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CLÍNICUM

International student health insurance Spain

General insurance conditions 25-00-2601-01

INTERNATIONAL STUDENT HEALTH INSURANCE SPAIN

MAIN TELEPHONE NUMBERS CUSTOMER

SERVICE

CUSTOMER SERVICE MEDICAL DIRECTORY AUTHORIZATIONS	Monday to Friday 8:00 to 20:00h	+34 93 131 70 47 at.cliente@clinicum.es
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Mercantile Registry of Barcelona, T. 581. L. 147, 2nd Sec. (Companies). F. 119. H. 2.029, dated 17/03/1949.

C.I.F. A08169690

Inscribed in the special registry of Insurance Providers of the Spanish Ministry of Finance O. M. of 21 July 1956. C-225. Inscribed in the census registry of the General Directorate of Healthcare Planning and Management of the Autonomous Government of Catalonia, number 45.

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GENERAL INSURANCE CONDITIONS

MODEL 25-00-2601-01

COMPLETE/LIMITED HEALTHCARE INSURANCE THROUGH PROFESSIONAL REMUNERATION FOR MEDICAL PROCEDURES AND THE FREE CHOICE OF THE INSURED PARTY WITHIN THE MEDICAL DIRECTORY OF THE COMPANY.

PRELIMINARY ARTICLE

The present insurance contract is governed by the provisions of Law 50/1980, of 8 October, regarding Insurance Contracts (Official State Gazette of 17 October 1980), amended and expanded by Law 21/1990, of 19 December, enacted to adapt Spanish law to conform with Directive 88/357/EEC governing the freedom of insurance services other than those of life assurance and in order to update the legislation governing private insurers (Official State Gazette of 20 December 1990); by Law 30/1995, of 8 November, governing the Management and Supervision of Private Insurers (Official State Gazette of 9 November 1995) and its Regulation of 20 November 1998 (Official State Gazette of 26 November 1998); by Law 9/1992, of 30 April, regarding the Mediation of Private Insurers (Official State Gazette of 2 May 1992), amended by Law 30/1995, of 8 November, regarding the Organisation and Supervision of Private Insurers (Official State Gazette of 9 November 1995), and by Organic Law 15/1999, of 13 December, regarding the Protection of Personal Data.

And in accordance with the agreement on the general and particular conditions of this contract, to which clauses that limit the rights of the insured parties shall not be valid unless such clauses have been specifically accepted by said insured parties as an additional agreement to the particular conditions. Such acceptance shall not be required for mere transcriptions or references to legal precepts.

DEFINITIONS

For the purposes of this contract, the following definitions shall be understood as follows:

ACCIDENT: a bodily injury suffered during the validity of the policy which is derived from a cause that is violent, sudden, external, and not the intention of the insured party.

ANNEX OF COVERAGE or SUPPLEMENTS: complementary documents that are integrated into the general terms and conditions, which describe the medical/odontological services included in the policy coverage.

INSURED PARTY: each of the persons who appear listed in the particular conditions of the contract to whom medical care shall be provided.

INSURER: the company CLÍNICUM SEGUROS, S.A., (hereinafter referred to as “Clínicum”), the entity which assumes the contractually agreed liabilities.

SRN/HCA (Registered Nurse/Healthcare Assistant): a professional who is legally trained and certified to provide nursing care.

PARTICULAR CONDITIONS: a constituent document of the policy in which the individual aspects of the insured liabilities are established and described.

MEDICAL DIRECTORY: a list of the healthcare professionals and facilities which are associated with the insurer from which the insured party may request medical and surgical care from among those specialties and modalities included in the coverage of the policy.

HEALTH DECLARATION: a declaration made and accepted by the policyholder and/or insured party prior to the formalization of the policy which enables the insurer to properly evaluate the risk that is the object of the insurance.

ILLNESS or INJURY: any alteration to the state of health which requires medical care, the diagnosis and confirmation of which shall have been performed by a legally certified medical professional.

PRE-EXISTING CONDITION: For the purposes of this policy, pre-existing conditions are understood to be any illnesses, injuries, congenital pathologies, or physical defects which, prior to the insured’s enrolment date in the policy:

a) had been medically diagnosed, or

b) had required medical treatment or follow-up, or

c) were known to the insured due to the presence of objective and persistent symptoms.

FORMALIZATION OR CONTRACTING DATE: The moment when the contract is signed, the Health Declaration is completed, and the policy payment is made.

START DATE, VALUE, OR ACTIVATION: The date on which the policy becomes effective or valid, as indicated in the particular conditions as "From".

HOSPITAL: any facility in which it is possible to legally obtain medical or surgical treatment for illnesses or bodily injuries, whether as an outpatient or inpatient. These facilities shall have the permanent services of a doctor and shall only admit persons who are ill or injured.

Hotels, asylums, nursing homes or convalescent homes, facilities dedicated primarily to hospitalization and/or treatment for addictions, and other similar institutions shall not be considered as hospitals under the terms of the policy.

HOSPITALIZATION:

- **GENERAL HOSPITALIZATION**: the circumstance in which a person is registered as a patient in a hospital and spends one night or consumes one main meal at the hospital.
- **DAY HOSPITAL**: the circumstance in which a person is registered as a patient in one of the units of the hospital, may be medical, surgical, or psychiatric, in order to receive a specific treatment or anesthesia, without said patient staying overnight at the facility and regardless of whether or not the patient consumes a main meal at the facility.

SURGICAL PROCEDURE: any medical operation involving an incision or other means of internal intervention performed by a surgeon and which typically requires the use of an operating room.

DOCTOR: a professional who is legally certified to practice medicine.

SPECIALIZED DOCTOR or SPECIALIST: a doctor who possesses the necessary qualification to exercise his or her profession in one of the legally recognized medical specialties.

EXCLUSION PERIOD: the period of time (starting from the date on which an insurance policy becomes valid or a new insured person is added) during which time none of the guarantees of the policy shall be considered to have gone into effect.

POLICY: the document that contains the conditions governing the insurance coverage. The following components form an integral part of the policy: the general terms and conditions, the particular conditions which may be unique to the liability under the contract, the special conditions should they exist, the description of services, and the supplements or annexes to the policy that complement or modify it.

PREMIUM: the price of the insurance which corresponds with the costs. In addition, the payment receipt shall contain any additional charges and taxes which are required by law. The insurance premium is quoted on an annual basis even if payments are made in installments.

SERVICES: each of the provisions for which medical care is provided, the liability for which is assumed by the insurer, and which are listed in the general terms and conditions.

DAMAGES: a circumstance stipulated in the contract the liability for which is the object of the coverage and which, once it has occurred, results in the provision of healthcare services on the part of the insurer.

CLÍNICUM CARD: a document that is the property of the insurer which shall be issued and delivered to each insured party included on the policy, is personal and non-transferable, and the use of which is required to receive the services covered by the policy.

INSURANCE POLICYHOLDER: a natural or legal person who, together with Clínicum, is a party to this contract, acts in representation of the insured parties, and upon whom the obligations of said insured parties shall be placed, with the exception of those which, due to their nature, must be fulfilled by the insured party.

EMERGENCY: a case in which the insured party cannot wait for the normal services of the insurer if he or she is to receive the appropriate level of care.

COUNTRY OF ORIGIN: Home country refers to the insured party's passport issuance country or permanent place of residence prior to his or her temporary stay in Spain.

PURPOSE OF THE INSURANCE

ARTICLE 1. PROVIDED GUARANTEES

The insurer shall provide to the insured party, within the limits and conditions stipulated by the policy and through the application of the premium that corresponds in each case, the medical and surgical care, stomatological care, and dental services for all classes of illnesses and injuries included in the specialties and modalities that appear in the Annex **"Description and Utilization of Services" and the rest of the annexes or supplements**.

In any event, in accordance with the content of Article 103 of Law 50/1980, of 8 October, regarding Insurance Contracts (hereinafter referred to as the "Law"), the insurer shall assume the necessary care of an urgent nature, in accordance with that which is provided for in the conditions of this policy.

Under no circumstances shall optional compensations be awarded in cash as a substitute for the provision of medical assistance services.

ARTICLE 2. EXCLUSIONS

The following are excluded from the insurance coverage:

A. Medical assistance arising from pre-existing illnesses, injuries, defects, or malformations, understood as those which, prior to the insured's enrolment date in the policy:
- **a) had been medically diagnosed, or**
- **b) had required medical treatment or medical follow-up, or**
- **c) were known to the insured due to the presence of objective and persistent symptoms.**

For clarification purposes, serious illnesses listed in Article 13 (Loss of Rights) are expressly excluded, as their prior existence also renders the contract void.

B. Medical and surgical hospitalizations that have been requested by doctors who are not part of the Clínicum medical directory.

C. Any type of reimbursement not previously authorized in writing by the company is excluded from the coverage of this policy. Additionally, there is no coverage for any services or treatments outside the approved medical network.

D. Physical injuries that may be caused by wars, riots, revolutions, and terrorism; those caused by officially declared epidemics; those that are directly or indirectly related to radiation or nuclear reactions and those that result from cataclysmic events (earthquakes, floods, volcanic eruptions, atypical cyclonic storms, and other seismic or meteorological phenomena).

E. Injuries arising from events or actions of the armed forces and security forces in times of peace. In general, risks which are characterized as extraordinary, the coverage of which corresponds to the Insurance Compensation Consortium, in accordance with its legal statutes.

F. Medical care or treatment resulting from chronic alcoholism or addiction to drugs of any type, in addition to any complications or consequences. Medical care resulting from inebriation, fighting (except in the case of legitimate self-defense), self-harm, or suicide attempts, in addition to illnesses or accidents, suffered as a result of fraud, negligence, or imprudence on the part of the insured party.

G. Drugs, vaccines, and medications of any type, except those that are administered to the patient during hospitalization, and the ones for oncological treatment.

