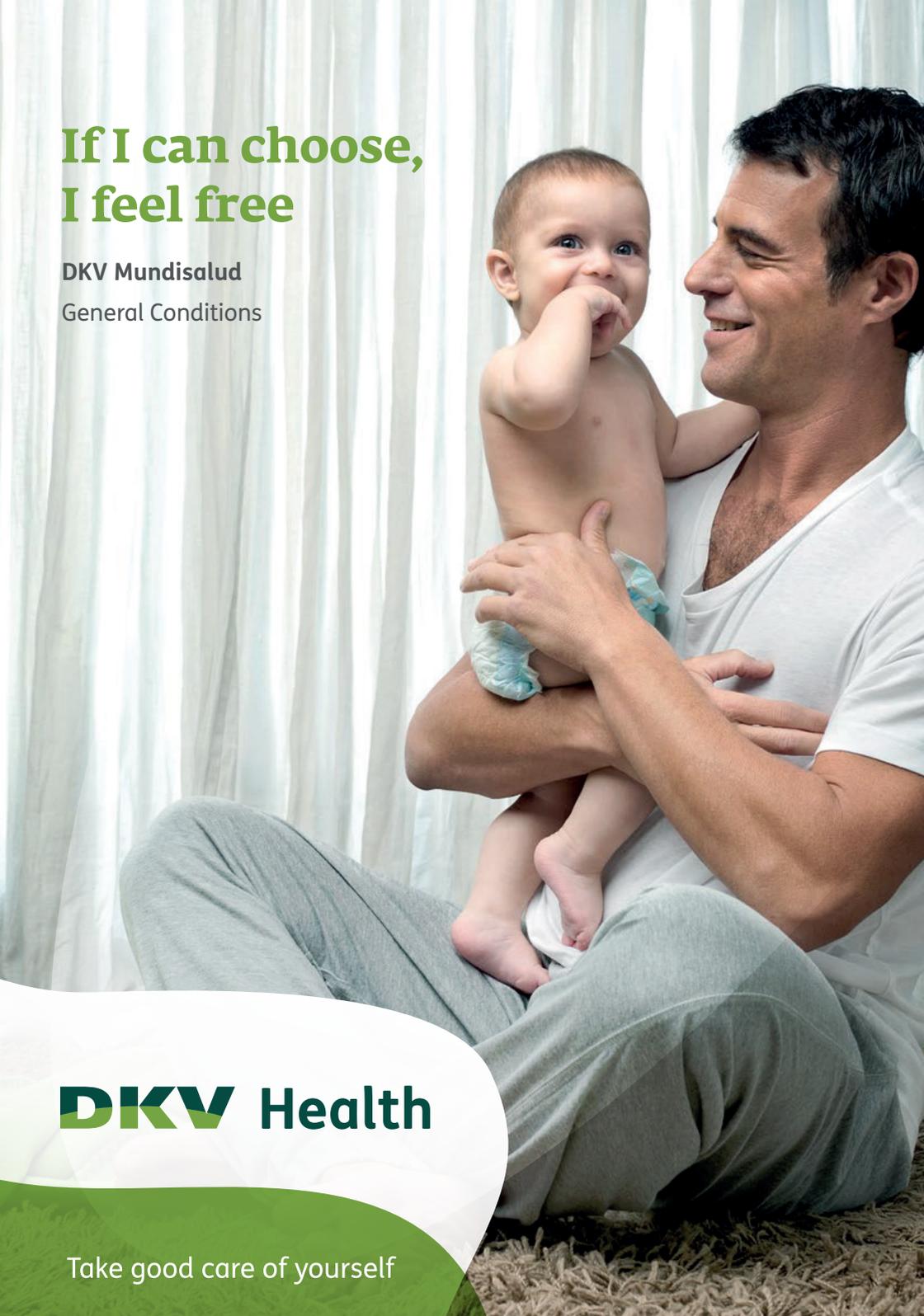


# If I can choose, I feel free

DKV Mundisalud  
General Conditions

**DKV** Health

Take good care of yourself



Insurance Policy

## **DKV Mundisalud**

**Torre DKV, Avda. María Zambrano, 31**

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

DKV Seguros y Reaseguros S.A.E., registered in the Special Register of the Department of Insurance and Pension Funds by M.O. dated July 12, 1956. Address: Torre DKV, Avda. María Zambrano, 31 - 50018 Zaragoza (Spain). Company Register of Zaragoza, vol 1711, folio 214, sheet Z-15152. Tax ID A-50004209

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DKV Seguros makes this document available to all those parties requesting it for consultation and analysis, even those with no intention of subscribing, to contribute to the clarity and transparency of the information of DKV Seguros and of the insurance sector in general.

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# Frequently asked questions and answers

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

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

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

## About the contract

### **What documents comprise the insurance contract?**

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

### **What are the conditions exactly?**

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

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

The general and particular conditions, your DKV MEDICARD(s)<sup>®</sup> and information about the medical directory or "DKV Health Care Network".

Please check that your personal data has been copied correctly.

### **What do I have to do with the documentation?**

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

If you have any doubts, contact us.

We will be pleased to help you.

### **Do I need to request the extension of the contract?**

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

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

### **What happens to my personal data?**

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

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

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

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

## Care modality and extension of the policy

### **What is the main feature that defines DKV Mundisalud?**

DKV Mundisalud is an insurance policy based on a mixed system in which the insured person can choose between:

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

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

### **How can I access the DKV Seguros resources?**

The insured person can freely choose between the doctors and centres included in the DKV Health Care Network and receive the desired service upon presenting his or her DKV MEDICARD®, and in some cases the required authorisation.

### **How do I claim an expense refund from DKV Seguros?**

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

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

"DKV Mundisalud" refunds a percentage of the total amount on the submitted invoices up to the limits stipulated in the Table of coverage and limits in the appendix to the particular conditions of the insurance policy, depending on the type of policy taken out.

### **What is the territorial scope of the policy?**

Except for "DKV Mundisalud Combinado", whose territorial scope is limited to Spain, for the other modalities of "DKV Mundisalud" the insured person can go to an external doctor or hospital anywhere in the world and has the right to a refund of the medical expenses provided that s/he resides in Spain at least nine months per year.

Similarly, the DKV Health Care Network guarantees healthcare all over Spain (own means care modality).

## **DKV MEDICARD®**

### **Can the doctor ask me for my DKV MEDICARD® for reasons other than the authorisation of certain services?**

Yes. The DKV MEDICARD® is the means by which you are identified as a customer of DKV Seguros, and you will be asked to show it.

### **How much do I have to pay for each visit?**

You don't have to pay anything for using the DKV Health Care Network.

### **What happens if I don't show my DKV MEDICARD® to a doctor or centre in the DKV Health Care Network**

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

DKV Seguros will not refund any amount corresponding to doctors or centres that are in the DKV Health Care Network under any circumstances.

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

Contact DKV Seguros. We will send you a new one.

**How can I contact DKV Seguros?**

By telephone, calling the DKV Seguros Call Centre at 976 506 000; online at: [www.dkvseguros.com](http://www.dkvseguros.com); or by dropping in to any branch of DKV Seguros.

## Authorisations

**When do I need an authorisation?**

Only for services given through the DKV Health Care Network.

It is never required for services that are not included in the DKV Health Care Network.

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

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

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

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

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

## Payment

**What do you mean it's an annual contract if I pay monthly?**

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

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

## Health care

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

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

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

Yes, from the first day that the policy becomes effective, except for some services that have a period of grace (see section 6 “Periods of grace and exclusion”).

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

No. Consultations for medical or surgical specialities can be accessed freely, whether they are in the DKV Health Care Network or not.

### **Do I need authorisation for clinical psychiatry?**

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

### **Do I need authorisation to have a mammogram or orthopantomogram?**

No, you don’t need an authorisation for these. Only the written prescription of a doctor is required.

### **When can I request a service at home?**

When, due to the sick person’s state, going to a consultation or hospital centre is inadvisable from a medical point of view.

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

### **Are preexisting illnesses covered?**

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

### **What does the dental speciality cover?**

It covers consultations, extractions, stomatological cures, fluorisations, dental cleans and dental x-rays related to this treatment.

Also included up to the age of 14 are fissure sealers and obturations (fillings).

Other dental treatment not covered by the policy is available, with a contribution towards the cost from the insured person, through the dental service (See Additional services).

**How many dental cleanings does the policy cover per year?**

Those necessary, whenever they are requested by a doctor.

**Does “DKV Mundisalud” include medications?**

“DKV Mundisalud “ covers medication in the event of hospitalisation, provided that the “Hospitalisation and surgery” module has been contracted. This does not include the biological medications and medicated biomaterials that are not detailed in section 4.7 “Surgical prosthesis” of these terms and conditions.

In addition, in the individual policies of the Complet, Plus, Classic, Élite and Premium complete medical care modalities, DKV Seguros reimburses a percentage of the outpatient medication expenses, up to a maximum limit per insured person and year established in the table of coverage and limits attached to the particular conditions of the policy, provided that this medication has been prescribed by a practitioner, acquired at a pharmacy and is within the limits and exclusions set forth in these general conditions.

**Is the epidural anaesthesia for childbirth covered?**

Yes, and for any other surgery where required.

**Does “DKV Mundisalud” cover laser surgery for myopia?**

DKV Seguros offers the possibility of receiving laser refractive surgery for myopia at affordable prices. The insured person can obtain this service by acquiring a coupon through the DKV Health and Well-being Club prior to the procedure.

**Does “DKV Mundisalud” include clinical psychology?**

Yes, psychotherapy is covered on an individual basis as outpatient treatment with the prior prescription from a psychiatrist or paediatrician, provided it is given by a psychologist, up to a maximum limit of sessions per person (sum of own means and external means) with a refund per session via external means, established in the table of coverage and limits attached to the particular conditions, for the following pathologies that may be subject to psychological intervention:

- > Psychiatric illness: depression, schizophrenia and psychotic disorders
- > Behavioural disorders: neurosis, anxiety, personality and obsessive compulsions
- > Eating disorders: anorexia and bulimia
- > In situations of school bullying, or gender or family-based violence

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

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

#### **And what about family planning?**

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

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

#### **Does “DKV Mundisalud” cover assisted reproduction?**

DKV Seguros covers the fertilisation techniques exclusively contracted in the individual policies of DKV

Mundisalud Classic, Elite y Premium with complete medical care, provided that one member of the couple is infertile, that they do not have a child in common and that they are in a fertile age (over 18, and under 42 for women and 55 for men). **The treatment may only be received in authorised centres belonging to the “DKV Network of Healthcare Services” (own facilities), with prior authorisation from DKV Seguros and a grace period of 48 months. With regard to the techniques, it covers two attempts at artificial insemination and one attempt at in vitro fertilisation (IVF).**

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

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

#### **Is health care covered abroad?**

Except in the case of DKV Mundisalud Combinado, a percentage of the total amount corresponding with the invoices submitted for services abroad will be refunded, up to the limits stipulated in the table of coverage and limits in the appendix to the particular conditions of the insurance policy, depending on the modality taken out, provided that the insured person resides at least nine months of the year in Spain.

In addition, all modalities include coverage for complementary travel assistance, which, in the event of an accident or emergency, guarantees health care for trips abroad of up to 180 days per trip (see Appendix I).

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

+ 34 91 379 04 34.

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

## Hospital admission

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

An admission to hospitals included in the DKV Health Care Network should be authorised beforehand by DKV Seguros (please refer to the section 'AUTHORISATIONS' of 'Frequently asked questions and answers').

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

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

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

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

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

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

**In the event of a hospital stay, when is the companion's bed covered?**

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

## Suggestions and complaints

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](mailto:defensacliente@dkvseguros.es). You can also call the phone number 976 506 000 for our Customer Services.

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

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

# Healthy Living Plan: “Vive la Salud”

DKV Seguros offers its insured customers the opportunity to subscribe **The Healthy Living Plan: “Vive la Salud”**. The aim of the plan is to promote healthy activities and prevent illnesses through a range of specific programmes, which are available online with the support of medical helplines.

