

DKV RESIDENTES

I like to feel at home

> GENERAL CONDITIONS



This translation is merely intended as aid to a better understanding of the Spanish text. Only the Spanish version of the General Conditions is legally binding.

**DKV RESIDENTES
INSURANCE POLICY**

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FULLY PAID-UP SHARE CAPITAL: 45.059.975.00 EUROS

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TABLE OF CONTENTS

	Page
LETTER FROM THE CHIEF EXECUTIVE OFFICER	5
FREQUENTLY ASKED QUESTIONS AND ANSWERS	8
HEALTHY LIVING PLAN “VIVE LA SALUD”	17
ADDITIONAL SERVICES	20
INSURANCE POLICY: GENERAL CONDITIONS	
1. Preliminary clause	27
2. Basic Concepts: Definitions	28
3. Modality, Extension and Territorial Scope of the Insurance	36
3.1 Object of the insurance	36
3.2 Modality of the insurance	36
3.3 Territorial scope	37
3.4 Access to coverage	37
3.5 Subrogation clause	39
4. Description of the Coverage	40
4.1 Primary Care	40
4.2 Emergency Care	40
4.3 Medical Specialities and Surgery	41
4.4 Diagnostic Aids	42
4.5 Therapeutic Methods	43
4.6 Hospitalisation	44
4.7 Complementary Coverage	45
4.8 Special Coverage	47
4.9 Travel assistance	49

- 5. Excluded Coverage 50
- 6. Periods of Grace 54
- 7. Services according to the care modality of the coverage contracted . . . 55
- 7.1 Clause for continuing within the DKV AG Group on returning to Germany. 56

- 8. Base of the contract 57
- 8.1 Perfection of the contract and length of insurance policy 57
- 8.2 Other obligations and faculties of the policy holder
or the insured person 58
- 8.3 Other obligations of DKV Seguros 58
- 8.4 Payment of premiums. 58
- 8.5 Loss of rights and cancellation of the contract. 60
- 8.6 Notifications 60
- 8.7 Special health risks. 61
- 8.8 Taxes and surcharges 61

- APPENDIX I: TRAVEL ASSISTANCE 62
- APPENDIX II: REPATRIATION 68
- APPENDIX III: BEST CARE. 71

LETTER FROM THE CHIEF EXECUTIVE OFFICER

“In DKV Seguros we don't like small print”

Dear client,

Several years ago, DKV Seguros started the “Clear Language” programme, a pioneering initiative whose intention was to create a change in the language of the insurance sector.

From the conviction that the lack of transparency produces distrust, the company carried out a revision of all the documentation that we use with our insured clients, with the objective of offering them **simple, easy to understand, direct language that is close to them**, far from the technical terms and the so called “small print”, something that gives special importance to insurance contracts.

“Clear language” is part of the commitment of DKV Seguros to offer an excellent service to the client, a policy for the strategic performance of our company, and one which forms part of the socially responsible products and services of the programme of managerial responsibility of DKV Seguros. The initiative has had the support and collaboration of independent entities and has caught the interest of various consumers' organisations.

**“Clear language is part
of the commitment of DKV Seguros
to offer an excellent service to its clients”**


Recently, **our cooperation with the Consumers’ Association of Spain (UCE) has been strengthened with the signing of a new agreement** that extends the scenario of this relationship of working together to the sector as a whole, with the launching of informative actions and research aimed not only at consumers & users, but also at various agents and insurance companies.

Moreover, DKV Seguros has carried out a restructuring of the contracts of its products so that the coverage is expressed with clarity, both in layout and content, so that our insured clients clearly understand the services that their insurance policy offers them.

In DKV Seguros, we say that we don't like small print because **we fully trust the quality of our products** whose design and place in the market are based on the principle of innovation and on the ability to give an answer, in a flexible and personal way, to the needs of each one of our clients.

Lastly, let me remind you that, for any consultation or administrative step, DKV Seguros has its Call Centre (902 499 499) and its page web (www.dkvseguros.com) at your disposal, where you can find information and additional services.

Thank you for placing your trust in us.
Yours faithfully,



Dr. Josep Santacreu Bonjoch
Chief Executive Officer
DKV Seguros

FREQUENTLY ASKED QUESTIONS AND ANSWERS

These General Conditions will allow you to know in detail the kind of contract that you sign with DKV Seguros when subscribing this insurance policy.

Throughout the document, we explain most of the questions that can arise when using your insurance policy. However, in this section, we seek to give answers in a clear and simple way to some of our clients' most frequently asked questions. We hope you find them useful.

REGARDING THE CONTRACT

WHAT IS THE SET OF CONDITIONS?

The set of conditions, also called "General Conditions" and/or "Particular Conditions", is a contract that groups together the rights and obligations of DKV Seguros, as well as those of the insured person or person that contracts the insurance policy.

WHAT DOCUMENTS DO I RECEIVE WHEN I TAKE OUT THE INSURANCE POLICY?

The General and Particular Conditions, DKV Medi-Card(s)[®] and the table of coverage of DKV Health Care Network.

You should check that your personal data has been correctly copied.

WHAT DO I HAVE TO DO WITH THIS DOCUMENTATION?

Sign the Particular and General Conditions, keep them and send us the signed copy. If you have any doubts, contact us.

We will be pleased to help you.

DO I NEED TO REQUEST THE EXTENSION OF THE CONTRACT?

The contracts are renewed automatically every year, you don't need to request the renewal.

However, both you and DKV Seguros can cancel the contract provided the notification is made in writing with a minimum of two months' notice. In this way you can justify two months' notice has actually been given.

WHAT HAPPENS TO MY PERSONAL DATA?

DKV Seguros is specifically authorised to collect, handle and give the personal data of the policy holder and/or the insured person to entities of the group.

Regarding the health data of the insured person, this may only be given to a third party with the sole aim of administering health care, the plans for prevention and promoting good health and the additional services covered by the policy.

DKV Seguros is also authorised to send the policy holder and/or insured person information about health care, the plans for prevention and promoting good health and the goods and services that could be of the interest to them.

The policy holder and the insured person may visit DKV Seguros to consult this data and update, rectify, or delete it.

CARE MODALITY AND EXTENSION OF THE INSURANCE CONTRACT

WHAT IS THE MAIN FEATURE THAT DEFINES DKV RESIDENTES?

DKV Residentes is based on a mixed system in which the insured person can choose between:

- > Receiving the services described in the policy through the associated DKV Health Care Network (Own Means Care Modality).
- > Free choice of doctors or centres other than those in the associated network with a refund of the invoices paid according to the percentages and limits specified in the General Conditions and Table of Coverage and Limits Annexed to the Particular Conditions. (External Means Care Modality).

HOW CAN I USE DKV SEGUROS' OWN MEANS?

The insured person can freely choose between the doctors and centres included in the DKV Health Care Network and receive the required service on showing his DKV Medi-Card[®], and in some cases the required authorisation.

HOW DO I CLAIM THE REFUND OF MY EXPENSES FROM DKV SEGUROS?

You must present the invoices you have paid within fifteen days, with a breakdown of all the medical acts carried out in non DKV Health Care Network centres, the doctor's prescribing note and the medical reports specifying the origin and nature of the illness. To make it easier for you, DKV Seguros has prepared a special "Refunds form" for you to fill in.

WHAT PERCENTAGE REFUND AND WHAT LIMITS ARE SPECIFIED IN THE POLICY, IF I GO TO A DOCTOR/CENTRE NOT INCLUDED IN THE DKV HEALTH CARE NETWORK?

"DKV Residentes" refunds, unless otherwise agreed, 100% of the total amount of invoices in Spain without any limit, except for those stipulated in the General Conditions and Table of Coverage and Limits in the Appendix to the Particular Conditions for some specialities and/or specific services:

- > For dental services the refund of the difference between Own Means and External Means up to a maximum limit per person per year, adding together the two care modalities.

- › In alternative and complementary therapies: homeopathy, phytotherapy, acupuncture and chiromassage or osteopathy are refunded up to a maximum amount per consultation and/or session.
- › Also, the phytotherapy, acupuncture and chiromassage or osteopathy have an annual limit of consultations and/or sessions per insured person.
- › Clinical Psychology: a sum up to a maximum amount per consultation and/or session is refunded in External Means, with an annual limit of consultations and/or sessions per insured person, adding together the two care modalities (Own Means and External Means)
- › Spectacle frames are refunded up to a maximum amount. From 15 years of age onwards more than two years must have elapsed from the previous refund for this concept.
- › Made to measure orthopaedic shoes are covered with an excess paid by the insured person pays, which will be higher from 16 years of age.

WHAT IS THE TERRITORIAL SCOPE OF THE POLICY?

The insured person can go to a non DKV Health Care Network doctor or hospital anywhere in Spain (and also in Germany, using External Means, for a maximum of 100 days on contracting Basic Coverage + Repatriation + Best Care Modality) and claim a refund of his medical-surgical expenses provided that he resides in Spain at least six months (183 days) a year.

Similarly, the DKV Health Care Network guarantees health care all over Spain. (Own Means Care Modality).

DKV MEDI-CARD®

CAN THE DOCTOR ASK ME FOR MY DKV MEDI-CARD® BESIDES THE AUTHORISATION OF CERTAIN SERVICES?

Yes. Your DKV Medi-Card® identifies you as a client of DKV Seguros Health Care Network, and you will be asked to show it.

HOW MUCH DO I HAVE TO PAY FOR EACH VISIT?

You do not have to pay anything when you use the DKV Health Care Network.

WHAT HAPPENS IF I DON'T SHOW MY DKV MEDI-CARD® TO A DOCTOR OR CENTRE IN THE DKV HEALTH CARE NETWORK?

You may be charged for the medical-surgical care provided.

DKV Seguros will not refund any amount corresponding to doctors or centres that are in the DKV Health Care Network under any circumstances, except for the dental care speciality.

WHAT SHOULD I DO IF I LOSE MY DKV MEDI-CARD®?

Contact the company so that we can send you a new one.

HOW CAN I CONTACT DKV SEGUROS?

By ringing the DKV Seguros Call Centre on **902 499 499**; by Internet at the address: **www.dkvseguros.com**, or going in person to any of the offices of DKV Seguros.

AUTHORISATIONS

WHEN DO I NEED AN AUTHORISATION?

Only for services associated to DKV Health Care Network.

No other external services, ie those not included in the DKV Health Care Network. require authorisation, except for insured persons who have taken out the modality Basic Coverage + Repatriation

WHAT TESTS OR SERVICES NEED AUTHORISATION IN THE DKV HEALTH CARE NETWORK?

Complex diagnostic tests, transfers by ambulance, prosthesis, psychotherapy sessions, preventative check ups, medical or surgical treatment as well as hospitalisation.

If you have any doubts, contact us.

HOW CAN I REQUEST AN AUTHORISATION IF I CANNOT GO TO AN OFFICE OF DKV SEGUROS?

By ringing our company Call Centre on 902 499 499, by fax 902 499 000, through the DKV Seguros web page (www.dkvseguros.com) or anybody can visit a branch of DKV Seguros with your card and the medical prescription of the test.

PAYMENT

WHAT DO YOU MEAN BY A YEARLY CONTRACT, IF I PAY MONTHLY?

The duration of the contract stipulated in the policy is annual, which is compatible with the monthly payment of the premium.

You can also opt for a quarterly, six monthly, or annual payment with the corresponding discount.

HEALTH CARE

WHAT IS THE HEALTHY LIVING PLAN “VIVE LA SALUD”?

Through internet, at www.vivelasalud.com, DKV Seguros offers its insured persons the possibility of access to diverse specific programmes for promoting health and the prevention of illnesses that will gradually be incorporated.

CAN I GO TO THE DOCTOR THE DAY AFTER TAKING OUT THE HEALTH POLICY?

Yes, from the first day that the policy comes into force, except for some services that have a period of grace (see Section 6, Periods of grace).

DO I NEED TO REQUEST AUTHORISATION TO GO TO A MEDICAL OR SURGICAL SPECIALIST'S CONSULTATIONS?

No. Medical or surgical specialist's consultations have free access in the DKV Health Care Network and outside.

DO I NEED AUTHORISATION FOR CLINICAL PSYCHIATRY?

Yes. You need to request authorisation to use this, non medical, speciality in the DKV Health Care Network.

WHEN CAN I REQUEST SERVICE AT HOME?

When, due to the sick person's state, going to a consultation or hospital centre is medically inadvisable.

Also, the visits of a practising nursing assistant can be made at home if a doctor prescribes them.

ARE ILLNESSES PREVIOUS TO CONTRACTING THE POLICY COVERED?

By the nature of the contract, previous illnesses are not covered, but they may be covered by paying an extra premium in some cases.

WHAT DOES THE DENTAL SPECIALITY COVER?

It includes all dental services other than those for aesthetic effects: endodontics, periodontics, orthodontics, fillings, dental prostheses, apisectomies, implants and the necessary diagnostic means for these treatments.

HOW CAN I USE THE DENTAL SERVICE?

The insured person can go to a dentist or dental clinic not included in the "DKV Dental Services Network" (External Means) in Spain (and also in Germany for a maximum of 100 days on contracting the modality "Basic Coverage + Repatriation + Best Care") and is entitled to a refund of the costs arising from the dental services provided according to that specified in the Table of Coverage & Limits in the Appendix to the Particular Conditions.

The insured person can also visit the dentists and dental clinics included in the "DKV Dental Services Network (Own Means) throughout Spain and on showing his DKV Medi-Card®, receive the required dental service at the special rate stipulated in the DKV Health Care Network, which also entitles him to a Full refund of the dental care expenses.

IS THERE AN ESTABLISHED LIMIT FOR DENTAL CARE PER PERSON, PER YEAR?

Yes there is a maximum annual limit in the Table of Coverage & Limits in the Appendix to the Particular Conditions per insured person, per year, which includes the dental treatment invoiced through Own Means Care Modality (DKV Network of Dental Services) plus the refund paid for the external services received.

