PREVISIÓN MÉDICA, S.A.
Healthcare Insurances

Annex I:
Information prior to hiring a healthcare policy.

<table>
<thead>
<tr>
<th>1. Insurer details</th>
<th>1.1 Corporate name</th>
<th>Compañía de seguros PREVISIÓN MÉDICA, S.A.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.2 Registered office:</td>
<td>Calle Liborio García 1-1º. 29005 Málaga</td>
</tr>
<tr>
<td></td>
<td>1.3 Entity code:</td>
<td>C-353</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>2. Name of the Product</th>
<th>2.1 Name: PÓLIZA DORADA</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Healthcare Policy with hospital service included to be taken out in two age brackets (from 66 to 75 years old and from 76 years old onwards).</td>
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</tbody>
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<table>
<thead>
<tr>
<th>3. Type of Insurance</th>
<th>3.1 Healthcare</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>This policy includes Clinics and Hospitals for emergencies, surgical interventions, medical hospitalization (according to the details within the General Conditions). Unlike policies with a more limited coverage, as for example, Póliza Base, with no hospital services of any kind, Póliza Dorada guarantees a broad Medical Directory with specialists, radiology centres, analysis laboratories and the best hospitals and clinics with emergency services, admissions, treatments, operations, ICU, etc. to provide you with the best medical-surgical assistance.</td>
</tr>
<tr>
<td></td>
<td>3.3 Detailed coverage summarised in point 5 (Description of provided guarantees).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Health questionnaire</th>
<th>4.1 Definition:</th>
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<tbody>
<tr>
<td></td>
<td>Health Questionnaire or Declaration: Question form that takes part in the insurance contract, provided by the Insurer to the Policyholder and/or Insured person. It must be completed and signed by the Policyholder before the formalisation of the Policy. Its aim is to determine the state of health and to find out the circumstances that may influence on the risk assessment and the hiring of insurance. For more details check point 6. – “Exclusions of coverage” within this Guide.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Description of provided guarantees: 5.1.- Guarantees:</th>
<th>The DORADA method guarantees the following detailed service:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Primary Care GENERAL MEDICINE. Medical assistance with indication and prescription of tests and basic diagnostic aids.</td>
</tr>
<tr>
<td></td>
<td>NURSING SERVICE. In the consulting room and at home provided that the patient stays in bed (wherever that service is set up), and under prescription of a doctor within the Entity.</td>
</tr>
<tr>
<td></td>
<td>Emergency Service PERMANENT EMERGENCY ASSISTANCE. It shall be rendered in the set up centres included within the Medical Directory.</td>
</tr>
<tr>
<td></td>
<td>AMBULANCE SERVICE. It shall be rendered in case of Urgent</td>
</tr>
</tbody>
</table>
and justified need to move the patient to the emergency clinics of
the Entity to be surgically operated, inside and outside the
municipal area at provincial level.

GENERAL MEDICINE HOME EMERGENCY SERVICE. Home
service shall be rendered by the permanent on-call service
(General Medicine and/or Nursing service), according to the
General Terms and Conditions of the Policy. Wherever this
service is set up, home service shall be rendered.

PERMANENT EMERGENCY ASSISTANCE FOR DISPLACED
PERSONS IN SPAIN. Emergency service shall be rendered
inside the national territory and in the province capitals, to
every Insured person who is temporarily displaced outside the
province, according to the conditions of the Policy. In order to
use the service, the Travel card must be collected at the offices
of the Company prior to every displacement.

PERMANENT MEDICAL EMERGENCY ASSISTANCE
ABROAD. By calling 34.91.514.00.56 for calls outside Spain.
Details of this complementary guarantee within the general
terms and conditions of the Policy.

Medical Specializations

ALLERGOLOGY. Auto-vaccines are on behalf of the Insured
person.

PATHOLOGICAL ANATOMY.

ANESTHESIOLOGY AND REANIMATION. All kinds of
anesthesia prescribed by doctors of the Entity, including
epidural anesthesia, in the services covered by the policy.

ANGIOLOGY AND VASCULAR SURGERY.

DIGESTIVE SYSTEM.

CARDIOLOGY.

