Information note
Cosalud Healthcare

1. Company name and registered address of the Insurer

Plus Ultra Seguros Generales y Vida, S.A. de Seguros y Reaseguros, Sociedad Unipersonal, with Tax ID No. A-30014831 (hereinafter, the insurer), with registered offices at Plaza de las Cortes 8, 28014 Madrid (Spain) and registered in the Mercantile Register of Madrid on sheet M-97987.

2. Product name

Cosalud Healthcare

3. Type of insurance

Complete healthcare product, with access to hospitals, medical centres and a network of over 37,000 specialists of any medical-surgical speciality. Access is also provided to diagnostic and therapeutic procedures, analyses, medical tests and rehabilitation treatments, as well as the reimbursement of fees from non-affiliated gynaecologists and paediatricians and of medication expenses.

4. Health questionnaire

The health questionnaire is a statement of the Insured Person's health condition used as the basis to determine the acceptance of the proposed risk, and it shall be included as an integral part of the insurance policy. This questionnaire must be completed with total truthfulness and no omission shall be made to any alteration of the state of health, illness, defect or medical-surgical situation that can arise from this alteration prior to the Insured Person being included in the insurance policy and that can be considered pre-existent for the purposes of the policy taken out.

According to article 10 of the Act 50/1980 on Insurance Contracts, the Policyholder has a duty to declare to the Insurer, before the formalisation of the contract, all circumstances known to him that might influence the assessment of the risk according to the questionnaire provided for this purpose. The Insurer has the right to terminate the contract by means of notification sent to the Policyholder within a period of 1 month starting from the date of becoming aware of the secrecy or inaccuracy of the Policyholder.

5. Definition of the guarantees and options offered

- Access to primary medicine: general medicine, paediatrics and childcare.
- Access to emergency healthcare.
- Access to all medical specialities: dermatology, gynaecology, traumatology, ophthalmology, etc.
- Diagnostic tests: clinical analyses, diagnostic imaging, special techniques, pathological anatomy, etc.
- Hospitalisation: medical, paediatric, psychiatric, etc.
- Surgical procedures, requiring or not hospitalisation.
- Special treatments: oxygen therapy, chemotherapy, radiotherapy, dialysis, etc.
- Rehabilitation and physiotherapy.
- Access to preventive medicine: child prevention, gynaecological health, cardiovascular risk prevention, early detection of breast pathologies, etc.
- Access to alternative medicine: homeopathy and acupuncture.
- Obstetric and newborn care.
- Approved treatments with a cost for the Insured Person: refractive surgery, plastic surgery, assisted reproduction, laser treatment for hyperplasia, radiofrequency, preservation of stem cells, etc.
- Reimbursement of fees from non-affiliated gynaecologists and paediatricians.
- Reimbursement of medication expenses.
- Dental health: Oral and dental coverage, including free and deductible acts.
- Telephone medical advice.
- Second medical opinion regarding serious illnesses and surgery.
- International travel assistance.

6. Coverage exclusions

Without prejudice to the exclusions specified in the policy's general terms and conditions, the healthcare arising from the following risks are excluded from the coverage:

- Accidents or illnesses occurring prior to the date of inclusion of each Insured Person, ongoing processes when formalising this policy, and/or healthcare for congenital diseases, whether they have appeared or not
- Illnesses or injuries derived from the negligence or recklessness of the Insured Person, attempted suicide or those caused intentionally by the Insured Person to himself
- Illnesses and accidents as a result of attacks; rows; quarrels; criminal offences; international, colonial or civil wars; rebellions; revolutions; mutinies; uprisings; repressions; and military manoeuvres, even in times of peace, and those that are directly or indirectly related to nuclear radiation or reaction, as well as those coming from cataclysms, such as earthquakes, floods, volcanic eruptions and other seismic or meteorological phenomena, and those caused by officially declared epidemics
- Illnesses and accidents derived from participating in races or competitions at a professional or federation level or any that include cash prizes, as well as their corresponding tests or training. Likewise, accidents and the consequences arising from engaging in high-risk or extreme sports, such as air activities, boxing, martial arts, rock-climbing, rugby, caving, scuba diving, car racing, horse riding, paragliding, bungee jumping, canyoning, bullfighting and enclosing of wild stock, adventure sports or any other similar risk activity
- Treatments for solely aesthetic purposes; hair, dermoaesthetic and cosmetic treatments related to or for a sex change; cures for slimming and obesity surgery, except if there is an underlying organic pathology; and infiltrations or treatments for varicose veins with solely cosmetic purposes
- Abortions, except for those resulting from an accident or illness
- Stays at retirement homes, residences, spas and similar
- Fees paid to people not authorised to perform the medical or healthcare profession required in each case
- Dental, oral or jaw treatments, tests and consultations
- Fertility, fertilisation and artificial insemination consultations, tests and treatments, as well as impotence or erectile dysfunction treatments
- Deviated nasal septum and scoliosis, except if due to an accident, as well as, strabismus, flat feet, claw feet, hiatal hernias and cardiac malformations
- HIV infection, AIDS and illnesses related to the latter
- Merely palliative care, provided that there are alternative medical or surgical procedures available
- Organ transplants, except for autologous bone marrow transplant due to haematological malignant tumours, and cornea transplant
- Analyses or other explorations required to issue certifications or reports and to release any kind of document that has no clear healthcare-related function
- Dialysis and hemodialysis treatments in chronic processes, as well as rehabilitation or occupational maintenance treatments
- All related to psychoanalysis, hypnosis, group or couples' psychotherapy, psychological tests, narcolepsy, as well as the therapies exclusively excluded in the Clinical Psychology section. Educational therapy is also excluded, such as language acquisition in congenital processes or special education in people with a mental illness
- Expenses arising from medications and pharmaceutical products, except for those expressly covered by the policy
- General preventive check-ups, studies conducted as a result of screening or unspecific detection of pathologies, including genetic dispositions aimed at detecting the predisposition to an illness of your own or your offspring, present or future, except for that expressly contemplated in the Particular Conditions
- Cost of any other type of prosthesis, bone grafts, and anatomical, orthopaedic and osteosynthesis materials, except for those specified in the Particular Conditions.
- Diagnostic and therapeutic procedures derived from naturopathy, massages, lymphatic drains, chiropractics, mesotherapy, magnet therapy, pressotherapy and other alternative medicines, as well as those solely related to leisure activities, resting, comfort or sport. Likewise, treatments in spas and cures for rest or sleep
- Consultations, diagnostic or treatment procedures and surgical techniques considered as experimental or under research, as well as those that are under clinical trial in all their stages or degrees and whose clinical efficiency are not scientifically demonstrated and/or have not been ratified by Health Care Technology Assessment Agencies, or which have been rendered obsolete
- Healthcare provided in hospitals or by physicians other than those listed in the medical directory given to the Insured Person and according to the contracted coverage, except for those considered as of life-threatening emergency
- Regenerative medicine, biological medicine, immunotherapy or biological therapies, and gene or genetic therapy, as well as their applications

- Hospitalisation for social or family reasons, as well as that which can be substituted by care via a home visit or outpatient treatment
- Robotic surgery and treatments employing laser and radiofrequency technologies, except for those expressly covered by the policy, as well as newly emerging surgical diagnostic techniques and medical treatments not included in this policy
- Studies conducted for the acquisition of the genetic map with preventive or predictive purposes, as well as any other genetic or molecular biology technique, except for obtaining the karyotype
- Expenses related to using the telephone, television, food allowance for the patient companion in the clinic, travel and trip expenses -except for the ambulance in the terms included in the policy-, as well as other services that are not essential to the hospital care required
- The Insured Person, or failing that the Policyholder, shall be the only person required to pay for the healthcare received from centres included in the National Health System, except if otherwise agreed by the Insurer
- Any type of service related to non-covered pathologies, as well as any complications arising thereof

See the exclusions pertaining to each guarantee in the General Terms and Conditions.

Grace periods

- 6 months for all diagnostic procedures that require authorisation.
- 6 months for hospitalisation and surgical procedures, including outpatient admissions, except for surgery in life-threatening emergencies.
- 10 months for pregnancy and childbirth, including their complications. If the obstetric and newborn care derives from treatments to overcome infertility, the period shall be extended to 36 months.
- 12 months for hemodialysis and artificial kidney treatments, renal lithotripsy, laser treatment, chemotherapy, cobalt therapy, linear accelerator, placement and cost of the prosthesis, and contraceptive treatments.
- 12 months for preventive medicine services, except for preventive medicine for children, in which case there is no grace period.
- 24 months for the diagnosis of infertility.

7. Participation of the Insured Person in the cost of services

Cosalud Healthcare offers three different contracting modalities according to the type of copayment that the Insured Person wishes to assume per medical act.

The contracting options are copayment €0, copayment €5 and copayment €20.

8. Conditions, terms and maturity of premiums

8.1. General issues

The annual premium can be paid in instalments -as well as early- with the following instalment surcharges: half-yearly 2%, quarterly 4%, bimonthly 5% and monthly 6%. The premiums will be debited against the bank account specified by the Policyholder.

8.2. Annual notification of the maturity of premiums

The Insurer may annually update the premiums and, where applicable, the copayment amounts on the basis of the actuarial-technical calculations that take into account the variation of several indicators of the healthcare and general consumer price index, the inclusion of new coverage or the extension of guarantees as a result of medical innovations and the extension or modification of the factors used to determine the price. Bearing in mind the aforementioned calculation method, there is a possibility that increases in the premium are unrelated to the general CPI.