**a)** The project aims to help its customers in the following areas:

- > Living healthy lifestyles
- > Consolidating appropriate habits that they have already established
- > Education around preventing risk factors related to illnesses
- > Recognising early symptoms of illnesses and the corresponding actions to take

- > Personalised medical advice: in the form of a customised healthy-living plan and specific health objectives for each customer, with continued support along the way
- > Facilitating effective preventive activities
- > Living in healthy conditions and anticipating potential complications in the case of preexisting health problems

To meet these objectives, the following tools are available:

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

**b)** The following programmes will be gradually included:

- 1. Healthy Life.** Aimed at all those customers who don't present cardiovascular risk factors, but who want to acquire or maintain healthy habits. The programme will provide personalised diet and exercise plans.
- 2. Cardiovascular prevention.** Aimed at people with some of the most common risk factors related to cardiovascular illnesses: high blood pressure, cholesterol, sedentary lifestyle, tobacco addiction, etc. The programme will provide personalised advice to improve how they control their illnesses and avoid complications.
- 3. Pregnancy and healthy childbirth.** Aimed at all insured adult customers who are pregnant. The programme aims to provide all insured adult customers of DKV Seguros who are pregnant with information and specific advice regarding different aspects related to pregnancy, birth and post-natal care. The purpose of this programme is to improve their knowledge, attitude and behaviour and to have a positive influence on the development and the results of the pregnancy, birth and post natal care, as well as the newborn's care.

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

**5. Child obesity.** Aimed at customers whose children are overweight or obese. The main objective of the programme is to educate customers regarding the development of healthy habits through educational material prepared for children and the personalised advice of dieticians.

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

**7. Breast cancer prevention.** Aimed at all women aged 35 and over. The objective is to prevent breast cancer in an effective way and to detect it as early as possible. The programme offers personalised

medical advice and recommendations about the most effective preventive activities depending on the personal characteristics of each insured person.

**8. Prostate cancer prevention.**

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

**9. Cervical cancer prevention.**

Designed for all women between 18 and 65 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 old with a family history of colon cancer. Using online tools, it offers you the chance to assess the risk factors and avoid them. In addition, it offers a team of professional experts in prevention and healthy habits to give you ongoing, personalised advice.

**11. Stroke prevention.** Stroke is at present the second most common cause of death in Spain after heart disease. It is defined as the sudden appearance of an alteration in brain activity of a vascular origin, either haemorrhagic or ischemic, and that exceeds 24 hours. This stroke prevention programme is aimed at adults and, especially, 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 customers who work, and who are aware that there is something in their family or social life, or at work, that is preventing them from being happy, or those who, although they have not developed stress, have several risk factors.

**c) Access:**

These programmes are accessed online at:  
**[www.programas.vivelasalud.com](http://www.programas.vivelasalud.com)**

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

# **DKV Health and Well-being Club**

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

The details for accessing these services are included in the webpage **[www.dkvclubdesalud.com](http://www.dkvclubdesalud.com)** or are available through the telephone helplines provided in the DKV Seguros medical directory.

## **1. Digital healthcare services**

### **a) Telephone advice helplines:**

#### **1.1 24-hour care**

DKV Seguros' insured customers have available a 24-hour telephone helpline, specialised in the coordination and activation of healthcare services

in the home, depending on of the type of insurance taken out and the geographical area of residence. This helpline is staffed by medical and administrative personnel.

#### **1.2 24-hour DKV Doctor**

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

#### **1.3 24-hour paediatric medical line**

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

#### **1.4 Child obesity medical line**

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

#### **1.5. Pregnancy medical line**

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

#### **1.6 Women's medical line**

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

#### **1.7 Sports medical line**

This service provides DKV Seguros' insured customers with telephone advice related to Sports Medicine given by experts specialising in sports medicine, doctors or experts in diets and nutrition, offering information and solving queries regarding

the prevention of injuries and the suitability of exercise when doing sports, as well as advice on those pathologies that include physical exercise as part of the treatment prescribed by their doctor.

#### **1.8 Medical nutritional line**

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

#### **1.9 Tropical medical helpline**

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

#### **1.10 Psychoemotional helpline**

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

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

### **b) Free self-care tool**

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

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

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

### **c) App with symptom checker for 24h medical care**

An app to solve your doubts anytime, anywhere.

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

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

## **2. Second opinion in cases of serious illness**

### **2.1 Second medical opinion**

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

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

### **2.2 Second bioethical opinion**

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

## **3. Dental service**

DKV Seguros offers its customers access to dental treatment not included in their policy at special rates when visiting associated dental clinics included in the “DKV Health Care Network”.

In addition DKV Mundisalud Premium, both in its individual and collective modalities, includes the reimbursement of dental treatment expenses excluded in section 5.n of “Excluded coverage “ for the rest of insurance modalities, in the percentage and up to the limits established in the table of coverage and limits attached to the general conditions.

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

#### 4. Additional premium services

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

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

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

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

## **4.1 Health Promotion Services**

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

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

### **4.1.2 Gyms and fitness**

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

### **4.1.3 Nutritional dietary advice**

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

## **4.2 Preventive services**

### **4.2.1 Predictive genetic studies**

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

### **4.2.2 Quit smoking programme**

Access at highly attractive rates, by means of the acquisition of a voucher, to a new service to stop smoking using different techniques.

### **4.2.3 Cryopreservation in a bank of umbilical cord hematopoietic stem cells**

The transplantation of umbilical cord blood cells is currently a common treatment for many severe illnesses (leukaemia, lymphomas, neuroblastoma, thalassemia, etc.). The insured persons that wish to access the service, at highly attractive rates, can acquire a voucher that covers the collection, transport, preliminary analyses and conservation of the

children’s umbilical cord cells in a private bank for a period of 20 years (with the possibility of an extension)..

#### **4.2.4 Biomechanical gait analysis**

This service allows insured persons to access an associated network of podiatry centres, using a discount voucher, which are specialised in designing and preparing fully made-to-measure insoles, as well as follow-up visits and a guarantee.

### **4.3 Cosmetic or aesthetic medical services**

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

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

#### **4.3.2 Presbyopia surgery**

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

by acquiring a voucher that offers attractive rates.

#### **4.3.3 Medicine and plastic surgery**

With a special discount voucher, this includes access to a consultation and a wide range of non-invasive facial and corporal treatments (peelings, stains, lymphatic drainage, firming, etc.) and surgeries such as mammoplasty, abdominoplasty, etc. at special rates.

### **4.4 Complementary healthcare services**

#### **4.4.1 Coverage for assisted reproduction**

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

#### **4.4.2 Alternative therapies**

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

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

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

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

#### **4.4.3 Psychology**

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

### **4.5. Personal self-care services**

#### **4.5.1 Auditory health**

Provides access to an auditory check-up, with a discount voucher, in the DKV

Health and Well-being Club network of auditory centres and the purchase of headsets at highly attractive rates.

#### **4.5.2 Hair health**

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

#### **4.5.3 Opticians’ service**

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

#### **4.5.4 Orthopaedics service**

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

#### **4.5.5 Online parapharmacy**

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

## **4.6 Re-education or rehabilitation services**

### **4.6.1 Re-education therapy for recovery from phonation, speech or language dysfunctions**

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

### **4.6.2 Therapy for Obstructive Sleep Apnea**

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

### **4.6.3 Training or re-education programme for the pelvic floor**

The insured person can also enjoy access to the Kit Birdi pelvic perineal

rehabilitation training programme, based on Kegel exercises, with a DKV Health and Well-being Club discount voucher, via a mobile or PC / Tablet, whereby the activity of the muscles of the pelvic floor are monitored and registered online so that the user and/or the doctor can follow-up.

## **4.7 Residential services and family assistance services**

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

A professional will accompany you during your hospitalisation and take care of you for as long as you need.

### **4.7.2 Postpartum home services**

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

### **4.7.3 Home care services**

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

**a) Personal Care:** They provide personal hygiene, companionship at the home, and change of posture and personal hygiene for the bedridden.

**b) Care of the home:** Qualified personnel carry out the domestic shopping, clean the home and even provide a cooking service.

#### **4.7.4 Fixed and portable teleassistance service**

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

#### **4.7.5 Home adaptation service**

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

#### **4.7.6 Network of retirement homes for senior citizens**

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

#### **4.7.7 Assisted flats system**

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

### **5. Network of clinics in the USA**

This service offers customers of DKV Mundisalud access to a wide range of selected associated clinics in the USA for a programmed medical-surgical admission.

Insured persons who wish to be attended to in these hospitals, with prior application and authorisation from DKV Seguros, will not have to pay the invoices in full and request a subsequent refund, but will only have to pay the proportion not covered by the policy taken out (when applicable) and DKV Seguros will pay the amount covered.

In addition, DKV Seguros can take care of the travel arrangements and transfer to the hospital, if the customer wishes.

## 6. Call centre

### **General information and authorisations.**

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

# **Insurance policy: General conditions**

# 1. Preliminary clause

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

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

The contract consists of the following documents:

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

- > The supplements or appendices

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

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

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

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

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

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

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

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

## 2. Basic concepts. Definitions

For the purposes of this contract, the following terms are defined as:

### A

#### **Accident**

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

#### **Actuarial age**

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

#### **Additional curing aids**

Elements, anatomical parts and devices as prescribed by a doctor and purchased in orthopaedics centres, pharmacies, opticians or similar establishments that are applied for the treatment of a wound or injury, or to prevent or correct deformities of the human body.

#### **Angiogenesis inhibitor**

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

#### **Artificial insemination**

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

### B

#### **Biological or synthetic material**

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

Includes cell transplants for regenerative purposes.

### **Biomaterial**

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

## **C**

### **Cardiac rehabilitation**

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

### **Clinical psychology**

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

### **Clinical psychologist**

Graduate in Psychology who specialises in Clinical Psychology.

### **Collective insurance modality**

When taking out insurance, it is considered that the insurance policy is of a collective modality when it includes a minimum of ten insured persons linked by a bond other than the interest of insuring, that fulfil the legal conditions for insuring and whose coverage is made by means

of obligatory adhesion (closed collective) or voluntary adhesion (open or co-financed collectives) to some contracting conditions and/or single contract previously agreed with DKV Seguros and the contracting collective.

### **Complete medical care**

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

### **Congenital abnormality, defect, illness or injury**

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

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

### **Cost-efficiency analysis**

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

### **Contract incontestability**

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

## **D**

### **DKV Health Care Network**

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

## **E**

### **Enzymatic and /or molecular inhibitor**

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

### **Excess**

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

### **Exclusion period**

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

### **External means**

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

### **Extra premium**

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

## **F**

### **Fertile age**

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

## **G**

### **Genetic therapy**

The process that allows for the treatment of hereditary illnesses, cancer, infections and other illnesses, by modifying cellular genomes.

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

### **Grace period**

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

## **H**

### **Heliocoidal radiation therapy or tomotherapy**

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

### **High medical technology**

Refers to the new applications of electronics, computer science, robotics and bioengineering in the field of medicine, especially in diagnosis technologies and medical treatment. These techniques are characterised by a high investment cost, the need

for specialised personnel, and are subject to reports from the health technologies assessment agencies (AETS) to verify whether their security and effectiveness in the different indications are sufficiently strong to replace the existing technology.

### **Hospital or clinic**

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

### **Hospital care for social or family reasons**

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

## **I**

### **Illness or injury**

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

### **Immunotherapy or biological therapy**

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

### **Implant**

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

### **Individual insurance modality**

When taking out insurance, it is considered that the insurance policy is of an individual modality when it includes a minimum of one insured person and a maximum of nine, linked by a bond other than the interest of insuring, commonly first-degree relatives (the holder, spouse or common law partner, and their non-emancipated children under 30 living

in the same family residence), and whose coverage in any case is carried out by means of obligatory adhesion (closed collective) or voluntary adhesion (open or co-financed collectives) to some contracting conditions and/or single contract previously agreed with DKV Seguros and the contracting collective.

### **Infertility**

The absence of a couple achieving pregnancy after 12 months of sexual relations without using a contraceptive method, or the reproductive inability of same-sex couples.

### **Inpatient health care**

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

### **Insurance application or preliminary information document**

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

### **Insured person**

The individual who receives the health care.

### **Insurer**

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

### **Intensity modulated radiation therapy (IMRT)**

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

### **In Vitro Fertilisation (IVF)**

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

## L

### **Life threatening emergency**

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

### **Limiting clause**

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

## M

### **Major outpatient surgery**

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

### **Medical and surgical fees**

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

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

### **Medical or surgical hospital care**

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

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

**The expenses that are generated during each day of hospital admission have a maximum limit depending on the country, the type of admission (general or intensive care) and its duration (long-term or short-term hospitalisation).**

### **Medicine**

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

## N

### **Neonatal care**

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

### **Neurological rehabilitation**

All the physical therapy (also known as neurological physiotherapy) prescribed by a neurologist or specialist in rehabilitation and

carried out by a physiotherapist in a specific rehabilitation centre, with the purpose of returning, to the extent possible, normal mobility to patients that have been affected by the consequences of a motor-sensitive impairment due to a **severe acquired brain injury**.

#### **N.I.C.E clinical guides.**

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

## **O**

### **Orthopaedic material and arch supports**

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

### **Osteosynthetic material**

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

### **Outpatient health care**

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

Major outpatient surgery is not included in this concept.

