General Conditions

Salud Familiar Opción
Medisalud Opción

Appendix 1
In accordance with the provisions of Article 3 of Law 50/80 of October 8 on Insurance Contracts (BOE 17/10/80), the clauses that limit the rights of the insured parties contained in the General Conditions of this policy appear in bold.
Summary of coverages

SUMMARY OF COVERAGES

COVERED SPECIALTIES

Asma and allergies
- Vaccines ................................................................................................................... No
  except for vaccinations in accordance with the official schedule in the Healthy Child Program (Programa del Niño Sano)
- Drug treatment ............................................................................................................... No
- Aerosol therapy ................................................................................................................ No
- Oxygen therapy ................................................................................................................ No
- Ventilation therapy ........................................................................................................... No

Digestive system .............................................................................................................. Yes

Cardiology ........................................................................................................................ Yes

Cardiovascular surgery .................................................................................................... Yes

General surgery and digestive system surgery ................................................................. Yes

Maxillofacial surgery ......................................................................................................... Yes
(dental treatments only in approved services)

Pediatric surgery ............................................................................................................. Yes

Plastic and reconstructive surgery
- Accidents (documented with emergency care report on the day of the accident) ......................................................................................................................... Yes
- Esthetic treatments .......................................................................................................... No

Chest surgery .................................................................................................................... Yes

Vascular surgery and angiology ........................................................................................ Yes

Dermatovenereology ......................................................................................................... Yes

Endocrinology and nutrition
- Illness ............................................................................................................................... Yes
- Weight loss treatments ..................................................................................................... No

Human genetics ................................................................................................................ Yes

This exclusively includes the following actions and only when they are required within the framework of the clinical diagnosis, for the confirmation of a genetic diagnosis requiring the establishment of a specific treatment or its modification:
- DIGEORGE 22 SYNDROME (Q11-Q13) STUDY.
- CHORIONIC VILLUS KARYOTYPE.
- AMNIOTIC FLUID KARYOTYPE.
- BONE MARROW KARYOTYPE.
- KARYOTYPING USING OTHER TISSUES (SKIN, GONADS, ABORTION REMAINS, ETC.).
- PERIPHERAL BLOOD KARYOTYPE.
- ANEUPLOIDIES IN AMNIOTIC FLUID (FISH OR QF-PCR).
- WILLIAMS 7 SYNDROME (Q11.23-Q31) STUDY.
- GENETIC STUDY USING THE FISH TECHNIQUE IN ONCOHEMATOLOGY. BY PROBE (FROM THE FOURTH PROBE).
- GENETIC STUDY USING THE PCR TECHNIQUE IN ONCOHEMATOLOGY (BY STUDY).
- GENETIC STUDY USING THE FISH TECHNIQUE IN ONCOHEMATOLOGY. BY PROBE (THE FIRST THREE PROBES).
- LUNG/COLON/STOMACH CANCER (PARAFFIN-EMBEDDED TUMOR) EGFR (EXONS 19 AND 21).
- COLON CANCER (PARAFFIN-EMBEDDED TUMOR) BRAF (V600E MUTATION OF EXON 15).
- COLON CANCER (PARAFFIN-EMBEDDED TUMOR) KRAS (ANALYSIS OF CODONS 12 AND 13).
- BREAST CANCER (PARAFFIN-EMBEDDED TUMOR) HER2.
- LUNG CANCER (PARAFFIN-EMBEDDED TUMOR) ALK.
- FAMILIAL BREAST/OVARIAN CANCER: BRCA1 AND BRCA2 SEQUENCING.
- FAMILIAL BREAST/OVARIAN CANCER: BRCA1 AND BRAC2 MLPA.
- FACTOR XII IN C46T MUTATION.
- HUNTINGTON’S DISEASE (DETECTION OF CAG EXPANSIONS IN THE FXN GENE).
- FAMILIAL POLYPOSIS COLON CANCER: APC SEQUENCING.
- FAMILIAL POLYPOSIS COLON CANCER: APC MLPA.
- FAMILIAL NON-POLYPOSIS COLON CANCER: MLH1 SEQUENCING.
- FAMILIAL NON-POLYPOSIS COLON CANCER: MLH1 MLPA.
- FAMILIAL NON-POLYPOSIS COLON CANCER: MSH2. SEQUENCING OF EXONS 2, 10, 11, 13, 15 AND 16 OF THE RET GENE.
- FAMILIAL NON-POLYPOSIS COLON CANCER: MSH2 MLPA.
- MULTIPLE ENDOCRINE NEOPLASIA TYPE 1: MEN1 SEQUENCING.
- MULTIPLE ENDOCRINE NEOPLASIA TYPE 1: MEN1 MLPA.
- MULTIPLE ENDOCRINE NEOPLASIA TYPE 2: MEN2 SEQUENCING.
- MULTIPLE ENDOCRINE NEOPLASIA TYPE 2: MEN2 MLPA.
- KNOWN FAMILIAL MUTATION FOR HEREDITY CANCER.
- FRIEDREICH ATAXIA FRDA GAA EXPANSION.
- MYOTONIC DYSTROPHY TYPE 1. STEINERT’S DISEASE (DMPK, DETECTION OF CTG EXPANSION).
- CHARCOT MARIE TOOTH DISEASE (PMP22 DETECTION OF LARGE DUPLICATIONS BY MLPA).
- PRADER WILLI SYNDROME DETECTION OF DELETIONS IN PWS/AS REGION BY MLPA.
- CYSTIC FIBROSIS (50 MUTATIONS AND POLY T IN CFTR IN CHROMOSOME 7).
- HEMOCHROMATOSIS PCR (HFE-3 MUTATIONS C282Y, H63D, S65C).
- FACTOR V LEIDEN (F5, G1691A MUTATION). THROMBOPHILIA.
- FACTOR II PROTHROMBIN (F2, G20210A MUTATION). THROMBOPHILIA.
- HYPERHOMOCYSTEINEMIA MTHFR MUTATION C677T AND A1298C IF NECESSARY.
- FRAGILE X SYNDROME (FMR1, EXPANSION and TP-PCR IF APPLICABLE).
- MOLECULAR STUDY CYP212A. DETECTION OF MOST FREQUENT MUTATIONS FOR THE DIAGNOSIS OF CONGENITAL ADRENAL HYPERPLASIA DUE TO HYDROXYLASE 21 DEFICIENCY.
Summary of coverages

