

This document provides general descriptive information about the insurance product. Complete pre-contractual and contractual information concerning the product is provided in the information note in the General and Particular Terms and Conditions and in the other documentation delivered with the Insurance Policy.

What does this type of insurance consist of?

ASISA HEALTH RESIDENTS is a healthcare insurance policy for individuals who do not hold a Spanish passport/National ID Card and who need compulsory health insurance to apply for residency and reside in Spain. The policy includes comprehensive coverage (hospital and outpatient care) that provides access to any of the medical professionals and centres in the ASISA Medical Directory specifically drawn up for this product. No co-payments or Waiting Periods are required.

Moreover, it offers the possibility to voluntarily take out three optional cover products (Accidental Death Benefit, Hospitalisation Benefit and Dental Insurance).



What does the policy cover?

Mandatory Healthcare Cover:

- ✓ Emergency service.
- ✓ Primary medicine, paediatrics, specialised medicine, means of diagnosis, special treatment techniques, chiroprody, psychotherapy, family planning, childbirth preparation, stomatology, second opinion, preventive medicine and virtual doctor.
- ✓ Hospitalisation: Hospital and Day Hospital admission for maternity, paediatric, surgical, medical and psychiatric purposes and specialised unit hospitalisation (ICU, etc.).
- ✓ Outpatient surgery.
- ✓ Transfer of sick persons in ambulance.
- ✓ Prostheses and implants.
- ✓ Transplants.
- ✓ Accidents at work and compulsory motor vehicle insurance.
- ✓ Travel assistance.

Optional cover:

- ✓ Accidental Death Benefit.
- ✓ Hospitalisation Benefit.
- ✓ Dental insurance:
 - Dental care in accordance with the table of coverage and excesses.
 - Reimbursement of dental medical expenses incurred as a result of Oral Accidents and for expenses stemming from contingencies following the completion of certain oral treatments.

Full details on the cover included are available to Insured Parties in the product General Terms and Conditions.



What is not covered by the policy?

- ✗ Healthcare resulting from disorders prior to taking out the Insurance Policy or present at the time of taking out the Insurance Policy, known and not declared in the questionnaire to be completed by the Insured Party.
- ✗ Healthcare resulting from disorders caused by the participation of the Insured Party in professional or sporting activities that involve high levels of danger.
- ✗ Plastic surgery for cosmetic reasons. Gender reassignment surgery, bariatric surgery and robotic surgery.
- ✗ Means, procedures and techniques of diagnosis or treatment that are not recognised or universalised in standard medical practice.
- ✗ Any diagnostic or therapeutic technique not expressly covered by the policy, as well as any attention prescribed and/or provided by healthcare providers or centres not approved by the Insurance Company.
- ✗ With respect to accident cover: those caused by acute myocardial infarction or other analogous or similar cardiovascular or cerebrovascular episodes and those occurring under the influence of alcoholic beverages or narcotics.

Full details on the cover exclusions are available to Insured Parties in the product General Terms and Conditions.



Are there any limitations regarding coverage?

- ! Chiroprody: up to 12 sessions/policy year. Psychiatric Hospitalisation: up to 50 days/policy year.
- ! Transplants: only bone marrow and corneal transplants are covered.
- ! Psychotherapy: Up to 40 sessions/policy year for eating disorders, cyberbullying, school bullying, gender-based violence, etc. and up to 20 sessions/policy year for the remaining pathologies covered by this Benefit.
- ! Travel assistance: medical expenses up to €25,000 per Insured Party per trip.
- ! Accidental Death Benefit and Hospitalisation Benefit: renewal until the age of 70 years.

Full details on cover limitations are available to Insured Parties in the product General Terms and Conditions.



Where am I covered?

- ✓ In Spain, except for that which is established for travel assistance, and the Optional Accidental Death Benefit Cover and Optional Hospitalisation Benefit Cover, for which there is also cover abroad



What are my obligations?

- Prior to the conclusion of the Insurance Policy and in accordance with the Health Questionnaire the Insurance Company requires the Insured Party to complete, inform ASISA of all circumstances known to the Insured Party that may influence the policy risk assessment.
- Sign the Insurance Policy and pay ASISA the Premium (price of the insurance).
- Notify ASISA of any change of address of the Insured Party that figures in the Insurance Policy no later than 8 days as of the change of address.
- Mitigate the consequences of the Claim by using the means at the disposal of the Insured Party for prompt recovery.
- Provide ASISA with all the information it requires in order to claim the cost of the care Benefit from the liable party (in cases where this is legally possible).
- The Policyholder and the Insured Party are obliged to provide ASISA, whenever so expressly required, with the medical reports and/or quotes of the provider to enable ASISA to determine whether the care required is covered under the policy.
- Notify ASISA of the loss, theft or deterioration of the Health Card as soon as possible, so that a new one can be issued and sent to the Insured Party's address indicated in the Insurance Policy, thereby cancelling the previous one.
- Provide ASISA with documentation accrediting the obligation to take out compulsory healthcare insurance in order to apply for or renew the residence permit in Spain, which ASISA deems relevant for taking out the insurance.



When and how do I have to make payments?

- Payment of the first Premium is due after having signed the Insurance Policy and must be paid by bank card (credit/debit).
- In the event that the Insurance Policy is extended, payment of the Premium will be made by direct debit, with the possibility of payment in instalments.
- If Optional Dental Insurance Cover is taken out, any Excesses must be paid directly to the health care provider.



When does cover begin and end?

- Cover begins with the payment of the first Premium and the cover will be provided by ASISA as of the date of commencement of the Insurance Policy/Optional Cover for the term specified in the Particular Terms and Conditions/supplement.
- It may be extended for successive policy years.



How can I rescind the Insurance Policy?

- The duration of the Insurance Policy will be expressly indicated in the Particular Terms and Conditions and will be renewed for successive policy years, unless the Policyholder or the Insured Party objects, in advance, to extending the Insurance Policy.