

DKV RENTA

When you are off work,
let DKV work for you

GENERAL CONDITIONS

DKV
MEDICAL INSURANCE



Enjoy good Health!

a member of **MUNICH HEALTH**

**DKV RENTA
INSURANCE POLICY**

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FULLY PAID-UP SHARE CAPITAL: 66.110.000 EUR

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LETTER FROM THE CHIEF EXECUTIVE OFFICER

“In DKV Seguros we like transparency and communication”

Dear client,

Several years ago, DKV Seguros started the “Clear Language” programme, a pioneering initiative whose intention was to promote a change in the language of the insurance sector.

From the conviction that the lack of transparency produces distrust, the company carried out a revision of all the documentation that we use with our insured clients, with the objective of offering them simple, easy to understand, direct language that is close to them, far from the technical terms and the so called “small print”, something that gives special importance to insurance contracts.

“Clear language” is part of the commitment of DKV Seguros to offer an excellent service to the client, a line of strategic performance for our company that is in keeping with the range of products and services incorporated to the DKV Seguros programme of managerial responsibility. The initiative has had the support and collaboration of independent entities and has caught the interest of various consumers’ organisations.

**“Clear Language is part
of the commitment of DKV Seguros
to offer an excellent service to its clients”**

Recently, our cooperation with the Consumers’ Association of Spain (UCE) has been strengthened with the signing of a new agreement that extends the scenario of this relationship of working together to the sector as a whole, with the launching of informative actions and research aimed not only at consumers & users, but also at various agents and insurance companies.

Moreover, DKV Seguros has honed the contracts of its products so that the coverage is expressed with clarity, both in layout and content, so that our insured clients clearly understand the benefits that their insurance policy offers them.

In DKV Seguros, we say that we don’t like small print because we fully trust the quality of our products whose design and place in the market are based on the principle of innovation and on the ability to give an answer, in a flexible and personal way, to the needs of each one of our clients.

Lastly, let me remind you that, for any consultation or administrative step, DKV Seguros has its Call Centre (902 499 499) and its page web (www.dkvseguros.com) at your disposal, where you can find information and additional services.

Thank you for placing your trust in us.
Yours faithfully,



Dr. Josep Santacreu Bonjoch
Chief Executive Officer
DKV Group

QUESTIONS AND ANSWERS

These General Conditions will allow you to know in detail the contract that you are signing with DKV on accepting this insurance policy.

Throughout the document we explain the majority of the questions that arise when using the policy. In this section, we aim to give clear and simple answers to some of the most frequent questions that our clients ask us.

We hope you find them useful.

REGARDING THE CONTRACT

WHAT IS A SET OF CONDITIONS?

The set of conditions, also called the “General Conditions” and “Particular Conditions”, is a contract that groups together the rights and obligations of DKV Seguros, as well those of the insured person or the person subscribing the insurance.

WHAT DOCUMENTATION DO WE PROVIDE YOU WITH ON SUBSCRIBING THE INSURANCE?

The conditions of the contract, the claim sheet, which includes the doctor’s sick note authorising your time off work and the accident declaration, as well as information about the additional services that DKV Seguros offers you on contracting this policy. We provide you with a second copy.

You are advised to verify that your personal data is correct and inform us, either directly or via your agent or DKV associated broker, of any error that you observe.

WHAT IS THE SUBSCRIBED COVERAGE?

Only that agreed and stipulated in the Particular Conditions, regardless of that stipulated in the General Conditions.

WHAT SHOULD I DO WITH THE DOCUMENTATION I RECEIVE?

Read it carefully and sign the Particular and General Conditions and return them to us, keeping a copy for yourself. If you have any doubts, just contact us on 902 499 499, or via your agent or broker. We will be pleased to help you.

DO I HAVE TO NOTIFY THE RENEWAL OF THE CONTRACT?

The contract is renewed automatically every year; you do not need to confirm the renewal.

However, both you and DKV can cancel provided that there exists proof that two months’ notification has been given before the expiry date.

WHAT HAPPENS TO MY PERSONAL DATA?

DKV Seguros is specifically authorised to request, process and make available to other entities of the insurance group the personal details of the policy holder and/or the insured person. The insured person's health details may only be given to a third party if and only if he personally requires medical treatment covered by the policy.

Similarly, DKV Seguros is authorised to forward information to the policy holder and/or insured person regarding goods and services that may be of interest to them.

The policy holder and/or insured person has the right to check such data with DKV Seguros to update, rectify or delete it in accordance with the Organic Law 15/99 for the Protection of Personal data.

HOW IMPORTANT IS THE HEALTH DECLARATION WHEN APPLYING FOR THE INSURANCE?

The contract is made according to your declarations, so the answers should be correct and precise. If they do not correspond to the real situation it may, at a later date, result in no compensation being paid.

WHAT IS THE PROGRESSIVE SCALE OF COMPENSATION FOR TEMPORARY DISABILITY?

It is the possibility of contracting a daily compensation that can increase for long periods off work.

IS THERE A MAXIMUM AGE LIMIT FOR THE COVERAGE OF THE INSURANCE POLICY?

The maximum limit is seventy years of age, except for coverage of compensation for total and permanent disability, which is sixty five years of age.

REGARDING THE COMPENSATION PROCEDURE FOR TEMPORARY DAILY DISABILITY AND HOSPITALISATION

HOW SHOULD I NOTIFY DKV THAT I AM OFF WORK?

You should send DKV directly, or through your agent or associated broker, the "Claim Sheet" containing the initial information to deal with your claim.

If you cannot do this you should request a written note from your doctor which states:

- > The doctor's identity.
- > The identity, address, age, and profession of the insured person.
- > The causes, history and date of the onset of the illness, or accident.
- > The date the disability began and its estimated duration.

If you have taken out the hospitalisation option and have been admitted to hospital, you should also submit the hospital admission sheet provided by the hospital.

If you have any doubts, please contact DKV Seguros beforehand on 902 499 499.

IS IT NECESSARY TO SEND THE DOCUMENTATION FROM THE SOCIAL SECURITY?

The temporary disability documentation issued by the Social Security may be required as additional information, but it is neither binding nor does it oblige the company to accept or influence the level of any benefit since the coverage of the policy does not coincide with that of the Social Security or other regional body.

WHEN DO I NEED TO NOTIFY THAT I AM OFF WORK?

Within seven days. If you do so after seven days, the benefit will be reduced.

WHAT INFORMATION DOES DKV SEGUROS NEED TO PROCESS THE COMPENSATION?

The “Claim Sheet” and the medical discharge sheet.

DKV Seguros may also:

- > Request additional information such as records from the doctors who have attended to you and hospital records, etc.
- > Visit you via its medical team to assess the evolution of the illness, inquire about your state of health and if required propose measures or action that will allow you to satisfactorily recover.

WHAT IS THE MAXIMUM PERIOD DURING WHICH I CAN RECEIVE COMPENSATION?

You can choose between different possibilities. The selected coverage and the maximum period must be stipulated in the Particular Conditions.

WHEN DO I RECEIVE THE COMPENSATION?

On presenting the discharge sheet and the other requested documentation, and once DKV Seguros has verified the right to such benefit and checked the amount due, it will initiate the payment procedure within two weeks.

In the event of an extended absence from work (of over forty days) you can request an advance of the compensation corresponding to periods which have already been verified.

WHEN DOES THE COMPENSATION PERIOD END?

When you are discharged or in one of the following cases:

- > You feel able to return to work, even part time.
- > Your temporary disability becomes permanent.
- > You retire or become unemployed.
- > You are away from your home for a period of seventy two hours without the knowledge of the company.
- > You oppose the inspection visits required by DKV Seguros.
- > DKV Seguros’ medical team consider that your stay is being unnecessarily extended.

WHAT CAN I DO IF I DON'T AGREE WITH THE DECISION OF DKV SEGUROS?

You have a period of seven days to notify DKV Seguros of your objection stating your reasons. Please keep proof of this notification.

If you disagree on medical grounds, your doctor, or the one you appoint, will try to reach an agreement with the doctor from DKV Seguros.

If no agreement can be reached then a third doctor will be appointed to make a decision.

DO I HAVE THE RIGHT TO COMPENSATION FOR CHILDBIRTH?

Although childbirth is not an illness, mothers who have been insured for over 8 months are entitled to compensation, provided that they have contracted one of the following guarantees: (Daily Temporary Disability, Scaled Temporary Disability, Hospitalisation or Surgery), subject to the extent and conditions of each of these.

The same level of benefit and conditions are applicable in the case of adoption.

WILL THE BENEFICIARIES RECEIVE ANY BENEFIT IN THE EVENT OF THE DEATH OF THE INSURED PERSON?

Yes. The compensation corresponding to the insured person passes to his beneficiaries.

WHAT HAPPENS REGARDING THE COMPENSATION FROM THE SOCIAL SECURITY?

The compensation corresponding to the time off work covered by the contract is compatible and complementary to that you are entitled to from the Social Security.

WHAT IS A PERIOD OF GRACE?

It is the time between the date of contracting the insurance and that on which the guarantees of the policy become effective. This term is specified in the Particular Conditions.

For time off work due to an accident, these periods of grace are not applied.

WHAT IS THE EXCESS REGARDING THE INSURANCE FOR TEMPORARY DAILY DISABILITY?

It is the number of initial days of each period off work during which you are not entitled to compensation

FROM WHAT DAY AM I ENTITLED TO COMPENSATION FOR TIME OFF WORK?

If no excess has been chosen, from the first day.

In the case of an excess, starting from the day following the end of the specified period.

We remind you that it is absolutely vital that you inform us of the claim within the first seven days of it arising. Otherwise, the compensation will begin from the day on which the sick note is received.

The day that you are discharged is not counted when calculating the compensation.

WHEN CAN I RECEIVE COMPENSATION FOR “SCALED TEMPORARY DISABILITY” FOR TIME OFF WORK?

From the moment that you present the documentation justifying the time off work and the illness and any additional reports as required by the company, and once the coverage of the claim has been verified.

IS THE EXCESS FOR TIME OFF WORK APPLIED TO OTHER CONTRACTED ITEMS THAT ARE NOT TEMPORARY DISABILITY?

No, the excess period only affects the compensation for time off work.

WHAT ARE THE EXCLUDED RISKS?

They are those illnesses or accidents that are not covered by the policy and which therefore do not entitle you to any benefit.

The excluded risks are those agreed with you at the moment of signing the policy and which are stipulated in the contract in bold print.

REGARDING PROFESSIONAL ACTIVITY

WHAT HAPPENS IF I CHANGE MY JOB OR PROFESSIONAL ACTIVITY?

You should inform DKV Seguros as soon as possible of the change in your situation, to be able to re-calculate your insurance premium according to your new activity, which can represent an increase or decrease of the price depending on the risk that this activity represents. In this way we will avoid any type of problem or confusion in the claims process.

REGARDING PERSONAL DETAILS

WHAT HAPPENS IF I CHANGE MY ADDRESS, TELEPHONE, ETC.?

You should inform DKV Seguros as soon as possible of any change.

REGARDING PAYMENT OF THE PREMIUM

HOW WILL THE PREMIUM INCREASE?

The premium can be updated annually depending on your age and also if you have taken out the option of an annual revaluation of the amount of benefit.

WHAT IS MEANT BY A YEARLY CONTRACT IF, I PAY MONTHLY, QUARTERLY OR TWICE A YEAR?

The duration of the contract stipulated in the policy is renewable annually, but the payment of the premiums can be made, with a small surcharge, monthly, quarterly or every six months.

WHAT HAPPENS IF THE INSURANCE RECEIPT IS NOT PAID?

Until the first receipt is paid, the coverage is not effective. For the following receipts you have a period of one month to make the payment, after which the contract is suspended.

SERVICES AVAILABLE TO DKV CLIENTS

Besides the guarantees that you have contracted, DKV offers you, as an insured client of DKV Seguros, the following services related to your health. Some of these services are free and others are offered at rates well below those of the market:

- > 24 hour DKV Medical Line.
- > Second medical opinion.
- > Annual Medical Check-up.
- > Refractive laser surgery.
- > Fertility service and assisted reproduction.
- > Giving up smoking.

WHAT DOES THE 24 HOUR DKV MEDICAL LINE CONSIST OF?

It is a medical advisory and orientation service available 24 hours a day, 365 days a year, for any health related consultation.

HOW CAN I USE THE DKV MEDICAL LINE?

Call our telephone helpline (902 499 799).

WHAT DOES THE SECOND MEDICAL OPINION CONSIST OF?

Through this service our insured clients have access to the leading experts in the world to confirm the diagnosis and treatment for serious or rare illnesses, at a price well below what you would pay if you were not insured with us.

HOW CAN I USE THE SECOND MEDICAL OPINION?

Call our telephone helpline (902 499 150).

WHAT DOES THE ANNUAL CHECK-UP INCLUDE?

The medical check-up includes:

- > Anamnesis (medical history).
- > General physical exploration.
- > Blood Analysis.
- > Urine Analysis.
- > Electrocardiogram.
- > Sight test.

At a price well below what you would pay if you were not insured with us. Provided that it is carried out in one of the medical centres in the national DKV Seguros health care network.

HOW CAN I REQUEST THE ANNUAL MEDICAL CHECK UP?

Call our telephone helpline (902 409 150) or visit your nearest branch of DKV Seguros. We will indicate the centre that we assign for vicinity, but you are free to change to any centre within our network. The service is available by means of an advance payment made to DKV Seguros.

WHAT DOES REFRACTIVE LASER SURGERY COVER?

This service gives you access to a new surgical procedure for the treatment of most visual refractive illnesses (myopia, hypermetropia and astigmatism). The service includes the first consultation, pre-operative care, surgery and subsequent follow up consultations at a price well below what you would pay if you were not insured with us.

HOW CAN I REQUEST REFRACTIVE LASER SURGERY?

Consult the network of associated centres by calling our telephone helpline (902 409 150).

