

## PRIOR INFORMATION NOTE

### HEALTH 60+

#### 1. NAME AND REGISTERED OFFICE OF THE INSURER

CASER, Caja de Seguros Reunidos, Cia. de Seguros y Reaseguros, S.A., (-CASER-) with registered office at Av. de Burgos, 109, 28050, Madrid, Spain. Registered in the Trade Registry of Madrid, Page M-39662, Spanish Tax ID (CIF): A28013050.

#### 2. PRODUCT NAME

Health 60+.

#### 3. TYPE OF INSURANCE

Health 60+ is an outpatient/non-hospital health care insurance for people aged 60 and over. It covers general medical care and a wide range of medical specialties, as well as certain diagnostic tests and treatments, provided through an extensive nationwide network of contracted doctors. In addition, it offers specific covers, services and care tailored for the senior profile. There are no additional charges per insured per year for digital medicine and up to the sixth service, except for high-tech tests and podiatry.

#### 4. HEALTH QUESTIONNAIRE

No health questionnaire needed.

#### 5. DESCRIPTION OF THE GUARANTEES AND OPTIONS OFFERED

##### 5.1. GUARANTEES

##### MAIN MEDICAL COVER

- **General medicine and nursing.**
- **Emergencies:** home and outpatient.
- **Medical specialties such as:** Dermatology, Rheumatology, Cardiology, Oncology, Ophthalmology, Digestive system, etc.
- **Diagnostic means such as:** clinical analysis, radiodiagnostics, etc.
- **Medical treatments such as:** rehabilitation and physiotherapy, psychology, podiatry, speech therapy, etc.

## SUPPLEMENTARY MEDICAL COVERS AND SERVICES

- **Medical guidance.**
- **Annual health check-up** (includes consultation, analysis, electrocardiogram and follow-up)
- **Home help:** physical care and personal attention, accompaniment and assistance, night surveillance, and home physiotherapy.
- **24-hour medical assistance**, online.
- **Dental care supplement.**
- **Second medical opinion** for serious illnesses.

The full details of the included covers are available to the insured in the contract.

### 5.2. OPTIONAL ACCESSORY GUARANTEES

The Salud +60 product does not have optional guarantees at a cost, but the Company has a health and wellness services area ([casermasbeneficios.com](http://casermasbeneficios.com)) with advantageous prices.

## 6. COVER EXCLUSIONS

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### 6.1. GENERAL EXCLUSIONS

- a) General medical check-ups or examinations of a preventive nature, except for what is expressly included in the contract. Analyses or other examinations that are necessary for the issuing of certificates, reports and any type of document that does not have a clear health care function.
- b) Physical damage resulting from war, riots, revolutions and terrorism, those caused by officially declared epidemics, those directly or indirectly related to radiation or nuclear reaction and those resulting from natural catastrophes (earthquakes, floods and other seismic or meteorological phenomena).
- c) Health care due to the consumption of alcohol, drugs of any kind or intoxication due to the abuse of psychotropic drugs, narcotics or hallucinogens.
- d) Health care for injuries caused by drunkenness, fights (except in the case of legitimate self-defence), self-harm or suicide attempts and illnesses or accidents suffered due to serious fault, imprudence or negligence on the part of the Insured.
- e) Health care required as a result of injuries sustained while taking part in bets and competitions, the practice of high-risk activities such as bullfighting and bull running, the practice of dangerous sports such as scuba diving, horseback riding, caving, boxing, martial arts, climbing, rugby, motor vehicle sports, quad biking, paragliding, aerial activities not authorised for public passenger transport, sailing or white water activities, bungee jumping, canyoning, skiing, snowboarding, surfing and any other manifestly

dangerous activity; as well as those sustained from the professional practice of any sport.

