

GENERAL TERMS AND CONDITIONS



Sanitas Sociedad Anónima de Seguros

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Preliminary clause

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

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

Glossary of terms

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

INSURANCE TERMS

ACCIDENT

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

STANDING MEMBERSHIP

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

INSURED

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

BENEFICIARY

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

CO-PAYMENT

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

HEALTH QUESTIONNAIRE

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

FRAUDULENT INTENT

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

INSURED'S HOME

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

INSURER OR INSURANCE COMPANY

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

DEDUCTIBLE

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

PARTICIPATION IN COSTS

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

QUALIFICATION PERIODS

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

POLICY

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

PRE-EXISTING PATHOLOGIES

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

BENEFIT

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

PREMIUM

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

CLAIM

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

EXTRA PREMIUM

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

POLICYHOLDER

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

HEALTH TERMS

HEALTHCARE

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

HOSPITAL HEALTHCARE/WITH ADMISSION TO HOSPITAL

This is the care provided in a medical centre or hospital under admission to hospital, recording admission and the insured being admitted as a patient for at least one night in order to undergo medical treatment, diagnosis, surgery or therapeutic treatment.

HEALTHCARE IN A DAY HOSPITAL

This is the medical, diagnostic, surgical or therapeutic care provided in a medical centre or hospital that requires non-intensive, short-duration care that does not require an overnight stay.

In the case of surgical treatment at a day hospital, it will be performed in the operating room under general, local or regional anaesthesia or sedation and requires non-intensive, short-duration care that does not require an overnight stay.

HEALTHCARE WITHOUT HOSPITALISATION / OUTPATIENT HEALTHCARE

This is the medical, diagnostic, surgical or therapeutic care provided in the hospital that does not involve admission or a day hospital.

In the case of an outpatient surgical treatment, it is performed in the consulting room on surface tissues and generally requires local anaesthesia.

SOCIAL CARE

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

CYTOSTATIC MEDICINES

Cytotoxic medicine, which is used in oncological chemotherapy and can stop the proliferation of cancer by acting directly on the integrity of deoxyribonucleic acid chains (DNA) and cell division, inhibiting normal cell multiplication, of both healthy and cancer cells. They are a mixture of heterogeneous substances used in antineoplastic treatment.

CONSULTATION

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

DIAGNOSIS

Medical opinion on the nature of a patient's disease or injury, based on assessment of

his/her signs and symptoms and on the performance of additional diagnostic tests.

REGISTERED NURSE

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

ILLNESS

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

CONGENITAL DISEASE

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

ACUTE CONDITION OR PROCESS

A condition/process that lasts up to 3 months from the date of the onset of symptoms.

CHRONIC CONDITION OR PROCESS

A condition/process that lasts for 6 months or more from the onset date of symptoms.

MAGISTRAL FORMULA

A magistral formula is the medicine intended for an individual patient, prepared by a pharmacist or under their direction and which is dispensed both in pharmacy offices and in hospital pharmaceutical services. This type of medicine must be prescribed by a healthcare professional, who must list all of the active ingredients, which include.

USER GUIDE TO DOCTORS AND SERVICES

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

network of this policy available to the insured at the SANITAS offices.

CONVENTIONAL ROOM

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

HOSPITAL

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

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

The centres, services and establishments, regardless of ownership, authorised by the health authorities of the autonomous communities and cities with a Statute of Autonomy are listed in the **Registro General de centros, servicios y establecimientos sanitarios**, of the Ministry of Health. Centres, services and establishments, regardless of ownership, not within the national territory must appear accredited as healthcare establishments according to the law applicable in each country.

PROCEDURE

The action of subjecting a person with a disease to the necessary control or examination, carrying out the corresponding tests, for either diagnostic or therapeutic purposes, for the symptoms or alterations reported during the consultation with the healthcare professional. There are different types of procedures: surgical, therapeutic and diagnostic. In all cases, they must be carried out by a competent specialist doctor in an authorised centre (hospital or outpatient centre) that usually requires a specific room with the necessary equipment.

INJURY

Any pathological change that takes place in a tissue or in a healthy organ and which entails

anatomic or physiological damage, i.e., a disturbance of physical integrity or functional balance.

OSTEOSYNTHESIS MATERIAL

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

ORTHOPAEDIC MATERIAL

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

MEDICINE

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

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

RADIOPHARMACEUTICALS: These are medicines that contain a small amount of active substance, known as a tracer, which is tagged with a radionuclide, causing them to emit a dose of radiation and which is used for both diagnostic and therapeutic purposes.

PHYSICIAN

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

COMPLEX THERAPEUTIC PROCEDURES

A complex therapeutic method is any method requiring a healthcare or hospital setting with technical equipment, a room and/or specialised health professionals.

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

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

COMPLEX THERAPEUTIC METHODS DURING THE CONSULTATION

A complex therapeutic method during the consultation is defined as a complex therapeutic method performed by the doctor/healthcare professional in charge of the patient's care during the consultation to treat their condition. These methods include, for example, language and/or speech therapy procedures, electrocoagulation of skin lesions, lacrimal probing and catheterisation, extraction of a foreign body during an ENT consultation, therapeutic controls during an allergy consultation, joint injections performed during the consultation.

SIMPLE THERAPEUTIC PROCEDURE

A simple therapeutic procedure is defined as a therapeutic procedure prescribed by a doctor on the medical chart during the consultation for which highly complex equipment and medical staff are not required, as it is carried out by non-medical healthcare staff. This header also includes wound treatment, injectable drugs, some types of physiotherapy, etc.

NEWBORN

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

CHILDBIRTH

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

occurring after 42 weeks qualifies as post-term.

ORGAN DISEASE

Structural injury to tissue or organs of the human body.

PROSTHESES

Any element of any kind that temporarily or permanently replaces the absence of an organ, tissue, organic fluid, member or part of any of these. By way of example, **this definition encompasses mechanical, joint prostheses, intraocular lenses, medication reservoirs, vascular prostheses, etc.**

BASIC DIAGNOSIS TEST

This test is essential for diagnosing a disease, regardless of whether the test is simple or complex (e.g. blood in faeces, cervical cytology, colonoscopy, etc.).

COMPLEX DIAGNOSIS TEST

A complex diagnostic test is defined as any test that requires a healthcare facility or hospital with technical equipment and specialised health professionals in order to perform it and/or to interpret the results due to their complexity. Similarly, the healthcare facility where it is performed must have appropriate staff and resources to address any complications that the patient might experience as a direct or indirect consequence of the test. For example, this includes all tests: CAT scan, MRI, ultrasound scan, neurophysiology, nuclear medicine, genetic, molecular biology, endoscopy, haemodynamics, interventional radiology, etc.

COMPLEX DIAGNOSTIC TESTS DURING THE CONSULTATION

A complex diagnostic test during the consultation is defined as a complex diagnostic test performed by the doctor/healthcare professional in charge of the patient's care during the consultation to help determine a diagnosis. These tests include, for example, ultrasound scans, eco-doppler, allergy prick tests, contact testing (patch/epicutaneous testing).

SIMPLE DIAGNOSTIC TEST

A simple diagnostic test is defined as a test prescribed by a doctor on the medical chart during the consultation for which highly complex equipment and specific interpretation by a specialist are not required. This header will include simple blood and urine tests and simple radiology.

PSYCHOLOGY

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

HOME SERVICES

Visit to the insured's home at the Insured's request of a general practitioner, paediatrician or registered nurse, when the insured is unable to travel to attend the consultation due to their illness, provided that SANITAS has an arrangement for providing the service in this place.

EMERGENCY CARE SERVICES

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

TREATMENT

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

EMERGENCY

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

LIFE-THREATENING EMERGENCY / MEDICAL EMERGENCY

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

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

Clause I: Purpose of the Insurance

Within the limits and terms and conditions set out in the policy and provided that the Policyholder has previously paid the corresponding premium, co-payments and deductibles, SANITAS offers its insureds an extensive appointed chart of professionals for your basic medical consultations, diagnostic tests and simple therapeutic methods, for all types of conditions or injuries included, according to standard medical practice, in the specialities and modules included in the cover of this policy, assuming the cost via direct payment to the appointed professionals or centres that provided the insured service. The insured cover of this policy includes all of the specialities specified in clause 2 and the following diagnostic tests and therapeutic methods: all simple diagnostic tests and simple therapeutic methods and of the complex diagnostic tests, only ultrasound, CT scan and MRI are covered, no other diagnostic test other than the aforementioned nor any complex therapeutic method are covered. **These services are carried out by professionals and medical centres and hospitals that meet the legal requirements for doing their job in the country.** However, the insured cover included on this policy shall be provided in Spain only.

Clause II: Benefits

The benefits covered by this policy are conditional on compliance with the qualifying periods indicated below and always when they are conditions subsequent to the contracting of the policy and not known by the insured or in case of prior conditions known to the insured, were declared to the insurance company by the insured when taking out the policy without the insurance company excluding these conditions.

PRINCIPAL BENEFITS

Accreditation of the procedures and services corresponding to a medical speciality, that is, the services that a healthcare professional from this speciality can perform, are based on the Clasificación Terminológica y Codificación de Actos y Técnicas Médicas (Nomenclátor) of the Spanish Medical Colleges Organisation.

In general, and with the limits and exclusions set out in the terms and conditions of this policy, the healthcare services covered are consultations, diagnostic tests and simple therapeutic methods corresponding to the following specialities:

1. Primary care

Consultations, simple diagnostic tests and simple therapeutic methods in the following specialities are covered:

1.1. General Medicine

This includes medical care in a healthcare centre, indication and prescription of basic diagnosis tests and procedures (analysis and general radiology) during the days and times established for this purpose by the doctor. It includes also home services when, for reasons attributable only to the Insurer's illness, he/she is prevented from attending the consulting room.

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

1.2. Nursing Service

Includes healthcare at the healthcare centre and at home.

2. Emergencies

It includes the healthcare associated to the consultations, simple diagnostic tests and simple therapeutic methods that the insured may require in the event of emergency. It will be provided in the permanent emergency

centres agreed with SANITAS and listed in the User Guide to Doctors and Services corresponding to this product.

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

3. Medical specialities

Consultations, simple diagnostic tests and simple therapeutic methods are covered and of the complex diagnostic tests, only ultrasound, CT scan and MRI are covered and no other complex therapeutic method is covered.