### **Own means**

Doctors and centres included in the DKV Health Care Network.

## P

### **Pain unit**

Medical service specialised in the treatment of chronic pain.

### **Physician**

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

### **Policy**

The insurance contract, the document that contains the general conditions, the particular conditions, the special conditions, plus the supplements or appendices that are issued to establish additions to or change the above.

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

### **Policyholder**

The individual or legal entity that, together with the Insurer, enters into this contract with DKV Seguros and accepts the obligations derived therefrom, except for the obligations of the insured person.

### **Pre-existence**

Health condition (for example pregnancy), alteration or organic disorder that existed before the moment of taking the policy out, regardless of whether or not a medical diagnosis has been given.

### **Pre-existing health condition**

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

### **Premature or preterm childbirth**

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

### **Premium**

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

### **Psychotherapy**

Method of treatment used on a patient suffering from a psychiatric conflict with a psychiatrist's prescription or recommendation.

## Q

### **Questionnaire or health declaration**

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

## R

### **Radical or oncologic surgery**

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

### **Regenerative medicine**

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

### **Rehabilitation**

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

### **Robotic or computer assisted surgery**

Surgical acts that a robot carries out, guided by images or computer assisted, following the instructions of a surgeon aided with a telerobotic assistant for laparoscopic system and/or that assisted by a virtual reality computerised system or navigator with computer obtained 3D images.

## S

### **Short stay surgery**

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

### **Special care unit**

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

### **Surgical operation**

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

### **Surgical prostheses**

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

## T

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

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

### **Traffic accident**

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

# 3. Type, extension and territorial scope of the insurance policy

## 3.1 Purpose of the insurance policy

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

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

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

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

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

## 3.2 Modality of the insurance policy

The policy “DKV Mundisalud” is based on a mixed system in which the insured person can choose between:

- > **Receiving the services through the associated DKV Health Care Network all over Spain, showing the MEDICARD® and the corresponding authorisation, where required (Own Means Care Modality)**
- > **Free choice of doctors or centres other than those in the associated network**

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

**Under no circumstances will DKV refund the insured person for invoices issued by doctors and centres in the associated DKV Health Care Network.**

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

The modality of the service provided is that specified in article 105, paragraph 1 of the Insurance Contract Act -payment of healthcare expenses-, without directly assuming the provision of services supplied by professionals and qualified centres. In the event 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 releasing DKV Seguros free from any responsibility.

The modality of the insurance policy and determined coverage vary depending on the type of subscription taken out by the insured person. There are two modalities when it comes to taking out insurance: the individual insurance modality, with access to some exclusive coverage (see Appendix II), and the collective insurance modality, which does not have access to such exclusive coverage.

### 3.3 Territorial scope

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

In the external means care modality the insured person in any “DKV Mundisalud” category (except for “DKV Mundisalud Combinado”, whose territorial scope is restricted to Spain) may go to any doctors or centres anywhere in the world even if not included in the DKV Network of Healthcare Services, provided that his habitual residence is in Spain for at least nine months of the year, unless otherwise expressly authorised expressly by DKV Seguros.

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

#### Specific regulations for own means care modality

##### In the DKV Health Care Network

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

**b)** The services covered by the policy may have free access or require previous authorisation from DKV Seguros.

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

Hospital admissions, surgery, prostheses and surgical implants, psychotherapy sessions, preventative

programmes or check-ups, transfers by ambulance, therapeutic acts and complex diagnosis tests, which are detailed in the DKV Health Care Network, require authorisation.

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

**d)** Under no circumstances will DKV Seguros refund the insured person for invoices issued by doctors or centres belonging to the associated DKV Health Care Network, or any service that required previous authorisation which had not been given beforehand.

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

Similarly, you may be asked to show your identity card or some other official document verifying your identity (Passport, Residence permit, etc.), if required by the healthcare or auxiliary staff.

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

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

Despite that mentioned in the previous paragraphs, in emergency cases the insured person, or person acting on his or her behalf, has to notify DKV Seguros of the claim in a demonstrable manner to obtain their confirmation and authorisation within 72 hours following admission, or after receiving health care.

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

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

**Specific regulations for external means care modality. Health care received outside the DKV Health Care Network:**

- a) For the purposes of this policy, a claim is understood to have been made when the insured person requests a refund.
- b) Within a maximum period of fifteen days, the policyholder or insured person must request the refund of the medical expenses guaranteed by the policy and present DKV Seguros with the paid invoices clearly showing all the external services received, the doctor's prescribing note and the medical report specifying the origin and nature of the illness.

To do so, DKV Seguros has prepared a special "Refunds Form" to complete. The administrative requirements are described on the back of this document.

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

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

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

- > Once the refunds form has been submitted with the reports and original invoices showing the services received, DKV Seguros will pay the costs according to the percentage and limits established in the policy and the table of coverage and limits in the appendix
- > The payment will be made to the current account indicated. Payment made in this way is totally valid, efficient and final for DKV Seguros
- > Invoices paid in foreign currencies by the insured person will be refunded in Spain in euros according to the exchange rate on the day of payment, or else that of the issuing date of the invoice, or otherwise the date on which the service was provided
- > The costs of translating reports, invoices, or bills for doctors' fees will be settled by DKV Seguros if and only if they are in English, German, French or Portuguese.

Those of other languages must be paid by the insured person

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

### **3.5 Subrogation clause or surrender of rights**

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

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

## 4. Description of the coverage

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

Based on whether they are usually provided in a hospital or on an outpatient basis:

### a) Outpatient care

Outpatient Care includes all the consultations of primary care, emergencies and medical or surgical specialities, as well as means of diagnosis, therapeutic methods and complementary coverage on an outpatient basis.

Specifically included are the following:

- > The specific preventive programmes, detailed in Section 4.7 (including preparation for birth)
- > Clinical psychology
- > Fitting an IUD

- > Speech therapy and speech pathology, including speech re-education therapy
- > Minor surgery corresponding to Surgical Groups 0 and I, according to the directory “Classification terminology and coding of events and medical techniques” of the OMC, exclusively carried out by healthcare professionals in consultations. You can consult the complete list of the surgical acts included in the aforementioned groups via the latest version of the OMC directory, valid for the current year, at [www.cgcom.org](http://www.cgcom.org)
- > Sleep unit or polysomnography
- > Pain unit for the treatment of chronic pain

### b) Hospital care

Hospital care includes the expenses arising from a stay in hospital and the medical and surgical fees derived from the treatment given, including pre-operative or pre-anaesthetic

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

Specifically included in this care modality are other treatments described in section 4.6 of the General Conditions.

## Based on the care modality taken out:

### 4.1 Primary care

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

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

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

**Nursing services: (injections/cures):** Services of Healthcare Technical Assistant or University Graduate (ATS/DUE) that will be given in a centre

and at home with a prior written prescription from the doctor attending the insured person.

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

Transport with incubators is included.

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

### 4.2 Emergency care

**Care at home:** For justifiable cases and only in areas where DKV Seguros has the service available, health care at home for general medicine, paediatrics, nursing and ambulance will be provided where required.

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

**Emergency outpatients service:** In a health centre with 24-hour service, including ambulance.

**Emergency hospital service:** For emergency health care provided at a hospital.

### 4.3 Medical specialities and surgery

**Allergy & immunology treatment:**

The vaccines will be at the expense of the insured person, except for that stipulated in section 4.7.1 regarding the **Child Health Programme**, up to the limits stated in the table of coverage and limits in the appendix to the particular conditions.

**Anaesthesiology-resuscitation:**

includes epidural anaesthesia.

**Angiology and cardiovascular surgery.**

**Brain surgery.**

**Cardiology-circulatory system:**

Includes cardiac rehabilitation after acute myocardial infarction.

**Cardiovascular surgery.**

**Dermatology (medical & surgical).** includes outpatient phototherapy with narrowband (UVB-BE) ultraviolet radiation B for the indications given in Section 4.5 (“therapeutic methods”) of the general conditions.

**Digestive apparatus.**

**Endocrinology and nutrition.**

**General and gastrointestinal surgery.**

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

**Geriatrics.**

**Gynaecology:** Includes diagnosis and treatment of women’s illnesses. Coverage includes a yearly gynaecological check-up, family planning, the use of surgical lasers (CO<sub>2</sub>, Erbium and diode) and fertility and sterility tests.

**Haematology & haemotherapy.**

**Internal medicine.**

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

**Nephrology.**

**Neonatology.**

**Neurology.**

**Nuclear medicine.**

**Obstetrics:** Including control of pregnancy and childbirth assistance.

Includes “triple screening” or EBA-Screening (the first trimester combined test) and amniocentesis or Chorion biopsy to obtain the chromosomal karyotype for the diagnosis of foetal anomalies, **up to a maximum limit per person and per calendar year stipulated in the table of coverage and limits attached to the particular conditions when the insured person uses other means than the DKV Health Care Network. This limit includes, as a whole, the sum of any of the aforementioned tests (amniocentesis, triple screening, EBA-Screening and corion biopsy).**

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

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

or an elective Caesarean section is considered due to pregnancy complications, **before week 37 of gestation.**

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

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

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

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

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

**Orthopaedic surgery:** Includes arthroscopic surgery, percutaneous nucleotomy and chemonucleolysis.

### **Oral and maxillofacial surgery.**

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

### **Paediatric surgery.**

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

**Plastic and repair surgery:** Surgery to treat injuries using plasties and grafts.

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

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

**2. Reduction mammoplasty in women above 18 years of age with gigantomastia (a volume over 1500 grams or ml in each breast) that,**

**in addition, have a sternal distance (nipple to sternum-bone notch) greater than 32 cm, have a body mass index lower than or equal to 30 and require a minimum removal of 1000 g per breast.**

### **Pneumology-respiratory tract:**

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

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

**Psychiatry:** Mainly neuro-biological treatment.

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

### **Neurological rehabilitation in**

**severe acquired brain injury:** specific physical therapy, on an outpatient basis, with a **maximum limit of 60 sessions during the term of the policy and/or the lifetime of the insured person** in centre with a suitable rehabilitation service for such purpose and exclusively to treat the

following indications: **stroke, anoxia or hypoxia, meningitis and encephalitis, traumatic brain injury from accidents covered by insurance, brain tumour surgery, and radiosurgery to remove brain tumours.**

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

#### **Rheumatology.**

**Thoracic surgery:** includes sympatectomy by hyperhydrosis (treatment for excessive sweating).

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

#### **4.4 Diagnostic aids**

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

#### **Clinical, anatomopathological and smear tests.**

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

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

**Endoscopic examinations:** digestive, diagnostic and/or therapeutic.

**Fibrobroncoscopic:** diagnostic and/or therapeutic.

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

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

**Neurophysiology:**

electroencephalograms,  
electromyograms, etc.

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

**Interventional or invasive vascular and visceral radiology.**

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

**High diagnostic technology:** In the corresponding DKV Health Care Network, provided in reference centres throughout the country.

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

**b)** Magnetic resonance arthrography (MRAr) for **tendon and intra-articular injuries that are difficult to diagnose**, Magnetic resonance cholangiography (MRCP) and cholangiopancreatography (ERCP) allows three-dimensional reconstruction and **exclusion**

**of choledocholithiasis in cholecystectomy patients, and oncology in bile and pancreatic ducts.**

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

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

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

**f)** Genetic and molecular biology tests: covered with a doctor's prescription **provided that they have an effect on**

**the treatment of a current illness, or that are necessary to obtain a different diagnosis that cannot be confirmed by any other means, according to the criteria established by the Health Care Technology Assessment Agencies.**

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

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

#### **4.5 Therapeutic methods**

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

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

**Analgesic and pain killing treatment:** covers techniques employed by specialised units **with limitations for**

**outpatients' medication, as stipulated in the General Conditions (see section 5.X. of "Excluded coverage").**

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

**Home therapy for severe Apnoea-Hypopnea (SAHS):** by means of CPAP/ BiPAP devices for supplying air at a continuous preset positive pressure, **up to a maximum limit of sessions per insured person per calendar year** (sum of own means and external means) established in the table of coverage and limits in the appendix, **when the Apnoea Hypopnea Index per hour (AHI) is over 30.** Includes polysomnography of dose titration to adjust the device and obtain the appropriate level of treatment.

