

REIMBURSEMENT OF MEDICINES PURCHASED AT A PHARMACY 2016

This insurance cover is provided as from 1 January 2014 solely for customers who have a Caser Salud Prestigio, Caser Salud Integral or Caser Salud Activa insurance policy.

Purpose and description of cover

This cover is for the reimbursement of medicines that are purchased in Spain, prescribed by a medical practitioner who is in Caser's Services Guide to treat conditions suffered by the insured covered by this policy, and which are listed in the Spanish Official Catalogue of Medical Specialities financed by the National Health Service.

Standard vaccinations for children (up to 15 years old) recommended by the Spanish Association of Paediatrics in its official immunisation schedule, which is published each year, will also be reimbursed. They should be prescribed by a pedestrian, and **not be financed by the National Health Service as part of the immunisation schedule of the region where the insured lives**. This list of vaccinations is available at <http://vacunasaep.org>.

Therefore **vaccinations which are not used to prevent infectious diseases, such as desensitising or allergy vaccines, are not covered by this policy.**

The Insurer will reimburse 50% of the cost of these medicines/vaccines, up to a maximum of €100/insured and per year. In order to be reimbursed, the insured should attach the receipt, and the original prescription from the doctor, to the request for reimbursement form.

The minimum amount that can be reimbursed (minimum transaction) for one or several invoices in the same request for reimbursement form is €10, and the money will be paid into the account that the policyholder has designated for the payment of the premium.

How to claim reimbursement for medicines purchased at a pharmacy

In order to claim reimbursement of these expenses, the policyholder or, when applicable, the insured should provide the Insurer with the following documentation:

- a) The Insurer's **request for reimbursement form, duly filled in and signed** by the **insured**.
- b) **The original invoice receipts** which show that the invoices have been paid at the pharmacy.
- c) **Original prescriptions.**

In order for the healthcare expenses to be reimbursed all the documents must have the name and surnames of the patient who received the treatment.

Furthermore, **the insured undertakes to cooperate with the Insurer in any way in order to help it obtain all the information it requires about the claim and its consequences.**

Settlement and payment




After the Insurer has received all the documentation necessary, and carried out the checks and calculations required to determine the amount of the reimbursement, it will reimburse or allocate the reimbursement to the insured within a maximum period of **15 business days**, depending on the circumstances.

If you have any queries or would like more information, please do not hesitate to call us on 901 33 22 33.

[seal] IMMUNISATION SCHEDULE OF THE SPANISH ASSOCIATION OF PAEDIATRICS
Vaccinations Advisory Committee – 2016

1 January, 2016

This immunisation schedule, designed for children and adolescents, specifies the age at which the Vaccinations Advisory Committee of the Spanish Association of Paediatrics considers that **routine** vaccines, namely vaccines that every child in Spain ought to receive, should be administered. It includes the following vaccines : those included in the official schedules administered free of charge in every region; **recommended** vaccines that are universal and which the Vaccinations Advisory Committee of the Spanish Association of Paediatrics considers should be given to every child, but which are prioritised in accordance with the availability of public financing, due to reasons of cost-effectiveness, and; vaccines that target **at-risk groups**, such as those indicated for individuals whose personal or environmental circumstances increase the likelihood that they will develop more severe forms of the disease or the destabilisation of an underlying disease.

IMMUNISATION SCHEDULE OF THE SPANISH ASSOCIATION OF PAEDIATRICS 2016 Vaccinations Advisory Committee										
VACCINE	Age in months							Age in years		
	2	3	4	5	6-7	12	13-15	2-4	6	11-12
Hepatitis B ¹	HBV		HBV			HBV				
Diphtheria, tetanus and pertussis ²	DTaP		DTaP			DTaP			DTaP	DTaP
Poliomyelitis ³	IPV		IPV			IPV			IPV	
<i>Haemophilus influenzae</i> type b ⁴	Hib		Hib			Hib				
Pneumococcal ⁵	PCV		PCV			PCV				
Meningococcal group C ⁶			MenC			MenC				MenC/ MenACWY
Measles, mumps and rubella ⁷						MMR		MMR		
Varicella ⁸							Var	Var		
Human papillomavirus ⁹										HPV 2 doses
Meningococcal group B ¹⁰		MenB		MenB	MenB		MenB			
Rotavirus ¹¹	RV		RV		RV					
Influenza ¹²					Flu (annual)					
Hepatitis A ¹³						HAV 2 doses				
<div><div> Routine</div><div> Recommended</div><div> At-risk groups</div></div>										

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The recommended accelerated or catch-up immunisation schedules should be applied whenever vaccination has not been performed at the specified ages. We recommend consulting the immunisation schedule of the corresponding region or autonomous city. Adverse reactions have to be reported to the health authorities.

