

# Adeslas Plena Total

Agencia Exclusiva

Adeslas

El siguiente documento es una traducción automatizada, editada por el distribuidor de seguros, en base al documento oficial publicado en <https://www.segurcaixaadeslas.es/sites/default/files/2023-02/adeslas-plena-total-ni-2023.pdf>

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**NOTICE: The following document is not contractually valid and, in case of error, the official version published in Spanish would prevail.**

**Phone for inquiries and contracts: +34972296338**

This document is informative in nature, that is, it does not imply a contractual commitment for the parties. The information is subject to the conditions of the policy. Any insurance application submitted is subject, in any case, to the risk selection and pricing rules and the general conditions of the policy, in force on the date it is formalized.

## INSURER DETAILS

SegurCaixa Adeslas, SA de Seguros y Reaseguros, with registered office at Paseo de la Castellana, 259 C (Torre de Cristal), 28046 Madrid, with NIF A28011864, and registered in the RM of Madrid, volume 36733, page 213, page M-658265. Report on the financial situation and solvency of the Insurer.

Each year, the Insurer will publish a report on its financial situation and solvency on its website. Said report may be consulted at [www.segurcaixaadeslas.es/informesolvencia](http://www.segurcaixaadeslas.es/informesolvencia).

## PRODUCT NAME

Adeslas Plena Total

## INSURANCE RATES (PRICES)

DISTRIBUTOR: B09761818 Gómez Despuig Asesores, S.L.

Rates (prices) per Insured/month for the first insurance year:

AdeslasPLENA Total	
AGE	AMOUNT (*) INSURED/MONTH
0 - 24 years	€65.00
25 - 44 years	€79.00
45 - 54 years	€94.00
55 -59 years	€129.00
60 - 62 years	€164.00
+ 63 years	€219.00

(\*) These amounts include surcharges and taxes.  
Current prices of Adeslas Plena Total for contracts until 12/31/2023.  
Amounts subject to updates as indicated in the policy conditions.

## TYPE OF INSURANCE

Insurance for the provision of health care through the medical chart established by the Insurer, and without admitting substitute compensation for this benefit.

## HEALTH QUESTIONNAIRE

Declaration made and signed by the Insured before the formalization of the policy and that serves the Insurer for the assessment of the risk that is the subject of the insurance.

The inclusion of each Insured in the policy is subject to the acceptance of the health questionnaire required by the Insurer. The Insured must answer and sign (or his legal representative in the case of minors) the health questionnaire.

It is essential that the information provided by the Insured regarding his health is truthful; otherwise and/or failure to provide the required information, the Insurer may deny contracting the insurance.

In addition, the Insurer may accept the contracting and/or renewal of the policy, excluding the pre-existing coverage and/or risks declared by the Insured or resulting from medical tests or examinations.

## DESCRIPTION OF GUARANTEES OFFERED

### 1. MANDATORY HEALTH CARE GUARANTEES

The specialties, health benefits and other services covered by this policy are those detailed below, together with their specific exclusions, if they exist, and the common exclusions indicated in section 3 "Common Exclusions" are also applicable. of Health Care coverage":

#### 1.1. PRIMARY MEDICINE

- General medicine. Assistance in consultation and at home.
- Pediatrics and childcare. For children under fourteen years of age.
- Nursing. Service in consultation and at home. In the latter case, as long as the patient stays in bed and with the prior prescription of a doctor from the Insurer's Medical Team.

#### 1.2. EMERGENCIES

Health Care in cases of urgency will be provided at the permanent emergency centers (24 hours) indicated in the list of physicians and health centers arranged by the Insurer. Assistance will be at home whenever the condition of the patient requires it.

### 1.3. SPECIALTIES

Health care in medical consultations or in hospitalization (as appropriate at the discretion of a physician from the Table

The Insurer's Physician), in the following specialties:

- Allergology. Vaccines will be paid by the Insured.
- Anesthesia and resuscitation.
- Angiology and vascular surgery. Includes endoluminal treatment of varicose veins by laser and radiofrequency as long as it is not for aesthetic reasons.
- Digestive system.
- Cardiology.
- Heart surgery.
- General and digestive surgery. Includes bariatric surgery for patients in whom supervised conservative treatment has failed, with a body mass index equal to or greater than 40 kg/m<sup>2</sup> , or 35 if major comorbidities are associated.
- Maxillofacial Surgery. Aesthetic treatments are excluded. Likewise, orthognathic surgery, pre-implantation surgery and pre-prosthetic surgery are excluded, even if they have a functional purpose.
- Pediatric Surgery.
- Reconstructive plastic surgery. Surgery for aesthetic purposes is excluded, except for reconstruction of the affected breast after mastectomy and remodeling of the contralateral healthy breast, the latter with a maximum limit of one year after oncological surgery, if it is considered as a therapeutic option by means of a report. doctor; It will include, where appropriate, the breast prosthesis and the skin expanders. Reconstruction and/or breast symmetrization after breast resection surgery for benign pathologies, as well as fat lipoinfiltration techniques for any type of pathology, are excluded.
- Thoracic surgery.
- Surgical medical dermatology. Includes photodynamic therapy, digital dermoscopy, and PUVA and PUVB phototherapy. That are excluded in cosmetic or aesthetic applications and as screening tests.
- Endocrinology and nutrition.
- Geriatrics.
- Hematology and hemotherapy.
- Immunology.
- Internal Medicine.
- Nuclear medicine.
- Nephrology.
- Neonatology.
- Pneumology.
- Neurosurgery.
- Clinical neurophysiology.
- Neurology.
- Obstetrics and gynecology. Pregnancy surveillance and delivery assistance.
- Odonto-stomatology. Stomatological cures, extractions and a mouth cleaning are covered for each annuity. From the second cleaning within the annuity, a medical prescription will be necessary.

- Ophthalmology. Includes retinography, optical, orthoptic and pleoptic coherence tomography, corneal cross linking (excluded in the case of ectasia resulting from any refractive surgery), treatment of age-related macular degeneration by photodynamic therapy or intravitreal injection of drugs (in this case, the cost of the drugs used will be borne by the Insured). Surgical correction of myopia, hyperopia or astigmatism and presbyopia and any other ocular refractive pathology is excluded.

- Medical and radiotherapy oncology.

- Otorhinolaryngology. Includes radiofrequency and CO2 laser surgery .

- Clinical Psychology: with a maximum of twenty sessions for each insurance year or forty sessions in the case of eating disorders. It will require the prescription of a contracted specialist in psychiatry and the prior authorization of the Insurer. Psychoanalysis, hypnosis, neuropsychological and psychometric tests, sophrology, ambulatory narcolepsy, any method of non-behavioral psychological assistance, group psychotherapy and psychosocial rehabilitation are excluded.

- Psychiatry.

- Rehabilitation and physiotherapy: prior prescription from a Doctor from the Insurer's Medical Team. It includes the evaluation of the rehabilitation doctor and physiotherapy, being covered on an outpatient basis (excluding home physiotherapy) rehabilitation of the musculoskeletal system, vestibular rehabilitation, rehabilitation of the pelvic floor (exclusively for dysfunctions produced as a consequence of pregnancy and childbirth, covered by the insurance) and cardiac rehabilitation (exclusively for immediate recovery in patients who have suffered an acute myocardial infarction and/or cardiac surgery with extracorporeal circulation, previously covered by the Insurance). In hospitalization, rehabilitation of the musculoskeletal and cardiac system will be covered during the episode of admission that has justified the need for said rehabilitation.

Lymphatic drainage is included after oncological surgery with resection of lymph node chains, both on an outpatient basis and in hospitalization. Physiotherapy and rehabilitation treatments are excluded when functional recovery has been achieved, or the maximum possible of this, or when it becomes maintenance therapy, as well as respiratory, neuropsychological rehabilitation or cognitive stimulation and occupational therapy.

- Rheumatology.

- Traumatology and orthopedic surgery. Arthroscopic surgery. The infiltration of platelet-rich plasma or growth factors is expressly excluded.

- Urology. Includes the use of lasers for the surgical treatment of benign prostatic hyperplasia. Prostatic surgical treatment with cryotherapy, radiofrequency, HIFU (high intensity focused ultrasound) and thermotherapy is excluded.

## 1.4. PREVENTIVE MEDICINE

Preventive controls are included, appropriate to the age of the Insured, prescribed by a doctor from the Insurer's Medical Team, and carried out with means and techniques covered by the policy guarantee.

- Pediatrics: includes preventive controls and child development. It includes periodic consultation with a specialist, as well as newborn health examinations (detection of metabolic disorders and early detection of hearing loss through otoacoustic emissions or evoked potentials, if necessary).

- Obstetrics and Gynecology: gynecological examination every year for the prevention of breast, endometrial and cervical cancer. Includes consultation and exploration with the specialist, as well as diagnostic tests: gynecological ultrasound, mammography, cytology and detection of the human papilloma virus.

- Cardiology: includes the prevention of coronary risk in people over 40 years of age through consultation with a specialist doctor and diagnostic tests according to medical criteria: ECG, chest X-ray, stress test, basic blood and urine analysis.

- Urology: urological review every year for the prevention of prostate cancer, including consultation and physical examination by a specialist doctor and diagnostic tests according to medical criteria; Basic urine and blood tests include PSA (prostate specific antigen determination) and prostate ultrasound.

# Informative note

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- Family planning: control of anovulatory treatment, IUD implantation and monitoring, including the cost of the device. Tubal ligation and vasectomy as well as the diagnostic study of the causes of sterility or infertility (serological and hormonal studies, karyotype, as well as hysterosalpingography in women and spermogram in men. Voluntary interruption of pregnancy and embryo reductions are expressly excluded, as well as sterility or infertility treatments and surgeries to reverse tubal ligation and vasectomy.

- Prevention of colorectal cancer. Includes consultation and physical examination with the specialist, as well as the fecal occult blood detection test and, if necessary, a colonoscopy.

- Medical Check-ups: An annual medical examination is included in the policy coverage, in centers arranged with the Insurer. The tests included in said medical examination based on the age of the Insured are the following:

CHECKUP 1 (FROM 18 TO 30 YEARS)	
Clinical history and general examination.	ECG.
Analytics: · Red Series Study: RBCs, HB, Hcto, MCV, MCHC · White Series Study: Formula and VSS · Platelets. Glucose. Uric Acid (Urea) · Cholesterol. LDL test. Triglycerides · GOT-GPT. Iron (for women). Urine.	RX Thorax (according to medical criteria).
	Gynecological Examination with Vaginal Cytology.
	Visual acuity.
	Audiometry and Spirometry.