**Radiotherapy:** this includes the linear accelerator, cobalt therapy, intracranial stereotactic radiosurgery, intensity modulated radiotherapy

**(IMRT) and radioactive isotopes whose therapeutic and diagnostic usefulness is authorised by the EMA (European Medicines Agency) and the NICE clinical guidelines.**

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

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

**1. Stereotactic body radiation therapy (intracranial)**

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

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

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

**Dialysis and hemodialysis:** this service is offered both to outpatients and hospitalised patients, for the treatment of acute renal insufficiency, except in the DKV Mundisalud Premium individual modality, which also includes the treatment **for chronic renal insufficiency in the DKV Health Care Network with the required authorisation of DKV Seguros.**

**The treatment of acute renal insufficiency is expressly excluded in all modalities of DKV Mundisalud, except in the DKV Mundisalud Premium individual modality, when the treatment is carried out in the DKV Health Care Network (own means) with the required authorisation of DKV Seguros.**

**Chiropody:** Chiropody treatment.

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

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

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

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

**Blood and plasma transfusions:** in hospitals.

**Therapy with platelet-rich plasma or platelet-rich growth factor (PRGF) in joint replacement surgery (arthroplasty) and in the surgical treatment of non-consolidated fractures (pseudoarthrosis).**

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

**Laser therapy and magnetotherapy:** as techniques of rehabilitation.

**Renal and vesicular extracorporeal shock wave lithotripsy (ESWL).**

**Muscle-skeletal lithotripsy up to the maximum limit of sessions per insured person and calendar year according to that specified in the table of coverage and limits attached to the particular conditions (sum of own means and external means).**

Pseudoarthrosis, osteonecrosis and chronic insertion tendinitis (over 3 months) of the shoulder, elbow, knee, heel and sole of the foot, when the medical and/or rehabilitative treatment has failed is also covered.

**High therapeutic technology:**

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

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

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

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

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

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

**d) Robotic laparoscopic surgery in radical prostatectomy organ-confined:** included in accordance with generally accepted protocols, with unlimited coverage, in the DKV Health Care Services Network (own means), provided the procedure is performed using the da Vinci robotic laparoscopic system and the insured person has obtained prior authorisation from DKV Seguros. **In the event that the insured person chooses to avail of external means to the DKV Network, DKV Seguros will refund the expenses incurred up to the maximum limit per insured person and year stated in the table of coverages and limits attached to the specific conditions.**

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

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

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

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

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

There is also a **maximum reimbursement limit per speech re-education session** when the insured person uses means that are external to the DKV Health Care Network, and a maximum of sessions covered per insured person/year (sum of own means and external means) in each of the aforementioned item. **Both limits are established in the table of coverage and limits attached to the particular conditions.**

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

With reference to medication, DKV Seguros will only cover expenses for **specific cytostatic pharmaceutical products** that are sold on the domestic market and which are duly authorised

by the Ministry of Health, as detailed in "Cytostatic" in section 2 of Basic Concepts-Definitions, as well as the intravenous BCG (Bacillus Calmette-Guérin) drip feeds and palliative medications without antitumoral effect that are administered in a simultaneous way in the same treatment session together with cytostatic medications, to avoid their adverse or side effects and/or to control the symptoms of the illness.

#### 4.6 Hospital care

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

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

**In addition, the following is specifically included:**

- > Oncology treatment: radiotherapy, brachytherapy and chemotherapy
- > Therapy with platelet-rich plasma or platelet-rich growth factor: in joint replacement surgery and in the surgical treatment of non-consolidated fractures

- > OSNA technique or method: intra operative molecular diagnosis of the sentinel node for breast cancer at an early stage, without lymphatic extension
  - > Renal and vesicular and muscle-skeletal lithotripsy
  - > Dialysis and haemodialysis
  - > Surgery of Groups II to VIII of the OMC carried out exclusively in a hospital centre
  - > Major outpatient surgery
  - > Interventional or invasive vascular and visceral radiology
  - > Family planning methods: tubal ligation and vasectomy
  - > Intracranial stereotactic radio neurosurgery
  - > Arthroscopic surgery
  - > Turbinate surgery or turbinoplasty and adenoamigdaloplasty by radiofrequency
  - > Surgical laser in gynaecology, ophthalmology, proctology, peripheral vascular surgery and otorrinolaringology
  - > Endourologic Holmium laser and Green laser (KTP and HPS), Diode and Thulium for the surgical treatment of benign prostatic hiperplasia
  - > Percutaneous nucleotomy and chemonucleolysis
  - > High therapeutic technology (**see details of the covered treatments in section 4.5 Therapeutic methods**)
  - > Surgical prostheses
  - > Daily compensation for hospital care
- Hospital admission includes the use of an individual room with toilet and bed for a companion (except for psychiatric hospital care, in ICU and incubator), the patient's maintenance, general nursing expenses, special care unit, complementary means of diagnosis, treatments, material, surgical expenses and delivery room, anaesthetic products and medications and implants of biological medication and/or medicalised biomaterials for therapeutic purposes specified in section 4.7 "Surgical prostheses" of the general conditions. **The therapies in section 5.r "Excluded coverage" and the biological medication and/or medicalised biomaterials not specified in section 4.7 are expressly excluded.**
- Within this scope, the following is considered for the maximum reimbursement limit for each day of hospitalisation services in external means, according to its duration:**

**a) Short-term general hospitalisation:** any hospital admission or hospital stay for whatever reason, **with a duration of five days or less.**

**b) Long-term general hospitalisation:** any hospitalisation for any reason with a **duration above or equal to six days** (except for ICU)

**c) Hospital care in Intensive Care Unit:** any hospitalisation stay in medical units specialising in providing this type of medical care.

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

**1. Medical hospital care** (without surgical intervention).

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

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

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

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

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

**5. Psychiatric hospitalisation.** Includes care provided by a psychiatrist. Only covered in the event of acute outbreaks. **The stay is limited to maximum period of days per calendar year established in the table of coverage and limits attached to the particular conditions**, whereby we will total the days of hospitalisation produced in the DKV Health Care Network and those in the external means care modality.

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

**7. Hospital care for dialysis and artificial kidney.** Includes the care given by an internist or nephrologist

for the treatment of acute renal insufficiencies.

In addition DKV Mundisalud Premium, in its individual modality, covers the treatment of acute renal insufficiency in the DKV Health Care Network, arranged by DKV Seguros.

#### 4.7 Complementary coverage

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

##### 1. Infant health program.

Includes

- > Exercise classes and psychoprophylactic preparation for birth, with practical and theoretical classes in child care; and preventive rehabilitation of the pelvic floor after childbirth, in the corresponding authorised centres belonging to the “DKV Network of Healthcare Services”, **up to a maximum of three sessions per childbirth**
- > Check-up of the new born baby, including metabolic screening tests (phenylketonuria and primary congenital hypothyroidism), otoacoustic emissions (OAE) or neonatal auditory screening for the early detection of hypoacusis, visual acuity test and neonatal ultrasound
- > The programme of child vaccination, which is compulsory in Spain, in associated centres, provided that they are authorised by the autonomous communities
- > **Reimbursement of vaccines recommended by the Spanish Association of Paediatricians (cost of medication)**, which are not covered in the calendar of compulsory child vaccinations of the Spanish Autonomous Regions, provided that they are prescribed by a paediatrician. The following are included: vaccination **against rotavirus in infants, meningitis B in children under 1 year of age, and human papillomavirus (HPV) in children (male) that are 12 years of age and women under 26 who have not had the proper vaccination.**
- > **Low-grade (L-SIL) or post-conisation** squamous intraepithelia dysplasia is also included for women under 55 with genital warts, as part of the cervical cancer prevention programme.
- > For these vaccines, **there is a maximum refund limit per vaccine (unit), and another maximum limit accumulated per insured person per year** (total of expenses for this concept under both own and external means), established in the table of coverage and limits in the appendix to the particular conditions

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

## **2. Programme for the early detection of diabetes.**

Includes:

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

## **3. Programme for the early detection of glaucoma**

Includes:

- > Starting at the age of 40, the measurement of intraocular pressure (IOP) every 3 years
- > When there is a family history of glaucoma, an annual control of intraocular pressure.

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

## **4. Programme for early detection of gynaecological cancer in women:**

Includes:

- > Periodic examinations for the early diagnosis of tumours in the breast and uterine neck
- > Annual gynaecological check-up, which includes check-up consultation, colposcopy, cytology, gynaecological ultrasound scan, and mammography according to commonly accepted protocol
- > HPV TEST (DNA-HPV) to detect a Human papillomavirus (HPV) infection in women with cervical-

vaginal cytology (Bethesda Classification) and after conization, and to identify and treat cervical lesions with a high risk of developing a cervical carcinoma at an early stage

## 5. Coronary risk prevention programme

Includes:

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

## 6. Skin cancer prevention programme

Includes:

- > Consultations and revision of changes in size, colour and shape of the dysplastic or atypical nevus

- > Digital epiluminescence microscopy or dermatoscopy for the early diagnosis of the melanoma:

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

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

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

Includes:

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

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

Includes:

- > Medical consultation and physical examination

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

**9. Dental health programme.** Starting in infancy for the prevention of caries, periodontal illness and problems of bad dental positioning or occlusion

Includes:

- > Dental consultation and exploration of state of dental health
- > Correction of eating habits
- > Taking up appropriate dental hygiene
- > External fluorisation
- > Fissure sealers and obturations (fillings) up to the age of 14
- > Tartrectomies or dental cleans, as required

**Clinical psychology.** Includes psychotherapy sessions on an individual basis as Outpatient treatment, given by a psychologist with the prior prescription of a psychiatrist or paediatrician, provided its objective is the treatment of the following pathologies subject to psychological intervention.

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

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

For DKV Mundisalud Combinado, Psychotherapy is included only via the “DKV Health Care Network” (Own Means Care Modality) up to a limited

number of sessions per insured person per year, which is regulated by these General Conditions (see section 7.6 DKV Mundisalud Combinado).

**Family planning.** Includes the following services:

- > Fitting of the IUD, includes the reimbursement of the intrauterine device's cost in the percentage established in the policy modality, **up to a maximum reimbursement limit that is set forth in the table of coverage and limitations annexed to the particular conditions**
- > Tubal ligation
- > Vasectomy

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

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

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

It also includes osteosynthesis material, surgical mesh for the repair of defects of the abdominal wall, tension-free suburethral bands and

mesh for containing the pelvic floor surgery for urinary incontinence and prolapse of the pelvic organs, valves for hydrocephalus, external extra-skeletal braces, testicular prosthesis for orchidectomy after oncological process or an accident, skin expander, breast prosthesis and mesh covering only in reconstruction after radical surgery **(except in DKV Mundisalud Premium, which covers the toric or multifocal lens up to a maximum limit per operated eye).**

**There is no maximum coverage limit for prosthetic material and implantology through the DKV Health Care Network (own means) in DKV Mundisalud Premium, provided that DKV Seguros has given the compulsory prior authorisation.** The rest of the DKV Mundisalud modalities neither have a maximum coverage limit in own means, provided that DKV Seguros has given the compulsory prior authorisation, **except for the aforementioned vascular and heart prostheses, which will have a limit of coverage per insured person and year as established in the table of coverage and limitations attached to the particular conditions for surgical prosthesis.**

**In the external means healthcare modality, when the aforementioned prosthetic and implant material is acquired in centres not belonging to the DKV Health Care Network and/**

**or without DKV Seguros' compulsory prior authorisation before surgery,** the billing expenses will be reimbursed in the percentage and **up to the limit of coverage established in the table of coverage and limitations attached to the particular conditions of this policy.**

**To calculate the annual coverage limit for prostheses per insured person, all the expenses arising through the DKV Health Care Network (also cardiovascular prostheses authorised by own means, if the case) and outside the Network authorised by DKV Seguros (healthcare modality of reimbursement of expenses in external means) will be taken into account.**

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

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

**Healthcare assistance for HIV/AIDS (acquired immune deficiency syndrome) and for illnesses caused by the human immunodeficiency virus (HIV) are included:** it covers the expenses arising from the treatment with the limits and exclusions established for healthcare compensation in the different applicable sections of the general conditions (sections 2, 3, 4, 5 and 6). In addition, **an exclusion period and a total maximum limit per insured person is established during the term of the policy and/or the lifetime of the insured person, which is specified in the table of cover and limitations annexed to the particular conditions** (own and external facilities count together).

#### 4.8 Exclusive coverage

**Only the contracting of the insurance policy “DKV Mundisalud” complete medical care in its individual modality grants the insured person access to the following additional guarantee:**

1. Refund of alternative and complementary therapies (homeopathy and acupuncture).
2. Refund of expenses for family care and/or dependency, in the event of being awarded Dependency level 3 due to an accident.

3. Reimbursement for medication expenses.

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

**In addition, when taking out the DKV Mundisalud Classic, Élite or Premium complete health insurance policy in its individual, the insured person will have access to the following additional coverage:**

1. **Assisted reproduction.** The assisted reproduction techniques are covered during the period of maximum fertility (over 18 years old, and up to 42 in women and 55 in men) in the infertility treatment of couples. To qualify for this coverage, both partners must be insured and must not have a child in common.