HOW MANY DENTAL CLEANS DOES THE POLICY COVER A YEAR?

Those necessary, provided they are prescribed by a doctor.

DOES “DKV RESIDENTES” COVER MEDICATION?

Medicines are refunded up to maximum annual limit specified in the Table of Coverage & Limits in the Appendix to the Particular Conditions, as long as they have been medically prescribed, acquired in a chemist's, are included in the registry of medicines and have a therapeutic purpose. Homeopathic medicine, vaccines and extracts in allergy processes are included in this concept.

WHAT ALTERNATIVE AND COMPLEMENTARY THERAPIES ARE INCLUDED IN DKV RESIDENTES?

DKV Residentes includes homeopathy, phytotherapy, acupuncture and chiromassage or osteopathy as long as they are given by a doctor. There is a refund up to a maximum limit per consultation/session according to that specified in the Table of Coverage & Limits in the Appendix to the Particular Conditions.

Also, phytotherapy, acupuncture and chiromassage or osteopathy have a annual limit of consultations and/or sessions per insured person which is specified in the Table of Coverage & Limits in the Appendix to the Particular Conditions.

IS THE EPIDURAL ANESTHESIA FOR CHILDBIRTH COVERED?

Yes, and for any other surgery where required.

DOES DKV RESIDENTES COVER LASER SURGERY FOR MYOPIA?

DKV Seguros gives you access to laser surgery for myopia through a network of opticians' centres, associated to the company, anywhere in Spain.

The access to the service is through a pre-payment of a set fee to DKV Seguros.

DOES “DKV RESIDENTES” INCLUDE CLINICAL PSYCHOLOGY?

Yes, it is only included as out-patient treatment with the prior prescription of a psychiatrist or paediatrician provided it is given by a psychologist, up to a maximum limit specified in the Table of Coverage & Limits in the Appendix to the Particular Conditions per insured person, per natural year, (the sum of Own Means and External Means) with a maximum refund in External Means specified in the Table of Coverage & Limits in the Appendix to the Particular Conditions for the following pathologies requiring psychological intervention.

- Psychiatric illness: Depression. Schizophrenia and Psychotic Disorders.
- Behavioural disorders: Neurosis, Anxiety, Personality, and Obsessive Compulsions.
- Eating disorders: Anorexia and Bulimia.
- Sleep disorders: Enuresis, Insomnia, Somnambulism, Night Fears.
- Adjustment Disorders: Work Related and Post Traumatic Stress, Bereavement, Divorce, Adolescence: Post Vacation Syndrome, etc.
- Learning disorders: Hyperactivity and School Failure.

AND FAMILY PLANNING?

Yes. Both the fitting of the IUD (**except for the cost of the intra-uterine device**) and tubal ligature, hysteroscopic tubal occlusion or ESSURE system and vasectomy are included in the policy.

In these last three cases, since they are regarded as surgery, there is a period of grace of six months.

IF I BREAK SOMETHING WHILE PLAYING SPORTS, IS IT COVERED BY THE POLICY?

Yes, as long as it is not a professional activity, an official competition or a high risk sport.

IS HEALTH CARE INCLUDED WHILE I'M ABROAD?

Only in the event of an emergency or an accident through a complementary travel assistance coverage, which guarantees the provision of health care abroad up to a maximum of 90 days per trip. (See Appendix I)

Moreover, on contracting the modality Basic Coverage + Repatriation + Best Care, health care in Germany is also included for a period of up to 100 days per year.

WHAT NUMBER DO I RING IF I HAVE A MEDICAL EMERGENCY WHILE ABROAD?

00 34 91 379 04 34. They will attend to you and tell you which centre to go to for treatment.

HOSPITALISATION

WHAT SHOULD I DO IF I AM ADMITTED TO HOSPITAL, WITH PRIOR NOTICE?

The hospital admission should be authorised beforehand in the offices of DKV Seguros for hospitals included in the DKV Health Care Network. To do so, the written request of a doctor is required stating the need for this admission.

For non-associated hospitals, ie those not in the DKV Health Care Network, no authorisation is required. On requesting the refund you must present the invoices, prescription and medical report.

IN THE EVENT OF AN EMERGENCY, WHICH HOSPITAL SHOULD I GO TO?

You can go to any hospital.

If it is a non-associated hospital, you must present the invoices and request the refund for the medical expenses.

For associated hospitals belonging to the DKV Health Care Network, you must inform DKV as soon as possible in the 72 hours following admission.

IN THE EVENT OF HOSPITALISATION, WHEN IS THE COMPANION'S BED INCLUDED?

The individual room with a companion's bed is included in the coverage of the policy, except in the cases of ICU, incubator and psychiatric hospitalisation.

In the case of having taken out the modality Basic Coverage + Repatriation + Best Care, an individual room is provided for hospitalisation in Germany.

SUGGESTIONS AND COMPLAINTS

HOW CAN I MAKE A COMPLAINT OR SUGGESTION?

You can present it in writing in any of our offices or send it to **Clients' Attention Service of the ERGO Group.**

To do so it should be sent to DKV Seguros' head office at Avda. César Augusto, 33, (50004 Zaragoza)
Teléfono: 902 499 499
Fax: 976 28 91 35, or via e- mail to atencioncliente@dkvseguros.es

You can also send it to the Commissioner for the Defence of Clients of Financial Services: Paseo de la Castellana, 44 (28046 Madrid).

If you do choose to do this, you should have first appealed to Clients' Attention Service of the ERGO Group.

HEALTHY LIVING PLAN: “VIVE LA SALUD”

DKV Seguros offers its insured clients the opportunity to adopt the **The Healthy Living Plan: “Vive la Salud”** seeking to promote activities of health promotion and prevention of illness through diverse specific programmes, available through internet and with the support of the medical telephone helplines.

a) The objectives of this project are:

- > Acquiring healthy life styles.
- > Permanently accepting the appropriate habits that they have already established.
- > Educating about the prevention of risk factors of illnesses.
- > Teaching them to recognise the early symptoms of each illness and the necessary action for each case.
- > Having personalised medical advice: defining a personalised healthy living plan with specific health objectives and continued support to obtain them.
- > Facilitating effective preventive activities
- > Living in healthy conditions and anticipating complications if a health problem already exists.

To obtain them the following tools are available:

- > Information, training, and participation in events.
- > Online evaluation, follow up and control tools.
- > Personalised medical advice at a distance to fulfil the therapeutic objectives.

b) The programmes that will be gradually included are the following:

1. Healthy Life. Aimed at all those clients who don't present cardiovascular risk factors, but who want to acquire or maintain healthy habits. The programme will provide personalised diet and exercise plans.

2. Cardiovascular prevention. Aimed at people with some of the most common risk factors of cardiovascular illnesses: high blood pressure, cholesterol, sedentary lifestyle, tobacco addiction, etc. The programme will provide personalised advice to improve their own control of their illness and avoid complications.

3. Diabetes. Aimed at adults with a risk of suffering diabetes. The main objective is the prevention of diabetes and the improvement in the self control of the diabetic patient through online tools for the control of glycemia and personalised advice.

4. Obesity. Aimed at DKV clients over 18 who present signs of being overweight or obesity. The objective of the programme is weight loss through following the advice of dieticians who will set objectives and design personalised diets and physical exercise routines to obtain them.

5. Child obesity. Aimed at clients who are parents of children who are overweight or obese. The main objective of the programme is to educate clients regarding the acquisition of healthy habits through educational material prepared for children and the personalised advice of dieticians.

6. Prevention of allergies. Aimed at the clients who suffer allergy problems. The programme will provide them with warnings about levels of allergens in the air with the objective of reducing or avoiding the allergy attack.

7. Prevention of breast cancer. Aimed at all women of 35 and over. The objective is to prevent breast cancer in an effective way and to detect it as early as possible. The programme offers personalised medical advice and recommendations about the most effective preventive activities depending on the personal characteristics of each insured person.

8. Prevention of prostate cancer. Aimed at men over 45 years of age. The objective is to prevent prostate cancer in an effective way and to detect it as early as possible. The programme offers personalised medical advice and recommendations about the most effective preventive activities depending on the personal characteristics of each insured person.

c) Access

Access to the above is exclusively through internet on:
www.vivelasalud.com

Further details of the above services are available on **902 499 499**

ADDITIONAL SERVICES

A) SERVIPLUS RESIDENTES

The contracting of the “DKV Residentes” health insurance policy, both in its individual and its collective modalities, allows the insured person access to the complementary additional services described below.

The details for the access to these services as well as their cost, which in some cases is free and in others are offered at special rates, but which are not included in the premium of the insurance policy, are included in the medical directories that DKV Seguros publishes annually and in the web page www.dkvseguros.com

1. E-SALUD SERVICES

MEDICAL ADVICE AT A DISTANCE

1.1 24 hour care

DKV Seguros’ insured clients have a 24 hour telephone helpline available, which is staffed by medical and administrative personnel, specialised in the coordination and activation of health care services in the home, depending on of the type of insurance taken out and the geographical area of residence.

1.2 24 hour DKV Doctor

This service provides DKV Seguros’ insured clients with telephone medical advice, offering information and solving doubts regarding symptoms, diagnostic tests, health problems and medication.

1.3 24 hour paediatric medical line

This service provides DKV Seguros’ insured clients with telephone medical advice from doctors or specialists in Paediatrics, offering information and solving doubts regarding symptoms, diagnostic tests, health problems of insured clients under 14 years of age.

1.4 Child obesity medical line

This service provides the parents of insured children in DKV Seguros with telephone advice, from doctors or technicians in diets and nutrition, providing strategies and medical documentation regarding the prevention and treatment of being overweight and child obesity.

1.5 Pregnancy medical line

This service provides DKV Seguros' pregnant insured clients with telephone medical advice given by doctors or specialists in Obstetrics, offering information and solving doubts regarding symptoms, diagnostic tests, health problems and appropriate medication for the stage of pregnancy.

1.6 Women's medical line

This service provides DKV Seguros' female insured clients with telephone medical advice given by female doctors or specialists offering information and solving doubts regarding symptoms, diagnostic tests, health problems and appropriate medication for women's health.

1.7 Medical nutritional line

This service provides DKV Seguros' insured clients with telephone dietary advice given by doctors or technicians in diets and nutrition, offering information and solving doubts regarding prevention for health and dietary control of pathologies that include diet therapy as part of the treatment prescribed by their doctor.

1.8 Medical tropical line

This service provides DKV Seguros' insured clients with telephone and internet medical advice, offering information and solving doubts regarding symptoms, diagnostic tests, health problems and chemoprophylaxis or medications characteristic of the speciality.

1.9. DKV virtual doctor. Medical advice via internet

This service provides DKV Seguros' insured clients. With medical advice via the web (www.dkvseguros.com) and e-mail, providing medical information from Internet and solving doubts regarding diagnostic tests, health problems or medications.

ADVICE FOR SERIOUS ILLNESSES

1.10 Second medical opinion

Through this free service, in the event of a serious illness, the insured person or his doctor will have access to the assessment and second opinion, at a distance, of a panel of leading medical specialists in the world.

These experts will study the medical records and offer their opinion regarding the diagnosis and possible alternative treatment.

1.11 Second bioethical opinion

By means of this free service, in the event of a serious illness, the insured person or his doctor will have access to the assessment and second opinion of specialists in bioethics who, in a confidential way and at distance, will study his medical records and offer their opinion about the bioethical aspects of a treatment or sensitive medical decision

2. CALL CENTRE

General information and authorisations. DKV Seguros' clients have access to a telephone consultation service to get information about the medical directory, to request authorisations, take out policies or services offered by the company, to make suggestions or deal with practically any other administrative process without having to go to an office.

3. TREATMENT

3.1 Refractive laser surgery

DKV Seguros offer its clients in the "DKV Health Care Network", a network of associated clinical opticians specialising in laser treatment for refraction disorders (myopia, hypermetropia, and astigmatism) at special rates.

3.2 Assisted reproduction and fertility service

DKV Seguros offer its clients in the "DKV Health Care Network", a network of associated clinics specialising in the latest treatment for assisted reproduction at special rates with access to the cryopreservation of eggs, sperm and embryos, as required.

3.3 Conservation of mother cells of the umbilical cord

DKV Seguros offers its insured clients, at special rates, the opportunity to conserve, analyse and safeguard the mother cells of the child's umbilical cord, extracted by his gynaecologist at the moment of birth and deposited in an associated laboratory, to be later used by the child or family if required.

3.4 Giving up smoking service

This service provides access at special rates to a programme to help you to stop smoking "LEAVE IT BEHIND[©]" developed by special Tobacco Addiction Centres of the DKV Health Care Network.

This programme consists of a number of personal, direct and individual consultations, carried out by a team formed by doctors and psychologists specially trained in addiction to tobacco. During these interventions each smoker's personal characteristics are analysed and a personal help plan to give up smoking is developed.

Also, the service has an informative web page www.vivesintabaco.com.

4. MEDICINE AND AESTHETICS SERVICE

DKV Seguros offers its insured clients a network of suppliers with a set of aesthetic solutions of the highest quality to make them feel good about themselves and improve their well-being and quality of life. This service includes:

- > Dermoaesthetic treatments.
- > Diagnosis and treatment of hair problems.
- > Aesthetic treatment of varicose veins superficial.

5. WELLNESS SERVICES

5.1 Hydrotherapy, spas and urban spas

DKV Seguros offers its insured clients spa treatments, carried out in centres with medicinal mineral waters declared for public use whose therapeutic action depends on their temperature, pressure, composition chemistry, radioactivity, bacterial flora and dissolved gases.

5.2 Back treatment and Pilates

To acquire healthy habits and to avoid bad habits of incorrect postures and back pains, DKV Seguros offers back treatment and Pilates courses at special rates.

