

GENERAL TERMS AND CONDITIONS



Sanitas Sociedad Anónima de Seguros

Recorded on 10 February 1958 in the Register of the Directorate General for Insurance and Pension Funds, code C-320.

Organisation domiciled in Spain, Ribera del Loira, 52 - 28042 Madrid.

Companies Register of Madrid, sheet 4,530, volume 1,241, book 721, section 3, Entry 1.

ID NO. A-28037042

CONTENTS

General terms and conditions

Preliminary clause.....	6
Glossary of terms.....	7
Clause I: Purpose of the Insurance.....	12
Clause II: Benefits.....	12
PRINCIPAL BENEFITS.....	12
1. Primary care.....	12
1.1. General Medicine.....	12
1.2. Paediatrics and Childcare.....	12
1.3. Nursing Service.....	12
2. Emergencies.....	12
Sanitas 24 Hours.....	12
3. Medical specialities.....	12
3.1. Allergology.....	12
3.2. Clinical Analysis.....	13
3.2.1. Genetic Studies.....	13
3.3. Anatomic Pathology.....	13
3.4. Anaesthesiology.....	13
3.5. Angiology and Vascular Surgery.....	13
3.6. Digestive System.....	13
3.7. Cardiology.....	13
3.8. Cardiovascular Surgery.....	13
3.9. General and Gastrointestinal Surgery.....	13
3.10. Maxillofacial Surgery.....	13
3.11. Traumatology and Orthopaedic Surgery.....	14
3.12. Paediatric Surgery.....	14
3.13. Reconstructive Surgery.....	14
3.14. Chest Surgery.....	14
3.15. Dermatology.....	14
3.16. Endocrinology.....	14



3.17. Geriatrics.....	14
3.18. Haematology and Haemotherapy.....	14
3.19. Internal Medicine.....	14
3.20. Nuclear Medicine.....	14
3.21. Nephrology.....	15
3.22. Pneumology.....	15
3.23. Neurosurgery.....	15
3.24. Clinical Neurophysiology.....	15
3.25. Neurology.....	15
3.26. Obstetrics and Gynaecology.....	15
3.26.1. Breast Surgery.....	15
3.26.2. Neonatology Care.....	15
3.26.3. Newborn care.....	15
3.27. Ophthalmology.....	16
3.28. Medical Oncology.....	16
3.29. Ear, Nose and Throat.....	16
3.30. Psychiatry.....	16
3.31. Radiodiagnosis/Imaging Diagnosis.....	16
3.32. Radiotherapy.....	17
3.33. Rehabilitation.....	17
3.34. Rheumatology.....	17
3.35. Urology.....	17
4. Other care services.....	17
4.1. Ambulance.....	17
4.2. Special Care in the Home of the Insured.....	17
4.3. Obstetric-Gynaecological Nursing (Midwifery).....	17
4.4. Physiotherapy.....	18
4.5. Speech and Language Therapy.....	18
4.6. Nutrition.....	18
4.7. Podiatry (Chiropody exclusively).....	18
4.8. Prostheses.....	18
4.9. Mother and Baby Programme.....	19
4.10. Psychology.....	19
4.11. Home-based respiratory therapy.....	19
5. Hospital admission.....	19
6. Preventive medicine.....	20
ADDITIONAL COVERAGES OF YOUR INSURANCE.....	21
Overseas emergency healthcare cover.....	22

Second medical opinion cover.....	24
Sanitas Dental 21.....	24
Clause III: Exclusions from cover.....	26
Clause IV: Qualification periods.....	29
Clause V: Form of service provision.....	30
Clause VI: Other features of the insurance.....	33
1. Basis and loss of rights of the policy.....	33
2. Duration of insurance.....	33
3. Insurance premiums.....	34
4. Registering newborns.....	35
5. Provision of reports.....	36
6. Complaints.....	36
7. Other important legal points.....	36
8. Others.....	38
9. Jurisdiction.....	38

Preliminary clause

The present contract is bound by the matters set out in Act 50/1980 of 8 October on Insurance Contracts (Official State Bulletin of 17 October 1980), Act 20/2015 of 14 July on the Management, Supervision and Solvency of Insurers and Reinsurers and its implementing regulation (Royal Decree 1060/2015 of 20 November on the Management, Supervision and Solvency of Insurers and Reinsurers), Act 22/2007 of 11 July on the Distance Marketing of Financial Services for Consumers Act 26/2006 of 17 July on Private Insurance and Reinsurance Brokerage and the matters agreed upon in the General and Particular Terms and Conditions.

Clauses restricting the rights of Insured shall be applicable when highlighted in bold letters and specifically accepted.

Glossary of terms

For the purposes of this document of the **Sanitas Empresas** insurance product, the following definitions apply:

INSURANCE TERMS

ACCIDENT

Bodily injury suffered while the policy is in force, stemming from an external, sudden, violent cause beyond the Insured's control.

STANDING MEMBERSHIP

This involves recognition to the Insured of certain rights due to standing membership in SANITAS, which will be specified in the Particular Terms and Conditions.

INSURED

Each person included in the policy and specified in the Particular Terms and Conditions, entitled to receive insurance benefits and who may or may not be the same as the Policyholder.

BENEFICIARY

Person to whom the insurance Policyholder acknowledges the right to receive the compensation or benefit arising from this contract, to the corresponding sum.

CO-PAYMENT

Participation of the Insured in the sum of the cost of the medical action or series of actions, according to the medical service required, received from professionals or the healthcare centres providing it and to be paid directly to SANITAS.

HEALTH QUESTIONNAIRE

Declaration that must be truthfully and fully completed and signed by the Policyholder or Insured before formalisation of the policy and used by SANITAS to assess the risk subject to insurance.

FRAUDULENT INTENT

Action or omission committed fraudulently or deceptively with the intention of producing damage or obtaining a benefit that affects the interests of a third party.

INSURED'S HOME

The place where the Insured lives and which specifically appears on the policy's Particular Terms and Conditions.

INSURER OR INSURANCE COMPANY

SANITAS, Sociedad Anónima de Seguros the body corporate taking on the risk as agreed under this Agreement.

DEDUCTIBLE

Sum of medical and/or hospital expenses not included in the insurance cover that, according to the corresponding cover, is payable by the Policyholder or the Insured to the care provider.

PARTICIPATION IN COSTS

Prior to access to certain cover, the Insured must pay a single payment to SANITAS, which is specified according to the degree of difficulty of the cover.

QUALIFICATION PERIODS

Period of time (calculated by months elapsed from the effective date of the insurance) during which some of the covers included do not enter into force.

POLICY

Written document that contains the Terms and Conditions governing the insurance and the rights and duties of the parties and that is used as proof of existence thereof. The policy comprises: the insurance application, health questionnaire, General, Particular and Special Terms and Conditions and the supplements or appendices that are added to it either to complete or amend it.

PRE-EXISTING PATHOLOGIES

State or condition of health (illness, injury or defect), not necessarily pathological, suffered by the Insured prior to the date of signing the health questionnaire.

BENEFIT

Acceptance of payment of the care service by SANITAS of the guarantees committed to in the policy.

PREMIUM

The premium is the price of the insurance, i.e. the amount that the Policyholder or Insured must pay the Insurer. The premium invoice shall also contain any legally applicable surcharges, duties and taxes.

CLAIM

Every occurrence of consequences which are partly or wholly covered by the policy and forming part of the Insurance. The set of services arising from the same cause is considered to constitute a single claim.

EXTRA PREMIUM

This supplementary premium is established by way of express agreement shown in the Particular Terms and Conditions of the policy, in order to take on additional risk that would not be the object of insured cover where such agreement does not exist.

POLICYHOLDER

The physical person or body corporate that, together with SANITAS, signs this contract and who may be the same as or different to the Insured and to whom the obligations arising there from correspond, particularly the payment of the premium, except those that, due to their nature, are the obligation of the Insured.

HEALTH TERMS

HEALTHCARE

Act of assisting or caring for the health of a person.

H O S P I T A L - B A S E D HEALTHCARE/WITH ADMISSION TO HOSPITAL

This is the care provided at a medical or hospital centre when admitted to hospital, with a record of admission and stay by the Insured as a patient for a minimum of 24 hours for medical treatment, diagnosis, surgery or therapy.

HEALTHCARE IN A DAY HOSPITAL/ADMISSION TO A DAY HOSPITAL

This is the medical, diagnostic, surgical or therapeutic care provided in a medical or hospital centre which requires non-intensive, short-duration care that does not involve the patient staying overnight in the centre.

In the case of surgical treatment at a day hospital, it will be performed in the surgery under general, local or regional anaesthesia or sedation and requires non-intensive, short-duration care that does not involve the patient staying overnight in the centre.

HEALTHCARE WITHOUT HOSPITALISATION / OUTPATIENT HEALTHCARE

This is the medical, diagnostic, surgical or therapeutic care provided in the hospital that does not involve admission or a day hospital. In the case of an outpatient surgical treatment, it is performed in the consulting room on surface tissues and generally requires local anaesthesia.

SOCIAL CARE

Medical admission becomes social admission when a patient with functional deterioration or affected by age-related chronic processes and/or disorders have surpassed the acute phase of the disease and require healthcare but not under admission to hospital.

CONSULTATION

Assistance and examination of a patient by a doctor, performing the necessary examinations and medical tests to obtain a diagnosis or prognosis and prescribe treatment.

DIAGNOSIS

Medical opinion on the nature of a patient's disease or injury, based on assessment of his/her signs and symptoms and on the performance of additional diagnostic tests.

