

PRIOR INFORMATION SHEET

SALUD MÉDICA

1. NAME AND REGISTERED OFFICE OF THE INSURER

CASER, Caja de Seguros Reunidos, Cia. de Seguros y Reaseguros, S.A., (-CASER-) with address at Av. de Burgos, 109, 28050, Madrid, Spain. Registered in the Madrid Trade Registry, Sheet M-39662, Spanish Tax ID (CIF) no.: A28013050

2. PRODUCT NAME

Salud Médica.

3. TYPE OF INSURANCE

Salud Médica is an outpatient health care insurance policy. It covers care in the medical specialities through a large team of nationwide specialists.

This product can be marketed to **all types of customers**:

- private individuals (individuals and/or families).
- self-employed, groups and SMEs.

In addition, the product allows the choice of copayment (participation of the insured in the cost of services), according to the contracted type:

- without copayments.
- 10 without copayments, that is to say, without copayments until the 11th use (per insured person per year).
- copayment from the first service.

You can find in the Particular Terms and Conditions of the policy the copayment level contracted

4. HEALTH QUESTIONNAIRE

In order to formalise the insurance contract, together with the completion of the insurance application, it is necessary to complete a health questionnaire, which may be completed in person or online, depending on the means provided by the Insurer in each case. This consists of a signed declaration of health or a recorded statement by each of the Insured to be included in the contract prior to its formalisation, which includes relevant questions about the state of health of each of them. This questionnaire must be completed by each of the persons to be insured (except in the case of minors under 18 years of age, where the declaration will be made by the parent or legal guardian), who

must answer each of the questions truthfully and indicate all the circumstances known to him/her about his/her health (past and present). These will enable the Insurer to make a correct assessment of the risk with a view to taking out the insurance policy, rejecting the policy or excluding cover for any of the pre-existing illnesses declared by the Insured (subject to the prior acceptance of the Insured).

In the event of falsehood, inaccuracy or intentional omission of information in any of the declarations contained in the questionnaire, the Company may terminate the insurance contract at any time.

5. DESCRIPTION OF THE GUARANTEES AND OPTIONS OFFERED

5.1. GUARANTEES

MAIN MEDICAL COVERAGE

- **Primary care:** general medicine, paediatrics and nursing.
- **Medical specialities such as:** Gynaecology, Traumatology, Ophthalmology, etc.
- **Means of diagnosis such as:** Clinical analysis, radiodiagnosis, diagnosis of infertility, etc.
- **Medical treatments such as:** rehabilitation and physiotherapy, psychology, laser therapy, speech therapy, etc.

COMPLEMENTARY MEDICAL COVERAGE

- **Oral supplement.**
- **Second medical opinion** for serious illnesses.
- **Health care abroad** up to 90 days and a limit of €15,000.
- IUD implantation, **including reimbursement for the device.**

OTHER BENEFITS AND SERVICES

- **24-hour medical and paediatric,** telephone and online **assistance.**
- Signing up benefit, **without waiting periods or pre-existing conditions,** for **newborn and adopted children** included in the parents' policy.

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

5.2. OPTIONAL ACCESSORY GUARANTEES

The Salud Médica product does not have optional guarantees with a cost, but the Company does have a health services area, Caser Salud + Benefits (online casermasbeneficios.com), through which it is possible to independently take out services related to health, well-being and aesthetics, under preferential conditions.

6. EXCLUSIONS FROM COVERAGE:

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6.1. GENERAL EXCLUSIONS

1. HEALTH CARE

- a) Health care for all kinds of illnesses, injuries, previous states or health conditions, accidents and their sequelae, congenital or previous defects or deformities diagnosed before the date on which each Insured person is registered under the contract, as well as for any signs or symptoms that could be considered to be the start of any disease or which have previously required studies, diagnostic tests or treatments of any kind, unless such illnesses, injuries, accidents, symptoms, defects or deformities have been declared by the Contracting Party or Insured person in the health questionnaire and its cover is not expressly excluded in the Particular Conditions by the Insurer. This exclusion shall not affect the Insured persons added to the contract from birth in accordance with point 1. e) of Article 10.
- b) General medical check-ups or examinations of a preventive nature, except for what is expressly included in point 3. of Article 3. 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.
- c) 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).
- d) Health care due to the consumption of alcohol, drugs of any kind or intoxication due to the abuse of psychotropic drugs, narcotics or hallucinogens.
- e) 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 person.
- f) 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, 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.

