Health Insurance

Insurance product information document

Company: Sanitas S.A. de Seguros (C-320) and BBVASEGUROS, S.A. de Seguros y Reaseguros (C-0502) Insurance companies registered in Spain

Product: Bbva Salud Empresas

This document is an overview of the key information related to the corresponding insurance policy. The full precontact information is attached to the insurance application form and the Contract information is provided in the General and Individual Terms and Conditions of the policy.

What does this type of insurance comprise?

Comprehensive healthcare product with access to all specialities and hospitalisation.

In this insurance modality the cover is provided exclusively through the Sanitas medical chart. The medical chart is the list of professionals and medical centres that the Insured can access. The maximum age for taking out the policy is 75 years old.

What is covered?

- ✓ Primary care.
- ✓ Emergencies.
- ✓ Ambulance.
- ✓ Sanitas 24 Hours.
- ✓ Special home care.
- ✓ Medical specialities.
- ✓ Diagnostic tests.
- ✓ Therapeutic methods.
- ✓ Surgery.
- ✓ Hospitalisation.
- ✓ Sanitas Dental 21.
- ✓ Second opinion.
- ✓ Emergency care abroad.
- ✓ Blua.

What is not covered?

- ✗ Care related to:
  - Traffic accidents.
  - Occupational accidents.
  - Doing extreme sports.
- ✗ Care provided in National Health Service clinics.
- ✗ Preventive medical check-ups.
- ✗ Any health condition of the Insured known prior to taking out the policy and not covered in accordance with the company's technical criteria.
- ✗ Voluntary termination of pregnancy.
- ✗ Healthcare deriving from chronic alcohol abuse, drug addiction; intoxication as a result of abuse of alcohol, psychotropic drugs, narcotic drugs or hallucinogens, attempted suicide and self-harm, from illnesses or accidents sustained through the fault or negligence of the Insured.
- ✗ Any aesthetic or cosmetic treatment or procedure.
- ✗ Medicine not sold in Spain.
- ✗ Bariatric surgery, radiosurgery and robotic surgery.

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Does the cover have any limitations?

- **Emergency care abroad:** **€12.000** person and year, max **90** consecutive days travel.
- **Psychology:** max **15** sessions/Insured and year.
- **Psychiatry:** max **50** days/Insured and year.
- **Podiatry:** max **12** sessions/Insured and year.
- **Pelvic Floor Rehabilitation:** max **10** sessions/Insured and year.
- **Speech and language therapy:** max **80** sessions/Insured and year.
- **Ambulance:** does not include transfers for physiotherapy treatments, diagnostic tests or attending consultations.
- Healthcare for **newborns** will only be provided if the newborn is Insured by Sanitas.
- This product does not have waiting periods.

Where am I covered?

✓ The services are provided throughout Spain.
✓ For emergency care abroad, the services are provided worldwide.

What are my obligations?

- The Policyholder must answer the questions on the health questionnaire truthfully; this will allow la Entidad Aseguradora to correctly assess the risk. If any information in this statement is false or omitted, la Entidad Aseguradora may cancel the insurance policy.

- The Policyholder must pay the cost through the payment method and within the deadlines agreed with la Entidad Aseguradora.

- Show la Entidad Aseguradora Insured card and identification document, if required, on receiving the services.

When and how must I make the payments?

The cost of insurance is annual and can be broken down into the agreed instalments.
Payment will be made via direct debit from the bank account of the contracting party.

When does the cover start and end?

The insurance contract is annual, and comes into effect at 00:00 on the contract start date. It will be automatically renewed every year, unless the Policyholder or la Entidad Aseguradora specifies otherwise.

How can I terminate the contract?

On the expiry date of the insurance contract, it will be tacitly extended for successive periods of one year, unless one of the parties (la Entidad Aseguradora or Policyholder) opposes one of these extensions by notifying the other two months in advance in the case of the la Entidad Aseguradora and one month in the case of the Policyholder.

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