CHECKUP 2 (FROM 31 TO 45 YEARS)	
Clinical history and general examination.	ECG.
Analytics: · Red Series Study: Red blood cells, HB, Hcto, VCM, MCHC. · White Series Study: Formula and VSS. · Platelets. · Glucose. · Uric Acid (Urea). · Cholesterol. Triglycerides. · GOT-GPT. · Iron. Urine.	RX Thorax (according to medical criteria).
	Abdominal ultrasound.
	Gynecological Exam with Vaginal Cytology, Breast Ultrasound according to medical criteria and Mammography (biennial or annual according to medical criteria, from the age of 40).
	Visual acuity.
	Audiometry and Spirometry.

CHECKUP 3 (AGES 46 AND OVER)	
Clinical history and general examination.	ECG.
Analytics: · Red Series Study: Red blood cells, HB, Hcto, VCM, MCHC. · White Series Study: Formula and VSS. · Platelets. Glucose. · Uric Acid (Urea). · PSA (Prostate). · Cholesterol. Triglycerides. · GOT-GPT. · Iron. Urea. HDL · Alkaline phosphatase. · Hidden bleeding. · Urine.	RX Thorax (according to medical criteria).
	Abdominal ultrasound.
	Gynecological Exam with Vaginal Cytology, Breast Ultrasound according to medical criteria and Mammography (biennial or annual according to medical criteria, from the age of 40).
	Gynecological ultrasound.
	Prostatic ultrasound.
	Visual acuity.
	Audiometry and Spirometry.

## 1.5. DIAGNOSTIC MEANS

1.5.1. Clinical analysis, pathological anatomy and cytopathology. Liquid biopsies are excluded.

1.5.2. General radiology: includes the usual imaging diagnostic techniques, including the use of contrast media.

1.5.3. Other means of diagnosis: cardiac Doppler, electrocardiography, electroencephalography, electromyography, fibroendoscopy, and ultrasound.

1.5.4. Diagnostic means of high diagnostic and therapeutic technology:

- Immunohistochemistry
- Ergometry, holter (implantable holters are excluded), electrophysiological and therapeutic studies.
- Polysomnography.
- Digestive, diagnostic and/or therapeutic endoscopies.
  - Capsule endoscopy for the diagnostic study of gastrointestinal bleeding of unidentified origin after colonoscopy and upper endoscopy.
  - Echoendoscopy.
  - Endoscopic mucosal resection or mucosectomy.
  - Endoscopic submucosal dissection for the removal, in the entire digestive tract, of premalignant or malignant lesions. larger than 2 cm in which conventional polypectomy has been ruled out and require surgical treatment.
  - Radiofrequency ablation in cases of Barrett's esophagus.
  - Endoscopic bariatric techniques are excluded.
- Nasal fiber endoscopy and fibrobronchoscopies: diagnostic and/or therapeutic. Ecobronchoscopy.
- Hepatic transition elastography (fibrosan) for the diagnosis of liver fibrosis of different etiologies, especially to confirm the presence of cirrhosis, excluding alcoholic liver disease.
- Neuronavigator and intraoperative neurophysiological monitoring: including non-robotic surgical neuronavigation in intracranial interventions and in vertebral fixations of two or more levels or oncological surgery of the spine or spinal cord. Other surgical navigation indications are not included. Including intraoperative neurophysiological monitoring in the same interventions and also in thyroid and parathyroid surgeries and peripheral facial nerve risk.
- Breast tomosynthesis.
- Magnetic resonance imaging and Computed Axial Tomography (CT/scanner). Computed tomography of conical beam.
- Colonography performed by CT (exclusively as a complementary test to fiberoptic colonoscopy due to intolerance or stenosis and in patients with medical problems that contraindicate conventional fiberoptic colonoscopy).
- CT coronary angiography (exclusively for patients with symptomatic coronary disease with inconclusive stress test; in asymptomatic patients but with positive or doubtful ischemic detection test; in valve replacement surgeries and in evaluation of stenosis due to clinical suspicion after placement of coronary stents of coronary by-pass surgery and malformations of the coronary tree. Coverage is not included under any circumstances in the use for quantification of calcium in coronary arteries and its use as a diagnostic screening test).
- Multiparametric Magnetic Resonance.
- Ultrasound-guided image fusion prostate biopsy, in cases of high clinical suspicion of prostate cancer (accredited by PSA values\*) and with at least one previous negative prostate biopsy performed in the last 18 months prior to the biopsy request fusion.

\* Total PSA elevation > 10 ng/ml and/or persistent elevation (more than six months) of total PSA between 4 and 10 ng/ml and/or free/total PSA ratio <20% (< 0.2)

- Nuclear medicine. PET/CT (Exclusively those performed with the 18F-FDG radiopharmaceutical and in the clinical indications established in its technical data sheet and authorized by the Spanish Agency for Medicines and Health Products) and PET/MR (exclusively those performed with the 18F-FDG radiopharmaceutical in oncological clinical indications).
- Aminocentesis and karyotypes.
- Genetic tests: only those tests whose purpose is the diagnosis of diseases in affected and symptomatic patients.
  - Includes the therapeutic targets whose determination is required in the technical sheet issued by the Spanish Agency for Medications and Health Products for the administration of some drugs.
  - Includes the Oncotype and Mammaprint breast cancer genomic platforms prescribed by a medical oncology specialist, only in women with early stage (I-II) breast cancer, estrogen receptor (ER/ER) positive, HER2 negative and : a) negative lymph nodes (N0) or b) axillary node metastasis less than or equal to 2 mm (N1mi) or N1 with involvement of a maximum of 1 to 3 nodes.
  - Also includes fetal DNA tests in maternal blood, for prenatal diagnosis of trisomies 21, 18 and 13 when the risk index in the first trimester combined screening (CCPT) is between 1/50 and 1/250 or in pregnant women with a previous pregnancy with aneuploidies on chromosomes 21, 18, or 13, regardless of the CCPT.

Expressly excluded from the Insurance coverage are any means of diagnosis and/or treatment through gene therapy, pharmacogenetic studies, determination of the genetic map for predictive or preventive purposes, liquid biopsies and any other genetic or molecular biology technique. .

1.5.5. Means of interventional diagnosis: vascular and visceral interventional radiology and vascular hemodynamics.

Diagnostic tests, in all cases, must be prescribed by Doctors from the Insurer's Medical Team who are in charge of the Insured's assistance, assistance that must be covered by the policy.

## 1.6. HOSPITALIZATION

Any type of hospitalization will be carried out in a clinic or hospital arranged with the Insurance Entity. For this, the prior prescription of a contracted specialist and written authorization from the latter will be necessary.

Hospitalization will always be done in a single room that will have a bed for the companion except in psychiatric hospitalizations, ICUs, and neonatology hospitals, and the expenses derived from performing diagnostic and therapeutic methods, surgical treatments will be borne by the Insurer ( including operating room and medication expenses) and stays with the support of the patient, included in the policy coverage. Hospital assistance and treatment for social reasons is excluded.

- Obstetric hospitalization (deliveries). Includes treatment by the obstetrician gynecologist and/or midwife in hospital admission during the pregnancy and/or delivery process; and the nest and/or incubator for the newborn during their hospitalization.
- Surgical hospitalization. Includes surgical specialties for the treatment of pathologies that require it, the preoperative or pre-anesthetic study (consultation, analysis and electrocardiogram), visits and immediate postoperative cures, major outpatient surgery, and, where appropriate, implants surgical instruments and prostheses, specified in section 1.7. of the Description of Contractable Coverage and Options offered Sanitary of this Informative Note.
- Medical hospitalization without surgical intervention. It includes the different medical specialties for the diagnosis and/or treatment of medical pathologies susceptible to admission.
- Pediatric hospitalization. For children under 14 years. Includes care due to surgical intervention or medical illness both in conventional hospitalization and in neonatology units (intensive care and/or intermediate care).
- Hospitalization in the Intensive Surveillance Unit (UVI).



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- Psychiatric hospitalization. Exclusively for patients with acute or chronic processes in a period of agitation, previously diagnosed by a specialist from the Insurer's Medical Team, in hospitalization or day hospitalization, with a limit of fifty days for each insurance year.

- Day Hospitalization: for both surgical and medical processes, including chemotherapy treatments in oncology. Includes stay expenses, medication and diagnostic means used during the stay in the hospital.

## 1.7. SURGICAL IMPLANTS AND PROSTHESIS

They will always be supplied by companies arranged with the Insurer. The guarantee includes, prior written prescription of a specialist Physician of the Medical Team, the internal prostheses and implantable materials expressly indicated below:

- Cardiovascular: pacemakers (single-chamber, dual-chamber and cardiac resynchronization therapy pacemakers), mechanical heart valves, xenologous biologics and rings for valvuloplasty, valved conduit, coronary stents (medicalised or non-medicalised), vascular bypass prostheses and endoprostheses (stent) vascular. Pericardial substitutes (synthetic and biological xenologics) and vena cava filter. Pacemakers with wireless technology, implantable cardioverter defibrillators (ICDs), and transcatheter heart valves are excluded.

- Osteoarticular: traumatological internal prostheses, osteosynthesis material and biological osteo-tendinous material obtained from tissue banks authorized in the European Union. External fixators and electronically guided intramedullary bone elongation devices are excluded.

- Ophthalmological: intraocular lenses (monofocal and bifocal) for the correction of aphakia after cataract surgery. Excluding toric lenses, extended range single vision, EDOF (extended depth of focus) lenses, trifocals, and other lenses with added vision correction.

- Chemotherapy or Pain Treatment: implantable reservoirs (ports).

- Reparative implants:

- Breast prostheses and skin expanders for the reconstruction of the affected breast after mastectomy and the remodeling of the contralateral healthy breast, the latter with a maximum limit of one year after oncological surgery, if it is considered as a therapeutic option based on a medical report.
- Synthetic meshes for abdominal or thoracic wall reconstruction.

- Urological and genitourinary: testicular prosthesis after orchiectomy exclusively after tumor process or testicular torsion. Fixation band for stress incontinence when conservative or pharmacological treatment has failed.

- Neurological implants: cerebrospinal fluid diversion systems, including their reservoirs.

- Ear, nose and throat implants: transtympanic drainage tubes.

The cost of any other type of surgical implant, biological material, external prosthesis, external fixation device, orthosis and orthoprosthesis not included in the previous detail will be borne by the Insured.

- Respiratory therapies at home. Includes oxygen therapy (liquid, with a concentrator or gas), aerosol therapy (in this case the medication will be borne by the Insured), ventilation with continuous positive airway pressure (CPAP) and ventilation with bilevel devices (BIPAP).

