799

1.1 24-hour DKV Doctor

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

1.2 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 or health problems of insured persons under 14 years of age.

1.3 Child obesity medical line

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

1.4 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 or appropriate medication for the pregnancy stage.

1.5 Women's medical line

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

1.6 Sports medical line

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

1.7 Medical nutritional line

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

1.8 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.

1.9 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 08:00 to 21:00 from Monday to Friday, and accessed via appointment.

Advice for severe illness

1.10 Second medical opinion

By means of this new service, in the event of severe illness the insured person or his practitioner will have remote access to the advice and second opinion from world-renowned specialists.

These experts will study the medical records and offer their opinion regarding the diagnosis and possible alternative treatment, issuing a second opinion report that will be made available at your private customer area or that will be sent to your email or physical address through ordinary mail if requested.

The second medical opinion can be requested in the event of prognosis of severe or irreversible illness, incurable illnesses, illnesses that affect the quality of life in a significant way or when the suggested medical treatment for the diagnosed illness entails a high risk for the life or health of the insured person.

To request and activate the medical advice service for severe illnesses, you can call 900 199 000, send us an email to dkvmundicare@dkvseguros.es or contact us directly via the private customer area of DKV Seguros at areadelcliente.dkvseguros.com, after registering.

2. Complementary additional services

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

Therefore, 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 ways of accessing it:

> **Direct access to the service:** the insured person consults **the rates of the centres or professionals available on the website**

www.dkvclubdesalud.com, directly requests an appointment with them and, on arriving at the centre, identifies himself with his 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”, it is necessary to acquire a voucher previously. These can be obtained by entering **www.dkvclubdesalud.com**, calling **902 499 150** or at any DKV Seguros branch.

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.

2.1 Health-promotion services

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

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

2.1.2 Gyms and fitness

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

2.2 Preventive services

2.2.1 Predictive genetic studies

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

2.2.2 Programme to give up smoking

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

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

The transplantation of umbilical cord blood cells is currently a common treatment for many severe illnesses (leukaemia, lymphomas, neuroblastoma, thalassaemia, etc.). The insured persons that wish to access the service, with economically advantageous conditions, can acquire a voucher that covers the collection, transport, preliminary analyses and conservation of the children’s umbilical cord cells from the moment of birth in a private bank for a period of 20 years (with the possibility of an extension).

2.2.4 Cryopreservation of adipose tissue in a mesenchymal stem cell bank

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

2.2.5 Biomechanical gait analysis

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

2.3 Cosmetic or aesthetic medical services

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

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

2.3.2 Long-sighted surgery

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

2.3.3 Medicine and plastic surgery

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

2.4 Complementary healthcare services

2.4.1 Assisted reproduction treatment

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

2.4.2 Physical check-ups

- › **Basic medical check-up**, which includes the check-up consultation, basic blood and urine analyses, thorax X-ray and electrocardiogram.
- › **Complete cardiac check-up** in reference 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.

2.5 Personal self-care services

2.5.1 Auditory health

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

2.5.2 Hair health

This service provides access, with a discount coupon, to a personalised diagnostic method that includes the placing of a scalp hair prosthesis or wig on oncology patients and the latest treatments in avoiding progressive hair loss or alopecia, such as the placing of micro-hair grafts or implants.

2.5.3 Optician's services

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

2.5.4 Orthopaedics

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

2.5.5 Online drugstore

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

2.6 Retraining or rehabilitation services

2.6.1 Therapy for obstructive sleep apnea

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

2.6.2 Training or retraining programme for the pelvic floor

The insured person can also take advantage of access to the Kit Birdi pelvi perineal training or retraining programme, based on Kegel exercises, with a DKV Health and Well-being Club discount voucher. Via a mobile or PC / Tablet, the activity of the pelvic floor muscles can be monitored and registered on a website so that the user and/or the doctor can monitor it.

3. Call Centre

Enquiries and information.

DKV MundiCare® insured persons have access to a hotline service where they can receive information, make suggestions or deal with practically any other administrative process without having to go to an office.

Other services

1. Online will.

DKV Seguros offers its customers access to a free service to execute an online will. To use this service, the insured person will be provided over the phone with the password to access the website from where to execute the will with the advice of a lawyer.

The insured person can also carry out the process over the phone with an operator as an intermediary, through the website.

Once the will has been drafted, its signing will be arranged at a notary office close to the insured person's address.

The insured person will have right to one modification of the provided will per year when using this service.

In the event that the insured person is dependent or has a loss of mobility, we will arrange a notary to sign it at the insured person's place of residence.

This service includes legal advice, the elaboration of a will and notarial fees, while any other expense derived from this service is paid by the insured person.

For further information or to request this service, the insured person must contact our Customer service (902 577 777) from Monday to Friday between 9:00 and 19:00. In all cases, the insured person will need to provide his or her full name, the policy number, a phone number and the type of service required.

General Conditions

1.

Preliminary clause

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

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

The contract is constituted 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

Transcriptions or references to laws do not require express acceptance, as compliance therewith is already mandatory.

