

GENERAL CONDITIONS



Sanitas SA de Seguros

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preliminary clause

This contract is governed by the provisions of Law 50/1980 of 8 October on Insurance Contracts (BOE of October 17, 1980); by Law 20/2015, of 14 July, management, supervision and solvency of insurance companies and reinsurance companies, and its implementing regulations (Royal Decree 1060/2015, of 20 November, management, supervision and solvency

entities insurance Y
Reinsurers), by Law 22/2007 of 11 July on distance marketing services

financial
for consumers, the Law 26/2006, of 17 July, mediation of private insurance and reinsurance, and agreed in the General Conditions and the Particular.

Shall apply clauses limiting the rights of policyholders that are highlighted in bold and are specifically accepted.

Glossary of terms

For the purposes of this document Product **Sanitas Starts** It is understood as:

ACCIDENT INSURANCE TERMS

bodily injury suffered during the life of the policy, resulting in a violent, sudden, external beyond the control of the Insured it.

ANTIQUITY

Insured implies recognition of certain rights by remaining in SANITAS, to be specified in the Special Conditions.

INSURED

Each person included in the policy and specified in the Special Conditions, entitled to receive insurance benefits, which may or may not coincide with the person of the Policyholder.

BENEFICIARY

Person to whom the Policyholder recognizes the right to receive, in the corresponding amount, the compensation or benefit under this contract.

COPAYMENT

Participation of the Insured in the amount of the cost of the medical act or series of acts, as the required medical service received from professionals or institutions providing it, and to be paid directly to Sanitas.

HEALTH QUIZ

Declaration to be performed is accurate and complete and sign the policy holder or insured before the formalization of the policy that serves SANITAS for risk assessment that is the subject of insurance.

DOLO

Action or omission committed fraud or deceit with intent to cause damage

or make a profit affecting the interests of a third party.

HOME INSURED

It is one where the Insured resides and stating expressly mentioned in the particular conditions of the policy.

Underwriter

Sanitas SA de Seguros, legal person who assumes the risk contractually agreed.

FRANCHISE

amount medical and / or expenses hospital not included in the insurance coverage that under the provisions of the relevant guarantees, are paid by the Policyholder or Insured to the medical provider.

PARTICIPATION IN EXPENSES

In advance access to certain coverage, the Insured shall be paid in a single payment to SANITAS, a specific amount depending on the degree of difficulty of the same.

Waiting periods

Period of time (computed by months from the effective date high of each Insured in the policy) during which do not come into force some of the coverages included within guarantees collect it.

POLICY

written document that contains the insurance regulatory conditions, as well as the rights and duties of the parties and serves as proof of existence. They form an integral part of the policy:

the insurance application, the Health Questionnaire, the General Conditions, the Particular, additional and complementary or

Appendices are added to it, to complete it or modify it.

PREEXISTENCE

Status or health condition (illness, injury or defect) not necessarily disease suffered by the insured prior to the date of signing the health questionnaire.

BENEFIT

Acceptance of payment of the health care service SANITAS from the guarantee involved in the policy.

COUSIN

It is the price of insurance, ie, the amount the policyholder or insured must pay to SANITAS. It shall also include surcharges, fees and taxes legally applicable.

SINISTER

All fact consequences are wholly or partly covered by the policy and forming part of the object of insurance. It is considered to constitute one single claim the set of services resulting from the same cause.

LOADING

An additional premium is established by express agreement reflected in the particular conditions of the policy, in order to take on additional risk would not be subject to coverage if there assured that agreement.

POLICYHOLDER

It is the natural person or legal entity with SANITAS signs this contract and which may be the same or different than the Insured, and corresponding obligations arising therefrom, especially the payment of the premium, except those which by their nature They must be fulfilled by the Insured.

HEALTH HEALTH CARE

TERMS

Attend or act for the health of a person.

ASSISTANCE HEALTH WITH HOSPITALARIA / Hospitalization inpatient

It is the assistance provided by the medical or hospital in detention, with log entry and stay of the Insured as a patient with an overnight at least for medical treatment, diagnostic, surgical or therapeutic treatment thereof.

ASSISTANCE HEALTH IN Day hospital / inpatient day hospital

Is medical care, diagnostic, surgical or therapeutic provided in a doctor or hospital that requires intensive care few and of short duration so that the patient does not require overnight at the center.

In case of a surgical hospital treatment regimen of day, this treatment is performed in the operating room under general anesthesia, local, regional or sedation, what

It requires little intensive postoperative care and short-lived so that does not require overnight accommodation of the patient in the center.

ASSISTANCE HEALTH WITHOUT Hospitalization / OUTPATIENT IN TRAVELING REGIME

Is medical care, diagnostic, surgical or therapeutic hospital provided not involving hospital inpatient or day hospital. If surgical treatment regime in walking, this is done in consultation, on superficial tissues usually requires local anesthesia.

SOCIAL ASSISTANCE FOR REASONS OF TYPE

Medical social income becomes income when a patient with functional impairment or affected by chronic conditions and / or diseases associated with aging has overcome the acute phase of their illness, and accurate health care but not hospital as an inpatient.

QUERY

Action to address and discuss a sick doctor performing the examinations and necessary for diagnosis or prognosis and prescribe treatment medical tests.

DIAGNOSIS

medical judgment about the nature of the disease or injury of a patient based on the assessment of symptoms and signs and the corresponding conducting additional tests.

DUE / NURSES.

University Diploma in Nursing, legally trained and authorized to develop nursing activity.

DISEASE

Any alteration of health, not resulting from accident or injury, and whose diagnosis and confirmation is performed by a professional

legally recognized, and make accurate medical attendance.

CONGENITAL DISEASE

It is one that exists at the time of birth, as a result of hereditary factors or conditions acquired during pregnancy until the moment of birth. Congenital condition can manifest festarse

Y be recognized immediately after birth or later be discovered at any stage of life of the individual.

COUNSELOR MEDICAL SERVICES GUIDE

Professionals Y centers health belonging to the picture doctor correspondent to this policy Y Recommended by Sanitas for the provision of the services covered by insurance. The Guide can change during the term of the policy. Policyholders are available at the offices of SANITAS one

relationship full Y date of physicians and medical institutions that make up the picture of this policy.

CONVENTIONAL ROOM

Room a single room or cabin, equipped with the necessary equipment for healthcare. They are not understood as conventional suites or rooms with anteroom.

HOSPITAL

Any public or private establishment legally authorized for the treatment of illness or injury or accident, provided with permanent medical presence and the means for diagnostics,

Medical treatments and surgery and allows the patient's admission.

For the purposes of the policy, are not considered hospitals hotels, nursing homes, spas, facilities dedicated mainly to the treatment from and chronic diseases institutions Similar.

SURGICAL INTERVENTION

Any intervention for diagnostic or therapeutic purposes, performed by surgery made by a qualified specialist in a (hospital or extra-hospital) authorized center and usually requires the use of a specific room equipped with the necessary equipment.

INJURY

All pathological change that occurs in a tissue or in a healthy organ and comprising an anatomical or physiological damage, ie, a disturbance in the physical or functional balance.

Osteosynthesis material

Pieces of any kind used for joining the ends of a fractured bone or weld joint ends.

ORTHOPEDIC MATERIAL

external anatomical parts of any kind used to prevent or correct deformities of the body, such as corsets, harnesses or crutches.

MEDICINES

Any substance or combination of substances presented as having properties for the treatment or prevention of disease in humans, or can be used or administered to humans in order to restore, correct or modify physiological functions by exerting a pharmacological action, immunological or metabolic, or to making a medical diagnosis.

Coverage by the insurer shall be subject to the prescription of the most efficient therapy available in the currently active principle and always using the generic drug or biosimilar if this was authorized by the Spanish Medicines Agency and marketed in Spain.

DOCTOR

Doctor or Bachelor of Medicine legally trained and authorized to treat medically or surgically the diseases or injury.

THERAPEUTIC METHOD COMPLEX

It is defined as complex therapeutic method whoever needs for its realization a means sanitary hospital or with technological and specialized healthcare professional equipment room.

Also where the health infrastructure is carried out you must have sufficient personnel and equipment to deal with any complications that the patient may suffer as a direct or indirect consequence.

Exemplary indicate that would fall all lithotripsy procedures, radiotherapy, chemotherapy, radiology interventionist, hemodynamics, endoscopy, those procedures requiring laser covered.

NEWBORN

Person in the stage of life extending over the first four weeks from birth.

