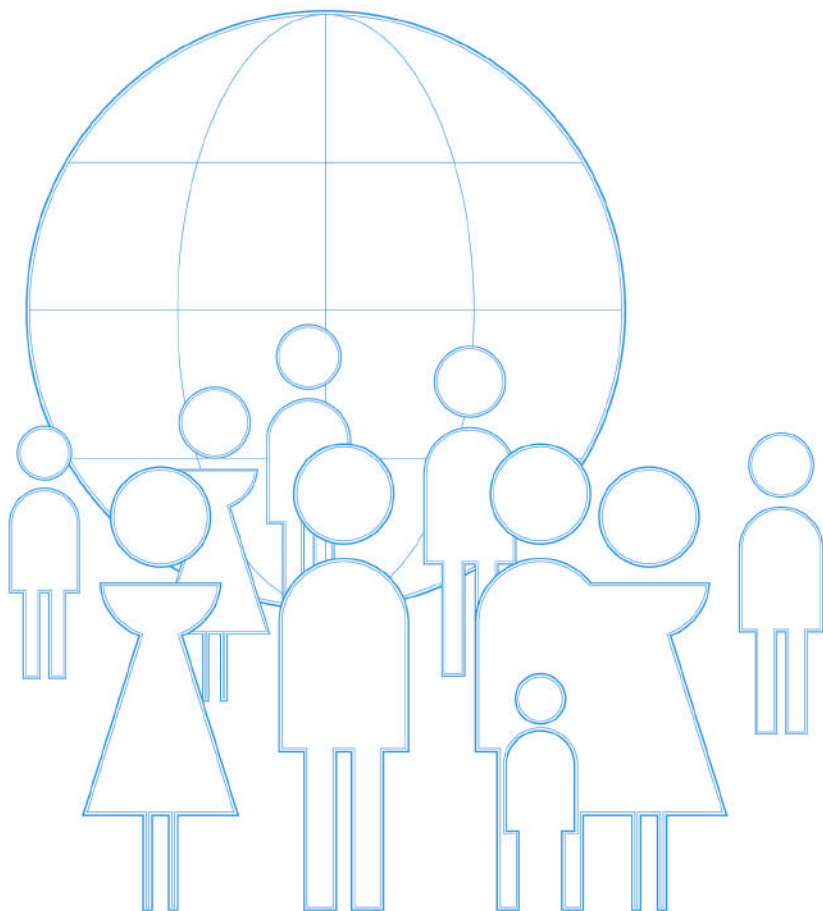


GENERAL CONDITIONS



Sanitas SA de Seguros

Registered on 10 February 1958 with the key C-320 in the Special Register of the Direccion General de Seguros.

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

Madrid Mercantile Register, sheet 4,530, volume 1,241, book 721, sect. 3rd, Insc. 1.

NIF A-28037042

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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 More 90,000 Cc** 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 1: Object of

insurance

Within the limits and conditions stipulated in the Policy, and upon payment by the Policyholder of the Sure of the cousin 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.

This contract also It includes mode of reimbursement, under which SANITAS will take, within the limits and conditions stipulated in the policy of hospital medical, surgical and indicated in the first paragraph of this clause, by returning the Insured of all or part of health expenditures,

reasonable and customary, Developed by the same, according to the sum insured limits and percentages refund established in the Special Conditions of Insurance unable to apply both together modalities for one and the same provision.

Section II: Hedges

Benefits that are the subject of this pól i za is it so cond i ci onadas 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 medical team, 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 pautar 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, premalignant or malignant mucosa incipient in which is 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-fluodeoxyglucose (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 I 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 recommendation

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 poliposicolónica 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 poliposicolónica 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 to perform a test**

detection of 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 from the Hospital insured to his home and hospitals produced between the doctor box because SANITAS

_____ 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 human body structures that perform 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 national bank exclusively tissue for cornea transplantation.

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

BRCA1 and BRCA2. result of

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

4.10. Mother and Child Program

It includes theoretical and practical preparation for childbirth, child health examinations 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:

to) oxygen Therapy: l iquida, 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

Includes applied to healthy populations that include different activities such as medical consultation, physical examination, and basic diagnostic tests prescribed by programs

the appropriate specialist for early diagnosis of diseases:

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).

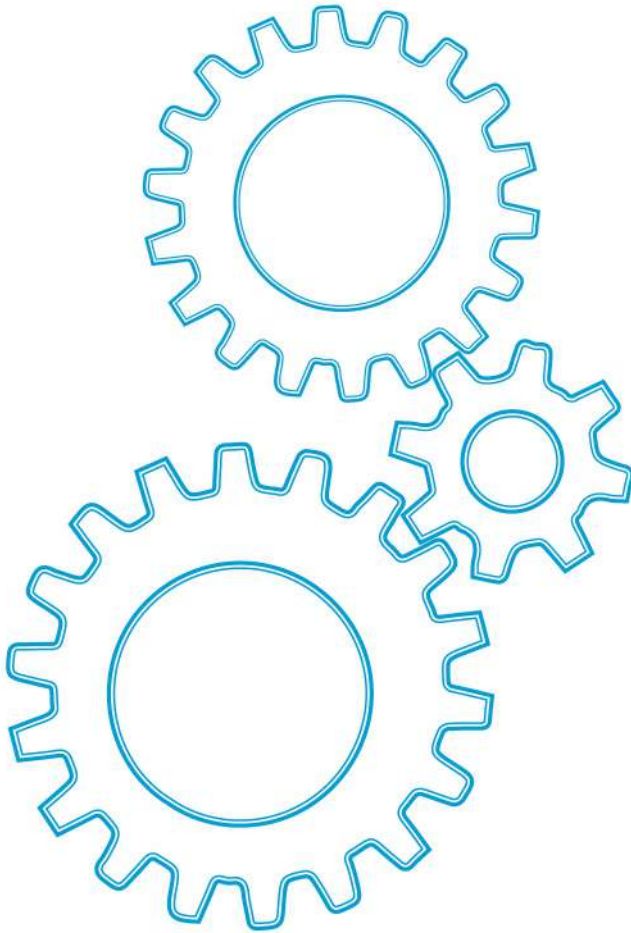
6.5. Gynecology: includes review annually for the prevention of cervical, endometrial and breast cancer gynecologic. It includes consultation with a specialist and exploration as well as basic diagnostic tests (ultrasound, mammography, Pap smear or gynecologic ultrasound, for example).