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

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

Claims can also be sent by mail or to the address of the Customer Defence Service of DKV Seguros: DKV Tower, Avenida Maria Zambrano 31, 50018 Zaragoza, telephone 902 499 499, fax 976 28 91 35, or by email: defensacliente@dkvseguros.es. Any of the following phone numbers can be called for our Customer Services: 902 499 499 | 913 438 596 | 934 797 539.

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

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

Once the prior procedure of the complaint made to DKV Seguros has been substantiated, an administrative case file will be created.

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

2.

Basic concepts. Definitions

The definitions presented below are for the purposes of this contract:

A

Abroad

Country or countries that are not the habitual residence of the insured person (Spain).

Acts of terrorism

Any act or threat, use of force or violence, by any person or group(s) of people acting alone or on behalf of or in connection with any organisation(s) or government(s), carried out for political, religious or ideological reasons or similar, including the intention of influencing any government and/or to frighten the public or any section of the public; or the use of any agent, material, device or biological, chemical, radioactive or nuclear weapon.

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.

Alternative medicine

Medical care and health care systems, practices and products that are not currently considered as part of conventional medicine nor of conventional treatments, including but not limited to: acupuncture, aromatherapy, chiropractic medicine, homeopathy, naturopathy and osteopathy.

C

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 established by means of obligatory (closed collective) or voluntary (open or co-financed collectives) adherence to certain contracting conditions and/or a single contract previously agreed with DKV Seguros and the contracting collective.

Congenital abnormality, defect, illness, or injury

Present at the moment of birth as a result of hereditary factors or medical conditions acquired during pregnancy up to the moment of birth itself. A congenital condition may show up and be recognised immediately after birth, or be diagnosed later at any time during the individual's life.

Cost-efficiency analysis

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

Cytostatic

Cytotoxic medication used in oncological chemotherapy that is able to stop the development of cancer acting directly on the integrity of the chains of deoxyribonucleic acid (DNA) and the cellular mitosis, inhibiting normal cellular multiplication, both of healthy and tumour cells.

This therapeutic subgroup includes, due to its action mechanism: alkylating agents, antimetabolites, plant alkaloids and other natural products, cytotoxic antibiotics, those made from platinum and methylhydrazines.

D

Duration of the policy

One-year period, renewable if none of the two parties (the policyholder or DKV Seguros) opposes the extension, and with natural maturity at the end of the annuity. The coverage will expire for the insured person at the end of the year in which he reaches 75 years of age or when the maximum economic coverage limit established is reached.

E

Effective date

The starting date of the coverage established in the particular conditions of the policy.

Exclusion clause

Agreement established in the insurance contract by means of which DKV Seguros is not obligated to pay or provide the service for the excluded severe illness. Severe illnesses will be object of exclusion in DKV MundiCare® when they are detected or diagnosed in the first six months of the contract coming into force, after the date that the insured person was included.

Exclusion period

It is the period 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 the policyholder must pay the premium.

If during this period a diagnosis is provided of a severe illness specified in section 4.1 of these general conditions or the first symptoms appear of an illness, it will remain excluded from the insurance coverage in spite of the existence of the policy.

The exclusion period is applied to the health care provisions, reimbursement of medication and daily compensation due to hospitalisation established in section 4. "Description of the coverage", and it is calculated by months, counting from the effective date of the policy for each of the insured parties included in it.

Experimental treatment or clinical testing

It is a treatment, procedure, ongoing treatment, team, or medical or pharmaceutical product for medical or surgical use that has not been accepted universally as safe, effective and suitable for the treatment of diseases or lesions by the scientific organisations recognised by the international medical community or is under study, research, trial period or in any stage or phase of clinical testing.

H

Hospital care for social and/or family reasons

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

Hospital health 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 or clinic

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

For the purpose of this policy, hotels, spas and spa centres, asylums, rest homes, facilities mainly aimed at the admission and/or treatment of addictions and similar institutions are not considered hospitals.

I

Illness

Any involuntary 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.

A same illness will be considered any injury and consequence deriving from a same diagnosis, as well as any affections due to the same or related causes. If an affection is due to the same reason that caused a previous illness or due to causes related to it (including consequences and complications arising from the previous illness), the illness will be considered a continuation of the previous one and not as a different illness.

Incident or accident

Includes medical expenses covered by this policy and that arise from the diagnosis or treatment of a severe illness, regardless of the current annuity of the policy in which the severe illness was diagnosed. For the effects of this policy, a single incident or accident is the set of provisions assumed by DKV Seguros arising from a same cause.

Indisputable policy

A condition included in the contract, which is effective as of the conclusion of the contract or the inclusion of new insured parties, and by which DKV Seguros assumes the coverage of any pre-existing illness, provided that the insured person was not aware of it and did not intentionally omit it in the health questionnaire.

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 and they are linked by a relationship other than the interest of insuring.

They are 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 the coverage is never established by means of obligatory (closed collective) or voluntary (open or co-financed collectives) adherence to certain contracting conditions and/or a single contract previously agreed with DKV Seguros and the contracting collective.

Injury

Any bodily injury arising from a violent, sudden, external cause beyond the intentionality of the insured person, during the period of validity of the policy.

In situ or non-invasive cancer

Malignant tumour that is restricted to the epithelium where it originated, without invading the adjacent tissue or stroma. It is a pre-invasive malignant tumour diagnosed in an initial stage with a good prognosis if removed completely.