The causes of the back pain are multiple and we know that this is a very frequent pathology. It is easy to understand the importance of adopting good habits of correct posture, and adapting your lifestyle to prevent pain.

5.3 Anti-stress therapies (taichi and yoga)

With the objective of promoting health, DKV Seguros offers its insured persons the possibility of receiving anti-stress therapies that will help them to avoid future health problems. These therapies consist of taichi and yoga courses which DKV Seguros' insured clients can access at special rates.

6. FAMILY CARE SERVICES

6.1 Social-health care in the home

DKV Seguros offers its insured clients a social-health care service in the home. It is a service that provides, through qualified and supervised personnel, a series of useful care services for people who have suffered a loss of autonomy and personal mobility, for clients that are receiving post-operative care at home, and for people with difficulties at getting up, getting dressed and preparing their daily meals, and who require a home help, among other functions.

6.2 Geriatric residences and day centres

DKV Seguros offers its insured clients access to a network of residences and day centres staffed by teams of highly qualified people that guarantee full range of care, such as doctors, male nurses, physiotherapists, psychologists or occupational therapists, among others. This service gives you access to temporary and permanent stays, and to day centres.

6.3 Fixed and portable tele-assistance in the home.

DKV Seguros offers its insured clients access to portable or fixed communication devices connected to a central switchboard. It offers an individual and adapted service, staffed by social workers, psychologists and doctors, 24 hours a day, 365 days a year, in and out of the home, with access through a specific terminal.

6.4 Home adaptation service

DKV Seguros offers its insured clients a set of items dedicated to adapting their home to their needs. These products allow for improved access and mobility in all corners of their home.

GENERAL CONDITIONS

1.

PRELIMINARY CLAUSE

This contract is subject to Insurance Contract Law 50/1980 dated October 8.

The control of the activities of the insurance company DKV Seguros y Reaseguros S.A.E. (henceforth DKV Seguros) situated at Avda. César Augusto 33, 50004 Zaragoza corresponds to the Kingdom of Spain, and in particular to the Ministry of Economy via the General Directorate of Insurance and Pension Funds.

The Application Form, Health Declaration, the separate General, Particular and Special Conditions and the related Supplements or Appendices are integral parts of the contract. The transcriptions or references to legal precepts require no acceptance.

The policy holders of the insurance, insured persons, beneficiaries, affected third parties or claimants of any of these, in defence of their interests and for the resolution of any conflicts that may arise with DKV Seguros can make their claim in the following ways:

Visiting any of DKV Seguros' offices or sending it by mail or fax to the Clients' Attention Service of the ERGO Group at the address: Avenida César Augusto 33, 50004 Zaragoza, telephone 902 499 499, fax 976 28 91 35, or via e-mail by sending it to: atencioncliente@dkvseguros.es, selecting the way and address at which they would like the reply to be made.

The complaint will be answered in writing within two months.

The Regulations of the Clients' Attention Service of the ERGO Group are available from DKV Seguros' offices.

Once this term has lapsed and if he is not fully satisfied with the proposed solution, he may visit the Commissioner for the Defence of Clients of Financial Services, situated at Pº. de la Castellana 44, 28046 Madrid, where on showing the previous procedure made to DKV Seguros he will be able to make an official appeal.

Without the aforementioned steps being affected, you may also make a legal claim before the corresponding Courts.

2.

BASIC CONCEPTS. DEFINITIONS

For the effects of this contract the following terms are defined as:

A

ACCIDENT

Body damage suffered from an external, violent and sudden cause while the policy is in force, against the will of the Insured Person.

ACTUARIAL AGE

The age of each insured person on his closest birthday (past or future) to the effective date, or the date of extending the policy.

ACUPUNCTURE

Medical practice generally based on the Chinese traditional medicine that involves the stimulation of specific anatomical points in the body for therapeutic purposes, by means of puncturing the skin with a needle.

ALTERNATIVE AND COMPLEMENTARY THERAPIES

Diverse set of therapeutic systems and medical practices that are not currently considered part of conventional allopathic medicine.

ANGIOGENESIS INHIBITOR

Medication that acts on the growth factor of the vascular endothelium (VEGF) essential for the formation of new blood vessels (angiogenesis) inhibiting their growth.

AUXILIARY NURSE

Nursing assistant or graduate with nursing diploma.

B

BEST CARE

A service that guarantees, for the diagnosis of certain specific serious illnesses, care given by a renowned prestigious expert in Germany, within a short period of time.

BIOLOGICAL OR SYNTHETIC MATERIAL

Also known as biological prosthesis, implanted by means of special techniques to replace, regenerate or add to an organ or its function. Includes cell transplants for regenerative purposes.

BIOMATERIAL

Materials, natural (of either animal or human origin) or artificial (man made), used in the production of items or sanitary products that interact with biological systems, applied in various medical specialties.

C**CARDIAC REHABILITATION**

The activities required to restore an optimum functional level after an acute heart attack, from a physical point of view.

CHIROMASSAGE OR CHIROPRACTIC

Manipulations of the spine, of the soft tissues and of the muscle-skeletal system carried out for therapeutic purposes by an expert doctor or physiotherapist, in an appropriate centre for such.

CLAIM

All acts whose consequences are covered, either fully or partially, by some of the guarantees of the Policy.

The set of services resulting from the same cause are considered as a single claim.

CLINICAL PSYCHOLOGY

Specialist area of psychology that deals with the treatment and rehabilitation of anomalies and disorders of human behaviour.

CLINICAL PSYCHOLOGIST

Graduate in Psychology who specialises in Clinical Psychology.

COMPLETE MEDICAL CARE

Includes all the specialties and health care services included in the insurance policy in the modules of Primary Care, Specialists and Complementary Means of Diagnosis and Treatment, and Hospital Care and Surgery.

CONGENITAL ABNORMALITY, DEFECT, ILLNESS, OR INJURY

Present at the moment of birth as a result of hereditary factors or medical conditions acquired during pregnancy up to the moment of birth itself.

A congenital condition may show up and be recognised immediately after the birth, or be diagnosed later at any time during the individual's life.

CURING AIDS

Elements, anatomical pieces and appliances prescribed by a doctor and acquired in a chemist's, optician's, orthopaedic shop or similar applied during the treatment of a wound or injury or to prevent or correct deformities of the human body.

CYTOSTATIC

Cytotoxic medication that is able to stop the development of the cancer acting directly on the integrity of the chains of deoxyribonucleic acid (DNA) and the cellular mitosis, inhibiting normal cellular multiplication, both of healthy and tumour cells.

This therapeutic subgroup includes, for their action mechanism: the alkylating agents, the antimetabolites, plant alkaloids and of other natural products, cytotoxic antibiotics, those made from platinum and methyldrazines.

D

DKV HEALTH CARE NETWORK

The list of professionals and hospitals associated to DKV Seguros throughout Spain.

E

ENZYMATIC AND /OR MOLECULAR INHIBITOR

Biologically directed pharmaceuticals that act on a therapeutic, intra or extra cellular target, inhibiting the generation and transmission of signals for cellular growth.

This therapeutic subgroup includes enzymatic transcription inhibitors of different levels (e.g. inhibitors of the protein kinase, of the tyrosine kinase, of proteasomes, etc).

EXCESS (EXEMPTION SUM)

Amount established in the policy from which the coverage of DKV Seguros starts. The policy holder or the insured person agree to pay this amount.

EXTERNAL MEANS

Doctors and centres not included in the DKV Health Care Network.

EXTRA PREMIUM

Additional quantity or complementary premium paid for a risk which is excluded from the General Conditions.

G

GENETIC THERAPY

The process that allows the treatment of hereditary illnesses, cancer, infections and other illnesses, by means of the modification of cellular genome.

Genetic therapy consists of inserting, by means of different vectors, genetic material in a target cell to obtain a therapeutic effect (synthesis of a protein of interest, to compensate a genetic deficit, to stimulate the immune response to a tumour or resistance to infection by a virus).

H

HEALTH CARD

Document, which remains the property of DKV Seguros, given to every insured person included in the policy and whose use, personal and non-transferable, is required to access the services of DKV Health Care Network.

HEALTH CARE

The necessary acts performed by a legally authorised health professional.

HOMEOPATHY

Medical practice that uses minimal doses of plant extracts and specially prepared minerals to stimulate the body's natural defences and self healing processes with the aim of treating the illness.

HOSPITAL OR CLINIC

All public or private establishments that are legally authorised for the medical treatment of illnesses, body injury or accidents, with permanent medical staff and equipped with the means required to carry out diagnoses and surgical operations.

HOSPITALISATION FOR SOCIAL OR FAMILY REASONS

Care not derived from objective medical pathologies and therefore not requiring hospitalisation in the judgement of the DKV Seguros doctor.

I

ILLNESS OR INJURY

Alteration of health that occurs while the policy is in force, not resulting from an accident, the diagnosis and confirmation of which is carried out by a legally recognised physician in the place where he provides his services.

IMMUNOTHERAPY OR BIOLOGICAL THERAPY

Immunotherapy or biological therapy (also sometimes called biotherapy or biological answer modifier therapy) is based on modifying, stimulating or restoring the capacity of the immune system to fight against cancer, infections and other illnesses.

It is also used to diminish certain secondary effects that some oncological treatments can cause.

The substances or medications used in anti tumour immunotherapy are: non specific immunomodulating agents, interferons, interleukins, growth factors or colony stimulants, monoclonal antibodies or specific antigen-anti tumour agents, therapies with cytokines and vaccines.

IMPLANT

Sanitary product designed to be total or partially inserted in the human body by surgery or special techniques, with a diagnostic, therapeutic and /or aesthetic purpose, intended to remain there after this surgery.

INDISPUTABLE CONTRACT

A condition included in the contract, which is effective a year after contracting the policy, or of new insured persons joining by which DKV Seguros agrees to cover all pre-existing illnesses, as long as they were unknown to the insured person and that their omission in the health statement was unintentional.

INDIVIDUAL INSURANCE MODALITY

For the effects of the contracting, it is considered that the insurance policy is of an individual modality when it includes a minimum of one insured person and a maximum of nine, linked by a bond other than the interest of insuring, commonly first degree relatives (the holder, spouse or common law partner, and their non emancipated children under 30 cohabiting in the same family residence), and whose coverage in any case is carried out by means of obligatory adhesion (closed collective) or voluntary (open or co-financed collectives) to some contracting conditions and/or single contract previously agreed with DKV Seguros and the contracting collective.

IN-PATIENT HEALTH CARE

Hospital care or hospitalisation is the care that is given in a hospital centre with admission for at least 24 hours for the insured person's medical or surgical treatment.

INSURANCE APPLICATION FORM

The questionnaire provided by DKV Seguros, in which the policy holder describes the risk that he wants to insure with all the circumstances known to him and which may influence the calculation of the risk.

INSURED PERSON

The individual who receives the health care.

INSURER

DKV Seguros y Reaseguros S.A.E.

L**LIFE THREATENING EMERGENCY**

A situation that requires medical health care immediately or without delay (in a few hours) as a delay could affect the life or cause irreparable damage to the physical state of the patient.

LIMITING CLAUSE. Agreement stipulated in the insurance policy, by means of which the extension of the guarantee is limited or which leaves it without effect when some risk related circumstances arise.

M**MAJOR OUT PATIENT SURGERY**

All surgery carried out in an operating theatre with general, local or regional anaesthetic or sedation that requires little post operative and short term care, which does not require hospitalisation and therefore patients can be discharged a few hours after the operation.

MEDICAL AND SURGICAL FEES

Professional fees corresponding to surgery and/or a stay in hospital.

Includes the fees of the surgeon, assistants, anaesthetists, midwife, and those of any other staff who were strictly necessary for the surgery or treatment given.

MEDICAL OR SURGICAL HOSPITALISATION

A stay in hospital that is required to receive medical or surgical care.

Includes the costs arising from a stay in hospital, medical fees corresponding to the surgical-medical treatment given and the prosthesis, if applicable.

MEDICINE

Agent or simple or compound substance that is administered to the interior or exterior of a person for therapeutic purposes. The following are not considered medicines: nutrition products, relaxants, beauty skin treatments, cosmetics, mineral water, products for personal hygiene, body care or bath additives.

N

NEONATAL CARE

All medical or surgical treatment that affects a new born baby during the first four weeks (28 days) of his life.

O

ORTHOPAEDIC MATERIAL AND ARCH SUPPORTS

Sanitary products for permanent or temporary external use that are specifically adapted to the patient. They are designed to modify the structural or functional conditions of the neuromuscular or skeletal system, without their fitting ever requiring surgery.

OSTEOSYNTHETIC MATERIAL

Piece or element of any kind used in the joints of fractured bones, or to link ends of joints.

OUT-PATIENT HEALTH CARE

This is the care that is given in surgeries, at the patient's home and/or at the hospital or clinic without an overnight stay.

This concept does not include major out-patient surgery.

OWN MEANS

Doctors and centres included in the DKV Health Care Network.

P

PAIN UNIT

Medical service specialised in the treatment of chronic pain.

PERIOD OF GRACE

The period of time after the insurance is in force, during which some of the coverage included in the guarantees of the policy is not effective.

PHYSICIAN

Graduate or Doctor in Medicine who is legally qualified and authorised to provide medical or surgical treatment for a disease or injury suffered by the insured person while the policy is in force.

PHYTOTHERAPY

Refers exclusively to the diagnosis consultations carried out by medical expert in this field. Phytotherapeutical medicine is not included.

POLICY

The insurance contract, the written document that contains the General Conditions, the Particular Conditions, the Special Conditions, plus the Supplements or Appendices that are issued to establish additions to or change the above.

The application form and the health declaration also form part of the policy.

POLICY HOLDER

The individual or legal entity that subscribes this contract with DKV Seguros and accepts the obligations derived from the said contract, except for the obligations of the insured person.