- g) Hospital healthcare (whether provided on an outpatient basis or to admitted patients), therapy and surgical operations are excluded, except for those indicated in Article 3.
- h) Hospital emergencies.
- i) Arthroscopies, laparoscopies, and surgical biopsies, endoscopies, fibroscopies, catheterizations, vascular hemodynamics, and interventional radiology. Prostheses of any nature, osteosynthesis material, biological or synthetic materials, anatomical and orthopedic pieces.
- j) 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 3.28. of Article 3.
- k) Travel and transportation expenses, as well as ambulances.
- l) Treatments for sterility or infertility, voluntary termination of pregnancy, diagnostic tests related to such termination, any surgical procedure on the unborn child and the treatment (including surgery) of impotence.
- m) Surgical procedures, infiltrations and treatments, as well as any other type of procedure for the purpose of sex change or an aesthetic nature, 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 person 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.
- n) Any genetic test requested for prognostic or preventive purposes is excluded, as well as genetic predisposition studies of the Insured person or their relatives. Also excluded from coverage are genetic counselling, genetic mapping, paternity or kinship tests, as well as anything else that is not explicitly included in point 4. of Article 3.
- o) Hospital care and treatment for social or family reasons, palliative care, as well as care that can be replaced by home or outpatient care.
- p) 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 report to the Autonomous Communities, is also excluded. In any case the Insurer reserves the right to claim from the Insured person 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.

- q) 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.
- r) Pharmaceuticals, medicines and auxiliary treatment aids of any kind, except for those administered to the Insured person during their stay (a minimum of 24 hours) in a hospital centre. Non-commercialised medicines in Spain are excluded. Vaccines are also excluded.
- s) All diagnostic procedures or diagnostic, surgical or therapeutic techniques that arise after the signing of this policy and are not covered 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 supervision and solvency of insurance and reinsurance companies, has notified the Insured Person in writing of their inclusion in the insurance cover, under the terms and within the limits established in such written notification.

Also excluded are any therapeutic methods, surgical techniques or diagnostic tests carried out as part of clinical trials, or which, due to their lack of safety or efficacy, are not used in normal clinical practice. This applies to those that have not been approved by the European Medicines Agency and/or the Spanish Agency for Medicines and Medical Devices, as well as by the Health Technology Assessment Agencies dependent on the health services of the Autonomous Regions or the Ministry of Health. Also excluded from coverage will be those therapeutic methods, surgical techniques or diagnostic tests that have been clearly superseded by others available.

- t) 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 except for what is expressly included in point 3.31. of Article 3. Rehabilitation in inpatients and at home is expressly excluded.
- u) Alternative and complementary therapies such as acupuncture, naturopathy, homeopathy, chiromassage, mesotherapy, osteopathy, hydrotherapy and pressotherapy are excluded.
- v) Any means of diagnosis for sleep disorders is expressly excluded.

- w) In the speciality of Odontostomatology, obturations, endodontics, placement of prostheses and osseointegrated dental implants, orthodontics, periodontics, as well as other dental treatments other than those included in point 3.24. of Article 3 are excluded.
- x) All surgical and / or therapeutic techniques that use a laser, except for those expressly included in point 5. of Article 3.
- y) Chronic dialysis treatments.
- z) Alternative medicines, treatments in nursing homes, residences, spas and the like.
- aa) Treatments involving oxygen therapy, aerosol therapy, ventilation therapy, and ozone therapy are expressly excluded.