3.1. Allergology

Includes determination of complete allergen-specific IgE (natural extracts) in blood tests, including recombinant allergens. **The IgE antibody qualitative test and molecular diagnosis of the allergy (microarrays) are excluded.**

3.2. Clinical Analysis

3.3. Anatomic Pathology

3.4. Angiology and Vascular Surgery

3.5. Digestive System

3.6. Cardiology

3.7. Cardiovascular surgery

3.8. General and gastrointestinal surgery

3.9. Maxillofacial Surgery

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

The treatments themselves, any consultation or test associated with the Odontology speciality are excluded, as are cosmetic treatments and/or treatments

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

3.10. Traumatology and Orthopaedic Surgery

3.11. Paediatric surgery

3.12. Reconstructive Surgery

3.13. Thoracic surgery

3.14. Dermatology

3.15. Endocrinology

3.16. Geriatrics

3.17. Gynecology and Obstetrics

3.18. Haematology and haemotherapy

3.19. Internal medicine

3.20. Nephrology

3.21. Pneumology

3.22. Neurosurgery

3.23. Neurology

3.24. Ophthalmology

3.25. Medical Oncology

3.26. Ear, Nose and Throat

3.27. Psychiatry

3.28. Radiodiagnosis/Imaging Diagnosis

Only the following are covered: simple radiology, ultrasound scan, computerised tomography (CT scan) and MRI.

3.29. Rehabilitation

It comprises the consultations which have the purpose of diagnosis, evaluation and

prescription of the physiotherapy treatments included in the cover of Physiotherapy.

3.30. Rheumatology

3.31. Urology

4. Other care services

If these services are provided by healthcare professionals, they must be duly qualified and registered.

Consultations, simple diagnostic tests and simple therapeutic methods are covered and of the complex diagnostic tests, only ultrasound, CT scan and MRI are covered and no other complex therapeutic method is covered.

4.1. Ambulance

Ambulance services are not covered under any circumstances.

4.2. Physiotherapy

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

Shockwave therapy, as it is a complex therapeutic method, and any other complex therapeutic method are excluded.

Requires prior authorisation from SANITAS after assessment of the medical report.

The Pelvic Floor Care Programme is covered through the Health Promotion Service.

Neurologic rehabilitation, early care, occupational therapy, pelvic floor rehabilitation, heart rehabilitation as an outpatient, respiratory rehabilitation, temporomandibular joint rehabilitation, vestibular rehabilitation, water-based rehabilitation, ophthalmological rehabilitation and those performed using robotic equipment are excluded.

Physiotherapy and rehabilitation are excluded when functional recovery has been achieved, or as close as possible to it, or when it becomes maintenance therapy, in addition to neuropsychological rehabilitation and cognitive stimulation.

4.3. Speech therapy and phoniatrics

Only the consultation is covered. As the treatments provided by this speciality are considered complex therapeutic methods, they are not included in the cover.

4.4. Nutrition

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

4.5. Podiatry (Chiropody exclusively)

It covers **only chiropody, which is understood as treatment for removing calluses and alterations to the toe nails performed by a chiropodist.**

Limited to a maximum of 12 sessions per Insured and insurance annuity.

4.6. Psychology

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

Psychometric tests will be covered by the insured.

It includes a maximum of 15 sessions per Insured and insurance annuity.

Psychoanalysis, psychoanalytical therapy, hypnosis, narcolepsy treatment, animal-assisted therapy and psychosocial and neuropsychiatry rehabilitation services are excluded.

4.7. Home-based respiratory therapy

Exclusively comprises the following treatments:

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

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

Portable oxygen concentrator is excluded.

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

c) Partial BiPAP ventilation therapy and aerosol therapy.

4.8. Pain treatment

Only consultations are covered.

ADDITIONAL COVERAGES OF YOUR INSURANCE



Seniors' Programme

1. PURPOSE OF THE COVER

The purpose of this service is to provide the Insured member who arranges it with the information, guidance and professional and personal assistance in terms of health by way of telematic channels (primarily by phone, email, ordinary post and the website), in order to provide health advice on aspects relevant to their age group.

Description of the service:

- Service provided by personal health advisors.
- The objectives and action plans with each Insured shall be individual and agreed jointly with the Insured member.
- Service provided by way of telematic channels, with no call limits.
- The service is personal and non-transferable.
- The helpline is available from 9 am to 10 pm Mondays to Friday and 9 am to 4 pm Saturdays.
- The purpose of the service (or guarantee) is to provide a personalised health programme, undertaken by healthcare professionals, so the Insured member understands, anticipates and improves their health by way of follow-up calls.
- The service will be provided by Sanitas Emisión, S.L., a company in the SANITAS Group.

Procedure:

- The Insured member needs to call the special phone number to sign up to the service (900 906 211).
- A personal health advisor will assess the Insured member's health and design an action plan.
- The frequency of calls will be scheduled with the Insured member. These follow-up calls will be made by the personal health adviser.
- The Insured member can call whenever they wish within the hours of service established.

2. EXCLUDED RISKS

The following risks are not covered:

- **Face-to-face consultations or attention.**
- **The purpose of this guarantee does not entail the diagnosis of illness or the prescription of diagnostic tests or medical treatment.**

Dental Básico

Includes consultations, extractions and scale and polish carried out in the consultation room only.

Servicios A Domicilio Senior

1. PURPOSE OF THE COVER

Servicios A Domicilio Senior is supplementary cover to the healthcare policy. The benefits shall be covered when the Insured requires hospitalisation for more than 48 hours or is housebound for convalescence, a medical certificate, doctor's report or equivalent certified document of more than 5 days having been issued.

If another Accident or Illness should arise during the same year, the Insured will be entitled to access the services specified in this Annex, up to the annual limit specified for each case.

2. TERRITORY

The Servicios A Domicilio Senior benefits shall be applicable in Spain for Insureds with their permanent residence in Spain, even if the accident or illness occurs outside Spain. However, the services covered in the benefits described below shall only be provided in Spain.

3. USING THE SERVICES

In order to use the services, the Insured must be up to date with their premium

payment obligations. The services will be provided by the provider designated by the Insurance Entity. The Insured must contact that provider on 91 353 63 48 in the shortest possible time after becoming aware of the hospitalisation, immobility or death.

4. BENEFITS INCLUDED

SANITAS shall provide the following benefits to the insured:

Home assistant

A home assistant will be sent to help the Insured with the following basic housework:

- Accompaniment of the insured: support with basic daily activities, such as personal hygiene, bathing, help with eating, dressing, short walks, accompaniment to medical appointments, companionship, dressing, putting on shoes and meals.
- Cleaning the house: general maintenance cleaning.
- Shopping and essential errands. The cost of the shopping is not included.
- Laundry: washing, drying and ironing clothes and cleaning shoes.
- Preparing food: making a meal a day for the Insured when they cannot do it personally.
- Pet care at the insured's home: includes feeding, bathing, walking at the home, veterinary appointments. Limited to cats and dogs
- Care for plants in the Insured's home: THE REINSURANCE COMPANY shall arrange and cover the cost of a professional who will water the plants according to the Insured's instructions. The care of gardens and landscaped areas is not included.

Help the Insured with the following personal care tasks:

- Support with hygiene, personal care, showering and/or bathing

- Personal assistance with dressing, shoes and meals
- Transfers, moving and mobilisation within the home
- Assistance with eating
- Assistance with taking medicine prescribed by the health centre
- Basic care for people with incontinence
- Promotion of hygiene and tidying habits

Under no circumstances must this benefit be understood as services provided by healthcare professionals in the home, such as Nurses, Specialists, Physiotherapy, Rehabilitation, Ergotherapy, etc.

Limit: up to 30 hours per year and insured and for at least 2 continuous hours per day. The deadline for starting the provision of the benefit shall be 48 business hours (excluding Saturdays, Sundays and bank holidays) from receiving the request.

The hours corresponding to the same claim shall be distributed over a maximum period of one month.

Pet care (cats and dogs) in boarding kennels

When the Insured is housebound or hospitalised, depending on the general event resulting in the claim, and cannot take care of their pets, Sanitas shall arrange and cover the cost of taking care of pets (cats and dogs) at boarding kennels for a maximum of 30 days per claim and a maximum cost of €2000/year. These two limits are global for all claims submitted during the year and for all animals:

- Transport to the boarding kennels and return to permanent residence.
- Board
- Food
- Bath before leaving the boarding kennels
- Veterinary expenses with a separate limit from the aforementioned of up to €300 in case of medical emergency (for cats and dogs)

The deadline for processing the service request will be 72 hours from Monday to Friday (excluding bank holidays): Sanitas shall notify the Insured of the service start date within this deadline

Accompaniment to medical appointments

An assistant will be sent to accompany the Insured to their medical appointments within a 20 km radius of their home. To do this, the provider will arrange a return taxi service. This service will be distributed up to a maximum of times per year. The deadline for processing the service request will be 48 hours from Monday to Friday (excluding bank holidays), starting when the notification is received.

Peaceful nights

A specialised assistant will be sent to accompany the Insured during their overnight stays in hospital, for admissions over 48 hours and for a maximum of 8 hours per night. This service will be distributed up to a maximum of 5 nights per year.

Delivery of medicines

SANITAS will find and send the medicines to the Insured's location. The insured can request this service in the customer area called MI SANITAS, which is accessible via the website www.sanitas.es, and send the prescription prescribed by the SANITAS doctor via electronic means. The service can also be requested by calling 91 353 63 48. In this case, the provider appointed by SANITAS to provide this service will collect the original prescription at the Insured's home. The cost of the medicines is excluded from the service and must be paid by the insured on delivery.

SANITAS is not liable for the delay in delivery or the condition of the medicine due to causes not attributable to it. Neither does it guarantee the effectiveness of the service when it cannot be provided for any

reason or when it is executed differently than expected. Neither is it liable for cases of delivery delays or defects in the condition of the medicines that cannot be directly attributable to the company that SANITAS has contracted to provide the service. The delivery of thermolabile drugs is not included. The insured has 3 services per year available when required. The deadline for providing the service on receiving notification will be 3 hours.

Hairdresser at home

We will send and cover the cost of a hairdresser to your home up to 3 times a year in the event you are housebound due to illness or accident. To request this benefit, the customer must prove the need to be housebound specified in the event resulting in the claim described in "Insurance Cover".