Prior to any renewal, the Insurer shall notify the Policyholder the premium corresponding to the following year.

8.3. Premium rates. Identification of the risk factors to be considered when calculating the premium

The product's premium rates are structured on the basis of the age reached by each Insured Person at every renewal, copayment modality and geographical area.

You can see the full premium corresponding to all age groups at the following link: www.plusultra.es, and they are also available to the Policyholder at any branch.

8.4. Conditions of termination and opposition to the renewal

With regard to each Insured Person, the insurance policy shall terminate:
a) In the event of their death
b) When transferring residency or permanently staying abroad
c) In the event of a stay of over three months in a mental or public welfare institution or facility

This annual insurance policy is implicitly renewable if neither of the parties opposes it, with two months' notice prior to the completion of the annual period if notified by the Insured Person and one month if notified by the Policyholder. In the event of cancellation, the right to receiving a provision shall expire.

The Insurer shall adjust its policies in matters of opposition to the renewal according to the "Guide of Good Practices for Contracting Healthcare Insurance" promoted by UNESPA, while adhered to said Guide.

8.5. Reinstatement rights

In the event of cancellation by the Insured Person, the reinstatement of the policy shall only be accepted within 3 months of its cancellation. The reinstatement shall involve the issue of bills for the instalments not paid from the date of cancellation to the current situation. If the policy has been cancelled for more than 3 months, no reinstatement will be possible, and it shall be treated as if it were a new contract.

8.6. Conditions related to the freedom of choice of the provider

The Healthcare shall be provided by hospitals or physicians listed in the Medical Directory given to the Insured Person by the Insurer in conformance with the contracted coverage, exclusively in Spain and wherever there are affiliated Medical Services.

The general principle of the freedom of choice of physicians among those listed in the Medical Directory shall govern the provision of the contracted healthcare. The Insured Person may go directly to the chosen physician.

The healthcare providers chosen by the Insured Person shall enjoy full independence and responsibility when providing the healthcare.

9. Applicable levies

The premiums are subject to a surcharge of 1.5 per thousand in favour of the Insurance Compensation Consortium, which is charged in the first instalment of each year.

10. Complaint forms

Without prejudice to any administrative or legal proceedings deemed appropriate, any disagreements between the Policyholder, Insured Person and/or Beneficiary of a policy and the Insurer may be resolved by lodging the corresponding claim or complaint to Customer Services (Plaza de las Cortes, 8 - 28014 Madrid, email: atencion.cliente@plusultra.es) or, where applicable, before the Costumer's Ombudsman (c/Velázquez, 80 - 1st D - 28001 Madrid), under the conditions and within the terms set forth in the institution's rules approved by the Insurer, which has been made available to the Policyholders, Insured Persons and/or Beneficiaries at the insurance company's branches.

Without prejudice to any administrative or legal proceedings deemed appropriate, the claimant may forward the claim or complaint to the Claims Service of the Directorate-General for Insurance and Pension Funds (Paseo de la Castellana, 44, Madrid) or to the virtual office: www.dgsfp.es) in the event of dismissal of the claim or complaint or if a resolution is not reached within the period established by the current regulation since its submittal.

11. Applicable law and jurisdiction

- Act 50/1980, of 8 October, on Insurance Contracts.
- Act 20/2015, of 14 July, regulating the organisation, monitoring and solvency of insurance and reinsurance companies.
- Royal Decree 1060/2015, of 20 November, on the regulation, supervision and solvency of insurance and reinsurance companies.
- Royal Decree 2486/1998, of 20 November, approving the Rule and Supervision for Private Insurance Regulation.
- Royal Legislative Decree 6/2004, of 29 October, approving the consolidated text of the Rule and Supervision for Private Insurance Act.
- Act 26/2006, of 17 July, regarding Mediation of Private Insurance and Reinsurance.

- Organic Law 3/2007, of 22 March, on the effective equality of women and men.
- Any provisions that update, complement or modify said regulations, as well as the General, Special and Particular Conditions of the policy and the Supplements issued to complement or amend it.

12. Tax regime

Self-employed workers that use the direct estimate tax regime can deduct from the earnings of business activities the health insurance premiums paid by the taxpayer in the part corresponding to proprietary coverage and that of their spouse and children under 25 years of age living with them, with a maximum annual limit of €500 per each Insured Person per policy.

With regard to insurance policies contracted by companies in favour of their employees, the first €500 per Insured Person paid to insurance companies for health insurance coverage shall not be considered earned income in kind when the coverage covers the employee, which can also extend to the spouse and descendants. Any amount above this will be deemed as earned income in kind.

Any excess over the above-mentioned limit will not be fiscally deductible. Provisions in the reimbursement modalities are not subject to the Personal Income Tax.