PRE-EXISTENCE

Medical condition (for example pregnancy) or change affecting your health that existed before the moment of taking the policy out or it becoming effective and which is normally determined by signs or symptoms, regardless of whether or not a medical diagnosis has been given.

PRE-EXISTING MEDICAL CONDITION

Health state or condition, not necessarily pathological (for example pregnancy), that began **before the inclusion of the insured person in the policy.**

PREMIUM

The price of the insurance. The receipt includes the surcharges and taxes that are legally applicable.

PSYCHOTHERAPY

Refers exclusively to the diagnosis consultations carried out by medical expert in this field. Phytotherapeutical medicine is not included.

Q**QUESTIONNAIRE OR HEALTH DECLARATION**

Question sheet which forms an integral part of the insurance policy made available to the policy holder and/or insured person by DKV Seguros, whose aim is to determine his state of health, in addition to discovering the circumstances that could influence the evaluation of the risk and the contracting of the policy.

R**RADICAL SURGERY**

Surgical process on the breast following an oncological diagnosis.

REGENERATIVE MEDICINE

Includes techniques of tissue regeneration, cellular or molecular therapy, implants or transplants of mother cells and tissue engineering.

REHABILITATION

All the acts prescribed by a orthopaedic surgeon, neurologist, rheumatologist or specialist in rehabilitation and carried out by a specialist in rehabilitation or a physiotherapists in rehabilitation centres, with the purpose of returning functionality to the parts of the locomotive apparatus that have been affected by the consequences of a illness or accident caused while the policy is in force.

REPATRIATION

In the event of the death of the insured person, the preparation and transport of the body from the place of death in Spain to the international airport closest to the place of burial in Germany.

ROBOTIC SURGERY

Surgical acts that a robot carries out, guided by images or computer assisted, following the instructions of a surgeon aided with a telerobotised laparoscopic system and/or a virtual reality computerised system with computer obtained 3D images.

S

SHORT STAY SURGERY

All kinds of surgery that have a maximum stay of 48 hours in hospital.

SPECIAL CARE UNIT

Section or area that is specially equipped and staffed by doctors and nurses who specialise in giving specific treatment.

SURGICAL OPERATION

Diagnostic or therapeutic act carried out by means of an incision or other internal approach by a surgeon or surgical team usually requiring the use of an operating theatre of a legally authorised hospital.

SURGICAL PROSTHESES

Permanent or temporary health care products that in the event of the absence, defect or anomaly of an organ or part of the body substitute or restore, total or partially, its physiological function.

T

TABLE OF COVERAGE AND LIMITS IN AN APPENDIX TO THE PARTICULAR CONDITIONS

Written document in an appendix to the Particular Conditions that forms part of the insurance contract together with the General Conditions and which is made available at the same time, which contains the coverage and refund limits agreed with the policy holder.

TRAFFIC ACCIDENT

Accident suffered by the insured person as a pedestrian; user of public transport, scheduled or charter flights; car driver or passenger; whilst riding a bicycle or motorbike on all kinds of public roads or private road open to the public.

3.

MODALITY, EXTENSION AND TERRITORIAL SCOPE OF THE INSURANCE

3.1. OBJECT OF THE INSURANCE

By means of this policy, DKV Seguros covers medical, surgical and hospital care, within the limits established in these Conditions and the Particular Conditions and its Table of Coverage and Limits in the Appendix, Special Conditions and/or health questionnaire, for all kinds of diseases or injuries included in the specialities and modalities that appear in the description of coverage of the policy; after payment of the relevant premium.

Diagnostic and therapeutic advances that appear during the coverage of the policy may be included provided that their effectiveness is verified by the Health Technology Assessment Agencies depending on the regional health care services or the Ministry of Health, by means of a positive report.

With each renewal of the policy DKV Seguros will explain the techniques and treatment that will form part of the new coverage of the policy for the subsequent period.

3.2. MODALITY OF THE INSURANCE

The insurance policy DKV Residentes is based on a mixed system in which the insured person can freely choose between:

- > Receiving the services through the associated DKV Health Care Network all over Spain, showing his Medi-Card® and the corresponding authorisation, where required. (Own Means Care Modality).
- > Free choice of doctors or centres not included in the DKV Seguros Health Care Network associated to DKV Seguros.

In this case DKV Seguros will refund the invoices paid according to the percentages and limits specified in the Table of Coverage and Limits annexed to the Particular Conditions of the policy. (External Means Care Modality).

Under no circumstances will DKV Seguros refund the insured person for invoices issued by doctors or centres in the DKV Health Care Network, except for Odontology.

The right to the free choice of physician and hospital implies the lack of direct, joint or subsequent responsibility of DKV Seguros for their acts which DKV Seguros cannot control due to the professional secrecy, confidentiality of health data and denying unwarranted access to third parties in the health sector.

The modality of the service provided is that specified in article 105 paragraph 1º Law of Insurance Contracts- payment of health care expenses-, without assuming directly the provision of those services supplied by professionals and qualified centres. In case of incorrect medical or hospital practice, the insured person, renouncing his expressed right is under an obligation to make a complaint exclusively to those professionals or centres directly intervening in the provision of the service and their respective insurance companies of civil responsibility, leaving DKV Seguros free of any responsibility.

3.3. TERRITORIAL SCOPE

For Own Means Care Modality, medical and surgical health care is provided all over Spain.

For External Means Care Modality, you may be attended to by any doctor, in any centre anywhere in Spain, and in the case of having contracted the modality Basic Coverage + Repatriation + Best Care also in Germany for up to 100 days per year, provided that the insured person's habitual residence is in Spain for at least six months (183 days) of the year in Spain.

If this residence changed to one abroad, the present policy would not be renewed when it expired at the end of the year.

3.4. ACCESS TO COVERAGE

SPECIFIC REGULATION FOR OWN MEANS CARE MODALITY IN THE DKV HEALTH CARE NETWORK

CARE IN THE DKV HEALTH CARE NETWORK

a) DKV Seguros will provide the policy holder with a DKV Medi-Card® as a means of identification for each beneficiary and a copy of the DKV Health Care Network guide, which includes the DKV Dental Services Network, with detailed associated medical services, physicians, diagnoses centres, hospital centres, emergency services and complementary services as well as their addresses and timetables.

b) The services covered by the policy may have free access or require previous authorisation from DKV Seguros.

Generally, the consultations of primary care, medical- surgical specialists and emergency consultations, as well as basic diagnosis tests have free access.

Hospital admissions, surgery, prosthesis, psychotherapy sessions, transfers by ambulance, therapeutic acts and complex diagnosis tests, which are detailed in the DKV Health Care Network, require authorisation.

c) For the effects of this policy a claim is understood to have been made when the insured person requests a service or its authorisation from DKV Seguros associated doctors or hospitals.

d) Under no circumstances will DKV Seguros refund the insured person for invoices issued by doctors or centres in the DKV Health Care Network, except for Odontology, nor any service that required previous authorisation which had not been given beforehand.

e) To identify yourself to any doctor or centre of the Health Care Network as a DKV insured person, just present the DKV Medi-Card®.

Similarly, you may be obliged to present your identity card, passport, residence permit if required.

DKV Seguros will issue the corresponding authorisations with the written prescription of an associated doctor of the DKV Health Care Network and following administrative confirmation, unless the service is not covered by the policy.

To issue the authorisations, process the claims, to inform the client about additional services and/or to administer plans of prevention and promotion of good health, DKV Seguros is authorised to collect medical information related to prescriptions, directly from the doctor and/or centre, and request an additional medical report from the insured person containing the history, risk factors, diagnosis and need for treatment.

Despite that mentioned in the previous paragraphs, in emergency cases the insured person, or person acting on his behalf, has to notify DKV Seguros of the event in writing to obtain their confirmation and authorisation within 72 hours following admission, or after receiving health care.

In cases of a life threatening emergency the insurer will be financially bound until the moment that it expresses its doubts about the medical order, in which case it is understood that the policy no longer covers the medical care or the hospitalisation.

f) The authorisations can be requested by telephone, from the Call Centre (902 499 499), by fax (902 499 000), through the web www.dkvseguros.com or in any of the offices of DKV Seguros.

SPECIFIC REGULATION FOR EXTERNAL MEANS CARE MODALITY:

HEALTH CARE RECEIVED OUTSIDE THE DKV HEALTH CARE NETWORK

a) For the effects of this policy a claim is understood to have been made when the insured person requests a refund.

b) Within a maximum period of fifteen days the policy holder or insured person must request the refund of the medical expenses guaranteed by the policy and present DKV Seguros with the paid invoices clearly showing all the external services received, the doctor's prescribing note and the medical report specifying the origin and nature of the illness. To do so DKV Seguros has prepared a special "Refunds Form" to complete. The administrative requirements are described on the back of this document.

The insured person and his relatives must provide the reports and justifications that DKV Seguros consider necessary.

Not fulfilling this obligation may lead to the refund being rejected.

c) The refund will be made in the following way:

- › Once the Refunds Form has been submitted with the reports and original invoices showing the services received, DKV Seguros will pay the costs according to the percentage and limits established in the General Conditions and/or Particular Conditions of the policy and its annexed Table of Coverage and Limits in the Appendix.
- › DKV Residentes will refund, except for cases in which DKV Seguros has otherwise agreed with the policy holder, a full refund of the total of invoices from Spain (and also in Germany for up to 100 days per year in the event of having contracted the modality “Basic Coverage + Repatriation + Best Care”) except for Dental Care which is refunded according to that specified in the Table of Coverage and Limits in the Appendix to the Particular conditions.

Similarly in the General Conditions and/or Particular Conditions some limits and excess amounts for certain specialities and/or specific services are stipulated. (See section 4: Description of the Coverage).

- › The payment will be made to the current account indicated. Payment made in this way is totally valid, efficient and final for DKV Seguros.
- › The costs of translating reports, invoices, or bills for doctors’ fees will be settled by DKV Seguros if and only if they are in English, German, French or Portuguese.

Those of other languages must be paid by the insured person.

3.5. SUBROGATION CLAUSE

Once the refund has been made or the service provided, DKV Seguros can exercise its rights and take the legal steps that due to the nature of the claim correspond to the insured person against persons responsible for the claim up to the amount of compensation paid.

The insured person is obliged to provide DKV Seguros with all the necessary documents required to proceed with the subrogation.

This right to subrogation cannot be used against the insured person’s spouse nor any other blood relative up to the third degree, adopting father or adopted son, who live with the insured person.

4.

DESCRIPTION OF THE COVERAGE

The specialities, health care and other services that you are entitled to with this contract are:

4.1. PRIMARY CARE

General medicine: Medical care at home or at a surgery, as well as the prescription of tests and basic diagnostic means. Includes clinical analyses (except hormone and immunology tests) and simple, standard X-rays.

Paediatrics and child care: Up to and including 14 years of age, at home or at a surgery, with tests and basic diagnostic means – applying the same criteria as that for general medicine.

Nursing services: (injections/cures): Services of Health Care Technical Assistant or University Graduate (ATS/DUE) that will be given in a centre and at home with a prior written prescription from the doctor attending the insured person.

Ambulance Service: for emergencies, includes road transport within the insured person's district, and outside, from the place where the insured person is located to the hospital and vice versa provided that special circumstances

impede him from physically using ordinary means of transport (public transport, taxi, private car).

Transport with incubators and transport by rescue helicopter to the hospital is included.

The written authorisation of a doctor together with a report indicating the need for assisted transfer will be required in all cases.

4.2. EMERGENCY CARE

Care at home: For justifiable cases and only in areas where DKV Seguros has the service available, health care at home for General Medicine, Paediatrics, Nursing and ambulance where required.

For emergencies the insured person should use the emergency services that DKV Seguros has available.

Emergency Out-Patients service: In a health centre with 24 hour service, including ambulance.

Emergency hospital service: For emergency health care provided at a hospital.

4.3. MEDICAL SPECIALITIES AND SURGERY

Allergy & Immunology treatment.
Includes the cost of the vaccines and extracts for allergy processes.

Its cost will be included in the annual limit for medication.

Anaesthesiology-resuscitation.
Includes epidural anaesthesia.

Angiology and cardiovascular surgery.

Brain surgery.

Cardiology-circulatory system.
Includes cardiac rehabilitation after an acute myocardial infarction.

Cardiovascular surgery.

Dermatology(medical & surgical).

Endocrinology and nutrition.

General and gastrointestinal surgery.

Geriatrics.

Gynaecology. Includes diagnosis and treatment of women's illnesses.
Coverage includes yearly gynaecological check-up and family planning and diagnosis of infertility and sterility.

Assisted reproduction treatment is at the client's expense. (see Additional Services).

Haematology & Haemotherapy.

Internal Medicine.

Midwife. Registered nursing assistant (ATS) or qualified nurse (DUE) specialised in providing care during childbirth.

Nephrology.

Neonatology.

Neurology.

Nuclear medicine.

Obstetrics. Including control of pregnancy and childbirth assistance up to a maximum limit specified in the Table of Coverage and Limits in the Appendix to the Particular conditions. per insured person, per natural year.

Coverage includes triple screening or EBA Screening, and amniocentesis or corion biopsy to detect foetal abnormalities up to a maximum specified in the Table of Coverage and Limits in the Appendix to the Particular conditions per insured person, per year for the sum of both concepts.

Odontostomatology. Includes all dental services, except those for aesthetic purposes. (see Section 4.8 Special Coverage).

Oncology.

Ophthalmology. Includes cornea transplants and use of surgical laser except for the correction for visual refraction defects (myopia and hypermetropia, astigmatism), **which are at the client's expense (see Additional Services).**

Orthopaedic surgery. Includes arthroscopic surgery, Percutaneous nucleotomy and Chemonucleolysis.

Oral and maxillofacial surgery.

Otolaryngology. Includes surgery for nasal turbinates or turbinoplasty by radiofrequency, and the use of laser in the operating theatre **except for surgery for snoring, obstructive sleep apnea or uvulopalatoplasty.**

Paediatric surgery.

