

Health care insurance

Insurance product information document

Product: PLAN BÁSICO

Company: Asistencia Sanitaria Colegial S.A. de Seguros

Registered in Spain before the DGSFP with authorisation code C0416



This document contains generic information related to the corresponding insurance contract. Complete pre-contractual or contractual information will be provided in other documents. Please read all documents carefully.

What is this type of insurance?

It is an outpatient services healthcare policy with access to all medical specialties, through professionals or centres of the medical chart.



What is insured?

Among others, the following health benefits:

- ✓ In-office and home visits to general medicine, paediatrics, and nursing care.
- ✓ All medical and surgical specialties.
- ✓ Special diagnostic techniques: clinical analysis, conventional radiology, MRI, CT, OCT, Holter, bone densitometry, radioisotope scans, endoscopies, digestive functional tests: Manometry, pH metry, etc.
- ✓ Special therapeutic techniques: therapeutic endoscopy, ophthalmological laser photocoagulation, etc.
- ✓ Monitoring and pregnancy surveillance.
- ✓ Permanent emergencies.
- ✓ Home emergency service.
- ✓ Special services: physiotherapy and functional recovery service, ambulance, podiatry, early diagnosis of breast cancer through mammography, orthoptics and pleoptics, ventilotherapy and aerosols.
- ✓ Dentistry: visits, cures, mouth cleaning, extractions, X- rays and orthopantomography.



What is not insured?

The main general exclusions applicable to the policy are as follows:

- ✗ Pre-existing illnesses, injuries, or physical defects at the time of insurance, with the exceptions of the policy.
- ✗ Hospitalisation and surgery.
- ✗ Means of diagnosis and treatment that are not the usual practice in the public health system.

The complete detail of the excluded coverage is specified in Clause Five of the General Conditions. Some of the foregoing exclusions may be expressly included in the Particular Conditions of the policy if contracted.



Are there any restrictions on coverage?

Among others, the following restrictions apply:

- ! 6 months waiting period for diagnostic and therapeutic special techniques, pregnancy monitoring, ambulance transfer, podiatry and physiotherapy.
- ! Podiatrist: in-office and up to 6 sessions/year.



Where am I covered?

- ✓ Coverage will be provided through the “List of Physicians” where doctors and specialists, emergency services, nursing services, companies authorised to provide care services to be used in the province of Barcelona are listed.
- ✓ National network of collaborating entities that have signed an agreement with Assistència Sanitària that provide assistance throughout Spain.



What are my obligations?

- Return the signed policy to Assistència Sanitària.
- Make the payment of the policy amount.
- Declare to Assistència Sanitària, in accordance with the health questionnaire provided, all the known circumstances that may influence the risk assessment.



When and how do I have to make payments?

- The policy premium is unique and annual. The monthly payment corresponds to a fraction of the annual obligation.
- If, due to the contractor and/or insured fault, the first payment cannot be made at the time established in the contract, the insurer has the right to terminate the contract or demand the payment of the amount agreed by executive means, based on the content of the contract. In any case, if the amount of the policy has not been paid before any benefit occurs, the insurer will be released from its obligation.
- Payment will be made through direct debit to the current account provided by the policyholder.
- The insured, when using the services, participates in their cost through a charge for each medical act performed. The amount of participation is set in the Particular Conditions.



When does coverage start and end?

- Once the policy is signed and the first or only receipt paid, it will begin and end on the date and time indicated in the Particular Conditions.
- As soon as the period indicated in the Particular Conditions of the policy expires, the contract will be understood to be tacitly extended, for a period of one year, and so on each year.



How can I terminate the contract?

The policyholder may oppose the tacit extension of the policy by notifying Assistència Sanitària in writing with a minimum period of one month before the expiration date of the policy.