WHAT DOES THE FERTILITY & ASSISTED REPRODUCTION SERVICE CONSIST OF?

This service includes the diagnosis and treatment for infertility using the latest techniques of assisted reproduction, as well as treatment for the associated gynaecological pathology.

HOW CAN I USE THE ASSISTED REPRODUCTION SERVICE?

To be able to use this service you must have authorisation which can be requested by calling the helpline (902 499 150).

WHAT DOES THE SERVICE FOR GIVING UP SMOKING CONSIST OF?

This programme to help you to stop smoking consists of medical and psychotherapeutic sessions using the latest scientific advances available.

HOW CAN I USE THIS SERVICE FOR GIVING UP SMOKING?

By contacting the specialist consultants, calling the helpline (902 499 150).

SUGGESTIONS AND COMPLAINTS

WHAT SHOULD I DO TO MAKE A SUGGESTION OR COMPLAINT?

You can present it in writing in any of our offices or send it to Clients' (espacio) Attention Service.

To do so it should be sent to DKV Seguros' head office at Avda. César Augusto, 33, (50004 Zaragoza)
Teléfono: 902 499 499
Fax: 976 28 91 35, or via e-mail to atencioncliente@dkvseguros.es.

You can also send it to Commissioner for the Defence of Clients of Financial Services, Paseo de la Castellana, 44 (28046 Madrid). If you do choose to do this, you should have first appealed to the DKV Seguros Clients' Attention Service.

**INSURANCE CONTRACT
GENERAL CONDITIONS**

PRELIMINARY CLAUSE

This contract is subject to Insurance Contract Law 50/1980 dated October 8. The control of the activities of the insurance company DKV Seguros y Reaseguros S.A.E. (henceforth DKV Seguros) situated at Avda. César Augusto 33, 50004 Zaragoza corresponds to the Kingdom of Spain, and in particular to the Ministry of Economy via the General Directorate of Insurance and Pension Funds.

The Application Form, Health Declaration, the separate General, Particular and Special Conditions and the related Supplements or Appendices are integral parts of the contract. The transcriptions or references to legal precepts require no acceptance.

The policy holders of the insurance, insured persons, beneficiaries, affected third parties or claimants of any of these, in defence of their interests and for the resolution of any conflicts that may arise with DKV Seguros can make their complaint or appeal in the following ways:

To any DKV Seguros office or DKV Seguros Clients' Attention Service.

The appeals can be sent by post or fax to The address: Avenida César Augusto 33, 50004 Zaragoza, telephone 902 499 499, fax 976 28 91 35, or via e-mail by sending it to: atencioncliente@dkvseguros.es

The client may select the way and address at which he would like the reply to be made. The complaint will be answered in writing within two months. The Regulations of DKV Seguros Clients' Attention Service are available from DKV Seguros' offices.

Once this term has lapsed and if he is not fully satisfied with the proposed solution, he may visit the Commissioner for the Defence of Clients of Financial Services, situated at Pº. de la Castellana 44, 28046 Madrid, where on showing the previous procedure made to DKV Seguros he will be able to make an official appeal.

Without the aforementioned steps being affected, you may also make a legal claim before the corresponding Courts.

1.

BASIC CONCEPTS. DEFINITIONS

For the effects of this contract, the terms are defined as follows:

A

ACCIDENT

Body damage suffered from an external, violent and sudden cause against the will of the insured person.

B

BENEFICIARY

The individual or entity stipulated in the Particular Conditions that has the right to receive the compensation guaranteed by this policy, and otherwise in the event of death those stipulated in the policy, unless otherwise agreed and stated in the Particular Conditions.

C

COMPLICATED PREGNANCY

All clinical situations requiring medical assistance whose origin, deterioration or complication is a consequence of the current pregnancy, birth or puerperium, regardless of the final result of the pregnancy.

CLAIM

The occurrence of the risk covered in the contract and whose consequences may be covered by the policy. An event which may lead to the insured person or beneficiary receiving compensation.

E

EXCESS

The initial number of days of each claim during which the insured person is not entitled to compensation.

G

GUARANTEED BENEFIT

Daily benefit or amount indicated in the Particular Conditions.

H

HEALTH CARE IN THE EVENT OF AN ACCIDENT

Health care for the recovery of the insured person subject to the agreed quantitative, qualitative and temporary limits derived from an accident covered by the policy.

HEALTH DECLARATION

The questionnaire included in the application form which the insured person has to complete stating the necessary data for the evaluation of the medical risk.

The insurance application and the health declaration must be completed and signed in a truthful, complete and precise way so that DKV can assess the data and calculate the medical risk before giving their consent.

HOSPITALISATION

Admission to a hospital centre for a stay of over 24 hours, authorised by a doctor for diagnostic or therapeutic purposes.

I

ILLNESS

Alteration of the state of health requiring medication and which is not a consequence of an accident.

INSURANCE APPLICATION FORM

The questionnaire provided by the Insurer in which the policy holder describes the risk he wishes to insure, including all the circumstances he is aware of and which may influence the calculation of the risk.

INSURED PERSON

The individual the insurance is based on who, in the absence of the policy holder, assumes the obligations and rights derived from the contract.

INSURER

Legal entity that accepts the risk involved in the contract according to the agreed conditions. In this case: DKV Seguros.

P

PERIOD OF GRACE

The period of time after the insurance is in force, during which coverage is only provided for illnesses or injuries derived from an accident. Coverage for those not derived from an accident will only be included if they occur after the starting date for such, which is specifically stipulated in the Particular Conditions.

The period of grace is not applied in the event of an accident.

POLICY

The insurance contract.

The written document that contains the General Conditions, the Particular Conditions, the Special Conditions, the Supplements or Appendices that are issued to establish additions to or change the above. The Insurance Application and the Health Declaration form part of the policy once it has been accepted.

POLICY HOLDER

The individual or legal entity that signs the contract with DKV Seguros and accepts the obligations derived from the said contract, except for those obligations, which due to their nature, correspond to the insured person.

PRE-EXISTING ILLNESS

A situation that, from a medical point of view, existed prior to the insurance being taken out or coming into force, though may have been undiagnosed.

PREMIUM

The price of the insurance. The receipt will also include all mandatory surcharges and taxes.

S

SCALE

Table included in the General Conditions of the policy that contains a list of illnesses and injuries with an assigned standard duration in days on which the compensation for Scaled Temporary Disability is based.

SURGERY

Diagnostic or therapeutic act carried out by a surgeon or surgical team in an equipped operating theatre in a hospital centre.

T

TEMPORARY DISABILITY

Situation arising from an illness or accident which makes it impossible for the insured person to devote himself fully to his professional activity.

TOTAL AND PERMANENT DISABILITY

Irreversible physical situation caused by an illness or accident against the will of the insured person resulting in his inability to permanently hold any kind of employment or professional activity.

2.

OBJECT OF THE INSURANCE AND TERRITORIAL SCOPE

This contract guarantees the payment of a daily compensation in the form of capital or the provision of a service according to the risks covered by the policy.

The coverage contracted is applicable to claims that occur anywhere in the world, provided that the habitual residence of the insured person is indeed in Spain. The coverage of “Daily temporary disability” and “Health care in the event of an accident” are only applied when the insured person is in Spain. The coverage of “Scaled temporary disability” requires the signature of a practising doctor in Spain. The coverage for “Surgery for any cause” and “Hospitalisation due to any cause” are restricted to the European Union, the USA and Canada.

3.

ACCEPTANCE AND VALIDITY OF THE CONTRACT

The contract is accepted by means of the consent demonstrated by both parts signing the contract.

The coverage contracted and its modifications or additions will take effect on the indicated date in the Particular Conditions except in the case of non-payment of the receipt of the corresponding premium, in which case the obligations of DKV Seguros will start twenty four hours after the day on which the premium is paid.

Modifications and additions to the contract may be proposed by both the policy holder and DKV Seguros. To be valid expressed acceptance by both parts is required.

4.

RISKS COVERED

The insurable risks for this policy are the following:

4.1. TEMPORARY DISABILITY

If the coverage of Temporary Disability is taken out, it must be reflected in the Particular Conditions, indicating which of the six guarantees of this coverage have been contracted.

GUARANTEE I. DAILY TEMPORARY DISABILITY. FIRST PERIOD

During a period of thirty days, DKV Seguros guarantees the insured person the payment of a daily compensation determined in the Particular Conditions of the policy, when he is in a situation of temporary disability. He will be entitled to this compensation from the day following the conclusion of the excess period. If no excess is contracted, he is entitled to this from the first day off work.

For each new born child, after a gestation period of six months whose mother is already insured, DKV Seguros will make a single compensation payment, provided that the childbirth occurs after the first eight months of the policy becoming valid. This payment is equivalent to twenty times the guaranteed daily amount for the cases of temporary disability in the first period.

The same level of benefit and conditions are applicable to insured mothers in the case of adoption, provided that the adoption process has been initiated after eight months of the policy becoming valid.

GUARANTEE II. DAILY TEMPORARY DISABILITY. SECOND PERIOD

In the event of the situation of temporary disability being prolonged, DKV Seguros will pay the insured person, from the 31st day until the 90th day, the corresponding daily compensation determined in the Particular Conditions of the policy, while he is fully temporarily disabled.

GUARANTEE III. DAILY TEMPORARY DISABILITY. THIRD PERIOD

In the event of the situation of temporary disability being prolonged, DKV Seguros will pay the insured person, from the 91st day until the 365th day, the corresponding daily compensation determined in the Particular Conditions of the policy, while he is fully temporarily disabled.

GUARANTEE IV. DAILY TEMPORARY DISABILITY. FOURTH PERIOD

In the event of the situation of temporary disability being prolonged, DKV Seguros will pay the insured person, from the 366th day until the 547th day, the corresponding daily compensation determined in the Particular Conditions of the policy, while he is fully temporarily disabled.

GUARANTEE V. DAILY TEMPORARY DISABILITY. FIFTH PERIOD

In the event of the situation of temporary disability being prolonged, DKV Seguros will pay the insured person, from the 548th day until the 730th day, the corresponding daily compensation determined in the Particular Conditions of the policy, while he is fully temporarily disabled.

Insurable persons for the guarantees of Daily Temporary Disability

People with an actuarial age between 16 and 65 years on the date of contracting this policy and who are employed or carry out a remunerated professional activity are applicable for the coverage of this policy; those officially or otherwise unemployed or in a similar situation are not applicable.

Application regulations for Daily Temporary Disability. Limits of the coverage

- a) The insured person will have the right to compensation for each day in which he is in a situation of total temporary disability. Also, the insured person must require and receive appropriate medical care for the condition affecting him.
- b) The day the insured person is discharged is considered a working day to all effects and therefore compensation will not be paid.
- c) If the period of disability is prolonged due to the waiting time existent in the medical services attending the insured person for carrying out a special diagnostic test, DKV Seguros may propose, or the insured person may request authorisation, so that this test is carried out in a centre designated by DKV Seguros.

To such an effect special diagnostic tests are defined as follows:

- > Ultrasound scan in muscular or articular traumatology.
- > Electromiogram.
- > Simple radiology.
- > Scanner/T.A.C.
- > Nuclear Magnetic Resonance.

The cost of this test will be assumed by DKV Seguros when the test prescribed by the doctor attending the insured person has a waiting time of more than 30 days at the moment of authorisation.

When the insured refuses to carry out the test according to that specified in point c), the benefit will cease thirty days after the day on which the test was proposed by DKV Seguros. The period off work will only be restarted when the medical reports carried out after the diagnostic test justify the time off work.

d) As a consequence, the right to the daily compensation will cease:

- › The moment that the insured person is able to resume, or in fact has resumed, his professional activity even in a partial way, in spite of not having been fully cured (the disability will no longer be considered total).
- › When the insured person becomes permanently disabled to carry out his profession or applies for recognition of such a state, or receives a pension or compensation for such a cause, or his state of health is irreversible determined in an objective way in accordance with medical criteria and regardless of any administrative resolutions (the disability will no longer be temporary).
- › When circumstances as described in section c) occur.
- › When the insured person retires or is unemployed or in a similar situation (he will no longer need to be insured).
- › When, during time off work the insured person is absent from his declared home for a period of more than 72 hours, without having previously informed DKV Seguros and without their consent having been given (DKV Seguros will not be able to verify the claim).

e) In the supposition that the insured person suffered new periods of temporary disability for the same cause or for medical causes directly related to the previous one, the new periods of temporary disability are considered to all effects as a continuation of the initial. For compensation the sum of every period must not exceed the maximum limits stipulated in the Particular Conditions for a claim.

DKV Seguros will not apply in any case the previous clause, if between the date of the medical discharge of one period and the starting date of another, a period of more than six months has elapsed, during which the insured person has carried out or has been able to carry out his work.

f) If the insured person suffered several ailments at the same time or if a new one arises in addition to the initially declared one, the compensation will not be accumulative. A new term will begin on the date on which the beginning of the last ailment took place. He will not be entitled to compensation for this, until the moment he is discharged from the first.

g) In the case of claims covered by policies that have contracted both guarantees of Daily Temporary Disability and Scaled Temporary Disability the compensation for each will not be cumulative during the days of temporary disability in which the terms covered by both coincide. The guarantee of Daily Temporary Disability will only begin to pay compensation after the day on which the period covered by the guarantee of Scaled Temporary Disability expires.

Regulations for the procedure of a claim. Procedure for the resolution of discrepancies

a) To receive the daily compensation, the document entitled "Claim Declaration" must be submitted to DKV Seguros, which includes the fully completed sick note, signed by the doctor who attended to the patient.

