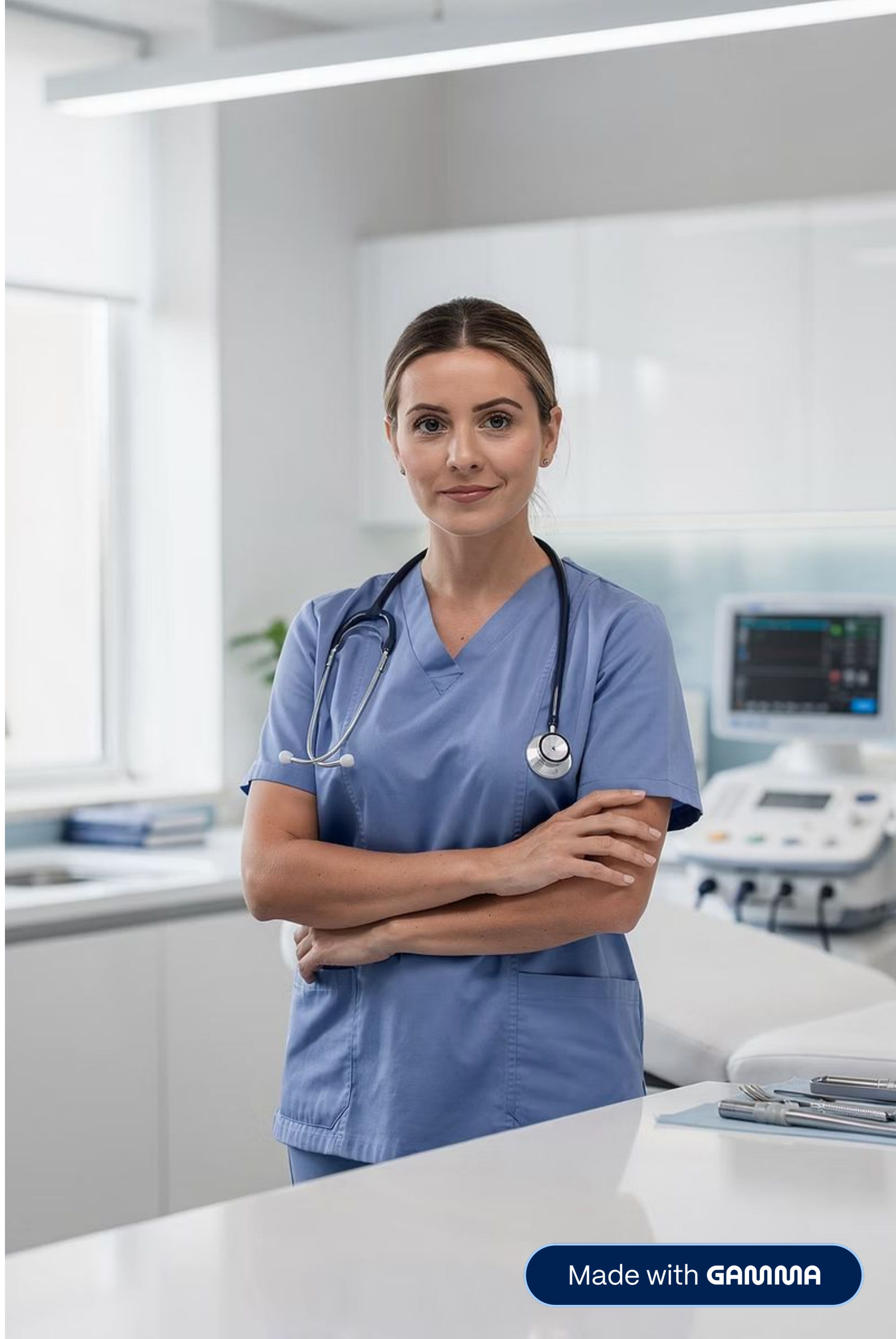
Comprehensive Health Insurance

Full healthcare coverage with no co-payment and access to all medical specialties and hospitalization through the medical panel.

PRODUCT INFORMATION DOCUMENT



What does this insurance cover?

Comprehensive coverage

Health assistance insurance **with no co-payment** with access to all medical specialties and hospitalization through the agreed medical network.

This document provides a summary of the coverages. Complete pre-contractual and contractual information is provided in the application, quotation, general, particular and special conditions of the policy.

Main Coverage Guarantees

Access to all specialties **at no cost** through partnered medical centers:

Primary Care

General medicine, pediatrics, nursing, and emergency services.