BIRTH

It is defined as the output of one (or more) and newborn (s) from placenta inside the uterine cavity to the outside. Or term normal birth is one that occurs between the 37th and 42nd week from the date of the last menstrual period. Deliveries occurred before 37 weeks are considered premature births and occurring after 42 weeks are considered post-term deliveries.

organic pathology

structural lesion in tissues or organs of the human body

PROSTHESIS

Every element of any nature, either temporarily or permanently replacing the absence of an organ, tissue, body fluid, or member of any of these. For example, the elements have such consideration

mechanical (substitutions articular) or biological (spare parts Valvular heart, ligaments) glasses Intraocular drug reservoirs, etc.

DIAGNOSTIC TEST COMPLEX

Is defined as a diagnostic test that complex whole that requires for its realization a sanitary or hospital environment with medical technology and professional equipment

specialized. Likewise the where health infrastructure is carried out must have personnel Y enough equipment to deal with any complications that the patient may suffer as a direct or indirect consequence of the completion of the test. Indicate an example that would be included

all TAC tests, resonance, neurophysiology, nuclear medicine, genetics and molecular biology, endoscopy. hemodynamics, etc.

PSYCHOLOGY

Science that involves the practical application of knowledge, skills and techniques for the diagnosis, prevention or troubleshooting individual or social,

especially regarding the interaction between the individual and the physical and social environment.

DOMICILIARY SERVICES

Visit the home of the Insured and the Insured's request by the family doctor, pediatrician / puericultor or DUE, in cases where the Insured is, because of his illness, unable to move to the office.

SERVICES FROM ASSISTANCE URGENT

Assistance in case justified both in the home of the Insured, as elsewhere in the country where the Insured is,

as long as

SANITAS has agreed to provide this service in this place. The service will be provided by the family doctor and / or DUE

TREATMENT

Media Set any kind (Hygiene, pharmacological, surgical, or physical well), which will have as primary purpose cure or alleviation of disease or some of these, once it has been the diagnosis of the same.

URGENCY

"Urgency" is considered to be any clinical situation involving no vital commitment or irreparable damage to the physical integrity of the patient, that requires prompt medical care.

VITAL URGENCY

Is that clinical situation that requires immediate medical attention, since a delay in itself can derive a vital commitment or irreparable damage to the physical integrity of the patient that may result in the loss or significant impairment of function, limb, organ of the body same.

Clause I: Object of insurance

Within the limits and conditions stipulated in the Policy, and upon payment by the Policyholder of the Sum of the cost Correspondingly, copayments and deductibles in your case may be, SANITAS offers its policyholders a comprehensive picture concerted professionals, clinics and hospitals for hospital medical, surgical and according to standard medical practice in the specialties and modalities included coverage of this Policy, assuming its cost by direct payment to professional or private schools who have made

insured benefit.

Diagnostic and therapeutic advances that are occurring in medical science, after the effective date of this contract may become part of the coverage of this policy if they are safe, effective and are universalized and consolidated. In each renewal of the policy, SANITAS communicate techniques or treatments to be included between the coverage of the policy for the next period.

Section II: Hedges

Benefits that are the subject of this póliza is it so cond ic ionadas to the compliance with grace periods indicated below and provided subsequent to the contracting of the policy and not known to the Insured pathologies.

HEDGING MAJOR POLICY

With personality general Y with the limitations, and exclusions highlighted in conditioned this policy, the covered health services are appropriate to the following specialties:

1. Primary Care

1.1. Family Medicine

Includes medical care in consultation, indication and prescription of tests and basic diagnostic means (analytical and general radiology), during the days and hours established for this purpose by the physician, and medical care at home when, for reasons that depend only on the disease that ails the Insured is prevented from moving to the doctor.

In urgent cases, the Insured must attend permanent emergency services or contact SANITAS phone service.

1.2. Paediatrics & Child Care

Includes child care until he was 15 years old, in office and home, the indication and prescription of tests and basic diagnostic means (analytical and general radiography) applying the same rules and cited for coverage of Family Medicine.

1.3. Nursing service

It includes assistance in consultation and home.

2. Emergency

It includes health care in emergencies to be provided on permanent emergency centers.

In case justified, It will be attended to Insured in the place where you are, by permanent guard services, **only in those populations where SANITAS has subscribed the provision of that service.**

Sanitas 24 hours

Service telephone comprising the Information care provided by a team

doctor will advise the Insured on questions of medical, treatment, medication, test reading, etc., 24 hours a day, 365 days a year.

3. Medical Specialties

3.1. Allergology

It includes determination of specific IgE to complete allergens (natural extracts) but **are excluded from coverage determinations if i ca IgE specs**

front to the érgenos and recombinant IgG4.

3.2. Clinical analysis

3.2.1. Genetic studies

It includes only those essential genetic studies for the diagnosis and / or treatment patuar in affection and symptomatic patient, and also have a high diagnostic yield.

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

A) patient with no personal history of breast or ovarian cancer that cancer meets the following requirements:

- with 2 or more relatives of 1st or 2nd degree less than 50 years affected by breast cancer
- with 2 or more relatives of 1st or 2nd degree affected by ovarian cancer at any age
- with 2 or more relatives of 1st or 2nd degree less than 50 years affected by breast cancer and ovarian cancer at any age

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

- with 2 or more relatives of 1st or 2nd degree less than 50 years affected by breast cancer
- with 2 or more relatives of 1st or 2nd degree affected by ovarian cancer at any age

- with 2 or more relatives of 1st or 2nd degree less than 50 years affected by breast cancer and ovarian cancer at any age

C) male patient with breast cancer

D) patient under 50 years with breast cancer

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

PCA3 molecular analysis and DNA typing HLA class I and II are excluded.

3.3. Pathological anatomy

Includes performing the following therapeutic targets BRAF, ALK, K-RAS, N-RAS, C-ERB2 / HER2, EGFR, C-Kit, ROS-1 and PDL-1 prior to administration certain drugs, provided in the data sheet of the drug established by the Spanish Agency for Medicines and Products

health, HE required his determination. These criteria apply equally specializing in genetic studies.

3.4. anesthesiology

3.5. Vascular surgery

Remains exc I Luido he t treatment sclerosing microfoam with foam or varices.

3.6. Digestive system

Hepatic elastography is covered, **once a year per insured, only to evaluate the evolution of the degree of liver fibrosis in chronic liver disease, excluding those that have some relation to alcoholism. SANITAS requires prior authorization after medical assessment report.**

The endoscopic submucosal dissection technique **It is included only for treatment of lesions of the gastric / colorectal mucosa, premalignant or malignant**

incipient in which it has been discarded conventional polypectomy and that proposes the surgical treatment. SANITAS requires prior authorization after medical assessment report.

It includes performing Entero-resonance.

3.7. Cardiology

3.8. Cardiovascular surgery

It is excluding the cryoablation technique and the Percutaneous techniques for replacing heart valves.

3.9. General Surgery and apparatus Digestive

It includes surgery laparoscopically.

3.10. Maxillofacial Surgery

It includes diagnosis and surgical treatment from the diseases Y trauma involving exclusively to the jaw, jaw and facial bones themselves.

They are excluded own treatments the specialty from Odontostomatología, A) Yes as aesthetic treatments and / or having functional purpose of the oral area of the patient, among others the surgeries orthognathic, preimplantológicas Y preprosthetic.

3.11. Orthopedic Surgery and Traumatology

It includes surgery arthroscopically.

3.12. Pediatric surgery

In identical terms and conditions as the adult surgery.

3.13. Reconstructive surgery

3.14. Thoracic surgery

3.15. Dermatology

3.16. Endocrinology

3.17. Geriatrics

3.18. Hematology

Includes both autologous bone marrow progenitor cells as peripheral blood, exclusively for hematologic tumor treatments lineage.

The study of the leukocyte immunophenotyping is only covered in the study of leukemias and lymphomas.

3.19. Internal Medicine

3.20. Nuclear medicine

Contrast media are SANITAS account.

The PET and PET / CT exclusively with the 18-fludeoxyglucose (18 FDG) They are hedged:

A) for diagnosis, staging, monitoring the response to reasonable treatment and detection of recurrence in cancer case and processes

B) to the following non-oncological indications (authorized by the Spanish Agency for Medicines and Health Products in the file technique 18-fludeoxyglucose (18 FDG)):

b.1- Cardiology

- Assessment of myocardial viability in patients with severe left ventricular dysfunction who are candidates for revascularisation when techniques

conventional imaging is inconclusive.

b.2- Neurology.

- Localization of epileptogenic foci in the presurgical evaluation of partial temporal epilepsy.

B.3- Diseases infectious or inflammatory

- Localization of abnormal foci guiding the etiologic diagnosis in case of idiopathic fever.