Peripheral vascular surgery. Including the use of Luminal catheter laser in the operating theatre for the treatment of Varicose veins except for that detailed in section 5.f (“Excluded Coverage”) of the General Conditions.

Plastic and repair surgery. Surgery to repair injuries using plasties and grafts. **Plastic surgery for aesthetic purposes is not included, except in the case of breast reconstruction after radical surgery, which includes the breast prosthesis.**

Pneumology-respiratory tract.

Proctology. Includes the use of a surgical laser for the treatment of rectal and haemorrhoidal pathologies.

Psychiatry. Mainly neuro-biological treatment.

Rehabilitation. Under the direction of a specialist physician specifically qualified in this area assisted by physiotherapists and carried out in a suitably equipped rehabilitation centre.

Rheumatology.

Thoracic surgery. Includes sympatectomy by hyperhydrosis (treatment for excess sweating).

Urology. Includes rehabilitation of pelvic floor for urinary incontinence vasectomy as well as the study and diagnosis of male infertility and sterility.

4.4. DIAGNOSTIC AIDS

These must be prescribed by a doctor indicating the need for such an exploration. Contrast techniques are included.

Clinical, anatomopathological and smear tests.

Radiology: includes the habitual techniques for diagnosis using images such as general X-rays, computerised axial tomography (TAC), magnetic nuclear resonance (RNM) and bone density measuring.

Endoscopic examinations: digestive. Diagnostic and/or therapeutic.

Fibrobroncoscopic: diagnostic and/or therapeutic.

Cardiological diagnostic: Electrocardiograms, strength tests, ultrasound scans, holter, doppler and haemodynamic. It also includes Multicut Coronary Tomography (TC 64) after an acute heart attack and post operative heart pathologies.

Neurophysiology: electroencephalograms, electromiograms, etc.

Sleep unit: Polyomnography for pathological processes prescribed beforehand by a specialist.

Surgical radiology or profound vascular exploration.

Tomography by optic coherence (OCT): in ophthalmologic diagnoses according to commonly accepted clinical practices.

Tomography by emission of positrons (PET) and Unique Photon Tomography (Spectography - SPECT): in oncological diagnosis according to commonly accepted clinical practices.

4.5. THERAPEUTIC METHODS

Aerosol therapy, oxygen therapy and ventilation therapy. In lung or breathing pathologies, only for hospitalisation and care given at home. The medication will be at the insured person's expense.

The medication will be included in the out-patient regime up to the general annual limit for medications.

Analgesic and pain killing treatment: covers techniques employed by specialised units in these techniques, includes medication up to the established general annual limit (See section 4.8).

Radiotherapy: includes linear particle accelerator, cobalt therapy, radioactive isotopes and radio neurosurgical stereotactic.

Brachytherapy: for the treatment of prostate, gynaecological, genitals and breast cancer.

Dialysis & Haemodialysis: this service is offered to both out patients and hospitalised patients, for the treatment of renal insufficiencies.

Endoscopic examinations: digestive, diagnostic and/or therapeutic.

Chiropody: Chiropody treatment.

Transplants: cornea, heart, liver, bone marrow and kidney. All costs arising from the implant are covered as well as matching tests.

Extraction, transport and conservation of the organ for the operation are not included, except for cornea which is fully covered.

Grafts: includes bone and skin autografts and bone, tendon and ligament allografts obtained from bone and tissue banks.

Blood and plasma transfusions, in hospitals.

Physiotherapy: written prescription of rehabilitating doctor, traumatologist, rheumatologist, or neurologist and will be carried out by a qualified physiotherapist in a suitably prepared centre for rehabilitation.

Laser therapy and magnetotherapy: as rehabilitation techniques.

Renal and vesicular lithotripsy.

Logopedics & Phoniatics: treatment for speech disorders caused by conditions of organic origin.

Oncological chemotherapy: cytostatic anti tumour medication that the sick person requires will be provided, and if applicable the implanted port for intravenous perfusion, both for out-patients, day patients and during hospitalisation, providing that it is prescribed by the specialist physician who is in charge of the care of the patient. As far as medication is concerned the company will only cover expenses for specific cytostatic pharmaceutical products that are sold on the national market and which are duly authorised by the Ministry of Health as detailed in “Cytostatic” in section 2 of Basic Concepts- Definitions, as well as the intravenous BCG (Bacilo de Calmette y Guerin) drip feeds and Immunotherapy up to the general annual limit.

4.6. HOSPITALISATION

Hospitalisation will be in hospitals or clinics, previously prescribed in writing by a doctor and with the corresponding authorisation, in the case of the DKV Health Care Network.

Includes the expenses derived from a stay in a hospital centre and the medical or surgical fees corresponding to the treatment received.

In addition it specifically includes:

- > Oncology treatment: radiotherapy, brachytherapy and chemotherapy.
- > Renal and vesicular lithotripsy.

- > Dialysis and haemodialysis.
- > Surgery of the Groups II to VIII of the OMC carried out exclusively in a hospital centre.
- > Major out-patient surgery.
- > Surgical radiology or profound vascular exploration.
- > Family planning: techniques: tubal ligation and vasectomy. Tubal occlusion hysteroscopy (Essure System).
- > Radio neurosurgical stereotactic.
- > Arthroscopic surgery.
- > Turbinate surgery or turbinoplasty by radiofrequency.
- > Surgical laser in Ophthalmology, Proctology, Peripheral Vascular Surgery and Otorrinolaringology.
- > Percutaneous nucleotomy and Chemonucleolysis.
- > Surgical prosthesis.
- > Daily compensation for hospitalisation.

Hospital admission includes the use of an individual room with toilet and bed for a companion (except for psychiatric hospitalisation, in ICU and incubator) the patient’s maintenance, general nursing expenses, special care unit, complementary means of diagnosis, treatments, material, surgical expenses and delivery room, anaesthetic products and medications.

Similarly, according to the kind of treatment or hospitalisation:

1. Medical hospitalisation (without surgical intervention). Includes the different medical specialities for the diagnosis and/or treatment of the medical pathologies susceptible for admission for adults over 14 years of age.

2. Surgical hospitalisation. Includes the surgical specialities for the treatment of pathologies that require it, pre-operative or pre-anaesthetic study (consultation, analysis and electrocardiogram), immediate post operative visits and treatment (up to 2 months after surgery), major out-patient surgery and, if required, prosthesis.

3. Obstetric hospitalisation. Includes treatment given by gynaecological obstetrician and/or midwife during pregnancy and birth; cot and/or incubator for the new born baby during admission, up to a maximum of 28 days.

4. Paediatric hospitalisation. (For under 14 year olds.) Includes care given by paediatrician both in conventional hospitalisation and in the incubator.

5. Psychiatric hospitalisation. Includes care given by psychiatrist. Only covered in the event of acute outbreaks. The stay is limited to a maximum period of days per natural year that is specified in the Table of Coverage and Limits, Appendix to the Particular Conditions for whose application we will sum the days of hospitalisation produced in the DKV Health Care Network and those in the External Means Care Modality.

6. Hospitalisation in Intensive Care Unit. Includes the care given by a specialist in intensive care.

7. Hospitalisation for dialysis and artificial kidney. Includes the care given by an internist or nephrologist Exclusively for the treatment of acute renal inadequacies during the necessary days.

4.7. COMPLEMENTARY COVERAGE

Preventive medicine. Includes the following specific programmes according to commonly accepted protocol:

1. Programme of infant health.
Includes:

- > Exercise classes and psychoprophylactic preparation for birth, with practical and theoretical classes in child care.
- > Check up of the new born baby, including metabolic screening tests(phenylketonuria and primary congenital hypothyroidism), otoacoustic emission (OAE) or neonatal auditory screening for the early detection of hypoacusis, visual acuity test and neonatal ultrasound.
- > Compulsory programme of vaccines for Spain.
- > Health control at key stages during the child's infant development during the first four years.

2. Programme for the early detection of gynaecological cancer in women.
Includes:

- > Periodic examinations for the advance diagnosis of tumours in the breast and uterine neck.

> Annual gynaecological check up, which includes check up consultation, colposcopy, cytology, gynaecological ultrasound scan, and mammography according to commonly accepted protocol.

3. Programme for the prevention of heart disease. Includes:

- > Basic annual cardiological check up which includes the check up consultation, basic analyses of blood and urine, thorax X-ray and electrocardiogram.
- > Echocardiogram and strength test, if required.

4. Programme for the prevention of colorectal cancer in risk group with a history. Includes:

- > Medical consultation and physical examination.
- > Specific tests to detect hidden blood in faeces.
- > Colonoscopy, if required.

5. Programme for the prevention of prostate cancer for men over 45. Includes:

- > Medical consultation and physical examination.
- > Analyses of blood and urine to determine specific prostatic antigen.
- > Transrectal ultrasound scan and/or prostatic biopsy, if required.

6. Programme for dental health. From infancy for the prevention of caries, periodontal illness and problems of bad dental positioning or occlusion. Includes:

- > Dental consultation and exploration of state of dental health.
- > Correction of eating habits.
- > Taking up appropriate dental hygiene.
- > External fluorisation.
- > Fissure sealers and obturations (fillings).
- > Tartrectomies or dental cleans, as required.

Clinical psychology. Includes psychotherapy sessions on an individual basis as Out-patient treatment with the prior prescription of a psychiatrist or paediatrician, given by a psychologist provided that it is to treat the following pathologies that require psychological help.

- > Psychiatric illness: Depression. Schizophrenia and Psychotic Disorders.
- > Behavioural disorders: Neurosis, Anxiety, Personality, and Obsessive Compulsions.
- > Eating disorders: Anorexia and Bulimia.
- > Sleep disorders: Enuresis, Insomnia, Somnambulism, Night Fears.
- > Adjustment Disorders: Work Related and Post Traumatic Stress, Bereavement, Divorce, Adolescence: Post Vacation Syndrome, etc.
- > Learning disorders: Hyperactivity and School Failure.

The maximum refund limit for each psychotherapy session, when the insured person uses the External Means to “DKV Health Care Network”, and the maximum number of sessions covered per insured person and natural year (sum of those in Own Means and External Means) is specified in the Table of Coverage and Limits, Appendix to the Particular Conditions.

Family Planning. Includes the following services:

- > Fitting of the IUD, the cost of the intra-uterine device will be paid by the insured person.
- > Tubal ligation.
- > Tubal occlusion hysteroscopy, including the cost of the Essure prosthesis.
- > Vasectomy.

Surgical Prosthesis. Includes the prescription and fitting of articular (shoulder, hip, knee, ankle and foot), vascular and heart prosthesis (heart valves, bypass vascular, stent, temporary and permanent pacemakers, automatic defibrillator) and internal orthopaedic prosthesis (internally fitted metal plates and screws) and “Essure” helical tubal prosthesis.

Includes osteosynthesis material, surgical stockings to repair defects with the abdominal wall, external fittings, intraocular lenses, testicular prosthesis because of orchidectomy after cancer process or accident and the breast prosthesis only in a reconstruction after radical surgery.

The maximum limit of this coverage regarding prosthetic material per insured person, per year is stipulated in the Table of Coverage and Limits in the appendix to the Particular Conditions which is the sum of the costs arising from both modalities- Own Means Care Modality and External Means Care Modality.

Daily compensation for

Hospitalisation. A daily compensation is included from the third day of hospitalisation and up to a maximum per insured person, per year stipulated in the Table of Coverage and Limits in the appendix to the Particular Conditions, provided that two conditions are met:

- > The hospitalisation is covered by the policy.
- > None of the costs derived from the hospitalisation has been paid by DKV Seguros.

4.8. SPECIAL COVERAGE

Medication. Includes 100% refund up to a limit stipulated in the Table of Coverage and Limits in the appendix to the Particular Conditions per person, per year of the costs of pharmaceuticals detailed in the register of medicines (Vademécum International) that have been prescribed by a doctor and acquired in a chemist’s and are for therapeutic purposes.

Similarly, vaccines and extracts for allergy processes are also included as well as homeopathic medicines.

Publicity specialities and the products of little therapeutic use such as nutrition products, relaxants, mineral water, cosmetic products, personal hygiene and body care products are excluded.

Auxiliary curing aids. With a written prescription from a doctor, coverage includes bandages, spectacle lenses, spectacle frames up to the limit specified in the Table of Coverage and Limits, Appendix to the Particular Conditions (from 15 years of age, two years must have passed since the last payment for this concept).

Orthopaedic material: insoles for the correction of feet, walking aids, hearing aids, compressive socks, contact lenses, corrective splints, artificial limbs, trays for being seated or lying, orthopaedic apparatus to support the trunk, arms and legs. Also includes made-to-measure orthopaedic footwear, with a refund for the excess specified in the Table of Coverage and Limits, Appendix to the Particular Conditions, according to the age of the insured person.

Special curing aids. Wheelchairs, oxygen apparatus, inhaling apparatus, apparatus for sleep treatment, baby monitors, infusion pumps, electronic reading aids, walking sticks for the blind, guide apparatus and guide dog for the blind (including direction and mobility training).

The acquisition of these curing aids requires previous authorisation from DKV Seguros who may provide these directly for use.

Similarly the repair costs associated with these curing aids are covered and will be reimbursed, except for the soles and heels of made-to-measure orthopaedic shoes.

The maximum refund for the coverage of auxiliary curing aids is specified in the Table of Coverage and Limits, Appendix to the Particular Conditions, which is the sum of the costs arising from both the “DKV Health Care Network and External Means Care Modality.

Odontology. With “DKV Residentes” all odontological services are included, except those that are carried out for aesthetic reasons. Endodontics, periodontics, ortodontics, fillings, dental prostheses, orthopaedic maxillary, apisection, implants and and diagnostic means required.