Physiotherapy at home

We will send and cover the cost of a general physiotherapist to your home for the therapies prescribed by a doctor as a result of accident or illness for up to 5 sessions per year. In any case, the Insurance Entity reserves the right to ask the Insured for the prescription, report and medical tests performed. The prescription is valid for up to 3 months. Treatment must be continuous, with no less than one month between one session and another. Sessions must be cancelled 24 hours in advance.

Podiatry at home

A podiatrist shall be sent to the home for up to 3 sessions (of 1 hour maximum) per insurance year. To request this benefit, the customer must prove the need to be housebound specified in the event resulting in the claim described in 'Insurance Cover'.
Foot pressure studies are excluded.

5.GENERAL EXCLUSIONS

Damages, situations, expenses and consequences arising from the following are excluded from the insured cover:

5.1. Surgical procedures and medical treatments demanded by the Insured solely for aesthetic purposes, provided that they are not sequelae from an accident, and injuries or illnesses caused voluntarily by the Insured.

5.2. Those occurring when the Insured is under the influence of alcohol or intoxicated.

5.3. Those occurring due to the consumption of toxic drugs or narcotics not prescribed by a doctor.

5.4. Claims arising directly or indirectly as a consequence of a condition prior to taking out the policy, in accordance with our terms and conditions.

5.5. Those voluntarily caused by the Insured.

5.6. Attempted suicide occurring during the first year of taking out the insurance.

5.7. Those occurring when playing a sport professionally.

5.8. Those resulting from nuclear reaction or radiation or radioactive contamination.

5.9. The following claims covered by the Insurance Compensation Consortium: natural phenomena; earthquakes and tsunamis, extraordinary floods (including giant waves), volcanic eruptions; atypical cyclones (including extraordinary winds with gusts of over 135km/h, and tornadoes) and falling meteors. Violent events as a consequence of terrorism, rebellion, sedition, mutiny and revolt. Action by the armed forces or the security forces during peacetime.

5.10. Wilful misconduct by the Insured.

5.11. Events that due to their magnitude and severity are classified as catastrophic.

Home/work-based physiotherapy

SANITAS will find, send and cover the cost of a physiotherapist in the place of residence or workplace of the insured, **within Spain**, for therapies prescribed by their doctor.

This guarantee is limited to **5 one-hour sessions per insured and year**. The insured must provide the medical reports and tests required by the physiotherapist in order to plan the sessions correctly.

Emergencies Via Video Consultation

Insureds who wish to use the emergencies via video consultation service must:

- Register in the MI SANITAS customer-reserved area, which may be accessed via the app or website www.sanitas.es.
- The Insured cannot choose a doctor via the video consultation service but a doctor will be available at the time the consultation is requested.
- The video consultation does not replace the in-person consultation under any circumstances - it is simply an auxiliary tool in the patient diagnosis and treatment process. Therefore, the doctor may require the Insured to attend an in-person consultation when considered necessary.

Health Programmes

Healthcare programmes

1. PURPOSE OF THE COVER

To provide the Insured with information, guidelines and professional and personalised care via remote

communication techniques (phone, chat and video consultation).

2. SCOPE OF THE COVER:

- This cover corresponds exclusively to the Insured and is personal and non-transferrable.
- The video consultation service will be provided in the cases specified by SANITAS and always with an appointment.
- The services included in this cover are provided by Sanitas Emisión S.L., a Sanitas Group company.
- If the Insured is under 18 years old, the conversation will be held with the parent or guardian of the minor.

3. PROCEDURE

- The Insured can request this service via Mi Sanitas at www.sanitas.es or via the mobile app to establish contact via chat, an appointment for a video consultation or on 91 752 29 04 within the specified service times.
- It offers recommendations for each digital programme, in addition to an advisor to answer any questions and personalised monitoring of each Insured.
- The targets and actions plans of each Insured will be individual and agreed with the Insured.
- The frequency and form of contact to monitor the programme (via phone, chat and video consultation) will be scheduled with the Insured.
- The Insured can also request an appointment with their healthcare advisor whenever they need to hold a consultation via phone, chat or video consultation within the specified service times.
- The services included in this cover are provided if this cover and the policy of which it is part are valid and the premium is paid to date.

4. CUSTOMER SERVICE

The service times are Monday to Friday from 8:00 a.m. to 10:00 p.m., except bank

holidays in Spain and local holidays in Madrid.

5. DURATION

This supplementary cover will come into effect on the date expressly specified in the individual terms and conditions of the policy and it will terminate on the expiry date; it is extended for successive 12-month periods under the terms and conditions set out for the main benefit in the general terms and conditions of this policy.

6. RISKS EXCLUDED

Notwithstanding the exclusions set out in the general terms and conditions of the policy, the following exclusions will be specifically applicable to this cover:

- **Consultations or care requiring the physical presence of the doctor.**
- **Diagnosis of illnesses or prescription of diagnostic tests or medical treatment.**
- **Treatment for any illness, congenial or acquired, which to the judgement of the specialist impedes carrying out the plan.**
- **The cover excluded in the general and individual terms and conditions of the policy.**

Below are the details of the programmes available:

Personal Trainer and Physiotherapy

1. PURPOSE OF THE COVER

To provide the insured with information, guidelines and professional and personalised care on physical exercise in order to improve the insured's physical fitness.

Service offered by specialist physiotherapists and personal trainers

specially designated by SANITAS for each case, who work with medical protocols and specific care programmes according to the insured's profile and health.

This programme allows more visual monitoring of the targets and the progress achieved on the Mi Sanitas app.

Nutrition

1. PURPOSE OF THE COVER

To provide the insured with information, guidelines and professional and personalised care on nutrition in order to achieve health eating habits.

Service offered by qualified specialists in nutrition and diet who work with medical protocols and specific care programmes according to the insured's profile and health.

This programme allows more visual monitoring of the targets and the progress achieved on the Mi Sanitas app.

2. SPECIFIC RISKS EXCLUDED

Notwithstanding the exclusions outlined above, the following exclusions will be specifically applicable to this cover:

- **Care for the following disorders: underweight (Body Mass Index below 17), eating disorders (anorexia, bulimia, etc.) or any serous disorder/ comorbidity the healthcare professional considers should be monitored through in-person consultations.**
- **Monitoring of morbid obesity (Body Mass Index over 40 or over 35 with associated comorbidities (diabetes, high blood pressure, heart disease, OSA, etc.) are excluded, as these should be monitored according to the protocol defined by the company, after confirming that the insured**

meets the requirements set out by SANITAS.

Psychology

1. PURPOSE OF THE COVER

To provide the insured with information, guidelines and professional and personalised care on psychology in order to help the insured achieve psychological wellbeing.

Service offered by psychologists who work with medical protocols and specific care programmes according to the customer's profile and health.

During these sessions no medical diagnoses will be made or tests or treatments prescribed and the psychologist may refer the patient to in-person care when necessary and at their expert discretion. Likewise, no expert reports will be presented, regardless of whether they are for submitting to criminal trials or any other purpose.

The cover includes access to various programmes, all of which aim to improve the emotional wellbeing of the insured. For convenience, the insured can find the programmes classified into 8 categories:

- Individual wellbeing
- Active ageing
- Brain training
- Emotional intelligence
- Stress management
- Family wellbeing
- Disease management
- Senior

2. SPECIFIC RISKS EXCLUDED

Notwithstanding the exclusions outlined above, the following exclusions will be specifically applicable to this cover:

- **Treatment for the following disorders: psychotic, severe depression, eating disorders (anorexia, bulimia, etc.),**

personality disorders (schizoid, avoidant, dependent, histrionic, bipolar, borderline, etc.), organic sleep disorders, severe mental disorder, dementia and neurocognitive disorders (Alzheimer's, etc.).

- In the treatment of children and teenagers, behavioural disorders in children and teenagers (oppositional defiant disorder, ADHD or dissocial disorder), neurodevelopment disorders that require special curricular adaptation (disability or ASD), or any disorder that involves direct intervention with the child.
- Treatment in cases of sexual dysfunction, gender-based violence, sexual abuse or assault, and the presence of psychological or psychiatric disorders that requires in-person monitoring.
- Treatment in cases of complicated grief that requires in-person attention, substance dependency or addiction, and the presence of burnout syndrome.

Pelvic floor care

1. PURPOSE OF THE COVER

To provide the insured with information, guidelines and professional and personalised support on care and rehabilitation of the pelvic floor in order help the insured prevent or improve problems related to the pelvic floor.

Service provided by physiotherapists specially designated by SANITAS for each case, who work with medical protocols and specific care plans according to the insured's profile and health.

Monitoring of chronic diseases

1. PURPOSE OF THE COVER

To provide the Insured with information, guidelines and professional and personalised attention on chronic diseases in order to support the Insured in treating the disease and improving their quality of life.

Service provided by nurses and doctors specialising in chronic diseases specially designated by SANITAS for each case, who work with medical protocols and specific care plans according to the Insured's profile and health.

Digital doctor - Primary care

Primary care health provisions covered by this policy may be provided via the video consulting service under the terms indicated in the section "form of service provision" of these General Terms and Conditions.

1. Primary care video consultation service.

Insured parties seeking primary care through the video consultation service must:

- Register in the "MI SANITAS" restricted members area, which can be accessed through the www.sanitas.es website.
- The Insured party will not be able to choose the doctor they want with the video consultation service, but must speak to the one available when the consultation is requested.
- This service is not available for all the doctors in the medical network for this product. It is for those specifically designated by SANITAS only.
- A video consultation never replaces a face-to-face consultation. It is an auxiliary tool for patient diagnosis and treatment. The doctor may ask the Insured party to arrange a face-to-face consultation when he or she deems it appropriate.

Home Analysis Service With Reimbursement

Home analysis service

1. PURPOSE OF THE COVER

Reimbursement of the home analysis service and travel of laboratory staff to the home of the Insured, or the place they are staying, in order to collect a sample for analysis. Blood and urine tests prescribed by a doctor are covered, except for tests for genetic mapping and tests indicated below, which appear in these General Terms and Conditions: all diagnostic, surgical or therapeutic procedures whose **clinical safety and efficacy** have not been confirmed scientifically or that **emerge after this policy has been signed**; procedures that are not **standardised or consolidated in standard clinical practice**; and procedures of an **experimental nature** or those whose **effective contribution** to disease prevention, treatment or remedy **has not been adequately confirmed**. For the purpose of this policy, a diagnostic, surgical or therapeutic procedure is considered to be safe and effective when it is approved by the European Medicines Agency and/or the Spanish Agency for Medicinal Products and Medical Devices (AEMPS). Similarly, a procedure is considered to be standardized and consolidated when it is performed as part of standard clinical practice in at least nine autonomous communities in Spain, on a general basis, at its public hospitals, not just at flagship hospitals.