H. Pregnancy and childbirth assistance, the voluntary termination of a pregnancy, as well as the healthcare-related to said termination.

I. Any type of assistance in terms of consultation, examination, treatment, surgical intervention, admission to a clinic or any other medical or healthcare act brought about or prescribed by doctors, medical centers, hospitals, or any other healthcare provider that does not belong to the medical directory of Clínicum are excluded from the coverage of this policy.

J. In all cases of hospitalization, all of the following expenses shall be excluded: use of a telephone, television,

the meals of the person accompanying the patient in facility (except as established in the Annex "Description and Utilization of Services"), expenses which are the consequence of assessments or preventive treatments, travel and transportation expenses and other services that are not essential to the required hospital care.

K. Healthcare that may be required as a result of injuries incurred while practicing the following activities: aerial activities, boxing, martial arts, climbing, rafting, canyoning, bungee jumping, rugby, cave exploration, scuba diving, motor racing, horse riding, bullfighting, running with bulls, and any other sporting or leisure activity that can be considered as high-risk, including training. Also excluded is any healthcare required due to the professional practice of any sport or participation as an amateur in any sporting competitions in general.

L. Assisted reproduction treatments, except for diagnostic sterility tests in accordance with the provisions of the Annex "Description and utilization of medical services".

M. Diagnosis, treatment, and surgical procedures for purely aesthetic or cosmetic purposes, except those that are necessary to remove scars caused by an accident or a surgical procedure covered under the contracted policy and suffered by the insured party during the validity of the said policy. Likewise, aesthetic treatments for varicose veins, as well as gender reassignment surgeries are also excluded.

N. Psychoanalysis, hypnosis, individual and group psychotherapy, sophrology, ambulatory narcolepsy, and psychological examinations.

O. Haemodialysis, artificial kidneys, peritoneal dialysis, and organ transplants, except corneal transplants.

P. Hospitalization due to problems of a social or familial nature, as well as that which may act as a substitute for home or outpatient care.

Q. In the case of dentistry, fillings, endodontics, orthodontics and prosthetics except that which is expressly included in the Annex "Description and Utilization of Services".

R. Prostheses of any kind or osteosynthetic material. Also excluded are anatomical orthopedic pieces of any type, external fasteners, the cost of glasses, intraocular lenses, contact lenses and/or hearing aids, elastic compression stockings, athletic supporters, ankle braces, girdles, corsets, slings, and other means of immobilization.

S. Surgical correction of refractive errors in the eyes such as myopia, hyperopia, or astigmatism, and any other refractive ocular pathology for aesthetic reasons.

T. Robotic surgery and treatments that involve the use of a laser, excluding proctology, ophthalmology, otolaryngology, and urology, are covered in accordance with that which is established in the Annex "Description and Utilization of Services".

U. Transportation expenses of the insured party from their residence to the care facility and vice versa in cases of rehabilitation and physiotherapy.

V. Physiotherapy treatments and rehabilitation when the patient has attained functional recovery or the maximum possible level of recovery, or when such treatment would be considered occupational maintenance therapy, as well as the rehabilitation of chronic diseases once the disorder has been stabilized.

W. Stays in nursing homes, convalescent centers, spa centers, balneotherapy even when these have been prescribed by a doctor, as well as admission to hospital facilities as a consequence of dietary treatments for the purpose of losing or gaining weight. Complementary therapies such as natural medicine, lymphatic drainage, hydrotherapy, three-phase, oxygen therapy, pressotherapy, ozone therapy, and other similar services or specializations that are not officially recognized.

X. Psychiatric hospitalization is also excluded, except for severe episodes in accordance with that which is stipulated in the Annex "Description and Utilization of Services". Also excluded are illnesses that existed prior to the contracting of the policy, those derived from addictions and/or accidents, as well as group therapy, psychoanalysis, and hypnosis. By the same measure, a bed for a companion of the patient is also not included.

Y. Genetic testing for the purpose of determining the predisposition of the insured party or his or her living or future descendants to ailments related to genetic mutations, with the sole exception of those which are expressly listed in the coverage, such as amniocentesis and karyotypes. Genetic testing procedures that are in the research phase or those for which the diagnostic utility, clinical relevance, or scientific evidence has

not yet been proved are not covered.

Z. Analyses or other investigations that might be necessary for certificates in general which are not clearly intended for medical care purposes.

NOTE: possible new complementary diagnostic or therapeutic techniques which may be developed in the area of medical care, experimental surgeries, and treatments not yet recognized by medical science, in the general terms of the policy are not included in the coverage of the policy, except those which have been contracted as a supplement of complementary services. In all cases, the company, following its customary practices, will strive to incorporate the advancements into the policy at a time when their usefulness and efficiency have been duly determined.

ARTICLE 3. PROVISION AND USE OF THE SERVICES

3.1. HEALTHCARE COVERAGE

The care, in accordance with that which is stipulated in the applicable regulatory provisions, **shall be provided in the localization which is listed in the particular conditions, and in accordance with the following rules**:

a. The insured party can freely choose any of the doctors from the Clínicum medical directory to perform the care services included in the policy, during the time when this is in effect.

b. Once the start date of the policy begins the insurer shall provide the insured party with the accreditation card that must be presented in order to use the services; a National Identity Document may also be required.

c. Homecare visitation shall be made only when, for reasons related solely to the illness that is being suffered from, the insured party is unable to attend a doctor's practice at the time designated for a consultation. Emergency cases shall be dealt with by the emergency services, the addresses of which are listed on the magnetic card that is provided to the insured party.

d. Specialist medical professionals will assist the insured party in those cases in which the diagnosis or treatment that is required falls within the professional's area of specialization.

e. Hospitalization or the provision of a care service must be prescribed in writing by a doctor of the facility and **the insured party must obtain their authorization from the offices of the facility, via email or fax**. Once this has been confirmed, the company shall become economically linked, except when such confirmation expressly indicates that the service to be provided is not covered under the policy. In emergency cases, although the facility doctor's prescription is sufficient for these purposes, the insured party must obtain the corresponding authorization within 72 hours following admission.

The company is obliged to provide the services only at the address indicated in the policy. Any change of the address shall be notified by email and by reliable means with a minimum advance notice of eight days upon the request of any service.

New complementary means of diagnosis and treatment that, in the future, prove to be suitable for healthcare, and are verified and validated by the accredited scientific societies, will be eligible for incorporation into the coverage of the policy by means of supplements in the particular conditions, with a revision of the premium, if applicable.

3.2. DENTAL COVERAGE

Care will be provided in any of the cities listed in the medical directory, in accordance with that which is stipulated in the applicable regulatory provisions, which shall be provided together with the particular conditions, under the following conditions:

a. For dental services indicated by the facility.

b. In the case of alternative treatments, the insured party will choose from among those included in the Annex "Description and Use of ¨Services" of the policy.

c. It is necessary for the insured party to accept both the prosthetic treatment and the budget provided by the dentist of the facility. The insured party will attend the facility and pay the corresponding excess for the

requested service, in order to obtain the order from the insurer so that the procedure can be carried out at the earliest possible time, which shall never be more than two months.

d. At the request of the insured party, and always before the service is provided, the refund of the excess paid to the insurer may be requested. In the event that the granted authorization expires, the insurer will proceed to make a refund of the excess within two months of the date of expiration.

e. Prosthetic procedures shall have a warranty of one year, for wear and tear or deterioration resulting from proper use.

f. The insured party will pay the excess for services in accordance with the categories and the applicable rates that appear in the margin beside each of them in the "Description and Use of Services" Annex of the policy.

g. Whenever there are changes to the insurance premium, the subsequent changes to the amount of said excesses will also be re-assessed. For this purpose, a supplemental document shall be issued stating the cost of the new premium and the excesses two months prior to the date that said changes will go into effect. The payment of the new premium shall serve as acceptance of the stated amounts of the excesses.

3.3. DENTAL DAMAGES

For the purposes of dental insurance, it is understood that damages will be reported when the insured party requests the provision of services.

ARTICLE 4. WAITING PERIOD

All benefits under the policy assumed by the insurer will be provided from the moment that the contract enters into force, **provided that they arise from pathologies acquired after the policy was contracted.**

ARTICLE 5. TERMS OF THE CONTRACT

a. The application and health questionnaire completed by the policyholder or by the insured party, as well as the proposal of the insurer, where appropriate, together with this policy, along with its annexes and supplements, constitute a unitary whole and are the basis of the insurance, which only entails, within the limits and stipulated conditions, the liability described therein.

b. The present contract has been established on the basis of the statements made by the policyholder and/or the insured party in the health questionnaire provided by the insurer which motivated the insurer's acceptance of liability, their assumption of the obligations derived from the contract, and the establishment of the premium.

c. The policyholder/insured shall have a period of fourteen (14) calendar days to withdraw from the policy without penalty and without giving any reason. The period of withdrawal shall begin either from the day of the conclusion of the online contract. The policyholder/insured will be entitled to the return of the full premium paid, on the condition that no claim has been submitted.

   For compliance with this deadline, it is sufficient for the policyholder/insured to send his/her notice of withdrawal by post or e-mail to the insurer.

   If the content of the policy differs from the insurance proposal or the agreed clauses, the policyholder and/or insured party may claim from the insurer, within one month, starting from the delivery of the policy, the correction of the existing divergence. After this period has elapsed without a claim being made, and in accordance with Article 8 of the Law, the provisions of the policy shall be considered as firmly established.

d. In accordance with Article 10 of the Law, the insurer may terminate the contract by means of a declaration addressed to the policyholder and/or insured party, within a period of one month, based on the knowledge of undisclosed or inaccurate information provided by the policyholder and/or the insured party.

   In accordance with Article 10 of the Law, if the aforementioned undisclosed or inaccurate information has been produced intentionally or through gross negligence on the part of the policyholder and/or the insured party, the insurer will be released from its obligations under this contract.