Diagnosis of infection if:

- Presumptive chronic infection bone or adjacent structures osteomyelitis, spondylitis, Discitis osteitis, even when there are metallic implants
- diabetic patients with foot indicative neuroarthropathy from Charcot, osteomyelitis or soft tissue infection
- Painful hip prosthesis
- vascular prostheses
- Detection septic metastatic foci in case of bacteremia or endocarditis (see also section 4.4)

Detecting the extent of inflammation in case of:

- sarcoidosis
- inflammatory bowel disease
- Vasculitis that affects large vessels

Monitoring of treatment: alveolar echinococcosis unresectable in detecting active centers during parasite and after medical treatment discontinuation.

SANITAS requires prior authorization after medical assessment report. any radiotracer than 18FDG is excluded.

RM conducting PET is excluded.

3.21. nephrology

It includes the techniques from dialysis only in acute. **Excluded chronic dialysis and hemodialysis treatments.**

3.22. Pneumology

3.23. Neurosurgery

It includes assisted surgery and surgical navigation Intraoperative Electrophysiological Monitoring.

3.24. Clinical neurophysiology

3.25. Neurology

3.26. Obstetrics and Gynecology

It includes gynecological laparoscopic interventions and basic study and diagnosis of infertility and sterility.

Family planning also includes: tubal ligation, IUD **implantation (being the device by the Insured) and monitoring** of the treatment with anovulatory.

Genetic testing includes the following:

- karyotype
- V Leiden mutation factor and 20210 of the prothrombin gene, indicating these determinations prior permission of SANITAS after medical assessment report hedged when there is a history of abortions of

repetition | from processes
Thromboembolic.

Other genetic testing other than those already mentioned, will be excluded.

It includes performing breast tomosynthesis and the use of genomic platforms for prognosis of breast cancer

(OncoType, MammaPrint, PROSIGNA) prescribed by a specialist medical team and whenever necessary for treatment in accordance with the rec Omenda for is

est ab leci da s
respectively by each of the platforms
genomic already indicated.

SANITAS requires prior authorization after medical assessment report.

determination of fetal DNA in maternal blood is excluded (prenatal screening test non-invasive).

3.26.1. Breast Surgery

Breast surgery is covered in the following situations:

- benign tumor processes. **Excludes breast reconstruction.**

- malignant tumor processes: includes breast surgery and prophylactic surgery affects the contralateral breast considering a therapeutic option after the result of BRCA1 and BRCA2. It includes subsequent breast reconstruction.
- no breast cancer affected people in whom prophylactic breast surgery is considered a therapeutic option after the result of BRCA1 and BRCA2. It includes subsequent breast reconstruction.

SANITAS requires prior authorization after medical assessment report.

3.26.2. Neonatology assistance

includes the medical examination, vaccine delivery, and performing those tests that are performed systematically newborn during their first 48 hours of life, in accordance with the applicable care protocol as each region, **excluding any medical service that is the result of a disease or complication at birth.**

3.26.3. Newborn care

Includes the costs of health care to the newborn, **provided when discharged as secured in SANITAS and expect coverage.**

3.27. Ophthalmology

It includes the photocoagulation To be exc lusivamente for inopat ret ies ischemic, macular edema, glaucoma and retinal peripheral lesions (holes or tears); corneal cross linking for treating keratoconus; and surgery for

corneal transplant It is the cornea to be transplanted on behalf of Sanitas.

Refractive surgery of any kind (for nearsightedness, farsightedness and astigmatism) is excluded.

3.28. Medical oncology

Prescription of treatment should always be performed by a specialist in Medical Oncology who is in charge of patient care. Treatments borne by SANITAS, provided they are implemented in medical center, both regime Oncology Unit Day, as in

income when he was necessary.

Sanitas shall bear the costs related to drugs specifically

cytostatics, which marketing be authorized in the domestic market and wherever used in accordance with

the information given in the data sheet

of the product Y which administration is parenterally, in as many cycles as necessary and by bladder instillation in the case of mitomycin and BCG.

also it includes antitumor effect medications to be administered simultaneously with cytostatic chemotherapy during the session to avoid adverse or side effects.

3.29. Otorhinolaryngology

It includes CO2 laser surgery and radiofrequency.

3.30. Psychiatry

He psychiatric admission **only it covers inpatient treatment and only comprises treatment of outbreaks** **treble. It is limited to a maximum of 50 days per insured / year.**

3.31. Diagnostic Radiology-Diagnostic Imaging

includes the Common techniques diagnosis. Contrast media will be paid by SANITAS.

It also includes:

A) colonography performed by computed tomography (CT) the following:

- Cancer screening colon and poliposiscolónica in patients with no known medical history of colon cancer, polyposis or disease inflammatory intestinal, always what present background family from these pathologies or are candidates for screening by age (from 50 years).
- Cancer screening colon and poliposiscolónica in patients in whom the colonoscopy conventional East contraindicated due to their clinical situation or entails a greater risk.
- To supplement conventional colonoscopy when it has not been able to reach the full length of the colon.

SANITAS requires prior authorization after medical assessment report.

B) The CT angiography: **only for patients symptomatic what low or intermediate probability present CHD, which is not possible perform a test to detect ischemia or it is negative or inconclusive; asymptomatic but screening positive ischemia patients or doubtful; to study anomalies**

coronary Arteries: **suspected abnormality or patient identification ride already diagnosed; for assessment prior pulmonary vein ablation of atrial fibrillation; Pre-study for coronary heart valve surgery and coronary evaluation of stents or grafts.**

SANITAS requires prior authorization after medical assessment report.

Excluding the valuation of the calcium score.

3.32. Radiotherapy

It includes radiotherapy exclusively for oncological processes.

also it includes stereotactic radiosurgery for the treatment of tumor, particularly malignant, cerebral arteriovenous malformations processes and as a last treatment step in trigeminal neuralgia.

SANITAS prior authorization after medical assessment report.

3.33. Rehabilitation

It includes consultations aimed at the diagnosis, evaluation and prescription of physiotherapy treatments referred to in Physiotherapy coverage.

3.34. rheumatology

3.35. Urology

It includes the Resonance magnetic Prostate multiparameter the following:

- local, regional or distant staging
- Detection or guide for diagnostic biopsy for suspected clinical risk with negative results in previous biopsies
- therapeutic monitoring

SANITAS requires prior authorization after medical assessment report.

endoureteral also includes laser lithotripsy and bladder.

fusion biopsy is excluded.

4. Other health care services

4.1. Ambulance

They will be hedged by ambulance transfers made from the place where the insured person is up to that hospital will be entering inpatient or go for urgency and under the cover of SANITAS. Also covered

return movements of

secured from the hospital to his home, as well as those produced between hospitals Sanitas doctor because

the resources care at the hospital where the Insured is are not your medical care required. Also covered are transfers to chemotherapy and radiation therapy Day Hospital. In all these cases the service will be provided by land within national territory, through the media concluded by Sanitas and provided the physical condition of the insured prevent transfer by another ordinary means (taxi, private vehicle, etc.) and authorized through the 24-hour telephone service SANITAS.

This provision does not include transfers required for the performing treatments, physiotherapy, tests diagnostic, neither for assistance consultations, or in general any not covered above. They are therefore excluded from coverage services provided by suppliers not concluded or dependent public health service of the Autonomous Community or the Central Administration.

4.2. Special attention Address

by health teams designated SANITAS will take place, whenever there is a possibility of entering the service when the pathology of the patient requires special care without actually specifying

entry hospital or specialized equipment provided prior prescription from the doctor.

4.3. Obstetric-Gynecological (Midwives)

Attendance at birth midwife will take place in any case during hospital admission.

4.4. Physiotherapy

It is included only ambulatory and **exclusively for conditions of origin in locomotor**

considering how such only those structures

human body they are performing the function of locomotion or displacement, not those for

so much as the joint temporomandibular not perform that function, and if no question of a chronic or degenerative process, to the greatest possible functional recovery of the patient,

determined by your doctor rehabilitator.

It includes shock wave therapy for **osteotendon chronic lesions (more than 6 months duration) locomotor.**

SANITAS requires prior authorization after medical assessment report.

In hospital admission regime will be provided **only and exclusively for recovery**

apparatus locomotor secondary to orthopedic surgery and cardiac recovery following surgery with extracorporeal circulation. It also includes lymphatic drainage after surgery for cancer process.

rehabilitation of neurological origin is excluded,

rehabilitation floor pelvic, rehabilitation heart in regime ambulatory, rehabilitation respiratory, rehabilitation from the art iculación temporomandibular or those using robotic equipment.