Scope of the cover:

- The Insured can choose any legally approved laboratory to perform the analysis:
 - If the laboratory is engaged for provision of the “BLUA Home Analysis” service, the Insured will

not have to pay anything for the provision of the service.

- If the laboratory is not engaged for the provision of the “BLUA Home Analysis” service, the Insured will pay the corresponding amount for provision of the service and may request reimbursement from SANITAS of the travel expenses incurred by the laboratory staff
- The percentage to be reimbursed for each cover is the percentage expressly stipulated in the Particular Terms and Conditions of the policy and up to the insured capital per annuity and Insured.
- To request reimbursement, the Insured must submit an invoice showing payment, with a breakdown of the amount corresponding to the travel of laboratory staff to the place where the Insured is, in addition to any other documentation considered necessary by SANITAS to approve reimbursement under the insured cover.
- This cover takes effect on the date expressly indicated in the Particular Terms and Conditions and provided the policy is up-to-date on payments.
- The service will be provided exclusively to the Insured registered in the policy. Cover is personal and non-transferable.
- **Two services per Insured per annuity** are allowed.
- The geographical scope of this cover is Spain. So the laboratory and the Insured must be in Spain.

Procedure:

- **To request the service, the Insured must have a medical prescription for a laboratory test.**
- **If the laboratory is not engaged to provide the Home Analysis service, the Insured will cover the amount corresponding to travel in order to collect the sample.**
- **The Insured will request an invoice that specifies the amount paid to the laboratory for the tests and the travel, where necessary. These amounts are covered by this complementary home**

analysis service. Reimbursement by SANITAS of the percentage established in the Particular Terms and Conditions of the policy will be requested up to the insured capital, specified in said Terms and Conditions.

2. TERM

This cover shall enter into force on the date expressly indicated in the policy's Particular Terms and Conditions and its extinction shall coincide with the date of its expiration. It may be extended for successive annual periods under the same terms and conditions established for the main cover in the General Terms and Conditions of this policy.

3. EXCLUDED RISKS

Without prejudice to the exclusions specified in the policy's general terms and conditions, the following exclusions apply to this cover:

- **Analyses not accompanied by a medical prescription are not covered.**
- **The covers excluded under the policy's general and Particular Terms and Conditions.**

Blua

Healthcare programmes

1. PURPOSE OF THE COVER

To provide the Insured with information, guidelines and professional and personalised care via remote communication techniques (phone, chat and video consultation).

2. SCOPE OF THE COVER:

- This cover corresponds exclusively to the Insured and is personal and non-transferrable.

- The video consultation service will be provided in the cases specified by SANITAS and always with an appointment.
- The services included in this cover are provided by Sanitas Emisión S.L., a Sanitas Group company.
- If the Insured is under 18 years old, the conversation will be held with the parent or guardian of the minor.

3. PROCEDURE

- The Insured can request this service via Mi Sanitas at www.sanitas.es or via the mobile app to establish contact via chat, an appointment for a video consultation or on 91 752 29 04 within the specified service times.
- It offers recommendations for each digital programme, in addition to an advisor to answer any questions and personalised monitoring of each Insured.
- The targets and actions plans of each Insured will be individual and agreed with the Insured.
- The frequency and form of contact to monitor the programme (via phone, chat and video consultation) will be scheduled with the Insured.
- The Insured can also request an appointment with their healthcare advisor whenever they need to hold a consultation via phone, chat or video consultation within the specified service times.
- The services included in this cover are provided if this cover and the policy of which it is part are valid and the premium is paid to date.

4. CUSTOMER SERVICE

The service times are Monday to Friday from 8:00 a.m. to 10:00 p.m., except bank holidays in Spain and local holidays in Madrid.

5. DURATION

This supplementary cover will come into effect on the date expressly specified in the

individual terms and conditions of the policy and it will terminate on the expiry date; it is extended for successive 12-month periods under the terms and conditions set out for the main benefit in the general terms and conditions of this policy.

6. RISKS EXCLUDED

Notwithstanding the exclusions set out in the general terms and conditions of the policy, the following exclusions will be specifically applicable to this cover:

- **Consultations or care requiring the physical presence of the doctor.**
- **Diagnosis of illnesses or prescription of diagnostic tests or medical treatment.**
- **Treatment for any illness, congenial or acquired, which to the judgement of the specialist impedes carrying out the plan.**
- **The cover excluded in the general and individual terms and conditions of the policy.**

Below are the details of the programmes available:

Personal Trainer and Physiotherapy

1. PURPOSE OF THE COVER

To provide the insured with information, guidelines and professional and personalised care on physical exercise in order to improve the insured's physical fitness.

Service offered by specialist physiotherapists and personal trainers specially designated by SANITAS for each case, who work with medical protocols and specific care programmes according to the insured's profile and health.

This programme allows more visual monitoring of the targets and the progress achieved on the Mi Sanitas app.

Nutrition

1. PURPOSE OF THE COVER

To provide the insured with information, guidelines and professional and personalised care on nutrition in order to achieve health eating habits.

Service offered by qualified specialists in nutrition and diet who work with medical protocols and specific care programmes according to the insured's profile and health.

This programme allows more visual monitoring of the targets and the progress achieved on the Mi Sanitas app.

2. SPECIFIC RISKS EXCLUDED

Notwithstanding the exclusions outlined above, the following exclusions will be specifically applicable to this cover:

- **Care for the following disorders: underweight (Body Mass Index below 17), eating disorders (anorexia, bulimia, etc.) or any serous disorder/ comorbidity the healthcare professional considers should be monitored through in-person consultations.**
- **Monitoring of morbid obesity (Body Mass Index over 40 or over 35 with associated comorbidities (diabetes, high blood pressure, heart disease, OSA, etc.) are excluded, as these should be monitored according to the protocol defined by the company, after confirming that the insured meets the requirements set out by SANITAS.**

Psychology

1. PURPOSE OF THE COVER

To provide the insured with information, guidelines and professional and personalised care on psychology in order

to help the insured achieve psychological wellbeing.

Service offered by psychologists who work with medical protocols and specific care programmes according to the customer's profile and health.

2. SPECIFIC RISKS EXCLUDED

Notwithstanding the exclusions outlined above, the following exclusions will be specifically applicable to this cover:

- **Attention for the following disorders: psychotic, severe depression, eating disorders (anorexia, bulimia, etc.) personality disorders (schizoid, avoidant, dependent, histrionic, borderline, etc.); dementia and cognitive impairment; morbid obesity (this monitoring should be carried out according to the protocol defined by the company, after confirming that the insured meets the requirements set out by SANITAS).**

Pregnancy

1. PURPOSE OF THE COVER

To provide the insured with information, guidelines and professional and personalised attention on pregnancy, postpartum and the baby's first few months of life in order to help the insured to enjoy a healthy pregnancy and postpartum and offer advice on taking care of the baby.

Service provided by midwives and nurses specialising in maternity specially designated by SANITAS for each case, who work with medical protocols and specific care plans according to the insured's profile and health.

This programme allows more visual monitoring of the targets and the progress achieved on the Mi Sanitas app.

Healthy Child

1. PURPOSE OF THE COVER

To provide the insured with information, guidelines and professional and personalised care on the health and development of children up to 14 years old in order to complete the information provided by the paediatrician during in-person consultations and address any queries.

Service provided by paediatric nurses specially designated by SANITAS for each case, who work with medical protocols and specific care plans according to the insured's profile and health.

This programme allows more visual monitoring of the targets and the progress achieved on the Mi Sanitas app.

Pelvic floor care

1. PURPOSE OF THE COVER

To provide the insured with information, guidelines and professional and personalised support on care and rehabilitation of the pelvic floor in order help the insured prevent or improve problems related to the pelvic floor.

Service provided by physiotherapists specially designated by SANITAS for each case, who work with medical protocols and specific care plans according to the insured's profile and health.

Quit smoking

1. PURPOSE OF THE COVER

To provide the insured with information, guidelines and professional and personalised support on giving up smoking in order to support the insured in their decision to give up or reduce their smoking habit.

Service provided by nurses and psychologists specialising in giving up smoking specially designated by SANITAS for each case, who work with medical protocols and specific care plans according to the insured's profile and health.

Other digital benefits

SANITAS shall provide the insured, at not extra cost, with digital benefits associated to caring for their health in addition to or to replace those included in this policy. The scope of the insured cover of these benefits and their limits and exclusions will be available in the Mi Sanitas private area of www.sanitas.es or on the app. Insureds must accept these terms and conditions before using them.

Emergencies via video consultation

Insureds who wish to use the emergencies via video consultation service must:

- Register in the MI SANITAS customer-reserved area, which may be accessed via the app or website www.sanitas.es.
- The Insured cannot choose a doctor via the video consultation service but a doctor will be available at the time the consultation is requested.
- The video consultation does not replace the in-person consultation under any circumstances - it is simply an auxiliary tool in the patient diagnosis and treatment process. Therefore, the doctor may require the Insured to attend an in-person consultation when considered necessary.

Clause III: Exclusions from cover

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

A. Any type of healthcare provided as part of hospitalisation, as defined in this glossary, in addition to any surgical interventions performed as part of any type of healthcare basis.

B. Any healthcare, diagnostic tests or therapeutic methods prescribed or performed by the medical specialisations or healthcare units of nuclear medicine, radiotherapy, interventionist radiology, or hemodynamics.

C. All high-tech diagnostic tests, except for those listed in the Radiodiagnosis section, that is, ultrasound scans, CT scans and MRIs.

D. All high-tech therapeutic methods including the following, regardless of the area of the body, the technique used or the medical speciality by which they are prescribed or performed: electrophysiological cardiac mapping administration of chemotherapy, angioplasty, cardioversion, cardiac catheterisation, stenotic dilation, urethral dilations, embolizations, electrophysiological study, fibrinolysis, haemodialysis, heparinization, lithotripsy, bone marrow transplant, valvuloplasty, radiotherapy, nuclear medicine treatments.