ARTICLE 6. OBLIGATIONS OF THE INSURER

a. The insurer undertakes to provide the contracted healthcare and to provide coverage of insured liabilities in accordance with the general and specific conditions of the contract.

b. The insurer must deliver the policy to the policyholder or, at a minimum, the document of provisional coverage or that which corresponds to it, in accordance with the provisions of Article 5 of the Law and other documents that the policyholder has signed.

c. Likewise, the insurer will provide the policyholder with a supporting document and the list of doctors with the specifications of the center or permanent emergency centers and the addresses and consultation times of their doctors. This list will also be available on the entity's website.

d. The insurer is obliged to preserve the absolute confidentiality of the acquired data that refers to the health of the insured person as specified in Article 20 of these general terms and conditions.

ARTICLE 7. RIGHTS OF THE INSURANCE HOLDER AND, WHERE APPLICABLE, OF THE INSURED PARTY

a. The rights of the policyholder and, where applicable, of the insured party, are those which are listed in the Annex "Description and Use of Services", in Article 3 Provision and Use of Services, and in the particular conditions.

b. The insured party has the right to the confidentiality of any information that the insurer may have access to that relates to his or her health or illness status and to procedures and stays in healthcare centers that were arranged through the insurer.

c. The insurer will guarantee and safeguard personal data as the entity responsible for processing, and in accordance with the purpose of this contract.

d. The policyholder and/or insured party has the right to complain to the **Directorate of Insurance and Pension Funds** regarding any action by the insurer that damages his or her rights that derive from this insurance contract, or before the **Department of Health of the Autonomous Government of Catalonia** in the case of health matters.

ARTICLE 8. OBLIGATIONS AND DUTIES OF THE INSURANCE POLICYHOLDER AND, WHERE APPLICABLE, OF THE INSURED PARTY

a. It is the obligation and duty of the policyholder and, where applicable, the insured party, to declare to the insurer, in accordance with the questionnaire that he or she submits, all circumstances that the policyholder is aware of that may influence the risk assessment.

b. It is mandatory to communicate to the insurer, during the duration of the contract and as soon as possible, all circumstances that, according to the questionnaire presented by the insurer before the establishment of the contract and the start day of the coverage, may escalate the liability and are of such a nature that, had the insured party or policyholder been aware of said circumstances at the time of the finalization of the contract, the insurer would not have entered into it or would have established more stringent conditions in accordance with the provisions of Article 11 of the Law.

   In such cases, the insurer may amend or terminate the contract in accordance with Article 12 of the Law.

   The policyholder may also notify the insurer, during the validity of the contract, of any circumstances that reduce the liability. In this case, the provisions of Article 13 of the Law shall apply.

c. It is mandatory to notify the insurer, as soon as possible, of any changes of address so that a supplement amending the contract with said changes can be created.

d. It is mandatory to attempt to reduce the consequences of damages, using all means available for prompt recovery. Failure to comply with this duty with the clear intention of harming or deceiving the insurer will free the insurer of responsibility for any provision resulting from the damages of the application of Article 17 of the Law.

e. It is mandatory to facilitate subrogation in favor of the insurer in the event that the insured party is entitled to compensation from the responsible third parties. In such cases, the insurer shall be entitled to subrogation up to the amount of the compensation paid pursuant to Articles 43 and 82 of the Law.

The insured will not undermine this right of the insurer and will be responsible for the damages that, through his or her acts or omissions, may be caused to the insurer in terms of their right of subrogation.

The insurer may not execute the right of subrogation to the detriment of the insured party.

In the event of concurrence of the insurer and insured party against responsible third parties, the compensation shall be distributed proportionally in accordance with the provisions of Articles 43 and 82 of the Law.

f. **Payment of premiums**:

1. **Time of payment**: the policyholder, in accordance with Article 14 of the Law, is obliged to pay the premium at the time of the formalization of the contract.

   Any taxes and surcharges that are legally applicable at all times will be paid by the policyholder or the insured party, along with the premium.

2. **Indivisibility**: the premium is a single unit that corresponds to the total period of the validity of the contract. Payment through installments of premiums divided into partial payments and non-fulfilling premiums may be established within the particular conditions of the contract.

3. **Place of payment:** if a place for the payment of the premium is not established in the particular conditions, it will be understood that this must be performed at the address of the policyholder in accordance with the provisions of Article 14 of the Law.

4. **Consequences of non-payment of the premium**: if, through the fault of the policyholder or the insured party, the first premium is not paid by the due date, in accordance with Article 15 of the Law, the insurer shall have the right to terminate the contract or demand the payment that is due for the premium through the enforceable measures established in the policy. In all cases, if the premium is not paid before any damages occur, the insurer will be freed from its obligations.

5. **Consequences of non-payment of renewal premiums**: The renewal premium is payable before the start date of the renewal period. If the renewal premium is not paid on time, the insurer has the right to terminate the contract immediately. The policyholder/insured will be notified about the cancellation in writing. No insurance coverage is provided for any claim that has occurred after the due date. .

6. **Receipt of premiums**: the insurer will only be bound by the invoices issued by the management or their legally authorized representatives.

ARTICLE 9. INSURED PERSONS

The person mentioned in the insurance certificate is considered the insured person.

The insurance applies to

a) Foreign nationals living in Spain for study purposes with a valid temporary residence permit, including students, trainees, interns, au pairs, academics, and researchers. The accompanying family members living at the same address (only legal spouse and children under 18 years old) are also able to apply for the same insurance.

b) The minimum age of entry is 18 years old, and the maximum age of entry is 40 years old for the foreign nationals living in Spain for study purposes mentioned in Art. 9 a. Once the 42nd birthday has been reached, no renewal of the policy is possible, and the contract will end for all parties, including insured family members of the policyholder, after the current insurance period.

c) Once the foreign nationals living in Spain are no longer eligible they are obliged to inform the insurer of their change in status and the tacit renewal of his/her policy and the family member's policy will end.

ARTICLE 10. FORMALIZATION, COMING INTO EFFECT, AND DURATION OF THE CONTRACT

a. The contract shall be formalized by the consent expressed by concluding the contract online and accepting all of the terms and conditions. The contracted coverage and its modifications or additions will not take effect until the invoice for the premium, its deferment or installment payment has been settled unless otherwise agreed in the particular conditions.

   In the event of a delay in complying with any of these two requirements, the obligations of the insurer shall begin at midnight on the day on which they are complied with.

b. The duration of the contract is established in the particular conditions; the time and date of entry into effect of the guarantees are established there, as are the time and date of the expiration of the guarantees.

c. Upon expiry of the period established in the Particular Conditions of this policy, the contract shall be automatically extended by periods not exceeding one year, and consecutively subject to the following conditions:
   - The insured person continues to hold student status, with a residence permit for study purposes and a valid enrolment certificate.
   - The same policy number is maintained.

   Otherwise, it shall be deemed a new enrolment. The company may request from the insured, at any time, documentation proving that the renewal of the policy is due to an extension of the study period; failing this, the enrolment shall be considered void.

d. Either party may object to the renewal of the contract by giving written notice to the other party at least one month before the end of the current insurance period when the party opposing the renewal is the policyholder, and two months when the insurer is the one opposing the renewal, in accordance with Article 22 of the Law, prior to the expiry of the policy.

e. The expression of intent to effect the unilateral withdrawal on the part of the policyholder shall be understood as the opposition to the extension of the contract with the consequences and effective dates provided in the previous section.

f. In any instance of opposition to the extension of the contract, the policyholder will be required to continue paying the premium to the insurer until the expiration of the contract. The expiration date (the end of the annuity in progress or that of the following period) shall be established at the moment of communication while always observing the mandatory notice period of two months as stated in the previous paragraph d.

ARTICLE 11. PREMIUM UPDATES

The insurer may annually update the premium based on the provisions of the regulations regarding private insurance. This update shall be based on the technical-actuarial calculations necessary to determine their impact on the financial-actuarial balance of the insurance, the modification of the costs of the services, the frequency of the covered services, the incorporation of new services,and of any complementary diagnostic or therapeutic techniques that may have been newly developed. Regardless of the aforementioned updates, at each renewal, a premium will be established according to the contract terms, in accordance with the age attained by each of the insured parties, according to the following ranges: from 0 to 15 years, from 16 to 35 years, from 36 to 40 years), applying the premium rates that the insurer has in force on the date of each renewal. The policyholder agrees to the variations that, for this reason, shall occur in the amounts of premiums.

In the event of that such premium adjustment takes place, the insurer must notify the policyholder and/or the insured party of the premium amount that will be in effect for the coming fiscal year two months in advance of the conclusion of the period in progress. If, as a consequence of this notification, it is not in the interest of the policyholder and/or the insured party to renew the contract due to the exceptional circumstances, he or she will have one month to renounce the contract in accordance with Article 22 of the Law.

ARTICLE 12. CANCELLATION

The policyholder and/or the insured party may cancel the contract if the list of doctors changes, insofar as this change involves their general practitioner, pediatrician, or fifty percent of the specialist medical practitioners in the medical directory. These rules shall not be applicable in cases involving temporary substitutions arising from justifiable causes nor shall they be applicable to dentists, analysts, or radiologists.

The cancellation shall take effect on the first day of the month following the date on which the notification was received by email. The policyholder/insured will be entitled to the refund of the unused pro-rata premium paid of the current insurance period, on the condition that no claim has been submitted during the concerned insurance period.

Any cancellation of the contract made in accordance with the provisions of this clause or due to the opposition of the insurer to the extension of the contract, shall not modify the respective rights and obligations of the parties **exclusively in relation to claims still in progress**.