4.5. Logofoniatría

It is comprised only in connection with organic processes relating to speech apparatus (larynx and vocal cords), **up to 6 months per year per insured.**

They are produced by a dysphonias injury phonic apparatus (Congenital or acquired) unrelated to the use of voice. organic processes is considered to:

1. Inflammation: edemas
2. Tumors:
 - a) Benign: nodules, polyps.
 - b) Malignant laryngeal cancer (with partial or total involvement)
3. Alterations the strings themselves vowels:

a) Parexias (diminishment of movement (s) cord (s) for either muscle or nerve are injured)

b) cord paralysis (absence of movement (s) cord (s) for either muscle or nerve are injured)

4. Congenital malformations

Is object insured coverage
only the reeducation therapy and reeducation language processes derived from acute stroke.

4.6. Nutrition

Access to this specialty will have to be
i prescr to by I specify the i stas in
endocrinology, oncology, medicine internal, geriatrics or pediatrics authorized by Sanitas. It is covered when there is a medical condition (cancer patients, diabetes, obesity with BMI> 30 or severe eating disorder).

4.7. Odontostomatología

It includes only consultations, extractions and cleanings mouth.

4.8. Podo l og ed (Exc l us i vamen you
Pedicure)

Limited to a maximum of 6 sessions of treatment per insured annuity insurance.

4.9. Prosthesis

It covers only internal prostheses
and materials implantable
internal expressly indicated to
continuation.

In those cases where so required by Sanitas, the Insured must provide reports and / or budgets.

1. Ophthalmology: monofocal intraocular lens, excluding O, used for cataract surgery.

Also it includes tissue
corneal from **exclusively**

national tissue bank for cornea transplant.

2. Traumatology and Orthopedic Surgery:

hip, knee and other joints; necessary for fixing column material; Intervertebral disc; material

from interposition intervertebral
(Intersomatic or interspinous); required for vertebroplasty-kyphoplasty material; osteo-ligamentous biological materials obtained from national tissue banks; osteosynthesis material;

substitutes bone,
exclusively for spinal surgery and bone fillers after tumor surgery.

3. Cardiovascular Area:

the following
vascular prosthesis stent, bypass or coronary peripheral, or non-medical medicalized
excluding employees aorta in any sections and valved aortic conduits, Heart valves

including of ducts
valved aortic provided they are associated with aortic valve surgery and other implantation percutaneously or transapical; pacemaker **excluding**

from any kind from
defibrillator and artificial heart; coils and / or embolization materials.

4. Chemotherapy and Pain Treatment:

reservoirs.

5. Other surgical materials: abdominal nets,

except the tights
biological, stent bile, System of urological suspension; systems shunting (hydrocephalus); breast prostheses and expanders, both affected by a previous tumor surgery and in cases where breast prophylactic mastectomy is considered a therapeutic option after

result of
BRCA1 and BRCA2.

6. Materials cranial bone fixation surgery and / or maxillofacial.

4.10. Mother and Child Program

It includes theoretical and practical classes childbirth preparation, health screenings

child and telephone counseling by nurses during the first six months of life the child.

4.11. Psychology

includes psychological care individual character prescribed by psychiatrists, Family Health Medical Advisors, Pediatricians or medical oncologists and whose purpose is the treatment of susceptible pathologies of psychological intervention. Likewise

comprises the diagnosis Simple psychological and psychometric tests, **whose forms will be by the Insured.**

It includes up to 4 visits per month and with a limit of 15 sessions per insured annuity insurance.

It is excluded psychoanalysis, psychoanalytic therapy, hypnosis, treatment of narcolepsy and services

Ehab r i ng ac llit i ci co ps so the or neuropsychiatry.

4.12. home respiratory treatments

It includes exclusively the following treatments:

b) oxygen Therapy: líquida, with hub and gas.

The liquid oxygen therapy should be prescribed to be administered for at least 15 hours per day. Sanitas will charge only one type of oxygen therapy treatment.

Excludes portable oxygen concentrator.

b) Generation of positive pressure in the airway with CPAP treatment of apnea-hypopnea.

the autoCPAP is excluded for this treatment.

c) BiPAP ventilation therapy and Aerosol partiality.

5. Hospital care

Hospitalization is performed clinic or hospital.

If overnight, the patient will occupy an individual room and bed companion

except in the psychiatric hospitalization, in ICU and incubator and borne by SANITAS the costs of performing the methods

diagnostics y therapeutic surgical treatments (including surgery costs

and drugs **except medication what do not count with marketing authorization in Spain)** and stays with the maintenance of the patient.

Excludes assistance for reasons of social.

6. Preventive Medicine

It includes applied to healthy populations that include different activities such as medical consultation, physical examination, and basic diagnostic tests prescribed by the appropriate specialist for early diagnosis of diseases programs:

6.1. Pediatrics: It includes specialist consultation, health screening newborn

(including detection from metabolic disorders and early detection of hearing loss by acoustic or auditory evoked OAE potential if necessary) and periodic health examinations for control of infant development

(From birth to 11 years of age).

6.2. Digestive system: It includes specialist consultation and physical examination, and basic diagnostic tests (eg test

Fecal occult blood test or colonoscopy).

6.3. Cardiology: It includes consultation with specialist and physical examination, and basic diagnostic tests (eg ECG, laboratory tests of blood and urine) and,

stress test to establish coronary risk.

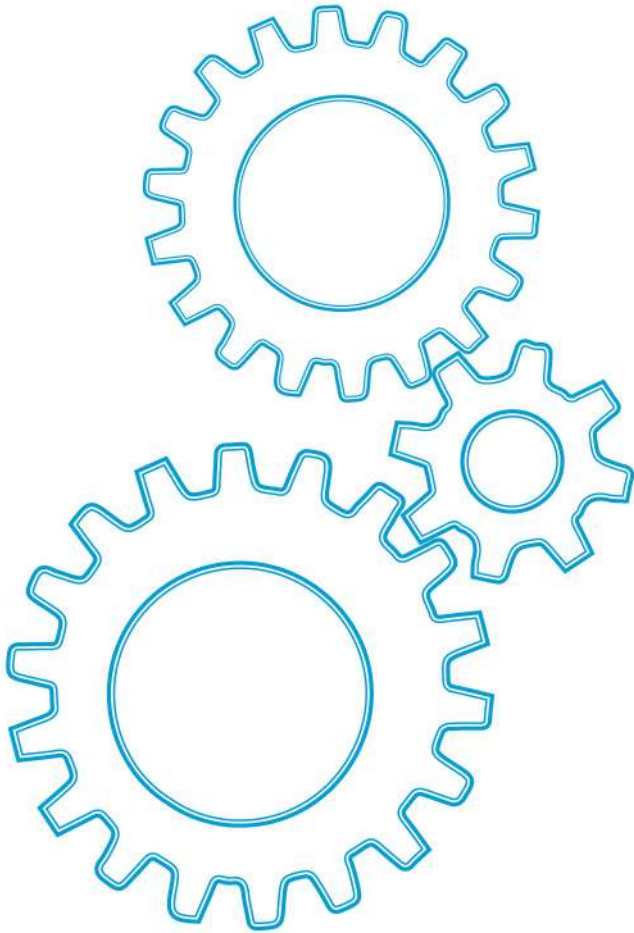
6.4. Pneumology: It includes consultation with specialist and physical examination, and basic diagnostic tests (eg chest radiograph).

6.5. Gynecology: includes review annually for the prevention of cervical, endometrial and breast cancer gynecologic. It includes consultation with a specialist and exploration as well as basic diagnostic tests (ultrasound, mammography, Pap smear or gynecologic ultrasound, for example).

6.6. Urology: It includes medical consultation with a specialist and basic blood (including determination of Prostate Specific Antigen -PSA-) and urine, and other basic diagnostic tests (such as ultrasound and / or prostate biopsy).

The recommended these tests periodicity varies the characteristics of each case,
corresponding to
Specialist establish risk-based recommendations.

HEDGES ADDITIONAL POLICY



Emergency assistance coverage abroad

What is it? Utilization of services and time limits

This is an additional supplement your policy with which have emergency coverage abroad because of illness or accident, **provided that the required attendance occurring within 90 consecutive days from the start of the trip.**

In all that is not expressly oppose the provisions of this supplement will be applicable to guarantee emergency medical care abroad as provided in the conditional policy, including its clauses

limiting and
exclusions.

It is essential to cover this assistance, the Insured be aware of payment and, before you make any health is provision (except vital emergency) contact and request permission Sanitas over the phone that has the back of the card. If the insured vital urgency come to the clinic or nearest hospital must inform Sanitas within a maximum period of 7 days from the date of entry facilitating SANITAS copy of the emergency. In any case,

the call
SANITAS is to be performed before the return trip to Spain.

SANITAS to accept care delivery will require everyone to contribute

the documents required
(Travel documents, medical report justifying the urgency and all those that are required, invoices and receipts)

What is not included?