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

- Arising as a consequence of international and civil wars, acts of terrorism in any form (chemical, biological, nuclear, etc.), revolutions and military manoeuvres, even in times

of peace time, and officially declared epidemics.

- Directly or indirectly related to nuclear radiation or radioactive contamination and those resulting from officially declared catastrophes.
- Arising from working or professional accidents.
- Any services associated to road accidents, whether they occur in Spain or abroad are excluded from the insured cover, except any urgent attention required or unless the road accident add-on has been taken out.
- Those occurring whilst the insured is doing extreme sports as an amateur, for example aerial activities, high speed motor sports, scuba diving, off-piste skiing or ski jumping, bobsleigh, rock climbing, boxing, any type of wrestling, bull fighting and encierros, martial arts, rugby, quad biking, caving, sailing or rafting activities, bungee jumping, hydrospeeding, canyoning, parachuting, paragliding, hot air ballooning, free flying, gliding, hunting, horse riding and any other activity with a similar risk and those resulting from sports competitions, including training sessions.

F. The healthcare provided in:

- Social Security centres or services or integrated in the National Health Service. Cross-border healthcare is also excluded.
- Health centres or integrative medicine clinics or any center in general that is not restricted to providing conventional medicine services only, these being those provided by a profession regulated by Law 44/2003, of 21 November, on the management of medical professions and which is a service set out in Royal Decree 1030/2006, of 15 September, which defines the portfolio of common

services of the National Health Service and the procedure for updating it. The aforementioned applies regardless of whether these services are provided by registered medical professionals and in the course of treatment are combined with services that would be included in the aforementioned law and that would not be included in the insured cover either.

Be considered alternative medicine, naturopathy, homeopathy, acupuncture, mesotherapy, hydrotherapy, deep pressure therapy, ozone therapy, chiropractic, or any other therapy not included in the services set out in Royal Decree 1030/2006, of 15 September, which defines the portfolio of common services of the National Health Service and the procedure for updating it.

G. Any type of hospitalisation, including social.

H. Medical and/or hospital care provided to the Insured by a doctor or a member of their professional team who is or has been the spouse or relative by consanguinity or affinity (up to the 4th degree) of the Policyholder or the Insured.

Medical care provided to the Insured by a doctor who has a dependency relationship with the Insured or Policyholder through a professional, work or commercial relationship, or who is associated to any of them through any partnership or stakeholder relationship.

I. Healthcare derived from chronic alcoholism, drug addiction, intoxication due to the abuse of alcohol, psychotropic drugs, narcotics or hallucinogens, attempted suicide and self-harm, diseases or accidents due to intent or gross negligence of the Insured.

J. All means, methods, tests, techniques or diagnostic, surgical or therapeutic procedures (hereinafter the "Techniques") that arise after taking out the policy or

each annual extension of the policy. This exclusion will only apply if the policy covers other alternative Techniques to the new technique, even if they are not similar, and which have not become clearly obsolete, fallen into disuse or surpassed by the new Technique in question.

Likewise, any Techniques performed within a clinical trial or that, due to their lack of safety or effectiveness, are not used in normal clinical practice are excluded; these being any techniques that are not approved by the European Medicines Agency and/or the Spanish Agency of Medicines and Medical Devices and by the Health Technology Assessment Agencies of the health services of the Autonomous Communities or the Ministry of Health.

The Techniques that SANITAS informs the Policyholder are included in the policy will be included under the terms and conditions within the limits set out in said communications.

The contents of this section are understood to be without affecting the other exclusions set out in this policy.

K. Any type of service relating to:

- Diseases or treatments not covered or any medical service that is directly associated with a treatment that has not been provided under the insured cover of the policy because it is not included in it.
- Specific diagnosis and treatment or impotence and erectile dysfunction, including sex change surgery.
- Also any assistance required by the Insured when acting as organ donor.
- Any surgical technique using robotic surgery equipment.
- Any genetic test.

- Any type of prosthesis, osteosynthesis material, orthopaedic and implantable material (internal and external) as well as any healthcare related to its placement, review or removal from the patient.
- Operations, infiltrations and treatments, as well as any other action that is purely for questions of appearance or of a cosmetic nature. Breast surgery is only covered in the case of tumours. Surgical interventions of a prophylactic nature or for breast hypertrophy or breast reduction in men are expressly excluded. Any kind of disorder or complication which may occur subsequently and which is directly and/or mainly caused by the Insured's undergoing an operation, infiltration or treatment of a purely aesthetic or cosmetic nature are also expressly excluded.
- Treatments with platelet-rich plasma, growth factors and stem cells.
- Hyaluronic acid, whether sold as a medicine or health product.
- Educational therapy and language education in processes unrelated to organic disease of the vocal tract and special education for patients with mental illness.
- General medical examinations for preventive purposes, except the cover mentioned in these 'General Terms and Conditions'.
- Alternative medicine, naturopathy, homeopathy, acupuncture, mesotherapy, hydrotherapy, pressotherapy, ozone therapy, chiropractic, etc. All care provided in integrative medicine medical centres or clinics or that combine medical care and non-conventional therapies recognised as pseudo-therapies by the Spanish Ministry of Health and the

Spanish Medical Association is excluded.

- Services or techniques that merely consist of leisure, rest, comfort or sporting activities, similarly treatments at spas and repose treatments.
- Orthosis, orthopaedic products, anatomical products, glasses, contact lenses, hearing devices, and others.
- All treatments with hyperbaric chamber are excluded.
- Any radiofrequency treatment at musculoskeletal level.

L. All healthcare techniques or therapeutic procedures using laser.

M. Travel expenses except those covered in the ambulance section or in the evacuation and repatriation complementary section when included on these general Terms and Conditions.

N. Administration and cost of medications under any care scheme.

Clause IV: Qualification periods

All benefits which under this policy are assumed by the Insurer, on the basis of the approved medical network, will be provided from the time this contract becomes effective.

HOWEVER, THE FOREGOING GENERAL PRINCIPLE DOES NOT APPLY TO MEDICAL, SURGICAL AND/OR HOSPITAL HEALTHCARE IN THE EVENTS DETAILED BELOW, TO WHICH SHALL APPLY THE SPECIFIED QUALIFICATION PERIODS:

Qualification Periods for the modality of Contracted Medical Network:

- **Complex diagnosis tests: 6 Months**

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

Clause V: Form of service provision

1. Through the contracted medical network

Care shall be provided according to healthcare regulations applicable, by professionals with sufficient qualifications for each specific service and belonging to the contracted medical network corresponding to this insurance product. Where one of the services included in the cover of this policy does not exist in the town where the Insured is located, it shall be provided in another region through the healthcare provider that the Insured chooses in each case. **When a certain treatment or surgical or diagnostic method is not included in the insured cover, the medical care services that must be provided as a result of undergoing the aforementioned treatment or method shall not be included in the insured cover either.**

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

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

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

1.1. Free access.

The Insured shall be able to attend freely in Spain the consulting rooms of consultants, general physicians and paediatrics, as well as the emergency centres that belong to the

contracted medical network by SANITAS for this product. **Please check your User Guide to Doctors and Services for those consultants for which you will need prescription/authorisation.**

1.2 Prior prescription for the performance of the service

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

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

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

Generally, the express prior authorisation from SANITAS will be necessary following written prescription from the healthcare professionals of the Entity for certain therapeutic methods, diagnostic tests and other healthcare services, providing this is indicated in the terms and conditions of the policy and at all times taking into account that only those considered to be simple are covered, as defined in the section called glossary of terms. The authorisation voucher shall not be valid if at the moment of receiving the service, the Insured is not fulfilling all the requirements established in the General Terms and Conditions of his/her policy to access to the full insured coverage relating to the service indicated in such authorisation voucher (i.e. no being current on payments of the premium, preexisting condition not declared, if the policy is not in force when the service is provided, etc.).

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

Any services performed by laparoscopy or arthroscopy, in addition to those performed by radiofrequency technique and laser, will have to be undertaken by professionals who are specially engaged and accredited by SANITAS to carry out these particular techniques.

1.5 Services at the Insured's home.

SANITAS undertakes to provide home services in those localities where it has an arrangement for the provision of this service.

Any change of the Insured's home address must be reliably notified with a minimum of eight days' notice before requiring any service.

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

Specifically, respiratory therapies must be prescribed by a specialist appointed by SANITAS. In all treatments, the insured must renew the service prescription and authorisation from SANITAS with a variable frequency according to the type of device and sessions authorised in each case, except for CPAP for patients already classified as chronic, who have indefinite authorisation that does not need to be renewed, except under exceptional circumstances (change of province of residence, change of policy).

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

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

1.7 Emergencies

As specified in article 103 of the Insurance Contract Act, SANITAS provides the necessary care of an **emergency** nature in accordance with the policy Terms and Conditions and that in all cases shall be provided through the resources designated by

SANITAS, expressly indicated in the User Guide to Doctors and Services for this product.

1.8 Care at facilities not partnered with SANITAS.

SANITAS will only cover healthcare provided to the Insured party at facilities not partnered with it in the case of a life-threatening emergency of one of the medical provision covered by this policy.

2. Remote medical consultations

The Insured may access certain physicians and specialties from the partnered medical network to receive customised medical care via the video consultation and phone consultation services, hereinafter "Remote medical consultations".

In addition, the insured can access a 24-hour Emergencies service via video consultation.

2.1. Description:

- The service shall be provided by specialist physicians selected by SANITAS from within the SANITAS partnered medical network.
- SANITAS will provide information at all times at www.sanitas.es regarding the specialties and physicians who you can access via the remote medical consultations.
- This service shall always be provided after a previous appointment has been made and is not valid for emergency care, which shall be attended in SANITAS partner centres for due management. Subject to the availability of each specialist's schedule and opening hours. You can check these hours at Mi Sanitas. As an exception to the aforementioned, any emergency care that may be provided through the video consultation service will not require an appointment. For emergencies that, due to their nature, cannot be treated through the aforementioned services, the insured has access to the emergency services in the SANITAS partnered medical network.