- f) Health care provided in hospitals, whether outpatient, day hospital or hospitalisation, as well as therapeutic and surgical interventions, except for the cases expressly indicated in Article 3.
- g) Hospital emergencies.
- h) Arthroscopies, laparoscopies and surgical biopsies, endoscopies, catheterisations, vascular haemodynamic and interventional radiology. Prosthesis of any nature, osteosynthesis material, biological or synthetic materials, anatomical and orthopaedic pieces.
- i) Everything concerning psychology, ambulatory narcolepsy, sophrology, neuropsychological and psychometric tests, psychoanalytic psychotherapy, as well as psychosocial or neuropsychiatric rehabilitation, psychoanalysis, hypnosis, group psychotherapy, psychological tests and rest and sleep cures, except for what is expressly included in point 28 of Article 3.
- j) Travel and transfer expenses, including ambulances.
- k) Treatment for sterility or infertility, voluntary termination of pregnancy in any case, diagnostic tests related to such termination, any surgical procedure on the unborn child and the treatment (including surgery) of impotence.
- l) Surgical procedures, infiltrations and treatments, as well as any other type of procedure whose purpose is a change of sex, or which has an aesthetic character are expressly excluded. Also expressly excluded is any disease, complication or need for special diagnostic and/or therapeutic tests that are directly related to or are the result of the Insured having undergone a procedure, infiltration or treatment of an aesthetic nature. Only in these cases will the necessary tests for the gynaecological examination be paid for.
- m) Any genetic test requested for prognostic or preventive purposes is excluded, as well as genetic predisposition studies of the Insured or their relatives. Also excluded are genetic counselling, genetic mapping, paternity or kinship tests, as well as anything else that is not explicitly included in the contract.
- n) Any assistance or treatment for social or family reasons, palliative care, as well as care that can be replaced by home or outpatient care.
- o) Health care in private centres that are not subsidised, and also that which is provided in hospitals, centres and other publicly owned establishments that are part of the Spanish National Health System and/or those that depend on the Autonomous Communities, is also excluded. In any case the Insurer reserves the right to claim from the Insured the recovery of the costs of care that it has had to pay to the public health system for the medical-surgical and hospital care provided.

- p) Regenerative medicine, biological medicine, immunotherapy, biological therapies, gene therapy and direct-acting antivirals, as well as the applications of all of them. In addition, all types of experimental treatments, compassionate use, orphan drugs, and those in clinical trials in all their phases are excluded.
- q) Pharmaceutical products, medicines and auxiliary means of cure of any kind. Non-commercialised medicines in Spain are excluded. Vaccines are also excluded.
- r) Excluded are all those diagnostic procedures or diagnostic, surgical or therapeutic techniques that appear after the signing of this policy not contemplated by the Insurer, unless the Insurer, in compliance with the provisions of Article 126.2 of Royal Decree 1060/2015 of 20 November on the regulation of supervision and solvency of insurance and reinsurance companies, has notified the Insured in writing of their inclusion in the insured covers, under the terms and within the limits established in said notification. Also excluded are those therapeutic methods, surgical techniques or diagnostic tests performed as part of clinical trials, or which, due to their lack of safety or efficacy, are not used in routine clinical practice. All those that have not been approved by the European Medicines Agency and/or the Spanish Agency for Medicines and Health Products, as well as by the Health Technology Assessment Agencies dependent on the health services of the Autonomous Regions or the Ministry of Health, will be considered as such. Also excluded from the cover will be those therapeutic methods, surgical techniques or diagnostic tests that have been clearly surpassed by others available.
- s) Physiotherapy and rehabilitation treatments when functional or the maximum possible recovery has been achieved, or when it becomes maintenance therapy, which in such a case would be indicated by the professional responsible for carrying out such treatments. In addition, the following are excluded: rehabilitation derived from neurological diseases, educational therapy, language education, special education for the mentally ill and early stimulation rehabilitation in cases of psychomotor developmental retardation. Cardiac rehabilitation, pelvic floor rehabilitation and lymphatic drainage are excluded. Rehabilitation for hospitalised inpatients is expressly excluded.
- t) Alternative and complementary therapies such as acupuncture, naturopathy, homeopathy, manual therapy, mesotherapy, osteopathy, hydrotherapy and pressotherapy are excluded.
- u) Any means of diagnosis for sleep disorders is expressly excluded.
- v) In the speciality of odontostomatology, obturations, endodontics, placement of prostheses and osteointegrated dental implants, orthodontics, periodontics, as well as other dental treatments other than those included in point 22 of Article 3 are excluded.
- w) All surgical and/or therapeutic techniques using lasers.
- x) Dialysis treatments.
- y) Alternative medicines, treatments in nursing homes, residences, spas and similar establishments.

- z) Ozone therapy treatments are expressly excluded.
- aa) Diagnostic studies or tests related to research or of a scientific nature will not be covered.

## 6.2. PERIODS IN WHICH YOU CAN'T ENJOY THE COVER

WAITING PERIODS	COVERS
Up to 5 months	<ul style="list-style-type: none"> <li>High-tech diagnostic tests</li> </ul>

If the Insured comes from another company with a product of similar characteristics and a minimum of one year of seniority, the waiting periods may be waived. To do so, you must present the last paid receipt of your previous policy and the Particular Conditions of the same.

## 6.3. AGE LIMIT FOR CONTRACTING

No maximum hiring age.

## 7. METHODS OF PAYMENT OF THE BENEFIT

**PREMIUM:** the Health 60+ product allows the premium to be paid monthly, quarterly, half-yearly or annually, without any surcharge on the premium.