- **medical expenses in less than 3 € abroad.**
- **expenses incurred by** he **diagnosis or** **treating a**

physiological status (eg pregnancy) or disease already known prior to the initiation of the trip, unless there is a clear or imp rev isible complication;

the t rat ami in cough
ordained in Spain;

- **the costs of pregnancy produced from the first 150 days.**
- **mental illness and** the **Chronicles** what **have** brought about **alterations in the health of the insured.**

What services have included?

1. Medical Expenses

Sanitas guarantees the insured during the policy term, the urgent care abroad for medical expenses incurred (doctors, surgeons and hospitals / clinics)

outside the
Spanish territory and provided through the centers designated by Sanitas.

Limits

€ 12,000 per person per year.

2. Transfer of sick or injured to the point of care

What includes?

SANITAS will take charge of such a transfer under medical observation until the point of care where possible effect treatment

SANITAS medical service will decide and choose the means of transport and the doctor / hospital center that should go the insured in accordance with the requirements of a medical nature that apply to the case.

3. Extended stay in hotel passenger hospitalization of the insured

When the Insured has to be hospitalized for health and medical service according to the prescription, Sanitas will pay the costs arising from the necessary extension of stay in hotel

passenger if it is also ensured SANITAS up to € 60 per day and up to 10 days.

4. Movement and residence of a family member to accompany hospitalized insured

If the insured during the trip, must be hospitalized for more than five days and no immediate family is on your side, SANITAS put a regular airline ticket (economy class) or train (first class) round trip,

available to a passenger ordinarily resident in Spain. Sanitas will assume in respect of subsistence expenses, hotel accommodation, up to € 60 per day and up to 5 days.

5. Transfer in case of death

In case of death of the Insured, SANITAS organize and take charge of the transfer of the coffin to the instead interment in the country of their habitual residence, as well as costs of mandatory minimum coffin, embalming and administrative formalities. Where appropriate, and following the request of the beneficiaries, SANITAS assume costs the incineration at place of death, and transport the ashes to the place of burial in the country of their habitual residence. **SANITAS not take charge of the funeral and burial expenses.**

6. Early return of the insured family companions

When the insured is death has moved under warranty "transfer on death", and this circumstance

prevents the family insured companions returning to their home by the initially planned means, Sanitas will pay the expenses for the transport thereof to the

place of residence common in Spain. **Maximum of two adults and children under 14 accompanied by an adult.**

7. Accompaniment minor

If Insureds traveling with disabled or under 14, them the inability to care for them arises during the contract period because of disease supervening or accident covered by the policy, Sanitas will organize and take charge of the movement, back and forth, a person resident in Spain designated by the Insured or his family, in order to accompany the children on their return to their habitual residence in Spain, and in the shortest time possible.

8. Search and locate baggage and personal effects

In case the Insured suffers a delay or loss of your luggage, you SANITAS attend in his search Y Location, advising management to file a complaint. If the luggage is located, issued SANITAS him to the habitual residence of the Insured in Spain, provided that the presence is not necessary of the owner for his Recovery.

9. Sending documents and personal objects overseas

SANITAS organize and take charge of the cost of the Shipping from the objects essential for the course of the trip and forgotten at home before the start of the (lenses, dentures, eyeglasses, credit cards, driving license, ID Y passport). This provision also extends to home delivery, these same objects when they have been forgotten during your trip or recovered after a robbery during it.

SANITAS only will assume the shipping organization and the cost of this for packages weighing up DE10 kilograms.

10. Advance of funds

SANITAS advance funds to the Insured, if necessary, to the limit of 1,500 euros. SANITAS ask the Insured some sort of collateral or guarantee that ensures the payment of the advance. In any case, quantities

you advanced should be returned to SANITAS within a maximum period of 30 days.

11. Legal Assistance

If the Insured is incarcerated or prosecuted as a result of an accident occurred circulation, **SANITAS paid up to 1,500 euros for the payment of attorney's fees and solicitor**, emerged as a result of assistance

Legal derivative. Yes this rendering it were covered by the vehicle insurance policy, it will be considered in advance and Sanitas would reserve the right to request collateral or guarantee the Insured to ensure collection of the advance.

12. Advancement of bail amount Criminal required abroad

If the insured person is prosecuted or imprisoned in the country occurs, Sanitas will grant an advance equal to the amount of bail required by local authorities up to 10,000 €.

Sanitas reserves the right to request the insured endorsement or guarantee guaranteeing payment of the advance. In any case the amounts

you advance should be reintegrated into SANITAS within a maximum period of two months.

13. Delivery of medicines

What includes?

In the event that the insured need medicine prescribed by a doctor and can not acquire the

place where find, locate SANITAS will handle and ship the fastest and subject to local laws means.

What is not included?

Excluded are cases of abandonment of manufacturing the drug and its non-availability in the usual distribution channels in Spain. The insured will have to reimburse SANITAS the presentation of the invoice price of the drug.

14. Transmission of urgent messages

SANITAS through a 24-hour, accept and transmit urgent messages of the insured, provided they have no other means to get them to their destination and provided that they are a result of a security covered by the contract.

Coverage second medical opinion

Comprises a second opinion about the diagnosis or treatment in the case of serious illness, chronic,

requiring a scheduled attention, the course may require new diagnostic tests or therapeutic measures, and with a poor prognosis a priori. This second opinion will be issued by a medical report by specialists, medical centers, doctors or top scholars in any country in the world, appointed by Sanitas.

To use this service, the Insured may contact on mobile 902 19 97 24 or 93 25 40 538 where they will explain the procedure and documentation to submit,

which comprise information medical writing, X-rays or other diagnostics by image conducted excluding any shipment of biological or synthetic material. The file will be sent with due confidentiality corresponding specialist or center depending on the disease in question.

When the process ends will be sent to the Insured a report of the second medical opinion include:

- Summary of your medical history.
- Opinion of the experts consulted.
- Curriculum of these experts.

Throughout this process the Insured shall be assigned a consultant responsible for managing the case and advise the patient's doctor.

They are excluded from this service diseases acuteness or requiring an urgent response.

They will not be covered by the entity consultations, tests or treatments that are not made according to the rules or coverage of health care policy.

Clause III: Hedges excluded

Excluded from all coverage of this policy, notwithstanding any other suitably highlighted exclusions in the conditioned this policy,

the
sanitary assistance derived from the risks listed below:

A. All kinds of illnesses, injuries, ailments, constitutional or congenital defects, deformities, state or medical condition (such as pregnancy) existed prior to the date of each Insured in the policy and / or those arising from accidents or diseases and their consequences that are originated prior to the date of inclusion of each insured in the policy.

The Policyholder, on his behalf and that of the insured, must be stated in the health questionnaire included in the insurance application, any

kind of injury, pathology
congenital, diseases, tests
diagnostic, treatments Y the
symptoms that could be considered as the beginning of a pathology. In case of concealment, it shall be excluded any

secured coverage
relating directly or indirectly related to the declaration no performed. SANITAS
will assess the information provided by the Policyholder and based on it you can accept or reject the insurance or accept excluding certain insured coverage.

B. Health care related diseases accidents, injuries, malformations or defects:

- Produced as a result of civil wars, international, acts of a terrorist nature in any

shapes (chemistry, biological,
nuclear, etc.), revolutions Y
military maneuvers, even in time

peace, Y epidemics declared
officially.

- to obey direct relationship or indirect nuclear radiation or radioactive contamination as well as those come from phenomena natural as ter remote, floods, volcanic eruptions and other phenomena seismic or weather.

- Derivatives labor and occupational accidents.

- Derivatives of the use of motor vehicles which are subject to coverage Auto Insurance Mandatory Subscription.

- The produced practicing he Insured amateur sports, risk, as example activities air, tests from Speed motor vehicles, diving, climbing, boxing, bullfighting, martial arts, rugby or any other similar activity risk and derivatives sporting competitions.

C. The health care provided in centers or social security services or integrated into the National Health System. cross-border healthcare is also excluded.

D. Hospitalization for social problems.

E. The medical and / or hospital care provided to Insured persons who are linked with the policyholder or the Insured marital relationship or relationship to the fourth degree of consanguinity or affinity inclusive.

F. Healthcare derived from alcoholism chronic, drug addiction, intoxications due to abuse of the oho c I, from psicof Armac years, narcotics or hallucinogens, attempted

from suicide Y self harm from illnesses or accidents involving gross negligence or negligence of the insured, infection of HIV, AIDS and diseases related to it.

