

HEALTH Insurance

Insurance product information document

SegurCaixa Adeslas, S.A. de Seguros y Reaseguros

Spain - Code Directorate - General for Insurance and Pension Funds: C-124

Product: Adeslas PLENA

This document is presented for informative purposes only to detail the product's main features, and so does not constitute coverage on the part of the insurer nor the acceptance of risk by such insurer. Complete pre-contractual and contractual information on the insurance policy is provided in other documents.

What is this type of insurance?

The Adeslas Plena insurance policy enables access, through policy coverage, to medical and surgical assistance, emergency care, specialisms, diagnostic means and hospitalisation through an extensive Healthcare Provider List and centres.



What is insured?

- ✓ Primary care: general medicine, paediatrics and nursing service.
- ✓ Emergency care at centres with which the insurer has an agreement and at home.
- ✓ Surgical medical specialisms: allergology, digestive system, cardiology, surgery, obstetrics and gynaecology, ophthalmology, medical and radio-therapeutic oncology, ENT, clinical psychology, rehabilitation, internal medicine, traumatology, urology, etc.
- ✓ Diagnostic means: clinical analyses, general radiology, high technology diagnostic means such as NMR, CAT scan, etc.
- ✓ Hospitalisation: surgical, medical, paediatrics, ICU, psychiatric and day hospital.
- ✓ Implants and surgical prostheses: pacemakers, internal traumatological prostheses, monofocal and bifocal lenses, etc.
- ✓ Special treatments: speech therapy and phoniatriy, laser therapy, chemotherapy and radio-therapeutic oncology, pain treatment, etc.
- ✓ Bone marrow transplants and cornea transplants.
- ✓ Other services: ambulance, birth preparation and chiropody.
- ✓ Includes refund of expenses for physio-therapeutic rehabilitation and chiropody.
- ✓ Healthcare abroad as a result of an illness or accident occurring during a trip: includes medical, surgical, pharmaceutical or hospital assistance. This coverage also includes: emergency dental treatment, healthcare transportation or medical repatriation, expenses of returning home after hospital discharge, etc.

Furthermore, the complementary module Adeslas Family Dental can be taken out on an optional basis.



What is not insured?

- ✗ Healthcare assistance due to alcoholism, drug addiction and self-harm.
- ✗ All pharmaceutical drugs and medication.
- ✗ Injuries caused by the professional practice of any sport and/or activity.
- ✗ Congenital illnesses prior to taking out the insurance policy.
- ✗ Aesthetic and/or cosmetic treatments and operations.
- ✗ Treatments or tests not verified scientifically and/or through experiments.



Are there any restrictions on cover?

- ! Vaccines must be paid for by the insured party.
- ! Psychiatric hospitalisation is limited to 50 days per year per person.
- ! Chiropody is limited to 12 sessions per year.
- ! Clinical psychology is limited to 20 sessions, or 40 sessions in the case of eating disorders, per year and per person.
- ! Refund in rehabilitation and physiotherapy of 50%, up to a maximum of 500 euros per year and per person.
- ! Refund in chiropody of 50%, up to a maximum of 200 euros per year and per person.
- ! To access any of these services, three, six or ten months must have elapsed from the date on which they were taken out, as defined in the contract.
- ! The contracting party will participate in the cost of the services received, in line with the amounts set forth in the contract.
- ! Travel assistance abroad will be limited to 12,000 euros per year per person (with the sub-limits detailed in the contract). The maximum stay covered abroad cannot exceed 90 consecutive days per trip or journey.



Where am I covered?

The territorial area for the main insurance coverage is:

- ✓ **Healthcare assistance:** in Spain, at healthcare centres with which an agreement exists with the insurer.
- ✓ **Refund in rehabilitation, physiotherapy and chiropody:** can be obtained at a medical centre chosen by the insured.
- ✓ **Travel assistance abroad:** extends throughout the world to trips of less than 90 days.

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What are my obligations?

- To state in the health questionnaire, before taking out the policy, all known circumstances that may influence the risk assessment, in accordance with your state of health.
- To provide the insurer with the medical information and documentation required, where appropriate.
- Payment of the insurance.
- Use the centres with which the insurer has an agreement to access the service.
- Identify yourself with your healthcare card, which is personal and non-transferable.
- Pay the amount to be met by the insured party for the services used.



When and how do I pay?

Payment method: direct debit.

Payment frequency: yearly, half-yearly, quarterly, two-monthly or monthly, to be agreed between the customer and the insurer.

Date of first payment: on the date of commencement of the insurance policy.

Date of successive payments: the first day of the month in accordance with instalments.



When does coverage start and end?

Start date: to be agreed between the customer and the insurance company.

End date: determined in line with that agreed in the contract.

Renewal: automatic by yearly payment, unless objections are raised by any of the parties.



How do I cancel the contract?

The contracting party can oppose the renewal of the insurance policy by providing signed written notification to the insurer at least one month before the end of the insurance contract.