The discharge sheet may also be sent to DKV Seguros by means of a letter written by the doctor who attended the patient, stating the doctor's full name, the identity, age, profession, activity and address of the insured person, the illness and its causes and antecedents, the probable date of the initiation of the process, the date from which the insured is unable to carry out his professional activity and the foreseen duration of the disability. DKV Seguros may request that a copy of the sick note issued by the relevant official body be submitted, otherwise this will not be binding for the entity.

b) The corresponding compensation will be paid from the day the disability starts, provided that DKV Seguros receives the declaration mentioned in the previous section within seven days following the start of the claim. Proof of this notification must be kept. If DKV Seguros receives this declaration later than the aforementioned seven days, the compensation would be paid from the day the declaration is received.

c) For the payment of the compensation for each new born baby, sufficient proof of this birth must be presented by means of the discharge report from the hospital. In the case of adoption, a certificate of inscription in the Civil Register is required, or the presentation of the Family Book.

d) Prior to the payment of the compensation, the reason for the time off work must be accredited and DKV Seguros is entitled to make the visits that they consider necessary to check the condition and pathology of the insured person who must provide any medical report related to the reason for time off work. In the event of refusal or opposition to this, DKV Seguros will be released from the payment of the compensation.

e) If by any means, DKV Seguros confirms that the insured person was prolonging the duration of the temporary disability in a deceitful way or unjustifiably refusing the possibility of returning to his profession in a total or partial way, or that he has suffered a pathology different to the reason for the claim, DKV Seguros may consider the temporary disability to have concluded for the effects of receiving compensation, informing the insured person of such in writing.

When the policy holder, the insured person or the beneficiary do not agree with such a decision, they must inform the insurer, in writing, within seven days at most, stating their reasons to the contrary. In this case, the insured person's doctor and that of DKV Seguros will try to solve the discrepancy directly. In the event of their not reaching an agreement, a third doctor will be named by the parts and, subsequently, by the competent circuit judge.

This same procedure will be applied in any other discrepancies relating to medical questions that can arise.

The three doctors will jointly decide by a majority of votes. Each part will pay his own medical expert's fees and those of the third, fifty-fifty.

The decision of the doctors will be made within the term of ninety days following the date of the third medical expert's appointment and, during this time, the parts will not be able to take the corresponding judicial steps for the settlement of the compensation in litigation.

SCALED TEMPORARY DISABILITY

GUARANTEE VI. SCALED TEMPORARY DISABILITY

If the guarantee of "Scaled Temporary Disability" is contracted, according to the coverage of this insurance policy, this will be reflected in the Particular Conditions of the policy.

DKV Seguros guarantees the insured person the payment of a single compensation sum calculated by multiplying the insured daily capital for this guarantee, indicated in the Particular Conditions, by the number of days shown in the table of Scaled Temporary Disability. This will always depend on the type of illness or injury suffered by the insured person that results in his total and temporary inability to work according to that specified in these General Conditions.

Insurable persons for the guarantees of Temporary Scaled Disability

People with an actuarial age between 16 and 65 years on the date of contracting this policy and who are employed or carry out a remunerated professional activity are applicable for the coverage of this policy; those officially or otherwise unemployed or in a similar situation are not applicable.

Application regulations for Scaled Temporary Disability. Limits of the coverage

a) The insured person will be entitled to compensation when he is suffering a total temporary disability and must require and receive appropriate medical care for the condition affecting him.

b) If the insured person suffered several ailments at the same time or if a new one subsequently appeared to the one initially declared, the benefit will only be cumulative up to a maximum of 130% of that with the greater number of days assigned in the table.

c) Under no circumstances will the insured person be reimbursed with more than 365 days in each annuity of the policy.

d) The illnesses or injuries, of the same or a similar cause that have 15 days or fewer associated in the Scale will only be reimbursed three times during a period of 365 days.

e) In the event that the insured person suffered new periods of time off work due to the same cause or for medical causes directly related to the previous one, he will only receive the benefit corresponding to these subsequent periods when the interval between one period finishing and the subsequent starting is at least the double of the number of days for which the benefit was paid or a minimum of 90 days.

f) In the case of claims covered by policies that have contracted both guarantees of Daily Temporary Disability and Scaled Temporary Disability the compensation for each will not be cumulative during the days of temporary disability in which the terms covered by both coincide. The guarantee of Daily Temporary Disability will only begin to pay compensation after the day on which the period covered by the guarantee of Scaled Temporary Disability expires.

Regulations for the procedure of a claim. Procedure for the resolution of discrepancies

a) To receive the compensation, the document entitled "Claim Declaration" must be submitted to DKV Seguros, which includes the fully completed sick note signed by the doctor who attended to the patient.

The discharge sheet may also be sent to DKV Seguros by means of a letter written by the doctor who attended the patient, stating the doctor's full name, the identity, age, profession, activity and address of the insured person, the illness and its causes and antecedents, the probable date of the initiation of the process, the date from which the insured is unable to carry out his professional activity and the foreseen duration of the disability. DKV Seguros may request that a copy of the sick note issued by the relevant official body be submitted, otherwise this will not be binding for the entity.

b) The corresponding compensation will be paid from the day the disability starts, provided that DKV Seguros receives the declaration mentioned in the previous section within seven days following the start of the claim. Proof of this notification must be kept. If DKV Seguros receives this declaration later than the aforementioned seven days, the compensation will be reduced by the amount corresponding to seven days.

c) Prior to the payment of the compensation, the reason for the time off work must be accredited and DKV Seguros is entitled to make the visits that they consider necessary to check the condition and pathology of the insured person who must provide any medical report related to the reason for time off work. In the event of refusal or opposition to this, DKV Seguros will be released from the payment of the compensation.

d) If by any means, DKV Seguros confirms that the insured person suffered a pathology different to the reason for the claim, DKV Seguros may decide that he is not entitled to receive compensation, informing him of such in writing.

When the policy holder, the insured person or the beneficiary do not agree with such a decision, they must inform the insurer, in writing, within seven days at most, stating their reasons to the contrary. In this case, the insured person's doctor and that of DKV Seguros will try to solve the discrepancy directly.

In the event of their not reaching an agreement, a third doctor will be named by the parts and, subsequently, by the competent circuit judge.

This same procedure will be applied in any other discrepancies relating to medical questions that can arise.

The three doctors will jointly decide by a majority of votes. Each part will pay his own medical expert's fees and those of the third, fifty-fifty.

The decision of the doctors will be made within the term of ninety days following the date of the third medical expert's appointment and, during this time, the parts will not be able to take the corresponding judicial steps for the settlement of the compensation in litigation.

SCALED TEMPORARY DISABILITY TABLE

Code	Main Denomination	Days
Cardiocirculatory		
436000	Cerebral vascular accident (Thrombosis, Clot, stroke...) (C.V.A.)	60
435000	Transitory cerebral ischemia vascular accident (A.I.T.)	20
441000	Aortic Aneurysm. Surgical treatment	40
414001	Coronary. Aneurysm Coronary arteriosclerosis	30
413000	Chest angina, Angina pectoris, Syndrome angina	20
427000	Heart arrhythmias; Blockages, Paroxysmal supraventricular tachycardia	20
444000	Clot or arterial thrombosis	60

415000	Lung clot; acute pulmonic heart	50
416000	Chronic cardiopulmonary illness	30
403000	Hypertensive renal illness	30
398001	Rheumatic illness of the heart (valvulopathy, endocarditis...)	50
289001	Blood disease (Hemophilia, anemias, CID, purpura...) or spleen (cyst, fibrosis...)	14
390000	Rheumatic fever. Rheumatic arthritis	20
451000	Phlebitis and Trombophlebitis	20
436001	Hemiplegia, paraplegia, or tetraplegia by ACV	60
432000	Haemorrhage extradural or subdural (not traumatic)	10
431000	Haemorrhage intracerebral (not traumatic)	60
455002	Haemorrhoids. Crisis without surgery	2
455001	Haemorrhoids. Surgical treatment	15
401000	Primary or essential arterial hypertension	5
410000	Acute heart attack. Acute coronary inadequacy	100
428000	Heart congestive inadequacy; acute lung oedema; Heart asthma	40
457000	Lymphangitis, Lymphedema	10
425000	Cardiomyopathy, valvulopathy, endocarditis... not rheumatic	50
420000	Acute Pericarditis; Pericardial effusion	30
785001	Isolated cardiovascular symptom (palpitations, Tachycardia, flutter)	3
452000	Thrombosis of the hepatic portal vein	30
454000	Varices or varicose veins of the leg. Surgical treatment	15
456000	Varicocele; esophageal varices Surgical treatment	20

Dermatology

683001	Lymphatic abscess, Adenopathy non specified, Adenitis	15
681000	Abscesses of the fingers, Whitlow, Infection pitting	20
112000	Candidiasis, Muguet	3
682000	Cellulite or abscess in the skin (not of the fingers)	20
703000	Illnesses of the fingernails	7
680000	Boil	3
110001	Dermal mycosis; ringworm	7
782001	Subcutaneous nodules; located Oedema	3
110002	Athlete's foot; Onychomycosis...	7
696000	Psoriasis and dysfunctions	20
701001	Keratosis and hyperkeratosis, Keloid scar, Scleroderma...	15
706000	Sebaceous cyst; Acne	7
685000	Cyst, fistula or breast, pilonidal or coxigeo	20

708000	Urticaria	7
078001	Viral warts. Surgical treatment	3

Digestive

566000	Abscess in anal and rectal region	20
572000	Abscess hepatic non amebic. Hepatic coma	30
530000	Achalasia, Esophagitis, Ulcer esophagic...	20
540000	Acute appendicitis. Surgical treatment	15
571000	Cirrhosis, chronic Hepatitis	30
576000	Cholangitis	7
575000	Cholecystitis	20
789001	Abdominal colic	3
574000	Colic hepatobiliary. Gallstone	10
556000	Colitis idiopathic. Toxic Megacolon	15
564000	Irritable colon, Megacolon (not toxic)	20
562000	Intestinal diverticulum (non Meckel). Surgical treatment	20
527000	Illnesses of the salivary glands	20
526000	Illnesses of the maxillaries	20
555000	Regional enteritis, Crohn's disease. Ulcerative colitis	40
537000	Pyloric stenosis	25
528000	Stomatitis, oral cyst, oral Abscess...	10
565000	Anal. fissure or fistula. Surgical treatment	20
535000	Acute gastritis	4
003000	Gastroenteritis (for Salmonella)	4
558000	Non infectious gastroenteritis, non infectious Colitis	2
578000	Gastrointestinal haemorrhage (without gastrointestinal ulcer)	10
070002	Hepatitis B, C, D	70
573000	Non specified hepatitis	25
070001	Viral hepatitis AT	30
553001	Abdominal hernia (non inguinal) non gangrened, without obstruction. Surgical treatment	30
550000	Hernia inguinal. Surgical treatment	20
572001	Portal hypertension. Phlebitis of the portal vein	30
009000	Not well defined intestinal infection	3
560000	Obstruction or intestinal invagination, paralytic ileus	20
577001	Acute pancreatitis	30
525001	Dental pathology, Gingivitis, Abscess, Cyst, Malocclusion...	3
567000	Peritonitis	30
569001	Anal and rectum polyps. Endoscopic resection	2
569000	Rectal prolapse, anal and rectum polyps. Non out patient surgery	20
122000	Hidatidico cyst; Echinococosis; Hidatidosis	20
787000	Isolated digestive symptom (nauseas, vomits, pyrosis...)	3

123000	Teniasis; Cysticercosis	20
124000	Trichinosis	20
533001	Gastric ulcer, duodenal, jejunal...	25

Pregnancy and childbirth

656000	Intra-uterine death (more than 7 months of gestation)	20
650000	Childbirth under normal conditions	20
669000	Childbirth by Caesarean operation, forceps or sucker	20
665001	Complicated childbirth (cord, lacerations, infection...)	20

Endocrinology

240001	Goiter; thyroid nodule; Hypothyroidism; Hypothyroidism Graves-Basedow	30
251001	Hypoglycemic or insulinic coma	21
250001	Complicated diabetes mellitus (coma, cataract, nephropathy, retinopathy, neuropathy...)	21
256000	Ovarian disfunction	3
277001	Illnesses of nutritional origin	10
254000	Illnesses of the thymus (hyperplasia, hypertrophy, abscess...)	21
274000	Gout (arthropathy, nephropathy, tophus...)	7
246000	Other thyroid dysfunctions (cyst, haemorrhages, thyrocalcitonin...)	21
256001	Polycystic ovary. Surgical treatment	15
246001	Thyroidectomy	30
245000	Thyroiditis	21
255000	Dysfunction of the suprarenales (Conn, Cushing, Addison...)	21
253000	Dysfunctions of the hypophysis, acromegaly; dwarfism; insipid diabetes; Panhypopituitarism	21
252000	Dysfunctions of the parathyroids; Hypoparathyroidism; Hyperparathyroidism	14

Gynaecology

614001	Adnexitis, Salpingitis, Oophoritis, Parametritis (non gestational)	15
616000	Cervicitis, Vaginitis, Vulvovaginitis, Bartholinitis...	10
625000	Dysmenorrhea, premenstrual syndrome	3
610000	Benign mammary dysplasia, solitary breast cyst	7
622000	Dysplasia, leukoplakia, or uterine neck polyp	10
623000	Dysplasia, leukoplakia, or vagina polyp	7
617000	Endometriosis	5
615000	Pelvic inflammatory illness, endometritis... (non gestational)	15
611000	Mastitis or diffuse inflammatory Mastopathy (non gestational)	7
626000	Metrorrhagias	10
621000	Unspecified uterus polyp	20