- Blood and/or plasma transfusions.

- Logopedia and phoniatrics. It includes the treatment of language, speech and voice pathologies of organic causes and functional disorders, excluding treatments when functional recovery has been achieved, or the maximum possible of this, or when it becomes maintenance therapy. Speech therapy coverage for atypical swallowing will also be provided for children under 14 years of age up to a maximum of 20 sessions per insured and annual payment. The treatment of learning disorders (dyslexia, dysgraphia and dyscalculia) is excluded, except through the expense reimbursement coverage module 1.12 Speech therapy and speech therapy.

- Laser therapy. Includes photocoagulation in ophthalmology, surgery in coloproctology, surgical interventions in gynecology, otorhinolaryngology and dermatology, as well as laser in musculoskeletal rehabilitation, in interventions for benign prostatic hyperplasia, in lithotripsy of the urinary tract and in endoluminal treatment of varicose veins and tracheobronchial lesions. All those surgical or therapeutic techniques that use laser and are not found in the previous detail are expressly excluded.

- Percutaneous nucleotomy.

- Hemodialysis for acute or chronic kidney failure.

- Chemotherapy. In internment or day hospitalization. The Insurer will only assume the costs of medicines classified as cytostatics, marketed in Spain and that are authorized by the Ministry of Health, Social Services and Equality. Includes implantable reservoirs (port-a-cath). Intraoperative chemotherapy treatments such as intraperitoneal chemotherapy are expressly excluded.

- Radiation oncology. Includes cobalt therapy, brachytherapy, radioactive isotopes, and linear accelerator: body irradiation (electron bath); radiosurgery and stereotaxic radiotherapy in intracranial tumors; external conformal radiation therapy; exterotoxic body radiation therapy; radiotherapy with modulated intensity with image and movement control. Radiotherapy is excluded for benign non-oncological processes except in emergencies due to spinal cord compression and proton or neutron beam therapy.

- Pain treatment. Includes implantable reservoirs (port-a-cath), excluding implantable pumps for drug infusion and spinal cord stimulation electrodes.

- Renal lithotripsy.

- Shock waves for musculotendinous calcifications.

The above treatments, in all cases, must be prescribed by physicians from the Insurer's Medical Team who are in charge of the Insured's assistance, assistance that must be covered by the policy.

### **1.9. TRANSPLANTS OF ORGANS, TISSUES AND CELLS OF HUMAN ORIGIN**

The insurance includes the medical and surgical actions on the Insured himself that are necessary to perform the autologous bone marrow transplant or a cornea transplant, with the administrative procedures that this entails.

Other transplants or autotransplants of organs, tissues or cells not indicated in the previous detail are excluded. Likewise, in all organ transplants, medical and surgical actions to be carried out on the person of the donor are excluded, whether or not they are Insured for the removal of the organ to be transplanted to another person, and the actions corresponding to the conservation and transfer of the organ. organ.

- Ambulances. For the transfer within the province of residence of patients whose physical condition requires it. The insurance exclusively covers the travel of the Insured from his home to the hospital or vice versa and only for hospital admission or emergency assistance. A prescription from a Physician from the Insurer's Medical Team will be required, except in cases of urgency. Transportation expenses of the Insured to the center and vice versa in cases of rehabilitation and physiotherapy, and in cases of dialysis are excluded.

- Preparation for childbirth. Assistance given in preparation courses that include physical relaxation exercises and simulation of periods of dilation and expulsion at childbirth, as well as group psychotherapy for this purpose.

- Podiatry. Exclusively chiropody treatments in consultation. With a maximum of twelve sessions for each insurance year.

- Video consultation: medical guidance service via video call, where health questions related to diseases, symptoms, treatments, medication, advice on prevention, etc. can be answered. which you can access through [www.adeslas.es](http://www.adeslas.es).

#### **1.11. COVERAGE OF REHABILITATION, PHYSIOTHERAPY AND PODIATRY BY MEANS OF REIMBURSEMENT OF EXPENSES.**

##### 1. Description

Through this coverage, the Insurer guarantees, with the percentages and economic limits indicated in the following point 2), the reimbursement of healthcare expenses borne by the Insured upon receiving, in national territory and through physicians or healthcare professionals not included in the Insurer's Medical Tables, any of the following health services:

Rehabilitation and Physiotherapy: includes

- Outpatient consultations carried out by doctors specialized in Physical Medicine and Rehabilitation.

- Performance of diagnostic or therapeutic procedures in consultation by specialists in Physical Medicine and Rehabilitation.

- Carrying out, on an outpatient basis and by qualified physiotherapists, sessions of:

- Physiotherapy of the locomotor system, provided that they have been prescribed by a specialist in Rehabilitation, Rheumatology or Traumatology belonging to the Insurer's Medical List.
- Physiotherapy for the rehabilitation of the pelvic floor. They will only be included in this coverage when its purpose is to treat dysfunctions produced as a consequence of pregnancy and childbirth, and provided that these have been previously covered by the Insurer and are prescribed by a specialist in Physical Medicine and Rehabilitation or Gynecology belonging to the Insurer's Medical Table.

Podiatry, exclusively includes chiropody treatments performed in consultation by a qualified podiatrist.

##### 2. Redemption percentages and financial limits

The reimbursement of expenses guaranteed by the Insurer for the health services described in section 1) above will be fifty (50) percent of the amount of the cost of the covered health service received by the Insured and this with the economic limits that, by Insured and insurance annuity, are indicated below:

- Rehabilitation and Physiotherapy: 500 euros.

- Podiatry: 200 euros.

Once the aforementioned limits have been reached, the reimbursement obligations of the Insurer will be understood to have ended, up to a new insurance year if this is extended. When the Insured is registered for a period of less than one complete insurance year, the indicated limits will be reduced proportionally.

### 3. Procedure for reimbursement

To obtain reimbursement for these healthcare expenses, the Insured must submit the following documentation either through the private area on the website [www.adeslas.es](http://www.adeslas.es), or at the offices of the Insurer:

a) Expense reimbursement request form, according to the Insurer's model, duly completed and signed by the Insured.

b) Original or copy of the invoice related to the health expense caused and a receipt proving that the amount has been paid.

Invoices will include:

- The complete identification of the issuer (name and surname, address, NIF, specialty in its case and collegiate number).
- Identification of the sanitary act carried out and the date it was carried out.
- Identification (name and surname) of the insured attended.

c) Original or copy of the medical prescription in case of expenses for physiotherapy services.

Notwithstanding the foregoing, the Insured, when required by the Insurer, must provide the originals of the invoices and, where appropriate, of the medical prescription.

The Insurer will pay the Insured the corresponding reimbursement amount within 15 working days following receipt of the complete documentation specified in the previous section. Payment will be made by bank transfer to the national bank account indicated by the Insured in the application form, in the event that it is not informed, it will be made to the direct debit account of the premium receipt.

### 1.12. SPEECH PEDICS AND PHONIATRICS

#### 1. Description

The Insurer guarantees, under the conditions, limits and with the requirements that are detailed below, the reimbursement of health expenses borne by the Insured when receiving, in national territory, Speech Therapy and Phoniatics health services for the treatment of language pathologies, of speech and voice of organic cause and functional disorders. Speech therapy for atypical swallowing and treatment of learning disorders (dyslexia, dysgraphia and dyscalculia) for children under 14 years of age are also included.

#### 2. Redemption percentages and financial limits

The aforementioned coverage will include a 50% refund with a limit of 500 euros per person and insurance annuity. Once the aforementioned limits have been reached, the reimbursement obligations of the Insurer will be understood to have ended.

### 1.13. EXTRA-HOSPITAL PHARMACY

#### 1. Description

The Insurer guarantees, under the conditions, limits and with the requirements detailed below, the coverage of the out-of-hospital pharmaceutical service required by the Insured.

#### 2. Redemption percentages and financial limits

The aforementioned coverage will include 50% reimbursement, with a limit of 200 euros per person and insurance annuity, of those medicines dispensed in pharmacies, prescribed by a doctor and that, on the date of their dispensation, are among those financed by the National Health System and that are necessary for the treatments or pathologies covered by the policy.

## 1.14. OTHER COVERAGES INCLUDED

Additionally, the coverage of Travel Assistance abroad is included, which guarantees urgent healthcare coverage worldwide up to 12,000 euros per accident occurred and person, repatriation of sick or deceased Insured, expenses for extended hotel stays, ticket roundtrip for displaced family members. The maximum covered stay abroad may not exceed 90 consecutive days per trip or displacement. The insurance has its specific coverage, capital sublimits, deficiencies, as well as the exclusion of coverage, defined in detail in the contract conditions.

Consult it before hiring.

Also included within the guarantees of the policy is the Payment Protection insurance through which the Insurer pays the premiums established in the contract in case of temporary disability and unemployment, and absolute permanent disability and death of the Policyholder. The policy.

Both insurances have their specific coverage, deficiencies and coverage exclusions defined in detail in the contract conditions. Consult it before hiring.

## 1.15. ADDITIONAL SERVICES

Check with your mediator or on our website, the details of these complementary services:

- Telephone attention 24 hours
- Second Medical Opinion
- Prevention and Care Plans
- Refractive surgery, Psychotherapy, Homeopathy, Cryopreservation, etc.
- Club Adeslas

## 2. COVERAGE OF DENTAL ASSISTANCE

The Insurer undertakes to provide the insured with the dental assistance benefits that are listed in the Annex of Dental Acts attached to this Informative Note and that is applicable in the province where the policy was contracted. Said acts, in some cases, will imply the payment by the insured of the amount indicated for each benefit or dental service according to the concerted dental center chosen for its performance.

## 3. COVERAGE EXCLUSIONS

### 3.1. EXCLUSIONS FROM DENTAL ASSISTANCE COVERAGE

The following are excluded from the insurance coverage:

Any dental service not expressly included in the Annex of Dental Acts, as well as those dental services that require hospitalization and/or general anesthesia to be performed.

### 3.2 EXCLUSIONS FROM HEALTH CARE COVERAGE

In addition to the specific exclusions established above for any of the specialties, benefits and services covered, the following exclusions will apply to all Health Care coverage:

A) Health care or any medical expense required by the insured and that is a consequence of, is related to, or derives from a situation that has been declared by national or international organizations as an epidemic and/or pandemic, or with an emergency declaration is excluded. public health of international interest. Also excluded are health care or any medical expense that requires their declaration), acts of terrorism, insurrections, popular riots, or any extraordinary catastrophic phenomenon.