G. Everybody those media , procedures or diagnostic, surgical or therapeutic techniques that are later appearance to

the date of contracting the policy unless SANITAS, in pursuance of the established in Article 126.2 of Royal Decree 1060/2015 of 20 November management supervision and solvency in tid ad is eg as ur ad or as Y Reinsurers, has communicated in writing to the Policyholder joining insured coverage under the terms and within the limits set out in the Notice.

Also it is excluded any surgical technique therapeutic method or diagnostic tests performed in a clinical trial or for lack of safety or efficacy are not employed in

the practice clinic habitual, considering as such those not approved by Consten the agency European Medicines and / or the Spanish Agency for Medicines and Health Products, as well as rating agencies dependent on the health services of the CCAA or the Ministry of Health health technologies. Also excluded cover all those therapeutic methods, techniques

surgical or tests diagnostic what have left manifestly outweighed by other available.

H. Any type of service related to:

- Pathologies or treatments not covered or any other medical service to save relationship with a treatment that has not been done

under the coverage provided by the policy to not be the same.

- He diagnosis specific Y treatments, inclusive Surgery, designed to remove sterility or infertility in both sexes (In vitro fertilization, insemination artificial, etc.), or impotence and erectile dysfunction, including sex change surgery.

- The interruption voluntary of the pregnancy.

- Transplants of organs, tissues, cells or cell components except autologous both marrow and peripheral blood progenitor cells for hematologic tumors lineage, and corneal transplantation.

- Any intervention surgical on the unborn.

- Any surgical technique using robotic surgery equipment.

- The determinations of the Map genetic, which aim to meet the predisposition of the Insured or ancestry or descent present or future to suffer all The diseases rel aci you onadas with the ion Terac genetic. Except determining BRCA1 and BRCA2, and genomic for breast cancer (OncoType platforms;

MammaPrint Y PROSIGNA) in the terms detailed in previous sections. As well are expressly excluding genetic maps of tumors and pharmacogenetics.

- Protheses and materials implantable except the contemplated at relevant section of the present terms General. Excluded including any P r t is ex t e r n a, P r t is is personalized, any kind of

orthopedic material, external fixators, biological or synthetic materials, grafts, esophageal stent or colonic,

endoprosthesis aortic, valved conduits, valved conduits except associated valve surgery aortic, bombs implantable for infusion from medicines, ect Rodos from Spinal cord stimulation, defibrillators and artificial heart.

- The interventions, infiltrations and treatments and any other intervention of a purely aesthetic or cosmetic. In breast surgeries only caused by tumor disease covered, expressly excluded the following:

surgeries character prophylactic, except those what meet the criteria detailed in the section on breast surgery; and those made to correct hipertrofas suckle ias

Equally I as i gincomast. expressly excluding remains treatment of any such diseases or complications that may manifest at a later time and are directly and / or

mainly caused by the Insured have undergone intervention, infiltration or treatment of the above mentioned purely aesthetic or cosmetic nature.

- Treatments with platelet rich plasma or growth factors.
- Educational therapy, language education processes without organic pathology or special education for mentally ill condition.
- General preventive medical examinations, except the coverage mentioned in the General Conditions.
- alternative medicines, naturopathy, homeopathy, acupuncture, mesotherapy,

hydrotherapy , presoter ap ia, ozone therapy, etc.

- Services or techniques that consist of mere leisure, rest, comfort or sport, as well as spa treatments and cures of rest.

I. All the surgical techniques or therapeutic methods using the laser except:

• The f t i n g c l ocoagu ALMI oft ca exclusively for retinopatis ischemic, macular edema, glaucoma and injury peripheral retinal (Holes or tears).

• He cross-countrfor linking corneal treatment of keratoconus.

• Hemorrhoid treatments.

• Surgery vascular peripheral with pathology (not aesthetic).

• CO2 laser otolaryngology.

• Musculoskeletal physiotherapy.

• endoureteral and bladder laser lithotripsy.

J. travel expenses and travel except those referred to in paragraph ambulance these Terms and Conditions.

K. refractive surgery of any kind (for nearsightedness, farsightedness and astigmatism) is excluded.

L. The following medicinal products for human use:

- Any type of drug that is administered to the insured outside the regime inpatient health care with the sole exception of chemotherapy administered parenterally by health professionals and by instillation into the bladder

If mitomycin and BCG in healthcare regimen without hospitalization or outpatient; and in general medicinal

in the as a therapy home respiratory which are subject express from coverage assured.

- Drugs not marketed in Spain.
- The following entities medicines special:
 - Vaccines / autovaccine and the rest biologics
 - Drugs of human origin
 - Advanced therapy (gene and cell)
 - Medicines from plants medicinal
 - homeopathic medicines
 - Parafarmacia products

M. Quedan excluded deliveries aquatic environment, at home and by alternative means.

bariatric surgery obesity and metabolic surgery in N. diabetes are excluded.

Ñ. Radiosurgery is excluded.

Section IV: Periods of absence

cases of premature births (less than 37 weeks).

The benefits under this policy will be facilitated assume SANITAS from the moment of entry into force of the contract. **Excepted from the above, the following benefits can not be made until they have**

PASSED THE
Waiting periods **RESPECTIVE TO BELOW:**

- **Vasectomy and tubal ligation:** 10 months
- **Psychology:** 6 months
- **complex diagnostic tests:** 6 months
- **The following complex therapeutic methods:**
 - CardioLog í to hemodynamics;
 - interventionist/ inter ci v in on ist;
 - ed ad r og iol int er ci v in on ist;
 - radiotherapy Y chemotherapy; Y
 - Table Doctor: lithotripsy: 10 months
- **I nterv in ns Kir as u rgic outpatient. Example: Interventions 0 Group II according to the classification of the Medical College: 3 months**
- **Hospitalization and interventions no outpatient or inpatient surgical. Example: Assistance to VIII Group III according**
- **as i c l i f f i n g c a c from the coverage as well as in the Waiting periods for mode Collegial Medical Organization .: 10 months**

The waiting period mentioned above shall not be required in the case of accidents or illnesses that are a matter of vital urgency and diagnosed supervening after the date of entry into force of the policy or

the discharge date insured / beneficiary the same, Y provided that in the case of assistance under insured

Section V: how to provide services

1. Through concerted medical staff

Assistance will be provided in accordance with health regulations resulting from application by professionals with adequate qualifications for each specific service pertaining to medical staff arranged corresponding to this insurance product. When the population where the Insured is not there any of the services covered by this policy coverage will be provided in the province where they may take place, chosen by the Insured.

Upon receiving services as appropriate, the Insured must exhibit Sanitas card. Likewise the Insured shall be obliged to display their national identity card, if

he was required. Each time the Insured receives a service covered by the policy, paid as a contribution to the cost of such service, the amount stated in the Special Conditions.

Sanitas is obliged to provide insurance coverage under the terms established in the policy not being bound by the decisions they can adopt professionals within and outside your medical chart and that we are subject to such insured coverage.

Assistance can be done in different ways, depending on the service provided:

1.1 Free access.

Insureds are free to attend the consultations of medical specialists, family medicine and pediatrics, as well as emergency centers that are part of Sanitas medical staff arranged for this product. Refer to the guide Orientadora those doctors and services

specialists who need prescription / authorization.

1.2 Prescription ^{previous} ^{for} the performance of the service.

The tests diagnostic, methods therapeutic and certain services care will require a doctor's written SANITAS concerted prescription for implementation.

In particular, consultations Psychology should be prescribed by a psychiatrist, family doctor, oncologist or Pediatrician.

1.3 Prescription and prior authorization for performing the service.

In general, surgical interventions, hospitalization and medical consultants will be required

^{previous} express permission of SANITAS after the written prescription of physicians Entity. Such authorization shall also be required for certain therapeutic methods, diagnostic tests and other care services where this is stated in the conditional policy, flywheel authorization is void if at the time of performing the service, the insured does not meet all the requirements of the Conditional your insurance policy to have full insurance coverage regarding the service that is the subject of such authorization (ie not be current in the payment of the premium, pre-existing condition undeclared, etc.).

1.4 Authorization ^{previous} ^{for} the performance of the service by specifically accredited professionals.

Those surgeries are carried out via laparoscopic or via and arthroscopic interventions radiofrequency and laser technique will have to be made by the professionals specifically arranged and accredited by SANITAS for those particular surgical techniques.

1.5 express prior authorization of the optional designation.

In particular, for the interventions Surgical highly complex, as indicated below: neurosurgery, cardiac surgery, bariatric surgery and spinal surgery, surgeries

requiring equipment robotic, assisted navigation or any other technology restricted implementation, which are subject to coverage under this policy, Sanitas shall appoint, in each individual case and prior to performing the actual surgery character, the health center and the professionals who They are gonna do it.