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 premium payment death

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 insurers and reinsurers and the implementing regulations (Royal Decree 1060/2015, of 20 November, management, supervision and solvency of institutions insurers and reinsurers) and agreed in the General Conditions,

special and Particular the policy number 75.00744, dated effect from 1/1/2005.

The Underwriter is Seguros Lagun Aro Vida, SA, established in Camino de Capuchinos 6, 2nd, Bilbao, Vizcaya, Spain, (CIF A-20182705 and registered in the RM of Vizcaya, Volume BI-186 Companies,

Folio 42, Page 16779, 1st entry).

Member State who is responsible for the control and supervision of the activity of the insurance company itself is the Spanish State, and specifically through the Direccion General de Seguros Ministry of Economy and Competitiveness .

Policyholder: Sanitas SA de Seguros.

1. Guarantee secured. Death from any cause

Seguros Lagun Aro Vida, SA HE undertakes, in the event of death of the Policyholder of this health care policy, produced by any cause, anywhere, payable Sanitas SA Insurance the premium by the insured of that for the 12 months policy to date communication of death.

For the Policyholder of this policy have health care coverage shall comply with the requirements of paragraph 2 "Collective Insured".

Twelve consecutive monthly installments quoted computing will start after the date of notification of the incident.

Notwithstanding the indicated in the previous paragraph, in the event that receipts had not paid between the date of death and notification, Seguros Lagun Aro Vida

SA will take over the same then discounting these amounts of security described in the preceding paragraph.

2. secured Collective

They are insured under this policy the Makers of some of the policies of health insurance, provided that their insurance policies are current payment and exists in the same over an insured or, if any one insured, it does not match the Policyholder of the policy in question.

3. Duration of contract

The insurance policy which is part of this certificate has a duration matching the calendar year being tacitly renewable for successive calendar years unless express opposition Policyholder or Underwriter one of these extensions in a timely manner.

This individual certificate of insurance takes effect on the date of effect of collective life policy, ie January 1, 2005 or, if the incorporation of an insured to insured group after that date occurs, the effective date of this certificate coincide with the policy of the previous stipulation indicated SECOND which the insured is in turn Taker disease. The end date of this certificate will occur when any of the reasons to cause low in the insured group indicated in the following clause Duration of Insurance.

4. Claims

Should any incident occur should inform the service telephone customer: 902 October 24, 00 must provide the death certificate of the Policyholder.

5. Reasons to cause low insured group

1. The extinction for any reason of the insurance policy of said disease in which the second preceding clause insured was in turn Taker.

2. The termination for any reason of the policy of collective life insurance which this Certificate of Insurance Individual part.

6. Risks excluded from coverage of death

Losses occurring as a direct or indirect reaction or nuclear radiation or radioactive contamination result.

7. Instances claim

In case of dispute, the Policyholder may contact:

- internal basis, and as customer service, by writing to:

- Seguros Lagun Aro, Customer Service Department,
PO Box 126 FD No. 48080 Bilbao.

• external character, by writing to:

- Direccion General de Seguros, Commissioner for the
Defense of the Insured and Pension Plan Participants,
Paseo de la Castellana, 44 28046 Madrid.

- the ordinary courts.

8. Protection of personal data

Sanitas SA de Seguros, for the effectiveness of this
collective life insurance policy, notify Seguros Lagun Aro
Vida,

SA personal data, including health data, integrate insured
at all times the insured group, resulting

essential for the
maintenance of the contractual relationship. In this regard
we inform you that your personal data,

included in this
now or in the future be collected for maintenance and
management of contractual relations with Seguros Lagun
Aro Vida

SA, will be recorded in an automated file owned by
Seguros Lagun Aro Vida and set in its Data Processing
Center of Mondragon, Paseo Arizmendiarieta s / n, on
which

the
concerned may exercise their rights of access and, where
appropriate, the rights of rectification, cancellation and
opposition.

For its part, Seguros Lagun Aro Vida, SA, is committed to
compliance with the provisions of Articles 9 and 10
LOPD, forcing himself to keep

the
confidentiality of the data collected, to guard them, and to
take appropriate security measures in accordance with
the provisions of RD 994/1999 of 11 June.

Coverage in the United States

Guarantees hedged by this policy will be loaned to the
insured in the United States through concerted centers
for this purpose by Sanitas, provided that such services
are pre-authorized by Sanitas, which will manage and
process services hedged.

US coverage reaches one hundred percent of medical
expenses up capital limits per insured annuity, listed
below:

- **Limit total in United States:**
€ 90,000.
- **hospital care up to 70,000 €, with delivery sub-limit
up to 1,900 €.**
- **Assistance Community-acquired until**
€ 18,000.

This cover is provided under collaboration agreement
with those SANITAS arranged centers have no effect on
termination of the agreement.

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 he will explain the

procedure to be followed and the 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.

Sanitas Dental Reimbursement

The benefits insured by this policy are those specified in the document

Insured dental benefits, Annex to the Particular Conditions and forms an integral and inseparable from them and part of these Terms and Conditions. They are classified as follows:

- Without excess: the insured does not have to pay any amount to the dentist, except in the event that your policy involves correspondingly copayments and these will be specified

in the Terms Particulars of your policy.