- MOLECULAR DIAGNOSIS OF THROMBOPHILIA (12 MUTATIONS). INCLUDES FACTOR V, FACTOR II AND MTHFR IF APPLICABLE.
- GENETIC CELIAC DISEASE STUDY: HLAS DQ2 AND DQ8.

Geriatrics.........................................................................................................................Yes
Hematology....................................................................................................................Yes
Internal medicine........................................................................................................Yes
Nephrology....................................................................................................................Yes
Neonatology..................................................................................................................Yes
Neurosurgery................................................................................................................Yes
Neurology.....................................................................................................................Yes
Pulmonology..................................................................................................................Yes

Obstetrics and gynecology
- Epidural anesthesia in vaginal delivery
  * In recommended services (doctor, midwife, anesthesia, hospital) ..................................Yes
  * In reimbursement ........................................................................................................... According to the limit
- Pregnancy, labor, cesarean section .................................................................................. According to the limit (1)
- Preparation for giving birth ............................................................................................ (1)(5)
- Gynecological check-up ........................................................................................................ 1 per year, according to the limit
- Tubal ligation .................................................................................................................... (2)(5)
- Artificial insemination .......................................................................................................... (4)(5)
- In vitro fertilization .............................................................................................................. (4)(5)
- Sterility/infertility
  (study and treatments) .............................................................................................................. (4)(5)

Dentistry and/or stomatology ..............................................................................................No
(Except for services included in the dental coverage and only in recommended services)

Ophthalmology
- Illnesses .......................................................................................................................... Yes
- Accidents .......................................................................................................................... Yes
- Refractive surgery and presbyopia surgery ......................................................................... No
- Ophthalmological check-up .................................................................................................. 1 per year, according to the limit

Oncology..........................................................................................................................Yes

Osteopathy........................................................................................................................No
(Only in recommended services)

Maximum 8 sessions insured party/year ................................................................................. (2)(5)

Otolaryngology.....................................................................................................................Yes
- 20 sessions/year of speech therapy .................................................................................... (5)(*)

Pediatrics............................................................................................................................Yes

Podiatry (4 chiropody sessions per year) .................................................................................. (5)