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 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, holder of the insured interest, who receives the insured benefits and coverage.

Insurer

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

L

Limiting clause

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

M

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 and surgical hospitalisation

A stay in hospital that is required to receive medical or surgical care during at least 24 hours.

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

Medication

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

P

Particular Conditions

Document part of the insurance policy in which the aspects of the risk insured are specified and detailed.

Personal medical advisor

DKV Seguros practitioner that intervenes in the case's identification and authorises the medical diagnostic and/or therapeutic procedures required to treat the severe illnesses covered by the policy.

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

This is the insurance contract. The written document that contains the general conditions, the particular conditions, the special conditions, and the supplements or appendices added to complement or amend it. The insurance request and health declaration also form part of this policy.

Policyholder

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

Pre-existing illness

Health condition, alteration or organic disorder that existed before the time of the insurance was contracted or of the insured person's inclusion in the policy, or during the first six months of its exclusion period, regardless of whether there is a medical diagnosis or not. **Any ongoing pathological processes prior to the date of inclusion of the insured person or that appear during the insurance policy's exclusion period, as well as their consequences, are excluded from the coverage and will not be borne by the policy.**

Premium

This is the price of the insurance. The receipt will also contain the legal surcharges and taxes.

Q

Questionnaire or health declaration

Question sheet that 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.

This form has been prepared in accordance with the provisions established in article 10 of the Insurance Contract Act, and the inexact reservations could exempt the insurance company from the obligations.

R

Regenerative medicine

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

S

Second medical opinion

This service is provided by DKV Seguros through a structured procedure based on an exhaustive review of the medical data and the diagnostic material provided by the insured person. The insured person has access to an opinion from another practitioner regarding an already defined diagnosis and a recommended treatment.

Severe illness

For the purpose of this contract, a severe illness will be any alteration of the state of health due to a common or accidental cause that is confirmed by a legally recognised practitioner and that coincides with any of those defined.

Surgery

Any diagnostic or therapeutic act carried out by means of an incision of the skin 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, totally or partially substitute or restore its physiological function.

T

Table of coverage and limits annexed to the particular conditions

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

3.

Modality, extension and territorial scope of the insurance policy

3.1 Object of the insurance policy

By means of this policy, DKV Seguros provides the following coverage and services within the limits established in these general conditions, the particular conditions, the table of coverage and limits in the annex, the special conditions and/or the health questionnaire after paying the corresponding premium:

1. Access to a free second medical opinion service due to being diagnosed with a severe illness, without an exclusion period.
2. Receiving health care abroad (outside of Spain) for severe illnesses and medical procedures included in section 4.1 of these general conditions, and which are object of this insurance, up to the limits specified in these general and/or particular conditions, provided that the diagnosis is confirmed in the second medical opinion, it is not within the exclusion period and the insured person has not reached the maximum age of 75.

The provision of health care outside of Spain will be scheduled always and will be provided with the corresponding authorisation by DKV Seguros in any of the health centres or hospitals recommended previously by the second medical opinion's report due to a severe illness, the object of which is to confirm the diagnosis, the prognosis or apply a medical-surgical, hospital or rehabilitation treatment, up to the limits established in the contract.

3. Complementary provisions to the diagnosis and treatment of the illness, such as arranging the care, the travel and accommodation expenses in the foreign country where the health centre or hospital providing this care is located, repatriation in the event of death, the reimbursement of medications or the daily indemnity for hospitalisation. All this in accordance with the limits established in the contract.
4. Access to the DKV Health and Well-being Club services and the Healthy Living Plans "Vive la Salud".

3.2 Modality of the insurance policy

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 the 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 from any responsibility.

In no case will DKV Seguros reimburse the insured person for the bills issued by the physicians and health centres abroad related to the diagnosis and treatment of any of the severe illnesses covered by the policy, except for the medications acquired by the insured person during the first 30 days of the discharge, provided that they are prescribed by a practitioner and have been acquired in a legally authorised chemist.

3.3 Territorial scope

The territorial scope of DKV MundiCare®'s coverage is worldwide, except for Spain, provided that the usual residence of the insured person is in Spain for, at least, nine months a year.

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

3.4 Access to Coverage

If the insured person is clinically diagnosed with one of the severe illnesses covered by this contract, he should proceed as follows in order to access the health care:

- 1. Request the provision of the second medical opinion service due to severe illness**, which must be received prior to receiving any treatment. The insured person can contact DKV Seguros calling 900 199 000, sending an email to dkvmundicare@dkvseguros.es or through the private customer area on our website, at areadelcliente.dkvseguros.com, and provide information about the pathology.
- 2. Triage through the personal medical advisor.** Once DKV has identified the case eligible for second opinion, a company's practitioner will contact the insured person to request all the necessary information, with the purpose of studying the case in depth (medical reports, diagnostic tests, etc.), and will send the insured person a specific form that must be filled in. In the case of an illness covered by the insurance, DKV will refer the documentation to the Medical Committee.

3. Activation of the second medical opinion service. Each case will be analysed by a medical committee that will select leading international experts specialising in the customer's illness and who have renowned experience in the review of similar cases. These specialists will study and assess the medical file in order to confirm the diagnosis and propose the best treatment.