618000	Genital prolapse (non gestational)	15
620000	Ovarian cyst. Surgical treatment or laparoscopic	3

Infectious

006000	Amebiasis; amebic dysentery...	7
005000	botulism	40
023000	brucellosis; Malta fever	40
078002	Verruca acuminata	7
032000	diphtheria	20
001001	tropical infectious disease	40
035000	Erisipelas	7
057000	Erythema infectiosum (5 ^o disease). Roseola infantum (6 ^a disease)	20
034000	Scarlet fever; Angina, Tonsillitis, Laryngitis and Tracheitis streptococcal	7
083000	Q fever; Rickettsiosis	21
087000	Recurrent fever (non symptom)	7
002000	Typhoid fever or paratyphoid	40
040001	Gangrene gas; intestinal lipodystrophy	50
054000	Simple herpes, genitals, eczema herpeticum	7
053001	Herpes zoster or zone with neurological affection	7
036000	Infection meningococcal (carditis, meningitis...)	20
075000	Infectious Mononucleosis; Pfeiffer 's disease	14
072000	Parotitis; Urtiana fever	4
056000	Rubella	20
055000	Measles	20
038001	Septicemia with hospital admission	40
037000	Tetanus	90
033000	Whooping cough	14
130000	Acquired toxoplasmosis	20
018000	Miliary tuberculosis, disseminated or widespread	100
052000	Chickenpox	7

Neurology

324000	Intracranial abscess, intraspinal subdural, extradural...	90
359000	Muscular Dystrophy and Other myopathy	20
049000	Viral encephalitis	30
323000	Encephalitis, Mielitis, Poliomyelitis...	90
341001	Demyelinating Diseases of the CNS; multiple Sclerosis or in plaques; Syringomyelia	30
345000	Epilepsy (all forms)	30
325000	Phlebitis and Thrombophlebitis intracranial	14
046000	Infection of the SNC for slow virus	30

346000	Headache, Migraine or hemicrania	3
354000	Median nerve injury, ulnar or radial nerve; carpal tunnel syndrome	30
320000	Bacterial meningitis; bacterial Meningoencephalitis	50
321000	Viral meningitis, mycotic...	30
047000	Viral meningitis without specifying	30
358001	Mono or polyneuropathy; Myasthenia Gravis; Guillain -Barré Syndrome	30
350000	Neuralgia of the trigeminus	20
351000	Facial paralysis	20
334001	Parkinson; chorea; Ataxia	90
781000	Neurological or isolate muscular symptom (spasms, tremor, ataxia, paralysis transit...)	5
353000	Dysfunction of roots and nervous plexus	20
013000	SNC tuberculosis and meninges	100

Ophthalmology

363000	Choroid alterations, Choroidoretinitis	20
366000	Cataract surgery	10
367001	Myopia surgery, hypermetropia	3
372000	Conjunctivitis	3
361000	Retinal detachment	60
365000	Glaucoma (not congenital)	40
364000	Iritis, Cyclitis, Iridocyclitis, previous Uveitis...	30
374001	Eyelids pathology ; Blepharitis; Chalazion; Sty	2
375000	Lacrimal apparatus pathology; Dacryoadenitis; Epiphora; Dacryocystitis...	2
369001	Total loss of the sight of an eye	60
372001	Pterygium	3
370000	keratitis, Queratoconjunctivitis, keratic Ulcer...	4
362000	Retinopathy (diabetic, proliferativa...)	21

Oncology

199001	Cancer or extended or peritoneum carcinomatosis	120
233001	Carcinoma in situ of genitourinary system	15
231000	Carcinoma in situ of respiratory system	60
233000	Carcinoma in situ of the breast (non skin)	150
232000	Carcinoma in situ of the skin	30
230000	Carcinoma in situ of digestive organs	150
234000	Carcinoma in situ of other places	15
153002	Meckel´s diverticulum	150
201000	Hodgkin´s disease. Hodgkin´s lymphoma	150
194001	Pheochromocytoma	60

228000	Hemangioma, lymphangioma, angioma, glomus, of any place	7
218000	Leiomyoma, fibroma, myoma, or fibromyoma uteri	30
208000	Leukemia	150
202000	Lymphoma (non Hodgkin)	150
200000	Lymphosarcoma and Reticulumsarcoma	90
214000	Lipoma; Angiolipoma; Fibrolipoma; Myxolipoma	7
172000	Cutaneous melanoma, Melanocarcinoma	80
203000	Multiple Myeloma and neoplasm immunoproliferativas	120
170000	Osteosarcoma, Chondrosarcoma, Ewing's Sarcoma	90
238001	Polycythemia rubra, myeloproliferative syndrome	21
212001	vocal cords polyp	15
176000	Kaposi's sarcoma	120
171000	Sarcomatosis, Fibrosarcoma, not specified Sarcoma	60
157001	Zollinger-Ellison's syndrome	30
225000	Benign brain tumour and other parts nervous system	120
211001	Benign esophagus tumour, stomach, or intestine	15
211002	Benign liver tumour, pancreas, or spleen	15
213000	Benign bones tumour or articular cartilages	15
216000	Benign skin tumour; blue nevus; pigmented nevus	7
210000	Benign lip tumour, mouth or pharynx. Surgical treatment	15
217000	Benign breast tumour (non cyst, neither in skin)	15
222000	Benign masculine genital organs tumour	15
212000	Benign respiratory organs tumour or intrathoracic	15
227000	Benign other endocrine glands tumour (suprarenal, parathyroid, hipophysis...)	30
229000	Benign tumour in other places, not specified places, or lymph node	30
220000	Benign ovary tumour	15
223000	Benign kidney tumour and other urinary organs	15
226000	Benign thyroid tumour. adenoma thyroid	30
191000	Malignant brain tumour	150
159000	Malignant digestive/peritoneum tumour without specifying place	150
151000	Malignant stomach tumour	150
160000	Malignant nasal fossa, middle ear and breasts accessory tumour	150
155000	Malignant liver tumour; hepatoblastoma, liver cell carcinoma	150
153001	Malignant small intestine tumour or colon	150
174000	Malignant woman's breast tumour	120
188000	Malignant bladder tumour	120
149001	Malignant lip, buccal cavity, pharynx and esophagus tumour	100
161000	Malignant larynx or vocal cords tumour	180
184001	Malignant feminine genital organs tumour	120
195000	Malignant other localizations or not specified tumour	60
157000	Malignant pancreas tumour, gastrinoma	180
185000	Malignant prostate tumour	120

154000	Malignant rectum tumour, rectosigmoid junction or year	150
189000	Malignant kidney tumour	120
186000	Malignant testis tumour	120
193000	Malignant thyroid tumour	60
162001	Malignant trachea, bronchuses, lung or pleura tumour	120
156000	Malignant biliary pathway and conduc. biliar. extrahepatic tumour	150

Osteomuscular

713001	Arthritis or arthropaty (gouty, infectious...)	20
716000	traumatic Arthropaty	20
714000	Trheumatoid Arthritis (except column); inflammatory Poliartthritis	30
727000	Bursitis; synovial Cyst; Ganglion	30
723001	Non traumatic Cervicalgia, without objective clinical tests	10
723002	Non traumatic Cervicalgia, with objective clinical tests	20
717000	Knee surgery (meniscus, ligaments, floating bodies, Chondromalacia patelae)	30
718001	Articulation not of knee surgery: recurrent dislocation; Ankylosis	30
727001	Acquired deformities (estenosante digital, hammer finger, hallux valgus...).	30

Surgery

731000	Paget 's disease	30
726003	Epicondylitis	30
726001	Calcaneal spur, or osseous	30
720000	Anqylosing spondylitis; vertebral rheumatoid arthritis	60
721000	Spondylosis, vertebral arthrosis, Ankylosis; vertebral Hyperostosis	60
728001	Fasciitis plantar, Dupuytren 's disease	10
722005	Slipped disk. arthrodesis Treatment	100
722004	Slipped disk. laminectomy treatment	60
722003	Slipped disk. chemonucleolysis or nucleotomy percutaneous treatment	40
722001	Slipped disk. Medical treatment	10
722002	Slipped disk. orthopedic treatment	20
719000	Hydrartrosis or articular effusion	30
724001	Lumbago, lumbalgy, or sciatica, of non traumatic origin, without clinical objective tests	10
724002	Lumbago, lumbalgy, or sciatica, of non traumatic origin, with clinical objective tests	20
710000	Disseminated Lupus erythematosus; polymyositis idiopathic	20
728000	Myositis, Panniculitis	20
715000	Bilateral Osteoarthritis (non vertebral)	30

732000	Osteochondropathy; Osteochondrosis; Osteochondritis	60
730000	Osteomyelitis, Periostitis	60
733000	Osteoporosis, bony Cyst	40
726002	Periarthritis escapulothumeral	30
725000	Polimyalgia rheumatica	60
726000	Peripheral tendinitis	10

Otolaryngology

385001	Middle and internal ear surgery	30
383000	Mastoiditis and related disease	20
382001	Acute otitis or chronic	4
384000	Perforation of the eardrum; Tympanitis	14
780001	Vertigo (only symptom), without specifying (non Meniere)	4
386000	Vertigo-Meniere; vestibular vertiginous Syndrome	21

Psychiatry

307001	Anorexy or stress that requires hospital admission	10
298001	Dementia, Psychosis, or Schizophrenia that requires hospital admission	10
311001	Depression or Psychosomatic disease that requires hospital admission	10
300001	Neurosis, stress, or anxiety that requires hospital admission	10

Respiratory

475000	Peritonsillar abscess	20
513000	Pulmonary abscess or mediastinal	30
784001	Aphonia without specified cause	5
495000	Alveolitis and extrinsic allergic pneumonitis	30
463000	Tonsillitis	2
493001	Asthma. asthmatic Status or crisis	5
485000	Bronchopneumonia	15
466000	Bronchitis, Bronchiolitis or acute tracheobronchitis	7
496001	Complications of the lung obstructive chronicle disease	40
478001	Vocal cords disease; not adenomatous polyp	10
518000	Emphysema	40
462000	Pharyngitis; Angina; adenoid vegetations Surgery	2
487000	Influenza and its complications	3
478000	Hypertrophy of cornetes	2
476000	Chronic laryngitis	15
464000	Laryngitis or acute Tracheitis	3
465000	Acute Laryngopharyngitis	3

486001	Pneumonia	20
512000	Non traumatic pneumothorax	20
512001	Non traumatic Surgical pneumotórax	40
519000	Diaphragm pathology, mediastinum, traqueostomy...	20
511000	Pleuritis, Pleurisy, pleural effusion	20
471000	Nasal polyps (surgery)	7
460000	Common cold; nasal catarrh; Rhinopharyngitis;	2
477000	Allergic Rhinitis	7
472000	Chronic rhinopharyngitis; Ozena	2
135000	Sarcoidosis	40
786000	Isolated respiratory symptom (dyspnea, cough, hemoptysis...)	3
461000	Sinusitis	5
012001	respiratory or lung tuberculosis	60

Urology

607000	Balanitis, Priapism	10
602000	Prostatic calculus	10
592000	Calculus or renal lithiasis or ureteral, renal colic by lithiasis	10
594000	Calculus or vesical or urethral lithiasis	10
099000	Soft chancre; Reiter 's disease; venereal Lymphogranuloma	20
788001	Renal colic without evidence of lithiasis	3
596001	Bladder diverticulum	10
598000	Urethral stenosis	10
605000	Phimosis	5
603000	Hydrocele	20
600001	Hyperplasia and prostate Adenoma. Treatment by RTU	30
098000	Gonococcal infection, Gonorrhea	4
599001	Urinary infection. Cystitis. Urethritis	3
588001	Renal failure, Uremia, Nephrosis, Nephritis, Nephropathy	40
592001	Renal Lithiasis tried by means of lithotripsy	3
592002	Nephrectomy	60
600002	Orchidectomy	30
604000	Orchitis, Epididymitis	20
590000	Pyelonephritis, renal abscess, renal infection...	10
601000	Prostatitis	15
593001	Renal cyst; ureteral stenosis	15
608000	Torsion of the testis, scrotum abscess...	15

Sprains and luxations

830001	Sprain or luxation temporo-maxillary-mandibular	15
847003	Cervical sprain, luxation, contracture, cervicalgy. Med treatment	10
847004	Cervical sprain, luxation, contracture, cervicalgy. Orth. treatment	20

846000	Lumbosacral sprain, sacroiliac, or sacrosciatic	10
846001	Lumbalgy or lumbago of traumatic origin	10
835000	Hip sprain or luxation (without fracture)	25
848000	ribs sprain	10
839001	Sternoclavicular luxation. Orth. Treatment	20
839002	Sternoclavicular luxation. Surgical treatment	30
831003	Sprain or dislocation of shoulder. surgical treatment	50
832000	Sprain or dislocation of elbow	30
834000	Sprain or dislocation of fingers, phalanx... of the hand	20
833000	Sprain or dislocation of wrist, carpus...	20
831001	Sprain or dislocation of shoulder. Med treatment	15
831002	Sprain or dislocation of shoulder. Orth. treatment	30
836000	dislocation of knee or patella	30
844009	Sprain of knee (lateral ligaments or kneecap). Med treatment	7
844001	Sprain of knee (lateral ligaments or kneecap). Orth. treatment	15
844002	Sprain of knee (lateral ligaments or kneecap). Surgical treatment	30
844004	Traumatic lesion with meniscus tear. Orth. treatment	20
844005	Traumatic injury with meniscus tear. Surgical treatment or arthroscopy	30
844003	Rupture of crossed knee ligaments or patellar tendon. Surgical treatment	90
844006	Triad, Traumatism of multiple structures of the knee	120
844008	Knee prosthesis	80
837000	Dislocation of ankle	30
845007	Ankle sprain. Med treatment	10
845004	Ankle sprain. Orth. treatment	20
845005	Ankle sprain. Surgical treatment	40
845002	Rupture of ankle ligaments	45
845001	Rupture of Achilles tendon	50
838000	Dislocation of the foot (tarsus, metatarsus, phalanges, fingers...)	20
845003	Sprain of foot or toes. Orth. treatment	4
845006	Sprained foot or toes. Surgical treatment	15

Fractures

000002	Extraction of osteosynthetic material	2
802001	Nose fracture, maxillary or mandible. Med treatment	20
802002	Nose fracture, maxillary or mandible. Surgical treatment	60
803001	Fracture of Skull without neurological affectation	60
803002	Fracture of skull with neurological affectation	210
805001	Column fracture without medullar lesion. Orth. treatment	60
805002	Column fracture without medullar lesion. Surgical treatment	120