The treatment, with the company's required authorisation, shall be received **exclusively through the corresponding assisted reproduction medical and clinical centres associated to the "DKV Network of Healthcare Services"**, even if they are not located in the insured persons' province of residence, **with a grace period of 48 months**.

**The description of this exclusive coverage, the modality, territorial scope, purpose, form of access, grace period, coverage limitations and excluded risks are established in Appendix II** (Exclusive coverage of the DKV Mundisalud insurance in its individual modality) **and in the sections of general conditions that define the insurance coverage:** section 2 "Basic concepts. Definitions", section 3 "Insurance modality and scope", section 4 "Description of the coverage", section 5 "Excluded coverage" and section 6 "Grace and exclusion periods".

#### **4.9 Travel assistance**

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

## 5. Excluded coverage

Excluded from the general coverage of this insurance policy are:

- a) The coverage of all kinds of preexisting illnesses, injuries, ailments, states or medical conditions (for example pregnancy) and their consequences, as well as the congenital, constitutional or physical defects and those that are a result of accidents, or illnesses and their consequences have been suffered previously to the date of inclusion of each insured person in the policy.
- b) All the diagnostic and therapeutic procedures whose safety and cost effectiveness are not scientifically proven and/or have not been ratified by Healthcare Technology Assessment Agencies, or which have been rendered obsolete.
- c) Physical damage that is a consequence of wars, mutinies, revolutions and terrorism; that which is caused by officially declared epidemics; that which

is directly or indirectly related to radiation or nuclear reaction; and that which results from cataclysms (earthquakes, floods and other seismic or meteorological phenomena).

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

**e) Healthcare for the treatment of chronic alcoholism and/or drug addiction of any type, as well as their complications and consequences, and healthcare to those injured due to drunkenness, 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.**

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

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

**three-phase oxygen therapy, presotherapy, ozonotherapy, the modalities of phototherapy and its indications not detailed in section 4.5, and other similar services, as well as orthoptics and medical specialities not officially recognised.**

**Also exempt are medical – surgical treatments with radiofrequency techniques except for adenoamigdaloplasty and turbinate surgery or turbinoplasty.**

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

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

**Health care provided in non-associated private centres; public hospitals, public centres and other establishments that are part of the Spanish National Health System; and/or those dependent on the Autonomous Communities are also excluded, except for the stipulated**

cases (see section 3.4 Care via means other than the DKV - UMLF Health Care Network).

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

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

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

k) Preventive medicine and general check-ups, all types of vaccines and the supply of extracts in allergic processes other than those detailed in the specific prevention

programmes included in section 4.7 (“Complementary Coverage”) of the general conditions are also excluded.

l) The voluntary interruption of pregnancy and selective instrumental embryonic reduction in any circumstance, prior reconstructive contraceptive surgery techniques, as well as treatment of infertility, seminal washing techniques and any type of assisted fertilisation techniques, except for what is specified in Appendix II, section 3 “Exclusive coverage” of the DKV Mundisalud Classic, Élite and Premium insurance with complete medical care in its individual modality, which is subject to the risk exclusions and limits established in section 3.1.6 [a - i] of the same Appendix.

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

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

n) Special dentistry: endodontics, periodontics, orthodontics, fissure sealants and obturations or fillings in people over 14 years old, reconstructions, dental prostheses, apicectomies, implantology and the diagnostic methods necessary to carry out these treatments, except in DKV Mundisalud Premium where it is included (except for cosmetic dentistry) by reimbursement with the limits established in the table of cover and limitations attached to the general conditions.

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

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

Group or couple psychotherapy, psychological and psychometric tests, psychosocial or neuropsychological rehabilitation, educational therapy

or cognitive/behavioural therapy for oral and written communication disorders, and developmental of diverse origin, except for what is expressly included in section 4.7 “Description of Clinical psychology coverage” are also excluded.

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

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

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

s) The hyperbaric chamber. Dialysis and hemodialysis in the treatment of chronic diseases, except in DKV Mundisalud Premium in its individual modality due to being covered by the DKV Health Care Network arranged by DKV Seguros.

t) Health care for viral hemorrhagic fevers, as well as their complications and consequences. Healthcare expenses derived from HIV/AIDS and illnesses caused by the virus, when they exceed the maximum quantity guaranteed in the table of cover and limitations included as an appendix to these general conditions for this coverage.

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

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

w) The transplants or auto transplants of organs, grafts, or autografts, except for those described in the section “Therapeutic methods” of the general conditions. Also, in the case of transplants, the extraction, transport and conservation expenses of the organ

are excluded, except in cornea transplants.

x) Pharmaceutical products, medications and additional curing aids of any kind, except for those detailed in section 2.3 of Appendix II of the general conditions “Exclusive coverage of DKV Mundisalud in its individual modality” and those that are administered to the insured person during his admission to hospital (minimum 24 hours). In any event, biological medications or biomaterials not specified in section 4.7 “Surgical prostheses” and the therapies in section 5. r of “Excluded coverage” are also expressly excluded, although they may be given during a stay in hospital.

Oncological chemotherapy only covers expenses for specific cytostatic pharmaceutical products that are detailed in “Cytostatic” in section 2 of “Basic Concepts-Definitions”. Expressly excluded from this concept are anti-tumour immunotherapy, monoclonal antibodies, genetic therapy, endocrinal and hormonal therapy, enzymatic and/or molecular inhibitors, anti-angiogenic pharmaceuticals and sensitizers used in photodynamic and radiation therapy.

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

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

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

## 6. Grace and exclusion periods

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

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

1. Surgery and hospital care, including surgical prostheses, for any reason and of any kind, except in the cases of a life-threatening emergency or as the result of an accident.
2. Treatment for any kind of childbirth (except premature childbirth) or Caesarean operation.
3. Transplants

4. Assisted reproduction techniques (see Appendix II, section 3 **“Exclusive coverage of DKV Mundisalud Classic completo, Élite and Premium in their individual modality.”**

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

The grace and exclusion periods to access these health care services will apply both in the own means care modality, known as DKV Health Care Network, and in the external means modality.

# 7. Services according to the health care modality contracted

The healthcare services detailed in section 4 of these general conditions can be contracted with seven different modalities:

## 7.1 DKV Mundisalud Classic hospital care

Mixed refund insurance policy that only includes the services described in Section 4.6 Hospital Care of these General Conditions.

It also includes hospital emergency care - if necessary - with admission, travel assistance and access to some complementary additional services.

It allows the insured person either to select hospital care in the “DKV Health Care Network” (own means care modality), or to go to medical and hospital centres in Spain and abroad that are not included in the DKV Health Care Network (external means care modality), and to request the refund of the invoices (see Section 3.4 “Access to Coverage”).

In both cases a previous grace or exclusion period is required to access certain service, as described in section 6. “GRACE AND EXCLUSION PERIODS” (details in the table of coverage and limits attached to the particular conditions).

**If the insured person goes to doctors and hospitals other than those in the DKV Health Care Network** (external means care modality), he has the right to the following, provided they are services that are covered by this insurance policy:

- > **A percentage refund** of the total amount of the invoice, depending on whether this was raised in Spain or abroad (see table of coverage and limits in the appendix to the particular conditions)
- > **Up to the maximum limits specified in the table of coverage and limits attached to the particular conditions, which will be applied to the following guarantees and coverage:**

- **Maximum capital guaranteed** in the policy per insured person and calendar year
  - Hospital care (section 4.6 of the general conditions) has a maximum guaranteed capital per insured person per calendar year
  - The expenses that are generated during each day of hospital admission have a maximum limit depending on the country, the type of admission and/or its duration (see section 4.6.Hospital care and table of coverage and limits attached to the particular conditions), that will be applied to the stay (standard individual room with toilet and companion's bed), the patient's maintenance, general nursing expenses, intensive care unit, complementary means of diagnosis, therapeutic aids, operating theatre expenses, material, delivery room, anaesthetic products and medications.
  - Medical fees for medical or surgical admission, including surgeon, assistants, anaesthetists and medical team in general, up to a maximum limit per insured person per year
  - For psychiatric hospital care the stay is limited to that stipulated in section 4.6.5 of these general conditions
  - Surgical prostheses have a maximum limit according to that stipulated in section 4.7 of these general conditions
  - Daily compensation for hospital care, according to that indicated in section 4.7 of these general conditions
  - Other medical and surgical hospital services, according to the coverage indications and limitations established in sections 4.3 and 4.6 of these general conditions for hospital care
- Excludes: outpatient medical care (primary and specialist care, care at home, outpatient emergencies, complementary means of diagnosis, therapeutic methods not specifically detailed in section 4.6, programmes on preventive medicine, clinical psychology and healthcare transport).**
- ### 7.2 DKV Mundisalud Complet
- Mixed refund insurance policy that integrates all the specialities, health care and services described in section 4 'Description of the Coverage', within these General Conditions.
- It also includes access to some complementary Additional Services.
- It allows the insured person to either select hospital care in the "DKV Health Care Network" (own means care modality), or to go to medical and

hospital centres in Spain and abroad that are not included in the DKV Health Care Network (external means care modality), and to request a refund for the invoices (see Section 3.4 “Access to Coverage”).

In both cases a previous grace or exclusion period is required to access certain service, as described in section 6 “GRACE AND EXCLUSION PERIODS” (details in the table of coverage and limits attached to the particular conditions).

**If the insured person goes to doctors, hospitals and diagnosis and outpatient centres other than those in the DKV Health Care Network** (external means care modality), s/he has the right to the following, provided they are services that are covered by this insurance policy:

- > **A percentage refund** of the total amount of the invoice, depending on whether this was raised in Spain or abroad (see table of coverage and limits in the appendix to the particular conditions).
- > **Up to the maximum limits specified in the said table attached to the particular conditions, which will be applied to the following guarantees and coverage:**

- **Maximum capital guaranteed** in the policy per insured person per calendar year

- **Outpatient care:**

- Medical fees for consultations, complementary means of diagnosis and treatment in doctors’ surgeries, including healthcare transport, up to a maximum limit per insured person per year
- Consultations of primary, specialised and emergency care, with a partial sub-limit per consultation
- Amniocentesis, triple screening or EBA Screening or corion biopsy, according to that stipulated in section 4.3 of the general conditions
- Prenatal screening genetic test, according to the stipulations in section 4.3 of the general conditions.
- Clinical psychology and psychotherapy sessions, according to that stipulated in Section 4.7 of the General Conditions
- Other outpatient therapeutic actions, according to the coverage indications and limitations established in section 4 of these general conditions for out-of-hospital assistance

### - Hospital care:

- Hospital Care (section 4.6 of the General Conditions) has a maximum guaranteed capital per insured person per year
- The expenses that are generated during each day of hospital admission have a maximum limit depending on the country, the type of admission and/or its duration (see section 4.6. Hospital care and table of coverage and limits attached to the particular conditions), that will be applied to the stay (standard individual room with toilet and companion's bed), the patient's maintenance, general nursing expenses, intensive care unit, complementary means of diagnosis, therapeutic aids, operating theatre expenses, material, delivery room, anaesthetic products and medications
- Medical fees for medical or surgical admission, including surgeon, assistants, anaesthetists and medical team in general, up to a maximum sub-limit for surgical group, birth or caesarean operation, and transplants
- For psychiatric hospital care the stay is limited according to that stipulated in section 4.6.5 of these general conditions
- Surgical prostheses have a maximum limit according to that stipulated in section 4.7 of these general conditions
- Daily compensation for hospital care, according to that indicated in section 4.7 of these general conditions
- Other medical and surgical hospital services, according to the coverage indications and limitations established in sections 4.3 and 4.6 of these general conditions for hospital care

### 7.3 DKV Mundisalud plus

Mixed refund insurance policy that integrates all the specialities, health care and services described in section 4 'Description of the Coverage', within these General Conditions.

It also includes access to some complementary Additional services.

It allows the insured person to either select hospital care in the "DKV Health Care Network" (own means care modality), or to go to medical and hospital centres in Spain and abroad that are not included in the DKV Health Care Network (external means care modality), and to request a refund for the invoices (see Section 3.4 "Access to Coverage").

In both cases a previous grace or exclusion period is required to access certain service, as described in section 6. “GRACE AND EXCLUSION PERIODS” (details in the table of coverage and limits attached to the particular conditions).