The insured person can visit dentists that are not included in the DKV Dental network (External Means) in Spain (and also in Germany for up to 100 days, in the case of having contracted the modality Basic Coverage + Repatriation + Best Care) and have the right to the refund specified in the Table of Coverage and Limits, Appendix to the Particular Conditions, of the costs stated in the bill for the dental service provided.

In addition he can visit the DKV Dental Network (Own Means) available throughout Spain and on showing his DKV Medi-Card® receive dental treatment at the favourable rates stated in the “DKV Health Care Network”, which includes a full refund of the cost of this dental service.

The total amount for the dental treatment invoiced for both dental care modalities (Own Means and External Means) has a limit per person, per year Which is specified in the Table of Coverage and Limits, Appendix to the Particular Conditions.

Complementary and alternative therapies. DKV Residentes exclusively includes those detailed below as long as they are provided by a doctor, through a refund of costs up to a maximum per consultation/session according to that specified in the Table of Coverage and Limits, Appendix to the Particular Conditions.

In addition, phytotherapy, acupuncture and chiromassage have an annual limit per person of consultations/sessions according to that specified in the Table of Coverage and Limits, Appendix to the Particular Conditions.

- > Homeopathy: Refund up to a maximum compensation limit per consultation or session. No annual limit for number of consultations /sessions.
- > Acupuncture: Refund up to a maximum compensation limit per consultation or session, and a maximum of consultations/sessions per person, per year.
- > Phytotherapy: Refund up to a maximum compensation limit per consultation or session, and a maximum of consultations/sessions per person, per year.
- > Chiromassage and/or Osteopathy: Refund up to a maximum compensation limit per consultation or session, and a maximum of consultations/sessions per person, per year adding together those given for both techniques.

4.9. TRAVEL ASSISTANCE

For temporary trips abroad, the insurance policy has a world-wide Travel Assistance coverage for a maximum of 90 days per trip and whose coverage is detailed in Appendix I of these General Conditions.

This service is only available by telephoning 00 34 91 379 04 34.

5.

EXCLUDED COVERAGE

Excluded from the general coverage of this insurance are:

a) The coverage of all kinds of pre-existent illnesses, injuries, pathologies or medical conditions (for example pregnancy), as well as the congenital, constitutional or physical defects and those that are a consequence of accidents or illnesses and their consequences suffered previously to the date of inclusion of each insured person in the policy.

The policy holder, acting on his behalf and that of the beneficiaries is obliged to state at the moment of taking out the policy, any type of injury, congenital pathology, illnesses diagnostic tests, treatments and even the symptoms that could be considered as the beginning of a pathology. In the event of concealment, the affection will be excluded from the coverage of the insurance contract. If they were declared pre-existent and/or congenital illnesses, DKV Seguros reserves the right to accept or to reject the insurance application. In the event of accepting them DKV Seguros may include the corresponding exclusion clause for this coverage, or as appropriate apply an excess premium for the coverage of the same.

For illnesses neither known nor suspected by the insured person or policy holder in the absence of symptoms prior to contracting, the contract will be considered indisputable after a period of a year starting from the perfection of the contract or the inclusion of an insured person in the contract except for the fraudulent conduct of the policy holder.

b) All those diagnostic and therapeutic procedures whose clinical security and effectiveness have not been scientifically proven and/or have not been ratified by the of Health Technologies Assessment Agencies or have been clearly substituted by other available ones.

c) Physical damage that is a consequence of wars, mutinies, revolutions and terrorism; that caused by officially declared epidemics; that which is directly or indirectly related to radiation or nuclear reaction and that which results from cataclysms (earthquakes, floods and other seismic or meteorological phenomena).

d) Illnesses or injuries resulting from the professional practice of any sport, the participation in bets and competitions and the practice, as an amateur or professional, of high risk activities like bullfighting and enclosing of wild stock, the practice of dangerous sports, such as diving, bobsleigh, boxing, martial arts, rock climbing, motor vehicles races, rugby, quad, speleology, paragliding, aerial activities not authorised for the public transportation of passengers, sailing activities, or in rough waters, bungee jumping, gully climbing, including training and any other practice professedly dangerous.

e) Health care for the treatment of chronic alcoholism and/or the addiction to drugs of any type, as well as their complications and consequences, and health care for injuries due to intoxication, aggression, fighting, attempted suicide or self injury, as well as for illnesses or accidents due to the deceit, negligence or lack of care of the insured person.

f) Aesthetic surgery and any other treatment, infiltration or act that has an aesthetic and/or cosmetic purpose, unless referring to a functional defect of the part of the affected body (purely psychological reasons not being valid).

Also excluded are the treatments of varicose veins with an aesthetic end, weight loss methods both for out-patients and hospitalised patients and skin treatments, in general, including capillary treatments.

Also excluded the surgical correction of myopia, astigmatism and hypermetropia, as well as orthokeratology.

g) Alternative and complementary therapies when they are not administered by a doctor or are not expressly included in Section 4.8 (Special Coverage) of these General Conditions as well as any other medical treatment or speciality not officially recognised, such as: .lymphatic drainage, mesotherapy, gymnastics, hydrotherapy, osteopathy, three phase oxygen therapy, presotherapy, ozonotherapy, and other similar services. Also exempt are medical – surgical treatments with radiofrequency techniques except for turbinate surgery or turbinoplasty.

h) The stays, visits to and treatments in non hospital centres such as hotels, spas, asylums, residences, rest homes, of diagnosis and similar, although they may be prescribed by doctors, as well as admission to centres dedicated to activities related to leisure, rest and dietary treatments.

Hospitalisation for psychiatric reasons, except in the case of severe attacks, or social or family reasons is also excluded, as well as that which can be substituted by treatment at home or out patient treatment.

i) Tomography by emission of positrons (PET) and Unique Photon Tomography (Spectography - SPECT): except for that specified in section 4.4 Diagnostic Aids.

j) The medical or surgical treatment for snoring or apnoea sleep obstruction and for Radiotherapy that is not expressly stated in Section 4.5 “Therapeutic methods”.

k) Preventive Medicine and general preventative check ups, except for the specific prevention programmes included in Section 4.7 (Complementary Coverage) of the General Conditions.

l) The voluntary interruption of a pregnancy and selective instrumental embryonic reduction under any circumstances, as well as sterility treatment and assisted fertility techniques.

m) All kinds of prosthesis, implants, anatomical and orthopaedic pieces, except for those detailed in section 4- the description of the coverage of the General Conditions.

Artificial heart, skin expanders, column implants, biomaterials and/or biological, synthetic and orthopaedic material are also excluded.

n) Curing aids, orthopaedic material, biological material, medical items and necessary health items (for example electric pillows, massage equipment, etc.) that are not specifically included in Section 4.8 (Special coverage) of these general conditions.

o) Analysis or other explorations that are necessary for the issuing of certificates, reports and the drafting of any kind of document type that does not have a clear health care function.

p) With respect to Psychiatry and Clinical Psychology, the following are excluded: consultations, diagnoses techniques and therapies that do not follow neurobiological or pharmacological treatment approaches, such as psychoanalysis, hypnosis, ambulatory narcolepsy, sofrologia, rest or dream cures. Also excluded are pair or group psychotherapy, psychological and psychometrical tests, psycho-social rehabilitation and neuropsychiatry, educative or cognitive conductual therapy in oral and written communication disorders of varied origin, except for that expressly included in Section 4.7 (Description of the coverage of Clinical Psychology).

q) Logopaedics & Phoniatics to correct speech and language defects after anatomical or congenital neurological and psychomotor alterations of diverse origin.

r) Regenerative and Biological medicine, Immunotherapy or Biological therapy, Genetic therapy and their applications.

Also excluded are all types of experimental treatments, those of compassionate use, as well as those that are for clinical trials in all their phases or degrees.

s) Health care for the infection of the virus Acquired Immune Deficiency Syndrome (HIV), AIDS and the illnesses related to this, as well as their complications and consequences.

t) Robotic surgery and laser treatments except for Rehabilitation, Proctology, Peripheral Vascular Surgery, Ophthalmology and Otorrinolaringology which are covered as described in section 4- "Description of the Coverage".

u) The expenses for use of a telephone, television, companion's meals, travelling expenses, except for the ambulance according to the terms stipulated in the Primary Care and Emergencies sections of the General Conditions, as well as other unnecessary services for hospital treatment.

v) The transplants or auto transplants of organs, grafts, or autografts, except for those described in the "Therapeutic Methods" section of the General Conditions. Also, for transplants the extraction, transport and conservation expenses of the organ will be excluded, except for a cornea transplant.

w) Pharmaceutical products and/or medications of little therapeutic use, or that are not detailed in the register of medicines (Vademécum International), except for homeopathic medication.

Oncological chemotherapy only covers expenses for specific cytostatic and immunotherapy pharmaceutical products that are detailed in section 2 of "Basic Concepts- Definitions". Expressly excluded from this concept are: genetic therapy and other coadyunavtes pharmaceuticals (hormonal therapy, enzymatic inhibitors, angiogenic inhibitors and sensitizers).

Also excluded are publicity specialities, phytotherapeutic medication, nutrition products, relaxants, mineral water, cosmetic products, personal hygiene and body care products and bath additives.

x) Maintenance rehabilitation for irreversible neurological injuries of diverse origin and in chronic injuries of the locomotive apparatus is excluded.

Premature stimulation, rehabilitation at home or as a reason for hospitalisation is excluded.

y) Studies for the determination of the genetic map for predicative or preventative purposes and of any other genetic or molecular technique, means of diagnosis and treatment by means of genetic therapy, with the exclusive exception of the obtaining of the karyotype.

6.

PERIODS OF GRACE

All services, which by virtue of the Policy DKV Seguros assumes, will be available for use from the effective date of the contract.

Nevertheless, the following services are not covered by the previous general principle and have a period of grace that is specified the Table of Coverage and Limits, Appendix to the Particular Conditions:

1. Surgery and hospitalisation, including surgical prostheses, for any reason, except in the cases of a life threatening emergency or accident.
2. Treatment for any kind of childbirth (including premature childbirth) or caesarean.
3. Dental prostheses and orthopaedic maxillary.

4. Transplants.

5. In the case of contracting the modality Basic Coverage + Repatriation + Best Care, the service Best Care.

The same periods of grace are applied using either the DKV Health Care Network (Own Means) or External Means.

7.

SERVICES ACCORDING TO THE CARE MODALITY OF THE COVERAGE CONTRACTED

The health services detailed in Section 4. of these General Conditions may be contracted by means of 3 coverage modalities:

BASIC COVERAGE

Health services only in Spain, according to that described in Section 4 (“Description of the Coverage”) of these General Conditions.

BASIC COVERAGE + REPATRIATION

Besides that described for the Modality “Basic Coverage”, the guarantee of the insured person's repatriation is included, in the event of death, from the place of death in Spanish territory to the closest international airport to the place of burial in Germany.

The guarantee of Repatriation is detailed in Appendix II of these General Conditions.

BASIC COVERAGE + REPATRIATION + BEST CARE

This also includes the service “Best Care” in addition to that described for the modality “Basic Coverage + Repatriation”. This service guarantees, for the diagnosis of certain specific serious illnesses, health care in Germany given by a specialist of renowned prestige within a short period of time. The guarantee Best Care is detailed in Appendix III of these General Conditions.

This Modality includes the health services also detailed in Section 4 also in Germany, for a maximum period of a non-permanent stay of 100 days a year, provided that the insured person's residence is in Spain for at least six months, 183 days, a year For hospital processes corresponding to serious illnesses, the maximum limit of hospitalisation will be four months.

7.1. CLAUSE FOR CONTINUING WITHIN THE DKV AG GROUP ON RETURNING TO GERMANY

In case the insured person decides to return to Germany, and has completed three full annuities with the DKV Residentes policy, he is entitled, having applied previously, to convert his DKV Residentes policy to the product “Basistarif”, of the association of private health companies (PKV), which the DKV AG Group offers its clients from 2009.

The transfer will be made based on the effective actuarial age on the date that this is made.

The transfer application should be presented within a maximum period of two months of the expiry of his DKV Residentes policy.

In the event of having previously agreed an extra premium for DKV Residentes, this may also be taken into account in the new insurance policy.

8.

BASE OF THE CONTRACT

8.1. PERFECTION OF THE CONTRACT AND LENGTH OF INSURANCE

This contract has been drawn up on the base of the declarations made by the Policy Holder of the insurance and the Insured Person in the previous questionnaire, which have motivated DKV Seguros to accept the risk and which have enabled them to determine the premium.

The insurance contract and its modifications will have no effect until the policy has been signed and the first premium paid, unless otherwise stipulated in the Particular Conditions.

If the content of the policy differs from the insurance application or the agreed clauses, the Policy Holder will be able to request that DKV Seguros, during a period of one month starting from the issue of the policy, corrects the existent divergence.

Once this term has lapsed without the request being made, that stipulated in the policy will be binding.

The contract is for the period foreseen in the Particular Conditions and, unless otherwise stated, the duration of the policy will be adjusted to the natural year.

The policy will be continued tacitly by annual periods. Any of the contracting parties can oppose this extension by means of written notification sent to the other, made in advance, with a minimum of two months' notice to the date of conclusion of the current year.

DKV Seguros will not be able to cancel the policy of the insured persons who have maintained the same policy for three consecutive years. The contract will be automatically continued, with the exception of the suppositions of non fulfilment of obligations on the part of the insured person, as well as the existence of inaccuracy, deceit or fault in the answers contained in the Insurance Application questionnaire.

The renunciation of DKV Seguros to its right of rescission of the contract is conditioned to the acceptance of the Policy Holder of the annual variation of future premiums, calculated and communicated according to the contained technical considerations in section 8.4. of the present contract.