4. The second medical opinion's report will be sent to the insured person. Following the selected practitioners' assessments, DKV will prepare a complete report which will provide the insured person all the necessary information about his process, as well as any therapeutic recommendations advised by these professionals. If the second medical opinion confirms that it is a severe illness covered by the policy, the report will include the identification and selection by these experts of the most suitable international medical centres for receiving the treatment, depending on the insured person's illness and clinical situation.

The customer may opt to activate only the second medical opinion, or continue later with the treatment in the selected international medical centre. DKV Mundicare® will put a DKV Seguros Case Manager at your service throughout the medical process to answer any questions and handle queries and requests.

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

5. Access to the international network. Once the insured person has chosen to receive the treatment outside of Spain and has decided the medical centre in which he wishes to receive treatment from among those selected by DKV, two lines of service will be activated for the insured person:

a) Arrangement of appointments at the selected centre, as well as the direct arrangement between DKV and the aforementioned centre for issuing the corresponding authorisation, with guarantee of payment on the part of DKV Seguros prior estimate of the treatment's cost. Everything will be covered by DKV for these health care provisions up to the limits set in the policy.

b) Activation of support services: the customer may choose to activate these services, consisting in the search for transfer and accommodation options for the insured person as well as for a companion and the donor, if applicable. **The travel expenses and accommodation will be borne by DKV Seguros and directly paid by the provider, so long as they are processed by the latter and up to the limits established in the policy.**

6. Request for reimbursement of medication expenses. Once the treatment is completed and/or being discharged from the hospital, the medical expenses incurred abroad for the treatment of the severe illness during the first 30 days of the discharge will be reimbursed, provided that they are prescribed by a practitioner and have been acquired in a legally authorised chemist. In addition, the insurance policy establishes that the medication expenses borne in Spain for the treatment of the illness when returning from abroad will also be reimbursed, up to the limits established in the table of coverage and limits annexed to the particular conditions.

The insured person or his relatives will allow DKV's practitioners to visit him and conduct any inquiries they consider necessary, for which they can contact the practitioners that have visited and attended the insured person and access all the information available, even that which is covered by obligation of professional secrecy. The non-compliance of this obligation will be considered an express waiver of the right to the provision covered by this policy.

If the insured person does not obtain DKV Seguros' prior authorisation and/or does not use the international medical providers chosen by the insurer, he will lose the right to the provision covered by this policy.

3.5 Subrogation clause or surrender of rights

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

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

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

4.

Description of the Coverage

4.1 Covered severe illnesses and medical procedures.

Only the following severe illnesses and procedures are covered by the insurance:

- a) **Cardiovascular diseases:** it includes coronary bypass and the replacement of heart valves.
- › **Bypass of coronary arteries, (myocardial revascularisation surgery):** surgery to correct the narrowing or blockage of coronary arteries. Includes bypass grafts to correct stenosis of one or more coronary arteries, and surgery of the ascending aorta. **The treatment for trauma lesions and congenital alterations of the aorta and heart artery is excluded.**

This guarantee will be covered only if angiographic evidence of the underlying illness is provided.

- › **Replacement of heart valves:** surgery for the replacement or repair of one or more heart valves. **Congenital alterations of valves are excluded.**

This guarantee will be covered only if angiographic or ultrasound evidence of the underlying illness is provided.

- b) **Oncological illnesses:** Cancer treatment that involves the treatment of a single or multiple malignant lesions characterised by the uncontrolled growth and dispersion of malignant cells and/or the invasion of other tissue. It also includes treatment for lesions showing only the first signs of malignant changes, as well as non-invasive and/or «in situ» cancers.

Malignant lesions in presence of any human immunodeficiency virus and skin cancers, except for malignant melanoma, are expressly excluded and will not be covered by this policy.

- c) **Neurosurgery:** Any invasive or non-invasive intervention of the brain or other intracranial neurological structures, as well as benign tumours of the spine.

Early and late neurosurgery is excluded, when it is the consequence of an accident or traumatic injury.

d) Organ transplant

- › **Living donor organ transplant:** this involves a surgical transplant in which the insured person receives a kidney, a section of liver, a lung lobe or a portion of pancreas due to irreversible damage to the function carried out by the affected organ. This organ is replaced by another of the same type from another living human being identified as a compatible donor.
- › **Bone marrow transplant:** this is a surgical transplant in which the insured person receives bone marrow or stem cells due to irreversible damage to the function carried out by the patient's bone marrow. The bone marrow must be a type that is compatible, from one of these sources:
 - › From the insured person, i.e. an autologous transplant.
 - › From another person identified as a compatible donor, i.e. an allogeneic bone marrow transplant.

Histocompatibility testing to locate potential donors is excluded.

The surgical transplant of any organ or tissue is excluded when:

- › **The transplant is to treat drug-induced liver disease (including alcohol)**
- › **It is an autotransplant, with the exception of bone marrow transplant**
- › **The object of the transplant is a donation to third parties**
- › **It involves a transplant from a deceased donor**
- › **It involves stem cell transplants, with the exception of bone marrow transplant**
- › **The transplant is for treating a congenital disease**

e) Neurodegenerative diseases:

it includes the confirmation of the diagnosis in international reference centres, in the event of a confirmed unequivocal clinical diagnosis in a neurology department of a university hospital in Spain, up to the maximum annual sub-limit per insured person established in the table of coverage and limits annexed to the particular conditions of this insurance policy.