2. HEALTH CARE ABROAD

- 1) Claims that may arise directly or indirectly from previous illnesses, congenital, chronic or medical conditions under medical treatment prior to the start of the trip.
- 2) Voluntary termination of pregnancy, childbirth, except for emergencies and cases of unforeseeable complications up to the 29th week of pregnancy.
- 3) Accidents occurring in the event of war, pandemics, demonstrations and social movements, acts of terrorism and sabotage, strikes or any other case of force majeure, unless the Insured person proves that the accident is unrelated to such events.
- 4) Benefits from the practice of dangerous sports, such as mountaineering, climbing, motocross, gliding, hang-gliding, skiing, snowboarding and similar or those that require physical training.
- 5) Any expenses claimed when the insurance dates do not coincide with the actual dates of travel (both the day of departure and the return date must be taken into account).
- 6) Vaccinations and tests for previously known diseases.
- 7) Expenses relating to prostheses of any kind, physiotherapy and kinesiotherapy.
- 8) The costs of implants, experimental surgeries and treatments whose safety and cost-effectiveness are not scientifically proven or are not recognised by official medical science in Spain. Psychological and aesthetic treatments, rehabilitation or preventive medicine.
- 9) Any type of medical fee or expense less than €9.02.
- 10) Suicides, self-harm and drug or alcohol intoxication.

11) Under no circumstances shall the Insurer replace the emergency services of the country concerned, nor shall it cover the cost of these services.

12) Mental illnesses, as well as psychoanalysis and psychotherapy.

6.2. PERIODS DURING WHICH CERTAIN COVERAGE CANNOT YET BE BENEFITTED FROM

WAITING PERIODS	Coverage
Up to 4 months	<ul style="list-style-type: none"> High-tech diagnostic tools.

If the Insured comes from another company with a similar policy and a minimum of one year of validity, the waiting periods may be removed. For this, the Insured must provide the last paid receipt of his/her previous policy and the Particular Conditions of the same. These waiting periods may be waived depending on the type of policy taken out.

6.3. AGE LIMIT FOR TAKING OUT INSURANCE

The maximum age for taking out the Salud Médica product is 69.

7. WAYS OF PAYING FOR THE INSURANCE

PREMIUM: the Salud Médica product allows the premium to be paid in monthly, quarterly, half-yearly or annual instalments, without any surcharge on the premium.

COPAYMENT: participation of the Insured Person in services charges. The product offers different copayment options (participation of the Insured Person in services charges) depending on the type of service contracted:

- Without Copayment.**
- With Copayment,** from the first service This means that the Insured Person will pay the established amount for using the services, up to a limit of €395 per Insured Person, per year. Without copayment for digital healthcare through Centro Médico Caser.
- 10 without Copayment,** this means that the Insured Person, on an annual basis, will not pay any charges for the first 10 services invoiced to the Insurance Company by Health Centres. From the 11th service onwards, the Insured Person will pay the standard amount for the service. Without copayment for digital healthcare through the Caser

According to copayment type

Services	WITHOUT Copayment	10WITHOUT Copayment	WITH Copayment
10 first services free of charge	—	✓	✗
ATS services (nursing)	0,00 €	2,00 €	3,50 €
Logophoniatics	0,00 €	2,00 €	5,00 €
Primary care	0,00 €	2,00 €	5,50 €
Consultants	0,00 €	5,50 €	19,00 €
Home service (general medicine)	0,00 €	2,00 €	17,00 €
Rehabilitation and physiotherapy session	0,00 €	3,50 €	6,00 €
Usual diagnostic resources	0,00 €	5,50 €	15,00 €
High technology diagnostic resources	0,00 €	12,00 €	41,00 €
Chiroprody	0,00 €	2,50€	5,00 €
Psychology	0,00 €	9,00 €	9,00 €
Home emergency service	0,00 €	12,00 €	35,00 €
Other services	0,00 €	5,50 €	18,00 €
Antenatal programme	0,00 €	5,50 €	39,00 €

The level of copayment of the product are available in the Particular Conditions.

DENTAL SUPPLEMENT MAXIMUM AMOUNTS: the maximum amounts applicable by providers for dental treatment. They can always be consulted in the digital resources provided for this purpose.

CONDITIONS, DEADLINES AND DATE OF PAYMENT COMPLETION

8.1. GENERAL MATTERS

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 Contracting Party and expressly indicated in the insurance application.

8.2. ANNUAL COMMUNICATION OF PAYMENT END DATE AND UPDATES

Caser may modify the price applicable to the following annuity, and, where applicable, the amount of the co-payments, according to 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 taking out the insurance.