8.2. OTHER OBLIGATIONS AND FACULTIES OF THE POLICY HOLDER OR THE INSURED PERSON

The policy holder or otherwise the insured person, should:

- a) Declare to DKV Seguros with truthfulness, diligence, and without mental reservation, all the circumstances known to him that can influence in the evaluation of the risk.
- b) During the period of the contract, inform DKV Seguros as soon as possible of all the circumstances that, according to the questionnaire presented before the perfection of the contract, increase the risk and are of such nature that if they had been known by DKV Seguros at the moment of signing the contract, it would not have been signed or would have been so at higher cost.
- c) Inform DKV Seguros as soon as possible of change of habitual profession or address of the insured person.
- d) Use all the means within his reach to reach a prompt recovery and to reduce the consequences of the claim.

The non fulfilment of this duty with the intention of deceiving or harming DKV Seguros or obtaining an additional lucre, will release DKV Seguros from all obligations relating to the claim.

- e) Facilitate the surrender of his rights or subrogation to DKV Seguros in accordance with that stipulated in Section 3.5.

In case the policy holder or insured person is entitled to an indemnity from a third responsible part, such a right passes to DKV Seguros for the amount corresponding to the health care.

8.3. OTHER OBLIGATIONS OF DKV SEGUROS

Besides providing the health care contracted according to the modality described in the policy, DKV Seguros will provide the policy holder with the policy or, if applicable, the document of provisional coverage.

DKV Seguros will also provide the policy holder with the identifying card of each insured person in the policy and the manual of associated centres and doctors for his area, in which the permanent centre or centres for emergencies and the associated doctors' timetables and addresses appear.

8.4. PAYMENT OF PREMIUMS

The policy holder is obliged to settle the payment of the first premium or of the single premium at the moment of the perfection of the contract.

The successive payments will have to be made on the corresponding due dates.

The policy holder can request the distribution of the payment of the annual premium in six- monthly, quarterly or monthly instalments.

In these cases the corresponding surcharge will be applied. Payment by instalments does not release the policy holder from the obligation of paying the entire annual premium.

If, for the fault of the policy holder, the first instalment, or the single premium has not been paid, DKV Seguros is entitled to cancel the contract or to demand the payment by legal means according to the policy.

In any event, and unless otherwise stated in the Particular Condition, if the premium has not been paid before the claim takes place, DKV Seguros will be released from his obligation.

In the event of non-payment of the second or successive premiums, or their instalments, the DKV Seguros coverage will be suspended for one month after the due date.

If DKV Seguros does not request the payment in the six months following this date, it will be understood that the contract is extinguished.

If the contract had not been cancelled or extinguished according to the previous conditions, the coverage will become effective twenty four hours after the day that the policy holder pays the premium.

DKV Seguros will assume the premium corresponding to the period during which there was no coverage due to lack of payment.

In any case, while the coverage is suspended, DKV Seguros will only be able to claim for the payment of the premium for the current period.

DKV Seguros is only obliged by the receipts issued by DKV Seguros.

Unless otherwise stated in the Particular Conditions, the place of payment of the premium will be the one that appears in the standing order issued by the bank.

To do so, the policy holder must provide DKV Seguros with his bank account details to which the payment of the receipts of this insurance policy will be charged, authorising the financial entity to settle.

If no location is specified in the Particular Conditions for the payment of the premium, by default this will be the policy holder's address.

DKV Seguros will be able to modify, with each renewal of the policy, the annual premium taking as a base the technical actuarial calculations based on the modifications of the health care costs of the services and/or the technological medical innovations that are necessary to incorporate, applying the rates that DKV Seguros has in force on the date of renewal.

Besides the supposition indicated in the previous paragraph, the premiums due may also vary in function of the age and sex of the insured person, being able to establish age groups in some lines.

When the insured person reaches, during the course of the insurance policy, an actuarial age understood to belong to another group, the corresponding premium for the new age group will be applied in the following annual renewal.

DKV Seguros is not subject to any limit regarding the annual variations of the premiums. The amount fixed for the total premium, on summing the corresponding surcharges, will cover the principles of sufficiency and technical balance, according to the rules governing insurance companies.

The mentioned calculations will also be applied in the supposition of the Insured person having obtained the right to non-rescission from DKV Seguros for the extension of the policy.

The policy holder, having been informed of the variation in the premium for the following annuity by DKV Seguros, will be able to choose between extending the insurance contract or cancelling it on the expiry date of the current period. In this last case, the policy holder will notify DKV Seguros in writing of his decision to conclude the contractual relationship.

8.5. LOSS OF RIGHTS AND CANCELLATION OF THE CONTRACT

The insured person loses the right to the guaranteed benefit:

a) If when completing the health questionnaire, the policy holder or the insured person do not respond with truthfulness and without mental reservation, either hiding in any conscious way relevant circumstances, or not observing the due diligence to provide the requested data.

b) If an increase in the risk has taken place and the policy holder or the insured person has not previously notified DKV Seguros.

c) If the claim takes place before the initial premium has been paid, unless it has otherwise expressly been agreed to the contrary.

d) If the claim takes place due to bad faith on the part of the insured person or the policy holder or the beneficiary.

In any case, DKV Seguros may cancel the contract within one month of becoming aware in a demonstrable way of the following facts: omission or inaccuracy in the risk declaration on the part of the policy holder or the insured person, or that the risk has increased and the insurer has not been informed.

8.6. NOTIFICATIONS

Notifications from the policy holder or the insured person to DKV Seguros should be made to its business address.

Nevertheless, notifications that are made to the Agent of DKV Seguros that mediated in the policy will also be valid

The notifications made by an insurance broker to DKV Seguros on behalf of the policy holder or the insured person will have the same effects as if they had been made directly to DKV Seguros.

However, the notifications made by the policy holder or the insured person to the insurance broker are not understood to have been made to DKV Seguros.

The notifications of DKV Seguros to the policy holder or the insured person will be sent to the address given in the contract, unless DKV Seguros has been notified of the change of address.

8.7. SPECIAL HEALTH RISKS

The policy holder may agree with DKV Seguros the coverage of risks excluded from these General Conditions or those that are not specifically contemplated in them. These will be denominated special health risks and so that their coverage is included, should be duly specified in the Particular Conditions and an additional premium paid.

8.8. TAXES AND SURCHARGES

The taxes and surcharges legally due will be paid by the policy holder and/or insured person.

APPENDIX I: TRAVEL ASSISTANCE

1. PRIOR DISPOSITIONS

1.1 INSURED PERSON

The individual residing in Spain, beneficiary of a health care insurance policy of DKV Seguros.

1.2 TERRITORIAL SCOPE OF THE INSURANCE

The insurance is valid anywhere in the world, and in Spain, starting from the provincial limit of the insured person's habitual residence. In some cases it will only cover the guarantees or services for the trips that the insured person makes out of Spain, in which case the clause will expressly state this is the case.

1.3 DURATION

Its duration is the same as that of the Health Care policy.

1.4 VALIDITY

To be able to benefit from the guaranteed services, the insured person must have his usual residence in Spain, habitually reside in it and the length of his stays away from this habitual residence, must not exceed 90 days consecutively per trip or journey.

2. DESCRIPTION OF THE COVERAGE

2.1 MEDICAL GUARANTEES

2.1.1 Direct Medical Expenses

2.1.1.1 Medical, pharmaceutical, surgical, hospitalisation and ambulance expenses abroad

The insurer will cover the medical-surgical expenses, pharmaceuticals prescribed by a doctor, those of hospitalisation and ambulances that arise as a consequence of an illness or accident that takes place abroad during his trip, up to a limit of 12.000 EUR.

2.1.1.2 Emergency dental expenses

If during the trip acute dental problems appear such as infections, pains or traumas that require emergency treatment, the insurer will cover the inherent expenses for the mentioned treatment, up to a maximum of 150 EUR, provided that the insured person presents the corresponding invoice.

2.1.2 Indirect Costs

2.1.2.1 Extended stay in a hotel

When the previous guarantee of payment of medical expenses (2.1.1.1) is applicable the insurer will cover the expenses of the insured person's extended stay in a hotel, after hospitalisation with written medical prescription, up to an amount of 30 EUR per day and with a maximum of 300 EUR.

2.1.2.2 Repatriation or health care transfer

In case the insured person suffers an illness or accident during his trip, the insurer will:

- a) Cover the expenses of transport by ambulance to the nearest clinic or hospital.
- b) Establish contact with the doctor that has attended the wounded or sick insured person, to determine the convenient measures, the best treatment to follow and the most suitable means for his eventual transfer, if necessary, to another more suitable hospital centre or to his home.
- c) Cover the expenses of the transfer of the wounded or sick person by the most appropriate means of transport to another hospital centre or to his habitual home.

If the insured person is admitted to a hospital centre that was not near his home, the insurer will cover the later transfer to his home once discharged from hospital.

The means of transport used in Europe and Mediterranean coastal countries, when the emergency and the seriousness of the case requires it, will be a special health care airplane.

Otherwise, or in the rest of the world, the transfer will be made by regular airline or by the quickest and most appropriate means, according to the circumstances.

2.1.2.3 Repatriation of the deceased and his companions

The insurer will take care of all the necessary formalities that must be carried out in the place of the insured person's death and the repatriation of the body to the place of burial in Spain.

If the insured deceased person travelled accompanied by other insured relatives and these could not return by the initially foreseen means or with the purchased return ticket, the insurer will pay for their transport to the place of the burial or their home in Spain.

If the relatives were the insured deceased person's children under 15 years of age and they didn't have a relative or person of trust to accompany them on their return trip, the insurer will arrange for a person to travel with them to the place of the burial or their home in Spain.

If the insured deceased person had travelled alone, the insurer will arrange the return trip for a relative to accompany the cadaver.

2.2 OTHER GUARANTEES

2.2.1 Repatriation or transfer of other Insured persons

When one of the insured persons has been transferred or repatriated due to illness or accident and these circumstances also impede the return of the rest of the insured relatives to their home by the initially foreseen means, the insurer will cover the expenses corresponding to:

- a) The transport of the remaining insured persons to the place of their habitual residence or to the place where the repatriated insured person has been hospitalised or transferred.
- b) Arranging for a person to travel and accompany the remaining insured persons as described in point a) before, when these are the repatriated insured person's children under 15 years of age and they do not have a relative or person of trust to accompany them on their return trip.

2.2.2 Companion's travel

When the insured person is hospitalised for more than five days, the insurer will arrange a return ticket for the insured person's relative to be by his side. Also, if the hospitalisation takes place abroad, the insurer will cover the expenses of the relative's stay in a hotel, on presenting proof of such, up to 30 EUR daily, with a maximum of 300 EUR.

2.2.3 Premature return home

If during a trip, when the insured person was away from his habitual home, a fire or serious catastrophe occurred, or the death of a first degree relative, the insurer will arrange for a return ticket for the insured person to return home, if this were not already covered by the insured person's return ticket.

Also, in the event that the insured person, having resolved the situation that forced him to return to his habitual home, wanted to return to where he was, previously, the insurer will arrange for a ticket to such effect.

2.2.4 Delivery of medications

The insurer will cover the cost of delivery of the necessary medication for the insured person's cure if it cannot be found in the place where he is situated.

2.2.5 Telephone medical consultation

If the insured person requires medical information during his trip, he can request it by telephoning the Call Centre.

Given the impossible nature of establishing a diagnosis by telephone, the information should be considered as merely indicative, without DKV Seguros accepting any responsibility whatsoever.

2.2.6 Help in the search for lost luggage

In the event of loss of luggage, the insurer will provide support in order to request and administer the search for locating the lost luggage and, once located, will cover any delivery costs to the insured person's home.

2.2.7 Delivery of documents

If the insured person requires some documents that had been forgotten, the insurer will arrange for their delivery to the destination.

2.2.8 Legal defence expenses and advance on bail abroad

When, as a consequence of a traffic accident that occurred abroad during a trip, the insured person needs to arrange his legal defence, the insurer will assume the expenses for such up to a limit of 1.500 EUR.

If the insured person is not capable of designating a lawyer, the insurer will do so, without accepting any responsibility whatsoever regarding the lawyer's subsequent performance.

If the competent authorities of the country in which the accident occurs required bail from the insured person, the insurer will advance this, up to a limit of 6.000 EUR.

The insured person will have to refund the amount of the bail advanced within the maximum term of three months starting from the date on which the insurer provided the loan. If before that term the amount had been reimbursed by the competent authorities of the country, the insured person is obliged to reimburse the insurer immediately.

2.2.9 Travel assistance

When the insured person requires information about the countries that he will visit such as, for example, entrance formalities, concession of visas, currency, economic and political conditions, population, language, level

of health care, etc.; the insurer will provide him with this general information if requested by means of a phone call or electronic mail.

2.2.10 Transmission of messages

The insurer will take care of sending urgent messages to the insured person's relatives due to events covered by the guarantees of the present policy.

3. LIMITATIONS OF THE CONTRACT

3.1 EXCLUSIONS

3.1.1 The guarantees and services that have not been requested from the insurer and which have not been made with his agreement or by him, except in cases of acts of god or those whose nature makes it impossible to demonstrate.

3.1.2 Illnesses or injuries that take place as a consequence of chronic suffering or prior to the beginning of the trip, as well as their complications or relapses.

3.1.3 Death as a result of suicide or the illnesses and injuries resulting from attempted suicide or those caused deliberately by the insured person to himself, as well as those arising from his criminal actions, either directly or indirectly.

3.1.4 The treatment of illnesses or pathological states caused by the intentional ingestion or administration of toxins (drugs), narcotics, or by the use of medications without medical prescription.

3.1.5 The costs of prosthesis, spectacles and contact lenses, births and pregnancies except for unforeseen complications during the first six months, and any type of mental illness.

3.1.6 Events due to the practice of sports in competition and the rescue of people at sea, in mountains or in deserts.

3.1.7 Any medical or pharmaceutical expenses under 10 EUR

3.1.8 Expenses corresponding to the burial and funeral ceremony.

4. ADDITIONAL DISPOSITIONS

The General Conditions of the health care policy are applicable as long as do not oppose what the present document set out.