806000	Column fracture with medullar lesion (paraplegia, tetraplegia, paralysis...)	180
807001	Rib fracture or sternum without organic affectation	20
807002	Rib fracture or sternum with organic affectation	40
808001	Pelvis fracture. Orth. treatment	80
808002	Pelvis fracture. Surgical treatment	120
810001	Fracture of clavicle or shoulder blade. Orth. Treatment	40
810002	Fracture of clavicle or shoulder blade. Surgical treatment	60
812001	Humerus fracture. Orth. treatment	80
812002	Humerus fracture. Surgical treatment	100
813000	Fracture of radius &/or ulna. Colles´ s Fracture	50
814001	Fracture of escaphoid	100
814002	Carpus fracture or wrist. Orth. treatment	40
814003	Carpo fracture or wrist. Surgical treatment	80
815000	Fracture of metacarpal or hand. Bennett´ s fracture	30
816000	Fracture of the phalanges or hand´ s fingers	30
820000	Fracture of neck of femur, cotilo, trochanters	120
820001	Fracture-dislocatio of hip	240
820002	Hip prosthesis	120
821001	Fracture of diaphysis of the femur. Orth. treatment	100
821002	Fracture of diaphysis of the femur. Surgical treatment	120
822001	Fracture of patella. Orth. treatment	50
822002	Fracture of patella. Surgical treatment	60
823001	Fracture of tibia &/or fibula. Orth. treatment	70
823002	Fracture of tibia &/or fibula. Surgical treatment	90
824000	Ankle fracture or maleolar	60
824001	Fracture bimaleolar	80
824002	Fracture trimaleolar	100
825001	Calcaneus fracture. Orth. treatment	80
825002	Calcaneus fracture. Surgical treatment	100
825003	Tarsus fracture or metatarsus. Orth. treatment	50
825004	Tarsus fracture or metatarsus. Surgical treatment	70
826001	Toe fracture or phalanges. orthopaedic treatment	20
826002	Toe fracture or phalanges. surgical treatment	30

Wounds and trauma

850000	shock or contusion - cranioencephalic traumatism (T.C.E.). With hospital admission	10
853000	Subdural hematoma for traumatism without fracture	30
852000	Cerebral haemorrhage for cranioencephalic traumatism without fracture	50

860000	Pneumothorax or haemothorax traumatic for wound	50
920000	Contusion without face wound or scalp	3
921000	Contusion without wound of the eye and its annexes	3
922000	Contusion without wound of the trunk	3
923000	Contusion without wound of the superior member	3
924000	Contusion without wound of the inferior member	3
929001	Bruised contusions or multiple erosions without fracture or wound	5
914000	Wound with superficial lesion of the hand	5
915000	Wound with superficial lesion of the fingers	5
916000	Wound with superficial lesion of the hip or leg	5
917000	Wound with superficial lesion of the foot or fingers	5
918000	Wound with superficial lesion of the eye and their annexes	5
882001	Wound that stitches in finger, hand, wrist, foot, knee, elbow, or head	7
657001	Traumatic wound of nerves	30
881001	Penetrating wound in neck, trunk, limb, or house organ	20
871000	Deep wound of the bilbus oculi	40
883003	Cutting of the tendons of the hand or fingers	40
885001	Partial traumatic amputation of the thumb	30
885002	Total traumatic amputation of the thumb	60
886001	Partial traumatic amputation of the 2°, 3°, 4°, 5° finger	20
886002	Traumatic total amputation of the 2°, 3°, 4°, 5° finger	40
887000	Traumatic amputation of the arm or hand	120
895000	Traumatic amputation of toes	30
896000	Traumatic amputation of the foot (not fingers)	90
897000	Traumatic amputation of the leg	240
941000	Burn in face, head or neck	20
948001	Light burn: 1° (< 15%), 2° (< 5%), 3° (< 1%)	10
948002	Moderate burn: 1° (15-30%), 2° (5-20%), 3° (1-10%)	30
948003	Serious burn: 1° (31-60%), 2° (21-40%), 3° (10-25%)	90
948004	Very serious burn: 1° (>60%), 2° (40-90%), 3° (25-80%)	180
869000	Multiple serious traumatism with hospital admission over 30 days	120

Illnesses or injuries not included in this table will be compensated according to their similarity with those that are included, provided they do not come under the heading of excluded risks.

4.2. HOSPITALISATION

If the coverage of “Hospitalisation due to an illness or accident “ is contracted, it must be stipulated in the Particular Conditions of the policy.

During a maximum term of 365 days, DKV Seguros guarantees the insured person the payment of the daily compensation determined in the Particular Conditions of the policy, when he is hospitalised due to any illness or accident covered by this policy.

For each new born baby, with a minimum period of gestation of six months, whose insured mother has had this guarantee contracted for more than eight months, DKV Seguros will make a single compensation payment equivalent to three times that guaranteed daily for cases of hospitalisation. To do so it is essential that such a guarantee has been contracted and childbirth occurs after the eight first months of validity of the policy.

Identical benefit and conditions will apply to insured mothers, in the case of adoption, whenever the adoption was initiated after the first eight months of validity of the policy.

Insurable persons

People with an actuarial age between 0 and 65 years of age on the date of contracting this policy can apply for this insurance policy.

Application Regulations.

Limits of the coverage

a) The compensation will be paid during the days in which the insured person is hospitalised. The insured person must require and receive appropriate medical care for the condition affecting him.

b) The admission to the hospital centre will be for a stay superior to 24 hours, with medical prescription and for diagnostic or therapeutic purposes.

c) In the supposition that the insured person suffered new periods of hospitalisation for the same cause or for medical causes directly related to the previous stay, the new periods of hospitalisation are considered to all effects as a continuation of the initial stay. The sum of all the stays cannot exceed the maximum periods for compensation stipulated in the Particular Conditions.

DKV Seguros will not apply, in any case, the previous clause if a period of more than six months has elapsed between the date of the medical discharge of one period and the date of the start of the subsequent.

d) The amount of the daily compensation will be that stipulated in the Particular Conditions, even in the supposition that the hospital admission was due to several ailments or several surgical operations were carried out at the same time.

Regulations for the claims process

To be able to receive the corresponding daily compensation, the following documents must be submitted to DKV Seguros:

- > Certificate of hospital admission and hospital discharge report.
- > In the event that the hospital admission lasted more than 7 days, a medical report indicating the centre in which the insured person has been hospitalised and the reason for his admission must be sent to DKV Seguros.

4.3. SURGERY

The coverage of surgery contracted because of an illness or an accident, in accordance with the coverage of this insurance, must be shown in the Particular Conditions of the policy.

DKV Seguros guarantees the insured person a single payment as compensation applying the percentage indicated in the Appendix Table for these General Conditions to the capital insured for this coverage, reflected in the Particular Conditions, depending on the type of surgical operation the insured person underwent.

Insurable persons

People with an actuarial age between 0 and 65 years on the date of contracting this policy can apply for this insurance policy.

Application Regulations.

Limits of the coverage

If an operation does not appear in the operations listed in the table, it will be reimbursed by means of assignment to the group of compensation percentages to which it corresponds by analogy or similarity with some of those that are listed.

If more than one operation is carried out in a single session, 100% of the biggest assignment in the scale will be paid and 50% of the remaining ones.

Under no circumstances will the maximum compensation for each claim exceed 100% of the capital contracted.

Regulations for the procedure of a claim

To be able to receive the guaranteed compensation, the report from the doctor that carried out the operation must be forwarded to DKV Seguros, stating the nature and kind of operation as well as the date of the operation and the antecedents of the pathology that have motivated it.

4.4. TOTAL AND PERMANENT DISABILITY

If the coverage of total and permanent disability due to an illness or accident is contracted for the coverage of this insurance, this must be reflected in the Particular Conditions of the policy.

For the effects of this insurance policy, total and permanent disability is understood to mean the irreversible physical situation caused by an illness or accident, against the insured person's will, resulting in his total inability to hold any type of employment or professional activity.

DKV Seguros guarantees the insured person the payment of the capital insured as stated in the Particular Conditions, when as a consequence of an illness or accident covered by the policy, the insured person suffers from a total permanent disability for all remunerated work.

Insurable persons

People with an actuarial age between 16 and 55 years on the date of contracting this policy who carry out a professional activity or remunerated employment can apply for this insurance policy.

Application regulations for Total and Permanent Disability.

Limits of the coverage

To be entitled to this guarantee, the absolute and permanent disability must have been caused by an illness or accident covered by the present policy.

There will be no entitlement to any compensation if on determining the causes of the total disability pre-existing illnesses or consequences not declared in the questionnaire of the contract subscribed also exist with other causing facts that appeared after signing the contract, even in case the latter were by themselves sufficient to entitle the insured person to obtaining the guarantee.

Regulations for the claims process

Documents that must accompany the application for compensation:

- a) Claims sheet completed by the insured person.
- b) Medical certificate stating the date of origin of the illness or the accident and the insured person's total and permanent disability.
- c) Any other document that is required by DKV Seguros to help evaluate the claim better.

4.5. MEDICAL CARE DUE TO AN ACCIDENT

If the coverage for "Health care due to an accident" is contracted, this must be stipulated in the Particular Conditions of the policy.

The expenses of the medical care arising until the insured person is fully recovered, in agreement with the following application regulations, will be settled by the insurer, up to the limit of the insured sum.

Application regulations.

Limits of the coverage

a) Guaranteed coverage includes the payment of the expenses for medical care, emergency health care transport and that authorised by the company in the event of the insured person being unable to do so, pharmacy, hospital admission, physical rehabilitation and, up to the limit of 600 EUR, the first prosthesis and orthopaedic appliance, whenever such expenses are derived from an accident covered by the policy.

b) DKV Seguros will cover the expenses for medical care, during a maximum period of one year from the date of the accident provided that this care is given by designated doctors or centres, or those accepted by the insurer.

c) In the event that the insured person decides to follow treatment with non designated doctors or centres or those not accepted by the insurer, he will be compensated for this concept, up to the maximum quantity stipulated in the Particular Conditions.

d) DKV Seguros will refund the expenses derived from emergency care and first aid, regardless of the doctor or centre that provides them. DKV Seguros will exercise the right to appoint doctors and centres at the moment that the injured person can be transferred from centre where he was first treated, by agreement with the doctor designated to such an effect by DKV Seguros.

e) In the event of dental care due to an accident, the first prosthesis is covered up to 600 EUR.

f) Health care is guaranteed solely in Spain.

Insurable persons

People with an actuarial age between 16 and 65 years on the date of contracting this policy, who carry out a professional activity or remunerated employment can apply for this insurance policy.

5.

EXCLUDED RISKS AND ADDITIONAL COVERAGE

5.1. EXCLUDED RISKS

The following are excluded from the general guarantees of this present insurance contract, and therefore not subject to any compensation:

- a) Any alteration of the state of health, chronic or not, injury or constitutional defect of origin previous to the effective date of the policy, and its consequences.
- b) Pathological processes exclusively manifested by pain, back pain or vertigo, that is to say without other symptoms that are medically verifiable.
- c) Depression, stress, syndrome of chronic fatigue, “burnout” syndrome, psychosomatic illnesses and any type of mental derangement.
- d) Pregnancy, abortion, childbirth and puerperium.
- e) Illnesses or complications derived from, or aggravated by pregnancy, abortion, childbirth and puerperium.
- f) Illnesses or injuries due to drunkenness, alcoholism, drug addiction or taking drugs or medicines without prescription.

For the effects of this policy, drunkenness is defined as when the level of alcohol in the blood exceeds the legally established limits thus classifying the insured person’s behaviour as criminal or when he is sentenced or fined for such.

- g) Illnesses or injuries as a consequence of war, terrorism and riots or public disorder, extraordinary events or catastrophes such as earthquakes, hurricanes, floods, radioactive leaks and officially declared epidemics.

- h) Accidents derived from the insured person taking part in fights (unless acting in legitimate self-defence) and criminal acts. In these cases 25% of the compensation may be advanced provisionally without having to wait for the final sentence, when the case brought by the insured person clearly states that the insured person did not provoke the fight.

Injuries derived from attempted suicide or that are self-inflicted.

i) Accidents resulting from:

- › The practice of underwater diving, climbing, martial arts, gully climbing, and other dangerous activities.
- › Events involving wild stock in an enclosure prepared for such; and those derived from the insured person's voluntary participation in this type of event.
- › The use of all kinds of vehicles in training, competitions, aerial activities and their use on roads not covered with tarmac, or which are private.

j) Accidents caused by the professional practice of any sport.

k) Any type of non-healing treatment and its consequences which the insured person voluntarily undergoes such as aesthetic surgery, vasectomy, tubal ligation, etc. unless for an illness or an accident. The surgical treatment of obesity, even with a medical prescription.

5.2. ADDITIONAL COVERAGE

In spite of the exclusions contained in the previous section, 5.1, exceptionally, the coverage of the following suppositions is established, to which the indicated exclusion won't be applied and from which the possible contracted excess will be discounted:

For the guarantee of Temporary Daily Disability:

- › Surgical correction for myopia will have a maximum compensation of three days, and dental pathologies will have a maximum compensation of two days. (exclusion 5.1.a will not be applied).
- › Non medically demonstrable pain without other objective, medically verifiable symptoms will have a maximum compensation of ten days and vertigos without other objective, medically verifiable symptoms will have a maximum compensation of four days. (exclusion 5.1.b will not be applied).
- › Depression, stress, syndrome of chronic fatigue, "burnout" syndrome, psychosomatic illnesses, and any form of mental derangement will have a maximum compensation of ten days, provided the period off work includes hospital admission. (exclusion 5.1.c will not be applied).
- › Illnesses or complications derived from, or aggravated by pregnancy, abortion, childbirth and puerperium will have a maximum compensation of 25 days per gestation process. Contracting the first period is required and a period of grace of eight months will be applied. (exclusion 5.1.e will not be applied).