- › **Multiple sclerosis and amyotrophic lateral sclerosis (ALS)**

- › **Primary or idiopathic Parkinson's disease (all forms of Parkinson's are excluded) before the age of 65.** The illness must cause permanent disability in the carrying out of three or more daily activities independently; these conditions must be documented for at least three months.

- › **Alzheimer's disease** (pre-senile dementia), **provided that it is diagnosed before the age of 65.** The illness must cause permanent disability in the carrying out of three or more daily activities independently; these conditions must be documented for at least three months.

4.2 Health care provisions covered worldwide

4.2.1 Medical, pharmaceutical, surgical, hospital and ambulance care abroad due to severe illness

The provision of medical care abroad due to severe illness covered by the policy (section 4.1) corresponds to the international medical providers selected and recommended by the insured person that are most suitable to perform the treatment, according to the insured person's pathology and clinical situation.

DKV Seguros will guarantee the provisions of the policy available to the insured person in accordance with the limits set forth in the payment guarantee. Everything will be borne by DKV, up to the limits established in the table of coverage and limits annexed to the particular conditions.

If the policy is automatically cancelled due to the insured person reaching the maximum age for coverage established at 75, the health care will be continued for an additional 6 months from the date of cancellation of the insurance policy, in severe illnesses set forth in section 4.1 of these general conditions, and up to 12 months in oncological illnesses, when they have been diagnosed and/or are being treated under the coverage of the policy at the time of its compulsory cancellation.

- a) Inpatient care: comprises
 - › Room and food, and general nursing services during the stay in a room, hall or pavilion, or surveillance or intensive care unit.
 - › Other hospital services, including services provided in the outpatient department of a hospital and the expenses arising from the cost of a supplementary bed or a bed for a companion if the hospital provides this service.
 - › Use of the operating rooms with all included services.
- b) Outpatient clinic or independent centre, but only if the treatment, the surgery or the prescription were covered by the insurance policy if it had been provided in a hospital.
- c) Medical care: provided by a practitioner as a consultation, treatment, medical assistance or surgery.
- d) Hospital visits: made to the insured person while admitted to a hospital.
- e) Medical and surgical therapeutic acts, which include:
 - › Anaesthesia and its administration, provided that it has been administered by a professional anaesthetist.

- › Pathology and laboratory tests, X-rays with diagnostic purposes, radiotherapy, radioactive isotopes, chemotherapy, electrocardiograms, electrocardiography, myelograms, electroencephalograms, angiographies, computerised tomographies, nuclear magnetic resonance and other similar tests and treatments required for the diagnosis and treatment of an illness or condition that is covered by the policy, provided that they have been prescribed or provided by a practitioner or under the supervision of a practitioner.
 - › Blood transfusions, plasma and serum application.
 - › Expenses arising from oxygen consumption, dialysis solutions and injections.
 - f) Medication: it includes prescription medication while the insured person is hospitalised.
 - g) Transfer and transportation services in ground and air ambulances when their use is specified and prescribed by a practitioner and approved by DKV Seguros.
 - h) Services provided to a living donor during the removal process of an organ or tissue with the purpose of transplanting an organ to the insured person, occurring as a result of:
 - › Services provided to the donor in a hospital, such as a room, hall or pavilion, food, general nursing services, regular services provided by the hospital's staff, laboratory tests, use of equipment and other hospital-related services. Items of personal use that are not necessary during the removal process of the organ or tissue being transplanted will be expressly excluded and not subject to coverage.
 - › Surgery and medical services related to the removal of the donor's organ or tissue that is trying to be transplanted to the insured person.
- i) Services and materials provided for bone marrow culture related to a transplant of tissue to perform on the insured person. They will be covered from the date in which the diagnosis has been confirmed by the DKV Seguros' medical team.

4.2.2 Arrangement of travel and accommodation abroad plus expenses arising thereof to receive health care for severe illness.

- 1. Arrangement of return travel and expenses thereof** on regular flights for the insured person, a companion and, in the event of transplant, the donor, required to receive the treatment, up to the maximum limit established in the table of coverage and limits annexed to the particular conditions.

It includes:

a) Travel of the insured person and a companion abroad (in addition to the living donor in the event of transplant) with the only and exclusive purpose of receiving treatment approved by DKV Seguros. **The travel plan will be organised by DKV Seguros, and it will not pay any other travel plan organised by the insured person or any third party on his behalf.**

b) DKV Seguros will be responsible for deciding the travel dates in accordance with the approved treatment programme. These dates will be communicated to the insured person to give him enough time to deal with any personal matters.

c) If the insured person changes the travel dates provided by DKV Seguros, he will compensate DKV Seguros for all the expenses related to the arrangement of the trip, except if the changes are confirmed by DKV Seguros as necessary from a medical point of view.

d) The travel plan includes:

› Transporting the insured person and companion from their habitual residence (in addition to the living donor in the event of a transplant) to the chosen international airport or train station, the ticket in economy class, the train or plane to the city of destination and the transportation to the chosen hotel.