- Duty: The Insured must pay for the provision requested amount for certain franchise for it in the document **Insured dental benefits,**

Annex to the Specific Conditions of this policy.

In the event that there is any change in the insured benefits or

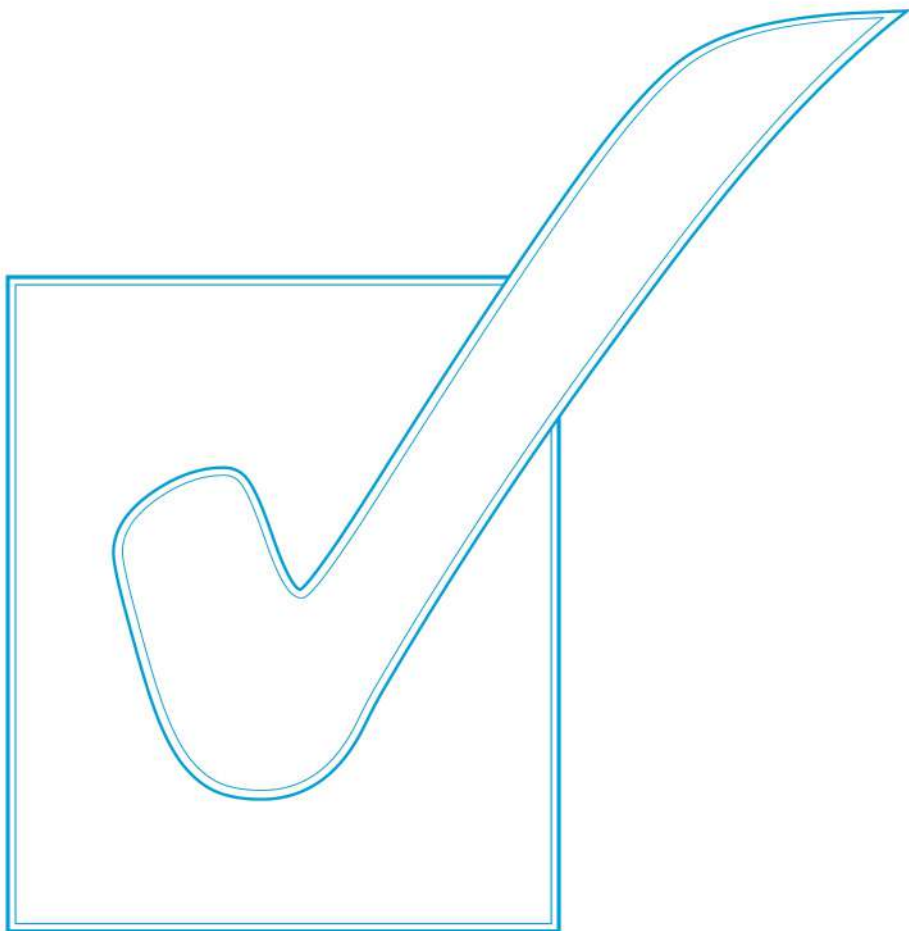
amount of the franchise, the Insurer communicate these changes two months before the date of its entry into force, assuming the premium payment acceptance of such changes.

Yes he secured uses the insured benefits arranged outside the medical staff or performance duty within the

medical chart agreed, entitled to a refund of the amount paid, so that the amount disbursed in the dental center, will be reimbursed in the percentage and even

limits from capital insured expressly stated in the Special Conditions and the document called **Insured dental benefits.**

**HEDGES
ADDITIONAL
INFORMATION POLICY**



Medical Advisor digital

coverage

1.OBJETO COVERAGE

To ease to the Insured information, guidance and professional care personalized, exclusively by techniques of distance communication (telephone, online messaging and videoconsulta) to provide guidance on general medical questions information.

Scope of coverage:

- Service offered by doctors specialized in providing general advice distance, but in no case allow the diagnosis of diseases or prescription medication. In case of emergency should go to any concerted center for that purpose by SANITAS.
- medical advice general, patient orientation referring to his health consultations (recommendations to the appropriate specialist referral, possible alternatives, ..).
- This coverage is for the insured and is not transferable.
- The hours are Monday through Friday from 9h to 21h.
- **Services will be provided in the manner set SANITAS. Videoconsulta** for service in cases where it is available, you need to connect appointment.
- Services that are the subject of this insured coverage are provided by Sanitas Issue SL, company Sanitas Group.
- If the Insured is under 18 interlocution be made with the legal representative.
- The territorial scope of this coverage is the Spanish State.

Process:

- The Insured may request this service through My Sanitas in www.sanitas.es or through the mobile app to set

contact via online messaging or subpoena for videoconsulta within the established schedule.

- The Insured may also contact by telephone with the medical consultant, whenever you need it from 9:00 to 21:00.
- Services hedged will be provided whenever the present coverage and policy which forms part are in force and the current premium payment.

2.Connected

This additional coverage will be effective on the date expressly indicated in the particular conditions of the policy and its extinction match

the date expiration thereof renewed for successive annuities the same terms and conditions established for the principal guarantee in the conditions general of this policy.

3.RIESGOS EXCLUDED

Subject to the exclusions in the general conditions of the policy the following exclusions are specifically applicable to this coverage:

- **Questions care requiring the physical presence of the physician.**
Excluded coverages the **general and special conditions of the policy.**

Personal trainer

1.OBJETO COVERAGE

To ease to the Insured information, guidance and professional care Custom in physical activity, through remote communication techniques (mainly via telephone, online and videoconsulta) messaging in order to improve the physical condition of the Insured.