The insurance policy can be canceled and a refund claimed if all of the following conditions are met:

a. The insurer is willing to accept the cancellation and reimburse the insurance premium in the event that the insured or a rightful person is able to prove with original medical certificates, death certificate of the insured party, a certification that they have been summoned by the authorities (police, judiciary or administrative) or with other original documents that there is an objective impediment to travel or, the insured does not obtain a visa for the country of destination. A visa rejection letter from an embassy or consulate must be sent to the insurer in order to be eligible for a refund;

b. The policy can be canceled and a refund can be claimed only prior to the starting date of the period of coverage stated on the insurance certificate. After the start date, the policy cannot be canceled and no refund can be claimed;

c. Refunding of the insurance premium will be made by the insurer using the same payment method and currency as that used by the insured. Any charges for bank transfers or credit cards are not supported by the insurer.

ARTICLE 13. LOSS OF RIGHTS

The right to the guaranteed services shall be lost:

a. In the event that any of the following diseases had been diagnosed, suspected or treated prior to the effective date or commencement of the insurance, the policy shall be deemed null and void.

a) Diseases of the nervous system and sensory organs:
- Multiple sclerosis
- Parkinson's disease
- Alzheimer's disease or other dementias
- Epilepsy
- Paraplegia

b) Mental illnesses:
- Schizophrenia
- Bipolar disorders
- Mental disability
- Eating disorders
- Recurrent major depression

c) Endocrine system disorders:
- Obesity
- Adrenocortical disorders
- Insulin-dependent diabetes mellitus
- Severe thyroid diseases

d) Diseases of the Osteomyoarticular and Connective Tissue System:
- Systemic lupus
- Rheumatoid arthritis
- Ankylosing Spondylitis
- Dermatomyositis
- Muscular dystrophy

e) Congenital and/or chromosomal abnormalities:
- Cystic fibrosis
- Muscular dystrophies
- Rare diseases with functional impairment

f) Diseases of the Circulatory System:

- Ischaemic heart disease.
- Cerebrovascular disease
- Atherosclerosis
- Malignant Hypertensive Heart Disease
- Heart Failure
- Cardiomyopathy
- Heart Rhythm Disorders
- Vascular diseases
- Angina pectoris
- History of myocardial infarction

g) Respiratory System Diseases:

- Chronic obstructive pulmonary disease (COPD)
- Pulmonary fibrosis
- Pneumonitis
- Granulomatosis
- Pneumoconiosis
- Histiocytosis
- Severe persistent Asthma

h) Liver diseases:

- Chronic liver disease
- Chronic cirrhosis

i) Urogenital diseases:

- Chronic renal failure
- Requirement for dialysis or transplant

j) Diseases of the blood and hematopoietic organs:

- Haemophilia
- Sickle-cell anemia
- Coagulation disorder

k) Autoimmune and rheumatological diseases:

- Systemic lupus erythematosus
- Severe rheumatoid arthritis
- Scleroderma
- Crohn's disease
- Ulcerative colitis

l) Any type of active oncological process within the last 5 years.

m) Any other ailment that required at least 3 days of hospitalization in the last 5 years.

By confirming the purchase of the policy, the Policyholder expressly declares and accepts that he/she does not suffer from any of the diseases included in the list of excluded illnesses, available in the section entitled "Medical Disclaimer", which must be accepted together with the Terms and Conditions during the online contracting process.

b. In the case of a failure to disclose or an inaccuracy when completing the questionnaire, if this was due to fraud or serious fault on the part of the policyholder and/or the insured party. Article 10 of the Law

c. In the case of amplification of the liability, if the policyholder and/or the insured party does not inform the insurer and has acted in bad faith. Article 12 of the Law.

d. If the damages occur before the first premium has been paid unless otherwise agreed. Article 15 of the Law

e. If the policyholder and/or the insured party do not provide the insurer with information about the consequences of the incident and have acted fraudulently or are at serious fault. Article 16 of the Law

f. If the policyholder and/or the insured party do not fulfill their duty of reducing the consequences of the damages, with the clear intention of deceiving or harming the insurer. Article 17 of the Law

g. When the damages have been caused intentionally by the insured party. Article 19 of the Law

h. Due to the opposition of the policyholder and/or the insured party to the processing of personal and health data, depriving the insurer of the information required to provide the services and other purposes of the contract.

i. The insurer may request documentation related to the residence permit at any time during the term of the contract.

j. The respective coverage will be null and void, except in the cases provided for by the Law, if at the time of its conclusion damages have already occurred.

ARTICLE 14. INCONTROVERTIBLE RIGHTS OF THE CONTRACT

If a medical examination has been performed, the contract will be incontrovertible in terms of the state of the health of the insured person, and the insurer will not be able to deny services by alleging the existence of prior illnesses, unless expressly and as a consequence of the acknowledgment of a certain qualification in the particular conditions of the policy.

If a medical examination has not been carried out, the contract will be incontrovertible for a period of two years following the conclusion of the contract, unless the policyholder has acted in a fraudulent manner.

ARTICLE 15. LIMITATION

The actions derived from the contract are limited to five years from the day on which they may be exercised. Article 23 of the Law.

ARTICLE 16. COMMUNICATIONS

a. For the purposes of this insurance, communication of damages shall be understood to have been made at the moment when the insured party requests that services be provided.

b. In cases of non-compliance, the insurer can claim damages for the lack of declaration, unless it has obtained knowledge of the damages through other means; all of which is in accordance with Article 16 of the Law.

c. Communications made to the insurer by the policyholder or the insured party will be made by email. Communications made by an insurance broker to the insurer in the name of the policyholder will have the same effects as if they had been made by the same policyholder and/or insured party, in accordance with Article 21 of the Law.

d. Communications and payments of premiums made to the delegations, branches or offices of the insurer, or to the insurer’s agent, will have the same effects as if they had been made directly to the insurer.

e. The insurer's communications to the policyholder or the insured party will be sent by email.

f. In accordance with Article 5 of the Law, the insurance contract and its annexes and supplements, in addition to their amendments, will be formalized in writing on paper or any other long-lasting medium as per the First Additional Provision of said Law.

ARTICLE 17. LANGUAGE

In the case of a dispute between the different language versions, the English version of these General Terms and Conditions will prevail.

ARTICLE 18. COMPETENT JURISDICTION

This contract is subject to Spanish jurisdiction and the judge that corresponds to the domicile of the policyholder or the insured party shall be considered as competent for the hearing of any legal claims resulting from the insurance contract, and any agreement against this will be null and void, in accordance with the provisions of Article 24 of the Law.

ARTICLE 19. COMPLAINT PROCEDURE

Clínicum policyholders have the opportunity to exercise their claims through the next free of charge levels:

1. Clínicum, in accordance with the provisions of the current legislation, has a Customer Service Department (SAC) to which policyholders, insured parties, beneficiaries, injured third parties, or assignees of any of the above can address their complaints and claims. In order to do this, Clínicum makes forms available for the drafting of any complaint.Complaints or claims, which must be formalized in writing, must be directed to the SAC through any of the following means:
   a. In person in the main offices of Clínicum, Passeig de Gràcia, 121 (Barcelona).
   b. By post to Passeig de Gràcia, 121 – 08008 Barcelona.
   c. By email address to: at.cliente@clinicum.es.

The SAC will acknowledge the receipt of communications in writing and resolve them in a diligent manner within the maximum legal period of two months from the date of submission of the complaint or claim.

2. After the pronouncement of the Customer Service Department, the policyholders may submit to the Customer Advocate any claims or complaints arising from insurance contracts, in relation to the performance of the insurance company and its sales team, to be followed according to the procedures foreseen in the Clinicum Customer Advocate Regulations, being resolved within a maximum period of two months. The claim or complaint can be submitted through the Customer Service Department or directly to the Advocate (telephone +34 93 342 97 31 and e-mail to juridico@defensasegurado.org).
3. Finally, the interested parties may file a claim or complaint before the Claims Service of the "Dirección General de Seguros y Fondos de Pensiones". To do so, they must prove that two months have elapsed since the date of filing the claim or complaint to the Customer Service Department or Advocate without having been resolved, or when the request has been denied admission or rejected, totally or partially, your request through the web page of the "Dirección General de Seguros": http://www.dgsfp.mineco.es/es/Consumidor/Reclamaciones/Paginas/InformacionProcedimiento.aspx
4. The Directorate General of Health Resources of the Department of Health of the Autonomous Government of Catalonia is also competent to resolve complaints and claims in healthcare-related matters.
   a. Offices at: Travessera de les Corts, 131-159 – Pavelló Ave Maria, 08028, Barcelona.
   b. By phone: +34 93 227 29 00
   c. By email: dgors.salut@gencat.cat

The policy of transparency and protection of insured parties is specifically covered by:

- Law 44/2002, of 22 November, on Measures to Reform the Financial System
- Royal Decree 303/2004, of 20 February, which approved the Regulation of the commissioners for the defence of clients of financial service providers.
- Order ECO / 734/2004, of 11 March, on the departments and services of customer service and the defender of the client of financial entities.

Without prejudice to the above actions, the interested parties may, in all cases, exercise the actions they deem appropriate before the ordinary jurisdiction in accordance with Article 24 of the Law.