B) Health care for injuries caused by drunkenness, fights (except in the case of legitimate defense), self-harm or suicide attempts.

Drunkenness is understood to be that established in the legislation on traffic, motor vehicle circulation and road safety, regardless of whether or not the accident occurs when the Insured is driving a motor vehicle.

C) Drugs and medicines of any kind, health products and means of cure except those that are administered to the patient while he is hospitalized, whether on an admission basis, day hospital or outpatient surgery. Advanced therapy medicines that include medicines for human use based on genes (gene therapy), cells (cell therapy of any type) and tissues (tissue engineering) are excluded. In addition, all types of experimental treatments are excluded, including those that are in clinical trials in all their phases or degrees.

D) Health care derived from chronic alcoholism or addiction to drugs or psychotropic drugs of any kind.

E) The health care that is required as a consequence of injuries produced during the professional practice of any sport and/or activity, as well as the non-professional practice of activities that are manifestly dangerous or high risk such as bullfighting or confinement of wild cattle, martial arts , caving, scuba diving, climbing, bungee jumping, paragliding, parachuting, canyoning, rafting, gliding or any other of a similar nature.

F) Health care for all kinds of diseases, health conditions, injuries, defects or congenital or pre-existing deformations on the effective date of registration of each Insured in the policy, which, being known by the Insured, have not been declared by this in the health questionnaire. This exclusion will not affect the insured incorporated into the policy from birth in accordance with clause 4.1.E. (Legal Clauses).

G) The diagnosis, treatment and surgical interventions carried out for purely aesthetic or cosmetic purposes, as well as the need for diagnostic tests or treatments for complications that could be directly and/or mainly caused by having undergone an intervention, infiltration or treatment of a purely aesthetic nature. or cosmetic.

Fat lipoinfiltration techniques are excluded. Micropigmentation of the nipple-areola complex is excluded.

H) Direct or assisted robotic surgery (surgical maneuvers performed by a robot following the instructions of a surgeon and guided by a telerobotic laparoscopic system, and/or those performed by the robot assisted by a computerized virtual reality system or image browser in 3D obtained by computer) in all specialties; prophylactic surgeries and sex change surgeries.

I) Any treatment or diagnostic test whose usefulness or efficacy has not been scientifically proven or is considered experimental or has not been ratified by the Spanish health technology assessment agencies. Alternative medicines, naturopathy, homeopathy, acupuncture, mesotherapy, hydrotherapy, pressotherapy, ozone therapy, regenerative medicine (includes tissue, cellular or molecular regeneration techniques, implants or transplants of stem cells and tissue engineering) are excluded. In addition, hyperbaric chamber treatment is excluded.

J) Health care that is covered by the Insurance for accidents at work and occupational diseases, according to its specific legislation.

K) Any surgical intervention on the unborn.

L) All types of prostheses and surgical implants and synthetic or biological implantable sanitary material, external and internal fixators not detailed in the section on coverage of implants and surgical prostheses are excluded.

M) Occupational therapy is excluded.

Notwithstanding the foregoing, in the cases contemplated in the previous exclusions B), D) E) and J), the Insurer assumes the health care that must be provided to the Insured in an emergency situation and while it lasts. If the urgent assistance includes hospitalization of the patient, the coverage will end 24 hours after the patient's admission to the hospital.

#### 4. HOW TO OBTAIN COVERAGE FOR SERVICES

The coverage of the benefit will take place in the following way:

##### 4.1. HOW TO OBTAIN HEALTH CARE COVERAGE

The Insured, in order to receive the health care included in the coverage of the policy, may freely choose among the health professionals, medical centers, hospitals and sanatoriums (care providers) that the Insurer, at any time, has contracted throughout Spain. The Insurer will publish each calendar year this list of healthcare providers grouped by provinces through their Medical Staff which, to determine the applicable specialties, may contain a single service provider. It will be the obligation of the Insured to use the services of the assistance providers that are registered on the date of request for assistance. For this purpose, they may request delivery of the updated Medical List at the offices of the Insurer or, alternatively, consult the different updated provincial Medical Lists through its website: [www.adeslas.es/cuadromedico](http://www.adeslas.es/cuadromedico).

The Insurer will directly pay the professional or center the fees and expenses that have accrued on the occasion of the assistance provided that all the requirements and circumstances established in the policy are present.

4.1.1. The home visit of General Medicine and nursing, will be requested, for patients who cannot travel to the consultation, before 10 am, to be carried out on the day. Proper use of this service requires that it be used only for strictly medical reasons.

THE INSURER OBLIGES TO PROVIDE ASSISTANCE ONLY AT THE ADDRESS OF THE INSURED PARTY LISTED IN THE POLICY, PROVIDED AND WHEN SAID SERVICE IS AGREED IN THAT AREA; ANY CHANGE OF THIS MUST BE NOTIFIED TO THE INSURER BY ANY RELIABLE MEANS WITH A MINIMUM OF EIGHT DAYS IN ADVANCE OF THE REQUIREMENT OF A SERVICE IN IT.

4.1.2. THE INSURER IS NOT RESPONSIBLE FOR THE FEES OF DOCTORS OTHER THAN YOUR MEDICAL RECORD, NOR FOR THE EXPENSES OF HOSPITALIZATION OR SERVICES THAT THEY MAY PRESCRIBE.

4.1.3. For each of the services received in the same appointment, the Insured must show the personal health card that the Insurer will give him for this purpose, and must sign the supporting receipts for the services received, one of which copies will be given to the Insured as proof. If applicable, the Insured must also show the authorization document provided in Clause 4.1.4. following.

4.1.4. FOR HOSPITALIZATION AND FOR THE PROVISION OF THOSE SERVICES THAT REQUIRE PRIOR AUTHORIZATION FROM THE COMPANY, A PRESCRIPTION WILL BE NECESSARY BY THE DOCTOR IN CHARGE OF THE ASSISTANCE OF THE INSURED, WHO MUST OBTAIN PRIOR DOCUMENTED CONSENT FROM THE INSURER AT ITS OFFICES OR THROUGH THE DIGITAL AND/OR TELEPHONE CHANNELS THAT ARE ENABLED FOR IT AT ALL TIMES.

IT WILL ALSO BE AN ESSENTIAL REQUIREMENT TO OBTAIN THE WRITTEN CONSENT OF THE INSURANCE COMPANY THAT THE HEALTH CARE TO BE CARRIED OUT IN A HOSPITALIZATION REGIME, WILL BE CARRIED OUT BY A DOCTOR FROM THE INSURER'S MEDICAL TABLE AND IS COVERED BY THE POLICY.

Once that agreement is granted, it will financially bind The Insurer. In urgent cases, the Physician's order will suffice for these purposes, BUT THE INSURED MUST OBTAIN THE CONFORMITY OF THE INSURER AT ITS OFFICES, WITHIN SEVENTY-TWO HOURS FOLLOWING ADMISSION. The Insurer will be financially linked until the moment it expresses its objections to the Doctor's prescription, because it understands that it is not covered in the policy.

4.1.5. To receive an emergency service, you must request the emergency platform by phone or go directly, as appropriate, to a permanent emergency center that The Insurer has established, whose address and telephone number appear in the printed table that is delivered to the Insured.

## 4.2 HOW TO OBTAIN COVERAGE FOR DENTAL SERVICES

4.2.1. For the purposes of this insurance, the claim is understood to be communicated when the Insured requests the provision of assistance.

4.2.2. When requesting assistance, the insured must show the identification document that the insurer will provide for this purpose, and the last premium receipt.

4.2.3. The Insured, in order to receive the dental assistance included in the coverage of the policy, may freely choose between the doctors and clinics or other establishments included (care providers) that the insurer, at any time, has contracted throughout Spain. The Insurer will publish each calendar year this list of healthcare providers grouped by provinces through their Medical Directories which, for certain services, may contain a single provider.

It will be the obligation of the Insured to use the services of the assistance providers that are registered on the date of request for assistance. For this purpose, they may request delivery of the updated Dental Chart at the Insurer's offices or, alternatively, consult the different updated provincial Dental Charts through its website: [www.adeslas.es/cuadromedicodental](http://www.adeslas.es/cuadromedicodental). In said Dental Tables, the type of modality corresponding to the permanent center or centers of emergency will be specified.

The Insured will directly pay the professional or center the fees and expenses that have accrued on the occasion of the assistance, with the exception of Dental Acts with or without amount at the expense of the Insured, provided that all the requirements and circumstances established in the Policy are met. THE INSURANCE COMPANY IS NOT RESPONSIBLE FOR THE FEES OF DOCTORS OTHER THAN YOUR DENTAL TABLE, NOR FOR THE AMOUNT OF SANITARY ACTIONS THAT THEY COULD PRESCRIBE.

4.2.4. The Insured will pay for each service received, the amount established in the Annex of Dental Acts with or without amount paid by the Insured.

4.2.5. All the treatments and actions covered by the insurance will be carried out on an outpatient basis, BEING THEREFORE EXCLUDING HOSPITALIZATION AND GENERAL ANESTHESIA.

4.2.6. In alternative treatments the patient will decide.

4.2.7. In prosthetic treatments, the acceptance by the insured of the budget made by the physician or clinic of the Insurer's Table will be necessary.

The Insured will directly pay the doctor or dental center the amount corresponding to the prosthesis in accordance with the provisions of the Annex of Dental Acts with or without the amount borne by the Insured. From the time they are implanted, the prostheses will have a two-year guarantee against wear or deterioration, provided they are used correctly.

4.2.8. To receive an emergency service, you must go to the emergency center that the Insurer has established, whose address and telephone number appear in the Dental Table.



#### **4.3. HOW TO OBTAIN REIMBURSEMENT OF HEALTHCARE EXPENSES FOR REIMBURSEMENT COVERAGE IN REHABILITATION, PHYSIOTHERAPY, PODIATRY, SPEECH PEDICS AND PHONIATRICS**

To obtain the reimbursement of health expenses mentioned in the previous section, the Insured is obliged to present the following documentation through the private area on the website [www.adeslas.es](http://www.adeslas.es), or at the offices of the Insurer:

- a) Expense reimbursement request form, according to the Insurer's model, duly completed and signed by the Insured.
  
- b) Original or copy of the invoice related to the health expense caused and a receipt proving that the amount has been paid. Invoices will include:
  - The complete identification of the issuer (name and surname, address, NIF, specialty in its case and collegiate number).
  - Identification of the sanitary act carried out and the date it was carried out.
  - Identification (name and surname) of the Insured attended.
  