- A service accompanied by the instant messaging functionality, during remote medical consultations and afterwards if the doctor considers it appropriate.
- Remote medical consultations may involve exchanging medical documentation that can be filed in the Mi Sanitas Health File at www.sanitas.es.
- SANITAS has adopted the legally required technical resources to guarantee due confidentiality of information exchanged in this fashion.
- In order to guarantee said confidentiality, recording images and sound from remote medical consultations or attaching them to any type of capturing medium is strictly prohibited. The full or partial copying, reproduction, distribution, dissemination, making available to third parties or any other way of publicly communicating, transforming or modifying by any means, whether electronic or any other, the image or sound obtained or produced during remote medical consultations is also strictly prohibited, without the express written consent of the physician concerned or Sanitas S.A. de Hospitales. However, the physician may keep a copy of remote medical consultation for the purpose of storing it with the clinical documentation.
- The service shall be provided exclusively to those Insured who expressly appear as registered as such on the policy. Each Insured must book an appointment to receive the service, except for remote medical consultation in 24-hour emergencies. Remote medical consultation must be customised for each Insured party.
- If the Insured is under 18 years of age, remote medical consultation may only be performed with the prior authorisation of the minor's legal representative.
- The Insured must have and shall be responsible for all technical (hardware and software) and remote communication means needed to guarantee the correct performance of remote medical consultation. SANITAS shall not be held

responsible for any harm that may be caused due to failure of electronic devices, connections or shortfalls of these means on the part of the Insured.

- This form of consultation is simply to aid decision-making on the part of the physician and does not replace a face-to-face consultation or make it possible to diagnose diseases or prescribe diagnostic tests or medical treatments in cases where, in the doctor's opinion, the Insured must be present in the consulting room for a personal and direct assessment, including a physical examination of the Insured by the specialist. The results of the face-to-face consultation will always prevail over any assessments and criteria performed in remote medical consultation.
- Consultations performed through remote medical consultations by professionals not expressly authorised by SANITAS to attend the Insured through remote medical consultations are not covered, regardless of whether they belong to the SANITAS partnered medical network for this product or not.

2.2. Procedure:

- The Insured must request this service via Mi Sanitas at www.sanitas.es or via the mobile app, except for the remote medical consultation in 24-hour emergencies.
- The Insured must connect to Mi Sanitas on the date and time of the appointment to establish contact with the doctor and begin the remote medical consultation and follow any other instructions provided by SANITAS at all times.

Clause VI: Other features of the insurance

1. Basis and loss of rights of the policy

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

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

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

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

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

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

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

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

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

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

2. Maximum age for taking out the policy

The minimum age for taking out the policy is 60 years old. Only those aged 60 or older on the date they are added can be included on the policy as Insureds.

3. Duration of insurance

3.1. The Insurance Contract expiry date shall be established in its particular terms and conditions and, at its expiry, in accordance with Article 22 of the Insurance Contract Act, it shall be extended tacitly for periods of one year. Nevertheless, either of the parties may repudiate extension by giving the other party due written notice not less than two (2) months before the date of expiration of the current period, if it is SANITAS that gives this notice and one month if it is the Policyholder who gives it.

3.2. If the insurance policy is terminated unilaterally at the discretion of SANITAS, it may not suspend the provision of cover while the Insured is undergoing hospital treatment, until discharge, unless the Insured waives to continue the treatment **or unless the policy is terminated due to fraud or gross negligence on the part of the Insured.**

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

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

a) To death.

b) Transfer of residence abroad or not residing a minimum of six (6) months in national territory. The premium shall

correspond to SANITAS until the date on which the Insured communicates and credits such circumstance. SANITAS may require the Insured to provide the documents issued by the corresponding Spanish authorities considered necessary to prove residency in Spain, such as a tax residency certificate.

c) For any action of the Insured against healthcare or administrative staff that may violate the right to personal honor and dignity or may be a crime.

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

4. Insurance premiums

4.1. The Insurance Policyholder must pay the premium when the contract is accepted. The cover in the contract will not come into force until the contract has been signed and the first premium has been paid.

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

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

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

4.4. If, due to the Policyholder's fault, the first premium is not paid, SANITAS is entitled to terminate the contract or legally demand payment based on the Policy. Where payment is not received before the claim arises, SANITAS shall be freed from its obligation, except where otherwise agreed

and duly indicated in the Particular Terms and Conditions of the policy.

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

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

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

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

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

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

4.6. Except where otherwise specified in the Particular Terms and Conditions, the place of payment of the premium and co-payments,

where applicable, shall be as indicated in the bank debit account order form.

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

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

The premiums to be paid by the Policyholder will vary according to the age achieved by each of the Insured, the geographical zone corresponding to the place of performance of the services, the tariffs established by SANITAS on the date of renewal of each policy being applicable. Such variation of premiums shall be communicated in writing by SANITAS to the Policyholder with at least two months' notice with respect to the renewal date.

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

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

5. Provision of reports

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

6. Complaints

6.1. Complaints control and procedure

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

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

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

2. Once this internal process has been exhausted or in the event of disagreement with the decision of SANITAS, a signed written complaint, with the claimant's National

Identification Document or a document accrediting their identity, may be lodged with **Complaints Service of the Directorate General for Insurance and Pension Funds, on paper or electronically with a digital signature, via its website**. Accordingly, the claimant must prove that the established period for the settlement of the complaint by SANITAS Complaints Management Department has expired, that the complaint has been denied leave to proceed or has been dismissed.

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

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

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

7. Other important legal points

7.1. Subrogation

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

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

7.2. How to accept the Terms and Conditions

SANITAS will send the Policyholder an email at the address provided in the application form, which will include a link for registering on the website and choosing a security ID.

Any notifications sent by an insurance broker on behalf of the Policyholder will have the same effect as if they were sent by the

Policyholder, unless the latter specifies otherwise.

After receiving the password, the Policyholder must go to www.sanitas.es, where the General and Individual Terms and Conditions of the policy are available, which he/she must accept using a code that will be sent to the mobile phone number provided in the insurance application form. For all intents and purposes, using the security ID will be legally equivalent to the policyholder's written signature. SANITAS may refuse to provide the insured cover if the Policyholder does not accept the Policy terms and conditions.

7.3. Notifications

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

7.3.2. Notifications from SANITAS to the Policyholder, Insured or Beneficiary will be sent to the physical or electronic address or to the phone number provided by the Policyholder for each of them when filling out the insurance application form, unless they notify any changes. The Policyholder authorises SANITAS to send any notifications via electronic means, provided that it is permitted by law.

7.3.3. The Policyholder authorises SANITAS to use his/her mobile phone number and email address to send all notifications, communications and information associated to the policy and to request consent/authorisation for certain medical services via electronic means, provided that it is permitted by law.

7.3.4. The Policyholder accepts the full validity and effectiveness of any notification sent by SANITAS to their home, email address or telephone number provided in the insurance application form, until notified of any changes.

7.3.5. The policyholder accepts the terms and conditions above on his/her behalf and on behalf of the insureds on the policy.

7.4. Bearing in mind that, as the insurer, Sanitas covers only the financial costs of the medical services the Insured requires, in accordance with the terms and conditions set out in the policy, but does not intervene in or supervise the medical acts performed by the healthcare professionals who treat the Insured under the cover included in the policy, in the event of defective medical or hospital performance, the Insured undertakes to direct any legal or extrajudicial action (including alternative dispute resolution methods) exclusively against the healthcare professionals or centres directly involved in providing the healthcare in question, and against their respective civil liability insurers, expressly waiving any type of claim and/or action against Sanitas S.A. de Seguros.

8. Data Protection clause

Personal Data will be processed, including, but not limited to, identifying and health data (hereinafter, "**Personal Data**") belonging to the Applicant, the Policyholder and the Insured Parties (hereinafter, "**the Data Subjects**") and provided through the insurance application, in addition to those collected and provided during the term of the contract. Any Personal Data is confidential and adequately protected. The Applicant and/or Policyholder warrants that all the information relating to the Policyholder and the Insured Party(ies) provided to SANITAS is true, and no information regarding the health status of each of the Insured Parties has been omitted. The Applicant will be solely liable for any direct or indirect loss or damages that they could cause Sanitas or any third party due to the documentation provided to SANITAS containing false, inaccurate, incomplete or outdated information.

The Policyholder is responsible for communicating to all the Insured Parties covered by the policy the information contained in this Personal Data processing clause, so that both the Policyholder themselves and the Insured Parties can exercise the rights described in the section "Rights of the Policyholder/Insured Parties". In addition, the Applicant/Policyholder declares that they are acting on their own

behalf and that of the Insured Parties when they consent to the processing described in this clause. Likewise, the Applicant/Policyholder declares that the Insured Parties understand and agree that they have provided or will provide their Personal Data to Sanitas, as well as Sanitas providing the Applicant/Policyholder with identifying information about the medical services for the Insured Parties covered by the policy. This is unless the Policyholder releases Sanitas in writing of its legal duty to inform them or this is requested by any of the Insured Parties.

In the case of a collective policy, the Sanitas' client entity (which may coincide in some cases with the Policyholder) and Sanitas may provide to each other, in a timely manner and on a strictly need-to-know basis, the minimal and essential identification data of the Insured Parties with the sole purpose of verifying that they meet the characteristics allowing them to benefit from the policy agreed between the Sanitas client entity and Sanitas, and/or to monitor insured events and consequently agree the insurance premium to be applied. The Sanitas client entity is responsible for communicating this situation to all the Insured Parties. Such data processing is necessary for the correct implementation and development of the insurance contract.

8.1 Personal Data Controller

The Personal Data Controller is SANITAS, SOCIEDAD ANÓNIMA DE SEGUROS, whose registered address is at C/ Ribera del Loira, 52, 28042, Madrid, Spain (hereinafter, "**Sanitas**"). Data Subjects may contact the Data Protection Officer (hereinafter, the "DPO") of the Sanitas Group via the email address "dpo@sanitas.es" or at the abovementioned postal address for any queries or requirements that they may have regarding personal data protection.

8.2 Main purposes and lawfulness of processing Personal Data

- (a) **Formalising, developing, and implementing the insurance contract.** Processing Personal Data is necessary to finalise the contract between the

Applicant/Policyholder/Insured Parties and Sanitas, as well as for running, developing and implementing the contractual relationship, consisting, among other things, of managing and supporting the Data Subjects' health care. Thus, Sanitas will process the Data Subjects' Personal Data, among other things, to manage the relationship with them, manage the policy etc. and, in certain cases, it may make automated decisions based solely on the analytical procedures used for such purposes. In these cases, the Data Subjects through the channels referred to in paragraph 8.6 "Rights of the Policyholder/Insured Parties" will have the right to review and challenge the decision, as well as to request human intervention. Sanitas may process Personal Data, including health data, to conduct customer satisfaction surveys about the services received as a result of the contractual relationship as well as to manage coinsurance, where applicable. This purpose is based on the need for processing to implement these terms and manage health and social care systems and services.