› Accompanying the insured person from his habitual residence to the chosen international airport or train station, and from the international airport or train station to the chosen hotel.

› Accompanying the insured person in the first trip from the hotel to the chosen hospital or practitioner and assistance in the process of admission of the insured person, as well as completing the entire bureaucratic process and details regarding the admission.

e) There is no limit for the number of trips that can be carried out, but every trip must be pre-approved by DKV Seguros.

2. Arrangement of accommodation and expenses thereof for the insured person, a companion and, in the event of transplant, the donor, up to the maximum limit established in the table of coverage and limits annexed to the particular conditions which will count together with the travel expenses.

a) DKV Seguros guarantees the accommodation expenses of the insured person and a companion (in addition to the living donor in the event of transplant) during his stay abroad with the only and exclusive purpose of receiving the treatment approved by DKV Seguros. The accommodation plans will be organised by DKV Seguros, and it will not pay any other travel plan organised by the insured person or any third party on his behalf.

b) DKV Seguros will be responsible for deciding the accommodation dates in accordance with the approved treatment schedule. These dates will be communicated to the insured person to give him enough time to deal with any personal matters.

- c) DKV Seguros will specify a return date according to the completion of the treatment and with the approval of the physician that declares that the insured person is fit for travel.
- d) If the insured person changes the travel dates communicated by DKV Seguros, he will compensate DKV Seguros for all the expenses related to the arrangement of the accommodation, except if the changes are confirmed by DKV Seguros as necessary from a medical point of view.
- e) The covered accommodation includes: double-room bookings in a hotel (3 or 4 stars) that fulfil the criteria in accordance with the best interest of the insured person. The chosen hotel will be subject to availability and based on the proximity with respect to the hospital or the practitioner within a of 10-km radius.
- f) Breakfast, meals and additional expenses at the hotel are not covered. Hotel room surcharges will not be paid by DKV Seguros.
- g) There is no limit regarding the number of nights and these will be based on the duration of the treatment.

4.2.3 Arrangement of repatriation due to death

If the insured person dies (and/ or the living donor, in the case of a transplant) outside of Spain while receiving treatment for a covered severe illness or medical procedure previously authorised by DKV Seguros, the international repatriation of the mortal remains, the transportation of the coffin from the airport to the chosen burial place in Spain, the minimum

compulsory coffin, the services provided by the funeral home, embalming included, and all the administration work will be included, up to an annual maximum limit established in the table of coverage and limits annexed to the particular conditions.

4.3 Reimbursement of medications due to severe illness

4.3.1 Reimbursement of medication acquired abroad after hospital discharge

The reimbursement of the expenses arising from the medication consumed and acquired abroad by the insured person within **thirty days of being discharged from hospital** to treat a severe illness or procedure covered by the policy are guaranteed, provided that they are prescribed by a practitioner and have been acquired at a legally authorised chemist. A total maximum limit for the reimbursement has been set in the table of coverage and limits annexed to the particular conditions, and these expenses count together with the reimbursement of medication acquired in Spain when returning from abroad.

4.3.2 Reimbursement of medication acquired in Spain when returning from abroad

The reimbursement of the expenses arising from the medication consumed and acquired in Spain by the insured person to treat a severe illness or medical procedure covered by the policy are guaranteed, provided that they are prescribed by a practitioner, are included in the international Vademecum and have been acquired at a legally authorised chemist, up to a maximum total limit during the duration of the policy established in the particular conditions, and these expenses will count together with the reimbursement of medication abroad after discharge.

The coverage for medications is only available under the following conditions:

- a) The medication has been recommended by international practitioners that treat or have treated the insured person, when this is required to continue the treatment.
- b) The medication has been authorised and approved by the corresponding pharmaceutical or medical authority or agency in Spain.
- c) The medication requires a medical prescription from a practitioner in Spain.
- d) The medication is available in Spain.

The medication must be acquired and paid directly by the insured person. DKV Seguros will reimburse the insured person when it receives the respective prescription, bill and proof of payment.

The following are excluded:

- a) Medication expenses assumed by the National Health System of Spain or covered by any other insurance policy taken out by the insured person.
- b) The expenses arising from administering the medication.
- c) Any medication purchased outside of Spain (except if within 30 days of hospital discharge).
- d) Any invoices submitted to DKV Seguros one year after acquiring the medication

4.4 Indemnity per day for hospitalisation abroad

If the insured person is hospitalised abroad as a consequence of receiving treatment for a severe illness or medical procedure covered by the insurance policy and previously authorised by DKV Seguros, he shall have the right to an indemnity per day of hospitalisation for an amount established in the table of coverage and limits annexed to the particular conditions, counted from the day of admission to the date of discharge.

5.