- c) Original or copy of the medical prescription in case of expenses for physiotherapy, speech therapy and speech therapy Original or copy of the prescription

The Insurer will pay the Insured the corresponding reimbursement amount within 15 working days following receipt of the complete documentation specified in the previous section. Payment will be made by bank transfer to the bank account indicated by the insured on the reimbursement request form.

#### **4.4. HOW TO OBTAIN REIMBURSEMENT OF EXPENSES FOR EXTRA-HOSPITAL PHARMACY COVERAGE**

To obtain reimbursement for these expenses, the Insured must submit through the private area on the website [www.adeslas.es](http://www.adeslas.es), or at the offices of the Insurer, the following documentation:

- a) Expense reimbursement request form, according to the Insurer's model, duly completed and signed by the insured.
  
- b) Original of the prescription that must include:
  - The identity of the doctor who issues it, his signature and collegiate number.
  - The identity of the patient.
  - The identification of the prescribed product.
  
- c) Document accrediting the payment.

For the management of the reimbursement, the Insurer may exercise the right to request the necessary clinical information from the Insured that justifies the need for the medication and the concurrence of the aforementioned conditions.

The Insurer will pay the Insured the corresponding reimbursement amount within 15 working days following receipt of the complete documentation specified in the previous section. Payment will be made by bank transfer to the bank account indicated by the Insured on the reimbursement request form.



## 4. WAITING PERIODS

The deficiencies mentioned below refer to the clauses that make up the general conditions of the policy.

<b>Diagnostic Media High-</b>	
tech diagnostic media.	3 months
Interventional diagnostic means.	6 months
<b>Hospitalization</b>	
Surgical interventions on an outpatient basis (Interventions from Group 0 to II according to the classification of the Collegiate Medical Organization).	3 months
Tubal ligation and vasectomy.	6 months
Hospitalization for any reason or nature in an inpatient regime or in a day hospital, as well as surgical interventions carried out in these regimes.	8 months
Cost of surgical implants and prostheses.	8 months
Childbirth or caesarean section.	8 months

Surgical interventions and dystocic deliveries that take place in a situation of vital emergency, the expected waiting period will not be applied, nor will it be applied to premature births, understanding as such those that occur prior to the completion of the 28th week of gestation.

<b>Special Treatments Laser</b>	
therapy: in photocoagulation treatments in ophthalmology as well as laser in musculoskeletal rehabilitation.	3 months
percutaneous nucleotomy.	3 months
Laser therapy, surgery in coloproctology, surgical interventions in gynecology, otorhinolaryngology and dermatology, in interventions for benign prostatic hyperplasia, in lithotripsy of the urinary tract and in the endoluminal treatment of varicose veins and tracheobronchial lesions.	8 months
Pain treatment.	8 months
Dialysis.	8 months
Shock waves for musculotendinous calcifications.	8 months
Renal lithotripsy.	8 months
Chemotherapy and radiation oncology.	8 months

## CONDITIONS, TERMS AND EXPIRATION OF THE PREMIUMS

### 1. GENERAL ISSUES

The amount of the insurance premium is determined in the section "Insurance simulation data". In the initial period of validity, the premium will be paid by monthly installments (36 monthly installments). In the event of eventual annual renewals, the annual premium will be paid monthly.

The payment of the premium will be domiciled in the account indicated by the policyholder (it must be the owner and the financial institution must be based in Spain). You must authorize The Insurer to make the charges and credits that by reason of the insurance occur in said account.

### 2. ANNUAL COMMUNICATION OF THE EXPIRATION OF PREMIUMS AND UPDATES

Two months before the renewal of the insurance, the insurer will notify the policyholder in writing of the amount of the premium foreseen for the next annuity.

The Insurer, each insurance annuity, may update the amount of the insurance premiums, and, where appropriate, the percentage and limits of reimbursement of expenses, as well as the amounts borne by the insured established in the description of the Dental Acts. The new premium will be calculated taking into account the increase in the age of the Insured, the increase in the cost of health services, the province corresponding to domicile, the increase in the overall frequency of benefits covered by the policy, the incorporation of guaranteed coverage of technological innovations that appear or are used after the completion of the contract or other events with similar consequences. Premium increases may be unrelated to the general CPI.

Likewise, the insurer will make available to the policyholder on its website [www.adeslas.es/cargosdentales.es](http://www.adeslas.es/cargosdentales.es) the updated amount corresponding to the dental Acts for the new annuity.

The contract will be understood to be renewed with the new economic conditions, if the policyholder does not communicate to the Insurer his will to terminate the contract before one month has elapsed, from the day the policyholder has paid the first premium of the following annuity, in which the new economic conditions will govern.

### 3. PREMIUM RATES. IDENTIFICATION OF THE RISK FACTORS TO BE CONSIDERED IN THE CALCULATION OF THE PREMIUM

The premium will be calculated according to the costs of the health services of the coverages and benefits covered during the corresponding period of validity of the insurance, the age of the Insured and the province of contracting, using reasonable actuarial hypotheses admitted by the General Directorate of Insurance. and Pension Funds. Likewise, you can consult at any time the applicable standard premium rates of which you have already been informed, at [www.segurcaixaadeslas.es/tarifassalud](http://www.segurcaixaadeslas.es/tarifassalud)

## 4. CONDITIONS FOR TERMINATION OF THE CONTRACT AND OPPOSITION TO THE EXTENSION

The insurance is stipulated for the period of time provided in the particular conditions. Upon expiration, and provided that the policyholder is up to date with the payment of the premiums, the contract will be tacitly renewed for annual periods, unless one of the parties opposes the renewal of the contract in writing, one month in advance in the case of the Policyholder and two months in the case of the Insurer. (For more information, in relation to certain cases in which the Insurer will not oppose the extension of the contract, see Annex to the Informative Note referring to "Limitations to the opposition to the extension in cases of advanced age or serious illnesses").

Notwithstanding the foregoing, the contract may be terminated by the Insurer before its expiration in any of the following situations:

a) In case of reservation or inaccuracy when completing the Health Questionnaire. The Insurer may terminate the contract by means of a declaration addressed to the Policyholder within a period of one month, counting from the date on which the latter became aware of the reservation or inaccuracy of the questionnaire completed by any of the Insured included in the policy. Unless there is intent or gross negligence on its part, the Insurer will be responsible for the premiums for the period in progress at the time the declaration is made.

If the accident occurs before the Insurer makes the declaration referred to in the previous paragraph, the benefit thereof will be reduced proportionally to the difference between the agreed premium and the one that would have been applied had the true entity of the risk been known. If there was fraud or serious fault of the Insured, the Insurer will be released from the payment of the benefit.

b) If the accident whose coverage as a risk is guaranteed occurs before the first premium has been paid, unless otherwise agreed (article 15 of the Insurance Contract Law). c) If the

Policyholder, when requesting the insurance, has inaccurately stated the year of birth of one or more of the Insured, the Insurer may only terminate the contract if the true age of those, on the date of entry into force of the policy, exceeds the admission limits established by the Insurer.

## 5. INSURANCE REHABILITATION

In this policy, there is no right to reinstate it, without prejudice to the provisions of article 15 of the Insurance Contract Law.

## 6. LIMITS AND CONDITIONS RELATING TO THE FREEDOM OF CHOICE OF THE PROVIDER

The Insured, in order to receive the health care included in the coverage of the policy through a medical chart, may freely choose among the health professionals, medical centers, hospitals and sanatoriums (care providers) that the Insurer, at any time, has contracted throughout Spain. . The Insurer may modify this list of care providers by deregistering or registering them.

The Insured, to receive health care through reimbursement of health expenses, may go to any health center or professional worldwide, for the provision of the services included in the policy, except those that appear in the Insurer's medical charts, It is the responsibility of the Insured to know this circumstance before receiving assistance.

The Insurer will keep the list of healthcare providers updated, which will be accessible on its website: [www.adeslas.es/cuadromedico](http://www.adeslas.es/cuadromedico).

In addition, the Insurer will publish each calendar year this list of healthcare providers grouped by provinces through their Medical Directories which, for certain specialties, may contain a single service provider.

The corresponding provincial Medical List will be available to the Insured at each Insurer's customer service office.

It is the obligation of the insured to use the services of the care providers who were registered on the date of the request for assistance.

In the case of health care through a medical team, no cash compensation will be granted. However, the insurer assumes the provision of agreed healthcare when required in an emergency situation and while it lasts.

## PAYABLE TAXES

As of the date of issuance of this document, the surcharges applicable to the health care insurance receipt are 1.5 per 1,000 of the amount of the premiums, corresponding to the surcharge intended to finance the liquidation activity of insurance companies and 8% of the amount of the premiums for travel assistance coverage, corresponding to the Tax on insurance premiums.

However, these tax rates are subject to variation over time, so that in any case, the applicable rate will be the one in force on the date of issuance of the premium or its fraction.

## CLAIM INSTANCES

1. The Policyholder, the Insured, the Beneficiary, injured third parties or the successors of any of them may file complaints or claims against those practices of the Insurer that they consider abusive or that injure their legally recognized rights or interests derived from the contract of sure.

To this end and in accordance with the provisions of current legislation on this matter, the Insurer has a Customer Service (SAC) to which they can contact to present their complaints and claims, when these have not been resolved in their favor. by the office or service subject to them.

Complaints and claims may be submitted to Customer Service at any office open to the public of the entity or at the email address or addresses that it has enabled for this purpose. The contact details for this service are: Torre de Cristal, Paseo de la Castellana 259C, 28046 Madrid.

The SAC will acknowledge receipt in writing of the complaints or claims it receives and will resolve them in a reasoned manner and within the maximum legal period of one month from the date of presentation of the same.

2. Interested parties may also file a complaint or claim with the Claims Service of the General Directorate of Insurance and Pension Funds. To do this, they must prove that a period of one month has elapsed from the date of presentation of the complaint or claim before the SAC without it having resolved, or when admission has been denied or their request has been rejected, in whole or in part.

3. Notwithstanding the previous actions and those that proceed in accordance with the insurance regulations, the interested parties may in any case exercise the actions they deem appropriate before the ordinary jurisdiction.

## APPLICABLE LEGISLATION

The insurance is governed by the provisions of Law 50/1980, of October 8, on Insurance Contracts and by other Spanish regulations governing private insurance. It is also governed by what is agreed in the policy.

## STATE AND CONTROLLING AUTHORITY OF THE INSURER

The control of the Insurer's activity corresponds to the Spanish State, through the General Directorate of Insurance and Pension Funds.