Proctology...........................................................................................................................Yes

Psychiatry........................................................................................................................... (5)

Only in acute or exacerbated chronic processes, maximum of 60 days per insured party per year as hospitalized patient or outpatient.
- Brief psychotherapy or focal therapy treatments ................................................................. (5)
- For eating disorders ............................................................................................................ Maximum 20 sessions insured party/year
- Maximum 40 sessions insured party/year
Summary of coverages

| Rheumatology                                                                 | Yes |
| Traumatology                                                                 | Yes |
| **Urology**                                                                  |     |
| - Vasectomy                                                                   | (2)(5) |
| - Sterility/infertility (study and treatments)                               | (4)(5) |
| - Urological check-up                                                        | 1 per year, according to the limit |

**DIAGNOSTIC/THERAPEUTIC SERVICES**

(MEDICALLY PRESCRIBED)

**Clinical analyses**
- Karyotypes/genotypes                                                           Yes (1)
- Radioimmunoassay                                                              Yes
- Enzymatic methods                                                            Yes

**Pathological anatomy and cytology**                                           Yes

**Molecular biology**                                                           Yes

**Endoscopy**                                                                  Yes

**Radiology**
- Plain X-ray                                                                   Yes
- X-ray with contrast                                                           Yes
- Mammogram                                                                    Yes
- Conventional tomography                                                      Yes
- Orthopantomogram                                                            (5)

**Special diagnostic services**
- Bone densitometry                                                            Yes
- Ultrasound                                                                   Yes
- PET scan                                                                     Yes (2)
- Thermography                                                                 Yes
- CT (scanner)                                                                 Yes
- Nuclear magnetic resonance                                                   Yes (2)

**Nuclear medicine**                                                           Yes (2)

**Circulatory system tests**
- Arteriogram                                                                  Yes (2)
- Echocardiogram                                                               Yes
- Electrocardiogram                                                           Yes
- Doppler                                                                      Yes
- Catheterization                                                             Yes (2)
- Holter                                                                       Yes (2)
- Cardiac stress test                                                         Yes

**Obstetrics and gynecology tests**
- Amnioscopy                                                                   Yes (1)
- Amniocentesis                                                                Yes (1)
- Laparascopy                                                                  Yes (2)
- Ultrasound                                                                   Yes
- Fetal monitoring                                                             Yes (1)
Summary of coverages

Neurophysiology tests
- Electroencephalogram ................................................................. Yes
- Echoencephalogram ................................................................. Yes
- Electronystagmogram ............................................................... Yes
- Electromyogram ...................................................................... Yes
- Measurement of speed of nerve conduction ............................... Yes

Ophthalmology tests
- Tonometry ................................................................................ Yes
- Fluorescein angiography ......................................................... Yes
- Campimetry ............................................................................. Yes
- Ultrasound ............................................................................... Yes

Urology tests
- Ureteroscopy ............................................................................ Yes
- Cystoscopy ............................................................................... Yes
- Urodynamic studies ................................................................. Yes

Functional tests of the kidney or liver ......................................... Yes

Lithotripsy .................................................................................. Yes (2)

Dialysis and artificial kidney ....................................................... Yes (2)(3)

Oncology tests
- Use of radioactive isotopes ....................................................... Yes (2)
- Cobalt therapy, chemotherapy and radiotherapy ....................... Yes (2)
- Hemodynamic .......................................................................... Yes (2)
- Polysomnogram ....................................................................... Yes (2)
- Laser ray ................................................................................ (2)
  - In reimbursement ....................................................................... Yes
  - In recommended services ....................................................... No

(Except for expressly included specialties)

Rehabilitation
(maximum 30 sessions, insured party/year in reimbursement,
except for acquired brain damage) .............................................. Yes (2)

Rehabilitation for acquired brain damage
and spinal cord damage ............................................................... Only in approved services (2)
  - In the case of acquired brain damage (traumatic, vascular, etc.), coverage is provided for functional motor rehabilitation treatments as well as neurological rehabilitation treatments and other specific treatments up to a maximum of 60 days of hospitalization and a maximum of 90 calendar days on an outpatient basis. In both cases, coverage is limited to only one time per insured party for the duration of the policy.
  - In the case of spinal cord damage, coverage is provided for functional motor rehabilitation treatments and a rehabilitator at specific spinal cord injury units as well as neurological rehabilitation treatments and other specific treatments, with a maximum limit of 60 days of hospitalization and only one time per insured party for the duration of the policy. Outpatient rehabilitation treatments are excluded.
Summary of coverages