**CO-PAYMENT:** Insured's share of the cost of the services.

From 0 to 5 SERVICES	€ 0.00	Including in five co-payment free
Consultations, Video/Teleconsultations at Centro Médico Caser	€ 0.00	×
Annual medical check-up (consultation + complete analysis + electrocardiogram)		×
PROCEDURES	AMOUNT	
Primary medicine: general medicine	€ 6.00	✓
Nursing	€ 5.00	✓
Specialists	€ 20.00	✓
Rehabilitation and physiotherapy treatments (session)	€ 8.00	✓

Diagnostic procedures	€ 16.00	✓
High-tech diagnostic procedures I	€ 42.00	✗
High-tech diagnostic procedures II	€ 50.00	✗
Psychology (session)	€ 10.00	✓
Speech therapy (session)	€ 10.00	✓
Podiatry (session)	€ 10.00	✗
Therapeutic procedures	€ 16.00	✓
Home delivery service	€ 20.00	✓
Non-hospital emergencies (home and outpatient)	€ 40.00	✓
Other services	€ 16.00	✓

**MAXIMUM AMOUNTS OF THE DENTAL SUPPLEMENT:** the maximum amounts applicable by the providers for dental treatment may be consulted in the means provided for this purpose.

## CONDITIONS, DEADLINES AND DATE OF PAYMENT COMPLETION

### 8.1. GENERAL ISSUES

The contracted insurance can be paid monthly, quarterly, half-yearly or annually without any surcharge. This will be done by direct debit to the current account held by the Policyholder and expressly indicated in the insurance application.

### 8.2. ANNUAL COMMUNICATION OF PAYMENT COMPLETION DATE AND UPDATES

Caser may modify the price applicable to the following year and, where appropriate, the amount of co-payments, in accordance with the technical-actuarial calculations made and based on the CPI for healthcare, the frequency of use of the guaranteed cover, the inclusion of medical advances or new insured cover in each annual renewal of the contract, as well as the updates derived from family or promotional discounts at the time of contracting.

In the event of a change in the stipulated price, the Policyholder will receive notification of this update for the following year two months before the end date of the contract and may choose either to extend the insurance contract, which implies acceptance of the new financial conditions, or to terminate it at the end of the current year by means of a corresponding letter addressed to the Insurer.

### 8.3. RATES AND IDENTIFICATION OF RISK FACTORS TO BE CONSIDERED IN THE PAYMENT CALCULATION

The payments to be made by the Policyholder will vary according to the annual increase in the medical costs of the health system, as well as the updated age of each Insured, the changes in the number of individuals covered under the contract, customer status and loyalty, any promotional conditions (if any in the contract), and the geographical area where the benefit is to be provided, applying the rates that the Insurer has in force on the date of each renewal.

The stipulated net monthly prices for the Health 60+ product may be consulted at any time through the designated and updated channels provided by the Insurer.

### 8.4. TERMINATION CONDITIONS AND OPPOSITION TO EXTENSION

The insurance is contracted for the period stipulated in the Particular Conditions. Upon termination, it shall be tacitly extended for one-year periods.

However, either party may object to the extension by giving written notice to the other party not less than one month before the end of the current insurance period, in the case of the Policyholder, and two months in the case of the Insurer.

However, the Insurer undertakes to:

- a. Not cancel the contract when the Insured person is undergoing hospital treatment until they are discharged from hospital, unless they waive their right to continue such treatment.
- b. Not oppose the extension of insurance contracts of Insured persons in certain situations of serious illness, provided that the first diagnosis has occurred during the period of the contract. The following are illnesses with ongoing treatment within the contract:
  - . Active oncological processes.
  - . Acute kidney failure.
  - . Chronic slow-progressing respiratory failure.
  - . Chronic liver diseases (excluding those of alcoholic origin).
  - . Acute myocardial infarction with heart failure.
  - . Macular degeneration.
  - . Cardiac diseases requiring surgical or interventional treatment.
  - . Organ transplants.
  - . Complex orthopaedic surgery in the evolving stage.
  - . Degenerative and demyelinating diseases of the nervous system.

Not all are necessarily covered in the Health 60+ product. Consult the General, Special and Particular Conditions of your contract.

- c. Not oppose the extension of insurance contracts with Insured persons over 65 years of age, when they have been with the company (without failure to pay for the premium) for 5 years or more.

The above commitments shall not apply or shall be without effect in those cases in which:

- a. In the event of non-payment of the stipulated price or refusal to accept its update by the Policyholder.
- b. The Policyholder does not agree to the renewal terms.

The Company's waiver of its right to oppose the continuity of the contract inexcusably requires that the Policyholder accepts the payment and participation in the cost of the services that correspond to them, and which the Insurer may update periodically to adapt them to the evolution of insurance costs, always in accordance with actuarial criteria and within the limits of the law and the contract.