## TAX REGIME

In general, the premiums paid for this insurance do not give the right to any tax benefit, they are not deductible in Personal Income Tax, nor do they give the right to any deduction or bonus.

If the Policyholder were a businessman or professional under a direct estimation regime, he may deduct from his Personal Income Tax, the premium paid for health coverage up to 500 euros per person, computing for these purposes exclusively his own coverage, that of his spouse and their children under the age of 25 who live with the Policyholder; this amount amounts to 1,500 euros in the case of people with disabilities (in the event that the Policyholder is a tax resident in Navarre, the limit of 500 euros applies to the Policyholder's own coverage and that of his or her spouse, as well as to that of the descendants for whom the former is entitled to a family minimum deduction. The maximum deductible expense will be 500 euros for each of the persons indicated above or 1,500 euros for each of them with disabilities).

If the Policyholder is insuring their employees, the premium paid will be a deductible expense in Corporate Tax or Personal Income Tax if they are a businessman or professional. The premium for health coverage of the employee, his spouse and his descendants will not constitute compensation in kind of the employee with the quantitative limits per person indicated in the previous paragraph.

The amount that exceeds these limits would be considered remuneration in kind and would be subject to the corresponding payment on account.

The benefits of health services obtained are not considered income in the Personal Income Tax of the beneficiary.

# Informative note

## Adeslas Plena Total



### BASIC INFORMATION ON THE PROTECTION OF PERSONAL DATA

#### RESPONSIBLE

SegurCaixa Adeslas, SA for Insurance and Reinsurance

#### PURPOSE

Processing of the insurance simulation and as well as carrying out the profiling for the calculation of the amount of the premium.

If the policy is not formalized, after ten business days from the expiration date of this simulation, the data contained in it will be cancelled.

#### LEGITIMATION

Execution of a contract (development of pre-contractual measures at the request of the interested party).

#### RECIPIENTS

The data provided will not be transferred to third parties, except legal obligation and those communications necessary for the execution of the policy.

#### RIGHTS

Access, rectify and delete the data, as well as other rights, as explained in the additional information.

#### ORIGIN OF THE DATA

The data controller may use data obtained from public sources for the purpose of carrying out the requested simulation.

#### ADDITIONAL INFORMATION

You can consult more information on the data protection policy of SegurCaixa Adeslas on the following website: [www.segurcaixaadeslas.es/es/proteccion-de-datos](http://www.segurcaixaadeslas.es/es/proteccion-de-datos).

### RIGHT OF WITHDRAWAL OF THE CUSTOMER

The Policyholder may withdraw from the contract, without the need to indicate the reasons and without any penalty being applied, within a period of thirty calendar days following the date on which the Insurer delivers, through durable support, the corresponding documentation. to the policy. You will not be able to exercise this right of withdrawal if the Policyholder makes use of the coverage guaranteed by your policy.

The Policyholder may exercise the aforementioned right of withdrawal through any procedure that allows the notification addressed to the Insurer to be recorded by any means permitted by law. For this purpose, you can send a signed letter to the address of the Insurer or make a telephone call to the number 900 50 50 40 or 91 919 18 98, clearly identifying in both cases your personal data and those of the contract on which you wish to exercise the right of withdrawal.

The contract will be terminated and, consequently, the Insured risk coverage will cease, on the same date that the Insurer receives the notice of withdrawal from the Policyholder, who will be entitled to a refund or repayment of the proportional part of the unearned premium that , if applicable. Said return will take place within a maximum period of thirty calendar days from the day of notification of withdrawal.

## DEALER INFORMATION

The Insurer makes an informed sale, according to the demands and needs of the client, offering objective and understandable information about the product.

The nature of the remuneration received by the employees of the Insurer in relation to the sale of this insurance may consist of different incentives, monetary or not, determined according to the exercise of their activity, which will not suppose, in any case, a conflict that affects to its obligation to act in the best interest of the client or additional cost to the client.

## DENTAL ACTS WITH OR WITHOUT AMOUNT IN CHARGE OF THE INSURED

These dental acts will be applicable if your policy enters into force in the year 2023 and will be maintained until its renewal. (Check with your office or [www.adeslas.es/cargosdentales](http://www.adeslas.es/cargosdentales)).

Dental acts with or without amount paid by the insured	2023		
	clinics dental Adeslas (*)	Optimal (**)	Dental (***)
<b>A. Preventive dentistry</b>			
Consultation	Nothing	Nothing	Nothing
Revision	Nothing	Nothing	Nothing
Urgent consultation	Nothing	Nothing	Nothing
Mouth cleaning. Tartrectomy (Both Arches)	Nothing	Nothing	Nothing
oral education	Nothing	Nothing	Nothing
Fluoridations. Session	Nothing	Nothing	Nothing
Occlusal sealants (Per piece)	Nothing	Nothing	Nothing
Soft splint treatment	€60.00	€60.00	€70.00
Splint to improve sleep (Anti-snoring)	€670.00	€670.00	€805.00
Periodic review and splint adjustment sleep improvement	€20.00	€20.00	€35.00
Dental hypersensitivity treatment with laser (Arch/session)** Laser	€75.00	€75.00	€90.00
therapy treatment (Infections, thrush) (Session)** B. Diagnostic tests	€35.00	€35.00	€45.00
<b>Orthopantomography</b>			
(Dental panorama)	Nothing	Nothing	€10.00
Lateral or frontal teleradiography of the skull	Nothing	Nothing	€15.00
Dental X-rays 3D radiological	Nothing	Nothing	Nothing
study Tomographic study	Nothing	€80.00	€115.00
(CT) one arch Tomographic study (CT) two	Nothing	€80.00	€115.00
arches Transcranial radiography closed and	Nothing	€105.00	€150.00
open mouth	€60.00	€60.00	€65.00
<b>Restoration</b>			
Obturation	€35.00	€35.00	€45.00
Restoration of angles	€30.00	€30.00	€40.00
coronary reconstruction	€55.00	€55.00	€65.00
Coronary reconstruction with posts or pins	€85.00	€85.00	€95.00
pulp protection	Nothing	Nothing	Nothing



# Adeslas Plena Total

D. Root canals			
single root canals	€95.00	€95.00	€110.00
Birooted root canals	€115.00	€115.00	€140.00
Multiroot root canals	€150.00	€150.00	€190.00
Endodontics	€150.00	€150.00	€205.00
E. Periodontics			
Mouth cleaning. Tartrectomy (Both Arches)	Nothing	Nothing	Nothing
Periodontogram	Nothing	Nothing	Nothing
Gum free graft	€160.00	€160.00	€175.00
Quadrant curettage (Scaling and root planing)	€50.00	€50.00	€60.00
Crown lengthening Apical replacement flap (Per quadrant)	€160.00	€160.00	€170.00
Teeth splinting (By sextant)	€225.00	€225.00	€235.00
Splinting of teeth (Per tooth)	€120.00	€120.00	€190.00
Periodontal Maintenance (Per Arch)	€25.00	€25.00	€30.00
Flap Surgery (Per Tooth)	Nothing	€45.00	€55.00
Treatment of peri-implantitis (lift prosthesis, clean, debride)	€35.00	€35.00	€50.00
Partial Gingivectomy (Per Quadrant)	€65.00	€65.00	€80.00
Placement of biological materials (lyophilized bone and other biomaterials)	€35.00	€35.00	€40.00
Guided tissue regeneration with resorbable membrane F.	€225.00	€225.00	€260.00
Guided tissue regeneration with resorbable membrane F.	€235.00	€235.00	€270.00
Pediatric Dentistry (Treatments for children under 15 years of age)			
Treatment with fixed space maintainer Treatment	€70.00	€70.00	€75.00
with mobile space maintainer Occlusal sealants (Per piece)	€55.00	€55.00	€60.00
Obturation	Nothing	Nothing	Nothing
Coronary reconstruction (Screws, pins included)	Nothing	€30.00	€40.00
Apexing (Per session)	Nothing	€50.00	€55.00
Endodontics in temporary tooth (Pulpectomy)	Nothing	€30.00	€40.00
pulpotomy	Nothing	€70.00	€80.00
Metal preformed crown placement	Nothing	€55.00	€60.00
Reimplantation of pieces (Per piece)	Nothing	€60.00	€75.00
Splinting of teeth (Per tooth)	Nothing	€50.00	€75.00
Nothing	Nothing	€25.00	€30.00
G. Orthodontics			
Orthodontic study (Photographs, models, cephalometric study)	Nothing	Nothing	Nothing
Orthopantomography (Orthodontic Study)	Nothing	Nothing	Nothing
Lateral or frontal telerradiography of the skull (Orthodontic Study)	Nothing	Nothing	Nothing
Interceptive treatment with fixed functional appliances (By appliance)	€245.00	€275.00	€330.00
Interceptive treatment with functional mobile appliances (By appliance)	€225.00	€250.00	€354.00
Placement of auxiliary devices (Each device)	€90.00	€100.00	€115.00
Mobile device renewal, change, loss or breakage	€65.00	€70.00	€145.00
Periodic interceptive orthodontic check-up visits	€30.00	€30.00	€40.00
Composure in mobile or fixed appliances	€25.00	€25.00	€40.00
Placement of microimplants (Per unit)	€100.00	€110.00	€125.00
Placement of retention plates, splints or Hawley (Unit)	€65.00	€70.00	€85.00
Fixed retention: teeth splinting (By sextant)	€90.00	€100.00	€160.00
orthodontic boxes	Nothing	Nothing	Nothing
Urgent orthodontic visit	Nothing	Nothing	Nothing
Orthodontic post-treatment review visits	Nothing	Nothing	Nothing