Scope of coverage:

- Service provided by _____ physiotherapists specialized and personal trainers specifically designated by Sanitas in each case, working with medical protocols and specific care plans based on the profile and status of health of the insured.
- Advice on all aspects _____ physical activity, providing recommendations in sport and resolution of doubts by the adviser and personalized monitoring of each insured.
- The objectives and action plans will be individualized to each insured and will be agreed jointly with it.
- Service, through remote communication techniques, mainly via _____ telephone, online and videoconsulta messaging.
- This coverage corresponds exclusively to the Insured and is not transferable.
- Office hours are Monday to Friday from 10am to 18.00. National and local holidays except in Madrid.
- Videoconsulta service be given in cases SANITAS the set and always by appointment.
- Services under this coverage provided by Sanitas Issue SL, company Sanitas Group.
- If the Insured is under 18 interlocution be made with the legal representative.
- The scope of coverage is the Spanish State.

Process:

- The Insured will request this service through My Sanitas in www.sanitas.es or through the mobile app.
- A personal trainer _____ (physiotherapist) will develop a personalized physical activity.
- Insured it will be planned with the frequency and type of program monitoring contacts (telephone, online and videoconsulta messaging).
- The Insured may also contact the personal trainer, whenever you need it, _____ telephone, _____ through online messaging or subpoena

videoconsulta, during the term of the product provided that the present coverage and policy which forms part are in force and the current premium payment and within the established schedule.

2.Connected

This additional coverage will be effective on the date expressly indicated in the particular conditions of the policy and its extinction match

_____ the date expiration thereof renewed for successive annuities _____ the same terms and conditions established for the principal guarantee _____ in the conditions general of this policy.

3.RIESGOS EXCLUDED

Subject to the exclusions in the general conditions of the policy the following exclusions are specifically applicable to this coverage:

- **Questions attentions made with attending classes.**
- He _____ object of this cover does not cover _____ he _____ diagnosis _____ from _____ diseases or _____ prescription _____ diagnostic tests or _____ treatments _____ doctors.
- **Attention to any condition, congenital or acquired and which the specialist is an impediment to the realization of the plan.**
- **Hedges generally excluded in the general and special conditions of the policy.**

Nutrition

1.OBJETO COVERAGE

To ease _____ to the Insured _____ information, guidance and professional care _____ Y personalized nutrition through distance communication techniques (mainly via _____ telephone, online and videoconsulta) messaging to serve

supporting the achievement of healthy eating habits.

Scope of coverage:

- Service offered by graduates in nutrition and dietetics specialists working with medical protocols and specific care plans based on the profile and status of health of the insured.
- Advice on all aspects of nutrition, providing recommendations and resolution of doubts by the adviser and personalized monitoring of each insured.
- The objectives and action plans will be individualized to each insured and will be agreed jointly with it.
- Service, through remote communication techniques, mainly via telephone, online and videoconsulta messaging.
- This coverage is exclusive to the Insured and is therefore not transferable.
- Office hours are Monday to Friday from 10am to 6:30 p.m. local and national holidays except Madrid.
- Videoconsulta service occurs whenever it is available and by appointment.
- Services that are the subject of this insured coverage are provided by Sanitas Issue SL.
- If the Insured is under 18 interlocation be made with the legal representative.
- The territorial scope of coverage is the Spanish State.

Process:

- The Insured will request this service through My Sanitas in www.sanitas.es or through the mobile app. A nutritionist draw a plan from nutrition personalized.
- Insured will be scheduled with the frequency and type of program monitoring contacts (telephone, online and videoconsulta messaging).
- The Insured may also contact the nutritionist, whenever you need it,

by telephone, by mail or online citation for videoconsulta, during the term of the product and within the established schedule.

2.Connected

This additional coverage will be effective on the date indicated expressly the particular conditions of the policy and its extinction match

the date expiration thereof renewed for successive annuities the same terms and conditions established for the principal guarantee in the conditions general of this policy.

3.RIESGOS EXCLUDED

Subject to the exclusions in the general conditions of the policy the following exclusions are specifically applicable to this coverage:

- **Questions attentions made with attending classes.**
- **Diagnosis from diseases, prescription of diagnostic tests and medical treatments.**
- **Attention for the following disorders: low weight (index less than 17 Body Mass), eating disorders (anorexia, bulimia, etc.) ocualquier Medical / serious pluripatología that professional considers health It should be followed in so-face consultations.**
- **Monitoring morbid obesity (index greater than 40 or greater body mass of 35 with comorbidities (DBT, HTA, heart disease, OSAS ...)) it is excluded because it must be done according to the protocol established by the company, after confirming that the Insured meets the requirements set by Sanitas).**
- **Hedges generally excluded in the general and special conditions of the policy.**

Psychology

1.OBJETO COVERAGE

To ease to the Insured information, guidance and professional care y personalized in psychology through distance communication techniques (mainly via telephone, online and videoconsulta) messaging, to provide support to the achievement of psychological well-being.

Scope of coverage:

- Service offered by psychologists who work with medical protocols and specific care plans based on the profile and health status of the client.
- The objectives and action plans will be individualized to each insured and will be agreed jointly with it.
- Service, through remote communication techniques, mainly by telephone, online messaging and video consultation.
- This coverage is for the insured and is not transferable.
- Office hours are Monday to Friday from 10am to 18.00. local national holidays, and except Madrid.
- **Services will be provided in the manner set SANITAS. Videoconsulta** for this service will be provided in cases where it is available and shall be arranged by appointment services that are the subject of this insured coverage are provided by Sanitas Issue SL
- The territorial scope of coverage is the Spanish State.

Process:

- The Insured will request this service through My Sanitas in www.sanitas.es or through the mobile app.
- A psychologist draw up a plan personalized on the Insured and schedule the action plan.
- Insured it will be scheduled with the frequency and type of contact

program monitoring (telephone, online and videoconsulta messaging), which made the consultant following the action plan set.

- The Insured may also contact the counselor, whenever you need it, from 10:00 to 18:00 or through online messaging or subpoena for videoconsulta.
- Services hedged will be provided whenever the present coverage and policy which forms part are in force and the current premium payment.