1.6 Participation in expenses.

In the case of hospitalization and in the case of surgical procedures requiring hospitalization, the degree of difficulty is level 4 or higher in accordance with the classification established in this respect by the Medical College, the Policyholder must participate in the corresponding expenditure in the amount indicated in the Special Conditions of this policy.

Surgical procedures are classified into three groups according to the degree of difficulty, may consult the Insured surgical procedures are in each of these groups in www.sanitas.es, offices and telephone information SANITAS 902 102

400.

The amounts set out in the Special Conditions for such participation, are valid for the calendar year of the insurance, SANITAS reserving the right so they could be modified if required, a prior notice to policyholders. Such notification must be made more than two months before the anniversary date in question and will take effect from the next annual renewal date. If the Insured does not agree with the amendment may request its low which will be effective from the anniversary date on which entered into force have not accepted the amendment.

1.7 Address of Insured Services.

Sanitas is obliged to provide home services in those populations where SANITAS have concerted providing that service. **Any**

Change of the insured person must be notified irrefutably with at least eight days to request any service.

Services provided at the home of the Insured are the concerning the specialties Family Medicine, Pediatrics, Emergency, Nursing, Special Home Care, Ambulance and Respiratory Therapy.

Everybody they require a doctor's prescription except Family Medicine and Pediatrics. Sanitas reserves the right not to provide the service when not under medical criteria deemed necessary.

In particular, treatment of respiratory therapy should be prescribed by a pulmonary arranged with SANITAS. In all chronic treatment the Insured must renew the prescription **pulmonologist and service authorization by SANITAS each month.**

1.8 Assistance in case from Cantabria and Navarra temporary displacement.

In the temporary displacement of the Autonomous Communities secured cited service hedged will be provided through the medical conditions of the entities expressly agreed with SANITAS for this purpose.

the Insured SANITAS you must present your card at the Office Concerted Entities accepting the administrative steps of those entities.

1.9 ER.

According to article 103 of the Law of Insurance Contracts, **SANITAS takes the necessary assistance character urgent**

in accordance with the provisions of the conditions of the policy and that in any case will be borrowed through concerted media

by Sanitas specifically indicated in the Orientadora Doctors and Services Guide for this product.

In cases of **vital urgency provided the insured is forced to enter the medical center outside box**, must be notified **SANITAS said irrefutably** income with as quickly as possible so that it can perform the transfer of

secured to a center always concluded that his clinical situation allows.

1.10 means no concerted Assistance Sanitas.

Notwithstanding the indicated in the previous section for cases of vital urgency, SANITAS not responsible for the fees of doctors outside their medical staff, or the internment costs and optional services such alien could order. It also assumes SANITAS in the form of concerted medical team that is subject to this policy underwriting expenses incurred in private or public schools are not subsidized for this product, whatever the prescribing doctor or author thereof.

Section VI: Other aspects of insurance

1. Basis and loss of rights contract

1.1. He this contract It has been reached on the basis of statements made by the Policyholder and the Insured in the health questionnaire contained in the insurance application, where he made questions about their health status, profession, practices sport Insured and in general those lifestyle habits that can have relevance for proper risk assessment that is the subject of insurance under this policy it remains essential that the Policyholder / Insured

truthful and complete information on questions raised by constituting them

the basis for risk acceptance of this contract, which said Insurance Application is an integral part.

1.2. The Policyholder has a duty, before the conclusion of the contract, to declare SANITAS, according to the questionnaire that it will submit, all the circumstances known to him that may influence the risk assessment. He is relieved of this obligation if SANITAS did not submit the questionnaire or when,

yet sometiéndoselo, there are circumstances that may influence the risk assessment and are not included in it.

SANITAS may rescind the contract by declaration addressed to the Policyholder within one month, have knowledge of reservation or inaccuracy of the policy holder. They correspond to SANITAS, unless willful misconduct or gross negligence on its part, the premiums for the current period at the time to make this statement.

If the incident occurs before SANITAS make the declaration to which the preceding paragraph, the provision will be reduced in proportion to the difference between the agreed premium and that

it had applied the true magnitude of the risk been known. If brokered malice or gross negligence of the Policyholder SANITAS will be released from payment of the benefit (Art. 10 of the Law of Insurance Contracts).

1.3. Notwithstanding the foregoing, the Insured also loses the right to the guaranteed benefit, if the incident occurs before they have paid the premium, (or, in your case the single premium) unless otherwise agreed (Art. 15 of the Insurance Contract Act).

1.4. The Policyholder may terminate the contract if the optional picture is varied, always affecting the 50% the specialists integrate the national medical box Sanitas, who will provide the Insured at any time in their offices and updated complete list of such specialists for consultation.

1.5. In the event of inaccurate indication of the date of birth of the Insured, SANITAS may only contest the contract if the true age of the insured at the time of the entry into force of the contract exceeds

the admission limits established by it.

1.6. Insurance distance contracts:

In accordance with Article 10 of Law 22/2007 of 11 July Distance Marketing of Financial Services,

he Policyholder shall have a period of fourteen calendar days to withdraw from the distance contract, without giving any reason and without penalty.

The deadline for exercising the right of withdrawal shall begin to run from the date of the conclusion of the Insurance Contract. However, if the Policyholder has not received the Conditional Policy and

the note prior to hiring Insurance Information within to exercise the right of withdrawal will start counting the day of receipt of such information.

2. Duration of insurance

2.1 The date of termination of the Insurance Contract will be established in their Special Conditions and, at maturity, in accordance with Article 22 of the Insurance Contract Act, be extended for periods of an annuity. However, either party may oppose the extension by written notice to the other party, made with no less advance two months before the completion date of the current period, if SANITAS who performs such notice and one month notice if the Policyholder who performs it.

2.2. In the event that the insurance policy will be resolved by unilateral will of Sanitas

It may not suspend the provision of security where the Insured is in inpatient treatment, until the high hospital, unless he renounces the Insured to continue treatment.

Should the insurance policy will be resolved by the Insured, the coverage in any case cease on the date of established maturity the Particular Conditions of the policy, without being applicable the provisions of the preceding paragraph. So if the Insured will be receiving some kind of providing insured at the time of maturity of the policy, coverage secured SANITAS cease on that date due without obligation to assume any costs from that date, even if it is derived from an occurred during the insurance period or unless disaster that the extinction of the policy is motivated by fraud or negligence grave of the insured.

2.3. For each Insured, the insurance lapses:

a) death.

b) transfer of residence abroad or not reside at least six (6) months a year in the country. The

SANITAS premium attaches to date in which the Insured communicate and attesting that fact.

2.4. People under 14,

may only be included in the insurance in case you also secured the person or persons holding parental authority or guardianship, unless otherwise agreed.

3. Insurance Premiums

3.1. The Policyholder is obliged to pay the premium at the time of acceptance of the contract. Contracted coverage will not take effect when the first premium is not granted.

3.2. The first premium is due, after signing the contract. Successive premiums They shall be due in its respective due dates.

3.3. The Policyholder can request the distribution of annual bonuses paid in half-yearly, quarterly or monthly.

In these cases the corresponding surcharge will apply. He fractionation premium does not relieve the Policyholder from his obligation to pay the annual premium complete.

3.4. If because of the Policyholder, the first premium has not been paid, SANITAS You are entitled to terminate the contract or demand payment in enforcement proceedings based on the policy, and if it had not been paid before the loss occurs, SANITAS be released from its obligation, unless otherwise agreed duly reflected in the Special Conditions of the Policy.

In case of non-payment of the second or successive premiums, or their installments, the SANITAS coverage is suspended one month after the due date.

If SANITAS does not claim payment within six months following this

maturity is understood that the contract is extinguished.

If the contract is not canceled or extinguished according to the above conditions, the coverage will become effective again following the twenty-fourth hour which the taker to become acquainted with the payment of the premium or where appropriate fractions thereof you owed.

The Policyholder forfeited

Fractionation of the premium that has been agreed upon in case of default of any receipt, which was due from that moment the total premium agreed for the insurance period remainder.

In the case of fractional premiums, if any accident should occur, Sanitas may deduct from the amounts payable or reimburse the Policyholder or the Insured,

fractions premium

Annuity insurance course still had not been claimed by Sanitas.

3.5. If stipulated by the parties applying copayments for certain benefits insured by this policy, the amounts for these copayments will be specifically set forth in the Specific Conditions of the Policy. The amount will be fixed annually by Sanitas. The provisions of this clause in the event of nonpayment of the second and successive premiums or fractions thereof, shall apply in the event of default of the copayment.

3.6. Except that the conditions

Particular otherwise, the place of payment of the premium and copayments if any, will be listed in the direct debit specified.