**If the insured person goes to doctors, hospitals and diagnosis and outpatient centres other than those in the DKV Health Care Network** (external means care modality), s/he has the right to the following, provided they are services that are covered by this insurance policy:

- > **A percentage** refund of the total amount of the invoice, depending on whether this was raised in Spain or abroad (see table of coverage and limits in the appendix to the particular conditions)
- > **Up to the maximum limits specified in the said table attached to the particular conditions, which will be applied to the following guarantees and coverage:**
  - Maximum capital guaranteed in the policy per insured person per calendar year.
  - **Outpatient care:**
    - Medical fees for consultations, complementary means of diagnosis and treatment in doctors’ surgeries,

including healthcare transport, up to a maximum limit per insured person per year

- The consultations of primary, specialists and emergency care have a partial sub-limit per consultation
- Amniocentesis, triple screening or EBA Screening or corion biopsy, according to the stipulations in section 4.3 of the general conditions
- Prenatal screening genetic test, according to the stipulations in section 4.3 of the general conditions.
- Clinical psychology and psychotherapy sessions, according to the stipulations in Section 4.7 of the general conditions
- Other outpatient therapeutic actions, according to the coverage indications and limitations established in section 4 of these general conditions for out-of-hospital assistance
- **Hospital care:**
  - Hospital Care (section 4.6 of the general conditions) has a maximum guaranteed capital per insured person per calendar year
  - The expenses that are generated during each day of hospital admission have a maximum

limit depending on the country, the type of admission and/or its duration (see section 4.6. Hospital care and table of coverage and limits attached to the particular conditions), that will be applied to the stay (standard individual room with toilet and companion's bed), the patient's maintenance, general nursing expenses, intensive care unit, complementary means of diagnosis, therapeutic aids, operating theatre expenses, material, delivery room, anaesthetic products and medications

- Medical fees for medical or surgical admission, including surgeon, assistants, anaesthetists and medical team in general, up to a maximum sub-limit for surgical group, birth or caesarean operation, and transplants
- For psychiatric hospital care the stay is limited according to the stipulations in section 4.6.5 of these general conditions
- Surgical prostheses have a maximum limit according to the stipulations in section 4.7 of these general conditions
- Daily compensation for hospital care, according to that indicated in section 4.7 of these general conditions

- Other medical and surgical hospital services, according to the coverage indications and limitations established in sections 4.3 and 4.6 of these general conditions for hospital care

#### 7.4 DKV Mundisalud Classic

Mixed refund insurance policy that integrates all the specialities, health care and services described in section 4 'Description of the Coverage', within these General Conditions.

It also includes access to some complementary Additional Services.

It allows the insured person to either select hospital care in the "DKV Health Care Network" (own means care modality), or to go to medical and hospital centres in Spain and abroad that are not included in the DKV Health Care Network (external means care modality), and to request a refund for the invoices (see Section 3.4 "Access to Coverage").

In both cases a previous grace or exclusion period is required to access certain service, as described in section 6 "Grace and exclusion periods" (details in the table of coverage and limits attached to the particular conditions).

**If the insured person goes to doctors, hospitals and diagnosis and outpatient centres other than those in the DKV Health Care Network**

(external means care modality), s/he has the right to the following, provided they are services that are covered by this insurance policy:

> **A percentage refund** of the total amount of the invoice, provided that it has been issued in Spain (see table of coverage and limits in the appendix to the particular conditions)

> **Up to the maximum limits specified in the said table attached to the particular conditions, which will be applied to the following guarantees and coverage:**

- **Maximum capital guaranteed** in the policy per insured person per calendar year

- **Outpatient care:**

- Medical fees for consultations, complementary means of diagnosis and treatment in doctors' surgeries, including health care transport, up to a maximum limit per insured person and natural year
- Amniocentesis, triple screening or EBA Screening or corion biopsy, according to the stipulations in section 4.3 of the General Conditions

- Prenatal screening genetic test, according to the stipulations in section 4.3 of the general conditions.

- Clinical psychology and psychotherapy sessions, according to the stipulations in Section 4.7 of the general conditions

- Other outpatient therapeutic actions, according to the coverage indications and limitations established in section 4 of these general conditions for out-of-hospital assistance

- **Hospital care:**

- Hospital Care (section 4.6 of the general conditions) has a maximum guaranteed capital per insured person per calendar year

- The expenses that are generated during each day of hospital admission have a maximum limit depending on the country, the type of admission and/or its duration (see section 4.6. Hospital care and table of coverage and limits attached to the particular conditions), that will be applied to the stay (standard individual room with toilet and companion's bed), the patient's maintenance, general nursing expenses, intensive care unit, complementary means of diagnosis, therapeutic aids, operating theatre expenses, material, delivery room, anaesthetic products and medications

- Medical fees for medical or surgical admission, including surgeon, assistants, anaesthetists and medical team in general, up to a maximum limit per insured person per year
  - For psychiatric hospital care, the stay is limited according to the stipulations in section 4.6.5 of these general conditions
  - Surgical prostheses have a maximum limit according to the stipulations in section 4.7 of these general conditions
  - Daily compensation for hospital care, according to that indicated in section 4.7 of these general conditions
  - Other medical and surgical hospital services, according to the coverage indications and limitations established in sections 4.3 and 4.6 of these general conditions for hospital care
- > **With a maximum excess of EUR 25,000** per insured person per calendar year through the refund of expenses (external means care modality). After this quantity has been reached, the refund percentage applied by DKV Seguros for the invoices will be 100%, except for guarantees and coverage that are subject to the limits and exclusions specified in the general conditions and/or in table of coverage and

limits in the appendix to the particular conditions

### 7.5 DKV Mundisalud Elite

Mixed refund insurance policy that integrates all the specialities, health care and services described in section 4 ‘Description of the Coverage’, within these General Conditions.

It also includes access to some complementary Additional Services.

It allows the insured person to either select hospital care in the “DKV Health Care Network” (own means care modality), or to go to medical and hospital centres in Spain and abroad that are not included in the DKV Health Care Network (External Means Care Modality), and to request a refund of invoices (see Section 3.4 “Access to Coverage”).

In both cases a previous grace or exclusion period is required to access certain service, as described in section 6. “GRACE AND EXCLUSION PERIODS” (details in the table of coverage and limits attached to the particular conditions).

**If the insured person goes to doctors, hospitals and diagnosis and outpatient centres other than those in the DKV Health Care Network** (external means care modality), s/he has the right to the following, provided

they are services that are covered by this insurance policy:

> **A percentage** refund of the total amount of the invoice, depending on whether it has been issued in Spain or abroad (see table of coverage and limits in the appendix to the particular conditions)

> **Up to the maximum limits specified in the said table attached to the particular conditions, which will be applied to the following guarantees and coverage:**

- **Maximum capital guaranteed** in the policy per insured person per calendar year

- **Outpatient care:**

- Medical fees for consultations, complementary means of diagnosis and treatment in doctors' surgeries, including healthcare transport, up to a maximum limit per insured person per year
- Amniocentesis, triple screening, or EBA Screening or corion biopsy, according to the stipulations in section 4.3 of the general conditions
- Prenatal screening genetic test, according to the stipulations in section 4.3 of the general conditions.

- Clinical psychology and psychotherapy sessions, according to the stipulations in Section 4.7 of the general conditions

- Other outpatient therapeutic actions, according to the coverage indications and limitations established in section 4 of these general conditions for out-of-hospital assistance

- **Hospital care:**

- Hospitalisation (section 4.6 of the general conditions) has a maximum guaranteed capital per insured person per calendar year

- The expenses that are generated during each day of hospital admission have a maximum limit depending on the country, the type of admission and/or its duration (see section 4.6. Hospital care and table of coverage and limits attached to the particular conditions), that will be applied to the stay (standard individual room with toilet and companion's bed), the patient's maintenance, general nursing expenses, intensive care unit, complementary means of diagnosis, therapeutic aids, operating theatre expenses, material, delivery room, anaesthetic products and medications.

- Medical fees for medical or surgical admission, including surgeon, assistants, anaesthetists and medical team in general, up to a maximum limit per insured person per year
  - For psychiatric hospital care the stay is limited according to the stipulations in section 4.6.5 of these general conditions
  - Surgical prostheses have a maximum limit according to the stipulations in section 4.7 of these general conditions
  - Daily compensation for hospital care, according to that indicated in section 4.7 of these general conditions
  - Other medical and surgical hospital services, according to the coverage indications and limitations established in sections 4.3 and 4.6 of these general conditions for hospital care
- > **With a maximum excess of EUR 25,000** per insured person per calendar year through the refund of expenses (external means care modality). After this quantity has been reached, the refund percentage applied by DKV Seguros to the invoices will be 100% except for guarantees and coverage that are subject to the limits and exclusions

specified in the general conditions and/or in table of coverage and limits in the appendix to the particular conditions

## 7.6 DKV Mundisalud Combinado

Mixed refund insurance policy that **includes the provision of the DKV Health Care services in its coverage** (own means care modality) in all the specialities described in section 4. “DESCRIPTION OF THE COVERAGE” including clinical psychology, **with a maximum limit of twenty psychotherapy sessions per insured person per calendar year, except for cases of anorexia/bulimia, school bullying and gender or family-based violence, which will be of forty, with a refund for “Hospital Care” expenses** generated in Spain, from doctors and centres that are not included in the DKV Health Care Network (own means care modality), as indicated in section 4.6 of these general conditions.

In both cases a previous grace or exclusion period is required to access certain service, as described in section 6. “Grace and exclusion periods” (details in the table of coverage and limits attached to the particular conditions).

It also includes access to some complementary Additional Services (Servipuls Mundisalud).

**If the insured person goes to doctors and hospital centres not included in the “DKV Health Care Network”**

(external means care modality), s/he has the right to the following, provided they are services that are covered in section 4.6 “Hospital Care”:

> **A percentage refund** of the total amount of the invoice, provided that it has been issued in Spain (see table of coverage and limits in the appendix to the particular conditions)

> **Up to the maximum limits specified in the said table attached to the particular conditions, which will be applied to the following guarantees and coverage:**

- **Maximum capital guaranteed** in the policy per insured person per calendar year.
- Hospital care (section 4.6 of the general conditions) has a maximum guaranteed capital per insured person per year.
- The expenses that are generated during each day of hospital admission have a maximum limit depending on the country, the type of admission and/or its duration (see section 4.6.Hospital care and table of coverage and limits attached to the particular conditions), that will be applied to

the stay (standard individual room with toilet and companion’s bed), the patient’s maintenance, general nursing expenses, intensive care unit, complementary means of diagnosis, therapeutic aids, operating theatre expenses, material, delivery room, anaesthetic products and medications.

- Medical fees for medical or surgical admission, including surgeon, assistants, anaesthetists and medical team in general, up to a maximum limit per insured person per year.
- For psychiatric hospital care the stay is limited according to the stipulations in section 4.6.5 of these general conditions.
- Surgical prostheses have a maximum limit according to the stipulations in section 4.7 of these general conditions.
- Daily compensation for hospital care, according to that indicated in section 4.7 of these general conditions.
- Other medical and surgical hospital services, according to the coverage indications and limitations established in sections 4.3 and 4.6 of these general conditions for hospital care

Similarly, the “external means care modality” does not include reimbursements for the following: **Outpatient medical care (primary and specialist care, care at home, outpatients emergencies, complementary means of diagnosis, the therapeutic methods not specifically detailed in section 4.6, the programmes of preventive medicine, clinical psychology and healthcare transport).**

### 7.7 DKV Mundisalud Premium

Mixed refund insurance policy that integrates all the specialities, health care and services described in section 4 “Description of the Coverage”, within these general conditions.

It also includes access to some complementary additional services.

It allows the insured person to either select hospital care in the DKV Health Care Network (own means care modality), or to go to practitioners, hospitals and diagnosis or outpatient treatment centres in Spain and abroad that are not included in the DKV Health Care Network (external means care modality), and to request a refund for the invoices (see Section 3.4 “Access to Coverage”).

In both cases a previous grace or exclusion period is required to access certain service, as described in section 6.

“Grace and exclusion periods” (details in the table of coverage and limits attached to the particular conditions).

**If the insured person goes to practitioners, hospitals and diagnosis or outpatient treatment centres other than those in the DKV Health Care Network** (external means care modality), he will have the right to the following, provided that they are services covered by this insurance policy:

- > **A percentage** refund of the total amount of the invoice, depending on whether this was raised in Spain or abroad (see table of coverage and limits attached to the particular conditions)
- > **Up to the maximum limits specified in the said table attached to the particular conditions, which will be applied to the following guarantees and coverage:**
  - **Maximum capital guaranteed** in the policy per insured person per calendar year
  - **Medical fees for consultations, complementary means of diagnosis and outpatient treatment, including healthcare transport, up to a maximum limit per insured person per year.**
  - Amniocentesis, triple screening or EBA Screening or corion biopsy,

according to the stipulations in section 4.3 of the general conditions

- Prenatal screening genetic test, according to the stipulations in section 4.3 of the general conditions.
- Clinical psychology and psychotherapy sessions, according to the stipulations in Section 4.7 of the general conditions
- Other outpatient therapeutic acts, according to the coverage indications and limitations established in section 4 of these general and conditions for out-of-hospital assistance.