2.Connected

This additional coverage will be effective on the date expressly indicated in the particular conditions of the policy and its extinction match

the date expiration thereof renewed for successive annuities the same terms and conditions established for the principal guarantee in the conditions general of this policy. This coverage will be in force until the expiration date of the policy which is part and extended under the same terms and conditions established for the main guarantee in the general conditions of this policy.

3.RIESGOS EXCLUDED

Subject to the exclusions in the general conditions of the policy the following exclusions are specifically applicable to this coverage:

- **Insureds under 18 and those not included as Insured primary insurance that is the subject of this policy.**
- **Questions attentions made with attending classes.**
- **Diagnosis from diseases, prescription of diagnostic tests and medical treatments.**
- **Attention for the following disorders: psychotic major depression, eating disorders (anorexia, bulimia, etc) disorders from the**

personality (schizoid, avoidant, dependent, histrionic, limit, etc.); dementias and deterioration cognitive; Morbid obesity (such monitoring should be carried out according to the protocol established by the company, after confirming that the Insured meets the requirements set by Sanitas).

- Hedges generally excluded in the general and special conditions of the policy.

Mother and Child Program

1.OBJETO COVERAGE

To ease to the Insured information, guidance and professional care Y personalized in relation to pregnancy, postpartum and early months of baby's life through remote communication techniques (mainly via telephone, online and videoconsulta) messaging in order to help the insured enjoy a healthy pregnancy and postpartum as well as provide advice for the first baby care:

Scope of coverage:

- Service offered by midwifery specifically designated by Sanitas in each case, working with medical protocols and specific care plans based on the profile and status of health of the Insured.
- Advice on all aspects of pregnancy, postpartum and early life baby, providing recommendations on the matter and resolve doubts by the adviser and personalized monitoring of each insured.
- The objectives and action plans will be individualized to each insured and will be agreed jointly with it.
- Service, through remote communication techniques, mainly via telephone, online and videoconsulta messaging.
- This coverage is exclusive to the Insured and is not transferable.

- Office hours are Monday through Friday from 9h to 22.00h Saturday from 9 to 16h. National and local holidays except in Madrid.
- Videoconsulta service will be provided in cases SANITAS the set and always by appointment.
- Services under this coverage are provided by Sanitas Issue SL, company Sanitas Group.
- If the insured is under 18 interlocation be made with the legal representative.
- The scope of coverage is the Spanish State.

Process:

- Insured request this service through My Sanitas in www.sanitas.es or through the mobile app.
- A midwife will develop a personalized care plan.
- Asegurada be planned with the frequency and type of program monitoring contacts (telephone, online and videoconsulta messaging).
- The Insured may also contact the midwife, whenever you need it, by telephone, through online messaging or summons to videoconsulta during the term of the product provided that the present coverage and policy which forms part are in force and current premium payment and within the established schedule.

2. DURATION

This additional coverage will be effective on the date expressly stated in the Particular Conditions of the policy and its extinction match

the date expiration thereof renewed for successive annuities the same terms and conditions established for the principal guarantee in the conditions General of this policy.

3. EXCLUDED RISKS

Subject to the exclusions set forth in the General Conditions of the policy the following exclusions are specifically applicable to this coverage:

- Questions attentions made with attending classes.
- The purpose of this coverage does not include the diagnosis of diseases or the prescription of diagnostic tests or treatment.
- Attention to any pathology, congenital or acquired and which the specialist is an impediment to the realization of the plan.
- Hedges generally excluded in the general and special conditions of the policy.

Healthy Child Program

1. PURPOSE OF COVERAGE

To ease to the Insured information, guidance and professional care personalized in relation to health and development of children up to 14 years through distance communication techniques (mainly via telephone, online and videoconsulta) messaging in order to complete the information provided by the pediatrician in the face consultations and to resolve questions.

Scope of coverage:

- Service offered by nurses Pediatric specifically designated by Sanitas in each case, working with medical protocols and plans from Specific attention depending on the profile and status of health of the insured.
- Advice on all aspects of health and development of children up to 14 years, offering recommendations on the matter and resolve doubts by the adviser and personalized monitoring of each insured.
- The objectives and action plans will be individualized to each insured and will be agreed jointly with it.

- Service, through remote communication techniques, mainly via telephone, online and videoconsulta messaging.
- This coverage corresponds exclusively to the Insured and is not transferable.
- Office hours are Monday through Friday from 9h to 22.00h Saturday from 9 to 16h. National and local holidays except in Madrid.
- Videoconsulta service will be provided in cases SANITAS the set and always by appointment.
- Services under this coverage are provided by Sanitas Issue SL, company Sanitas Group.
- The dialogue is conducted with the legal representative.
- The scope of coverage is the Spanish State.

Process:

- The Insured will request this service through My Sanitas in www.sanitas.es or through the mobile app.
- A pediatric nurse will develop a personalized care plan.
- Insured it will be planned with the frequency and type of program monitoring contacts (telephone, online and videoconsulta messaging).
- The Insured may also contact the pediatric nurse, whenever you need it, through telephone, online messaging or subpoena for videoconsulta, during the life of the product, provided this coverage and policy which forms part are in force and the current premium payment and within the established schedule.

2. DURATION

This additional coverage will be effective on the date expressly stated in the Particular Conditions of the policy and its extinction match

the date expiration thereof renewed for successive annuities the same terms and conditions established for the principal guarantee in the conditions General of this policy.

3. EXCLUDED RISKS

Subject to the exclusions set forth in the General Conditions of the policy the following exclusions are specifically applicable to this coverage:

- Questions attentions made with attending classes.
- The purpose of this coverage does not include the diagnosis of diseases or the prescription of diagnostic tests or treatment.
- Attention to any pathology, congenital or acquired and which the specialist is an impediment to the realization of the plan.
- Hedges generally excluded in the general and special conditions of the policy.

