

INFORMATION DOCUMENT ABOUT THE INSURANCE PRODUCT

Company: Allianz, Compañía de Seguros y Reaseguros, S.A., a Spanish entity subject to the control and supervision of the Insurance and Pension Fund General Directorate registered in the Insurance Entity Registry with number C0109, with registered address at C/Ramírez de Arellano, 35. 28043 Madrid.

Producto: Health FULL REIMBURSEMENT

Full pre-contractual and contractual information relating to the product is provided in other documents.

WHAT DOES THIS TYPE OF INSURANCE CONSIST OF?

In the case of health insurance, the insurer is obliged to pay certain amounts and medical care expenses. In the case of health care assistance insurance, the insurer is obliged to provide the Insured Party with health care services directly through its own structure or by paying for the expenses incurred.



WHAT IS INSURED?

- ✓ Medical centre emergencies.
- ✓ Medical emergencies and home nursing.
- ✓ Primary health care.
- ✓ Hospitalisation.
- ✓ Ambulance.
- ✓ Surgical intervention, treatments and prosthesis.
- ✓ Complementary diagnostic tests.
- ✓ Gynaecology and obstetrics (childbirth).
- ✓ Dentistry.
- ✓ Pain treatment.
- ✓ Chemotherapy and radiation oncology.
- ✓ Physiotherapist and podiatrist treatments.
- ✓ Rehabilitation.
- ✓ Psychiatry.
- ✓ Psychology.
- ✓ Blood and blood products.
- ✓ International travel assistance.
- ✓ Medical visits to specialists.
- ✓ Intensive Care Unit (ICU).
- ✓ Digital Health (Az Health & Az Health and Wellbeing App).



WHAT IS NOT INSURED?

- ✗ Pre-existing conditions: any alteration to the state of health, chronic or not, injury or constitutional defect of origin prior to the effective date of the Policy, and their consequences.
- ✗ Incidents arising due to nature phenomena, situations of a catastrophic nature, terrorism and actions of the armed forces and security forces, extraordinary or catastrophic events and epidemics, radioactive contamination.
- ✗ Damage and/or injury as a consequence of: quarrels or criminal acts, attempted suicide, alcoholism/drunkenness and drug or narcotic consumption, registered or professional sport practice and risk sports.
- ✗ Techniques, therapeutic treatments or diagnostic tests that are not in use within the National Health Network.
- ✗ Any medical fee or prescribed treatment outside of the authorised service provider network.
- ✗ Voluntary termination of pregnancy.
- ✗ Assisted reproduction techniques and subsequent interventions of previous contraceptive techniques, or treatment of infertility or impotence.
- ✗ Convalescent care/Alternative medicines.
- ✗ Medication without hospital admission.
- ✗ Genetic studies and preventive medicine, except those specified within the Policy.
- ✗ Chronic dialysis and haemodialysis.
- ✗ Aerosol therapy at home or treatments in a hyperbaric chamber.
- ✗ Detoxification treatment.
- ✗ Laser therapy except in cases specified in the Policy.
- ✗ Robotic surgery, except in cases specified in the Policy.
- ✗ For complete details, please see the Pre-existing Conditions Informative Note.

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ARE THERE ANY LIMITATIONS ON THE COVERAGE?

! Exclusion periods.

Pregnancy	1 month.
Childbirth	10 months.
Diagnostic imaging (complex)	6 months.
Complementary diagnostic tests and treatments	6 months.
Lithotripsy	18 months.
Rehabilitation	6 months.
Medical/surgical hospitalisation	6 months.
Surgical interventions, oncology treatments and prostheses	6 months.
Pain clinic	6 months.
Intensive Care Unit (ICU)	6 months.
Bloodless surgery	6 months.

Prostheses up to €12,000 per Insured Party per year.

! Dentistry only within the authorised service provider network.



WHERE AM I COVERED?

- ✓ In Spanish territory with the different professionals and health centres contracted by Allianz that appear in the authorised service provider network.
- ✓ Travel assistance: anywhere in the world, in the event of an accident, acute illness or chronic illness that requires immediate treatment.



WHAT ARE MY OBLIGATIONS?

- The Insured Party must sign the truthfully completed health declaration.
- The Policyholder must provide the data required to issue the Policy. This data must be current, accurate and truthful in order to be able to correctly insure the risk.
- The Policyholder must carefully read and check the terms and conditions of the Policy and, if applicable, request rectification of any errors within one month. If there are none, the Policy provisions are valid.
- The Policyholder must pay the premium. The Policy will be duly formalised and effective only if the requirements for signing it and paying the premium have been met. Claims made from that moment on will be covered.
- The Policyholder must pay the premium corresponding to the next annual period in order for the Policy to continue to be effective. There is a grace period of one month. If payment is not made within this period, the coverage is suspended and the Insurer is not liable for any claims that may arise from that moment on.
- Any modification to the content of the answers that the Policyholder made in the application before contracting the Policy must be communicated to the Insurer as soon as possible, in case it is necessary to adapt the Policy to the new situation by means of the corresponding actions.
- The Policyholder, Insured Party or Beneficiary must notify the Insurer of the occurrence of the incident, its circumstances and consequences immediately and within a maximum period of seven days. They must also make every effort to reduce the consequences of the incident, cooperating in rescuing people and property.
- The Policyholder, whenever the insurance coverage option with co-payment has been contracted, must pay the amount invoiced by Allianz as participation in medical expenses (co-payment) for each health intervention provided for the Insured Parties on the Policy.



WHEN AND HOW DO I HAVE TO MAKE THE PAYMENTS?

Payment must be made through any of the company's available payment methods on the day the Agreement is formalised and the successive renewals and/or payment instalments in the same way.



WHEN DOES COVERAGE BEGIN AND END?

Coverage begins on the day the Policy is formalised. The Policy duration is annual and is specified in the Specific Conditions. Each year, except in special cases, the Policy expires and is renewed automatically, unless the Policyholder objects by notifying the Insurer, at least one month prior to the expiry or unless the Insurer objects by notifying the Policyholder at least two months prior to the expiry.



HOW CAN I RESCIND THE POLICY?

Through written communication to the Insurer, at least one month prior to expiry. Right of withdrawal, within 14 days from signing the Policy if it is contracted online.