Excluded coverage

The following are excluded from this insurance's general coverage:

- a) Any kind of pre-existing illness, injury, disease, state of health and their consequences, as well as constitutional or congenital physical defects and those which are the consequence of accidents or illnesses and their effects whose origin is prior to the date each insured person is included in the policy or whose origin appears six months after the inclusion of the insured person (section 2 "Exclusion period").
- b) Any expenses incurred related to any diagnosis or illness whose symptoms are medically documented for the first time during the exclusion period, that is, within the first six months from the date of inclusion of the insured person.
- c) Illnesses or injuries as a consequence of war, riots, revolutions and terrorism; injuries caused by officially declared epidemics; injuries that are directly or indirectly related to nuclear radiation or reaction; and those coming from cataclysms (earthquakes, floods and other seismic or meteorological phenomena).
- d) Illnesses or injuries arising from the professional practice of any sport; from participating in bets and competitions and from engaging, as an amateur or professional, in high-risk activities such as bullfighting and the running of the bulls; and from engaging in dangerous sports such as diving, bobsledding, boxing, martial arts, rock climbing, motor vehicle racing, rugby, quad, caving, paragliding, unauthorised air activities for the public transport of travellers, sailing or whitewater activities, bungee jumping, canyoning, including training activities and other manifestly dangerous practice.
- e) Experimental treatments or clinical testing in all their stages or degrees, as well as any diagnostic and therapeutic procedure whose safety cost-effectiveness is not scientifically contrasted and/or whose use has not been supported by means of a report by the internationally-renowned Agencias de Evaluación de las Tecnologías Sanitarias (Health Care Technology Assessment Agencies).

- f) Expenses arising from the treatment of chronic alcoholism and/or drug addiction of any type, as well as their complications and consequences, and expenses arising from health care provided to those injured due to drunkenness, aggression, quarrels, a suicide attempt or self-injuries, as well as due to illnesses or accidents resulting from the pain, negligence or imprudence of the insured person.
- g) Expenses arising from illnesses or medical procedures that are not specifically included in section 3.1 Object of the insurance policy and 4. Description of the coverage, as well as those incurred as a consequence of any type of accident, including work-related accidents occurring and diseases appearing while the insured person is working and those caused by using a motor vehicle.
- h) Medical fees related to or arising from any diagnosis, treatment, service or medical prescription carried out in Spain for the severe illnesses set forth in section 4.1. Description of the coverage, except for the reimbursement of medications up to the maximum limit guaranteed in the insurance policy.
- i) Expenses arising from any diagnosis, treatment, service, medication or medical prescription when the insured person has lived outside of Spain for over 91 consecutive days during the 12 months prior to the application of the second medical opinion service.
- j) Any expense incurred without following the procedure established in the insurance policy for accessing the guaranteed coverage (section 3.4 Access to Coverage and section 4. Description of the Coverage), as well as inadmissible or disproportionate medical fees.
- k) All expenses incurred in relation to the provision of hospital care, home care or services provided at rest institutions or centres, such as hotels, spas and spa centres, asylums, nursing homes, rest homes, hotels or similar, even when such services are required or needed due to an illness or medical procedure covered by the insurance policy.
- l) Expenses incurred in the use of alternative medicine, even when it has been specifically prescribed by a practitioner.
- m) Expenses incurred to obtain medical or hospital care in the cases of brain syndrome, senility or deterioration, regardless of the state of evolution, except in the neurodegenerative illnesses specified in section 4.1 of these general conditions.
- n) All expenses incurred in relation to the acquisition (renting) of any type of prostheses or orthopaedic appliance, corsets, bandages, crutches, artificial organs or limbs, wigs (even in cases where it is considered necessary during the treatment of chemotherapy), orthopaedic footwear, trusses and other similar equipment or items, except for breast prosthesis due to mastectomy and artificial heart valves.

In addition, all expenses related to the purchase or renting of wheel chairs, special beds, air-conditioning units, air-purification units and other equipment or similar items are excluded.

o) Services that are not medically necessary for the treatment of a covered illness or medical procedure, in accordance with that set forth in section 4 of the general conditions.

p) The necessary medical procedures resulting from AIDS (Acquired Immune Deficiency Syndrome), HIV (Human Immunodeficiency Virus) or any clinical situation arising thereof (including Kaposi's sarcoma) or treatment for HIV or AIDS.

q) Pharmaceuticals and medications not included in the international Vademecum and/or that have not been given at a legally authorised chemist or that have been acquired without the doctor's prescription.

r) The illnesses or medical procedures described below are excluded from the policy's coverage:

1. In oncological illnesses:

- › Malignant lesions in the presence of any human immunodeficiency virus.
- › Skin cancers with the exception of malignant melanoma.

2. In coronary artery bypass (myocardial revascularisation):

- › any coronary disease whose treatment is carried out turning to techniques other than a coronary artery bypass, such as angioplasty

- › The treatment for trauma lesions of the aorta artery

3. In the replacement of heart valve:

- › Treatment for trauma lesions of heart valves

4. In neurosurgery:

- › When it is the consequence of an accident, both late and early

5. In living-donor transplant of organs/tissue when

- › The transplant is to treat drug-induced liver disease (including alcohol)
- › It is an autotransplant, with the exception of bone marrow transplant
- › The object of the transplant is a donation to third parties
- › It involves a transplant from a deceased donor
- › It involves stem cell transplants, with the exception of bone marrow transplant
- › The transplant is for treating a congenital disease.

Histocompatibility testing to locate potential donors is also excluded.

s) The transplant of organs and illnesses caused or as a consequence thereof, unless the illness is considered a covered illness or medical procedure established in section 4 of the general conditions.

t) Any expenses incurred by the insured person, the donor, relatives or companions, except those covered expressly by the insurance policy in section 4 Description of the coverage. The expenses arising from the regular transport covering the distance between the chosen hotel and the hospital or the medical consultation, interpreter expenses, calling costs and other expenses related to items of personal use or of non-medical nature are expressly excluded.