Pelvic Floor Care Program

1.OBJETO COVERAGE

To ease to the Insured information, guidance and professional care by personalized in relation to the care and rehabilitation of the pelvic floor, using remote communication techniques (mostly by telephone, online messaging and videoconsulta) in order to help the insured to prevent or improve pelvic floor problems.

Scope of coverage:

- Service provided by physiotherapists specifically designated by Sanitas in each case, working with medical protocols and specific care plans based on the profile and status of health of the insured.
- Advice on all aspects related to the care and rehabilitation of floor pelvic, offering recommendations on the matter and resolve doubts by the adviser and personalized monitoring of each insured.
- The objectives and action plans with each insured will be individualized and

shall reach a consensus together with it.

- Service, through remote communication techniques, mainly via telephone, online and videoconsulta messaging.
- This coverage corresponds exclusively to the Insured and is not transferable.
- Office hours are Monday to Friday from 10am to 18.00. National and local holidays except in Madrid.
- Videoconsulta service will be provided in cases SANITAS the set and always by appointment.
- Services under this coverage are provided by Sanitas Issue SL, company Sanitas Group.
- If the Insured is under 18 interlocution be made with the legal representative.
- The scope of coverage is the Spanish State.

Process:

- The Insured will request this service through My Sanitas in www.sanitas.es or through the mobile app.
- A physical therapist will develop a personalized care plan.
- Insured it will be planned with the frequency and type of program monitoring contacts (telephone, online and videoconsulta messaging).
- The Insured may also contact the physiotherapist, whenever you need it, by telephone, through online messaging or summons to videoconsulta during the term of the product provided that the present coverage and policy which forms part are in force and current premium payment and within the established schedule.

2. DURATION

This additional coverage will be effective on the date expressly stated in the Particular Conditions of the policy and its extinction match

the date expiration thereof renewed for successive annuities the same terms and conditions for

main guarantee in the conditions
General of this policy.

3. EXCLUDED RISKS

Subject to the exclusions set forth in the General Conditions of the policy the following exclusions are specifically applicable to this coverage:

- Questions attentions made with attending classes.
- The purpose of this coverage does not include the diagnosis of diseases or the prescription of diagnostic tests or treatment.
- Attention to any pathology, congenital or acquired and which the specialist is an impediment to the realization of the plan.
- Hedges generally excluded in the general and special conditions of the policy.

Analytical home

1.OBJETO COVERAGE

Money back home analytics service and laboratory personnel shift at the address or place where the Insured is to carry out the extraction of the sample. It will remain in analytical coverage blood and urine tests prescribed by a doctor, except those determinations aimed at studying the genetic and genetic map shown below and listed in Section III of

this conditioned
general: everybody the procedures
diagnostic, surgical or therapeutic whose
Clinical efficacy and safety not be proven scientifically or adequately are of new, later appearance for signature

this policy; the
procedures **not universalized,** neither
consolidated clinical practice
habitual, the what have left
manifestly exceeded other available and procedures experimental,

or what do not **have**
sufficiently proven their effective contribution prevention,
treatment or cure

Of diseases. It is considered, for purposes of this policy, a diagnostic, surgical or therapeutic procedure is safe and effective when approved by the European Medicines Agency and / or the Spanish Agency of Medicines and Health Products. It is also considered that a procedure is universalized and strengthened when the same is done in routine clinical practice in at least nine Spanish autonomous regions widely in their public hospitals, not only in reference hospitals.

Scope of coverage:

- The Insured may choose any laboratory legally entitled to perform analytical:
 - If the laboratory is entered for the service "analytics Address BLUA" the Insured will not have to pay any amount for the service
 - If the laboratory is no concerted effort to the provision of service Address analytics BLUA the Insured shall pay the corresponding amount for the service and may request Refund From to SANITAS the displacement incurred by the Laboratory staff the expenses of
- The percentage to be reimbursed for each guarantee shall be specifically indicated in the particular conditions of the policy.
- To request a refund, the Insured shall provide justification bill payment where record duly broken the corresponding analytical determinations and displacement of laboratory personnel to the place agreed with the Insured and any other documentation SANITAS necessary to verify the origin of the refund under the insured coverage amount.
- This coverage will come into force once it has taken effect on the date expressly indicated in the corresponding conditions and provided that the policy currently being paid are.

- The service will be provided exclusively to high-Insured in the policy. Personal and non-transferable coverage.
- They will be allowed **two services** **And insured annuity.**
- The territorial scope of coverage is the Spanish State. Therefore the location of the laboratory and the Insured must would find within that territory.

Process:

- **For** apply for **he service be imperative that the Insured provided a prescription of an analytical.**
- **If the laboratory is not concluded for the provision of Analytic Network provider BLUA the Insured shall pay the corresponding service to the realization of displacement for the extraction of the sample amount.**
- **The Insured will request that the invoice detail amount paid to laboratory concept determinations analytical Y the of the If displacement necessary, to be those amounts which are hedged ensured by this complementary coverage analytical home. He asked the reimbursement SANITAS the rate provided in the particular conditions of your policy, and to capital limit Insured already indicated.**

Pharmacy home delivery

It includes reimbursement amount of that the medicines which marketing be authorized by the competent public authority in the matter, and whenever necessary for the treatment of pathologies suffered by the Insured and which are subject to coverage under this policy. He

reimbursement of such It is made under the percentage set in the Special Conditions and to the extent of capital Insured annuity equally indicated in the same, once provided by the Insured the supporting have paid the bill

drug and paper prescription from a doctor.

1.1. DRUG DELIVERY SERVICE HOME RENDERED BY THIRD PARTIES

Inside from the I presented warranty Further from pharmacy remains also including coverage by Sanitas shipping cost of medicines prescribed to the insured person, under the terms established in the I presented pulled apart.

