

HEALTH INSURANCE SPECIFIC TERMS AND CONDITIONS

CO-PAYMENTS. ANNUAL MAXIMUM LIMIT

For each service received by the Insured Parties, the Policyholder must pay the Insurer, by way of co-payments, the amounts listed below for each type of service:

1) Reduced co-payment for outpatient services: The amounts that the Policyholder must pay for each outpatient service used by the Insured Parties through the healthcare suppliers included on the General Healthcare Service Provider List, subject to referral by the Health Adviser, are as follows:

Specialisms A: General Medicine, Geriatrics, Internal Medicine, Nursing, Allergology, Dermatology, Rheumatology, Traumatology and Orthopaedics, Urology, Angiology and Vascular Surgery, Clinical Analyses (except Genetic Testing), Diagnostic Imaging (except CT-scans and NMR), Rehabilitation, Physiotherapy, Pain Treatment, Palliative Care, Oxygen Therapy, Ventilation Therapy.

Type of Outpatient Service for Specialism A	Co-payment in euros
Appointments.....	€0.00
Diagnostics Tests at Appointments	€0.00
Clinical Analysis (except Genetics)	€0.00
Simple and Special X-rays (except CT-scans and Magnetic Resonances)	€0.00
Ultrasound	€0.00
Urological Endoscopy	€0.00
Bone Densitometry and Mammography	€0.00
Pathological Anatomy	€0.00
Pathological Anatomy: Immunohistochemistry	€0.00
Therapeutic Treatments at Appointments	€0.00
Laser (per session)	€0.00
Cardiac Rehabilitation (full treatment)	€0.00
Rehabilitation Therapies and Physiotherapy	€0.00
Photodynamic Therapy (full treatment)	€0.00
Emergency Home Visits	€0.00
Home Assistance	€0.00

Specialism B: Remaining Specialisms and additionally Genetic Testing, CT-scan and NMR.

Type of Outpatient Service for Specialism B	Co-payment in euros
Appointments	€8.50
Diagnostics Tests at Appointments	€12.50
Genetic Testing	€26.00
Magnetic Resonance and CT scan	€55.80
Ultrasound.....	€11.20

Evoked Responses	€19.30
Ergometry and Holter	€21.80
Endoscopy (Digestive, Respiratory, Gynaecological and ENT)	€29.30
Nuclear Medicine (except PET)	€75.10
PET.....	€200.00
Polysomnography	€127.60
Therapeutic Treatments at Appointments	€6.90
Laser (per session)	€53.80
Cardiac Rehabilitation (full treatment)	€139.70
Chiropody	€3.80

For those services subject to Reduced Co-payments, a **Maximum Annual Limit per Insured Party of 250 euros** will be applied. Once such amount has been obtained from each annuity and Insured Party, the Policyholder will not be obliged to make a co-payment in this regard during this annuity.

2) Co-payment for outpatient services: The amounts that the Policyholder must pay for each outpatient service used by the Insured Parties through the healthcare suppliers included in the Extension to the Healthcare Service Provider List or those belonging to the General Healthcare Service Provider List, without referral by the Health Adviser, are as follows:

Type of Outpatient Service	Co-payment in euros
Appointments	€17.00
Diagnostics Tests at Appointments	€25.00
Clinical Analysis (except Genetics)	€24.60
Genetic Testing	€51.90
Pathological Anatomy	€17.80
Pathological Anatomy: Immunohistochemistry	€99.30
Simple x-ray	€11.10
Ultrasound	€22.40
Bone Densitometry and Mammography	€31.80
Magnetic Resonance and CT scan	€111.50
Special x-ray	€58.20
Nuclear Medicine (except PET)	€150.10
PET.....	€400.00
Polysomnography.....	€255.10
Ergometry and Holter	€43.60
Therapeutic Treatments at Appointments	€13.70
Endoscopy (Digestive, Respiratory, Gynaecological, ENT and Urology)	€58.60
Rehabilitation Therapies and Physiotherapy (session)	€6.00
Laser (session)	€107.60
Evoked Responses	€38.50
Photodynamic Therapy (full treatment)	€200.00
Cardiac Rehabilitation (full treatment)	€279.30
Chiropody	€7.60
Home Assistance.....	€7.40

The Annual Maximum Limit will not apply to these services.

3) Co-payment for hospital services: the amounts that the Policyholder must pay as a result of the hospital admission of the Insured Party or of the provision to him/her of a healthcare service requiring the use of hospital or clinical hospitalisation units are as follows:

Hospitalisation	Health service	Co-payment
Hospitalisation	Health service	€120.00 /day
Surgical payment	Surgical payment hospital stays	€180.00 /day
Medical day hospital	Day hospital stay	€80.00
Oncological day hospital	Chemotherapy session	€80.00
Diagnostic or therapeutic procedures requiring a hospital environment	Outpatient surgery	€80.00
	Lithotripsy	€400.00
	Radiotherapy session	€120.00
	Dialysis session	€60.00
	Operation	€160.00
Hospital emergency	Hospital emergency	€28.00

These co-payments will be subject to an **Annual Maximum Limit** per Insured Party and an insurance annuity of **€700**, if the hospital units used by the Insured Party belong to hospitals or clinics on the General Healthcare Service Provider List (GHSPL), or of **€2,000** if they belong to the Extension to the Healthcare Service Provider List (EHSPL).

If the Insured Party makes combined use of the hospitalisation units or one or another Healthcare Service Provider List, the maximum amount to be paid by the Policyholder with regard to the **Annual Maximum Limit** for such combined use will be **€2,000**. Once such amount has been obtained and until the end of the insurance annuity under way, no co-payments will be made for the use of such hospital services by said Insured Party.

The Policyholder

The Insurer



Date and signature