CARDIOVASCULAR SURGERY.

GENERAL AND DIGESTIVE SYSTEM SURGERY.

MAXILLOFACIAL SURGERY.

PEDIATRIC SURGERY.

PLASTIC AND RECONSTRUCTIVE SURGERY. Purely
aesthetic surgery is excluded.

THORACIC SURGERY.

MEDICAL AND SURGICAL DERMATOLOGY AND
VENEREOLOGY. Treatments for purely cosmetic purposes are
excluded.

ENDOCRINOLOGY AND NUTRITION.

GERIATRICS.

HEMATOLOGY AND HEMOTHERAPY.

INTERNAL MEDICINE.

NUCLEAR MEDICINE.

NEPHROLOGY.

PNEUMOLOGY.

NEUROSURGERY.

CLINICAL NEUROPHYSIOLOGY.

NEUROLOGY.

GYNECOLOGY.

ODONTO-STOMATOLOGY. The coverage is exclusively for
stomatological cures, extractions and x-rays. Fillings,
prostheses and orthodontics are excluded.

OPHTHALMOLOGY.

ONCOLOGY. Visits at consulting room. Oncological treatments
are excluded.
OTOLARYNGOLOGY .

PODIATRY .

PSYCHIATRY. Any kind of Test, drug and alcohol abuse treatment, and group and individual therapies are excluded.

PHYSIOTHERAPY .

RHEUMATOLOGY .

TRAUMATOLOGY.

UROLOGY.

Preventive Medicine:
It must be requested by doctors of the Entity and it shall be performed at the health centres appointed by the Entity.

OBSTETRICS AND GYNECOLOGY:
Gynaecological check-up. Annual check-up including visit, report, smear test, ultrasound and mammogram, if applicable. Waiting period THREE MONTHS.

Gynecological cancer prevention. Annual check-up aimed at an early diagnosis of breast and cervix neoplasms. Waiting period THREE MONTHS.

UROLOGY :
Urological check-up. Annual check-up including visit, report, renal-vesico-prostatic ultrasound and P.S.A. (prostate-specific antigen), if applicable. Waiting period THREE MONTHS.

Colorectal cancer prevention. Prevention programme for people over 45 years old that includes visit, physical examination, clinical analysis and colonoscopy if necessary. Waiting period SIX MONTHS.

Prostate cancer prevention. Prevention programme for people over 45 years old that includes visit, physical examination, clinical analysis and transrectal ultrasound if necessary. Waiting period THREE MONTHS.

CARDIOLOGY :
Cardiological check-up. Annual check-up including visit, report, cardiovascular examination, electrocardiogram, analysis and, if applicable, stress test and echocardiogram. Waiting period THREE MONTHS.

Coronary risk prevention. Prevention programme for people over 45 years old that includes visit, clinical analysis and chest x-ray if necessary. Waiting period THREE MONTHS.

OPHTALMOLOGY :
Ophtalmological check-up. Annual control that includes visit and graduation performed by a specialist.

ODONTOLOGY: annual cleaning.

Diagnostic Aids:
They must be requested by doctors of the Entity and they shall be performed at the centres appointed by the Entity. Contrasts and radiopharmaceuticals are included, unless specifically excluded in this annex.

BASIC DIAGNOSTIC AIDS:

PLAIN X-RAY.

BASIC LABORATORY SERVICE. All types of clinical, histopathological and biological analyses previously prescribed by a Doctor of the Entity, except preventive examinations.

COMPLEX DIAGNOSTIC AIDS:

RADIOLOGY. Common techniques as Density Bone Scan,
<table>
<thead>
<tr>
<th>Services</th>
<th>Waiting Period</th>
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<tbody>
<tr>
<td>Ultrasound, Mammogram and Non Interventional Radiology</td>
<td>THREE MONTHS</td>
</tr>
<tr>
<td><strong>LABORATORY SERVICE.</strong> Hormonal tests with a waiting period of THREE MONTHS, previously prescribed by a Doctor of the Entity, except preventive examinations.</td>
<td></td>
</tr>
<tr>
<td><strong>COMPUTED TOMOGRAPHY SCAN (CT SCAN or SCANNER).</strong></td>
<td>SIX MONTHS</td>
</tr>
<tr>
<td>Waiting period</td>
<td>SIX MONTHS</td>
</tr>
<tr>
<td><strong>ENDOSCOPIES.</strong> Waiting period</td>
<td>SIX MONTHS</td>
</tr>
<tr>
<td><strong>MAGNETIC RESONANCE IMAGING (M.R.I.).</strong> Waiting period</td>
<td>SIX MONTHS</td>
</tr>
<tr>
<td><strong>RADIOACTIVE ISOTOPES.</strong> As a complementary diagnostic aid, and the used product is on behalf of the Insured person. Waiting period</td>
<td>SIX MONTHS</td>
</tr>
<tr>
<td><strong>VASCULAR AND INTERVENTIONAL RADIOLOGY.</strong> The used product is on behalf of the Insured person. Waiting period</td>
<td>EIGHT MONTHS</td>
</tr>
<tr>
<td><strong>CARDIOLOGICAL DIAGNOSIS.</strong> Electrocardiogram, Stress Tests, Echocardiogram, Holter, Doppler.</td>
<td>THREE MONTHS</td>
</tr>
<tr>
<td><strong>CLINICAL NEUROPHYSIOLOGY.</strong> Common techniques as electroencephalogram, electromyography, evoked potentials are included.</td>
<td>THREE MONTHS</td>
</tr>
<tr>
<td><strong>Optical Coherence Tomography (OCT).</strong></td>
<td>SIX MONTHS</td>
</tr>
<tr>
<td><strong>Treatments</strong></td>
<td></td>
</tr>
<tr>
<td>They must be requested by doctors of the Entity and they shall be performed at health centres appointed by the Entity. <strong>PHYSIOTHERAPY AND REHABILITATION.</strong> It shall be given by a PHYSIOTHERAPIST on an outpatient basis and in the services appointed by the Company, under prescription of a specialist of the Entity, to treat diseases and post-traumatic injuries provided such diseases and injuries have been developed after the signature of the Policy. Likewise, it shall be rendered at the hospital centre as long as the Insured person has to be admitted due to a coverage included within the Policy. There is a limit of 30 sessions per year and/or accident. Neurological physiotherapy is excluded as well as aquatic physiotherapy.</td>
<td>SIX MONTHS</td>
</tr>
<tr>
<td><strong>LASER THERAPY.</strong> It shall be rendered with the previous prescription of a specialist of the Entity, within locomotor system and non-surgical ophtalmology treatments.</td>
<td>SIX MONTHS</td>
</tr>
<tr>
<td><strong>FURTHER TREATMENTS:</strong> <strong>VENTILO THERAPY AND AEROSOLS.</strong></td>
<td>THREE MONTHS</td>
</tr>
<tr>
<td><strong>PROSTATE HYPERTHERMIA.</strong></td>
<td>THREE MONTHS</td>
</tr>
<tr>
<td><strong>HOME OXYGEN THERAPY AND AT CARE CENTRE.</strong> Waiting period</td>
<td>THREE MONTHS</td>
</tr>
<tr>
<td>There is a limit of 30 days per insured person.</td>
<td></td>
</tr>
<tr>
<td><strong>LITHOTRIPSY AND RENAL OR BILIAR LITHIASIS.</strong> The shock wave treatment of kidney stones or gallstones at a Health Centre appointed by the Company, with a previous prescription in writing of a Doctor of the Company. Waiting period</td>
<td>EIGHT MONTHS</td>
</tr>
<tr>
<td><strong>BLOOD AND/OR PLASMA TRANSFUSION.</strong> The Medical Act of the transfusion is on behalf of the Entity in all cases, as well</td>
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</table>
as the blood and/or plasma to be transfused at the Sanatorium.

Hospitalization
All the hospitalization services must be requested by doctors of the Entity and the admissions shall be at Clinics appointed by the Company.

SURGICAL HOSPITALIZATION.
When required, surgical interventions shall be performed at a Clinic appointed by the Entity and the patient shall stay in a single room with an additional bed for companion. The stay, the patient's maintenance, cures and supplies (laparoscopic equipment is excluded), as well as the use of the operating room, anesthetic products and medicines used are on behalf of the Entity. Medicines taken by the patient during the stay at the Sanatorium shall be on behalf of the Entity too. The waiting period for surgical hospitalization is EIGHT MONTHS.