To use this service the Insured must request it by calling 91 353 63 48. Once the requested service and a maximum of 3h, a courier was witnessing at the domicile of the Insured within the Spanish territory, including the islands, Ceuta and Melilla, and it must provide the original prescription to be submitted to the pharmacy

the right dispensing of the medicine. SANITAS nor the company that has hired if any provision of this service will not be responsible if the drug is dispensed at the pharmacy for the identification required Insured

function kind of drug in question, or if it was not considered valid prescription filled for any reason. Only are the subject of this drug delivery coverage, those who have been prescribed by a doctor to care for a disease suffered by the Insured and is hedged insured by the policy. They are therefore not hedged those other drugs or products generally sold in pharmacies where no such other conditions as indicated and generally those who do not require a prescription for dispensing.

The drug delivery service home provided by third parties **may be requested up to 6 times and insured annuity and** this regardless of the number of insured they are included in the policy.

The Insured shall pay the amount of the drug at the time of delivery, may request reimbursement thereof subsequently SANITAS on the terms described above and in the remaining provisions of the policy that may apply.

SANITAS not assume any responsibility for the state of the drugs. It does not guarantee the effectiveness of the service if their performance is not possible for any reason or run differently than intended. Being excluded from liability those cases of delay in delivery or defects in the state of the drug that are not directly attributable to the company Sanitas has contracted to provide the service.

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 er na, P r t 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 retinopatiis 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 excluding deliveries aquatic environment, at home and by alternative means.

N. is excluded metabolic surgery in diabetes.

Section IV: Periods of absence

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:**

Waiting periods for Medical Network mode:

- **Vasectomy and tubal ligation:** 10 months
 - **Psychology:** 6 months
 - **complex diagnostic tests:** 6 months
 - **The following complex therapeutic methods:**
 - CardioLog í to**
 - interventionist/ hemodynamics;**
 - ed ad r og iol int er ci v in on ist;**
 - radiotherapy Y chemotherapy; Y**
 - 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**
 - **Or Caesarean birth except preterm birth (less than 37 weeks): 8 months**
 - **Hospitalization and interventions no outpatient or inpatient surgical. Example: Assistance to VIII Group III according**
 - as i cl ifi ng cac from the**
 - Organization Medical College: 10**
 - months**
 - **Surgery bariatric in obesity morbid: 60 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 object secured coverage and in cases of premature births (less than 37 weeks).
- **Surgery bariatric in obesity morbid: 60 months**
 - as i cl ifi ng cac from the**
 - Collegial Medical Organization .: 10 months**

Waiting periods for Refund form:

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 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 pulmonology arranged with SANITAS. In all chronic treatment the Insured must renew the prescription pulmonologist and service authorization by SANITAS **each month.**

1.7 Assistance in case from Cantabria and Navarra temporary displacement.

In the temporary displacement of the insured to the Autonomous Communities

said service hedged is 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.

1.8 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 they will be borrowed through the media concluded 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.

1.9 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.

2. Through mode reimbursement

Medical services covered by this policy coverage in the form of concerted medical box and within their own

limits and exclusions may be filled in the form of a refund. Reimbursement by Sanitas expenditure on

the performance Medical insured already indicated will be in accordance with the reimbursement rates and specific limits for each contracted sum insured guarantee, as specified in the Specific Conditions of this policy and following

standards processing of reimbursements established in this General Terms and Conditions.

When using mode reimbursement will not need prescription and implementation of care services to be performed by a physician belonging to the medical staff concluded by Sanitas.

A) Limits of insured capital

1. Hospital Healthcare:

To the same extent of coverage ensured that corresponding to the mode entered medical chart SANITAS take up the

limits and subceilings insured capital established in the Particular Conditions of the Policy, the costs incurred by medical admissions, surgery, childbirth or Caesarean: fees surgeons and their assistants, midwives,

anesthetists, use of OR, material and medicines, UVI or ICU stays and hospital expenses including maintenance and standard room with queen companion.

The surgical procedures performed at the same insured the same day by the same professional, be considered a single

intervention for the purpose of applying the limit corresponding insured.

The amounts shown on the invoices use of specific surgical techniques, (robotics, laser etc.) are included in the relevant limit fees surgeons and assistants.

The insured may use simultaneously the modalities of medical staff and reimbursement in relation to the same hospital admission, and must comply in any case with the rules relating to each of these care modalities and provided Sanitas has previously authorized such joint use .

2. Healthcare without hospitalization:

To the same extent of coverage ensured that corresponding to the mode entered medical picture, SANITAS assume up the

limits and subceilings insured capital established in the Particular Conditions of the Policy The following costs:

- **Medical consultations.**
- **Emergency services at home.**
- **Diagnostic tests.**
- **therapeutic methods.**
- **Day surgery or outpatient basis.**
- **Ambulance service by road**

B) Percentage of reimbursement

In general, SANITAS reimburse only the percentage indicated in the Particular Conditions of the Policy, the amount of

medical and / or expenses hospital where the Insured actually incurred as a result of the assistance contracted guarantees included in the coverage of this policy, the remaining Insured by the percentage difference.

In the event that the Insured uses the services guaranteed in Spain arranged by Sanitas, the Policyholder or Insured will not have to

the payment for such services, running all medical expenses and / or hospital directly on behalf and in charge of SANITAS. To do so, the Insured shall proceed as indicated in this clause.

C) Procedure for reimbursement

For the processing of reimbursement of expenses hedged by this policy must be met as indicated below:

C.1. The Insured or anyone on its behalf shall inform the

entry
hospitable, surgical intervention and
general any medical service
secured within a maximum period of (7) days of having known, unless it is fixed a longer period.

In the case of surgery or hospitalization
hospitable programmed,
must communicate that fact to SANITAS, from the time aware of the date that such surgery or

internment
hospital will occur and in any case within a maximum period of (7) days of meeting him.