- (b) **Financial solvency analysis.** Sanitas may process the Applicant/Policyholder's Personal Identification Data to consult credit report file systems as a step for analysing financial solvency, as well as for preventing and detecting possible fraudulent conduct, based on Sanitas' legitimate interest in taking the necessary measures to identify and manage the above.
- (c) **Technical analysis.** Sanitas may process Personal Data to conduct statistical analyses regarding the operation of the technology supporting the services provided, in order to make technical, security improvements, etc. To do this, Sanitas may use the information they generate when using the technological resources placed at their disposal to improve quality, correct errors, improve usability, etc., based on Sanitas' legitimate interest in improving the quality of its technological resources.

- (d) **Managing the provision and coverage of the healthcare service which is the subject to the insurance contract**, and to this end being able to request and obtain information regarding their health from healthcare professionals. Sanitas will process the Policyholder's/Insured Parties' Personal Data to manage the provision of the services which are the subject matter of the contract consisting, among other things, of making the appropriate payments to health providers or reimbursing the insured party or its beneficiaries for the costs of healthcare. For this purpose it may share Personal Data, including health data, with the healthcare professionals providing the healthcare service, requesting and obtaining from these professionals information regarding their health, in particular to assess the coverage and the appropriate payment or reimbursement for the services provided. In addition, as part of managing the provision and coverage of the healthcare service subject to, among other things, supporting the Policyholder/Insured Party in caring for their health, Sanitas may prepare profiles based on their Personal Data, including health data, to provide personalised information, such as recommendations and advice that will assist the Policyholder/Insured Party in taking care of their health. This purpose is based on the need for processing to implement these terms and manage health and social care systems and services.
- (e) **Research for designing models of assistance which are the subject matter of the insurance contract**. Sanitas may process the Personal Data, including health data, of the Policyholder/Insured Party to develop profiles allowing it to design assistance models in accordance with the aforesaid profiles, for the purposes of taking preventive health steps regarding the Policyholder/Insured Party as part of the object of the insurance contract. This purpose is based on the need for processing to implement these terms and manage the provision of health services and treatment.
- (f) **Offering and managing health prevention and service programs under the insurance contract**. Sanitas, thanks to the analyses and profiles performed and as part of the healthcare support provided to the Policyholder/Insured Party will offer them the healthcare service and prevention programs designed in accordance with the above section. Offering and managing the healthcare service and prevention programs will be carried out taking into account the Policyholder's/Insured Party's specific characteristics and needs. Therefore, Sanitas will be required to process their Personal Data, including their health data, in order to offer and manage the different healthcare models specifically tailored to the Policyholder/Insured Party. This purpose is based on the need for processing to implement these terms and manage the provision of health services and treatment.
- (g) **Manage the provision of the health promotion service which is the subject matter of the insurance contract**. As part of Sanitas' health care support under the existing contractual relationship, Sanitas needs to process the Policyholder's/Insured Party's Personal Data in order to manage the design of specific health management plans for every Policyholder/Insured Party. To this end, Sanitas, as a result of profiling based on the Policyholder's/Insured Party's Personal Data, manages the preparation of personalised health plans and proactive monitoring programs, supports the management of complex cases (such as serious illnesses or prolonged hospitalisations), manages healthcare provision to chronic patients and also emergency care. This purpose is based on the need for processing to implement these terms and manage the provision of health services or treatment.
- (h) **Manage access to and use of the "Mi Sanitas" tool made available as a result of the insurance contract**. Sanitas may process the Policyholder's/Insured Party's Personal Data in order to manage and

provide them with access to "Mi Sanitas" (an insurance management portal) as well as ensuring its correct operation, either through the website or the application developed for this purpose. Sanitas, in the context of using "Mi Sanitas", will process Personal Data to, among other things, offer health recommendations, place at the Policyholder's/Insured Party's disposal receipts and refunds, manage their appointments, etc. This purpose is based on the need for processing to implement these terms and manage the health and social care systems and services. Furthermore, Sanitas makes a "Health File" service (accessible through "MiSanitas") available to the Policyholder/Insured Party so that they can request that Personal Data, including health data (e.g. medical reports or diagnostic tests), be transferred and archived in a tool used exclusively by the Policyholder/Insured Party. However, if the Policyholder/Insured Party decides to use this service, privacy information will be provided to them separately.

- (i) **Allow Sanitas to manage the provision of the video consultation service.** Sanitas will process, and where appropriate, assign to the third parties designated by the Policyholder/Insured Party, their Personal Data to provide the video consultation, chat or other services, made available by Sanitas to the extent that they form part of the Policyholder's/Insured Party's insurance benefits. Thus, the Policyholder/Insured Party may, through the programs and applications downloaded for this purpose, communicate remotely with health personnel and provide documentation in order to address any queries that they may have in the context of the medical assistance services provided by Sanitas. This purpose is based on the need for processing to implement these terms and manage health and social care systems and services.

Likewise, Sanitas will be able to manage the recording of the video queries taking place arising from using the "24-hour emergency" service in order to be able to

manage any eventual claims made by the Policyholder/Insured Party in relation to the service received through the video consultation. This is based on the need for processing for the purpose referred to and satisfying Sanitas' legitimate interest in preserving the documentation allowing it to attend to the queries and possible claims made by the Policyholder/Insured Party. Sanitas may also manage the recording of video queries that are not carried out within the framework of the "24-hour emergency" service in order to improve the quality of the service supplied, provided that it has their consent.

- (j) **Actuarial risk management.** Sanitas will need to process the Policyholder's/Insured Party's Personal Data, including health data, in order to conduct a statistical-actuarial analysis both to determine the associated risk and for charging for customer and potential customer's policies, either prior to the signing of the insurance contract or during its term of application in accordance with the Insured Party's new circumstances or any changes to the actuarial grounds. This purpose is lawful since the processing is necessary in order to comply with a legal obligation imposed by the regulations governing insurers and reinsurers; and for managing health and social care systems and services.
- (k) **Recording telephone conversations between the Data Subjects and Sanitas in connection with this policy.** These recordings will be carried out to be used in Sanitas' quality control processes, in order to improve the quality of the service provided to the Data Subjects, based on Sanitas' legitimate interest in upholding its quality control processes and managing its health and social care systems and services. Likewise, Sanitas may use these recordings, if any, as evidence regarding any claim that may arise between the parties, in every case treating as confidential the conversations held, based on Sanitas' lawful interest in formulating, exercising and/or securing its defence against claims, and the need for

processing to ensure it. The Data Subject may request from Sanitas a copy or written transcription of the content of the conversations recorded between the two through the channels indicated in the section "Rights of Data Subjects".

(l) Complying with the obligations imposed on Sanitas by legal mandate.

On certain occasions, Sanitas will need to process the Applicant's and/or Policyholder's/Insured Party's Personal Data to comply with certain legal obligations. Among other things, Sanitas will process Personal Data in order to comply with the obligations set out in the insurance regulations, laws and the regulations on personal data protection currently in force. This purpose is lawful since processing the data is necessary in order to comply with the legal obligations applicable to Sanitas; and for managing the health and social care systems and services.

(m) Profiling for the purpose of marketing and improving the business services provided by Sanitas.

In order to offer the Applicant and/or the Policyholder/Insured Party the products and services that best suit their interests and needs, Sanitas may create profiles based on the Applicant's Policyholder's/Insured Party's Personal Data, including their health data, in order to ensure that their experience with Sanitas is as tailored to them as possible and to continue customising it while providing the service which is the subject matter of the insurance contract. These profiles will be outlined in accordance with the Personal Data of the Data Subjects available to Sanitas, for example the type of insurance contracted, allowing Sanitas to select the products or services best adapted to the Data Subject, and thus being able to customise their experience. In particular, the above will be carried out to:

- Manage and send commercial communications based on the Applicant's and/or Policyholder's/Insured Party's profile by any channel, including electronically, about products and

services similar to the insurance contract. This purpose is lawful based on Sanitas' legitimate interest in providing information about its services, news, offers, etc. that best suit the Applicant's and/or Policyholder's/Insured Party's profiles, related to the contracted services and for managing health and social care systems and services. In cases where an insurance policy has not been contracted with Sanitas, the purpose is lawful based on the consent of the data subject, since the processing will be carried out with prior authorisation.

- Send commercial communications based on the Applicant's and/or Policyholder's/Insured Party's profiles by any channel, including electronically, about new products and services. This purpose is lawful based on the consent of the data subject since the processing will be performed with prior authorisation.
- Allow Sanitas to send commercial communications based on the Applicant's and/or Policyholder's/Insured Party's profiles by any channel, including electronically, about third-party products and services. This purpose is lawful based on the consent of the data subject, since the processing will be performed with prior authorisation.
- Anticipate the Policyholder's/Insured Party's health needs, to improve the services provided and offered to them, including, for example, ascertaining when it is necessary to increase resources for the personalised care of the Policyholder/Insured Party. This purpose is lawful based on Sanitas' legitimate interest in providing the best possible services by supporting the Policyholder/Insured Party in taking care of their health, and the need for the processing to manage the health and social care systems and services.

(n) Carry out procedures to anonymise and pseudonymise the Policyholder's/Insured Party's Personal Data, including their personal health data, for marketing purposes, improving the relationship with them, and for scientific and/or statistical

research. Sometimes, Sanitas may apply certain procedures to the Policyholder's/Insured Party's Personal Data in such a way that either it will be impossible to find a link between an identified or identifiable natural person and the Personal Data processed, or said Personal Data cannot be attributed to a particular person without using additional information appearing separately. These procedures will be applied so that the anonymised or pseudonymised data can be processed for scientific or statistical research purposes, or in order to be able to identify individual health status trends, establish patterns of disease, etc., as well as to understand which services may best fit certain groups and be able to inform them of this. This treatment is lawful since it is based on Sanitas' legitimate interest and its need to manage the health and social care systems and services, as well as on the basis of the requirement for scientific and/or statistical research purposes.