6.

Exclusion period

Term during which severe illnesses and medical procedures included in the guarantees of the policy are not covered. DKV MundiCare® includes an exclusion period of six months counting from the effective date of the policy for each of the insured persons included in it.

Illnesses or medical procedures covered by the policy that are pre-existing or diagnosed for the first time or the first symptoms of which appear within the first six months after the effective date of the insurance of each insured person will not be covered under this insurance. Other severe illnesses will be covered by the policy.

7.

Basis of the contract

7.1 Perfection of the contract and duration of the policy

This contract has been arranged according to statements made by the insurance policyholder and the insured person in the previous questionnaire that have motivated DKV Seguros to accept the risk and have been defining factors in fixing the premium.

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

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

If no appeal has been made after this period, the conditions included in the policy shall apply.

The insurance 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.**

The coverage will expire for the insured persons at the end of the year in which the insured person reaches 75 years of age and when the economic limit established in the contract is reached.

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

Except as set forth above with respect to the termination of the contract due to reaching an age or maximum economic limit, **DKV Seguros will not be able to rescind the policy for insured persons that have remained in the policy for three consecutive annuities.** The contract shall be extended automatically year on year, with the exception of cases of non-compliance with the obligations by the insured person or the existence of inaccuracy, deceit or fault in the responses provided in the policy application questionnaire.

By DKV Seguros waiving its right to object to the continuity of the policy, there is the condition that the policyholder accepts that premiums vary from year to year, in accordance with the technical criteria laid out in section 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) Inform DKV Seguros, during the validity of the contract and as soon as possible, all changes of address or all circumstances that are of such a nature that had they been known to DKV Seguros when the policy was taken out, they would not have been accepted or would have been subject to different terms and conditions.

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

The breach of this duty with the intention of deceiving, harming or obtaining additional profit from DKV Seguros shall relieve it of any provision arising from the incident.

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

If the policyholder or insured person is entitled to an indemnity from 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 policy user guide, the general conditions, and the particular conditions annexed with the table of coverage and limits.

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

7.4 Payment of the insurance (premiums)

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

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

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

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

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

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

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

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

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

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

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

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

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

To this end, the policyholder shall provide DKV Seguros with the details of his bank account to pay the receipts of this insurance by direct debit, authorising the financial entity to settle them.

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

With each policy contract renewal, DKV Seguros may modify the annual premium taking as a base the technical actuarial calculations. The premium of each insured person is calculated according to the age as a risk factor.

If the mathematical methods used by DKV Seguros to calculate the risk premium come across another significant and objective risk factor, its inclusion in the rate calculation will be communicated to the policyholder prior to the policy's renewal.

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

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

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

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

In addition to this condition, the premiums to pay may 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 change due to variations in the structure of the insured group.

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

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

These calculations shall also be applied if the insured person has obtained the inalienability right, as previously described, for the extension of the policy from DKV Seguros.

The insurance policyholder may choose between extending the contract or terminating it upon maturity of the policy duration when he receives the correspondence from DKV Seguros regarding the change in premium for the following annuity. In this latter case, the policyholder must notify DKV Seguros in writing of his wish to terminate the contractual relationship at the end of the contract.

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

7.6 Suspension and termination of the insurance contract

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

b) If a risk is increased due to a change in residence, 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.

The DKV MundiCare® insurance coverage ends for an insured person:

a) on the day in which the insured person dies; or at the end of the annuity when the insured person turns 75 years old; or by DKV Seguros or the policyholder cancelling the contract.

- b) if the insured person lives outside of Spain for more than 91 consecutive days a year; the insurance coverage will only be valid until the end of the current annuity.**
- c) if DKV Seguros has paid on behalf of the insured person the maximum limit established in the insurance policy as a provision.**
- d) if DKV Seguros decides to terminate the insurance policy in accordance with terms and conditions and that established in sections 7.5 and 7.6 of these conditions.**

7.7 Communications

Communications by the policyholder or the insured person to DKV Seguros should be made to its address.

However, verifiable communications made to the DKV Seguros agent that mediated in the insurance contract will also be valid.

Communications from an insurance broker to DKV Seguros on behalf of the policyholder or the insured person will have the same effect as if they had been made directly to DKV Seguros.

However, communications by the policyholder or the insured person to the insurance broker are not understood to be made to DKV Seguros until they are received by it.

Communications by DKV Seguros to the policyholder or to the insured person will be made to their address as shown in the insurance 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 called “special health risks”. 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.

For the purposes described in article 3 of the Insurance Contract Act, the policyholder recognises having received a copy of these general terms and conditions and annexes to the contract, which he agrees to by signing it, and he expressly grants his approval of the limiting clauses set forth therein and, especially, of the coverage exclusions established in section 5, which have been especially and separately highlighted and whose content he is aware of and understands due to having read it.

The policyholder

The insured person

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

A handwritten signature in blue ink, consisting of a horizontal line that loops back and then curves upwards and downwards to form a stylized, elongated shape.