Diagnostic Tests

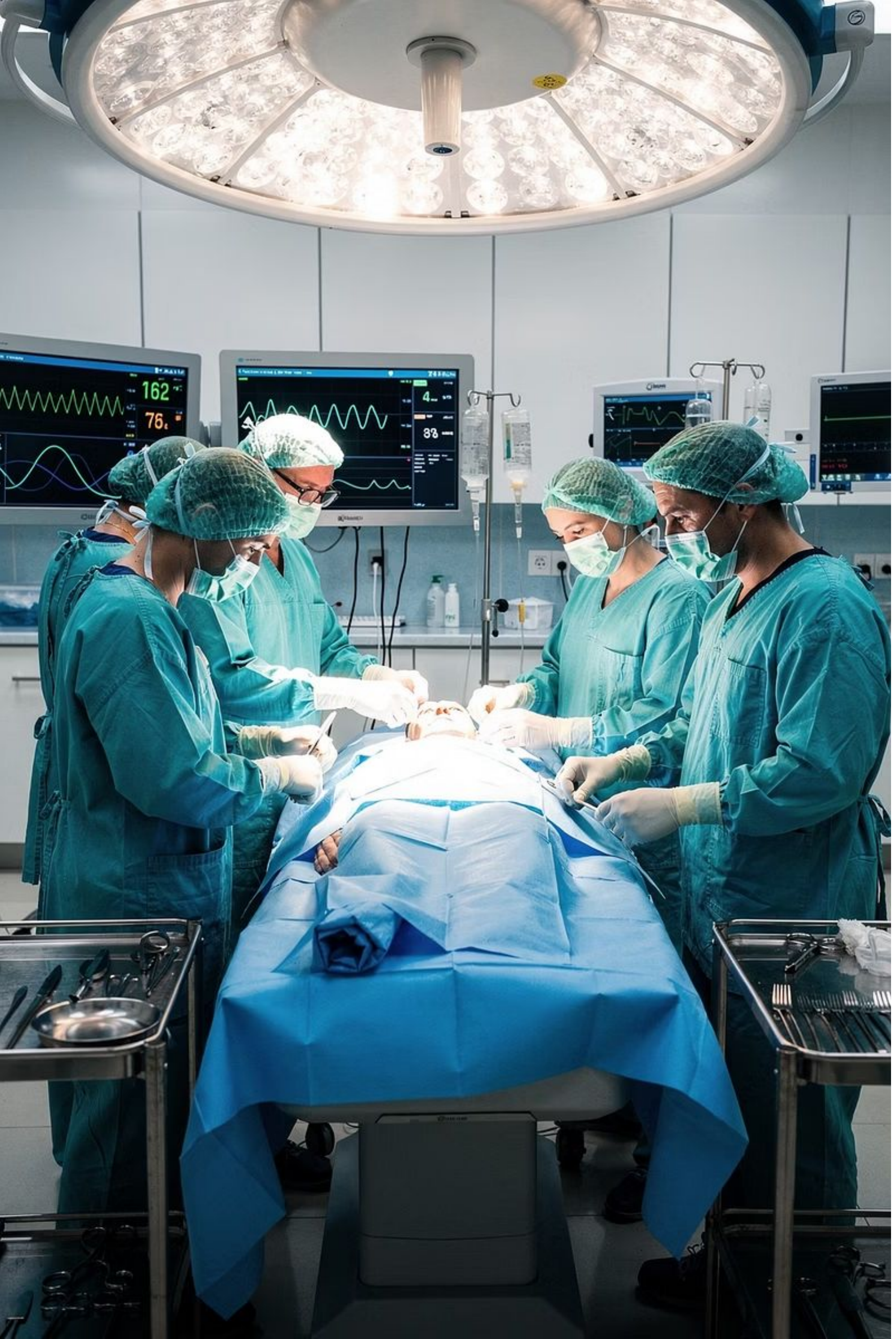
Ultrasounds, lab tests, X-rays, CT scans, MRI, and endoscopies.

Therapeutic Methods

Rehabilitation, oncological treatments, speech therapy, phoniatrics, and pelvic floor rehabilitation.

Preventive Medicine

Clinical psychology and gynecological, pediatric, urological, cardiological, and ophthalmological check-ups.



Hospitalization and Other Services

Hospitalization

Surgical, obstetric, medical, pediatric, and psychiatric.

Prosthetics

Coverage included within the main guarantees of the policy.

Accidents

Assistance for workplace, occupational, sports, and traffic accidents.

Newborns

Diseases or congenital defects for newborn children under the parents' policy.

Complementary and Optional Coverage

Complementary Coverage

- **Second medical opinion:** requested from world-class specialists.
- **Emergency care abroad:** medical assistance during international travel.

Optional Coverage

- Dental coverage.
- Hospitalization subsidy.
- Accidental death.

Reimbursement Modules

Family Module: general medicine, pediatrics, gynecology, homeopathy, acupuncture, osteopathy, and chiropractic care.

75K and 200K Modules: reimbursement for the vast majority of specialties.

In optional modules: **80% outpatient** and **90% inpatient** coverage within the national territory.

What is not covered?

Complete exclusions are detailed in the general terms and conditions. The following are highlighted:

Pre-existing conditions

Conditions known prior to taking out the policy and occupational diseases.

Aesthetic treatments

Cosmetic treatments and voluntary termination of pregnancy, among others.

High-risk sports

Injuries sustained during the practice of high-risk sports or activities.

Other exclusions

Psychoanalysis, hypnosis, sophrology, psychological tests, genetic studies not expressly included, and certifications.

Restrictions and Waiting Periods

1

3 months

Preventive medicine and diagnostic means (up to 6 months).

2

6 months

Therapeutic treatments, prosthetics, family planning, and general hospitalization.

3

8 months

Hospitalization for maternity.

4

10 months

ICU and psychiatric hospitalization.

5

12 months

Transplants and Proton Therapy Unit.

⚠ Other limits apply to certain services and coverages. Please consult the general policy conditions.

Where am I covered?

National Coverage

Coverage throughout the **national territory** when the agreed services through the medical network are required.

International Coverage

Coverage **worldwide** through reimbursement modules and emergency healthcare assistance abroad.

Obligations and Payments

My Obligations

- **Pay the premium** within the established deadlines.
- **Return signed** the general, particular, and special conditions.
- **Declare the risk** in the health questionnaire with all known circumstances.
- Communicate changes in contact details, additions, and removals of insured persons.

How to Pay?

The premium is **annual** and can be paid in a single payment or in installments via direct debit.

Non-payment of the premium will result in the **suspension of the contract** and its legal claim or cancellation of the policy.

Contract Duration and Termination

Duration

The contract will generally have a duration of **one year**, automatically renewing for successive one-year periods unless otherwise notified.

Termination

The policyholder may oppose renewal with **at least one month's** notice; the insurer, with **two months'** notice.

The insurer may terminate the contract due to non-payment or omission and inaccuracy in the declaration, in accordance with the Insurance Contract Act.