REGISTERED NURSE

Graduate in Nursing legally qualified and authorised to perform nursing activities.

ILLNESS

Any alteration of the state of health of an individual who suffers the action of a pathology that is not the result of an accident, which is diagnosed and confirmed by a legally recognised doctor or dentist and which requires professional medical care.

CONGENITAL DISEASE

A disease that exists at the time of birth as a result of hereditary factors or disorders acquired during pregnancy up to the time of birth. A congenital disorder may become manifest and be recognised immediately after birth, or be discovered later, at any time of the individual's life.

USER GUIDE TO DOCTORS AND SERVICES

Healthcare professionals and centres belonging to the medical network of this policy and recommended by SANITAS for the provision of the services included in the insurance. The Guide may undergo modifications during the validity period of the policy. There is a full, up-to-date list of the doctors and centres forming the medical network of this policy available to the insured at the SANITAS offices.

CONVENTIONAL ROOM

Single-unit room equipped with the necessary health care systems. Suites or rooms provided with an anteroom are not considered conventional.

HOSPITAL

Any legally authorised public or private establishment for the care of diseases or bodily injuries, provided with the means for performing diagnoses, medical treatments and surgical operations, and able to admit inpatients.

For the purposes of the policy, hotels, rest homes, spas, facilities intended primarily for the treatment of chronic diseases and similar institutions are not regarded as hospitals.

SURGERY

Any operation for diagnostic or therapeutic purposes, performed by means of incision or any other path of internal approach by an

appropriate medical specialist at an authorised centre (inpatient or outpatient), which normally requires the use of an operating theatre comprising a special-purpose room and equipped with the necessary systems.

INJURY

Any pathological change that takes place in a tissue or in a healthy organ and which entails anatomic or physiological damage, i.e., a disturbance of physical integrity or functional balance.

OSTEOSYNTHESIS MATERIAL

Pieces or elements of metal or of any other kind used for joining the ends of a fractured bone or for welding joint ends.

ORTHOPAEDIC MATERIAL

External anatomical parts of any kind used to prevent or correct body deformities such as, for example, a back brace, harness or crutches.

MEDICINAL PRODUCTS

Any substance or combination of substances presented as having properties of treating or preventing disease in human beings or that may be used by or administered to human beings with a view to restoring, correcting or modifying a physiological function by exerting a pharmacological, immunological or metabolic action or making a medical diagnosis.

Coverage by the insurer will be contingent upon the prescription of the most efficient therapy available at the time, by active ingredient and always using the generic drug or biosimilar if authorised by the Spanish Agency of Medicinal Products and Medical Devices and marketed in Spain.

PHYSICIAN

Doctor or Bachelor in Medicine legally trained and authorised for medical or surgical treatment of the disease or injury that gives rise to a cover contained in the policy.

COMPLEX THERAPEUTIC PROCEDURES

A complex therapeutic method is any method requiring technical equipment, a specially designated area and specialised health professionals in a healthcare or hospital setting.

The healthcare facility where it is performed must have adequate personnel and resources to deal with any complications that the patient might experience as a direct or indirect consequence of the method.

Indicate as an example that all lithotripsy, radiotherapy, chemotherapy, interventional radiology, haemodynamic and endoscopy procedures and procedures covered that require laser will be included.

NEWBORN

Person in the life stage of the first four weeks after birth.

CHILDBIRTH

The expulsion of one or more newborn children and the related placentas from the interior of the uterine cavity to the exterior. Normal or 'at term' childbirth occurs between week 37 and week 42 after the date of the last menstruation. Childbirth occurring earlier than 37 weeks qualifies as premature; childbirth occurring after 42 weeks qualifies as post-term.

ORGAN DISEASE

Structural injury to tissue or organs of the human body.

PROSTHESES

Any element of any kind that temporarily or permanently replaces the absence of an organ, tissue, organic fluid, member or part of any of these. By way of example, this definition encompasses mechanical (joint substitutes) or biological elements (heart valve replacement, ligaments), intraocular lenses, medication reservoirs, etc.

COMPLEX DIAGNOSIS METHOD

A complex diagnosis method is defined as any test that requires a healthcare or hospital facility with technical equipment and specialised health professionals in order to perform it. Similarly, the healthcare facility

where it is performed must have appropriate personnel and resources to address any complications that the patient might experience as a direct or indirect consequence of carrying out the test. For example, all CAT scans, MRI, neurophysiology, nuclear medicine, genetic and molecular biology, endoscopy, haemodynamic tests, etc. will be included.

PSYCHOLOGY

Psychology is the science of practical application of knowledge, skills and techniques to diagnose, prevent and resolve individual or social problems, especially as regards the individual's interaction with his/her physical and social environment.

HOME SERVICES

Visit of a GP to the insured's home at the Insured's request, by a general practitioner, paediatrician, or registered nurse, in those cases in which the Insured is not in a condition to attend the doctor's or registered nurse's surgery because of his/her disease.

EMERGENCY CARE SERVICES

Assistance in justified circumstances both at the Insured's home or anywhere else within the national territory where the Insured is, always so long as SANITAS has an arrangement for the provision of the service in this place. The service will be provided by a GP and/or registered nurse.

TREATMENT

All means (hygienic, pharmacological, surgical or physical) primarily directed to cure or relieve a disease after it has been diagnosed.

EMERGENCY

An "Emergency" is a clinical situation that does not entail a life-threatening situation or irreparable damage to the physical integrity of the patient, that requires immediate medical care.

LIFE-THREATENING EMERGENCY

A life-threatening emergency is a situation that requires immediate medical care as a delay could prove life-threatening or lead to irreparable harm to the patient's physical

integrity which could involve the loss or significant deterioration of a function, member or body organ.

Clause I: Purpose of the Insurance

Within the limits and conditions stipulated in the policy and following payment by the Policyholder of the corresponding premium, co-payments and deductibles that may correspond, SANITAS provides its insured with a wide range of professionals, clinics and hospitals for medical, surgical and hospital care, according to normal medical practice, in the specialties and modalities included in the cover of this policy, their cost being assumed through direct payment to the professionals or centres providing the insured provision.

Any diagnostic and therapeutic advances arising in medical science after the effective date of this agreement may become part of the cover of this policy provided that they are safe, effective and universal and consolidated. Whenever this policy is renewed, SANITAS shall inform of the techniques or treatments to be included in the cover of the policy for the following period.

Clause II: Benefits

The benefits covered by this policy are conditional on compliance with the qualifying periods indicated below and always when they are conditions subsequent to the contracting of the policy and not known by the insured.

PRINCIPAL BENEFITS

In general, with the limitations and exclusions highlighted in the terms and conditions of this policy, the healthcare benefits covered correspond to the following specialties:

1. Primary care

1.1. General Medicine

This includes medical care in a healthcare centre, indication and prescription of basic diagnosis tests and procedures (analysis and general radiology) during the days and times

established for this purpose by the doctor. It includes also home services when, for reasons attributable only to the Insurer's illness, he/she is prevented from attending the consulting room.

In emergencies the Insured shall go to the permanent emergency services or else contact SANITAS's telephone service.

1.2. Paediatrics and Childcare

This includes the care of children **until they are 15 years old** in consulting room and at home, the indication and prescription of tests and basic diagnosis procedures (analysis and general radiology), being applicable all other regulations mentioned for the benefit of General Medicine.

1.3. Nursing Service

Includes healthcare at the healthcare centre and at home.

2. Emergencies

These include emergency healthcare provided in permanent emergency centres.

In justified circumstances, the Insured will be treated at the place where he or she is by the round-the-clock emergency services, **only in those towns in which SANITAS has engaged such service.**

Sanitas 24 Hours

Telephone service that provides information from a medical team, which will advise the Insured about his/her questions of medical character, treatments, medication, analysis interpretation, etc., 24 hours a day, 365 days a year.

3. Medical specialties

3.1. Allergology

It includes determination of complete allergen-specific IgE (natural extracts) but

excludes specific IgE determinations for recombinant allergens and IgG4.

3.2. Clinical Analysis

3.2.1. Genetic Studies

It comprises exclusively genetic studies essential for diagnosis and/or to serve as a guideline for treatment in an affected, symptomatic patient and which also have a high diagnostic yield.

Includes the study of BRCA 1 and BRCA 2 genes in the following indications:

A) patient without personal history of breast or ovarian cancer who meets the following requirements:

- with 2 or more 1st or 2nd degree relatives aged under 50 years old affected by breast cancer
- with 2 or more 1st or 2nd degree relatives affected by ovarian cancer at any age
- with 2 or more 1st or 2nd degree relatives aged under 50 years old affected by breast cancer and ovarian cancer at any age

B) patient aged over 50 years old with a history of breast cancer

- with 2 or more 1st or 2nd degree relatives aged under 50 years old affected by breast cancer
- with 2 or more 1st or 2nd degree relatives affected by ovarian cancer at any age
- with 2 or more 1st or 2nd degree relatives aged under 50 years old affected by breast cancer and ovarian cancer at any age

C) male patient with breast cancer

D) patient aged under 50 years with breast cancer

E) patient with ovarian cancer (+/-) breast cancer

PCA3 molecular study and DNA typing of HLA classes I and II excluded.

3.3. Anatomic Pathology

Includes the performance of therapeutic targets: BRAF, ALK, K-RAS, N-RAS, C-ERB2/HER2, EGFR, C-Kit, ROS-1 and PDL-1 prior to the administration of certain

pharmaceutical products, provided that the summary of product characteristics as established by the Spanish Agency of Medicinal Products and Medical Devices requires that such targets be determined. These criteria also apply to the speciality of genetic testing.