INTENSIVE CARE UNIT HOSPITALIZATION (I.C.U).
The admission at the Intensive Care Unit to treat cardiovascular diseases and conditions and those of any other etiology, from the point of view of the doctor of the Entity who is responsible for the assistance at centres appointed by the Entity for a maximum period of 48 hours per process. The bill of the medicines provided to the patient during the stay is on behalf of the insured person. Admissions based on social problems are excluded. Waiting period EIGHT MONTHS.

MEDICAL OBSERVATION HOSPITALIZATION.
The treatment at a Health Centre appointed by the Company, previously prescribed in writing by a doctor of the Company. The insured person has a right to a single room with an additional bed for companion. Medicines taken by the patient during the stay at the sanatorium are on behalf of the Entity. Admissions based on social problems are excluded. However, the Entity limits the coverage to a maximum of 3 days per year. After that, the Insured person becomes insurer of the expenses. Waiting period EIGHT MONTHS.

MEDICAL HOSPITALIZATION.
The treatment at a Health Centre appointed by the Company, previously prescribed in writing by a doctor of the Company, for any of the following diseases: myocardial infarctions or coronary insufficiencies, reversible comatose states, internal bleedings or acute respiratory insufficiencies due to non-infectious conditions. The insured person has a right to a single room with an additional bed for companion. Medicines taken by the patient during the stay at the sanatorium are on behalf of the Entity. Admissions based on social problems are excluded. The Entity limits the coverage to a maximum of 7 days per annual process. After that, the Insured person becomes insurer of the expenses. Waiting period EIGHT MONTHS.

PSYCHIATRIC HOSPITALIZATION.
The treatment at a Psychiatric Centre appointed by the Company, previously prescribed in writing by a doctor of the Company, exclusively for schizophrenic crisis and acute mental disorders that cannot be treated at the patient's
home and require the admission, without bed for the companion. Medication expenses are excluded during the hospitalization. Maximum period of coverage is 30 days per year. Waiting period EIGHT MONTHS.

**OUTPATIENT HOSPITALIZATION.**

When required, surgical interventions shall be performed at a Clinic appointed by the Entity when the patient requires a less than 24 hours hospital stay. Operating room expenses, supplies, anaesthetic products and medicines are on behalf of the Entity. Waiting period EIGHT MONTHS.

**Additional Services:**

**OUTPATIENT FACILITY Podiatrist.**

**HEALTH CARE REQUIRED FOR THE TREATMENT OF ACCIDENTS AT WORK AND THOSE COVERED BY THE COMPULSORY MOTOR INSURANCE.** Provided there is a civilly identifiable liable third party, the Entity shall replace the Insured person or Policyholder in any rights and actions.

**TELEPHONE GUIDANCE SERVICES.** Provided by our permanent attention number 902 158 664 for calls made from Spain.

- Medical Guidance.
- Social Guidance.
- Psychological Guidance.
- Second Medical Opinion.

As optional collateral guarantees, we provide:

**EXCIMER LASER FOR ASTIGMATISM, HYPEROPIA AND MYOPIA CORRECTION.** It shall be given on an outpatient basis at the centres appointed by the company. Franchise of €900 per eye on behalf of the Insured person. No waiting period.

6. Exclusions of coverage.

6.1. **Need of veracity in the content of such health questionnaire.** Excluded from the coverage of this insurance:

Healthcare of all kinds of diseases, injuries, defects or pre-existing medical conditions and its consequences, as well as congenital ones and those as a result of accidents or diseases and its effects, provided they are prior to the date of inclusion of every Insured person in the Policy and they were known by the Policyholder or Insured person, even though a concrete diagnosis was not established and it was not declared. Safe from this exclusion are such diseases, injuries, medical conditions, defects or deformations whenever they have been declared by the Policyholder or Insured person in the Health questionnaire and the coverage has been specifically accepted by the Insurer in the Terms and Conditions. This exclusion shall not affect the Insured persons included within the policy from birth.