In the telephone communications requesting the services of the indicated guarantees, the following must be clearly indicated: the insured person's name, the policy number of the health care policy or the card number, the place where he/she is situated, a contact telephone number and the type of assistance that he/she requires.

Delays or non fulfilment due to acts of god or the special administrative or political characteristics of a certain country will not be dealt with. In any event, if it a direct intervention were not possible, the insured person will be reimbursed on his return to Spain or, if required, as soon as he enters a country where the previous circumstances are not occurring, for the expenses he had incurred and that are guaranteed, by means of presentation of appropriate proof.

Medical services and those of health care repatriation should be made by agreement with the doctor of the hospital centre that is attending the insured person and the insurer's medical team.

If the insured were entitled to a refund for part of the unused ticket, when making use of the repatriation guarantee, this refund must revert to the insurer.

The compensations fixed in the guarantees will be in any event additional to the contracts that the insured person may have covering the same risks, the benefits from social security or of any other body.

The insurer is subrogated in the rights and actions that can correspond to the insured person for facts that have motivated his intervention up to the total of the amount of the services provided or lent.

For the provision, by the insurer, of the inherent services of the previous guarantees, it is indispensable that the insured person requests his intervention, from the moment of the event, by calling the following telephone number (reversing the charges if necessary):
00 34 91 379 04 34.

APPENDIX II: REPATRIATION

PREVIOUS DISPOSITIONS

INSURED PERSONS

Foreign residents in Spain, notified by DKV Seguros y Reaseguros S.A.E.

TERRITORIAL SCOPE OF THE INSURANCE AND DURATION

The insurance policy is valid in Spain. Its duration is linked to that of the DKV Residentes Health Care Policy.

GUARANTEES COVERED

1. REPATRIATION OF THE DECEASED

In the event of the death of the insured person, the insurer will deal with the administrative formalities and cover the expenses of the preparation and transport of the body from the place of death in Spanish territory to the closest international airport to the place of burial in Germany.

The costs of the burial and funeral service are excluded from this guarantee.

2. ESCORT OF MORTAL REMAINS

The insurer will provided the person designated by the insured person' s relatives with a return ticket from the country of origin to Spain, or vice versa, to accompany the mortal remains to the closest international airport to the place of burial.

3. MAXIMUM CAPITAL PER CLAIM

The maximum capital guaranteed per claim for all the guarantees as a whole is set at 6.000 Euros.

EXCEPTIONAL CIRCUMSTANCES

The insurer does not accept responsibility for the delays or non-fulfilment, due to acts of god, nor the special administrative or political characteristics of a certain country.

EXCLUSIONS AND LIMITATIONS

The following are not covered by this guarantee:

- a) The guarantees and benefits that have not been requested from the insurer and which have not been made by or with his agreement, except for acts of god or those which cannot be demonstrated in a material way.
- b) Mountain, sea or desert rescue.

APPENDIX III: BEST CARE

The service Best Care guarantees, for the diagnosis of certain serious illnesses that are detailed in this appendix, health care in Germany provided by a renowned leading specialist within a short period of time.

1. WHEN CAN A CLAIM BE CONSIDERED TO BE A BEST CARE CLAIM?

1.1 The diagnosis must be determined by a specialist and correspond to some of the serious illnesses described in the table below. In the event that an illness included in Best Care can only be diagnosed due to the therapies included in the following table, presenting the medical tests that objectively state the diagnosis of the illness is considered sufficient.

The specialist should also, at least, have considered the therapies included in the chart associated with the corresponding diagnosis as a possible alternative form of treatment. The therapies indicated in the chart do not include transplants.

1.2 As proof of the requirements described previously, you must send the originals or certified copy of the medical reports to the Best Care Case Manager (see section 7 of this appendix), clearly stating the term “Best Care” (if you send it by mail, you should indicate this on the envelope and on the medical report).

This notification must be made in writing (e.g. by letter, fax or e-mail). The medical reports should indicate the diagnosis, the patient’s name and surname as well as the date of the diagnosis and a copy of the medical records.

This documentation will become the insurer’s property.

1.3 The following diagnoses and therapeutic indications are included in Best Care:

DIAGNOSIS	POSSIBLE THERAPY	SPECIALITY
1. Coronary illness with indication for bypass operation.	Bypass Surgery via veins or arteries	Cardiovascular surgery
2. Valvular injury with need for surgery (e.g. aorta stenosis, inadequacy mitral)	Implant Surgery of artificial valve	Cardiovascular surgery
3. Narrowing of the carotid artery with need for surgery (e.g. Stenosis of the internal carotid artery)	Surgery	Cardiovascular Surgery
4. Need to enlarge the aorta by surgery (eg, aneurysm of thoracic or abdominal aorta)	Surgery	Cardiovascular or thoracic surgery
5. Slipped disc (e.g. herniated nucleus pulposus of the cervical vertebrae or lumbar)	Surgery	Orthopaedics / Brain surgery
6. Tearing of crossed knee ligaments	Surgery	Orthopaedics
7. Malign illnesses of the hematic and lymphatic organs (e.g. malign lymphoma leukemia)	Oncology treatment	Oncology internal hematica
8. Malign tumoural illnesses of mammary glands (eg, breast carcinoma)	Surgery	Gynaecology
9. Malign tumoural illnesses of the thorax (e.g. bronchial carcinoma)	Surgery	Thoracic surgery
10. Malign tumoural illnesses of the esophagus and of the gastrointestinal tract (e.g. esophagus carcinoma, carcinoma of stomach, colon carcinoma and rectum)	Surgery	Visceral surgery
11. Malign tumoural illnesses of kidney and urinal tract (e.g. renal carcinoma, bladder carcinoma)	Surgery	Urology
12. Malign tumoural illnesses of the male reproductive organs (e.g. prostate carcinoma, carcinoma of testicles)	Surgery	Urology
13. Malign tumoural illnesses of the female reproductive organs (e.g. carcinoma of ovaries, carcinoma of uterus)	Surgery	Gynaecology
14. Tumoural illnesses of the brain and marrow (e.g. meningioma, glioblastoma)	Surgery	Brain surgery

DKV Seguros can update the list of illnesses and therapies mentioned above to adapt to scientific progress and resulting changes in medicine.

2. BEST CARE SERVICES IN THE EVENT OF A CLAIM

Provided the conditions stated in the previous section are fulfilled, the following dispositions have effect with reference to the Best Care service:

2.1. MEDICAL COVERAGE

The Best Care service includes both the operation or the treatment determined by the renowned leading specialist and the rehabilitation, if required, which must be prescribed by a specialist, authorised beforehand by DKV Seguros and which has a maximum duration of 4 weeks beginning at the latest 14 days after being discharged from hospital.

2.2. ORGANISATION OF THE TREATMENT

a) Based on the coverage of the DKV Residents Modality “Basic Coverage + Repatriation + Best Care”, DKV Seguros ensures that the surgery indicated in the table above is carried out by a renowned leading medical expert, who is a specialist in pathology. If no surgery is carried out, the specialist's service will consist of the prescription of the therapy to follow, which may be given in a consultation prior to hospitalisation.

This guarantees that within a period of five working days (excluding Saturdays) after the necessary documentation has been received by the Administration Centre in Barcelona (Best Care Case Manager) (see section 6 of this appendix) according to that specified in section 1.2. the following will be available:

- > Hospital admission to the centre in which the renowned leading specialist carries out his duties or
- > The consultation with the renowned leading specialist prior to hospitalisation.

The period of five days begins from the day after which the necessary reports and verified diagnosed pathology have been received by the Administration Centre in Barcelona (Best Care Case Manager) (see section 7 of this appendix).

The previous medical reports must be presented in German or English. In the supposition that they had been written in Castilian or Catalan, the given period will be extended by a maximum of three working days, in order to facilitate their translation, the cost of which is included.

If for medical or travel reasons you cannot make the journey, the period will begin the day on which you notify the Best Care Case Manager (see section 7 of this appendix) of the specific date of the journey, provided that this itself is considered safe from a medical point of view.

At your request, we will send you written notification of the initial date of the period and the method used to calculate it.

b) In the event that the specialist's contribution consists of surgery and, for unforeseen circumstances, this specialist cannot carry it out personally, his permanent substitute and habitual team may do so.

These unforeseen circumstances include the expert's illness, or a professional obligation which had not been planned in advance and to which he must give priority due to his work contract, or if in the expert's opinion providing the service would cause him professional damage, or other reasons of a similar nature.

c) In the event that surgery is not required and once the treatment to follow has been determined, it is not necessarily the specialist who will supervise and control the treatment. In his place, the treatment may be given by other therapists based on the coverage of the DKV Residentes Modality Basic Coverage + Repatriation + Best Care.

d) Also, in the event of a claim, the right of the insured person to a consultation is contemplated before, during and after the treatment.

This consultation includes, among other things, information about who has to pay the cost of any later treatment after the cure which may be necessary from a medical point of view.

At the request of the insured person, DKV Seguros, through DKV Deutsche Krankenversicherung AG, will handle the organisation of this later, post cure treatment in Germany, provided that it is not the obligation of some other service provider, for example a pensions insurance company, a professional mutual insurance company, the public health administration.

2.3. GUARANTEED COMPENSATION

In the event of any claim, you are entitled to receive a guaranteed Compensation * for the amount of 500 EUR.

This compensation is paid provided the claim has been verified, regardless of whether the other services stated in this section are used. For payment conditions see section 6 of this appendix.

*This guaranteed compensation is freely available and can be used without any justification of expenses, especially for travelling expenses and transport.

2.4. ADDITIONAL COMPENSATION

In the exceptional event that the specified period of five days cannot be fulfilled, you are entitled to receive an additional compensation for the amount of 500 EUR.

This Compensation is independent of that mentioned previously. For the payment conditions see Section 6 of this appendix.

Once this period has elapsed, the insurer undertakes to provide the service as soon as possible. Under no circumstances will you be entitled to additional compensation before the period stipulated in this section has elapsed.

Other rights are not included.

2.5. TRAVELLING EXPENSES AND TRANSPORT

Travelling expenses and those of the return trip to the consultation with the specialist are not reimbursed by this product.

2.6. THE RIGHT TO SERVICES FOR A CLAIM

a) To exercise your right to a service for an illness, there exists a minimum period of grace of 12 months starting from the period of 5 days specified in this section, provided that the other requirements are duly completed.

This term of 12 months is not applied in the event of a new claim. This would be the case of a new Best Care diagnosis unrelated to the treatment used until then, or rather if it were related and considered to be an independent event since it affected other parts of the body or other organs different to those previously.

b) With regard to illnesses due to malign tumours of the hematic and lymphatic organs (e.g. leukemia or malign lymphomas), that specified in point 2.6 a) of this section is applied, with the exception that the period of grace is 36 months instead of 12.

3. SPECIALISTS BEST CARE

a) Best Care Specialists are defined as those therapists of renowned prestige in the field of the specific Best Care diagnoses that have committed themselves contractually to DKV Seguros as Best Care doctors.

The selection of the Best Care Specialists is the responsibility of DKV Seguros. In case these doctors do not comply with the agreed conditions (e.g. quick appointments and quality treatment), they may be discharged as Best Care Specialists. As a general rule, this does not prevent you from continuing your treatment with this doctor.

In this case, the administration according to the Best Care conditions would not be possible.

b) To determine which health professionals are appropriate to be Best Care Specialists according to their prestige and reputation in their specialty, we base ourselves on scientific criteria and on the knowledge of independent professionals in DKV Seguros.

4. WHERE DOES THE MEDICAL TREATMENT TAKE PLACE?

The selection of the most appropriate specialists by DKV Seguros determines the place of treatment. If you wish to choose the expert or the place of treatment from those we include, DKV Seguros is more than willing to consider your proposal along with other possibilities.

5. WHO CAN ENJOY THE BEST CARE SERVICE?

Those clients that take out DKV Residentes in its Modality “Basic Coverage + Repatriation + Best Care.” Suitable clients should be aged between 15 and 70 years (actuarial age).

Once taken out, the service is lifelong.

6. PAYMENT OF COMPENSATION

The compensations (guaranteed compensation and additional compensation) are payable once all the necessary confirmations that determine the right to benefit have been carried out:

- › In the case of guaranteed compensation, the payment will be made once the claim has been verified.
- › In the case of additional compensation, the previously stated. payment will be made as soon as the limit of five days has elapsed.

This period is interrupted in the event that the necessary confirmations cannot be carried out.

7. NOTIFICATIONS

In the event of a claim you should contact our Call Centre directly. (902 499 499). Identify yourself as an insured client of DKV Residentes, modality “Basic Coverage + Repatriation + Best Care”, and you will be put in contact with the Best Care Case Manager who will undertake to carry out the necessary administration in Germany.

The address to which you should send the medical reports, according to that specified in Section 1.2. of this appendix, is the following:

DKV Seguros Centro de Gestión de Barcelona
Att. Case Manager de Best Care
C / Bergueda, 1, local 1, esc. A
Edificio Muntadas
Parc de Negocis MAS BLAU
08820 El Prat de Llobregat
Barcelona

Or by e- mail, to the following address:
bestcare@dkvseguros.es

Or via fax on 93 378 01 26.

The policy holder, to the effects stipulated in Article 3.º of the Law of Insurance Contracts, recognises having received a copy of the present General Conditions and Appendices of the contract, accepting them by means of his signature and expressly states his full acceptance of the limiting and delimiting clauses included within, and especially, the exclusions of coverage that are expressed in Section 5.º which have been clearly, explicitly and separately indicated and whose content he is aware of and understands as having been read.

The policy holder

The insured person

for DKV Seguros S.A.E.
Chief Executive Officer



DKV SEGUROS S.A.E.

902 499 499
dkvseguros@dkvseguros.com | www.dkvseguros.com

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BARCELONA OFFICE 93 214 00 00

MADRID OFFICE 91 379 04 00

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