3.4. Anaesthesiology

3.5. Angiology and Vascular Surgery

Varicose vein treatments with foam or microfoam are excluded.

3.6. Digestive System

Liver elastographs are covered **annually by the Insured solely to evaluate the progression in the degree of hepatic fibrosis in chronic liver diseases, excluding conditions related to alcoholism. Prior authorisation from SANITAS is required after assessment of the medical report.**

The technique for submucous endoscopic dissection **is only included for the treatment of lesions of pre-malignant or incipient malignant colorectal/gastric mucosa in which conventional polypectomy has been ruled out and where surgical treatment is being considered. Prior authorisation from SANITAS is required after assessment of the medical report.**

MR-enterography is included.

3.7. Cardiology

3.8. Cardiovascular Surgery

The cryoablation technique and percutaneous techniques for the replacement of heart valves are excluded.

3.9. General and Gastrointestinal Surgery

Includes laparoscopic surgery.

3.10. Maxillofacial Surgery

Includes the diagnosis and surgical treatment of diseases and trauma involving only the jawbone, maxilla and facial bones.

Dentistry treatments are excluded, as are cosmetic treatments and/or treatments targeting functional issues of the patient's mouth or teeth, such as orthognatic, pre-implant and pre-prosthesis surgery.

3.11. Traumatology and Orthopaedic Surgery

Includes arthroscopic surgery.

3.12. Paediatric Surgery

In the same terms and conditions as those mentioned for adult surgery.

3.13. Reconstructive Surgery

3.14. Chest Surgery

3.15. Dermatology

3.16. Endocrinology

3.17. Geriatrics

3.18. Haematology and Haemotherapy

Comprises autologous bone marrow and parentperipheral blood cell transplants **solely for treatment of haematological tumours.**

Leukocyte immunophenotypic study only covered in the study of leukaemias and lymphomas.

3.19. Internal Medicine

3.20. Nuclear Medicine

Contrast agents are paid for by SANITAS.

PET and PET/ CT scans exclusively with 18-fludeoxyglucose (18 FDG) are covered for:

A) the diagnosis, staging, monitoring of treatment response and detection in

reasonable case of relapse in cancer processes and

B) the following non-cancer indications (authorised by the Spanish Agency of Medicinal Products and Medical Devices on the 18-fludeoxyglucose (18 FDG) fact sheet):

b.1- Cardiology

- Evaluation of myocardial viability in patients with serious left ventricle dysfunction and who are candidates for revascularization, only when conventional imaging techniques are not conclusive.

b.2- Neurology.

- Localisation of epileptogenic foci in the pre-surgical assessment of partial temporary epilepsy.

b.3- Infectious or inflammatory diseases

Localisation of abnormal foci to guide etiological diagnosis in the case of idiopathic fever.

Infection diagnosis in the case of:

- Suspected chronic infection of bones or adjacent structures: osteomyelitis, spondylitis, discitis or osteitis, including when there are metallic implants
- Diabetic patients with a foot indicative of Charcot foot and ankle, osteomyelitis or a soft tissue infection
- Painful hip prosthesis
- Vascular graft
- Detection of septic metastatic foci in the case of bacteraemia or endocarditis (also see section 4.4)

Detection of extension of inflammation in the case of:

- Sarcoidosis
- Inflammatory bowel disease
- Large vessel vasculitis
- Treatment monitoring:

Unresectable alveolar echinococcosis in the detection of active outbreaks of the parasite during medical treatment and following treatment suspension.

Prior authorisation from SANITAS is required after assessment of the medical report.
Any radiotracer other than 18FDG is excluded.

MR-PET excluded.

3.21. Nephrology

Includes dialysis techniques only for the treatment of acute processes. **Chronic treatments of dialysis and haemodialysis are excluded.**

3.22. Pneumology

3.23. Neurosurgery

Includes surgery with surgical navigation assistance and Intraoperative Electro-physiological Monitoring.

3.24. Clinical Neurophysiology

3.25. Neurology

3.26. Obstetrics and Gynaecology

Includes laparoscopic gynaecological surgery and study and basic diagnosis of infertility and sterility.

It also includes family planning, tubal ligation, IUD implantation (**the IUD is paid by the Insured**), and follow up of treatment with anovulatorys.

The following genetic tests are included:

- Karyotype
- Factor V Leiden and mutation 20210 of the prothrombin gene, with these two determinations requiring prior authorisation from SANITAS following assessment of the medical report, being covered when there is a personal history of recurrent miscarriage and/or thromboembolic processes.

Any other genetic test other than those mentioned shall be excluded.

Includes breast tomosynthesis and use of genome sequencing platforms for breast

cancer prognosis (ONCOTYPE, MAMMAPRINT, PROSIGNA) prescribed by a specialist on the medical chart and whenever necessary for the treatment in accordance with the recommendations set out for each genomic platform mentioned above. **Requires prior authorisation from SANITAS after assessing the medical report.**

Foetal DNA determination in mother's blood (non-invasive pre-natal screening) is not included.

3.26.1. Breast Surgery

Breast surgery is covered in the following situations:

- Benign tumours. **Excludes breast reconstruction.**
- Malignant tumours: includes surgery on the affected breast and prophylactic surgery on the contralateral breast if considered a therapeutic option following the BRCA1 and BRCA2 result. Includes posterior breast reconstruction.
- Individuals not affected by breast cancer in which prophylactic breast surgery is considered a therapeutic option following the BRCA1 and BRCA2 result. Includes subsequent breast reconstruction.

Prior authorisation from SANITAS is required after assessment of the medical report.

3.26.2. Neonatology Care

It comprises the medical check, vaccine administration and performance of all those tests that systematically are performed to newborns during his/her first 48 hours of life, according to the care delivery protocol applicable in each autonomous region, **excluding any medical provision that is a consequence of a pathology or complication appearing at the moment of birth.**

3.26.3. Newborn care

Covers the costs of a newborn's healthcare, provided that the child has been registered with SANITAS and has this cover.

3.27. Ophthalmology

Includes laser photocoagulation **exclusively for ischemic retinopathies, macular oedema, glaucoma and peripheral lesions of the retina (holes or tears); corneal cross-linking for keratoconus treatment; and surgery for cornea transplant with the cornea to transplant** being paid for by SANITAS.

Refractive surgery of any type (for myopia, hyperopia and astigmatism) is excluded.

3.28. Medical Oncology

The treatment prescription must always be performed by the Medical Oncology specialist in charge of the patient's care. SANITAS must pay for treatment if conducted at a healthcare site, whether on the basis of an oncology day unit or on an inpatient basis, if necessary.

SANITAS shall only pay for expenses corresponding to specifically cytostatic drug products, the sale of which is authorised in the local market and provided they are used according to the instructions of the product fact sheet and administered parenterally in as many cycles as required and via vesical instillation in the case of MITOMYCIN AND BCG.

Also includes drugs with no antitumor effect administered simultaneously together with cytostatic agents during the chemotherapy session to prevent adverse or secondary effects.

3.29. Ear, Nose and Throat

Includes CO2 laser surgery and radiofrequency surgery.

3.30. Psychiatry

Psychiatric admission **only covered as part of hospital admission and only includes**

the treatment of acute outbreaks. It is limited to a maximum period of 50 days per Insured/year.

3.31. Radiodiagnosis/Imaging Diagnosis

Comprises standard diagnostic techniques. Contrast agents shall be paid for by SANITAS.

It also includes:

A) The colonography performed by computerised tomography (CT) in the following indications:

- Screening of colon cancer and colon polyposis in patients without a known clinical history of colon cancer, polyposis or inflammatory intestinal illness, as long as they present family background of these pathologies or are candidates to screening for age reasons (from the age of 50).
- Screening of colon cancer and colon polyposis in patients in which the conventional colonoscopy is contraindicated due to their clinical situation or entails a higher risk.
- As a complement to conventional colonoscopy when this has been unable to reach the full length of the colon.

Prior authorisation from SANITAS is required after assessment of the medical report.

B) CAT coronagraphy: included in the guarantee **only for symptomatic patients presenting a low or medium probability of coronary disease, in whom it is not possible to perform an ischaemia detection test or it is negative or inconclusive; asymptomatic patients but with a positive or uncertain ischaemia detection tests; for the coronary anomaly study; suspected anomaly or identification of the background of the diagnosed patient; for evaluation of pulmonary veins prior to atrial fibrillation ablation; for coronary study prior to heart valve surgery**

and for evaluation of stents or coronary grafts.

Prior authorisation from SANITAS is required after assessment of the medical report.

Assessment of the calcium score is excluded.

3.32. Radiotherapy

Includes radiotherapy **exclusively for cancer processes.**

Also includes stereotaxic radiosurgery for tumour treatment, principally malignant tumours, brain arteriovenous malformations and as a final therapeutic step in trigeminal neuralgia.

Prior authorisation from SANITAS is required after assessment of the medical report.

3.33. Rehabilitation

It comprises the consultations which have the purpose of diagnosis, evaluation and prescription of the physiotherapy treatments included in the cover of Physiotherapy.

3.34. Rheumatology

3.35. Urology

Includes Multiparametric Magnetic Resonance of the prostate in the following indications:

- Local, regional or distance staging
- Detection or guide for diagnostic biopsy where there is a suspicion of clinical risk with a negative result in previous biopsies
- Therapeutic monitoring

Prior authorisation from SANITAS is required after assessment of the medical report.

Also includes laser endourethral and vesical lithotripsy.

Fusion biopsy excluded.

