

General Conditions

**Salud Familiar Opción
Medisalud Opción**



Appendix 1

General Conditions. Appendix 1

 **MAPFRE**



MAPFRE

MAPFRE FAMILIAR
COMPAÑÍA DE SEGUROS
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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 (5)
- Oxygen therapy..... (5)
- Ventilation therapy (5)

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).

Summary of coverages

- 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 BRCA2 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.
- SPINAL-CEREBRAL ATAXIA SCA MOST FREQUENT GENES (SCA1, SCA2, SCA3, SCA6 AND SCA7).
- 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)
.....	Maximum 20 sessions insured party/year
■ For eating disorders	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
■ Cardiac stress test	Yes
Obstetrics and gynecology tests	
■ Amnioscopy	Yes (1)
■ Amniocentesis.....	Yes (1)
■ Laparoscopy	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 conductions 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.

Summary of coverages

- (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 PROSTHESES AND IMPLANTS CATALOG

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

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

Summary of coverages

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

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
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In osteopathy treatments:

■ Each consultation/session.....	12.00
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In cryopreservation of stem cells from the umbilical cord:

a) From the blood (UCB)

■ Extraction kit and feasibility studies.....	350.00
■ Storage.....	950.00

b) From the blood and tissue (UCB and UCT)

■ Extraction kit and feasibility study.....	450.00
■ Storage.....	1,350,00