G.1. fixed orthodontics			
G.1.1. metal brackets			
Orthodontic treatment with metal brackets (One arch) - Refinement Orthodontic	€670.00	€745.00	€885.00 €1,005.00
treatment with metal brackets (Two arches) - Refinement Orthodontic treatment with	€1,115.00	€1,315.00	€875.00 €970.00
metal brackets (One arch) - Alignment Orthodontic treatment with metal brackets	€1,150.00		
(Two arches) - Alignment Orthodontic treatment with metal brackets ( an arcade)	€1,245.00	€1,385.00	€1,670.00
	€1,260.00	€1,400.00	€1,460.00
Orthodontic treatment with metal brackets (two arches)	€1,660.00	€1,845.00	€2,175.00
Orthodontic treatment with metal brackets (One arch)	€1,470.00	€1,635.00	€1,955.00
- Complex: extractions, including			
Orthodontic treatment with metal brackets (Two arches) - Complex: extractions, including Metal bracket	€1,870.00	€2,075.00	€2,460.00
replacement (Unit)	Nothing	Nothing	Nothing
G.1.2. Self-ligating metal brackets			
Orthodontic treatment with self-ligating brackets (One arch) - Refinement Orthodontic	€995.00	€1,105.00	€1,360.00 €1,605.00
treatment with self-ligating brackets (Two arches) - Refinement Orthodontic treatment	€1,785.00	€2,210.00	
with self-ligating brackets (One arch) - Alignment Orthodontic treatment with self-	€1,230.00	€1,365.00	€1,665.00
ligating brackets (Two arches) - Alignment Orthodontic treatment with Self-ligating	€1,885.00	€2,095.00	€2,565.00
brackets (One arch)	€1,565.00	€1,740.00	€2,120.00 €2,245.00
Orthodontic treatment with self-ligating brackets (two arches)	€2,495.00	€3,045.00	€1,945.00 €2,160.00
Orthodontic treatment with self-ligating brackets (One arch) - Complex: extractions, including Orthodontic	€2,640.00	€2,625.00	€2,915.00 €3,560.00
treatment with self-ligating brackets (Two arches) - Complex: extractions, including Replacement of self-ligating			
brackets (Unit)	Nothing	Nothing	Nothing
G.2. Aesthetic fixed			
orthodontics G.2.1. Aesthetic resin brackets			
Orthodontic treatment with aesthetic resin or polycarbonate brackets (Single arch) - Refinement Orthodontic	€855.00	€950.00	€1,110.00
treatment with aesthetic resin or polycarbonate brackets (Two arches) - Refinement Orthodontic treatment with	€1,370.00	€1,520.00	€1,765.00
aesthetic resin or polycarbonate brackets (Single arch) - Alignment Orthodontic treatment with aesthetic brackets	€1,055.00	€1,175.00	€1,375.00 €1,615.00
resin or polycarbonate (two arches) - Alignment Orthodontic treatment with aesthetic resin or polycarbonate	€1,795.00	€2,080.00	€1,445.00 €1,605.00
brackets (one arch)	€1,895.00	€2,025.00	€2,250.00 €2,625.00
Orthodontic treatment with aesthetic resin or polycarbonate brackets (two arches)			
Orthodontic treatment with aesthetic resin or polycarbonate brackets (One arch)	€1,585.00	€1,760.00	€2,180.00
- Complex: extractions, including			
orthodontic treatment with aesthetic resin or polycarbonate brackets (two arches)	€2,235.00	€2,480.00	€2,885.00
- Complex: extractions, including			
replacement of aesthetic resin brackets (Unit)	Nothing	Nothing	Nothing
G.2.2. Ceramic aesthetic brackets			
Orthodontic treatment with aesthetic ceramic brackets (Single arch) - Refinement Orthodontic	€905.00	€1,005.00	€1,180.00 €1,460.00
treatment with aesthetic ceramic brackets (Two arches) - Refinement Orthodontic treatment with	€1,625.00	€1,895.00	€1,110.00 €1,230.00
aesthetic ceramic brackets (Single arch) - Alignment Orthodontic treatment with aesthetic	€1,440.00	€1,710.00	€1,900.00 €2,210.00
ceramic brackets (Two arches) - Alignment Orthodontic treatment with aesthetic ceramic brackets	€1,495.00	€0	€1,660.00 €1,965.00
(One arch)	€2,125.00	€2,360.00	€2,760.00
Orthodontic treatment with aesthetic ceramic brackets (two arches)			
Orthodontic treatment with aesthetic ceramic brackets (One arch) - Complex: extractions, included €1,700.00 €1,890.00 €2,245.00			Orthodontic treatment with aesthetic
ceramic brackets (Two arches) - Complex: extractions, included €2,330.00 2,590, €00 €3,045.00 Replacement of aesthetic			ceramic brackets (Unit)
	Nothing	Nothing	Nothing
G.2.3. Sapphire aesthetic brackets			
Orthodontic treatment with sapphire brackets (Transparent) (One arch) - Refinement	€1,065.00	€1,185.00	€1,505.00 €1,710.00
Orthodontic treatment with sapphire brackets (Transparent) (Two arches) - Refinement	€1,900.00	€2,145.00	



Orthodontic treatment with sapphire brackets (Transparent) (One arch) - Alignment	€1,330.00	€1,475.00	€1,710.00	€2,015.00
Orthodontic treatment with sapphire brackets (Transparent) (Two arches) - Alignment	€2,240.00	€2,545.00	€1,855.00	€2,060.00
Orthodontic treatment with sapphire brackets (Transparent) (One arch)	€2,430.00	€2,565.00	€2,850.00	€3,290.00
Orthodontic treatment with sapphire brackets (Transparent) (Two arches)				
Orthodontic treatment with sapphire brackets (Transparent) (One arch) - Complexes: extractions, including	€2,140.00	€2,380.00	€2,825.00	
Orthodontic treatment with sapphire brackets (Transparent) (Two arches) - Complexes: extractions, including	€2,855.00	€3,170.00	€3,690.00	
Replacement of sapphire brackets (unit)	Nothing	Nothing	Nothing	Nothing
<b>G.2.4. Aesthetic self-ligating brackets</b>				
Orthodontic treatment with aesthetic self-ligating brackets (One arch) - Refinement Orthodontic treatment	€1,180.00	€1,310.00	€1,550.00	
with aesthetic self-ligating brackets (Two arches) - Refinement Orthodontic treatment with aesthetic self-	€1,940.00	€2,155.00	€2,530.00	
ligating brackets (One arch) - Alignment Orthodontic treatment with aesthetic self-ligating brackets	€1,440.00	€1,600.00	€1,895.00	
(Two arches) - Alignment	€2,245.00	€2,495.00	€2,930.00	Orthodontic treatment with aesthetic self-ligating brackets (One arch)
Orthodontic treatment with aesthetic self-ligating brackets (Two arches)	€2,650.00	€2,945.00	€0.00	€3,475.00
Orthodontic treatment with aesthetic self-ligating brackets (One arch) - Complex: extractions, including	€2,255.00	€2,505.00	€3,010.00	Orthodontic treatment with aesthetic self-ligating brackets (Two arches) - Complex: extractions, included
	€3,085.00	€3,425.00	€4,060.00	Replacement of aesthetic self-ligating brackets (Unit)
	Nothing	Nothing	Nothing	Nothing
<b>G.3. Invisible braces (Only in authorized clinics, check availability)</b>				
Invisible orthodontic study	Nothing	Nothing	Nothing	Nothing
Orthodontic treatment with invisible orthodontics (One arch)	€3,005.00	€3,340.00	€3,665.00	€3,850.00
Orthodontic treatment with invisible orthodontics (two arches)	€4,275.00	€4,725.00	€2,140.00	€2,380.00
LITE orthodontic treatment with invisible orthodontics (One arch)	€2,625.00	€2,985.00	€3,315.00	€3,685.00
LITE orthodontic treatment with invisible orthodontics (Two arches)	€1,490.00	€0.00	€1,660.00	€1,845.00
Orthodontic treatment with invisible braces (One arch) - Refinement	€2,335.00	€2,595.00	€2,905.00	
Orthodontic treatment with invisible orthodontics (two arches) - Refinement				
Renewal due to loss of aligner (Unit)	€150.00	€170.00	€175.00	
Restart of treatment due to interruption (New study)	€345.00	€380.00	€435.00	
Correction during treatment (Study and Aligners)	€200.00	€220.00	€245.00	
Retention phase with invisible retainers	€145.00	€160.00	€200.00	
<b>G.4. Lingual orthodontics (Only in authorized clinics, check availability)</b>				
Orthodontic treatment with lingual brackets (One arch)	€3,090.00	€3,480.00	€4,850.00	€4,540.00
Orthodontic treatment with lingual brackets (two arches)	€5,045.00	€6,560.00	€2,280.00	€2,530.00
LITE orthodontic treatment with lingual brackets (One arch) (3x3-4x4)	€3,365.00			
LITE orthodontic treatment with lingual brackets (two arches) (3x3-4x4)	€3,640.00	€4,045.00	€5,000.00	
Orthodontic treatment with EXPRESS lingual brackets (One arch)	€2,370.00	€2,630.00	€3,465.00	
Orthodontic treatment with EXPRESS lingual brackets (two arches)	€3,820.00	€4,245.00	€5,200.00	
Replacement of lingual brackets (Unit)	€180.00	€200.00	€230.00	
Placement of lingual orthodontic retainers (Unit)	€75.00	€80.00	€95.00	
<b>H. Fixed prosthesis (*See note)</b>				
<b>Prescription preparation and placement, if applicable, of:</b>				
Fixed space maintainer treatment Temporary acrylic	€70.00	€70.00	€75.00	
crown Metal copings as	€25.00	€25.00	€30.00	
provisional Cast stump (separate crown)	€10.00	€10.00	€15.00	
	€65.00	€65.00	€70.00	
Porcelain metal crown or bridge (Per piece)	€235.00	€235.00	€315.00	€50.00
Porcelain repairs or repairs (Per piece)	€50.00	€65.00		