For the guarantee of Temporary Scaled Disability:

- › Pain, back pain or vertigo without other symptoms that are medically verifiable as described in the Table of Temporary Scaled Disability (exclusion 5.1.b will not be applied).
- › Childbirth and intrauterine death as described in the Table of Temporary Scaled Disability will have a period of grace of eight months (exclusion 5.1.d will not be applied).

For the guarantee of Hospital Care:

- › Illnesses or complications derived from, or aggravated by pregnancy, abortion, childbirth and puerperium will have a maximum compensation of 7 days per gestation process. A period of grace of eight months will be applied. (exclusion 5.1.e will not be applied).

For the guarantee of Surgery:

- › Childbirth as described in the Table of Operations will have a period of grace of eight months. (exclusion 5.1.d will not be applied).

6.

RELATIONSHIP BETWEEN THE PARTS. LEGAL ASPECTS

6.1. BASE OF THE CONTRACT

The declarations made by the policy holder and the insured person, according to the questionnaire provided by the insurer, together with the insurance policy, constitute a single unit -the base of the contract which comprises the coverage of the risks within the agreed limits. If the content of the policy differs from the insurance proposal or of the agreed clauses, the policy holder will be able to request that the Company, during a period of one month starting from the issue of the policy, corrects the existent divergence.

Once this term has lapsed without the request being made, that stipulated in the policy will be binding.

The change in the insured person's professional or labour activity and the form in which he carries it out, either working for himself or in the employment of others - as indicated in the Particular Conditions are circumstances that modify the risk and which DKV Seguros should be notified of. (Articles 11 and 12 of the Law of Insurance Contracts).

If the insured person's age or profession were not truthfully declared and the premium paid is lower than the real amount due, the benefit provided by the company will be reduced in proportion to the premium received. If on the contrary the premium paid is higher than that due, DKV Seguros is obliged to refund the excess without interest.

6.2. EFFECTIVE DATE AND LENGTH OF THE CONTRACT

The guarantees of the policy are effective, with prior payment of the premium, at the time and on the date indicated in the Particular conditions.

The contract is for the period of one year unless otherwise agreed, with the possibility of extending on a yearly basis unless either of the contracting parties opposes this extension by demonstrable means.

The parties may oppose this extension by means of a demonstrable written notification sent to the other, with a minimum of two months' notice before the date of conclusion of the current year.

Coverage of the guarantee of total and permanent disability will cease at the end of the annuity in which the insured person reaches 65 years of age.

The contract will be cancelled:

- > At the end of the annuity in which the insured person reaches 70 years of age.
- > When the insured person's state becomes a permanent disability to carry out his profession, or he requests the recognition of this state, or he receives a pension or compensation for such a cause.
- > When the insured person is retired, unemployed or in a similar situation, or ceases all his professional or labour activity.

6.3. PAYMENT OF THE PREMIUM, SUSPENSION OF COVERAGE, RESUMING THE COVERAGE AND CANCELLATION

The policy holder is obliged to settle the payment of the first or single premium at the moment of the perfection of the contract. The successive premiums should be settled on the corresponding due dates.

The policy holder can request the payment of the annual premiums in six-monthly, quarterly or monthly instalments, in which case the corresponding surcharge will be applied. Payment by instalments does not free the policy holder from the obligation of paying the entire annual premium. If the first or single premium has not been paid on the required date due to the fault of the policy holder, DKV Seguros is entitled to cancel the contract or to legally demand the payment of the premium in writing according to the policy. In any event, and unless otherwise stated in the Particular Condition, if the payment has not been paid before the claim is made, DKV Seguros will be released from their obligations.

In the event of non-payment of the second or successive premiums or instalments, the coverage of DKV Seguros will be suspended for one month after their due date. If the insurer does not claim the payment within the six months following this date, it is understood that the contract is null and void. If the contract had not been suspended or cancelled according to the previous conditions, the coverage will be resumed twenty four hours after the day on which the premium is settled, with DKV Seguros covering the premium corresponding to the suspension period due to non payment.

In any event, the insurance company will only be able to demand the payment of the premium of the current period when the contract is suspended.

DKV Seguros is only obliged by the receipts issued by the company.

Unless otherwise stated in the Particular Conditions, the payment address will be that stated in the bank's standing order.

To do so, the policy holder will give DKV Seguros his bank or savings accounts details for the payment of the receipts, authorising the financial entity to settle them.

If no address is stated in the Particular Conditions for the payment of the premiums and no standing order has been arranged with the bank, it is understood that it will therefore be that of the policy holder.

The payment of the premium by the policy holder to the broker is not understood to have been made to DKV Seguros unless the broker gives the policy holder the official receipt of the premium from DKV Seguros.

6.4. OBLIGATIONS OF THE POLICY HOLDER AND THE INSURED PERSON

a) To declare to the insurer, in agreement with the questionnaire provided, with truthfulness, diligence and without mental reservation, all the circumstances known to him that can influence the evaluation of the risk (Art. 10 Law Insurance Contracts). He will be discharged from this obligation if DKV Seguros does not supply him with the questionnaire or when, even supplying it, there are circumstances that can influence the valuation of the risk that are not included.

b) To notify the insurer, during the validity of the contract and as soon as possible of all the circumstances that increase the risk and are of such a nature that, if they had been known at the moment of the acceptance (perfection) of the contract, it would not have been signed it or would have been done so with a higher cost. (Art. 11 Law Insurance Contracts).

In the event of DKV Seguros not having been notified of an increase in the risk prior to a claim arising in which the insured person's labour activity had changed from self-employed to salaried worker, the daily benefit will never exceed the amount that DKV Seguros has specified in its rates for salaried workers at the moment of the claim arising.

The agreed premium will be adapted to that which would have been applied if they had known the true extent of the risk, if this occurs, the policy holder will be requested to pay the difference between the new adapted premium and the premium paid for the current annuity.

c) To reduce the consequences of the claim, using the technical means (doctors) within his reach for his rapid recovery.

The non-fulfilment of this duty will release DKV Seguros from all its obligations.

d) The policy holder or the insured person must inform DKV Seguros of the claim within a maximum term of seven days of becoming aware of it, unless a longer period has been included in the policy.

e) The policy holder or the insured person must, also, provide DKV Seguros. with full information regarding the circumstances and consequences of the claim or authorise DKV Seguros to access these directly.

In the event of violation of the duties stated in sections a, b, c, d, and previous, the loss of the right to compensation will only take place in the supposition that deceit or serious negligence has occurred (Articles 10, 12, 16, and 17 of the Law of Insurance Contracts).

6.5. INSURER'S GUARANTEES

DKV Seguros is obliged to settle the compensation at the end of the investigations and necessary evaluations to establish the existence and definitive quantity of the claim, which is fully justified.

For the guarantee of "temporary disability", once forty days has lapsed from the notification of the claim, the insured person will have the right to request advance payments of the final compensation when the periods of time off sick corresponding to advance payment have been sufficiently checked, in the opinion of the insurer, both regarding the duration and the cause.

These advance payments will not represent the final acceptance of the consequences of the claim under any circumstances and, in the event that DKV Seguros, at the end of their investigations and necessary evaluations, rules that the advances were not due, the insured person is obliged to refund them immediately.

6.6. REVALUATIONS OF PREMIUMS AND CLAIMS

With the aim of maintaining their value at the current level, the compensations assured by this contract will be readjusted, unless otherwise agreed, automatically at each annual expiry, depending on one of the following two possibilities:

1. By the same proportion as the annual rate of the Retail Price Index for Consumption published by the National Institute of Statistics.
2. According to a fixed percentage determined by the policy holder at the moment of contracting the policy.

The revaluation of the compensation will have its corresponding effect in the premium due and will be reflected in the receipt.

As a consequence of the actuarial position of the insurance contract signed, the corresponding premium due will be adapted depending on the insured person's age as well as the possible changes in professional activity or work or guarantees of the policy.

6.7. NOTIFICATIONS

The notifications made by the policy holder or the insured person to the insurer must be sent to the company's address. Nevertheless, the notifications made by the company agent that has mediated in the policy will also be valid.

The notifications made by a broker to DKV Seguros on behalf of the policy holder or the insured person, will have the same effects as if these had made directly to the company.

However, the notifications made by the policy holder or the insured person to the broker are not considered to have been made to the company.

The notifications of DKV Seguros to the policy holder or the insured person must be sent to the address that appears in the contract, unless the company has been notified of a change of address.

To be contractually valid, notifications between the insured person (or his broker) and the company (or its agent or broker) must be made in a demonstrable form to verify in writing their having been made.

6.8. VALIDITY AND JURISDICTION

Any actions derived from the contract prescribe after five years.

The competent judge for the derived actions of the contract will be that corresponding to the insured person's residence.

The policy holder and/or insured person hereby declare that they are aware of and accept the General Conditions applicable to all the coverage, for the effects contained in Article 3.0 of the Law 50/80 of Insurance Contracts.

The Policy Holder,

The Insured Person,

For DKV Seguros y Reaseguros, S.A.E.
Chief Executive Officer




TABLE OF SURGICAL OPERATIONS

TABLE OF SURGICAL OPERATIONS

Group	Surgery	% compensation
	Diagnostic or therapeutic act carried out in an operating theatre requiring admission to hospital for a period exceeding 24 hours and which is specifically not listed in the table of surgical operations below.	1%
Angiology and vascular Surgery		
1	Superficial tumour. Small cutaneous angioma.	2%
3	Angiomas and cutaneous lymphangiomas.	8%
3	Arteriovenous fistula for hemodialysis or simple therapeutic.	8%
3	Varicose veins: perforated, collateral, relapse. Saphenous ligatures.	8%
4	Arterial embolectomy (femoral popliteal, humeral or brachial).	12%
4	Extensive profundoplasty.	12%
4	Medium vascular traumatism. Vascular suture.	12%
4	Varicose veins: saphenectomy, complete phlebotomy.	12%
5	Peripheral aneurysms.	18%
5	Angioma and neck or face lymphangiomas. Plasties.	18%
5	Femoral popliteal bypass with prosthesis or unilateral ileo femoral.	18%
5	Complex arteriovenous fistula.	18%
5	Thrombectomy by-pass or ileo femoral.	18%
6	Unilateral aorta femoral by pass or femoral popliteal; saphenous vein.	30%
6	Femoral popliteal endarterectomy.	30%
General surgery and digestive apparatus		
0	Abscess, placa facial, ulcer, slough. Debriding or drainage.	1%
0	Condyloma, keloid scar. Removal.	1%
0	External hemorrhoid or anal excrescence. Exeresis.	1%
0	Lipomas, sebaceous cysts, small cutaneous tumours. Removal biopsy.	1%
1	Perianal or gluteous abscess. Surgical drainage.	2%
1	Haemorrhoidal thrombus. Thrombectomy.	2%
1	Benign anal tumours.	2%
2	Anal fissure. Resection, sphincterectomy.	5%
2	Epigastric hernia. Muscular hernia due to breaking of fascias.	5%
2	Pneumonothrax, pyothorax or chylothorax. Puncture and drainage.	5%
2	Tumourectomy, quadrantectomy.	5%
3	Pelviorectal abscess. Drainage.	8%

Group	Surgery	% compensation
3	Simple Anoplasty.	8%
3	Perional cellulitis. Drainage.	8%
3	Closing or correction of colostomy.	8%
3	Large condyloma.	8%
3	Diastasis of rectum.	8%
3	Eventionration or evisceration without intestinal resection.	8%
3	Sacrocoxigea or anal fistula, or dermoid cyst. Fistulectomy or Fistulotomy.	8%
3	Hemorrhoids or rectal polyp. Removal.	8%
3	Inguinal and/or unilateral crural hernia. Umbilical hernia.	8%
3	Melanoma. Removal.	8%
3	Rectal prolapse. Surgical treatment perianal tract.	8%
3	Resection of large omentum. Abdominal lipectomy.	8%
3	Tumour of deep soft parts. Removal.	8%
3	Rectal tumour. Fulguration.	8%
3	Clearing of axillae or ganglionated region.	8%
4	Pericolic or Douglas abscess. Debriding or drainage.	12%
4	Appendectomy.	12%
4	Nodular goiter, enucleation. Partial hemithyroidectomy.	12%
4	Cholecystectomy, choledocotomy, colostomy, ileostomy, gastrostomy.	12%
4	Meckel's diverticulum. Resection.	12%
4	Enteroanastomosis without resection.	12%
4	Anal stenosis.	12%
4	Anal or reproduced perianal or multioperated fistula.	12%
4	Strangled hernia without intestinal resection.	12%
4	Inguinal and/or bilateral crural hernia; or unilateral by laparoscopy.	12%
4	Exploratory laparotomy. Biopsy.	12%
4	Intestinal occlusion without resection. Volvulus.	12%
4	Aspiration or feeding jejunostomy.	12%
5	Pancreatic or hepatic abscess. Acute pancreatitis.	18%
5	Biliodigestive anastomosis (colecisto) and choledochoduodenostomies.	18%
5	Appendectomy by laparoscopy.	18%
5	Cholecystectomy. Splenectomy.	18%
5	Partial colectomy.	18%
5	Choledocholithiasis for endoscopic tract.	18%
5	Gastroenterostomy.	18%
5	Atypical hepatectomy. Hepatic suture.	18%