To this end, the Policyholder will deliver data SANITAS bank account payment receipts of this insurance is charged, authorizing the financial entity to settle.

3.7. SANITAS is only obliged by the receipts issued by the Department or its legally authorized representatives.

3.8. In each renewal of the Insurer may change the annual premium and the amount of the Insured's participation in the cost of services, according to technical and actuarial made and based on the change in the cost of health services calculations, type the frequency of the use of guaranteed benefits including medical and technological innovations that were not covered on the date of initial effect of the policy.

Premiums payable by the Policyholder will vary depending on the age reached by each of the Insureds,

area
the corresponding geographical instead of
provision of services, the rates provided by Sanitas on the renewal date of each policy. Such premiums update shall be communicated in writing by Sanitas the Policyholder with at least two months prior to the renewal date.

3.9. The Policyholder, SANITAS received communication on the variation in the premium for the following annuity, you can choose to accept the extension of the Insurance Contract by the amount of premium proposed by the insurer or its termination upon expiration of the insurance period underway and should the latter communicate in writing to SANITAS, with at least one month prior to such due date, its willingness to terminate it.

3.10. Payment amount of the premium was made by the Policyholder to the broker need not be made to SANITAS unless, in return, the broker delivers the Policyholder receipt of premium the insurer.

4. High newborns

If the assistance of the mother in childbirth is done under the Insurance Sanitas

which he was assured that the newborn children may be included in the policy with all their rights from the date of birth or when the parent high as insured under the policy has taken effect at least 240 days before the birth. For this, the taker must inform SANITAS such circumstances within 30 days of the date

from birth, through the filling out an insurance application.

In any case, **SANITAS only cover health care to the newborn provided they are registered as insured Sanitas. If the high newborn communicates subsequent to or without complying with all the requirements stated in the previous paragraph, SANITAS under the information provided by the Policyholder in the Insurance Application indicated deadline, you may refuse admission of the newborn as insured.**

5. Providing reports

The Policyholder and Insured are obliged to provide SANITAS, in cases expressly required, medical reports and / or budgets provider to enable it to determine whether the provision of care required is hedged by

The policy. SANITAS not have to guarantee the requested service, while not given to it these reports and budgets in cases where this is expressly required the Insured.

6. Claims

6.1. Control and instances of complaint

to) Control SANITAS activity corresponds to the Spanish State exercised it through the Direccion General de Seguros Ministry of Economy and Competitiveness.

b) In case of any complaint about the Insurance Contract, the Policyholder, Insured, beneficiary, injured third party

or dependents of any of them, should be addressed for resolution:

1. To the **SANITAS Claims Department,**

through written signed facilitating the ID card or document proving the identity of the claimant, the **calle Ribera del Loira No. 52 (28042 Madrid) or fax 91 585 24 68 or e-mail**

reclamaciones@sanitas.es, who shall acknowledge receipt in writing and also solve by **reasoned submission no later than two months legal** from the date of filing of the claim, provided that it meets the requirements, under the Order ECO / 734/2004 of 11 March on departments and services customer financial institutions and Regulation by the Customer Protection that are available in the offices.

2. Having exhausted domestic remedies and that should not be satisfied with the resolution of Sanitas may make your complaint in writing signed by providing ID card or document proving the identity of the claimant,

before he **Service** from **Claims of the Directorate General of Insurance and Pension Fund, Paseo de la Castellana 44, 28046 Madrid. For this, the**

claimant must prove that the deadline for the resolution of the claim by the department has elapsed

from claims from SANITAS, or she has been denied admission of the claim or dismissed his request for it.

3. Please note that SANITAS is not attached to any consumer arbitration board without prejudice to the insured go to administrative and judicial bodies are foreseen

in he process from claims contained in the general conditions of the policy.

Four. In any case you can go to the Courts and Tribunals.

6.2. Actions arising from this insurance contract shall prescribe in the term

five years (Article 23 of the Law of Insurance Contracts).

7. Other legal issues to consider

7.1. subrogation

Having accepted the payment of the guaranteed benefit may exercise SANITAS the rights and actions due to the loss caused, correspond to the Insured against the persons responsible for it, to the extent of the compensation paid.

The Insured is obliged to subscribe for SANITAS the necessary documents to facilitate subrogation.

7.2. Communications.

7.2.1. SANITAS communications by the Policyholder, the Insured or Beneficiary They will be held at the registered office of that stated in the Policy.

7.2.2. SANITAS communications to the Policyholder, the Insured or Beneficiary shall be pursued by physical, electronic or telephone number provided by the Policyholder at the time of the insurance application while not communicate a change in the same direction. The Policyholder authorizes SANITAS to who can refer any communication by electronic means as long as permitted by law.

7.3. Personal data protection

The data obtained by this document is confidential and protected. The Policyholder agrees that all information provided to the Insurer, both in the insurance application and throughout the term of this policy is true and has not omitted any information on the health status of each of the Insureds.

In addition, the Insurer informs the Policyholder and Insureds and these

consent, in which everybody the data personal and health related to the Policyholder and Insureds are incorporated into files belonging to the Insurer to ensure the full development of the contract, compliance

from the obligations established in the applicable regulations, serve the activities of this company, including the delimitation of the associated risk, claims or management re / co-insurance, offering comprehensive care programs, knowledge of the rejection reasons for this request or decline in policy, retention programs and fraud prevention.

Also, the Policyholder / Insured entitle the Insurer so you can require your personal and health data

the professional or health centers, hospitals and entities that relationship reinsurance, coinsurance or collaboration and vice versa is maintained, and therefore authorizes them to such data for managing the rea / coa / insurance offering programs reciprocally facilitate comprehensive care, better understanding and assessment of the risks to be covered, to prevent fraud, determination of healthcare, payment to health providers or reimbursement of expenses to the insured health care and

care the claims filed by policyholders themselves.

In order to prevent fraud, for retention programs and risk selection,

the insureds consent specifically when your data is preserved even if the contract were to be entered into or is out of the contractual relationship.

If the Policyholder / Insured does not consent to the inclusion of their data in these files and later treatment as described above, the insurance contract can not be implemented.

The Policyholder and the Insured agree shipment during the contractual relationship by any means, including communications electronic commerce, advertising or other offers of SANITAS and third with

which establish collaborative links related to financial products and services, from insurance, services social, health and / or health or welfare, authorizing SANITAS to treat your data to send you information that best suits your specific needs.

Also, the Policyholder and the Insured expressly authorize the transfer of your personal information to companies SANITAS Group consisting identified in www.sanitas.es and transfer to any other entity to establish collaborative links to the effectiveness of data the relationships

contractual with he Policyholder / Insured by reason from coinsurance or risk reinsurance as well as for sending commercial information related to products and services financial, insurance services social, health and / or health or welfare.

The Policyholder is responsible for communicating to all Insureds covered by the policy the inclusion of their data in the above files and the treatment thereof intended to make the insurer so they can exercise the same rights before their own choosing. The Policyholder states that it has the consent of the insured both for the Policyholder your personal SANITAS data as den for SANITAS provide the Policyholder identifying information about medical services of the insured covered by the policy, unless by Policyholder is released in writing to Sanitas legal duty to inform or requested by any of the Insureds.

The exercise of the rights of opposition, access, rectification and deletion of this data as established in the applicable regulations, may be exercised at the headquarters of the entity, calle Ribera del Loira 52, 28042 Madrid, Dpt. Of General Counsel or through My Sanitas to <https://www.sanitas.es/misanitas> / online / clients / contact / index.html. If the Policyholder and / or Insured not wish to receive commercial information from the Underwriter, or, where applicable, other entities with which the Insurer establish links

collaboration, or do not want data to be transferred to other companies except for the effectiveness of contractual relations, may do so by the same means.

Failure to receive a written decision within 45 days from the date on which the Policyholder was informed of the provisions of the preceding paragraphs communication, will involve compliance with the sending of advertising and transfer of data to other companies in the indicated terms.

8. Other

The Policyholder and / or Insured authorize SANITAS so that if this considers it necessary, you can record

the **Phone conversations maintain in relation to this policy** and use them in their quality control processes and, where appropriate, as evidence for any claims that may arise between the parties, preserving in any case

the confidentiality from the held talks.

The Policyholder and / or Insured may request SANITAS copy or written transcript of the content of the recorded conversations between the two.

9. Jurisdiction

Be Judge competent for he **knowledge of the actions under the Contract of Insurance of the Insured's domicile.**

Done in duplicate in Madrid on November 28, 2017

By the Insured / Policyholder

Sanitas

A handwritten signature in black ink, appearing to read 'Iñaki Peralta', with a long horizontal flourish extending to the right.

Iñaki Peralta
Sanitas, S.A. de Seguros