6.2. Healthcare of diseases or injuries as a result of fights/aggressions, wars, riots, revolutions, repressions and military actions, even during peace and terrorism, in whatever form it takes; those caused by officially declared epidemic; those directly or indirectly related to chemical and/or biological contamination, with nuclear radiation or nuclear or radioactive contamination as well as those originated by cataclysms (earthquakes, floods and seismic or meteorological phenomena).

6.3. Healthcare required as a result of diseases or injuries caused during the practice of high risk activities as an
amateur or professional such as: air activities, boxing, martial arts, climbing, rugby, caving, diving, motor vehicle racing, quad, horse riding, paragliding, bungee jumping, canyoning, bullfighting, enclosing of wild stock, adventure sports, including trainings and any other clearly dangerous practice.

6.4. Healthcare derived from the professional practice of any sport.

6.5. Healthcare derived from chronic alcoholism, drug addiction or intoxications caused by alcohol, psychiatric drugs, narcotic drugs or hallucinogens abuse, suicide attempts and self-injuries as well as Healthcare required for diseases or accidents due to malice, negligence or recklessness of the Insured person.

6.6. Analyses or any other test required for the issuance of certificates, reports and any kind of document that does not have a clear healthcare function.


Pharmaceutical products outside hospital and all kinds of vaccines and auto-vaccines are also excluded (except those detailed in the Annex of Services of the policy).

6.8. Cosmetic surgery and any other treatment, infiltration or action with an aesthetic and/or cosmetic purpose, unless there is a functional defect of the concerned party (purely psychological reasons are not valid). Treatments of varicose veins with a cosmetic purpose, slimming cures and dermoaesthetic treatments in general are excluded, also hair treatment.

6.9. Psychoanalysis, hypnosis, sophrology, outpatient narcolepsy, psychological tests, individual or group psychotherapy and any method of psychological assistance (except those detailed in the Annex of Services of the policy).

6.10. Assistance and hospital treatment for social or family reasons, as well as hospital admissions derived from terminal processes.

6.11. Organ transplantations, tissues, cells or cellular components, except those detailed in the Annex of Services of the Policy. The Insurer does not take responsibility in the preservation, transfer and organ to be transplanted.

6.12. Prostheses of any kind or nature, any kind of orthopedic material, biological or synthetic material, implants and artificial heart; except those specifically included in the Annex of Services of the policy contained in the Terms and Conditions.

6.13. Any diagnostic aid and/or treatment through genetic therapy, researches for the genetic map determination and any other genetic technique, except those exclusively included and specified in the Annex of Services of the Policy contained in the Terms and Conditions.

6.14. Alternative and complementary therapies, acupuncture, naturopathy, homeopathy, quiromassage, lymphatic drainage, mesotherapy, gymnastics, osteopathy, hydrotherapy, hyperbaric oxygen therapy, pressotherapy, ozone therapy and other similar services and not officially recognized specialties. Besides, surgical radiofrequency technique treatments are excluded.
6.15. Healthcare derived from occupational diseases or accidents, healthcare derived from the use of motor vehicles already covered by the Mandatory Subscription Car Insurance, unless otherwise specified in the Terms and Conditions of the Policy.

6.16. Expenses derived from the healthcare provided by Social Security centres or integrated facilities within the National Healthcare System that have no agreement with the Insurer and with no previous authorization.

6.17. Pharmaceutical products, medicines and auxiliary means for any kind of cures, except they are given to the patient while hospitalized as a consequence of a surgical intervention.

6.18. Robotic surgery and laser treatments, except those detailed in the Terms and Conditions of the Policy.

6.19. Physiotherapy treatments once functional recovery or the maximum of it is reached. Physiotherapy treatments used as occupational maintenance. Physiotherapy treatments for locomotor system chronic diseases once the sequels are stabilized. Maintenance physiotherapy treatments for irreversible neurologic injuries from diverse origins. Early stimulation is excluded.

6.20. Speech therapy and phoniatries, except those cases specifically included within the Particular Conditions of the Policy.

6.21. Dialysis and hemodialysis treatments, except those cases specifically included within the Annex of Services of the policy, in the Particular Conditions.