(1) 8-month waiting period.
(2) 6-month waiting period.
(3) Maximum 1 year in reimbursement.
(4) 48-month waiting period (both members of the couple must be insured).
(5) Only in recommended services in the expense reimbursement benefits.
(*) The program for early detection and treatment of deafness in children less than 7 years old will be exclusively covered provided that, at the time the child was born, the mother or father had a policy for more than 8 months.

OTHER COVERED SERVICES

Doctor’s assistant
Midwives
Surgical assistants
Anesthetists

PROSTHESIS AND ORTHOPEDICS

Prosthesis and implants in general ................................................................. No
Except for those listed in the prosthesis and implants catalog section with the limits set

Cast................................................................. Yes

Other orthopedic devices ......................................................................... No

Hearing or vision aids ............................................................................. No (6)

External immobilization systems
- Knee pads, wrist guards, neck braces and similar........................................ No

SPECIAL CONCEPTS TO BE MENTIONED

Pharmaceutical products................................................................. Only at the hospital

Illnesses prior to taking out the insurance ........................................... No (1)

Physiotherapy and rehabilitation........................................................ Yes (2)

Plastic surgery................................................................................ Only accidents (3)

Homeopathy...................................................................................... No (4)

Drug treatments.................................................................................. No

AIDS.................................................................................................. No

Emergency care overseas ................................................................. Yes

Traffic accidents ............................................................................... Yes (5)

Preventive medical exams
- General check-ups........................................................................ No
- Annual gynecological check-up (consultation, cytology, ultrasound, mammogram) ................................................... According to the limit
- Pediatric check-ups........................................................................ Yes
- Annual ophthalmological check-up .................................................. According to the limit
- Annual urological check-up (consultation, PSA, ultrasound) .............. According to the limit

(1) Unless expressly accepted by the company in the Specific Conditions of the policy.
(2) 6-month waiting period, after medical prescription. Maximum of 30 sessions insured party/year in reimbursement.
(3) Documented with emergency care report on the day of the accident.
(4) The Company will evaluate its acceptance provided that the doctor is legally registered and this is documented.
(5) In reimbursement, once the expenses have been paid, the rights and actions that, due to the incident, correspond to the insured party regarding the individuals responsible for it, may be exercised up to the compensation limit.
(6) The program for early detection and treatment of deafness in children less than 7 years old will be exclusively covered provided that, at the time the child was born, the mother or father had a policy for more than 8 months.

**COVERED PROSTHESSES AND IMPLANTS CATALOG**

These amounts will be reimbursed to the insured parties up to the previously set limit

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount (in euros)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valvular rings for reconstructing heart valves</td>
<td>1,600</td>
</tr>
<tr>
<td>Hearing aid (one per ear)</td>
<td>2,000</td>
</tr>
<tr>
<td>(Exclusively through the program for early detection and treatment of deafness in children)</td>
<td></td>
</tr>
<tr>
<td>External infusion pumps</td>
<td>2,400</td>
</tr>
<tr>
<td>Internal infusion pumps</td>
<td>5,400</td>
</tr>
<tr>
<td>Self-implantable defibrillator</td>
<td>18,000</td>
</tr>
<tr>
<td>Electrodes and spinal cord stimulators (only pain management)</td>
<td>6,000</td>
</tr>
<tr>
<td>Electrodes and transcutaneous stimulators (only pain management)</td>
<td>2,400</td>
</tr>
<tr>
<td>Vascular endoprosthesis</td>
<td>1,500</td>
</tr>
<tr>
<td>Breast expanders (per unit)</td>
<td>1,000</td>
</tr>
<tr>
<td>External bone fixators</td>
<td>1,200</td>
</tr>
<tr>
<td>Internal spinal fixators (for 1 level)</td>
<td>2,400</td>
</tr>
<tr>
<td>Internal spinal fixators (for each additional level)</td>
<td>1,200</td>
</tr>
<tr>
<td>Cochlear implant (one implant)</td>
<td>22,000</td>
</tr>
<tr>
<td>(Exclusively through the program for early detection and treatment of deafness in children)</td>
<td></td>
</tr>
<tr>
<td>Bone grafts (bone bank)</td>
<td>1,000</td>
</tr>
<tr>
<td>Kit/material for vertebroplasty (per vertebra)</td>
<td>1,200</td>
</tr>
<tr>
<td>Kit/material for kyphoplasty (in its entirety/per insured party)</td>
<td>3,000</td>
</tr>
<tr>
<td>Nucleoplasty kit</td>
<td>1,200</td>
</tr>
<tr>
<td>Rhizolysis kit</td>
<td>800</td>
</tr>
<tr>
<td>Intraocular lens (for each eye)</td>
<td>180</td>
</tr>
<tr>
<td>Meshes for hernias</td>
<td>600</td>
</tr>
<tr>
<td>Meshes for incontinence</td>
<td>600</td>
</tr>
<tr>
<td>Abdominal reconstruction meshes</td>
<td>600</td>
</tr>
<tr>
<td>Thoracic meshes</td>
<td>600</td>
</tr>
<tr>
<td>Pacemaker</td>
<td>4,800</td>
</tr>
<tr>
<td>Osteosynthesis material in fractures</td>
<td>2,500</td>
</tr>
</tbody>
</table>
# Summary of coverages