#### - **Hospital care**

- Hospital care (section 4.6 of the general conditions) has a maximum guaranteed capital per insured person per calendar year- Hospital care (section 4.6 of the general conditions) has a maximum guaranteed capital per insured person per calendar year
- The expenses that are generated during each day of hospital admission have a maximum limit depending on the country, the type of admission and/or its duration (see section 4.6. Hospital care and table of coverage and

limits attached to the particular conditions), that will be applied to the stay (standard individual room with toilet and companion's bed), the patient's maintenance, general nursing expenses, intensive care unit, complementary means of diagnosis, therapeutic aids, operating theatre expenses, material, delivery room, anaesthetic products and medications.

- Medical fees for medical or surgical admission, including surgeon, assistants, anaesthetists and medical team in general, up to a maximum limit per insured person per calendar year.
- For psychiatric hospital care, the stay is limited according to the stipulations in section 4.6.5 of these general conditions.- For psychiatric hospital care, the stay is limited according to the stipulations in section 4.6.5 of these general conditions.
- Surgical prostheses have a maximum limit according to the stipulations in section 4.7 of these general conditions, by means of reimbursement of expenses in external means, and without a limit in the DKV Health Care Network (own means), with prior authorisation from the company.

- Daily compensation for hospital care, according to the stipulations in section 4.7 of these general conditions.- Daily compensation for hospital care, according to the stipulations in section 4.7 of these general conditions.
- Other medical and surgical hospital services, according to the coverage indications and limitations established in sections 4.3 and 4.6 of these general conditions for hospital care

**Special coverage for DKV Mundisalud Premium:** individual and collective modalities

**a) Special dentistry.** DKV Mundisalud Premium covers all dental treatments, **except for those which have a cosmetic purpose:** endodontics, periodontics, orthodontics, obturations or fillings, dental prostheses and maxillary orthopedics, apicectomies, implants and diagnostic procedures necessary for these treatments

The insured person may visit dentists or dental centres not included in the DKV Dental Services Network (**external means**) in Spain and abroad, and he will have the right to a **percentage of reimbursement for the billed dental care**, provided that the concepts appear correctly broken down and including the dental pieces and treatments carried out.

In addition, you can visit the DKV Dental Services Network (own means), available throughout Spain. **Before receiving the dental service at the special price established in the DKV Health Care Network, the insured person must identify himself with his DKV MEDICARD®**, which will also provide the right to the reimbursement of all the expenses arising from this dental care.

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

**b) 3D/4D pregnancy ultrasound** maximum limit of one per insured person per calendar year

**c) Psychotherapy:** unitary reimbursement of each session in external means, without a maximum limit (see detail of the coverage in section 4.7 for clinical psychology).

**d) Family planning: includes the cost of the intrauterine device (IUD),** by means of a reimbursement of expenses in external means, without a maximum limit per unit (see detail of the coverage in section 4.7 for family planning).

**e) Surgical prostheses:** without maximum limit for coverage own means, with prior authorisation from the company (see detail of the coverage in section 4.7 for family planning). **In external means the percentage and maximum limit for reimbursement per insured person per calendar year is established in the table attached to the particular conditions.**

**f) Intraocular toric or multifocal lens in lens replacement surgery in cataracts:** includes the unitary reimbursement of each lens in external means, up to a maximum limit established in the table attached to the particular conditions.

- **Exclusive coverage of DKV Mundisalud Premium, individual modality**

**a) Alternative therapies: homeopathy and acupuncture** (see description of the coverage in section 2.1 Appendix II of the general conditions and the reimbursement limits in the table attached to the particular conditions).

**b) Reimbursement of expenses incurred for family care services and/or dependency care, with a sublimit for management or advisory expenses, in the event of proving a state of Dependence grade 3 due to an accident** (see description of

the coverage in section 2.2 Appendix II of the general conditions and the reimbursement limits in the table attached to the particular conditions).

**c) Reimbursement of medication expenses** (see description of the coverage in section 2.3 Appendix II of the general conditions and the reimbursement limits in the table attached to the particular conditions). This coverage is optional in the collective modality.

**d) Reimbursement of expenses for the annual maintenance of the umbilical cord in a haematopoietic stem cell bank, during the first six years after birth,** provided that the service for extracting and cryopreserving the cord was contracted through the supplier associated with the **DKV Health and Well-being Club, the birth is covered by the insurance and the insured person whose stem cells are preserved is included in the policy** (see description of the coverage in section 2.4 Appendix II of the general conditions and the reimbursement limits in the table attached to the particular conditions).

**e) Assisted reproduction in associated services of the DKV Health Care Network** (see description of the coverage in the assisted reproduction section of Appendix II of the general conditions and the age limits and

attempts set in the table attached to the particular conditions).

**f) Dialysis and hemodialysis in associated services of the DKV Health Care Network:** for the treatment of acute renal insufficiency.

- > **With a maximum excess of 25,000 euros** per insured person per calendar year, via the reimbursement of expenses (external means care modality). From this amount, DKV Seguros will apply a reimbursement percentage of 100%, except for in guarantees and coverage subject to the limits and exclusions stipulated in the general conditions and/or in the table of coverage and limits attached to the particular conditions.

### 7.8 Scaled refund substitute for hospital care

The DKV Mundisalud Classic, Élite and Premium external means care modality also offers the possibility of a scaled substitute refund when the reimbursable concepts **are not broken down or are not itemised individually in the invoice for the hospital care provided** (e.g. system of billing for fixed tariffs, related diagnostic groups GRD or similar), as **stipulated in this article** (consult the section and details of hospital care, sections 7.4 and 7.5), and therefore the maximum refund limits specified in the table

of coverage and limits attached to the particular conditions cannot be calculated for them. In such cases **the following proportional rule or scale will be applied in the following percentages** (including the coverage of the prosthesis as applicable), instead of considering the items broken down in the hospital invoice, in order to subsequently make the refund for the services:

**50% of the total amount of the hospital invoice:** is allocated as expenses of the hospital stay or hospital care (minimum 24 hours), to which the refund percentage and the maximum daily refund limit for hospital care are applied, according to the billed number of days of admission, as stipulated in the modality of the insurance policy contracted.

**35% of the total amount of the hospital invoice:** is allocated as expenses for medical or surgical fees (surgeons, assistants, anaesthetists, and medical team in general) generated during an admission to or stay in hospital (in their different modalities, section 4.6 of the general conditions), to which the refund percentage and the maximum daily refund limit for doctor-surgical fees per insured person per year are applied, as stipulated in the modality of the insurance policy contracted.

**15% of the total amount of the hospital invoice** is allocated as expenses on prostheses or surgical implants (consult details in section 4.7 of the general conditions), to which the refund percentage and the maximum daily refund limit for prostheses and surgical implants per insured person per year are applied, as stipulated in the modality of the insurance policy contracted.

In the event that no prosthesis and/or implant has been charged during a hospital admission, 15% of the remainder will be calculated according to the following outline:

**60% of the total amount of the hospital invoice:** is allocated as expenses for the hospital admission or stay, to which the refund percentage and the daily refund limit for hospital care previously referred to will be applied.

**40% of the total amount of the hospital invoice:** the expenses for the medical or surgical fees (surgeons, assistants, anaesthetists, and medical team in general), to which the refund percentage and the refund limit for fees previously referred to will be applied

## 8. Basis of the contract

### 8.1 Perfection of the contract and duration of the policy

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

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

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

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

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

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

Furthermore, the policyholder may object to the renewal of a policy provided a minimum notice of one month is given before the expiry date of the policy, duly notified to DKV Seguros.

**DKV Seguros will not be able to cancel the policy of the insured persons who have maintained the same policy for three consecutive years.** The contract will be automatically continued, with the

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

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

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

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

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

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

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

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

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

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

### 8.3 Other obligations of DKV Seguros

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

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

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

### 8.4 Payment of premiums

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

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

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

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

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

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

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

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

If contract had not been cancelled or extinguished according to the previous conditions, the coverage will become effective 24 hours after the policyholder pays the premium.

DKV Seguros will not request the premium corresponding to the period during which there was no coverage due to lack of payment.

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

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

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

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

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

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

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

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

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

You can see the current premiums of any health product in its individual modality at **[www.dkvseguros.es](http://www.dkvseguros.es)** and at DKV Seguros branches.

The rates applicable shall be those being charged by DKV Seguros at the renewal date.

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

Age groups may be established for policies of a collective modality.

Similarly, the premiums may experience modifications due to variations in the structure of the insured collective and the revaluation of the maximum guaranteed capital for the reimbursement of expenses.

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

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

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

The policyholder, having been informed of the variation in the premium for the following annuity by DKV, will be able to choose between extending the insurance contract or cancelling it on the expiry date of the current period. In the latter case, the policyholder will notify DKV in

writing of the decision to conclude the contractual relationship.

### 8.5 Loss of rights.

**The insured person loses the right to the guaranteed provision:**

**a) If, when completing the health questionnaire, the policyholder or the insured person do not respond truthfully to it or any clarification sought thereof, either concealing relevant circumstances or not exercising due diligence when providing the requested information (article 10 of the Insurance Contract Act).**

### 8.6 Suspension and termination of the insurance contract

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

**b) If a risk is increased due to a transfer of usual residence abroad, change of residence in Spain, change of habitual profession or the commencement of leisure or sport activities with a high or extreme risk, DKV Seguros may terminate the**

**policy and will communicate it in writing to the policyholder or insured person within one month from the day in which the risk increase was known. (Article 12 of the Insurance Contract Act).**

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

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

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

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

## **8.7 Communications**

Notifications from the policyholder or the insured person to DKV Seguros should be made to its business address. Nevertheless, demonstrable notifications that are made to the Agent of DKV Seguros that mediated the policy will also be valid.

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

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

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

## **8.8 Special health risks**

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

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

## **8.9 Taxes and surcharges**

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

# **Appendix I: Travel Assistance**

## 1. Preliminary provisions

### 1.1 Insured person

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

### 1.2 Territorial scope

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

### 1.3 Duration

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

### 1.4 Validity

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

## 2. Description of the coverage

### 2.1 Medical guarantees

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

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

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

### **2.1.2 Emergency dental expenses**

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

### **2.1.3 Prolonged hotel stay abroad**

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

### **2.1.4 Repatriation or health care transfer**

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

**a)** Cover the expenses of transport by ambulance to the nearest clinic or hospital.

**b)** Establish contact with the doctor that has attended the wounded or ill insured person, to determine the convenient measures, the best treatment to follow and the most suitable means for the potential

transfer, if necessary, to another more suitable hospital centre or to his/her home.

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

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

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

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

### **2.1.5 Repatriation of the deceased and his companions**

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

If the insured deceased person travelled accompanied by other insured relatives and these could not

return by the initially foreseen means or with the purchased return ticket, DKV Seguros will pay for their transport to the place of the burial or their residence in Spain.

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

#### **2.1.6 Human remains escort**

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

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

#### **2.1.7 Repatriation or transfer of other insured persons**

When one of the insured persons has been transferred or repatriated

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

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

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

#### **2.1.8 Companion's travel**

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

#### **2.1.9 Premature return home**

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

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

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

#### **2.1.10 Delivery of medications**

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

#### **2.1.11 Telephone medical consultation**

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

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

#### **2.1.12 Help in the search for lost luggage**

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

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

#### **2.1.13 Delivery of documents**

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

#### **2.1.14 Legal defence expenses and advance on bail abroad**

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

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

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

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

person is obliged to reimburse DKV Seguros immediately.

#### **2.1.15 Travel assistance**

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

#### **2.1.16 Communication of messages**

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

#### **2.1.17 Family assistance**

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

#### **2.1.18 Cancellation of cards**

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

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

#### **2.1.19 Blocking of mobile phone**

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

#### **2.1.20 Advance of monetary funds abroad**

If required due to any extraordinary expenses arising from an illness or accident abroad, DKV Seguros will provide the insured person with an advance, **with a limit of 1,500 euros**, against a written acknowledgement of debt or bank cheque for the amount, or its equivalent in euros, advanced, in accordance with the current exchange control legislation. The insured person agrees to reimburse DKV Seguros the advanced amount within 30 days of its reception.