4. Other care services

4.1. Ambulance

Transfers in ambulance from the place where the insured is located to the hospital where he/she will be admitted or to which he/she presents for an emergency and under SANITAS coverage shall be covered. Also covered are return transfers of the insured from the hospital to their home and those made between hospital centres on the SANITAS list of healthcare providers if the care resources at the hospital where the Insured is found are not those that their medical care requires. Transfers for chemotherapy and radiotherapy treatments at a Day Hospital are also covered. In all these cases the service will be provided by land within the national territory using the means agreed on by SANITAS and so long as the physical state of the Insured impedes his/her transfer by other ordinary means (taxi, private car, etc.) and is authorised via the Sanitas 24-hour hotline.

This benefit does not include transfers required for physiotherapy treatments, diagnostic tests or to attend doctor's visits nor generally any other type not covered in the paragraph above. Service provisions by providers not agreed with or by the Spanish regional or national public health service are therefore excluded.

4.2. Special Care in the Home of the Insured

This will be carried out by the healthcare teams designated by SANITAS, provided that it is possible to arrange the service when the patient's illness requires special care but does not require admission to hospital nor specialised equipment, always under the prescription of the doctor.

4.3. Obstetric-Gynaecological Nursing (Midwifery)

Care provided by a midwife will be available only for hospital-based child delivery.

4.4. Physiotherapy

It is provided solely on an outpatient basis and **exclusively for conditions originating in the musculoskeletal system**, considering as such exclusively those structures of the human body that perform the locomotive or movement function and therefore not those such as the temporomandibular joint which does not perform this function and always provided it is not a chronic or degenerative process, through to the greatest possible functional recovery of the patient, determined by his or her rehabilitation physician.

It includes shockwave therapy for **chronic osteotendinous injuries (more than 6 months' evolution) of the musculoskeletal system**.

Prior authorisation from SANITAS is required after assessment of the medical report.

Also includes lymphatic drainage following a cancer process. It also includes the musculoskeletal physiotherapy as inpatient, **secondary to orthopaedic surgery and heart rehabilitation under a hospital admission system following surgery with extra-corporeal circulation.**

Neurological rehabilitation, pelvic floor rehabilitation, outpatient cardiac rehabilitation, respiratory rehabilitation, temporomandibular joint rehabilitation and rehabilitation using robotic systems are expressly excluded.

4.5. Speech and Language Therapy

It is included only when related with organic processes (larynx and vocal cords), **to a maximum of 6 months a year per Insured.**

They are dysphonia caused by damage to the vocal tract (congenital or acquired) not related to using the voice. Organic processes are considered to be:

1. Inflammation: oedemas

2. Tumours:

- a) Benign: nodules, polyps.
- b) Malignant: cancer of the larynx (partial or total)

3. Changes to the vocal cords:

- a) Paresis (reduction of cord movement because either the muscle or nerve are injured)
- b) Paralysis (reduction of cord movement because either the muscle or nerve are injured)

4. Congenital malformations

The insured cover includes **only speech therapy and language therapy for processes deriving from an acute stroke.**

4.6. Nutrition

Access to this speciality **must be prescribed by specialists in endocrinology, oncology, internal medicine, geriatrics or paediatrics authorised by SANITAS.** It is covered when a medical condition exists (cancer patients, diabetes, obesity with BMI >30 or a severe eating disorder).

4.7. Podiatry (Chiropraxy exclusively)

Limited to a maximum of 6 sessions per Insured and insurance annuity.

4.8. Prostheses

Only covers internal prostheses and internal implantable materials expressly listed below.

The Insured must provide the reports and/or quotations if SANITAS so requires.

1. Ophthalmology: Monofocal intraocular lens, **excluding toric, used for cataract surgery.** Also includes corneal tissue **exclusively from national tissue bank for cornea transplant.**

2. Traumatology and Orthopaedic Surgery: Hip, knee and other joint prostheses; columnar fixation material; intervertebral disc; intersomatic or interspinal intervertebral material; vertebroplasty/kyphoplasty material; biological bone ligament material obtained

from tissue banks in Spain; osteosynthesis material; bone substitutes - **exclusively for columnar surgery and bone grafts after tumour surgery.**

3. Cardiovascular Area: the following vascular prostheses: stents, peripheral or coronary bypasses, medicalized or non-medicalized, **excluding those used in the aorta in any of its sections and aortic valvulated tubes;** cardiac valves included in aortic valvulated tubes provided they are associated with aortic valve surgery and any other percutaneous or transapical implantation; pacemakers, **excluding any kind of defibrillator or artificial heart;** coils and/or embolization materials.

4. Chemotherapy or Pain Treatment: reservoirs.

5. Other surgical materials: abdominal meshes **except biologic meshes, biliary stents;** urological suspension systems; cerebrospinal (hydrocephalus) fluid shunts; breast prostheses and expanders, both in the breast affected by prior tumour surgery and in cases where a prophylactic mastectomy is considered a therapeutic option following the BCRA1 and BCRA2 result.

6. Bone fixing materials in cranial and/or maxillofacial surgery

4.9. Mother and Baby Programme

Includes theoretical and practice classes for child delivery preparation, child health examinations, as well as telephonic assessment by nursing professionals during the first six months of life of the child.

4.10. Psychology

This comprises individual psychological care prescribed by Psychiatrists, Family Health Advisors, Paediatricians or Medical Oncologists the purpose of which is to treat disorders which could be treated via psychological intervention. Also includes simple psychological diagnosis and psychometric tests, **the forms of which shall be paid for by the Insured.**

This comprises individual psychological care prescribed by Psychiatrists, Family Health Advisors, Paediatricians or Medical Oncologists the purpose of which is to treat disorders which could be treated via psychological intervention.

It includes a maximum of 4 consultations per month and with a limit of 15 sessions per Insured and insurance annuity.

Cover excludes psychoanalysis, psychoanalytic therapy, hypnosis, narcolepsy and psychosocial and neuropsychiatric rehabilitation services.

4.11. Home-based respiratory therapy

Exclusively comprises the following treatments:

a) Oxygen therapy: liquid, concentrator-based and gaseous.

Liquid oxygen therapy must be prescribed for administration for at least 15 hours a day. SANITAS shall only pay for one type of oxygen therapy treatment.

Portable oxygen concentrator is excluded.

b) Generation of positive airway pressure with CPAP to treat obstructive sleep apnoea. **Auto-CPAP machines for this treatment are excluded.**

c) Partial BiPAP ventilation therapy and aerosol therapy.

5. Hospital admission

Hospitalisation in a clinic or hospital.

In case of admission, the patient shall occupy a conventional, individual room with a bed for relatives, except in psychiatric hospitalisation, in ICU and in incubator and SANITAS shall pay for any expenses arising from the performing of the diagnosis and therapeutic methods, surgical treatments (includes operating theatre and medication expenses, **except medication that is not authorised**

for sale in Spain) and accommodation with the upkeep of the patient.

Excludes care for social reasons.

6. Preventive medicine

Includes programmes applied to healthy populations covering different activities such as medical consultations, physical exams and basic diagnostic tests prescribed by the specialist concerned for early disease diagnosis:

6.12. Paediatrics: Provides for consultation with a specialist, newborn health checks (including metabolic screening and early hearing impairment detection via OAEs or AEPs where necessary) and regular health checks to monitor child development (**from birth to 11 years of age**).

6.13. Gastrointestinal Tract: Includes consultation with a specialist and a physical examination as well as basic diagnostic tests (e.g., test for blood hidden in faeces or colonoscopy).

6.14. Cardiology: Includes consultation with a specialist and a physical examination as well as basic diagnostic tests (e.g., ECG, basic blood and urine tests) and a stress test to establish coronary risk.

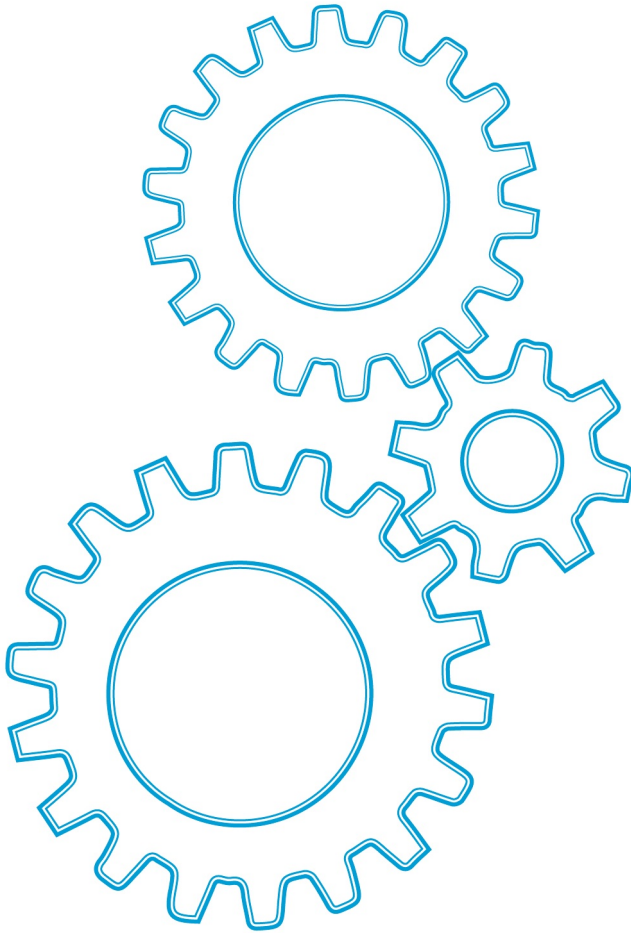
6.15. Pneumology: Includes consultation with a specialist and a physical examination as well as basic diagnostic tests (e.g., chest x-ray).