Group	Surgery	% compensation
5	Injured or perforated rectum.	18%
5	Inguinal hernia and/or bilateral crural by laparoscopy.	18%
5	Strangled hernias with intestinal resection.	18%
5	Hartmann intervention and similar.	18%
5	Resection of small intestine and anastomosis.	18%
5	Fergusson Mussiari technique and others.	18%
5	Mesenteric tumours.	18%
6	Biliodigestive anastomosis with intestinal plasties.	30%
6	Surgery for residual lithiasis via biliary.	30%
6	Parathyroid surgery.	30%
6	Colecystectomy for laparoscopy.	30%
6	Total colectomy.	30%
6	Sfinteroplasty or papillotomy.	30%
6	Esophagostomy Esophagorrhaphy (foreign body, benign tumours, Mallory Weis and diaphragmatic ring).	30%
6	Eventrations diaphragmatic. Plasty.	30%
6	Partial gastrectomy.	30%
6	Hemicolectomy.	30%
6	Diaphragmatic hernia and anti-reflux operations.	30%
6	Ligature of esophagic varicose veins.	30%
6	Radical retroperitoneal lymphadenectomy.	30%
6	Megaesophago, cardio-spasm, Heller operation.	30%
6	Retroperitoneales tumours.	30%
7	Amputation of rectum.	50%
7	Derivative surgery of portal hypertension.	50%
7	Total gastrectomy.	50%
7	Hemicolectomy or colectomy for laparoscopy.	50%
7	Diaphragmatic hernia and anti-reflux operations for laparoscopy.	50%
7	Supraadrenalectomy.	50%
8	Esophagocholoplasties, gastroplasties and enteroplasties.	100%
8	Radical rastrectomy. Hemihepatectomy. Duodenopancreatectomy.	100%

Maxillofacial Surgery

0	Circumscribed abscesses.	1%
1	Lingual or labial frenum. Frenectomy.	2%
1	Papilloma or pharynx polyp.	2%
1	Benign lip, intraoral of soft part tumour, without plasty	2%
1	Tumour or palpebral cyst, without plasty.	2%

Group	Surgery	% compensation
2	Lingual or labial frenum, with plasty	5%
2	Lithiasis salivate. Removal of stone.	5%
2	Benign intraoral or soft part tumour. Resection with plasty.	5%
2	Superficial tumour in face and neck. Without plasty.	5%
3	Removal of deep, foreign body in face or neck.	8%
3	Split lip-Vermilion.	8%
3	Split or plasty in Z or similar.	8%
3	Drainage of phlemon abscess in mouth floor.	8%
3	Dental, paradental, fissural and follicular cysts.	8%
3	Maxillary sinus approach for elimination of radicular remains and other purposes.	8%
3	Benign tongue tumour. Partial glossectomy.	8%
3	Lip tumour. Removal and local plasty.	8%
3	Superficial face and neck tumour with plasty.	8%
3	Benign maxillary tumours.	8%
4	Regional flaps.	12%
4	Thyroglossal fistula or cyst.	12%
4	Orosinusal or oronasal fistula.	12%
4	Alveolar fissure. Osteoplasty.	12%
4	Sublingual gland. Removal.	12%
4	Complementary osteotomies.	12%
4	Maxillary cyst with sinus affectation or adjacent structure.	12%
4	Lingual tumour. Hemiglossectomy or total glossectomy.	12%
4	Maxillary cyst or tumour. Removal with partial resection of maxillary.	12%
4	Cutaneal tumours of face and neck with regional plastic reconstruction.	12%
5	Maxillary fracture. Osteosynthesis.	18%
5	Osteoplasty of the alveolar defect.	18%
5	Segmental alveolus dental osteotomies.	18%
5	Maxillary cyst or tumour with bone implant.	18%
6	Temporomaxilliar articulation arthroplasty.	30%
6	Functional dissection of neck.	30%
6	Parotidectomy.	30%
6	Malign facial cutis tumour. Big facial flaps.	30%

Plastic and repair surgery

0	Revision small scars. Escisions and sutures.	1%
0	Small ulcers. Escisions and sutures.	1%
1	Revision of scars of medium extension, in the body. Escisions and sutures.	2%

Group	Surgery	% compensation
1	Revision small scars in face and neck. Escisions and sutures.	2%
3	Post mastectomy mammary reconstruction with volume extenders.	8%
3	Retractions of finger, armpit, skin fold scars etc. Local plasties.	8%
3	Revision of big scars in body. Local plasties.	8%
3	Scalp. Surgical treatment for free implant, torn piece, rotation.	8%
3	Superficial tumours. Treatment with local plasties.	8%
3	Medium ulcers with complementary implant (except face and neck).	8%
4	Removal of volume extenders and fitting of mammary prosthesis.	12%
4	Gynecomastia.	12%
4	Big face or neck wounds. Plasties or implants.	12%
4	Areola or nipple reconstruction.	12%
5	Gingantomastia. Unilateral plasty reducer.	18%
5	Acquired tumour injuries. Long distance treatment with flaps in two phases.	18%
5	Post mastectomy mammary reconstruction by myocutis flaps	18%
5	Reconstruction with flaps or post removal tumour implants of eyelid, lip, nose, ear, etc.	18%
6	Plasties and complementary filler implants (dermis, periosteum, bone, cartilage).	30%
6	Nasal dermoide cyst. Reconstruction.	30%
6	Decubitus ulcer or large ulcer, with complementary implant.	30%

Thoracic surgery

4	Exeresis benign tumours of rib cage.	12%
4	Mediastinotomy.	12%
4	Pleurotomy with aspiration.	12%
5	Pleurectomy.	18%
5	Exploratory thoracotomy. Biopsy.	18%
6	Pleuropulmonar decortication.	30%
6	Atypical lung resections.	30%
6	Lung segmentectomies.	30%
7	Lung lobectomy.	50%
7	Mediastino tumours, thymus.	50%
8	Pneumonectomy.	100%

Neurosurgery

3	Neurolysis and selective neurectomies. Cicatricial neuromas.	8%
4	Diathermalcoagulation Rf intervertebral articulation.	12%

Group	Surgery	% compensation
4	Disk hernia. Chemonucleolysis, nucleolysis, aspiration.	12%
4	Carpal tunnel syndrome.	12%
5	Epidural or subdural hematoma. Craniectomy.	18%
5	Disc hernia (except cervical). Microsurgery.	18%
5	Dorsal or lumbar laminectomy.	18%
6	LCR Derivations. Hydrocephalias.	30%
6	Rachiuideo.channel stenosis.	30%
6	Cervical disc Hernia. Discectomy.	30%
6	Installation ventricular reservorio.	30%
6	Cervical laminectomy.	30%
6	Peripheral nerve microsurgery; tumours, implants, sutures, etc.	30%
6	Rhizotomy trigeminus (Frazier).	30%
7	Cervical disc hernia (Cloward Scoville).	50%
7	Posterior rhizotomy, myelotomy.	50%
7	Cerebral tumours, gliomas, or metastasis of hemispheres.	50%
7	Rachimedular Tumours.	50%
8	Post fossa surgery.	100%
8	Cranial orbit tumour surgery. Microsurgery of the orbit.	100%
8	Craneopharyngiomas.	100%
8	Meningiomas of any location.	100%
8	Microsurgery angle ponto-cerebellar, hypophysis, region selar, horsetail tumours.	100%
8	Intracranial or intraespinal neurinomas.	100%
8	Vertebral body resection.	100%

Obstetrics and gynaecology

0	Vaginal, vulvares or perianales condylomas.	1%
0	Benign tumours of vulva.	1%
1	Vulva or Bartholino gland abscess. Debriding and drainage.	2%
1	Festered mastitis. Debriding and drainage.	2%
2	Bartholinitis. Marsupialisation.	5%
2	Conisation of cervix.	5%
2	Uterine curretage.	5%
2	Mammary nodule.	5%
2	Cervical, endometrial or vulvar polyp. Removal.	5%
2	Vaginal cyst, or juxta or paracervical. Removal.	5%
3	Colpotomy for Douglas' sack abscess.	8%
3	Stomatoplasty. Tracheolorrhaphy.	8%

Group	Surgery	% compensation
3	Removal foreign body by hysteroscopy.	8%
3	Manual removal of placenta.	8%
3	Bartholino gland. Removal.	8%
3	Simple mastectomy, with or without axillary evacuation.	8%
3	Normal childbirth or dystocycy. single or multiple.	8%
3	Polipectomy by hysteroscopy.	8%
3	Ovarian Puncture by laparoscopy.	8%
3	Cystectomy by laparoscopy.	8%
3	Cuneiform resection of ovaries.	8%
4	Anexectomy.	12%
4	Abdominal Caesarean operation.	12%
4	Total tear of perineum. Perineorrhaphy.	12%
4	Hysteropexia. Ligamentopexia.	12%
4	Vaginal plasty. Cystocele and/or rectocele.	12%
4	Uterine Prolapse. Partial conservative surgery (Manchester and Similar).	12%
4	Ovary cyst. Cystectomy.	12%
4	Ovary tumour. Ovariectomy.	12%
5	Anexectomy by laparoscopy.	18%
5	Caesarean operation with hysterectomy.	18%
5	Endometrectomy by hysteroscopy.	18%
5	Pelvic Endometriosis by laparoscopy.	18%
5	Pelvic inflammatory illness (hydrosalpinx, tubaric abscess, etc) by laparoscopy.	18%
5	Myomectomy by hysteroscopy.	18%
5	Myomectomy.	18%
5	Simple Vulvectomy.	18%
6	Vaginal aplasia or atresia. Corrective interventions. Artificial vagina.	30%
6	Total hysterectomy, or for via vaginal.	30%
6	Radical mastectomy with axillary evacuation.	30%
6	Myomectomy by laparoscopy.	30%
7	Radical surgery of uterus and adnexa (Wertheim; Schauta) with lymphadecnectomy	50%
7	Vaginal hysterectomy by laparoscopy.	50%
7	Radical vulvectomy by lymphadenectomy.	50%

Ophthalmology

0	Abscess or cyst in brows or lids. Drainage.	1%
0	Foreign body in conjunctive, cornea or sclerotic. Removal	1%

Group	Surgery	% compensation
0	Dacryolitos Removal.	1%
0	Corneal. ulcer cauterization and curettage.	1%
1	Chalazion. Excision.	2%
1	Structurotomy simple tubes or lachrymal points.	2%
1	Paracentesis corneal. Socket puncture.	2%
2	Pannus. Angioma conjunctival. Excision. Peritomy.	5%
2	Pterygion or pinguecula. Removal.	5%
2	Resection dermoid cyst brow.	5%
2	Conjunctival coating.	5%
2	Tear duct. Removal (Dacryocystectomy).	5%
2	Wounded corneal or parpebral sutures.	5%
2	Treatment corneal tattoo.	5%
2	Conjunctive tumours. Removal with plasty.	5%
2	Xantelasma. Removal without plasty.	5%
3	Foreign body in eye socket or intraorbitaly.	8%
3	Ectropion or entropion. Local Plasties.	8%
3	Peripheral Iridectomy. Surgical or by laser.	8%
3	Palpebral ptosis.	8%
3	Lid tumour. Removal with local plasty.	8%
3	Iris tumours or cysts. Removal or photocoagulation.	8%
3	Xantelasma. Local Plasty.	8%
4	Cataracts. Removal crystalline lens.	12%
4	Dachryocystorhinostomy.	12%
4	Discision or crystalline dislocation.	12%
4	Strabismus	12%
4	Iridocapsulotomy. Membranulectomy.	12%
4	Intraocular lens. Reimplanting or repositioning	12%
4	Bilateral Ptosis palpebral.	12%
4	Eyelidid reconstruction due to tumours or traumatism, with complementary implant.	12%
4	Retina tumours.	12%
5	Cataract. Extracapsular removal. Facoemulsor. Cataract for microsurgery.	18%
5	Retina detachment. Complete treatment.	18%
5	Ectropion or entropion with complementary implant.	18%
5	Microsurgery for myopia. Radial keratotomy.	18%
5	Microsurgery for glaucoma. Trabeculectomy.	18%
6	Retina detachment. Macular hole.	30%

Group	Surgery	% compensation
6	Orbital or of linking structures tumours with conservation of ocular globe.	30%
6	Vitrectomy.	30%
7	Retina detachment. Treatment with laser and vitrectomy.	50%
8	Keratoprosthesis and/or keratoplasty.	100%
8	Transplant of cornea.	100%

Otolaryngology

0	External auditory canal chamber or retroauricular abscess.	1%
0	Cauterisation of nasal or turbinate bone.	1%
0	Simple Miringotomy.	1%
0	Nasal Synechia.	1%
1	Nasal wall abscess.	2%
1	Adenoidectomy.	2%
1	Surgery of the turbinate bones.	2%
1	Auditory tract. Papilloma or polyp Removal.	2%
1	Bleeding polyp of the partition, or antrocoanal. Removal.	2%
2	Tonsillectomy.	5%
2	Foreign body in nasal fossa or wall.	5%
2	Debriding auditory chamber for pericondritis or lymphoedema.	5%
2	Larynx abscess. incision and drainage.	5%
2	Miringotomy and fitting of drainage tubes.	5%
2	Cysts and benign tumours of the auditory chamber.	5%
2	Auditory canal external benign tumours.	5%
2	Simple uvulectomy.	5%
3	Epiglottis abscess. Drainage. Microlaryngoscopy.	8%
3	Foreign body in sinus.	8%
3	External auditory canal osteoma.	8%
3	Nasal Poliposis.	8%
3	Maxillary sinusitis or unilateral, frontal and esfenoidal maxilloetmoidal.	8%
4	Radical surgical treatment.	8%
4	Unilateral Antrotomy.	12%
4	Audiosurgery adhesive porotitis Tympanoplasty.	12%
4	Unilateral nasosinusal.endoscopic surgery.	12%
4	Foreign body in bronchuses before tracheotomy.	12%
4	Mastoidectomy.	12%
4	Miringoplasty by transmeatal approach.	12%
4	Maxillary sinusitis or bilateral, frontal and esfenoidal maxilloetmoidal. Radical.surgical treatment.	12%