In the event of a change in the stipulated price, the Contracting Party will receive notification of this update for the following year two months before the end date of the

contract, and may choose between extending the insurance contract, which implies acceptance of the new economic conditions, or terminating it at the end of the current year, by means of a corresponding letter sent 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 Contracting Party will vary according to the annual increase in the medical costs of the health system, as well as the update of the age of each person insured, the variation in the number of people in the contract, the link as a client, the promotional conditions (if any in their contracting), and the geographical area corresponding to the domicile of the benefit, applying the rates that the insurer has in force on the date of each renewal.

The stipulated net monthly prices for the Salud Médica product can be consulted at any time and updated on our web site caser.es

8.4. CONDITIONS OF TERMINATION AND OPPOSITION TO EXTENSION

The insurance is renewable annually and will last for the period stipulated in the Particular Conditions. Upon expiry, it shall be tacitly extended for another year.

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

In any case, 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 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 transplantation.
- . Complex orthopaedic surgery in the early stage.
- . Degenerative and demyelinating diseases of the nervous system.

These are not all necessarily covered by the policy Salud Médica.
Please refer to the terms and conditions of your contract.

- c. Not oppose the extension of insurance contracts with Contracting parties 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. The Insured person has failed to comply with their obligations or they have withheld or provided inaccurate information when declaring the risk.
- b. In the event of the Contracting party failing to pay for the premium or refusing to accept any updates to the policy.
- c. The Contracting party does not agree to the terms of Renewal.

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

8.5. REINSTATEMENT RIGHT

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

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 resources provided for this purpose.**

There are also a number of medical acts 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:

HOSPITALISATION:

- Admission: **medical, surgical, psychiatric**
- Outpatient care
- Home hospitalisation
- Outpatient surgery
- Ambulance transfers

DIAGNOSTIC TESTS

- Endoscopy: **any technique**
- Nuclear medicine: **any technique**
- Ultrasounds: **transesophageal and high resolution**
- Radiology: **CT, MRI, densitometry, angiographies, urodynamic studies, PET, PET-CT**
- Clinical analysis: **karyotyping-genetics, helicobacter Pylori, tumour markers**
- Genetic Studies
- Cardiology: **ergometry, Holter, Doppler, haemodynamics, electrophysiological studies, pacemakers**
- Neurophysiology: **any technique**
- Pathological anatomy: **immunohistochemistry and molecular pathology**
- Dermatoscopy
- Biomechanical gait analysis

TREATMENTS

- Oncology: **chemotherapy, radiotherapy**
- Rehabilitation: **physiotherapy, speech therapy, psychology**
- Ophthalmic laser therapy
- Oxygen therapy
- Hemotherapy
- Interventional Radiology
- Treatment of pain
- Extracorporeal lithotripsy
- Assisted reproduction
- Postpartum care
- Laser in proctology

FIXED INTERNAL PROSTHESES

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

You can request your authorisations by calling free phone 91 055 16 61 and online **in the digital**

resources provided for this purpose.

9. CHARGEABLE TAXES

The stipulated prices are subject to the application of the legally applicable tax on the first bill (0.15% L.E.A.) and the IPS in its part of the corresponding coverage. 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. COMPLAINTS

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

If the resolution of the complaint 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/ 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

- 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 contract is subject to Spanish legal jurisdiction and, within this jurisdiction, the competent Court for hearing any actions arising from it shall be that of the Insured person's residence in Spain.

12. TAX REGIME

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 in the 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 Contracting Party is a businessperson or professional in the direct estimation regime for Personal Income Tax, the maximum limit to be considered as a deductible expense is 500 euros per person and calendar year, taking into account for these purposes exclusively their own coverage, that of their spouse and their children under 25 years of age who live with the Contracting Party. This limit will be 1,500 euros for each of the above persons with a disability.

If the Contracting Party is a commercial entity subject to Corporation Tax and is insuring its employees, the premium paid will be a deductible expense in its personal tax (Corporation Tax).

Whether the employer is a legal person or a legal entity, the premium does not constitute remuneration of the worker's work in kind within the above-mentioned quantitative limits per person and tax year. The amount exceeding these limits would be considered as remuneration in kind and would be subject to the corresponding payment on account.

Health care services do not constitute an inflow of income for the beneficiary. For this reason, these benefits will not be taxed in the beneficiary's personal income tax.