6.16. Gynaecology: Provides for an annual gynaecological check for cervical, endometrial and breast cancer prevention. Includes consultation with a specialist and a physical examination as well as basic diagnostic tests (e.g., ultrasound scan, mammogram, pap smear test or gynaecological ultrasound scan).

6.17. Urology: Provides for a medical consultation with a specialist and basic blood tests (including PSA determination) and urine tests, along with other basic diagnostic tests (e.g., ultrasound scan and/or prostate biopsy).

The recommended frequency for these exams varies in line with the characteristics of each case, which is why it is up to the specialist to establish recommendations in accordance with the risk.

ADDITIONAL COVERAGES OF YOUR INSURANCE



Overseas emergency healthcare cover

What is it? Use of services and time limit

This is a policy add-on which will cover emergencies abroad due to illness or accident, **provided that the care required occurs within 90 consecutive days from the start of the trip.**

For everything that does not expressly go against the provisions of this add-on, the provisions of the policy terms and conditions, including its limitation clauses and exclusions, will apply to the urgent medical care abroad guarantee.

To cover this care, **it is essential for the Insured** to be up to date with payment and, **before any medical service is provided (except in a life-threatening emergency), SANITAS must be contacted and prior authorisation sought** via the phone number on the back of the card. In the event of a life-threatening emergency, the Insured shall visit the nearest clinic or hospital and must report this to SANITAS within a maximum of 7 days starting from the date of admission, supplying Sanitas with a copy of the emergency report. In any case, the call to Sanitas must be made before the return trip to Spain.

For Sanitas to accept the care provision, all the required documents must be supplied (travel receipts, medical report justifying the emergency and all other reports needed, bills and payment receipts).

What is not included?

- **medical expenses abroad under €3.**
- **costs arising from the diagnosis or treatment of a physiological condition (e.g. pregnancy) or an illness that was known about before the trip began, unless it is a clear or unforeseeable complication; treatments arranged in Spain;**

- **pregnancy costs incurred after the first 150 days.**
- **mental and chronic illnesses causing alterations in the Insured's health.**

What services are included?

1. Medical Costs

SANITAS guarantees the Insured, throughout the term of the policy, emergency healthcare abroad for medical costs (doctors, surgeons and hospitals/clinics) originating outside of Spain and provided by Sanitas-designated centres.

Limits

€12.000 per person and year.

2. Transfer of sick and injured individuals to a care centre

What is included?

SANITAS will pay for this transfer under medical observation through to the care centre where the patient can be treated.

The SANITAS medical service shall decide on and choose the means of transport and medical centre/hospital the Insured must attend, in accordance with the medical order applicable to the case.

3. Extension of a companion's hotel stay for hospitalisation of the Insured

When the Insured has to be admitted to hospital on a doctor's orders and in accordance with the medical service, SANITAS shall reimburse the costs arising from the necessary extended hotel stay for their companion - if also insured by Sanitas - **up to a maximum of €60 per day and up to a maximum of 10 days.**

4. Family member's travel and stay to accompany the Insured in hospital

If during the trip the Insured should be hospitalised for more than five days and no direct family member is with him or her, SANITAS shall make a regular-flight, return

plane ticket (economy class) or train ticket (first class) available to a companion with regular place of residence in Spain. SANITAS shall pay **up to €60 per day for up to 5 days** in respect of hotel accommodation to cover this person's costs.

5. Transport in the event of death

In the event of the death of the Insured, SANITAS shall organise and meet the expenses for the transfer of the coffin to the place of burial in the country of his or her usual place of residence, as well as the minimum compulsory coffin expenses, embalming costs and administrative formalities. Where applicable and following a request from the Beneficiaries, SANITAS shall meet the costs of incineration in the place of death and transportation of the ashes to the place of burial in the country of his or her usual place of residence. **SANITAS will not meet funeral or burial expenses.**

6. Early return of insured accompanying relatives

If the Insured is transferred by reason of death under the cover "Transfer in Event of Death" and this circumstance prevents accompanying insured family members from returning to their homes by the means planned originally, SANITAS will bear the cost of their travel to their permanent place of residence in Spain. **Maximum two adults and accompanied children under the age of 14.**

7. Accompanying children

If, during the term of the contract, Insured persons travelling with disabled persons or children under 14 years of age cannot look after them due to a sudden illness or accident covered by the Policy, SANITAS shall arrange and cover the costs of outbound and inbound travel of a person residing in Spain named by the Insured or his/her family to accompany children on their return to their habitual residence in Spain as quickly as possible.

8. Search and retrieval of luggage and personal belongings

If the Insured has his/her luggage delayed or lost, SANITAS shall help in its search and retrieval, advising on how to file the corresponding formal complaint. If the luggage is retrieved, SANITAS shall send it to the Insured's habitual residence in Spain, providing the presence of the owner is not required for its recovery.

9. Dispatch of documents and personal belongings overseas

SANITAS shall organise and take care of essential items for the journey which have been left at home (contact lenses, prosthetics, spectacles, credit cards, driving licence, ID card and passport). This service extends to posting the same items home if they have been left behind on the journey or recovered after theft.

SANITAS shall only organise the dispatch and postage for parcels weighing no more than 10 kilogrammes.

10. Advance of funds

SANITAS shall advance funds of **up to €1,500** to the Insured, when required. SANITAS shall require some kind of special guarantee ensuring the Insured repays the advance. In any event, the amounts advanced shall be returned to SANITAS within a maximum period of 30 days.

11. Legal advice

If the Insured is incarcerated or prosecuted as a result of a traffic accident, SANITAS shall pay **up to €1,500** for lawyer and attorney fees incurred for the legal assistance provided. If this service is covered by the Motor Insurance Policy, it shall be considered an advance and SANITAS shall reserve the right to request a special guarantee from the Insured to ensure payment of the advance.

12. Advance of the amount for bail demanded abroad

If the Insured is prosecuted or incarcerated in the country in which it arises, SANITAS shall issue an advance equal to the amount of bail demanded by the local authorities **up to a maximum of €10,000**. SANITAS reserves the right to request a special guarantee from the Insured to ensure repayment of the advance. In any event, the amounts advanced shall be returned to SANITAS within a maximum period of two months.

13. Dispatch of medication

What is included?

If the Insured needs a medicine prescribed by a doctor and cannot acquire it in the place where he or she is holidaying, SANITAS shall locate it and send it to him or her by the fastest means and in compliance with local laws.

What is not included?

Cases where the medicine is no longer manufactured and is unavailable in the regular distribution channels in Spain are excluded. The Insured shall repay SANITAS the price of the medicine upon presentation of the bill.

14. Transmission of urgent messages

SANITAS shall, through a 24-hour service, accept and transmit urgent messages from the Insured, so long as they have no other means of making them reach their destination and so long as they are a consequence of a guarantee covered by the contract.

Second medical opinion cover

Includes a second opinion on medical diagnosis or treatment in the event of serious chronic diseases requiring scheduled care of which the course may require new diagnostic

tests or therapeutic measures and whereof the life prognosis is seriously compromised. This second opinion shall be issued by a medical report by leading specialists, healthcare centres, physicians or academics in any country in the world, designated by SANITAS.

To use this service, the Insured can call 902 19 97 24 or 93 25 40 538 for an explanation of the procedure to follow and the documentation to supply, which shall include written medical information, X-rays or other image diagnoses, excluding dispatch of any biological or synthetic materials. The dossier shall be sent, with due confidentiality, to the specialist or centre concerned, according to the disease being treated.

When the process ends, the Insured will be sent a second medical opinion report which will include:

- Summary of their clinical history.
- Opinion of the experts consulted.
- Curriculum vitae of these experts.

During the whole of this process the Insured shall be accompanied by a consultant physician responsible for managing the case and advising the patient at all times.

Acute diseases or those requiring an urgent answer are excluded from this service.

Consultations, tests or treatments not performed in accordance with the rules or covers of the healthcare policy will not be covered.

Sanitas Dental 21

The benefits insured by this policy are specified in the document Insured Dental Benefits, attached to the Particular Terms and Conditions and forming an integral and inseparable part of them and of these General Terms and Conditions. They are classified as follows:

1. Without excess: The Insured does not have to pay any amount to the dentist unless the policy provides for copayments, which shall be specified in the Particular Terms and Conditions.

2. With excess: The Insured must pay the excess amount determined in the Insured Dental Benefits document, attached to the Particular Terms and Conditions of this policy, for the service performed.

If there is any change to the insured benefits or the amount of excess, the Insurer shall notify the Insured of the new amounts to pay with two months' notice of the date of effect. Payment of the premium implies acceptance of such changes.

Clause III: Exclusions from cover

Healthcare arising from the risks indicated below is excluded from the cover of this policy, regardless of any other exclusion duly highlighted in the terms and conditions of this policy:

A. All types of disease, injury, pain, constitutional or congenital defect, deformity, medical condition or situation (such as pregnancy or gestation) existing prior to the registration date of each Insured party in the policy and/or those as a result of accidents or diseases and their consequences arising prior to the date of inclusion of each Insured party in the policy.

The Policyholder, on his/her own behalf or that of the Insured parties, must include any type of injury, congenital condition, disease, diagnostic test, treatment and symptoms that may be considered the onset of a condition in the health questionnaire included in the insurance application. Where not indicated, any insured cover directly or indirectly relating to the declaration not made shall be excluded. SANITAS shall assess the information provided by the Policyholder as a basis to accept or reject the arrangement of the insurance or to accept it excluding certain insured cover.