Group	Surgery	% compensation
4	Tumour of tonsils and adjacent regions. Removal.	12%
4	Uvulo palato pharyngoplastia.	12%
5	Bilateral Anthrotomy.	18%
5	Bilateral nasosinusal endoscopic surgery.	18%
5	Corpectomy via endoscopic. Microsurgery.	18%
5	Stapedectomy.	18%
5	Removal of cysts or formations in vocal chord or epiglottis. Microlaringoscopia.	18%
5	Internal maxillary arterial ligature, transmaxilar.	18%
5	Laryngeal microsurgery, papilloma, polyp, nodule, cyst and estenosis.	18%
5	Miringoplasty with retroauricular approach.	18%
5	Tympanoesclerosis. Healing time.	18%
6	Ranke edema decortisation. Microlaryngoscopy.	30%
6	Epiglotidotomy or epigotidectomy by microlaryngoscopy.	30%
6	External Etmoidectomy. Unilateral.	30%
6	Total Laberintectomy.	30%
6	Laringuectomy.	30%
6	Oscular eardrum reconstruction.	30%
6	Secondary Septoplasty.	30%
6	Tympanoesclerosis. Reconstruction time.	30%
6	Retroauricular or transmeatal tympanoplastia.	30%
7	Larynguectomy. Any type with radical dissection or functional of the neck.	50%
7	Surgical treatment of the sinus with osteoplasties.	50%
7	Malign tumours rhinosinuales with evacuation.	50%

Traumatology and orthopaedics

0	Superficial or subcutaneous foreign bodies. Removal.	1%
0	Hematomas subungueales. Evacuation.	1%
0	Small wounds or burns.	1%
0	Onychogryphosis. Surgical treatment for removal.	1%
0	Whitlows. Debriding.	1%
0	Ingrowing fingernail.	1%
1	Superficial foreign bodies in face or neck. Removal.	2%
1	Simple nose bone fractures. Correction.	2%
1	Scalp cleaning and suture.	2%
1	Inferior maxillary dislocation. Bloodless reduction.	2%
2	Finger amputation separation, debriding.	5%

Group	Surgery	% compensation
2	Finger capsulectomy.	5%
2	Finger in spring, hammer, claw, swan neck.	5%
2	Exostosis. Removal.	5%
2	Diffuse phlegmon in extremities.	5%
2	Hand phlegmon.	5%
2	Phlegmon tendon sheaths.	5%
2	Sesamoid.fractures.	5%
2	Penetrating articulation wound.	5%
2	Major wounds or muscular lacerations. Sutures.	5%
2	Hygroma, bursitis, glangion or synovial cyst. Removal.	5%
2	Shoulder, elbow, knee... Orthopaedic mobilisation under anaesthetic.	5%
2	Osteomyelitis. Focus cleaning.	5%
2	Equine foot, talus, zambus, cavus, plane... Corrective plaster.	5%
2	Medium extension burn (5% to 10%). Cure and cleaning.	5%
2	Orthopaedic reduction and Colles fracture immobilisation.	5%
2	Tenosinovitis estenose.	5%
3	Arthrodesis fingers.	8%
3	Deep foreign body. Surgical removal.	8%
3	Ankle laceration, ligament or tarsus.	8%
3	Epicondylitis, Epitrocleitis and Estiloiditis.	8%
3	Calcaneal spur, Morton neuroma. Removal.	8%
3	Removal of osteosynthesis material (major intervention).	8%
3	Fasciotomies.	8%
3	Muscular fibrosis in gluteal, quadriceps.	8%
3	Fracture of bones of the carpus or tarsus.	8%
3	Fractures of metacarpal, metatarsian, or displaced phalange.	8%
3	Fractures scapula, clavicle, displaced radial head.	8%
3	Hallux Valgus, varus, rigidus, etc. unilateral.	8%
3	Laminate graft or epidermic.	8%
3	Articular injuries or periarticular without fracture.	8%
3	Peroneos dislocation. Surgical technique.	8%
3	Metacarpophalangeal, interphalangeal, or metatarsophalangeal dislocation.	8%
3	Osteocondromas.	8%
3	Hand or foot osteotomy without osteosynthesis.	8%
3	Small burns (up to 5%). Surgical treatment with complementary graft.	8%
3	Costal resection.	8%
3	Supraspinous tendon or rotators cuff tear.	8%
3	Muscular tear.	8%

Group	Surgery	% compensation
3	Simple sequestrectomy.	8%
3	Wrist, ankle or finger synovectomy.	8%
3	Tenolysis, tenosynovitis, tenotomies, tenodesis and tenorrhafias (except flexors).	8%
3	Deep soft parts tumour. Removal.	8%
4	Acromioplasty by arthroscopy.	12%
4	Sacral agenesis.	12%
4	Lengthening tendons.	12%
4	Subastragalina arthrodesis, lukewarm fibular astragalina.	12%
4	Arthroplasty of the first metacarpal base.	12%
4	Metacarpophalangeal arthroplasty and interphalangeal.	12%
4	Shoulder, elbow, wrist arthrotomy. Curettage, modelling, shaving.	12%
4	Exploratory arthrotomy or removal of foreign body. (shoulder, elbow, wrist, hip, knee, ankle).	12%
4	Foreign or free articular body. Removal by arthroscopy.	12%
4	Epiphysidesis.	12%
4	Hip and knee flexors.	12%
4	Astragalus fracture with displacement.	12%
4	Fibula head fracture.	12%
4	Radial head fracture with displacement. Osteosynthesis or prosthesis.	12%
4	Calcaneous fracture.	12%
4	Humerus neck fracture.	12%
4	Cubital or radial diaphysis fractures with displacement.	12%
4	Tibial spine fracture.	12%
4	Maleolus fracture.	12%
4	Scaphoid or semilunar fracture or pseudoarthrosis.	12%
4	Olecranon or apophysis coronoides fracture.	12%
4	Plate fractures or tibia tuberosidad.	12%
4	Kneecap fracture.	12%
4	Tuberosidad or superior humerus epiphysis fracture.	12%
4	Displaced inferior radio extremity fracture (Colles, Smith).	12%
4	Astragalus fracture dislocation.	12%
4	1° metacarpal base fracture dislocation. (Bennet).	12%
4	Torn ganglion. Removal.	12%
4	Knee flange releas.	12%
4	Nerve release by arthroscopy.	12%
4	Achromio clavicular, sternum clavicular, elbow dislocation.	12%
4	Wrist semi-tarsus, metatarsal tarsus Dislocation.	12%
4	Kneecap relapse Dislocation.	12%

Group	Surgery	% compensation
4	Tibia fibular tarsus Dislocation.	12%
4	Meniscectomy.	12%
4	Hand or foot osteotomy with osteosynthesis.	12%
4	Humerus and forearm osteotomies.	12%
4	Patelectomy.	12%
4	Humeral scapula peri-arthritis.	12%
4	Synovial plication by arthroscopy.	12%
4	Clavicle pseudoarthrosis, carpus, tarsus, metacarpus, metatarsus.	12%
4	Burns (5% to 10%). Surgical treatment with complementary implant.	12%
4	Burns – widespread (over10%). Cure and treatment.	12%
4	Bony cyst. Curettage and graft.	12%
4	Popliteal cyst.	12%
4	Crossed knee ligaments reconstruction.	12%
4	Lateral knee ligaments reconstruction.	12%
4	Torn supra spine tendon or cuff. Treatment by arthroscopy.	12%
4	Carpal tunnel Syndrome.	12%
4	Wrist synovectomy by arthroscopy.	12%
4	Shoulder or elbow synovectomies.	12%
4	Complex tendon sutures. Tenoplasties.	12%
4	Hand flexor tendon sutures.	12%
4	Achilles Tendon, Quadriceps or Rotulian.	12%
5	Dupuytren Illness.	18%
6	Vertebral Arthrodesis by posterior pathway.	30%
7	Fracture and dislocation of cervical column.	50%
7	Smashed hand or foot. Reconstruction with or without transplant of fingers, toes.	50%

Urology

0	Calculus or foreign bodies in urethra. Removal.	1%
0	Glans and meatus papilloma. Electrocoagulation.	1%
1	Urethral meatotomy. Meatoplasty.	2%
2	Urinal abscess. Drainage.	5%
3	Transurethral electrocoagulation.	8%
3	Hydrocele, orchidectomy, orchidopexy or varicocele. Unilateral.	8%
3	Cord cyst. Removal.	8%
3	Vesical lithomy or cystostomy.	8%
3	Spermatic cord torsion.	8%

Group	Surgery	% compensation
4	Lithotripsy. Gallstones, Foreign bodies. Removal by cystoscopy.	12%
4	Perirenal Abscess. Debriding and drainage.	12%
4	Cystorraphy.	12%
4	Cryptorchidism. Abdominal testicular ectopy.	12%
4	Hydrocele with congenital hernia.	12%
4	Hydrocele, orchidectomy, orchidopexy, or varicocele. Bilateral.	12%
4	Urinary incontinence Via vaginal operations.	12%
4	Exploratory lumbotomy. Biopsy.	12%
4	Nephrostomy.	12%
4	Transurethral vesical resection tumour	12%
5	Urethral stones. Endoscopic removal.	18%
5	Partial cystectomy.	18%
5	Total nephrectomy.	18%
5	Ureterolitotomy.	18%
6	Vesical diverticula.	30%
6	Nephrotomy. Nephrolitotomy.	30%
6	Pyeloplasty.	30%
6	Transurethral resection of urethral neoformation.	30%
6	Unilateral ureterocystoneostomy.	30%
6	Ureteropieloplasties. Ureteropyelostomy.	30%
6	Uretroplasty. Complete treatment.	30%
7	Radical enlarged nephrectomy. Lymphadenectomy.	50%
7	Total nphroureterectomy.	50%
7	Bilateral Ureterocystostomy.	50%
8	Radical cystectomy plus ureteroileostomy.	100%

COMPLEMENTARY SERVICES

DESCRIPTION OF INTERNAL SERVICES

1. 24 HOUR DKV MEDICAL LINE

This service provides the insured DKV client with a telephone medical consultation service offering information and settling any doubts about symptoms, diagnostic tests, health problems or medication.

Ring 902 499 799 to make your consultation.

2. SECOND MEDICAL OPINION

Through this service, in the event of a serious illness, the insured person or his doctor will have access to the assessment and second opinion, at a distance, of the leading experts in the world who will study his medical records and offer their opinion regarding the diagnosis and possible alternative treatment.

How to use this service:

To request the service and obtain more information about your case, contact lineamedica@dkvseguros.es or ring 902 499 150.

Payment for the service: This service is provided at reduced rates for DKV clients. The amount may vary depending on whether the Second Opinion is requested from leading Spanish or international experts of worldwide prestige.

3. MEDICAL CHECK UP

Service at special rates that gives the insured person access to a network of associated medical centres, for a yearly check up.

The medical check up includes the updating of the insured person's medical records (anamnesis), a general physical exploration made by a family doctor, blood and urine analysis, electrocardiogram (exploration of the heart), spirometry (measure of lung capacity) and eye test.

The results of these tests will be sent directly to the insured person by the medical centre.

How to use this service:

To access this service, the insured person should request authorisation from DKV Seguros, on 902 499 150 and make the corresponding pre-payment for the amount. The amount will, in any event, be lower than market rates or those that these centres charge the public in general, as a result of the established agreements between the associated medical centres and DKV Seguros.

4. REFRACTIVE LASER SURGERY

DKV offer its clients a network of associated clinical opticians specialising in laser treatment for refractive disorders (myopia, hypermetropia, and astigmatism) at special rates.

How to use the service:

Consult the network of associated centres by calling the DKV Call Centre (902 499 150).

Make an appointment directly at the chosen centre. After the first visit and having confirmed that the operation is possible you must make the payment for the service.

The recommended system is paying over the phone using your debit or credit card. Alternatively, you can make the payment by bank transfer. Once the payment has been confirmed, you will receive an authorisation to go to the centre of your choice. This authorisation is the guarantee for the service and you will not have to pay anything else to the centre.

5. ASSISTED REPRODUCTION AND FERTILITY TREATMENT

DKV offer its clients a network of associated clinics specialising in the latest treatment for assisted reproduction at special rates.

How to use the service:

Consult the associated centres by calling the DKV Call Centre (902 499 150).

To use this service you need an authorisation that you can obtain through the DKV Call Centre (902 499 150). As each client's needs may be very specific, the cases will be co-ordinated on an individual basis by the medical team.

Payment for the service: The recommended system is paying over the phone using your debit or credit card. Alternatively, you can make the payment by bank transfer.

Once the payment has been confirmed, you will receive an authorisation to go to the centre of your choice. This authorisation is the guarantee for the service and you will not have to pay anything else to the centre.

6. GIVING UP SMOKING

This service provides access at special rates to a programme to help you to stop smoking, "LEAVE IT BEHIND", developed by special consultants in tobacco addiction in the DKV Health Care Network. The programme consists of a number of personal consultations carried out by a team of doctors and psychologists specially trained in giving up smoking. In these interventions each smoker's personal characteristics are analysed and a personal help plan to give up smoking is proposed.

The service also offers the patient an informative web page www.vivesintabaco.com.

How to use the service:

Consult the specialist consultants, by telephoning the DKV Call Centre (902 499 150).

Request authorisation beforehand from the DKV Call Centre (902 499 150).

Payment for the service: The recommended system is paying over the phone using your debit or credit card. Alternatively, you can make the payment by bank transfer.

The prices are subsidised, with an approximate saving of 40% on a private client's prices.

DKV | ERGO is a team of specialists created to better attend to your needs. While DKV is the specialist that advises you on Medical Insurance, ERGO supplements this integral insurance offer focussing on the areas of Life, Home and Funeral insurance. Being together allows us to specialise in and devote ourselves in depth to the areas that interest you, to continue working for your peace of mind and reassurance.

Together, more reassured.

DKV SEGUROS S.A.E.

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Colaboramos con:



DKV integralia 

Fundación para la integración laboral
de personas con discapacidad

CALL CENTRE

Our Call Centre is at your disposal to provide you with all kinds of information or deal with administrative steps. It is the only Call Centre exclusively staffed by disabled people.