C.2. In cases of interventions
surgical, hospitalizations, births or
cesareans, diagnostic tests and therapeutic methods,
together with the notice of illness or accident, the
Policyholder or Insured sent to SANITAS a medical report
in which the diagnosis and nature of the disease specified,
and, where appropriate, the medical center, date of
admission, probable duration of treatment and type of it.

C.3. The Insured must also faithfully follow all the requirements of the physician in charge of healing and SANITAS must give all sorts of information about the circumstances or consequences of the incident.

C.4. The Policyholder or the Insured or their relatives should allow doctors appointed by Sanitas visit to

SANITAS assured many times as it deems appropriate,
A) Yes like any
Sanitas investigation or verification it considers necessary for your health.

C.5. In case of hospitalization, once finalized, the Policyholder or the Insured shall communicate such circumstance SANITAS indicating the duration of the internment.

C.6. The Policyholder or, where applicable, the Insured shall submit to SANITAS the following documentation:

- Request refund, duly completed.
- Receipts or invoices of expenses actually incurred by the Insured, duly broken down, for each of the items included in bills which are reflected:

to) The person who has made medical care and / or hospital.

b) The nature of medical acts (consultation, diagnostic tests, methods
therapeutic interventions
surgical, etc.) and their dates and amounts.

c) Identification of the natural or legal person who has provided assistance (medical, ATS or DUE, clinic or hospital, etc.), and referred, if applicable, the name, first name or company name, address, membership number and number tax iD (NIF).

- Justification or evidence of payment of bills by the Insured.
- Prescription drugs for medical and / or hospital received by the Insured, except case of consultations and podiatry services, for which no submission of such requirements will be necessary.
- explanatory medical report from the medical and / or hospital provided the Insured, the disease process and

developments as well as the report of medical or hospital discharge, indicating, where appropriate, of the need for continuity of care.

Failure to comply with the rules set out in the preceding five paragraphs shall be deemed to expressly waive the collection of

reimbursement, except that it was not possible to comply by Force Majeure.

The Policyholder or the Insured shall keep the originals of the documents listed in this section for a period of five years from the date of payment by Sanitas

and requested reimbursement made available to it when they are required in order to facilitate compliance with their obligations.

D) Payment of amounts recoverable:

The Policyholder or the Insured must apply for reimbursement of medical and / or hospital expenses that apply under this policy within 90 days from the date you received the appropriate health care.

Once all required documentation received and carried out the necessary checks to establish the existence of the claim, or consign SANITAS reimburse the amount guaranteed.

In the event that medical care and / or hospital is carried out abroad, the valuation of costs or the amount to be reimbursed by Sanitas will be made in euros at the official exchange market buyer currency on the date fertilizer by the policyholder or insured invoice medical expenses and / or hospital for which reimbursement is concerned,

hath the currency in which such Insured Policyholder or any payment made for the assistance received. Expenses arising from translation

Spanish language appropriate documents (invoices, reports, etc.) written in other languages, shall be borne by the Insured.

3. Videoconsulta

The Insured may access certain specialties doctors and medical staff arranged to receive a personalized health care through remote communication techniques (videoconsulta).

3.1. Description:

- The service will be provided by specialists selected by Sanitas within the Sanitas Medical concluded.
- SANITAS informed at all times www.sanitas.es and professional specialties that can be accessed through this type of remote medical consultation.
- This service is always provided through appointment and does not apply to emergency care, which will be treated in private schools by Sanitas for proper care of them.
- Subject to availability of agendas in each specialty and hours of medical specialist. These times may be consulted by the Insured in My Sanitas.
- Service accompanied by online messaging functionality, during the videoconsulta and posteriorly if the doctor deems appropriate.
- During videoconsulta you can perform exchange of medical documentation that may be filed in the folder My Sanitas Health in www.sanitas.es.
- SANITAS has adopted the legally required technical means to ensure the appropriate confidentiality of the information exchanged through this modality.
- In order to ensure such confidentiality recording or fixation is prohibited in any support imaging and sound

videoconsulta. It is also prohibited to copy, reproduce, distribute, broadcast, make available to third parties or otherwise

how to communicate publicly, transform or modify, total or in part and by any means, electronic or any other image or sound obtained or produced during this consultation without express written consent of the intervening optional own or Sanitas SA Hospital. Notwithstanding the foregoing, the physician may retain a copy of the videoconsulta purposes

from keep with the clinical documentation.

- The service will be provided exclusively to those insureds what included expressly discharged as such in the policy. Each insured must request an appointment for service. The videoconsulta should be individual for each Insured.
- If the Insured is under 18 years videoconsulta only prior authorization of the legal representative will be performed.
- The Insured shall provide and be responsible for all technical means (hardware and software) and remote communication necessary to ensure proper development of the videoconsulta. SANITAS is not responsible for any damage that may be caused by hardware failures, connection or deficiencies of these media by the Insured.
- This type of query is only an aid in decision-making by the optional, not a substitute for face medical consultation and does not allow the diagnosis of disease or prescribing diagnostic tests or medical treatment in all cases requiring, at the discretion of the physician, the presence of the Insured in the consultation for evaluation including personal and direct physical examination of the Insured by the

specialist. The face consultation results prevail any case on

any judgments and criteria made in the videoconsulta.

- They are not hedged those queries conducted to through from videoconsulta by professionals expressly authorized by SANITAS to meet Insureds by videoconsulta and this regardless of whether they belong to the medical box Sanitas concerted effort for this product.

3.2. Process:

- The Insured appointment request this service through My Sanitas in www.sanitas.es or through the mobile app.
- The date and time of the appointment, the Insured must connect to the existing application in My Sanitas to contact the doctor and start the videoconsulta Following the the rest instructions provided by Sanitas at all times.

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 December 20, 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