## **2.2 Luggage**

### **2.2.1 Administrative fees for the replacement of documents**

Duly justified fees incurred by the insured person due to the loss or theft of credit cards, bank, travellers and petrol cheques, travel tickets, passport or visas occurring during the trip or

stays away from his regular place of residence **shall be covered up to the limit of 120 euros.**

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

### **2.3 Delays**

#### **2.3.1 Missed connections due to transport delays**

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

## **3. Limitations of the contract**

### **3.1 Exclusions**

**3.1.1 Guarantees and services that have not been requested from DKV Seguros and which have not been made with their consent, except in cases of force majeure or those whose nature makes it impossible to demonstrate.**

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

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

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

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

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

**3.1.7 Any medical or pharmaceutical expenses under EUR 10.**

**3.1.8 Expenses corresponding to the burial and funeral ceremony.**

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

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

**3.1.11 Damage caused intentionally by the insured person, or through his gross negligence**

## 4. Additional provisions

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

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

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

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

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

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

**For the provision, by DKV Seguros, of the services included in the foregoing guarantees it is indispensable for the insured person to request its intervention, from the time of the event, at the following telephone number: +34 91 379 04 34.**

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

## 1. Preliminary provisions

### 1.1 Insured persons

The individual, residing in Spain, beneficiary of the DKV healthcare insurance policy in its individual modality.

### 1.2 Individual insurance modality

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

### 1.3 Duration of the insurance

The same as that of the main coverage of the healthcare insurance.

### 1.4 Validity

To be able to take advantage of the guaranteed services, the insured person should have his/her habitual home in Spain at least nine months of the year.

## 2. Complementary exclusive coverage

The contracting the insurance policy DKV Mundisalud in its individual modality is the only one that grants the insured person access to the following additional guarantees:

### 2.1 Alternative and complementary therapies

Those specified below are only covered through the refund of expenses, whenever they are provided by a doctor, and are refunded according to the indications of the table of coverage

and limits, appendix to the particular conditions.

- > **Homeopathy:** Refund up to a maximum compensation limit for consultations or sessions. No annual limit for the number of consultations or sessions.
- > **Acupuncture:** Refund up to a maximum compensation limit for consultations or sessions, and a maximum number of sessions per insured person per year.

### 2.1.1 Limits of the coverage

Alternative and complementary therapies, such as homeopathy and acupuncture are covered by the policy “DKV Mundisalud” for complete medical care in its individual modality, with the limitations stipulated in section 4.8 “Exclusive coverage” and contradicting that specified in the general conditions (section 5.g “Excluded coverage”).

**Other therapies included in section 5.g “Exclusive coverage” are still excluded: naturopathy, chiromassage, osteopathy, lymphatic drainage, mesotherapy, gymnastics, hydrotherapy, triple phase oxygentherapy, presotherapy, ozonotherapy and other similar services or specialities that are not officially recognised.**

**Also excluded are medical-surgical treatments with radiofrequency techniques except for turbinate surgery or turbinoplasty and adenoamigdaloplasty.**

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

### 2.2.1 Purpose of the coverage

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

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

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

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

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

**a) Personal Care:**

- > Personal hygiene
- > Mobility in the home

- > Change of posture and personal hygiene for the bedridden

- > Companionship at home

**b) Care of the home:**

- > Cleaning of the home

- > Domestic shopping

- > Cooking service

**2.2.1.2 Residential care service:**

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

- > Residences

- > Specialised **day care centres**

- > **Night centres**

**2.2.1.3 Fixed and portable remote assistance service:**

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

It offers a personal, made-to-measure service, staffed by social workers, psychologists and doctors 24 hours

a day, 365 days a year, inside and outside of the home, providing access through a specific terminal.

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

#### **2.2.1.4 Home adaptation service:**

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

#### **2.2.1.5 Management and consultancy service for dependency subsidies.**

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

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

**To do so it is essential to present the resolution awarding the insured person the situation of Dependence Grade 3 (level 1 or 2) from the competent**

**administrative body of the Spanish System for Personal Autonomy and Care of Dependent Adults in their autonomous region, specifying the causes and circumstances of the dependence situation.**

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

### **2.2.2 Access to the coverage**

#### **a) Requirements for being a beneficiary of dependency coverage:**

- > To be entitled to the dependency benefit in Spain and to fulfil the legal requirements to access it
- > To be included in the health policy as an insured person at the moment of the occurrence of the accident, of the application for the refund of expenses for Dependency Level 3, and of the payment of the benefit
- > That the accident that took place is not a consequence of activities or circumstances excluded from circumstances of the general

coverage of the health insurance policy (section 5.a, 5.c, 5.d and 5.e “Excluded coverage” of the general conditions) or specifically excluded from the dependence coverage (section 2.2.3 of this appendix)

- > To be in a situation of Dependency Level 3, according to the levels established in the Dependency Act 39/2006 of December 14, and the Dependency rating (Royal Decree 504/2007, of April 20) currently valid in Spain
- > To submit the resolution, dated and signed, with the qualification or recognition of the situation of Dependency Level 3 granted by the competent administrative body of the System for Personal Autonomy and Care of Dependent Adults of the autonomous region, specifying the causes and the circumstances of the situation of dependency

**b) Documentation required for the recognition of the benefit:**

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

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

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

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

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

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

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

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

> Once the refund form has been presented, with the reports and original invoices demonstrating the services received, DKV Seguros will reimburse the expenses paid, according to the percentage and coverage limits previously indicated

> The payment will be made to the current account designated for such. The payment made in this way is

fully valid, effective and final for DKV Seguros

- > The invoicing of expenses paid in foreign currencies by the insured person will be paid in Spain in euros according to the exchange rate on the day of the payment. If this is not given, it will be made according to the exchange rate corresponding to the date of issue of the invoice or, otherwise, on that of the receipt of the service
- > The cost of translation of the reports, invoices or medical fees will be met by DKV Seguros exclusively if they are written in English, German, French or Portuguese

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

### 2.2.3 Excluded risks of the coverage

The following are excluded from the coverage for dependency:

**1. The reimbursement of expenses for services of family care and/or dependency care not detailed in Appendix II of the general conditions.**

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

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

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

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

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

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

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

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

### **2.3 Reimbursement for medication expenses**

#### **2.3.1 Purpose and description of the coverage**

It includes the **50% reimbursement (except in DKV Mundisalud Premium, where it is 70%) of the billed allopathic medicines** (used in conventional medicine) **acquired in pharmacies in Spain and abroad**, through the external means care modality. The reimbursement has an **annual maximum limit of 100 euros per insured person (except in DKV Mundisalud Premium, where the limit is 500 euros)** and the medicine must have been prescribed by a practitioner,

be included in the Spanish list of medicines (International Vademecum in Spain) **and administered for treating pathologies suffered by the insured person and covered by his policy.**

To simplify processing the payment, the minimum total amount of the receipt or set of receipts for medications provided under a same reimbursement request shall be of 10 euros.

#### **2.3.2 Access to the coverage**

For the reimbursement of medication costs, the policyholder, or insured person, must provide DKV Seguros with the following documentation, within a maximum period of fifteen days:

#### **1. Original invoices and proof of payment for the medication, showing payment in a pharmacy.**

The invoice must include the **name or corporate name of the individual or legal entity that issued them**, their address, telephone, VAT, and, where appropriate, collegiate number, **as well as a detailed breakdown of medications with their denomination, form of presentation, format, individual amount, number of containers, date of purchase and the full name of the insured person receiving them.**

## 2. Original prescriptions.

**The prescription for the medication will include the name and surname of the prescribing doctor, speciality, collegiate number, address, telephone, date of delivery or dispensing (chronic treatment) and the name and full surname of the insured person receiving assistance.**

In the case that they are prescribed medications, **official prescriptions used in providing pharmaceuticals of the national health system** and of the official mutual companies, these are refundable **only when the space reserved for “Contingency” includes the code of the health insurance card of the users with the contribution, ranging from TSI 002 to TSI 006 (both inclusive) and DAST** (cross-border health care).

For the presentation of this documentation, DKV Seguros provides a refund form with the minimum administrative requirements that the invoices must satisfy to be refunded.

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

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

## 2.3.3 Risk limitations and exclusions

1. Excluded from the coverage of this policy are drugs not included in the register of medications (International vade mecum in Spain), those not authorised by the Spanish Agency of medicines and health products, products of low therapeutic value (- not financed - in prescriptions of the national health system) and whose therapeutic efficiency is not endorsed by the international reference clinical guide (NICE), over-the-counter (OTC) or advertising specialties, homeopathic medicinal products, herbal (derived from plants) and auxiliary means of healing of any kind.
2. Desensitisation or allergic vaccines intended to counter infectious agents, comforting or nutritious products, cosmetics, mineral water, hygiene, body care and bath additive products are also excluded and not considered as medicines.
3. Official prescription drugs in the national health system or mutual companies for civil servants are also included, when the space for “Contingency” includes the health card code for contribution-exempt users TSI 001, or the NOFIN code for non-financed medicines and health products, or the ATEP exclusive for prescriptions for accidents at work or occupational disease.

4. With regard to drugs, due to not being regulated in the preceding paragraphs, the provisions of the general conditions that delimit the insurance coverage applies: Section 2 “Basic concepts. Definitions”, Section 3 “Modality and scope of the insurance policy”, Section 4 “Description of coverage”, Section 5 “Excluded coverage” and Section 6 “Grace and exclusion periods”.

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

DKV offers, as a franchised service through the DKV Health and Well-being Club, **the extraction and cryopreservation of the umbilical cord**. Specifically, DKV Seguros assumes 300 euros of the extraction expenses, while the insured person **pays 690 euros**, if they opt for the FIRST modality, or 990 euros for the ADVANCE modality. In addition, **during the first six years, the maintenance expenses for the umbilical cord are covered with a maximum**

**reimbursement of 90 euros/year**, provided that the pregnancy is covered by the insurance and the insured person is included in the policy since birth.

On each annual renewal of the insurance contract, DKV Seguros may change the entity that provides the service for the DKV Health and Well-being Club, the cost of the extraction, the conditions to access the service, the rates paid by the insured person and the maximum maintenance expenses reimbursed.

### **3. Exclusive coverage for DKV Mundisalud Classic and Élite with complete medical care in the individual modality.**

Taking out DKV Mundisalud, Classic, Élite and Premium in their individual modality with complete medical care is the only one that provides the insured person access to the following additional guarantee:

#### **3.1 Assisted reproduction**

##### **3.1.1 Purpose of the coverage**

Assisted human reproduction includes the development and use of alternative reproduction techniques **in the infertility treatment of couples, including couples of the same gender, during the period of maximum**

**fertility** (over 18 years old, and up to 42 in women and 55 in men).

### 3.1.2 Access to the coverage

**Requirements:** to be entitled to the coverage and be able to access the included assisted reproduction treatments, **both partners must be insured parties in the policy, must not have a child in common and must have fulfilled the established grace period** (see section 3.1.5 “Grace period”).

### 3.1.3 Healthcare modality

Healthcare at own facilities. The insured person may only receive healthcare through the assisted reproduction medical and clinical centres in the “DKV Network of Healthcare Services” authorised by the company (own facilities) in Spain, with the company’s prior authorisation and identification with your MEDICARD®.

The fertilisation techniques are covered in accordance with the Spanish

**Assisted Human Reproduction Act** and the use criteria established in the assessment reports from the **Health Care Technology Assessment Agencies of the National Health System**.

### 3.1.4 Description of the coverage

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

**1. Artificial insemination (AI):**  
maximum of two attempts, up to 40 years of age, during the term of the policy and/or the lifetime of the insured person.

**2. In Vitro Fertilisation (IVF):**  
maximum of one attempt, up to 42 years of age, during the term of the policy and/or the lifetime of the insured person.

### 3.1.5 Grace period

The assisted reproduction techniques included in this guarantee include a grace period of 48 months before being able to receive them, which will be applied, due to the inclusion of both partners being necessary, in reference to the latest registered insured person, if it were not contracted on the same date.

**3.1.6 Risk limitations and exclusions**  
**The following are excluded from this coverage:**

**a) Any reproductive or fertilisation technique that has not been specifically listed in Appendix II, section 3 of these general conditions.**

**b) An infertility treatment, by means of assisted reproduction techniques, when it is due to a previous contraceptive surgery (vasectomy, hysteroscopic tubal occlusion or tubal ligation).**

c) The expenses arising from sperm and/or oocyte donation (sperm and oocyte banks), and, where applicable, the embryos.

d) The expenses arising from the cryopreservation of own gametes (spermatozoa or oocytes) and from the embryos for any cause, as well as their thawed transfer to the uterus.

e) Surrogate pregnancy with reproductive purposes.

f) The pre-implantation genetic diagnosis and the use of reproductive techniques for preventing and treating genetic or hereditary diseases or for any other purpose that is not the treatment of the couple's infertility.

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

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

i) Hospitalisation (> 24 hours) to carry out fertilisation treatments using assisted reproduction techniques.

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

**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 clearly, explicitly and separately indicated and whose content he is aware of and understands after having read them.**

The policyholder

The insured person

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

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

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