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Coverage Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Embolizing substances and material (coils and onyx, embospheres, etc.)</td>
<td>(total/year)</td>
<td>3,000</td>
</tr>
<tr>
<td>Material used in ligamentoplasty in its entirety (ligament, screws, anchors and sutures)</td>
<td></td>
<td>1,800</td>
</tr>
<tr>
<td>Cemented hip prostheses</td>
<td></td>
<td>1,200</td>
</tr>
<tr>
<td>Uncemented hip prostheses</td>
<td></td>
<td>3,000</td>
</tr>
<tr>
<td>Shoulder prosthesis</td>
<td></td>
<td>3,300</td>
</tr>
<tr>
<td>Knee prosthesis</td>
<td></td>
<td>3,300</td>
</tr>
<tr>
<td>Disc prosthesis in its entirety</td>
<td></td>
<td>3,000</td>
</tr>
<tr>
<td>Breast expander prosthesis (per unit)</td>
<td></td>
<td>1,200</td>
</tr>
<tr>
<td>Mammary prosthesis (per unit)</td>
<td></td>
<td>700</td>
</tr>
<tr>
<td>Prosthesis for by-pass</td>
<td></td>
<td>1,800</td>
</tr>
<tr>
<td>Testicular prosthesis</td>
<td></td>
<td>600</td>
</tr>
<tr>
<td>Reservoirs (in pain management and chemotherapy)</td>
<td></td>
<td>450</td>
</tr>
<tr>
<td>Stent. (per unit)</td>
<td></td>
<td>1,600</td>
</tr>
<tr>
<td>Dura mater substitutes</td>
<td></td>
<td>600</td>
</tr>
<tr>
<td>Bone substitutes</td>
<td></td>
<td>1,500</td>
</tr>
<tr>
<td>Valved prosthetic tube</td>
<td></td>
<td>6,000</td>
</tr>
<tr>
<td>Metal cardiac valves (per unit)</td>
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<td>4,200</td>
</tr>
<tr>
<td>Biological cardiac valves (per unit)</td>
<td></td>
<td>3,600</td>
</tr>
<tr>
<td>Hydrocephalus valves</td>
<td></td>
<td>1,500</td>
</tr>
<tr>
<td>Valves for glaucoma</td>
<td></td>
<td>540</td>
</tr>
</tbody>
</table>

## DEDUCTIBLES

### In assisted reproduction:
- Application of ICSI or sperm microinjection techniques: 360.00
- Testicular extraction (obtaining spermatocytes): 300.00

### In brief psychotherapy or focal therapy treatments:
- Each consultation/session: 12.00

### In osteopathy treatments:
- Each consultation/session: 12.00

### In cryopreservation of stem cells from the umbilical cord:
1. From the blood (UCB)
   - Extraction kit and feasibility studies: 350.00
   - Storage: 950.00
2. From the blood and tissue (UCB and UCT)
   - Extraction kit and feasibility study: 450.00
   - Storage: 1,350.00