ARTICLE 20. PERSONAL DATA PROCESSING

DATA CONTROLLER FOR THE PROCESSING OF YOUR PERSONAL DATA

CLÍNICUM SEGUROS, S.A. ("the Insurer") TAX IDENTIFICATION NUMBER: A08169690

Postal Address: Passeig de Gracia, 121. 08008 Barcelona Telephone: 93 237 11 22

Email: info@clinicum.es

Contact details of the Data Protection Officer: dpo@datax.es

PURPOSES OF THE PROCESSING REQUIRED FOR THE FORMALIZATION, IMPLEMENTATION AND EXECUTION OF THE INSURANCE CONTRACT

Formalization, implementation and execution of the insurance contract

The Insurer may process the personal data that you provide during the period of validity of the insurance contract, whether such data are collected via telephone conversations held with the Insurer (in which consent is requested for recording), email, SMS or equivalent means, for all or some of the following purposes: the assessment, selection and pricing of risks; the formalization and management of the insurance contract as well as ensuring complete compliance with the obligations established in the applicable insurance regulations in force at any given time; the conducting of eligibility and suitability tests; the management of the policy (modifications, bank details, coverage extensions, etc.); the appraisal of damages and settlement of claims (in some cases with health data for which your consent will be requested); the communication of your data to other third parties for the provision of services to the insured party related to the insurance contract (in some cases, with health data); the exchange of information with your insurance intermediary; the management of complaints and claims; profiling for actuarial purposes, market analysis and commercial profiling without automated decisions; the registering of policies, claims, technical provisions and investments; the transfer of information between companies of the same group for compliance with supervisory obligations and for the centralized management of shared internal administrative and IT resources; co-insurance and reinsurance; transfer to other insurance entities or public or private bodies related to the insurance sector for the purposes of statistical-actuarial collaboration or fraud prevention; the outsourcing of services related to the insurance activity; transfers of portfolios, mergers, demergers, transformations, and the like; the sending of your personal and non-transferable access codes that, where applicable, correspond to you to enable consultation, by any means that the entity puts at your disposal, of any type of information related to the insurance contracts entered into with the Insurer, including bank or financial data and, where applicable, data related to health, or to enable subscription to or modification of products, in compliance with the corresponding requirements.

In the event that you have provided the Insurer with personal health data, such data shall also be processed for the purpose of determining medical care and indemnification, the appropriate payment to health care providers, and the reimbursement of the insured party or beneficiary for the costs of medical care.

PURPOSES OF PROCESSING IN RELATION TO MARKETING, ADVERTISING AND OTHER COMMERCIAL ACTIVITIES

Sending of electronic newsletters and owned marketing

The Insurer may send you electronic newsletters and commercial communications via any means, including telematic (email, SMS, fax, social media, telephone calls, mobile applications, like wise) about its own insurance products, and may conduct loyalty activities related to the contracted products (congratulatory calls, sending gifts, satisfaction calls like wise).

Sending of electronic newsletters and advertising from companies of the group and/or third-party companies.

Provided that you have given your consent, the Insurer may send you the following via any means, including telematic (email, SMS, fax, social media, telephone calls, mobile applications, like wise):

- Electronic newsletters and commercial communications regarding products or services of the companies of the group (listed on www.clinicum.es).
- Commercial communications regarding products or services of third-party companies in the insurance, financial, consumer, leisure, telecommunications, technology and automotive sectors, with which the Insurer enters into collaboration agreements for the benefit of its policyholders.

LEGAL GROUNDS FOR THE PROCESSING OF YOUR PERSONAL DATA

The execution of the insurance policy Compliance with legal obligations

The legality of the processing on the basis of compliance with legal obligations is primarily covered by the following regulations: Law 50/1980, of 8 October, on Insurance Contracts (LCS); Law 20/2015, of 14 July, on the Regulation, Supervision and Solvency of Insurance and Reinsurance Entities (LOSSEAR); Royal Decree 1060/2015, of 20 November, on the Regulation, Supervision and Solvency of Insurance and Reinsurance Entities (RDOSSEAR); Law

26/2006 of 17 July, on Insurance and Reinsurance Mediation (Mediation Law); EU Directive 2016/97 on Insurance Distribution (DDS); Delegated Regulation (EU) 2015/35 of the Commission of 10 October 2014, providing for Directive 2009/138/EC, as well as the Community Solvency II Regulations; Royal Decree 304/2014 approving the Regulation of Law 10/2010 on the Prevention of Money Laundering and Financing of Terrorism; Law 22/2007, of 11 July, on Distance Marketing of Financial Services Aimed at Consumers; Law 34/2002, of 11 July, on Information Society Services and Electronic Commerce; Regulation (EU) 2016/679 of 27 April 2016, regarding the protection of natural persons with respect to the processing of personal data and the free movement of such data; and any regulations that may replace it or may be complementary in the future.

Legitimate interest

Sending electronic newsletters and commercial communications (via any of the means indicated) regarding the insurance products of the Insurer itself; conducting loyalty activities.

Consent

Sending of electronic newsletters and commercial communications (via any of the means indicated) from the companies of the Group, which are listed on www.clinicum.es, and commercial communications from third-party companies in the indicated sectors.

STORAGE PERIODS

The personal data provided will be stored and processed for the entire duration of the term of the insurance policy for the purposes stated and, upon expiry of said policy, will be stored (in a blocked and protected fashion) during the limitation periods of the legal obligations applicable to the Insurer in accordance with the regulations in force at any given time.

Once the aforementioned limitation periods of legal obligations have elapsed, your data will be erased.

RECIPIENTS OF YOUR PERSONAL DATA

Co-insurance and reinsurance entities of the Insurer; service providers acting as data processors for the Insurer; public bodies and competent authorities in general; entities of the Group listed on www.clinicum.es for purposes related to compliance with supervisory obligations or centralized management of internal administrative and IT resources.

RIGHTS

The data subject may exercise the rights of access, rectification, erasure, objection, data portability, and restriction of processing, and may at any time withdraw the consent given by contacting the Insurer, attaching an official identification document, by post to Passeig de Gracia, 121. 08008 Barcelona, or via the email address info@clinicum.es.

Should the data subject have any questions relating to the processing of his/her personal data and the exercise of his/her recognized rights, he/she may contact the Data Protection Officer of the Insurer in writing, attaching an official identification document, addressed to the postal address of the Insurer indicated above or to the email address dpo@datax.es.

Likewise, we inform you of the right of the data subject to lodge a complaint with the Supervisory Authority (Spanish Data Protection Agency: C/ Jorge Juan, 6. 28001 Madrid, www.agpd.es).

ANNEX I: DESCRIPTION AND USE OF MEDICAL SERVICES

1. PRIMARY MEDICAL CARE

- GENERAL MEDICINE. Medical care at the doctor's office and at home.
- PEDIATRICS and CHILDCARE. For children younger than fourteen years old. Medical care at the doctor's office and at home, according to the availability in a given location.
- NURSING. The services of State Registered Nurses/Healthcare Assistants (SRN/HCA). In a doctor's office or at home. In the latter case on the condition that the patient is bedridden and with the approval of a doctor from the Clínicum medical directory.

2. EMERGENCIES

PERMANENT EMERGENCY SERVICES, which shall be provided at the centers listed in the Clínicum medical directory, or in the magnetic card of the insured party, or in the information provided by the company. The medical care will be provided at home whenever the condition of the patient so requires it and will be provided by a general medical practitioner and/or a state registered nurse (SRN) and will depend upon the locations in which this is available.

3. EMERGENCY SERVICES FOR INSURED PARTIES WHO ARE TEMPORARILY AWAY

Insured parties, who may be temporarily outside their area of habitual residence, will receive healthcare assistance, both medical and surgical, in accordance with the conditions of the applicable policy, in relation to all the basic and complementary services that are guaranteed and which are necessary and can feasibly be provided, solely and exclusively in emergency cases, in the nearest provincial capital.

4. SPECIALTIES

- ALLERGOLOGY
- PATHOLOGICAL ANATOMY
- ANESTHESIOLOGY AND RESUSCITATION. All manner of anesthesia as prescribed by the doctor of the entity.
- ANGIOLOGY AND VASCULAR SURGERY. Coverage for **radiofrequency up to a maximum of €300 per surgical procedure**.
- DIGESTIVE SYSTEM.
- RESPIRATORY APPARATUS – PNEUMOLOGY
- CARDIOLOGY OR CIRCULATORY APPARATUS
- CARDIOVASCULAR SURGERY
- HAEMODYNAMIC INTERVENTIONAL CARDIOLOGY
- GENERAL AND DIGESTIVE SURGERY
- MAXILLOFACIAL SURGERY
- PEDIATRIC SURGERY
- PLASTIC AND REPARATORY SURGERY. Includes only those surgeries necessary as a result of an accident or illness covered by the policy and for the repair of the damage caused. Breast reconstruction due to illness, including the prosthesis and the symmetrisation (oncological post-surgery). **Excludes purely aesthetic surgery**.
- PULMONARY AND MEDIASTINAL SURGERY
- THORACIC SURGERY
- PAIN TREATMENT CLINIC. **Radiofrequency up to a maximum of €300 per surgical intervention**.
- COLOPROCTOLOGY Includes outpatient surgical treatment for hemorrhoids.
- DERMATOLOGY OR DERMATOVENEREOLOGY
- DIET AND NUTRITION. Coverage for **12 annual sessions per beneficiary** (requires a prescription by a qualified medical professional). Insured parties who reach this limit for annual sessions will always be able to access

these services at discounted prices through CLUB CLÍNICUM

- ENDOCRINOLOGY AND NUTRITION
- GERIATRICS
- GYNECOLOGY
- HAEMATOLOGY
- INTERNAL MEDICINE
- NUCLEAR MEDICINE
- MICROAUDIOSURGERY. Functional ear surgery and tympanoplasty.
- NEPHROLOGY
- CENTRAL AND PERIPHERAL NEUROSURGERY
- CLINICAL NEUROPHYSIOLOGY
- NEUROLOGY
- ODONTOLOGY. Covers stomatological treatments and extractions, **excluding fillings, prostheses, orthodontics and teeth cleaning**, unless prescribed by another accredited specialist affiliated with the company.
- OPHTHALMOLOGY. Surgical correction of myopia, for non-aesthetic purposes, and corneal transplant.
- MEDICAL ONCOLOGY Includes the oncological treatment described in these general conditions.
- OTORHINOLARYNGOLOGY. Coverage for radiofrequency **up to a maximum of €300 per surgical intervention**.
- PODIATRY (CHIROPODY).
- PROCTOLOGY.
- **PSYCHIATRY.** Includes the treatment of mental and nervous illnesses under prescription by a physician of the entity. It covers individual psychological care prescribed by Psychiatrists, aimed at the treatment of conditions susceptible to psychological intervention. Coverage is limited to a maximum of 10 sessions per insured person per insurance year. Excluded from coverage are psychoanalysis, psychoanalytic therapy, hypnosis, treatment of narcolepsy, animal-assisted therapies, psychosocial rehabilitation services or neuropsychiatry, and any chronic condition existing prior to the inception of the policy.
- RHEUMATOLOGY
- TRAUMATOLOGY and ORTHOPAEDICS
- UROLOGY

5. PREVENTIVE MEDICINE

Preventive controls are included, where appropriate to the age of the insured party, as prescribed by a Clínicum medical doctor, and provided according to the means and techniques covered by the policy guarantee.