B. Healthcare relating to diseases, accidents, injuries, deformities or defects:

- Arising as a result of civil wars, terrorist action and military manoeuvres.
- Directly or indirectly related to nuclear radiation or radioactive contamination and those resulting from officially declared catastrophes.
- Arising from working or professional accidents.

- Arising from the use of motor vehicles that are the purpose of the Automobile Compulsory Subscription Insurance.

- Arising while the Insured is involved, in sports of risk, such as flying activities, speed trials in a motor vehicle, scuba diving, climbing, boxing, bull fighting, martial arts or rugby.

C. Healthcare provided at Social Security clinics or services or those integrated in the National Health System. Cross-border healthcare is also excluded.

D. Hospitalisation for problems of a social nature.

E. Health care and/or inpatient treatment provided to the Insured by persons that are related with the Policyholder or with the Insured by conjugal relationship or kinship until the fourth grade of consanguinity or affinity, inclusive.

F. Healthcare derived from chronic alcoholism, drug addiction, intoxication due to the abuse of alcohol, psychotropic drugs, narcotics or hallucinogens, attempted suicide and self-harm, diseases or accidents due to negligence or gross negligence of the Insured, infection by Human Immunodeficiency Virus, AIDS and related diseases.

G. All diagnostic, surgical or therapeutic methods, procedures or techniques that appear after the date of taking out the policy except where SANITAS, in compliance with art 126.2 of Royal Decree 1060/2015 of 20 November on the Organisation, Supervision and Solvency of Insurance and Reinsurance Companies has communicated to the Policyholder in writing that they have been included in the insured covers under the terms and within the limits established in said communication.

Also excluded are any therapeutic method, surgical technique or diagnostic test performed within a clinical trial or not used in regular clinical practice due to

lack of safety or efficacy, considering these to be those not approved by the European Medicines Agency and/or the Spanish Agency of Medicinal Products and Medical Devices, as well as by the health technology evaluation agencies of Spain's regional health services or national Ministry of Health. Also excluded from coverage are therapeutic methods, surgical techniques and diagnostic tests that have been clearly surpassed by other available ones.

H. Any type of service relating to:

- Conditions or treatments that are not covered or any other medical benefit with a direct relation to a treatment that was not done under the policy's insurance coverage for not being covered by it.
- Specific diagnosis and treatments, including surgery, aimed at remedying sterility or infertility in either sex (in vitro fertilization), artificial insemination, etc. or involving impotence and erectile dysfunction, including sex-change surgery.
- Voluntary interruption of pregnancy.
- Transplants of organs, tissues, cells or cells components, except autologous transplant of both bone marrow and progenitor cells of peripheral blood due to haematologic lineage tumours and cornea transplant.
- Any surgical procedure on unborn babies.
- Any surgical technique using robotic surgery equipment.
- Genetic map determinations to ascertain the predisposition of the Insured or his ancestors or present or future offspring to all diseases related to genetic disorders. Except for the determination of BCRA1 and BCRA2 and genetic tests for breast cancer (ONCOTYPE; MAMMAPRINT and

PROSIGNA) under the conditions detailed in previous sections. Genetic mapping of tumours and pharmacogenetics are also expressly excluded.

- Prosthesis and implantable materials except those mentioned in the corresponding paragraph of the present General Terms and Conditions. Among others, any external prosthesis, customised prostheses, any orthopaedic material, external fixing materials, synthetic or biological materials, grafts, or oesophageal or colonic endoprosthesis, aortic endoprosthesis, valved ducts, except those associated with aortic valve replacement surgery, implantable pumps for the infusion of medicaments, medullary stimulating electrodes, defibrillators and the artificial heart.
- Operations, infiltrations and treatments, as well as any other action that is purely for questions of appearance or of a cosmetic nature. In terms of breast surgery, only those caused by tumour disease are included, the following being expressly excluded: prophylactic operations, except those that meet the criteria detailed in the breast cancer section; and those performed to correct breast hypertrophy and/or gynecomastia. Any kind of disorder or complication which may occur subsequently and which is directly and/or mainly caused by the Insured's undergoing an operation, infiltration or treatment of a purely aesthetic or cosmetic nature are also expressly excluded.
- Treatment with platelet- or growth-factor-rich plasma.
- Educational therapy in all its forms, such as language education in processes unrelated to organic disease or special education in patients with mental illness.
- General medical examinations for preventive purposes, except the cover

mentioned in these General Terms and Conditions.

- Alternative medicine, naturopathy, homeopathy, acupuncture, mesotherapy, hydrotherapy, pressotherapy, ozone therapy, etc.

- Services or techniques that merely consist of leisure, rest, comfort or sporting activities, similarly treatments at spas and health farms.

I. All surgical techniques or therapeutic procedures using laser, except:

- Ophthalmic photocoagulation exclusively for ischaemic retinopathies, macular oedema, glaucoma and peripheral retinal lesions (holes or tears).

- Corneal cross-linking for keratoconus treatment.

- Haemorrhoid treatments.

- Clinical (not cosmetic) peripheral vascular surgery.

- Ear, nose and throat CO2 laser.

- In musculoskeletal physiotherapy.

- Laser endourethral and vesical lithotripsy.

J. Travel expenses except those covered in the ambulance section of these General Terms and Conditions.

K. Any kind of refractive surgery (for myopia, hypermetropia and astigmatism) is excluded.

L. The following human medicines:

- Any type of medication administered to the insured outside of hospitalisation, except for chemotherapy administered via parenteral by a healthcare professional and via bladder instillation in the case of MITOMICINA and BCG

under outpatient care or without hospitalisation; and medication in home respiratory therapies that are expressly included in the insured cover.

- Medicinal products not on the market in Spain.

- The following special medicines:

- Vaccines/autogenous vaccines and other biological medicinal products
- Medicines of human origin
- Advanced therapy medicinal products (gene and cell)
- Medicinal plant products
- Homeopathic medicinal products
- OTC products

M. Water birth, homebirth and alternative childbirth techniques are expressly excluded.

N. Bariatric surgery is excluded in obesity and metabolic surgery is excluded in diabetes.

Ñ Radiosurgery is excluded.

O. Parkinson surgery is excluded.

P. Epilepsy surgery is excluded.

Clause IV: Qualification periods

insurance policy. Including cases of premature childbirth (before 37 weeks).

All benefits which under this policy are assumed by the Insurer, on the basis of the approved medical network, will be provided from the time this contract becomes effective. **HOWEVER, THE FOREGOING GENERAL PRINCIPLE DOES NOT APPLY TO MEDICAL, SURGICAL AND/OR HOSPITAL HEALTHCARE IN THE EVENTS DETAILED BELOW, TO WHICH SHALL APPLY THE SPECIFIED QUALIFICATION PERIODS:**

Qualification Periods for the modality of Contracted Medical Network:

- **Vasectomy and tubular ligation:** 10 Months
- **Psychology:** 6 Months
- **Complex diagnosis tests:** 6 Months
- **The following Complex Therapeutical Methods: interventional cardiology/hemodynamics; interventional radiology, radiotherapy and chemotherapy; and lithotripsy:** 10 Months
- **Outpatient surgical operations. For example: Group 0 to II procedures, as classified by the Spanish Medical Colleges Organisation:** 3 Months
- **Child delivery or caesarean except premature birth (less than 37 weeks):** 8 Months
- **Hospitalisation and surgical operations different from outpatient care and those performed as inpatient. For example: Group III to VIII procedures, as classified by the Spanish Medical Colleges Organisation:** 10 Months

The above qualification periods do not apply to accidents or illnesses that are life-threatening, unexpected and diagnosed after the date the corresponding cover takes effect, provided the care is covered by the

Clause V: Form of service provision

1. Through the contracted medical network

Care shall be provided according to healthcare regulations applicable, by professionals with sufficient qualifications for each specific service and belonging to the contracted medical network corresponding to this insurance product. Where one of the services included in the cover of this policy does not exist in the town where the Insured is located, it shall be provided in another region through the healthcare provider that the Insured chooses in each case.

On receiving applicable services, the Insured must present his/her SANITAS card. Also the Insured must show his/her National Identity Document, if such was required. Each time the Insured receives a service covered by this policy, he/she must pay, in the concept of participation in the cost of such service, the amount that is established in the Particular Terms and Conditions.

SANITAS must provide insured cover under the terms established in the policy and is not bound by the decisions that professionals may make, whether or not they belong to its medical network or are included in this insured cover.

The care may be provided in different ways, depending on the service to be given:

1.1. Free access.

The Insured shall be able to attend freely in Spain the consulting rooms of consultants, general physicians and paediatrics, as well as the emergency centres that belong to the contracted medical network by SANITAS for this product. Please check your User Guide to Doctors and Services for those consultants for which you will need prescription/authorisation.

1.2. Prior prescription for the performance of the service

Diagnosis tests, therapeutic methods, and certain care services will require, for their performance, written prescription by a physician belonging to SANITAS medical network.

Particularly, Psychology consultations must be prescribed by a Psychiatrist, General Practitioner, Oncologist or Paediatrician.

1.3. Prior prescription and authorisation for the performance of the service.

As a general rule, for surgical operations, inpatient treatment and counselor professionals, prior express authorisation by SANITAS shall be needed, after the written prescription of the professionals belonging to SANITAS network. Such authorisation shall be also needed for certain therapeutic methods, diagnosis tests and other care services, whenever such is said in the General Terms and Conditions of the policy. The authorisation voucher shall not be valid if at the moment of receiving the service, the Insured is not fulfilling all the requirements established in the General Terms and Conditions of his/her policy to access to the full insured coverage relating to the service indicated in such authorisation voucher (i.e. no being current on payments of the premium, preexisting condition not declared, etc.).