6.22. Healthcare derived from the infection caused by the Human Immunodeficiency Virus (H.I.V.), AIDS and any related disease.


6.24. Travel expenses and displacements except the ambulance according to the terms stipulated in the description of the services.

6.25. Accommodation and treatments at non hospital centres such as hotels, resorts, spas, nursing homes, retirement homes, long-term care and diagnostic facilities and similar facilities, even when prescribed by a doctor, as well as admissions related to leisure, rest and dietetic treatments.

6.26. All diagnostic or therapeutic procedures whose safety and clinical effectiveness are not properly and scientifically contrasted or they have been clearly overcome by other available procedures shall be excluded. Likewise, experimental procedures are excluded. Also, any procedure whose efficiency has not been proved to prevent, to treat or cure diseases, to preserve or improve life expectancy, to eliminate or to decrease pain and distress shall be excluded. Also, any procedure based on leisure activities, rest, comfort or sport shall be excluded. Treatments at resorts and rest cures even when prescribed by a doctor.

The Insured person loses the right to the guaranteed benefit: In the event of inaccuracy on the part of the Policyholder or the Insured person when declaring the risk (complete the Health Questionnaire) before the subscription of the policy either not answering truthfully, either consciously concealing relevant circumstances, either not
observing due diligence to provide the requested data and insofar as there is malice or gross negligence of the Policyholder or the Insured person. In the event of increase in risk, if the Policyholder or Insured person does not report it to the Insurer and they have acted with bad faith. If the guaranteed event arises before the payment of the premium, unless otherwise agreed. When the accident has been caused by bad faith on the part of the Insured person.

| 7. Terms and conditions, deadlines and Premium due date. |
| 7.1. - General issues. |
| 7.2. - Annual communication of the premium due date and updates. |
| 7.3. - Premium rates. Identification of the risk factors to be considered when calculating the premium. |
| 7.4. - Conditions of the termination and objection to the extension. |

7.1. Annual Premium can be divided into semi-annual, quarterly or monthly payments without surcharges, directly debited from the Policyholder’s bank.

7.2. The premiums of this Policy have been calculated following mathematical methods that foresee an ageing technical provision and apply a premium supplement meant to set up an adequate safety margin.

The Entity shall change the premiums annually according to the Private Insurance Supervisory Act, based on the actuarial calculations and on the modification of the health care costs, the services, the guaranteed capital, and the technological innovations necessarily incorporated. Whenever the premiums of the Contract are changed, the surcharge with the new premium will be issued two months in advance to the date of effectiveness. The payment of the new premium entails the acceptance of the amount. Should the modification of the premium not be accepted, the policy shall be extinguished in the inception date of the new premium.

7.3. In the subsequent renewals of the policy, the objective risk factors considered to determine the Premium shall be calculated following mathematical methods that foresee an ageing technical provision and apply a premium supplement meant to set up an adequate safety margin. In order to check the current premium every year for every age bracket and coverage our website [www.previsionmedica.com/tarifas](http://www.previsionmedica.com/tarifas) is available, as well as in the offices of the entity. These premiums shall be standardized (without application of bonuses, discounts or special surcharges). The entity shall report the policyholder on the modification of the current age bracket structure when taking out the policy.

7.4. The insurance is stipulated for a period of time appointed in the Particular Conditions and once it expires, according to the Insurance Contract Act, it shall be extended implicitly for no longer than a year. However, any of the parties shall be able to refuse the extension via written notification to the other party, made with no less than two-month notice regarding the current
### 7.5. Right of restoration

7.5. In the event of non-payment of the second and/or subsequent premiums, the coverage of the Insurer shall be suspended one month after the expiry of the receipt, and if the payment is not claimed within the next six months, it shall be understood that the contract is extinguished. Had the contract not been settled or extinguished according to the said conditions, the coverage shall be effective 24 hours after the Policyholder pays the premium. Had the premium not been paid before the accident occurs, the Insurer shall be released from its obligations, unless otherwise agreed. In any case, when the contract is suspended, the Insurer shall only demand the payment of the current Premium.