(o) Assign Data Subjects' Personal Data to Group Companies, to:

- Send commercial communications about products and services of said group companies based on the Policyholder's/Insured Party's profiles by any means, including electronically, based on the consent granted by the Data Subject.
- Anticipate the Policyholder's/Insured Party's health needs, developing the Group's company profiles and carrying out statistical analyses in order to improve the services provided by the Group's entities to be able to offer them to the Policyholder/Insured Party, in accordance with their particular characteristics, based on the consent granted by the Data Subject.
- Internal administrative purposes, based on Sanitas' legitimate interest in transmitting personal data within its business group for this purpose, which includes processing Personal Data.

(p) Assign Personal Data to third parties. Sanitas may assign the Data Subject's

Personal Data to any other entity with which they establish collaborative links to improve the effectiveness of the contractual relationship with the Data Subject. In particular, the categories of recipients, identified in the Additional Information, who may receive Personal Data will be, among other things, co/insurers and reinsurers, insurance brokers, entities with which a commercial link is established, health professionals, medical centres and hospitals. Assignments will be made for:

- Risk reinsurance purposes, based on Sanitas' legitimate interest in managing the risk assumed, and the need for processing to manage the health and social care systems and services.
- Sending commercial communications about third-party products and services by any channel, including electronically, based on the Applicant's and/or Policyholder's/Insured Party's profiles, based on the consent granted by the Data Subject.
- Analyse the use of Sanitas' websites and applications, based on the consent granted by the Data Subject.

8.3 Admissibility of Personal Data

The origin of the Personal Data processed by Sanitas may vary from case to case. In particular, Sanitas may process Personal Data, including health data that (i) the Applicant/Policyholder and/or Insured Party provides through the corresponding forms; (ii) has been generated as a result of the service provided by Sanitas and; (iii) which Sanitas has obtained through brokers, insurance agents or third-party collaborators.

8.4 Time Personal Data is kept

Sanitas will process the Data Subjects' Personal Data and keep it for the duration of the contractual relationship between Sanitas and the Policyholder/Insured Party or until the applicable legal obligations expire. For those purposes where the Data Subject has consented to their Personal Data being processed or where there is the possibility of objecting, Sanitas will stop processing the Personal Data, for that particular purpose,

immediately following the withdrawal of consent or the exercise of the right to object. All of the above is without prejudice to the subsequent conservation that is necessary to formulate, exercise or defend against potential claims, comply with obligations to preserve clinical documentation, provided that it is permitted by applicable legislation or to make the Personal Data available to judges and courts, the Public Prosecutor's Office or public bodies. During this additional period, Sanitas will keep the Personal Data blocked. Once the abovementioned period has come to an end, Sanitas undertakes to cease processing all the personal data. Notwithstanding all of the above, where necessary Personal Data may be held for longer periods provided that it is processed exclusively for health care, medical, scientific and/or statistical research purposes and taking into account the specific case.

8.5 Accessing Personal Data

The optimal service delivery that Sanitas offers may require that its **third-party providers** access the Data Subject's Personal Data as processors. Data Subjects understand that some of these service providers are located in countries outside the European Economic Area or do not offer a level of security equivalent to that in Spain. To ensure that the Personal Data is processed with a level of protection equivalent to that which already exists, Sanitas has adopted the appropriate safeguards. These international transfers are made under the protection of an adequacy finding of the European Commission, providing sufficient guarantees recognised by the regulations (such as standard contractual clauses), or the authorisation of the Spanish Data Protection Agency, complying with appropriate security measures. More information can be found in the International Data Transfers Section of the Additional Information. To obtain a copy of said authorisation, you can contact Sanitas by the means set out in the section "Rights of Insured Parties".

In addition to the access that third-party, national or international, providers as data processors may have to the Personal Data for which Sanitas is responsible in the context of

providing a service, Sanitas will assign Personal Data to other entities, as specified in the section "Main purpose and lawfulness of Personal Data processing".

In addition to the above, the Data Subjects understand that Sanitas may make assignments or communicate Personal Data to meet its obligations to Public bodies in cases in which it is required to do so in accordance with the legislation in force from time to time and, where appropriate, also to other bodies such as the State Security Forces and Bodies and Judicial Bodies. In addition, the Policyholder/Insured Party understands that Sanitas may request, require, and share their Personal and Health Data from professionals or health facilities, hospitals, with entities with which it has a co/reinsurance or collaborative relationship. They therefore understand that it will be necessary to provide each other with their Personal Data, to manage reinsurance, coinsurance, comprehensive care programs, share best practices and assess the risks to be covered, to prevent fraud, determine healthcare, make payments to health care providers or reimburse the Policyholder/Insured Party for healthcare costs and the costs of any claims submitted by the Policyholder/Insured Party themselves.

8.6 Rights of Data Subjects

Sanitas informs Data Subjects about their ability to exercise the rights to **access, rectify, object, erase, portability and limit processing** as well as to refuse the automated processing of any Personal Data collected by it. Such rights may be exercised free of charge by the Data Subjects, and where appropriate by the person representing them, by written and signed request -a copy of their ID card or equivalent document proving their identity may be requested- addressed to: Calle Ribera del Loira no 52, 28042, Madrid, Spain, Att. LOPD Insurance. The Policyholder/Insured Party may also exercise their rights through Mi Sanitas <http://www.sanitas.es/misanitas/online/clientes/contacto/index.html>. Data Subjects may also exercise their rights through the forms provided for this purpose in the Additional Information section, in the subsection "Data

Protection Rights". A more detailed explanation of the rights can also be found in this section. Where the Data Subject has a representative, this must be proven by a written document, attaching a copy of their ID or an equivalent document proving the representative's identity or other supporting documentation as indicated in the "Rights" section under Additional Information.

In addition to the above rights, Data Subjects will have the right to **withdraw any consent given** at any time through the procedure described above, without such withdrawal of consent affecting the lawfulness of the processing prior to the withdrawal of the same. Sanitas may continue to process Data Subjects' Personal Data to the extent permitted by any applicable law. Sanitas reminds Data Subjects that they have the right to **present a claim before the relevant supervisory authority**.

Notwithstanding the above, Sanitas informs the Data Subject that they have at their disposal an internal conflict resolution system in which the Data Protection Officer takes an active role as a mediator attempting to manage as flexibly as possible, any claim that the Data Subject sends to the postal address or electronic mail indicated in the section "Personal Data Controller". Sanitas encourages the Data Subject to contact the Data Protection Officer prior to making a complaint to the relevant supervisory authority.

8.7 Unsubscribing from the commercial communications mailing service

As mentioned in the section above, the Data Subject has the right to revoke at any time the consent given for the sending of commercial communications by notifying Sanitas that they do not wish to continue to receive them. To do this, the Data Subject may either revoke their consent in the manner described in the section above or click on the link included in each commercial communication, thereby cancelling the sending of electronic commercial communications.

8.8 Minors

In general, Sanitas will only process the Personal Data of children under the age of eighteen when their parents or legal guardians have given their consent for such processing, when it is necessary to implement the insurance contract or to comply with a legal obligation and/or satisfy a lawful interest of Sanitas.

However, in accordance with current regulations, those over the age of 14 (or the age that may be legally set for this purpose) will have the right to access their own medical information and those rights recognised by law.

8.9 Additional Information

Sanitas at www.sanitas.es/RGPD, under the section "Sanitas Insurance", makes available to the Applicant, Policyholder and Insured Party Additional Information about the processing of their Personal Data and invites them to consult it.

8.10 Amending the Privacy Policy

Sanitas may change its Privacy Policy in accordance with applicable legislation from time to time. At all events, any amendments to the Privacy Policy will be duly notified to the Data Subject to inform them of any changes made to processing their Personal Data and, if the applicable regulations so require, to request they consent to it.

9. Jurisdiction

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

10. Prevention of money laundering and financing of terrorism

SANITAS shall not undertake any service in the Insured cover of this policy if this constitutes an infringement of Spanish, United Kingdom, European Union, United States of America, or international laws in general, reserving the right, in the corresponding

cases, to cancel the membership of the Insured affected by said offense. Similarly, you may reject the inclusion of a new Insured, if this may lead to a breach of any of these laws.

11. How to contact us

Customer Service

91 752 28 52 / 93 362 34 49 / 900 906 210

Executed in duplicate in Madrid, 03 October
2025

For the Insured /
Policyholder

For SANITAS

A handwritten signature in black ink, appearing to read 'Javier Ibañez', with a horizontal line underneath.

Javier Ibañez
Sanitas, S.A. de Seguros

**SERVICES PROVIDED
BY SANITAS
MAYORES**



Services provided by Sanitas Mayores

Services provided by Sanitas Mayores

Notwithstanding the benefits included in this policy, and in addition to and separately from those benefits, Insureds will also have the right to access certain services provided by SANITAS MAYORES S.L. under the terms and conditions set out below. In order to request these services, the insured must call 900 818 397.

Personal Care Plan service

The personal care plan service will be provided by a Sanitas Mayores Advisor and its purpose is to design a home care guide to ensure optimum quality of life and good physical, emotional and mental health. This service comprises designing the plan, which will be given to the user, with all of the recommendations and guidelines obtained after gathering data from the user or the person in charge.

It comprises up to 1 service per customer for the entire duration that the customer remains insured on the policy and it can be added to the guidance on selecting home care service or to the financial aid for dependency assessment service. When gathering this data and sending the information, in-person meetings are excluded and both will be conducted via phone or telematics.

Guidance on selecting home care service

The home service with monitoring will be provided by a Sanitas Mayores Health Advisor and its purpose is to assess the user on the needs to be covered in the home. This service comprises professional assessment from home specialists on what you actually need in order to cover exceptional needs, such as occupational or ongoing therapy, a carer or assistant or mid-term care.

It comprises up to 1 service per customer for the entire duration that the customer remains insured on the policy and it can be added to the personal care plan service or to the

financial aid for dependency assessment service. This assessment will be conducted over the phone.

Financial aid for dependency assessment service

The financial aid for dependency assessment service will be provided by a Sanitas Mayores Health Advisor and its purpose is to give the elderly person more knowledge and information about their health and the possibility of obtaining public subsidies. This service comprises:

- Advice on the best service for the needs of the elderly person, which best suits their needs (home help, day centre or care home).
- After choosing the resource, we will advise you on how to process the public subsidies for a non-professional carer, financial aid to pay for stays in a Day Centre or Care Home or to sign up for the waiting list for Public Care Homes.

It comprises up to 1 service per customer for the entire duration that the customer remains insured on the policy and it can be added to the personal care plan or to the guidance on selecting home care service. This assessment will be conducted over the phone.