1.4. Prior authorisation for the service to be performed by expressly accredited professionals

Any laparoscopic or arthroscopic surgical procedures and those involving radiofrequency or laser techniques must be performed by professionals specifically arranged and accredited by SANITAS to perform this type of specific surgical technique.

1.5. Prior authorisation and express designation of the physician

More particularly, for surgical procedures of great complexity, as indicated below: neurosurgery, heart surgery, bariatric surgery and backbone surgery, surgery requiring robotic equipment, assisted navigation

equipment or any other restricted implementation technology, that are covered by this policy, SANITAS shall appoint the healthcare centre and the professionals to perform the surgery in each individual case and prior to the specific surgical procedure.

1.6. Services at the Insured's home.

SANITAS undertakes to provide home services in those localities where it has an arrangement for the provision of this service. **Any change of the Insured's home address must be reliably notified** with a minimum of eight days' notice before requiring any service.

Services provided in the Insured's home are those relating to the specialties of Family Medicine, Paediatric Medicine, Emergency Care, Nursing, Special Home Care, Ambulance and Respiratory Therapies. All of these require a doctor's prescription except Family Medicine and Paediatric Medicine. SANITAS reserves the right not to provide the service when in the doctor's opinion it is not necessary.

Particularly, treatments involving home-based respiratory therapies, must be prescribed by a pneumologist belonging to SANITAS network. In all chronic treatments, the Insured has to renew the pneumologist's prescription and the service authorisation by SANITAS **each month**.

1.7. Care in case of temporary displacement to Cantabria and Navarra.

In case of temporary displacement of the Insured to the mentioned Autonomous Regions the service included in the coverage shall be performed through the medical network of the Entities expressly contracted by SANITAS for such performance. The Insured must present his/her SANITAS card in the Offices of the contracted Entities, accepting the administrative steps of these Entities.

1.8. Emergencies

As specified in article 103 of the Insurance Contract Act, SANITAS provides the

necessary care of an **emergency** nature in accordance with the policy Terms and Conditions and that in all cases shall be provided through the resources designated by SANITAS, expressly indicated in the User Guide to Doctors and Services for this product.

In cases of **life-threatening emergency, wherever the Insured needs to be admitted to a centre not included in the medical network, SANITAS must be reliably informed** of this admission as soon as possible so that it can transfer the insured to a partner centre, provided his/her medical condition allows as such.

1.9. Care in providers not recognised by SANITAS.

Notwithstanding what is mentioned in the above paragraph for cases of life-threatening emergency, SANITAS shall not pay for the fees of professionals not belonging to its medical network, nor for the expenses of internment or services that such professionals could order. Also, SANITAS shall not pay, under the contracted medical network modality that is the object of insurance of this policy, for the expenses originated in private or public centres not contracted for this product, no matter who the prescribing or performing professional is.

2. Video consultation

The insured can access the emergency dental video consultation service at weekends.

2.1. Description:

- The insured can receive personalised medical care from a dentist on the Sanitas medical chart through remote communication techniques (video consultation).
- This service is suitable for treating the following cases:
 - Cases related to pain
 - Discomfort

- Inflamed gums
 - Problems related to treatments in progress (such as braces or implants)
 - Other problems like jaw pain or occasional bleeding
- This service is always provided with an appointment and only at weekends.
 - Subject to availability of the calendar of speciality and the working hours of the specialist. The insured can check these times at Mi Sanitas

2.2. Procedure:

- The insured will request this service via Mi Sanitas at www.sanitas.es or via the mobile app.
- On the appointment day and time, the insured must connect to the application in Mi Sanitas to contact the professional and start the video consultation following the instructions provided by SANITAS at each moment.

Clause VI: Other features of the insurance

1. Basis and loss of rights of the policy

1.1. The present agreement has been closed on the basis of the declarations made by the Policyholder and the Insured in the health questionnaire included in the insurance application, where questions are made referring to the state of health of their health, profession, Insured's sport practices and in general those habits of life that can be of relevance for a correct assessment of the risk that is the object of the insurance by this policy being it essential that the Policyholder/Insured provides with complete truthful about the questions posed since these constitute the basis for the acceptance of the risk of the present agreement, being the mentioned Insurance Application a constituent part of it.

1.2. The Policyholder's duty, before the conclusion of the contract, to declare SANITAS, according to the questionnaire it will submit all the circumstances known to him that might affect the valuation of risk. He is relieved of this obligation if SANITAS did not submit questionnaire or even when SANITAS did, there are circumstances that may influence the risk assessment and that are not included in it.

SANITAS may terminate the contract by declaration addressed to the Policyholder within a month, as of knowledge or inaccuracy of the Policyholder. They correspond to SANITAS except willful misconduct or gross negligence on its part, the premiums for the current period to the time to make this statement.

If the incident occurs before SANITAS makes the statement to which the preceding paragraph refers, the provision will be reduced proportionally to the difference between the agreed premium and that which would have applied had the true risk been known. If there was fraud or gross fault on the part of the Policyholder, the Insurer will be

released from payment of the benefit (Art. 10 of the Insurance Contract Act).

1.3. Notwithstanding the foregoing, the Insured also loses the right to the guaranteed benefit, if the incident occurs before the premium has been paid (or, where applicable, a single premium) unless otherwise agreed (Art. 15 of the Insurance Contract Act).

1.4. The Policyholder can terminate the agreement when the medical network is changed, providing the change affects to 50% of the consultants that are part of the national medical network of SANITAS, who will have available for the Insured, at all times, in SANITAS Offices, the complete and updated list of such consultants, for the Insured's information.

1.5. In the event of the Insured not stating his/her correct date of birth, SANITAS may only contest the policy if the Insured's true age exceeds the established limits for this when the policy comes into force.

1.6. Remote subscription of Insurance: As specified in Article 10 of the Distance Marketing of Financial Services Act 22/2007 of 11 July, the Policyholder shall have a term of fourteen calendar days to terminate the remote subscribed contract, without having to indicate any reasons and incurring in no type of penalty.

The term for exercising the right to termination shall begin on the date the Insured Contract is signed. However, where the Policyholder has not received the terms and conditions of the policy and the prior information note about the contracting of the Insurance policy, the term for exercising the right to terminate shall begin to count on the date on which said information note is received.

2. Duration of insurance

2.1. The Insurance Contract expiry date shall be established in its particular terms and conditions and, at its expiry, in accordance with Article 22 of the Insurance Contract Act, it shall be extended tacitly for periods of one

year. Nevertheless, either of the parties may repudiate extension by giving the other party due written notice not less than two (2) months before the date of expiration of the current period, if it is SANITAS that gives this notice and one month if it is the Policyholder who gives it.

2.2. If the insurance policy is terminated unilaterally at the discretion of SANITAS, it may not suspend the provision of cover while the Insured is undergoing hospital treatment, until discharge, unless the Insured waives to continue the treatment.

If the insurance policy is terminated by the Insured, the covers will cease to have effect on the expiry date specified in the Particular Terms and Conditions of the policy, and the provisions of the preceding paragraph will not apply. Therefore, if the Insured is receiving some kind of insured benefit at the time the policy expires, the cover insured by SANITAS shall cease on said expiration date and it will not be obliged to pay for any cost as of said date, even those arising from a claim occurring during Insurance validity unless the policy is terminated due to fraud or gross negligence on the part of the insured.

2.3. With regards to each Insured person, the insurance lapses due

a) To death.

b) Transfer of residence abroad or not residing a minimum of six (6) months in national territory. The premium shall correspond to SANITAS until the date on which the Insured communicates and credits such circumstance.

2.4. Persons under 14 years of age can only be included in the insurance if the persons that hold their custody or guardianship are also insured, unless the parties agree otherwise.

3. Insurance premiums

3.1. The Insurance Policyholder must pay the premium when the contract is accepted. The arranged covers shall not

take effect until the first premium has been paid.

3.2. The first premium shall be requested once the contract has been signed. Successive premiums shall be requested on their respective due dates.

3.3. The Policyholder can apply for the division of the payment of the annual premiums in biannual, quarterly or monthly periods.

In these cases, the corresponding surcharge shall be applied. The division of the premium does not exempt the Policyholder of his/her obligation to pay the complete annual premium.

3.4. If, due to the Policyholder's fault, the first premium is not paid, SANITAS is entitled to terminate the contract or legally demand payment based on the Policy. Where payment is not received before the claim arises, SANITAS shall be freed from its obligation, except where otherwise agreed and duly indicated in the Particular Terms and Conditions of the policy.

In the event of non-payment of the second or successive premiums or their divisions, SANITAS coverage shall be suspended one month after the due date of the premium.

Where SANITAS does not claim payment within the six months following said due date, the contract shall be considered terminated.

If the contract is not terminated or discharged according to the above mentioned conditions, the cover shall once again become effective twenty-four hours following the day on which the Policyholder pays the premium or, where applicable, suitable part payments thereof.

The Policyholder shall lose any agreed right to pay part of the premium in the case of non-payment of any receipt and shall, from that moment, be required to

pay the full premium agreed to for the remaining insurance period.

For premiums paid in installments, in the event of a claim, SANITAS may deduct from the amount payable or reimbursable to the Policyholder or Insured any premium installments for the current annual period not yet collected by SANITAS.

3.5. Where the parties stipulate the application of co-payments for certain benefits insured by this policy, the amounts corresponding to said co-payments shall be specifically established in the Particular Terms and Conditions of the policy. Their amount shall be established each year by SANITAS. The provisions of this Clause in the event of non-payment of the second or successive premiums or part payments thereof shall apply in the case of non-payment of the amount of co-payment.