### 7.6. Limits and conditions regarding the provider's freedom of choice

7.6. Within the Medical Directory of Dorada Policy, the insured person shall be able to choose freely among the healthcare providers arranged for each specialty, test or medical act and shall be able to access the service with the limits and conditions stated in the policy, previously authorized by the insurance company whenever required. To that effect, our website [www.previsionmedica.com](http://www.previsionmedica.com) is available.

### 8. Recoverable surcharges

Nowadays, the surcharge settlement regarding the recoverable surcharges to the insured person at any time is 1.5 for every thousand of the premium.

### 9. Disputes to a claim

In accordance with the General Insurance Act, this Company has a "Customer Service Department" where the Policyholder or an entitled person shall be able to submit a complaint. Means of compliance:

**Company’s internal complaint system:**

At the Insurer’s offices there is a Customer Service Department where the client can submit the queries and complaints via internal complaints form provided at the insurer’s offices.

The procedure is the following: The client who wishes to have a query or complaint must complete and submit one of the forms created for that purpose. Once completed, the complaint shall be registered by issuing the client a stamped copy. Such complaint shall be examined by the Customer Service Department. The insured person shall be answered at the latest within 30 working days via registered post. Internal complaint system is an indispensable prerequisite to choose another means.

**Commission for the Defence of the Customers from the General Insurance and Pensions Funds**
**Directorate.**
According to the procedure stated on the Regulations on the Administration of Private Insurance.

**Ordinary Jurisdiction:**
Going to the Court of Justice submitting the complaint.

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<thead>
<tr>
<th>10.- Applicable Law.</th>
<th>The applicable law for the insurance contract is the Spanish one, specifically ruled by Law 50/1980 of 8 October, of Insurance contract, and by Law 20/2015 of 14 July, of arrangement, supervision and solvency of the insurance and reinsurance agency as well as their regulatory standard development rules.</th>
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<tbody>
<tr>
<td>11.- Tax system.</td>
<td>Deductible: the Health insurance premiums paid by the self-employed workers, his/her partner or the offspring under 25 years old living in the family address, up to a maximum of 500 Euros per person. Drafted Art. 30.2.5 Law 26/2014 from the PIT Act.</td>
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Annex II:

Limitations to the objection for the extension on the part of the insurance agency in the Insurance Policy with Individuals in the form of Healthcare with medical directory in case of old age or serious illness.

Healthcare policies with individuals in the form of service delivery with medical directory are one-year contracts extended automatically for another year if neither of the parties withstand. This possibility of objection to the extension is an ability that insurance agencies exercise exceptionally in extreme and serious cases due to misuse of the policy but never due to excess of the accident rate or age. In spite of the above, the insurance agency committed to the present Guide shall not object to the extension of the contract in the cases mentioned in this annex and provided the following conditions are fulfilled:

1. Not to object to the extension of the insurance policy with insured persons with specific situations of serious illness, provided the first diagnosis has been made during the time of membership. They shall be illnesses with current treatment within the contract listed below:
   - Active oncological processes.
   - Heart disease that may be susceptible of surgical or interventional treatment.
   - Organ transplantation.
   - Complex orthopedic surgery still in evolution.
   - Degenerative and demyelinating diseases of the nervous system.
   - Acute kidney failure.
   - Torpid chronic respiratory failure.
   - Chronic liver disease (Excluded alcoholic-based).
   - Acute Myocardial Infarction in patients with heart failure.
   - Macular degeneration.

2. Not to object to the extension concerning insurance contracts with insured persons above 65 years old, provided their stay within the agency, without default, has been certified and has reached a continued seniority of 5 or more years.

3. Previous commitments shall not be applicable or shall be invalid in the assumptions in which:
   - The insured person has disregarded his/her duty or there has been discretion or inaccuracy when declaring the risk.
   - There has been a non-payment of the premium or a refusal to accept its update on the part of the policyholder.

The waiver on the part of the company to object to the continuity requires unavoidably that the policyholder accepts the premium and the contribution to the cost of the corresponding services and the fact that the insurance company shall be able to update them periodically to adequate them to the evolution of the costs of the insurance, always under actuarial standards and within the limits of the law and contract.