- EARLY-ONSET DIAGNOSTIC PROGRAMME FOR BREAST CANCER

Annual gynecological screening for the prevention of breast, endometrial and cervical cancers.

- EARLY-ONSET DIAGNOSTIC PROGRAMME FOR PROSTATE CANCER

Prostatic ultrasound from 45 years of age

- CARDIOVASCULAR RISK ASSESSMENT PROGRAMME

Includes the prevention of coronary maladies in people over 40 years of age.

- ANNUAL OPTOMETRIC CONSULTATION PROGRAMME

Coverage of eyesight and intraocular pressure.

- HEARING EVALUATION PROGRAMME
- PEDIATRIC VACCINATION PROGRAMME

The cost of vaccinations shall be paid by the insured person.

- GENERAL MEDICINE CONSULTATION PROGRAMME

Patient examination and analytical evaluation.

- FAST DIAGNOSIS OF MAMMARY PATHOLOGIES

Specialized unit for the early detection of mammary conditions in the Centro Médico Clínicum.

6. COMPLEMENTARY METHODS OF DIAGNOSIS

Requires a prescription from a doctor of the company. This coverage includes all diagnostic methods recognized by medical practice by the Agency of Technological Evaluation and Medical Research in Spain at the time the insured party subscribed to the policy. It also includes the necessary contrasts.

- AUDIOMETRY
- DIGITAL ANGIOGRAPHY
- MICROSCOPIC ASPIRATION
- BIOMETRY
- BIOPSY IN OUTPATIENT CLINICS
- SURGICAL BRONCHOSCOPY
- CAMPIMETRY
- CYTOLOGY
- COLPOSCOPY
- DACRYOCYSTOGRAPHY
- BONE DENSITOMETRY. **One test per year**.
- DOPPLER
- DMD (diagnosis by multidetectors)
- ULTRASOUND EXAMINATION
- BREAST ULTRASONOGRAPHY
- ELECTROCARDIOGRAM. In a doctor's office or at home.
- ELECTROENCEPHALOGRAPH
- MEDICAL ELECTROPHYSIOLOGY
- ELECTROOCULOGRAPHY
- ELECTROMYOGRAPHY
- ELECTRONYSTAGMOGRAPHY
- ELECTRORETINOGRAPHY
- DIGESTIVE ENDOSCOPY (colonoscopy, fibrogastroscopy)
- SPIROMETRY
- STROBOSCOPY
- URODYNAMIC EXPLORATIONS
- EXPLORATIONS WITH RADIOISOTOPES
- VESTIBULAR EXPLORATION
- NASAL FIBROENDOSCOPY
- FLOWMETRY
- FLUORESCEINOGRAPHY
- SCINTIGRAPHY
- GDX
- GONIOSCOPY
- HOLTER
- IMPEDANCIOMETRY
- RADIOACTIVE ISOTOPES
- CLINICAL LAB. ANALYSIS, ANATOMOPATHOLOGICAL AND BIOLOGICAL. **Genetic analysis excluded**.
- LAPAROSCOPY

- MAMMOGRAPHY and FNAP. Fine needle aspiration puncture (FNAP) if applicable.
- BASAL METABOLISM
- ENDOTHELIAL MICROSCOPY
- EPILUMINESCENCE MICROSCOPY
- MICROSCOPIC OBSERVATION (ENT)
- OCT
- OTOACOUSTIC EMISSIONS
- PET (positron emission tomography)
- POLYSOMNOGRAPHY
- AUDITORY EVOKED POTENTIALS
- STRESS TESTS
- HIGH-RISK PROVOCATION TESTS
- DIGESTIVE FUNCTION TESTING (Oesophageal manometry, pH monitoring)
- RESPIRATORY FUNCTION TESTING
- RADIOLOGY. Radioscopies, x-rays, tomographies, orthodiagrams, urographies, cystography, and all kinds of diagnostic radiographic scans. The cost of the contrast media shall be paid by the company.
- TRACE/PET
- RENOGRAM
- NUCLEAR MAGNETIC RESONANCE IMAGING (NMRI) as a complementary method of diagnosis in all cases in which it may be necessary, upon prescription from a doctor of the company. The costs of the contrast media shall be paid by the company.
- ELECTRORETINOGRAPHY
- RHINOMANOMETRY
- SPECT (Single-photon emission computed tomography).
- BRONCHODILATOR TEST
- CUTANEOUS TEST (PRICK TEST)
- TRAINING TEST
- ASPIRATED HYDROGEN TEST
- LANCASTER TEST
- PREFERENTIAL LOOKING TEST
- COMPUTED AXIAL TOMOGRAPHY (SCANNER), as a complementary method of diagnosis in all cases in which it is necessary, upon prescription from a doctor of the company. The costs of the contrast media shall be paid by the company.
- TOPOGRAPHY
- CO TRANSFER / (TLIO)
- URETHROCYSTOGRAPHY
- URODYNAMIC TESTING
- VIDEOSTROBOSCOPY

7. TREATMENTS

Treatments shall be provided in the centers designated by the company, upon prescription from a specialized doctor of the Clínicum medical directory.

- LINEAR PARTICLE ACCELERATOR
- AEROSOLS AND VENTILATION THERAPY
- CORONARY ANGIOPLASTY AND MITRAL, AORTIC AND PULMONARY VALVULOPLASTY

- ELECTRICAL STIMULATION OF THE PELVIC FLOOR. **10 annual sessions**. Indicated in the pathology of urinary and/or anal incontinence, both in men and women. Consists of a vaginal/anal catheter probe treatment for the electrical stimulation of the pelvic floor musculature. Coverage for this treatment shall be prioritized at Centro Médico Clínicum.
- ELECTRO-RADIOTHERAPY. Surface and deep radiotherapy, short wave, infrared rays, ultraviolet rays, and electric currents.
- HYSTEROSCOPIC TUBAL STERILISATION. Performed in a doctor's office, without the need for anesthesia.
- PHYSIOTHERAPY AND FUNCTIONAL RE-EDUCATION. In a doctor's office for post-traumatic and post-surgical processes. **40 sessions per process and year.**
- PHYSIOTHERAPY AND POST-OPERATIVE REHABILITATION AT HOME. **Limit of 20 sessions per year.**
- VESICAL INSTILLATION
- UROLOGICAL LASER SURGERY. **Up to €2,000 per process**.
- LASER OTORHINOLARYNGOLOGY.
- LASER (YAG or ARGON)
- PROCTOLOGICAL LASER (hemorrhoids)
- LITHOTRIPSY FOR RENAL CALCULUS. Treatment of kidney stones using shock waves, only in those cases amenable to surgical treatment, in a single room with a companion bed.
- LOGOPHONIATRY. For post-surgical recovery processes. **Limit of 30 annual sessions**.
- SPEECH THERAPY **8 annual sessions**. **Additional sessions with excess fees for the insured party**.
- MAGNETOTHERAPY. **40 sessions per process and year**. Physiotherapy treatment for certain injuries and diseases using magnetic fields.
- PARENTERAL NUTRITION
- ORTHOPTICS **10 annual sessions**.
- OXYGEN THERAPY AT HOME. Prescribed by a doctor.
- Chiropody (podiatry): (12 annual sessions) The insured party who has completed a maximum number of sessions will be able to access this service with a discount provided by Club Clinicum.
- RADIOTHERAPY. This will be provided on an outpatient and inpatient basis. The days of stay will be the same as for the medical hospitalization service.
- POST-INFARCT CARDIAC REHABILITATION. A cardiac rehabilitation program exclusively in specially approved centers and only for patients who have suffered an acute myocardial infarction diagnosed a maximum of three months prior to the start of the program.
- LACRIMAL SYRINGING IN A DOCTOR'S OFFICE.
- ONCOLOGICAL TREATMENT, which includes:

a) This includes the first visit, medical follow-up visitations, and treatment by medical oncology specialists in the medical directory, provided that this is performed in care centers and exclusively on an inpatient or oncology day hospital basis.

b) Oncological chemotherapy: Always subject to the express authorization of the company. Includes chemotherapy medication in accordance with the technical data sheet of the product and approved by the regulatory agencies or oncological guidelines accredited by the Agency for Technological Assessment and Medical Research, whose administration is intravenous, subcutaneous, or intramuscular. Also included are intravesical instillations in superficial tumors of the urinary bladder, provided they are prescribed by specialists in medical oncology included in the medical directory.

c) The treatments detailed in the previous point are only covered when they are prescribed by medical oncology specialists included in the medical directory and are administered in approved centers that are expressly authorized by the company.

d) Coverage is provided for the cost of the Port-a-Cath for the administration of chemotherapy.

e) Treatments with monoclonal antibodies and therapeutic targets require specific authorization from the company in each case. For this, a supporting medical report will be required, which must always comply with the specifications of the Agency for Technological Assessment and Medical Research. **Treatments that exceed**

a cost per QALY of more **than 35,000 euros (cost analyzed by renowned health assessment agencies – NICE or EUnetHTA) are excluded. In the event that this report is not submitted, it will be conducted by the company itself.**

f) **Intraperitoneal or intraoperative chemotherapy (HIPEC) is not covered.**

g) **Excluded from the coverage are compassionate use treatments not approved by the Agency of Technological Assessment and Medical Research, hormone therapy, any oral medication and cell therapy (CAR T and its versions), or vaccines and autovaccines of all types, and extracts in the case of allergic processes. Also excluded are leukocyte growth factors, other adjuvant medications, and any treatment not marketed in Spain prior to entering into the conditions of the policy.**

h) **Excluded from coverage are treatments that are part of a clinical and/or experimental trial, treatments that are not scientifically recognized by the Oncological Guidelines approved by the Agency for Technological Assessment and Medical Research, and bone marrow transplant treatments.**

i) Radiotherapy treatment is covered, **with the exception of special types such as proton beam therapy and likewise**.