3.6. Except where otherwise specified in the Particular Terms and Conditions, the place of payment of the premium and co-payments, where applicable, shall be as indicated in the bank debit account order form.

To this end, the Policyholder shall provide SANITAS with the details of his/her bank account where the payment of the receipts for this Insurance are to be debited and shall authorise the bank to pay them.

3.7. SANITAS is only bound by the invoices issued by the Management or by its legally authorised representatives.

3.8. The Insurer may modify the premium and the amount of participation of the Insured in the cost of services with each renewal of the Contract. This review is based on technical-actuarial criteria made and based on the variation in the cost of healthcare services, the type, the frequency of use of the benefits covered and the inclusion of technological medical innovations that were not covered on the initial effective date of the policy.

The premiums to be paid by the Policyholder will vary according to the age achieved by each of the Insured, the geographical zone

corresponding to the place of performance of the services, the tariffs established by SANITAS on the date of renewal of each policy being applicable. Such variation of premiums shall be communicated in writing by SANITAS to the Policyholder with at least two months' notice with respect to the renewal date.

3.9. The Policyholder, after receiving notification from SANITAS about the **variation to the premium for the next year can choose to accept the Insurance Contract renewal for the premium proposed by the Insurer or terminate it when the Insurance term in progress ends, in the latter case notifying SANITAS in writing, at least one month before the expiry date, of your wish to terminate it.**

3.10. Payment of the amount of the premium made by the Policyholder to the insurance broker shall not be considered as made to SANITAS, unless the broker provides the Policyholder with the aforesaid Insurer's premium invoice in return.

4. Registering newborns

Newborn children can be included in the policy with all its rights since their date of birth if the care provided to the mother whilst the child delivery has been provided by SANITAS within the coverage of the mother's policy and if the inclusion of the father as an insured in the policy has taken place at least 240 days prior to the child delivery. For this to be effective, the Policyholder must communicate to SANITAS such circumstance within the 30 natural days following the date of birth, by means of completing an Insurance Application.

In any case, **SANITAS will only cover the newborn's healthcare when and if he/she is included as Insured in SANITAS.** If the inclusion of the newborn is communicated once the term mentioned above has elapsed or without fulfilling all the requirements indicated in the paragraph above this, SANITAS by virtue of the information provided by the Policyholder in the Insurance

Application can deny the inclusion of the newborn as Insured member.

5. Provision of reports

The Policyholder and Insured must provide SANITAS, whenever expressly required so to do, medical reports and/or providers cost estimates enabling the Insurer to determine whether the requested care is covered by the policy. SANITAS is under no obligation to cover the requested care unless and until it is supplied with such reports and cost estimates if the Insured is expressly required to supply them.

6. Complaints

6.1. Complaints control and procedure

a) Supervision of the business activity of SANITAS lies with the Spanish State and is exercised through the Directorate General for Insurance and Pension Funds of the Ministry of the Economy and Competitiveness.

b) In case of any type of complaint in relation to the Insurance Policy, for the settlement thereof the Policyholder, Insured, Beneficiary, Aggrieved Third Party or Successor of any of these should proceed to address:

1. SANITAS Complaints Management Department, by means of a signed written complaint with the claimant's National Identification Document or a document accrediting their identity, addressed to **calle Ribera del Loira Nº 52 (28042 Madrid) or fax to 91 585 24 68 or to the email address reclamaciones@sanitas.es**, which will acknowledge receipt in writing and issue a reasoned written decision **within the statutory deadline of two months** from the date of filing the complaint, so long as it meets all the requirements sought, pursuant to Order ECO /734/2004, of 11 March, on the customer care departments and services of financial entities and the Customer Protection Regulation available at your disposal in our offices.

2. Pursuant to *Ley de Consumo de Cataluña 22/2010 de 20 de julio* (Consumer Law of

Catalonia 22/2010, of 20 July), published in the Diari Oficial de Catalunya no. 5677, customers domiciled in Catalonia may submit an incident or file a complaint on freephone 900 841 275 or at any of our offices in Catalonia (head office in Av. Diagonal 443, Barcelona).

3. Once this internal process has been exhausted or in the event of disagreement with the decision of SANITAS, a signed written complaint, with the claimant's National Identification Document or a document accrediting their identity, may be lodged with **Complaints Service of the Directorate General for Insurance and Pension Funds, Paseo de la Castellana, 44, 28046 Madrid**. Accordingly, the claimant must prove that the established period for the settlement of the complaint by the SANITAS Complaints Management Department has expired or that the complaint has been denied leave to proceed or has been dismissed.

4. Please be informed that SANITAS is not bound by any consumer arbitration board. The insured may initiate administrative and legal proceedings as set down in the complaints procedure described in the General Terms and Conditions of their policy.

5. In any case, action may be brought before the relevant Courts.

6.2. Actions in connection to this Insurance Agreement shall be subject to a five-year time limit (Article 23 of the Insurance Act).

7. Other important legal points

7.1. Subrogation

Once payment of the covered benefit has been assumed, SANITAS may exercise the rights and actions corresponding to the Insured due to the claim caused with regards to the persons responsible for it, up to the limit of compensation paid.

The Insured must sign the necessary documents for subrogation in favour of SANITAS.

7.2. Notifications.

7.2.1. Notifications to SANITAS on the part of the Policyholder, the Insured or Beneficiary **shall be sent to the Insurer's registered office as stated in the policy.**

7.2.2. Notifications from SANITAS to the Policyholder, the Insured or Beneficiary shall be sent to the physical or email address of the Policyholder or to the telephone number provided by the Policyholder that at the time the Insurance is arranged, except where a change has been notified to SANITAS. The Policyholder authorises SANITAS to send any notifications by email as permitted by law.

7.3. Protection of personal data

The information collected through this document is confidential and protected. The Policyholder undertakes to ensure that all information provided to the Insurer in the insurance application and throughout the term of this policy is accurate and he/she has not omitted any information on the health of each of the Insured parties named in the application.

Furthermore, the Insurer informs the Policyholder and the insured parties and they consent to all their personal data being entered in files held by the Insurer for the purpose of the company's activities, the effectiveness of contractual relations, the provision of integrated care programmes that will allow them to improve their health, the understanding of reasons for cancelling the policy, loyalty programmes and fraud prevention.

Nevertheless, he/she authorises the Insurer to ask physicians, clinics, hospitals, etc. and he/she therefore authorises such persons to provide to the Insurer, any data on the health of the persons included under the policy that the Insurer may deem expedient for the management of the insurance, for offering comprehensive healthcare programs that the Insurer may have available to improve its healthcare process, for the proper appraisal and assessment of the risks to be covered, to

prevent fraud, and to attend to the claims put forth by the insured parties.

For the purpose of preventing fraud, the insured parties expressly consent to the Insurer keeping such data as are necessary, even after the contractual relationship has ended.

If the Policyholder/Insured withholds consent for his/her data to be entered in such files and subsequently processes, the insurance contract cannot be arranged.

The Policyholder accepts responsibility for informing all insured parties under the Policy as to the inclusion of their data in the files mentioned above and the processing of such data intended by the Insurer, so that they may exercise as before the Insurer such rights as they think fit. The Policyholder must inform those insured parties that the details of any medical services covered for them under the policy will be disclosed to the Policyholder, unless the Policyholder gives the Insurer a written release from its statutory duty to make such disclosure to the Policyholder, or any of the beneficiaries makes an application in this respect.

In addition, the insured parties and the Policyholder expressly authorise assignment of those data to companies of SANITAS Group identified at <http://www.sanitas.es>, relating to financial, insurance, social and healthcare, and/or health and welfare products and services, and for the reason of co-insurance and/or reinsurance of the risk and any other person with which the Insurer creates ties of cooperation, for the effectiveness of contractual relations with the insured and for sending advertising from those companies.

The Policyholder declares that he/she has the consent of the insured parties to the Policyholder's disclosure of their personal data to the Insurer and to the Insurer disclosing to the Policyholder the details of any medical services covered for the insured parties under the policy.

He/she may exercise their statutory rights of challenge, access, rectification and erasure of

these data at the Insurer's head office at calle Ribera del Loira 52, 28042 Madrid, Legal Advice Department, or through Mi Sanitas on <https://www.sanitas.es/misanitas/online/clientes/contacto/index.html>. If the Policyholder and/or insured parties do not wish to receive commercial information from the Insurer or, as applicable, from other companies the Insurer collaborates with, or who do not wish their data to be transferred to other companies except for the effectiveness of contractual relations, they must make this known in writing by the same means.

In the event that no written communication is received within 45 days from the date on which the Policyholder had knowledge of the information contained in the foregoing paragraphs, it will be understood that they agree to the sending of advertising being sent and the transfer of data to other companies under the terms described.

8. Others

The Policyholder and/or Insured grant SANITAS their authorisation so that, **if considered necessary, it may record the telephone conversations** that take place in connection with this policy and use them in its quality control processes and, when applicable, as a means of evidence for any claim that might arise between both parties, but preserving the confidentiality of the conversations held in all circumstances.

The Policyholder and/or the Insured may ask SANITAS for a copy or written transcription of the contents of the conversations recorded between both.

9. Jurisdiction

The Court competent to hear actions arising from the insurance contract shall be the one corresponding to the Insured's address in Spain.

Executed in duplicate in Madrid, 19 March 2018

For the Insured /
Policyholder

For **SANITAS**



Iñaki Peralta
Sanitas, S.A. de Seguros