Glue crowns or bridges	Nothing	Nothing	Nothing
Remove and cut bridges	€35.00	€35.00	€45.00
Maryland Bridge (Piece and two supports)	€250.00	€250.00	€365.00
Ceramic crown or bridge without metal type in ceram, provera, empress (Per piece)	€360.00	€360.00	€515.00
Zirconium crown or bridge (Per piece)	€350.00	€350.00	€375.00
Lithium disilicate crown or bridge (Per piece)	€350.00	€350.00	€375.00
<b>I. Removable acrylic prosthesis (*See note)</b>			
<b>Prescription preparation and placement in your case of:</b>			
Treatment with mobile space maintainer Complete removable prosthesis (Upper or lower)	€55.00	€55.00	€60.00
Acrylic removable partial denture, up to 6 pieces, total (Including clasps or retainers)	€335.00	€335.00	€415.00
Acrylic removable partial denture, 7 to 10 pieces, total (including clasps or retainers)	€205.00	€205.00	€260.00
Acrylic removable partial denture, 7 to 10 pieces, total (including clasps or retainers)	€250.00	€250.00	€330.00
Acrylic removable partial prosthesis from 11 pieces onwards, total (including hooks or retainers)	€285.00	€285.00	€345.00
Repairs or repairs (Hooks, reinforcements, retainers, adding pieces, welding...)	€40.00	€40.00	€45.00
metallic reinforcements	€40.00	€40.00	€50.00
Rebases (Each arch)	€40.00	€50.00	€55.00
Soft relines (Per arch)	€50.00	€55.00	€70.00
Hypoallergenic resin surcharge (Each arch)	€50.00	€50.00	€55.00
<b>J. Flexible removable prosthesis (*See note)</b>			
<b>Prescription preparation and placement, if applicable, of:</b>			
Valplast or flexite prosthesis of 1 to 2 pieces	€565.00	€565.00	€620.00
Valplast or flexite prosthesis of 3 to 5 pieces	€595.00	€595.00	€660.00
Valplast or flexite prosthesis of more than 6 pieces Preparation and placement of repairs or repairs For added pieces (Each one)	€650.00	€650.00	€715.00
Neobase (Up to 5 pieces)	€80.00	€80.00	€85.00
Neobase (Plus 5 pieces)	€80.00	€80.00	€85.00
Neobase (Up to 5 pieces)	€85.00	€85.00	€90.00
Neobase (Plus 5 pieces)	€175.00	€175.00	€190.00
Valplast or flexite including cast and pieces, from 1 to 5 units Valplast or flexite including cast and pieces of 6 K or more.	€665.00	€665.00	€700.00
prostheses (*See note)	€745.00	€745.00	€770.00
<b>Prescription preparation and placement, if applicable, of:</b>			
Skeletal (Basic structure for one or several pieces)	€205.00	€205.00	€225.00
Finishing in acrylic per piece in casts Veneered pieces, metal occlusal face (Each)	€55.00	€55.00	€60.00
Repairs or repairs (Hooks, reinforcements, retainers, adding parts, welding...)	€30.00	€30.00	€40.00
Precision Attachments (Each)	€45.00	€45.00	€50.00
Aesthetic hooks (Acetal resin) (Each)	€100.00	€100.00	€110.00
Replacement of retention systems (horses or teflons)	€70.00	€70.00	€100.00
Replacement of retention systems (horses or teflons)	€55.00	€55.00	€60.00
<b>L. Oral Surgery</b>			
Simple Extraction. Extraction of dental piece	Nothing	Nothing	€15.00
Cordal included extraction of a piece with or without cyst	€60.00	€60.00	€105.00
Other dental pieces included. Extraction of a piece with or without a cyst	€50.00	€50.00	€100.00
Extraction of root remains with or without surgery	€55.00	€55.00	€110.00
Odontogenic cyst Tooth not included. Extraction of a piece with or without a cyst	Beef	Beef	€65.00
Apicoectomy	€40.00	€40.00	€85.00
Fenestration	€65.00	€65.00	€110.00
Tongue or labial frenulum. frenectomy	€40.00	€40.00	€115.00
Tongue or labial frenulum. frenectomy	€35.00	€35.00	€75.00

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Therapeutic root amputation (Hemisection)	€45.00	€45.00	€70.00
Regularization of alveolar ridges	€35.00	€35.00	€75.00
biopsy taking	Nothing	Nothing	Nothing
maxillary tori	€50.00	€50.00	€80.00
Partial Gingivectomy (Per Quadrant)	€40.00	€40.00	€45.00
<b>M. Implantology surgical phase</b>			
Implant placement	€500.00	€555.00	€675.00
Implantology revisions	Nothing	Nothing	€25.00
sinus lift	€315.00	€350.00	€385.00
Placement of biological materials (lyophilized bone and other biomaterials)	€225.00	€260.00	€210.00
Guided tissue regeneration with resorbable membrane	€270.00	€415.00	€460.00
Placement of en bloc lyophilized bone graft Placement	420, €00	€465.00	€560.00
of non-resorbable membranes (Includes removal)	€1,350.00	€1,620.00	
Placement of 6 mini-implants (upper arch)			
Placement of 4 mini-implants (lower arch)	€1,010.00	€1,120.00	€1,345.00
<b>N. Implantology prosthetic phase (*See note)</b>			
Implantological study	Nothing	Nothing	Nothing
<b>Prescription preparation and placement, if applicable,</b>			
Crown or metal-porcelain bridge on implants (Per piece)	€290.00	€320.00	€410.00
Zirconium crown or bridge on implants (Per piece)	€360.00	€400.00	€515.00
Lithium disilicate crown or bridge on implants (Per piece)	€360.00	€400.00	€515.00
Provisional crown on implants (Per piece)	€75.00	€85.00	€100.00
Tissue-supported prosthesis bar system (Includes bars and horses) (Per arch)	€1,030.00	€1,145.00	€1,180.00
Tissue-supported prosthesis (Per arch)	€1,030.00	€1,145.00	€1,180.00
Cast reinforcement tissue-supported	€135.00	€150.00	€180.00
prosthesis Anchorage system for overdentures (By balls, locators...) (Per unit)	€225.00	€250.00	€280.00
Replacement of retention systems (horses or teflons or overdenture females)	€50.00	€55.00	€60.00
Prosthetic Abutments (Per Abutment)	€285.00	€315.00	€335.00
Zirconium prosthetic abutments (Per abutment)	€325.00	€360.00	€395.00
Annual implant maintenance. Cleaning, prosthesis and plug placement Annual	Nothing	Nothing	Nothing
maintenance, hybrid, meso-supported prosthesis (Per arch)	€80.00	€90.00	€105.00
Full denture adaptation to mini-implants (Per unit)	€120.00	€135.00	€160.00
Complete removable prosthesis fixed with mini implants (Upper or lower)	€285.00	€315.00	€395.00
<b>O. Implantology: immediate loading (Only in authorized clinics, check availability)</b>			
Placement of an immediate-load implant Prosthetic	€585.00	€650.00	€780.00
attachments (Per abutment) for immediate loading Zirconium	€285.00	€315.00	€335.00
prosthetic attachments (Per abutment) for immediate loading	€325.00	€360.00	€395.00
Provisional crown on implants (Per piece) for immediate loading (includes abutment)	€255.00	€285.00	€340.00
Metal porcelain crown or bridge on implants (Per piece) for immediate loading Zirconium	€265.00	€295.00	€380.00
crown or bridge on implants (Per piece) for immediate loading <sup>P. Dental aesthetics</sup>	€360.00	€400.00	€515.00
<b>(*See note)</b>			
<b>Prescription preparation and placement, if applicable,</b>			
Porcelain inlay	€125.00	€125.00	€175.00
Composite inlay Porcelain	€95.00	€95.00	€115.00
veneers (Per piece)	€225.00	€225.00	€245.00
Zirconium or lithium disilicate veneers (Per piece)	€250.00	€250.00	€300.00
Ceramic crown or bridge without metal type in ceram, procera, empress (Per piece)	€360.00	€360.00	€515.00



Zirconium crown or bridge (Per piece)	€350.00	€350.00	€470.00
Lithium disilicate crown or bridge (Per piece)	€350.00	€350.00	€470.00
Dental whitening in consultation (LED lamp, plasma)	€260.00	€260.00	€330.00
Dental whitening in consultation (Laser) ** Internal	€410.00	€410.00	€480.00
dental whitening per piece each session Dental whitening at home (Splints, kit and visits included)	€35.00	€35.00	€60.00
home (Splints, kit and visits included)	€155.00	€155.00	€195.00
Combined teeth whitening. Consultation (Lamp) plus address Composite veneers (Per piece)	€350.00	€350.00	€435.00
	€95.00	€95.00	€140.00
<b>Q. Temporomandibular TMJ Articulation Pathology</b>			
Articulation study, anamnesis, exploration, record-taking, assembly and articulator analysis Periodic review	€65.00	€65.00	€110.00
Selective carving	Nothing	Nothing	Nothing
occlusal adjustment (Includes assembly of models in semi-adjustable articulator) (Full treatment)	€90.00	€90.00	€95.00
Treatment with Michigan-type neuromuscular unloading splint Treatment with mandibular advancement splint	€200.00	€200.00	€205.00
	€255.00	€255.00	€285.00
Repairs, relines and readjustments of the splint	€40.00	€40.00	€40.00
Placement of buttons and elastic class III (Unit)	€150.00	€150.00	€150.00
<b>A. Various</b>			
Precious or semi-precious metal surcharges	Seg. Price	Seg. Price	Seg. Price €15.00
Diagnostic wax-up (per piece)	€15.00		€20.00

The applicable dental acts in each center will appear in the Dental Tables (Dental Services, available at [www.adeslas.es/cuadro dental](http://www.adeslas.es/cuadro dental)).

(\*) These dental acts will be applicable in the Adeslas Dental Clinics, which can be consulted at [www.adeslas.es/cuadro dental](http://www.adeslas.es/cuadro dental) (\*\*)

Dental acts of the Optimal modality, identified in the Dental Table with gray shading.

(\*\*\*) Dental Acts of the Dental modality, identified in the Dental Table without shading.

NOTE: All medical devices, including prostheses, repairs, additions of parts or components thereof, are manufactured, carried out and marketed by duly authorized laboratories.

\*\* Only in clinics with this technology.

Valid dental acts except typographical error.

Health insurance contracts with individuals in the modality of provision of services with a medical chart are usually one-year contracts that are automatically extended for another year if none of the parties opposes it. This possibility of opposing the extension is a power that insurance companies only exercise exceptionally in extreme and serious cases due to misuse of the policy, but never due to excess claims or age.

Notwithstanding the foregoing, the insurance company adhering to this guide will not oppose the extension of the contract in the cases included in this annex and provided that the following conditions are met:

1. Not to oppose the extension of insurance contracts that have insured with certain situations of serious illness, as long as the first diagnosis has occurred during their registration period in the policy. The diseases with ongoing treatment within the contract will be those listed below:

- Active oncological processes.
- Cardiac diseases subject to surgical or interventional treatment.
- Organ transplant.
- Complex orthopedic surgery in the evolution phase.
- Degenerative and demyelinating diseases of the nervous system.
- Acute renal failure.
- Chronic torpid respiratory failure.
- Chronic liver diseases (Excluding those of alcoholic origin).
- Acute myocardial infarction with heart failure.
- Macular degeneration.

2. Do not exercise opposition to the extension with respect to insurance contracts that have insured persons over 65 years of age, when their accredited permanence in the entity, without non-payment, reaches a continuous age of 5 or more years.

3. The previous commitments will not apply or will be without effect in those cases in which:

- The Insured had breached his obligations or there had been reserve or inaccuracy on his part when declaring the risk.
- Non-payment of the premium or refusal to accept its update by the Policyholder.

4. The waiver by the company of its right to oppose the continuation of the policy inexcusably requires that the Policyholder accept the premium and participation in the cost of the services that correspond to him, and that the Insurer may periodically update to adapt them to the evolution of insurance costs, always in accordance with actuarial criteria and within the limits of the law and the contract.