- BLOOD TRANSFUSIONS. The insurance company shall bear the costs of the medical transfusion procedures in all cases, as well as for the blood and/or plasma being transfused inside the operating room and outside it, except in cases of highly specialized surgery that will always be charged to the company in the course of in-clinic pre or post-operative treatment.
- VASECTOMY AND TUBAL LIGATION. The company will designate the clinic and the doctor.
- RADIOFREQUENCY IN OTORHINOLARYNGOLOGY, ANGIOLOGY, VASCULAR SURGERY, AND RADIOFREQUENCY RHIZOLYSIS IN A PAIN TREATMENT CLINIC. **Up to €300 per intervention**.

8. HOSPITALIZATIONS

8.1. SURGICAL HOSPITALIZATION

Surgical interventions the nature of which requires it and that are practiced by doctors of the company will be carried out in clinics designated by the company, where the patient will have the right to a private room, and the company will cover the costs for the stay, subsistence, treatments, and their materials, as well as the expenses for the operating room, along with the anesthetic products and the medicines used within it. No limit on the number of days.

8.2. HOSPITALIZATION IN INTENSIVE CARE UNITS AND CORONARY UNITS (ICU) FOR SURGICAL PROCEDURES

Carried out in clinics designated by the company for the time deemed necessary by the head of the unit, who will be obliged to provide notification in writing of the criteria followed if so requested by the insured party. Coverage includes the cost of placement in the corresponding unit, all welfare and material expenses incurred, as well as the fees of the intervening medical personnel. No limit on the number of days.

8.3. MEDICAL HOSPITALIZATION

Includes hospitalization for medical treatment that does not require surgical intervention.

Coverage: the admission will be prescribed by a doctor of the company in a center assigned by the same and in which the patient will be entitled to a private room with a companion bed. The costs of hospitalization, subsistence (including that of a companion for up to a maximum of 3 days for pediatric admissions for children between 0 and 5 years old), costs for medication, and necessary treatments included in the policy will be covered by the company in the case of acute diseases and during the time clinically considered necessary for the diagnosis and treatment of the acute pathological process. The coverage will be extended until the date of discharge determined by the Clínicum doctor responsible for the care. No limit on the number of days.

Exclusions: hospitalization for chronic illnesses, periods of convalescence, terminal illnesses, conditions resulting from voluntary intoxication, those directly or indirectly caused by the consumption of alcohol, any drug addiction, and hospitalization for social issues.

8.4. PSYCHIATRIC HOSPITALIZATION

The admission will be prescribed by a doctor of the company, as well as the internment in a specialized center designated by the company. It will include the expenses for the stay, the medication and the necessary medical

treatments included in the policy. It will only be provided for the treatment of acute outbreaks that are unrelated to chronic patients**, the period of stay is limited to a maximum period of 60 days per year**.

Exclusions: diseases existing prior to contracting the policy, those derived from addictions and/or accidents, and group therapies, psychoanalysis and hypnosis. The coverage will be extended until the date of discharge determined by the Clínicum doctor responsible for the care**. A companion bed is not included due to the characteristics of the treatment**.

8.5. HOSPITALIZATION IN INTENSIVE CARE UNIT AND CORONARY UNIT (ICU) DUE TO ILLNESS

Coverage: expenses for hospitalization, medication and necessary treatments included in the policy will be covered by the company, in the case of clinical situations or acute illnesses, and until the patient can be transferred to other ordinary hospitalization units. No limit on the number of days.

Exclusions: coverage for the stay in the ICU as soon as the procedure or clinical situation of the patient is diagnosed as irreversible (e.g. persistent or permanent cerebral and vegetative coma and others) and/or the care in the ICU has the exclusive purpose of facilitating measures of support or maintenance to the patient, chronic conditions in non-acute processes, those caused by voluntary intoxication, terminal processes, and hospitalizations based on social problems.

9. OTHER SERVICES INCLUDED

9.1. AMBULANCE

Outside of the municipality and within the region. Following medical prescription by a doctor of the company. Only for urgent cases or hospital discharges of immobilized patients.

9.2. SOCIAL CARE

Clínicum provides the services of a social worker, who is responsible for providing information on the available resources for both cares in the home and in nursing homes in both public and private networks.

9.3. FAMILY PLANNING

Implantation of the IUD. Reimbursement of the cost of the IUD **up to a maximum of €75**

9.4. SECOND DIAGNOSTIC OPINION

The ability to obtain a medical evaluation with a second diagnostic opinion in all cases that the medical management of the company deems appropriate is guaranteed.

The person responsible for the medical management of Clínicum will compile the medical history of the insured party. Once this has been analyzed and depending on the pathology that is being treated, the aforementioned report will be forwarded to one of the designated clinics.

Once the report has been forwarded, Clínicum's medical management, with due confidentiality, will inform the patient of the results of the interconsultation and the possible alternatives to pursue.

The designated clinics will be determined based on the specific pathologies.

9.5. ONLINE MEDICAL SERVICES

Through our website www.clinicum.es the insured parties have at their disposal:

- An up-to-date medical directory: www.clinicum.es/cuadro-medico/
- Online appointment booking for Centro Médico Clínicum: servicios.clinicum.es/citaonline /
- A video consultation service: globalcareondemand.com/clinicum

9.6. PROGRAMME FOR QUICK DIAGNOSIS AND MEDICAL ADVICE IN CASES OF SERIOUS ILLNESS

In the case of a diagnosis or presumption of a serious illness, this program will provide advice and medical coordination between the different specialties.

9.7. ANTI-SMOKING UNIT

At Centro Médico Clínicum, visitations and free follow-up. **Pharmacological costs are at the expense of the insured party**.

9.8. CLUB CLÍNICUM

A service that was created to respond to all those requests from our insured customers for issues related to healthcare and health-related insurance (cosmetic surgery, spas, aesthetic medicine, refractive surgery, etc.).

Through this service, we also intend to enhance communication with all of our policyholders and raise awareness of improvements to health and well-being.

As a Clínicum insured customer, you will have access to a broad initial range of services and activities that will help you to lead a healthier life. Club Clínicum has rigorously selected a range of suppliers, prioritizing professionalism and individual quality, not quantity.

With your insurance card, you can access our contracted services guide for preferential and exclusive discounts as a member of our Club. You must contact Clínicum in advance to request the **DISCOUNT VOUCHER** for the requested provider, which you can do by email (clubsalut@clinicum.es), by calling + 34 93 237 11 22, or by visiting our office at Passeig de Gràcia, 121.

ANNEX II: DESCRIPTION AND USE OF DENTAL SERVICES

The free services this contract entitles you are the following listed below:

FIRST VISITATIONS:

- First visitation and estimate delivery.
- Check-up visitations.
- Emergency visitation.

PREVENTIVE DENTISTRY:

- Oral and dental education.
- Teaching brushing techniques.
- Fluoridation.
- Yearly dental cleaning. Periodontal scaling (both arches) on the healthy periodontium.

RADIOLOGY:

- Dental X-rays (periapical, flap, occlusal).
- Orthopantomography (dental panoramic).
- Lateral or frontal teleradiography of the skull.

PERIODONTICS

- Diagnosis and probing.

ORTHODONTICS

- First visitation to examine the patient.

REMOVABLE PROSTHESIS

- Occlusal adjustment without articulator mounting for a prosthesis.

ORAL SURGERY

- Removal of stitches.

IMPLANTOLOGY

- Implant treatment study.
- False Titanium stump.
- Healing screw.
- Cement screw.

Clínicum dental emergencies 24 hours a day 365 days a year

The company offers policyholders a permanent 24-hour telephone service (call center) for any dental care that may be required. Phone: 93 492 17 00.

For treatment discounts through our network, please contact at.cliente@clinicum.es.

ANNEX III: TRAVEL HEALTHCARE IN SPAIN AND ABROAD

Established provisions

1. INSURED PARTIES

Beneficiaries of healthcare insurance provided by Clínicum Seguros, S.A.

2. DURATION

The duration is linked to the healthcare insurance from Clínicum Seguros, S.A.

3. TEMPORARY VALIDITY

In order to benefit from the covered guarantees, the insured party must reside in Spain and the period of time spent away from his or her usual residence must not exceed **90 days** per trip or displacement.

4. AREA OF COVERAGE

The benefits covered by this policy will take place when the insured party is outside of the autonomous community in which he or she typically resides, or in the territorial area explicitly defined in each of the guarantees.

Excluded from the coverage of this policy are those countries which, during a trip or displacement on the part of the insured party, are in a state of warfare, siege, insurrection, or armed conflict of any nature or type, even if they have not been officially declared.

The country of origin of the insured or policyholder is also excluded from this coverage.

It is expressly agreed that the obligations of the insurer resulting from the coverage of this policy will end the instant in which the insured party returns to his or her usual address or is admitted to a healthcare facility located a maximum of 25 km from the aforementioned residence (12 km in the case of the Balearic and Canary Islands).