#### 8.5. RIGHT TO REHABILITATION

In this type of insurance, the Insured shall be entitled to rehabilitation of the contract in accordance with the Insurance Contract Act. If, in the case of the second and subsequent annual renewals of the insurance policy, the date on which the annual payment is due is not paid and the contract is suspended, the rehabilitation will take place 24 hours after the day on which the annual premium is paid.

#### 8.6. LIMITS AND CONDITIONS ON THE FREEDOM OF CHOICE OF PROVIDER

The Insured has the freedom to choose the service provider from among the professionals and centres that appear on the medical list offered, which will always be updated in the digital media enabled for this purpose.

There are also a number of medical services that require a prescription from a medical professional. These are included in the General Conditions.

Likewise, there are a series of medical acts that require prior authorisation by the Company, as shown below:

##### DIAGNOSTIC TESTS

- Ultrasounds.
- Radiology: CT, MRI, densitometry.
- Clinical tests: *helicobacter Pylori*.
- Cardiology: *ergometry, Holter monitoring, Doppler*.
- Neurophysiology: *any technique*.
- Pathological anatomy.
- Dermatoscopy.

## TREATMENTS

- Rehabilitation: **physiotherapy, speech therapy, psychology.**
- Oxygen therapy.
- Pain treatment.

This list includes some of the benefits that require prior authorisation by the company, but not all of them are necessarily covered by the Health 60+ product. Consult the General, Special and Particular Conditions of your contract.

You may request your authorisations through the Customer Service telephone number and online through the means provided for this purpose.

## 9. CHARGEABLE TAXES

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The stipulated prices are subject to the application of the legally applicable tax on the first bill (0.15% L.E.A.) and the corresponding part of the Insurance Premium Tax (IPS). Health insurance premiums are exempt from Insurance Premium Tax (IPS), except for that part of the premium intended to cover Travel Medical Assistance guarantees.

## 10. CLAIMS CHANNELS

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CAJA DE SEGUROS REUNIDOS, Compañía de Seguros y Reaseguros, S.A. (CASER) offers its customers its Insured's Defence Service (Complaints and Claims) at Avenida de Burgos, No. 109, 28050 Madrid, and at the email address [defensa-asegurado@caser.es](mailto:defensa-asegurado@caser.es).

If the resolution of the claim is rejected or if more than one month has elapsed without a response, the administrative complaint procedure may be initiated before the Complaints Service of the Directorate-General of Insurance and Pension Funds, Paseo de la Castellana, 44, 28046 Madrid, which will act as an alternative dispute resolution entity in consumer matters, in accordance with the First Additional Provision of Law 7/2017, of 2 November. The website address of the Directorate-General of Insurance is provided for this purpose, [www.dgsfp.mineco.es/reclamaciones/](http://www.dgsfp.mineco.es/reclamaciones/), where the claimant can find information on the procedure, requirements and means to file a claim or complaint. It may also be submitted to the competent courts.

## 11. APPLICABLE LAW AND JURISDICTION

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- Law 50/1980 of 8 October on insurance contracts and its implementing regulations.
- Law 20/2015 of 14 July, on the regulation, supervision and solvency of insurance and reinsurance entities, and its implementing regulations.
- Law 22/2007, of 11 July, on distance marketing of financial services for consumers.

This Insurance Contract is subject to Spanish legal jurisdiction and, within this jurisdiction, the competent judge for hearing any actions arising from it shall be that of the Insured's residence in Spain.

## 12. TAX REGIME

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Health insurance premiums are exempt from Insurance Premium Tax (IPS), except for that part of the premium intended to cover Travel Medical Assistance guarantees.

As a general rule, the premiums paid for this insurance do not give the right to any tax benefit, they are not deductible from the personal income tax (IRPF), nor do they give the right to any deduction or allowance. However, there may be special cases in some Autonomous Communities.

In the event that the policyholder is a businessperson or a professional under a direct personal income tax assessment system, the maximum limit to be considered as a deductible expense is 500 euros per person and calendar year, taking into account for this purpose only their own cover, that of their spouse, and children under 25 years of age living with the policyholder.

This limit will be 1,500 euros for each of the above persons with a disability.

If the Policyholder is a business entity subject to corporate tax and is insuring its employees, the premium paid will be deductible as an expense in its corporate tax return (Corporate Tax).

Whether the employer is a natural or legal person, the premium shall not constitute a form of in-kind remuneration for the employee, within the quantitative limits referred to above per person and per tax year. The amount exceeding these limits would be considered as remuneration in-kind and would be subject to the corresponding payment on account.

The provision of health services does not constitute income for the beneficiary. For this reason, these benefits will not be subject to taxation under the personal income tax (IRPF) of the beneficiary.