5. GUARANTEES

5.1. Medical and health care

The insurer shall be responsible for the expenses resulting from the intervention of the professionals and healthcare establishments that are required for the care of the insured party should he or she become sick or injured. The following services are expressly included in the following non-exhaustive list:

a. Attention by emergency medical teams and specialists.
b. Complementary medical examinations.
c. Hospitalizations, treatments, and surgical procedures.
d. The provision of medications while admitted to a care facility, or reimbursement of the cost of medications for injuries or illnesses which do not require hospitalization.
e. Care for acute dental problems understood as those that, due to infection, pain or trauma, require urgent treatment.

The insurer shall be responsible for the expenses corresponding to these benefits, up to a limit of **€15,000** per insured party, or the equivalent in the local currency in cases where they occur abroad. For urgent medical assistance in Spanish territory, the coverages are specified in the general conditions of the policy. Dental emergency expenses are limited to **€50.**

5.2. Repatriation or medical transportation of sick or injured persons

In the event of an accident or illness suffered by the insured party, the insurer will be responsible for:

a. The cost of transportation by ambulance to the nearest clinic or hospital.
b. The monitoring by its medical team, through contact with the attending medical professional treating the insured party who is sick or injured, to determine the appropriate measures to follow to provide the optimal treatment and the most suitable means for the eventual transfer of the insured party to another more appropriate hospital center or to their home.
c. The cost of transporting the injured or sick person, via the most suitable means of transport, to the selected hospital center or to their usual residence.

The means of transport used in each case will be determined by the medical team of the insurer in accordance

with the urgency and severity of the case. In Europe, this may include the use of a specially adapted medical plane.

If the insured party was admitted to a hospital center not close to his or her home, the insurer will be responsible, in due course, for the subsequent transportation to their home.

5.3. Repatriation or transportation of other insured parties from abroad

When fulfilling the guarantee of repatriation or sanitary transport of the injured or sick, if one of the insured persons has been repatriated or transferred due to illness or accident, and this prevents his or her spouse, ascendants or descendants in the first degree, or siblings, from continuing with their travel plans through the means initially envisaged, the insurer shall be responsible for transporting them to their home or to the place of hospitalization.

5.4. Repatriation or transport of minors or disabled persons from abroad

If the insured party who is repatriated or transferred, in fulfillment of the guarantee of repatriation or medical transport for the injured or sick, is traveling as the sole companion of disabled children or of children younger than fifteen years old, the insurer will organize and take responsibility for the travel, in the form of a return trip, of a travel attendant or a person designated by the insured party who will accompany the children on their return home.

5.5. Convalescence at a hotel abroad

If the insured party who is sick or injured is unable to return home on the advice of a medical professional, the insurer shall be responsible for the hotel expenses incurred for the extension of the insured party's stay, up to a limit of **€100** per day, and for a maximum period of **10 days**.

5.6. Repatriation or transportation of an insured party who has passed away while abroad

In the event of the death of an insured party, the insurer will organize the transportation of the body to the country of origin and will be responsible for the expenses of the transportation for an amount up to €8.000 to the cemetery of the location designated in the policy. These expenses will be understood to include those for post-mortem preparation in accordance with legal requirements.

The expenses for the burial and ceremony are not included.

The insurer will be responsible for the return journey of the other insured parties, in cases where they are unable to do so through the means initially planned.

5.7. Early return from abroad due to the death of a relative

If any of the insured parties are forced to interrupt their trip due to the death of their spouse, an ascendant or descendant in the first degree, or a sibling, the insurer shall be responsible for transportation, in the form of a round trip, by plane (economy class) or train (1st class), from the place they are located to the place in Spain where the burial will take place.

Alternatively, the insured party may opt instead for two airline (economy class) or train tickets (1st class), to return to his or her country of origin.

5.8. Transporting and burial in the event of death

The company guarantees to the insured persons who take out this guarantee -excluding those under one month of age- that, in the event of death in the country of usual residence indicated in the policy, it will take care of the necessary arrangements and expenses for the transportation and repatriation of the remains to their country of origin also indicated in the policy for an amount up to €8.000 and the payment, against presentation of the related invoices, of up to €1.000 to carry out the burial.
The transportation of the insured will be carried out provided that the competent authorities authorize it and there is no major force that impedes it, and it is carried out through the intermediary of the funeral company designated by the company when the corresponding declaration of death is made.

a. **Companion in the event of death**
The relatives or rightful claimants of the insured deceased may designate a person resident in Spain, with the right to an airline ticket or suitable means of transport (round trip, always public and collective, economy class), so that they may travel with the deceased. Likewise, the company will pay this person the amount of 100 Euros per day, up to the limit of 1.000 Euros, against the presentation of the related invoices for lodging and meals for the days necessary for the transportation and burial of the insured deceased.

5.9. Communication of urgent messages

The insurer will be responsible for communicating urgent messages at the request of the insured party, as a result of the claims covered by these guarantees.

IMPORTANT NOTES REGARDING THE COVERAGE FOR REPATRIATION OF RESIDENTS

a. This guarantee will only cover foreign nationality residents in the Spanish territory (except Ceuta and Melilla). Foreigners must have a Spanish resident's card or VISA, or it must be in the process.
b. The maximum age limit for contracting this cover is 40 years old.
c. Failure to comply with the regulations indicated to be followed in the event of transportation will be understood as a waiver of these guarantees.
d. If the total amount of the expenses of the claim, including those of transfer and burial, exceed the value of the sum insured in the Funeral Service guarantee, the company will not have to compensate for any element or service not used.
e. The waiver in the event of a claim to any of the coverages of this supplement shall not give the right to any compensation.
f. If the relatives of the insured deceased in Spain decide not to repatriate the deceased, the company will provide the guarantees Funeral Service and "Asistencia Decesos". If the death of the insured deceased takes place abroad and the family decides not to repatriate the deceased, the company will only be obliged to compensate the value of the Funeral Service within the limit and the conditions established in the particular and general conditions of the policy.

RULES TO FOLLOW IN THE EVENT OF A CLAIM

Communicate the death of the insured person immediately after death, indicating the policy number and the name of the insured deceased to the telephone number available to our insured persons 24 hours a day, 365 days a year: +34 93 462 49 09

6. EXCLUSIONS

The agreed guarantees do not include:

a. Visitations, tests, or treatments not urgent of any type.
b. Occurrences that are caused voluntarily by the insured party or those that involve fraud or gross negligence on the part of the insured party.
c. Pre-existing chronic diseases or illnesses, as well as their consequences, were suffered by the insured party prior to the beginning of the trip.
d. Death by suicide or injuries or illnesses resulting from intent or that are intentionally produced by the insured party, and those resulting from criminal activities engaged in by the insured party.
e. Diseases or pathological states are caused by the ingestion of alcohol, psychotropic, or hallucinogenic substances or any other drug or substance with similar characteristics.
f. Aesthetic treatments and the supply or replacement of hearing aids, contact lenses, glasses, orthoses, and prostheses in general, as well as the expenses resulting from births or pregnancies and any type of mental illness.
g. Injuries or illnesses resulting from the participation of the insured party in gambling, competitions, or sporting events, the practice of skiing or any other type of winter sport or so-called adventure sports (including hiking, trekking, and similar activities), and the rescue of persons from the ocean, mountains or desert areas.
h. Injuries or illnesses that result, directly or indirectly, from events caused by nuclear energy, radioactive radiation, natural catastrophes, acts of warfare, riots, or terrorist acts.
i. Any type of medical or pharmaceutical expense below €9.
j. Diagnosis, monitoring, and treatments, related to pregnancy, voluntary termination of a pregnancy, or the delivery of a baby; only acute and unpredictable pathological complications related to these conditions

that occur during the first six months of pregnancy are covered.

k. Any medical expenses or assistance originating in the country of origin of the insured or policyholder.

7. REQUESTING CARE

When faced with the occurrence of an event that may give reason to a request for the covered benefits, it is compulsory that the insured party communicates with the emergency service established by the insurer, **telephone number + 34 93 485 74 73 (when calling from within Spain) or + 34 93 485 74 73 (when calling from abroad)**, and indicates: the name of the insured party, the policy number, and the location and telephone number of the place where the insured party is presently located as well as the type of assistance required; if necessary a reverse-charge call can be made.

8. ADDITIONAL PROVISIONS

The insurer will not assume any obligation in connection with benefits that have not been requested or that have not been made with their prior agreement, except in cases of duly justified force majeure.

When the direct intervention of the insurer is not possible in the provision of services, the insurer will be obliged to reimburse the insured party for the duly certified expenses that arise from such services, within a maximum period of 40 days from the day the documents are submitted.

These complementary guarantees form an integral part of the corresponding policy, and do not have validity on their own. The general terms and conditions of this policy are applicable provided that they do not contradict the existing terms and conditions that are in force.

9. SUBROGATION

The insurer will be automatically subrogated up to the limit of the amounts disbursed in compliance with the obligations derived from this policy for the rights and actions that may correspond to the insured party or their heirs, as well as to other beneficiaries, as a consequence of damages which resulted due to the care being provided.

In an exceptional manner, this right may be exercised by the insurer against land, river, sea, or air transportation companies, regarding the total or partial restitution of the costs for tickets not used by the insured party or beneficiaries.

In the cases of concurrence of coverage with other public or private insurance, the provisions of the Insurance Contract Law, in articles 31 and 32, will be applicable.

10. PROVISION OF SERVICES

For the purpose of the urgent provision of services, the insurer shall provide the insured party with the supporting documentation of the policyholder, in addition to instructions and an emergency telephone number.

The policyholder is aware of the conditions stipulated in these general terms and conditions and expressly accepts the limiting clauses contained therein, which are indicated in bold.

On behalf of the company: CEO