(1) Hepatitis B vaccine (HBV): 3 doses of a hexavalent vaccine administered at 2, 4 and 12 months of age. The children of HBsAg positive mothers will also receive a monovalent hepatitis B vaccine birth dose and 0.5 ml of hepatitis B immune globulin (HBIG) within 12 hours of birth. The children of mothers whose serology is unknown should receive the neonatal dose, and her serology will be determined immediately. If the result is positive they should be administered HBIG as soon as possible in the first week of life. The administration of 4 doses of HBV vaccine is acceptable, in general, and recommended for the children of HBsAg positive mothers who have been vaccinated at birth and have a newborn weight of less than 2000 gr, as the neonatal dose in these cases is not sufficient. Unvaccinated children and adolescents will be administered 3 doses of a monovalent vaccine or a combined hepatitis A and hepatitis B vaccine at any age, according to the following schedule: 0, 1, 6 months.

(2) Diphtheria, tetanus and acellular pertussis vaccine (DTaP/Tdap): 5 doses: primary vaccination with 2 doses of DTaP (hexavalent) at 2 and 4 months of age; a booster dose (3rd dose) of DTaP (hexavalent) at 12 months; another dose with the reduced antigen of diphtheria-pertussis vaccine (Tdap-IPV) at 6 years of age (4th dose); and a final (5th dose) of Tdap at 11-12 years of age.

(3) *Haemophilus influenzae* type b conjugate vaccine (Hib): 3 doses: primary vaccination administered at 2 and 4 months of age, with a booster dose at 12 months (3rd dose).

(4) Inactivated poliovirus vaccine (IPV): 4 doses: primary vaccination with 2 doses at 2 and 4 months of age, and booster doses at 12 months (3rd dose) and 6 years of age (4th dose).

(5) Meningococcal C conjugate vaccine (MenC): 3 doses of monovalent conjugate vaccine (1 or 2 + 1 + 1 scheme): 1 dose at 4 months, another at 12 months, and one last dose at 11-12 years of age. Depending on the preparation used, primary vaccination may require one dose (at 4 months) or two (at 2 and 4 months). At the moment only two regions administer the 2-dose schedule in the first year of life (Madrid: 2 and 4 months, and Catalonia: 2 and 6 months). It may be advisable to replace the dose administered at 12 years of age with one dose of MenACWY.

(6) Pneumococcal conjugate vaccine (PCV): 3 doses: the first 2 doses at 2 and 4 months, with a booster dose at 12 months (3rd dose). If it is no longer state-funded in the routine immunisation schedule for children, the 3+1 scheme will still apply: 3 doses (at 2, 4 and 6 months) in the first year of life and a 4th dose at 12 months. The recommended vaccine in Spain is PVC13.

(7) Measles, mumps, and rubella vaccine (MMR): 2 doses of measles-mumps-rubella vaccine (triple viral). The first one at 12 months, and the second at 2 to 4 years of age, preferably at 2. Susceptible patients who are not in this age range should be vaccinated with 2 doses separated by at least a month.

(8) Human papillomavirus vaccine (HPV): only for girls, although men should be informed about HPV-4. Administer 2 doses at 11 to 12 years of age. The schedule varies depending on the preparation used: for the quadrivalent vaccine, a 2-dose schedule (at 0 and 6 months) for girls from 9 to 13 years of age, and a 3-dose schedule (at 0, 2, and 6 months) for girls aged 14 years or older. For the bivalent vaccine, a 2-dose schedule (at 0 and 6 months) for girls from 9 to 14 years of age, and a 3-dose schedule (at 0, 1, and 6 months) for girls aged 15 years or older. It can be administered at the same time as the MenC, HAV, HBV and Tdap vaccines.

(9) Varicella vaccine (Var): 2 doses: the first one at 15 months (at 12 months is also acceptable) and the second one at 2 to 4 years of age, preferably at 2 years of age. Susceptible patients not in this age range should be vaccinated with 2 doses at least 1 month apart.

(10) Meningococcal B vaccine (MenB): 4 doses: the first three at 2, 5-3 months, 4.5-5 and 6-7 months, with a booster dose at 13 to 15 months of age to avoid potential adverse reactions, and so that it can be administered with MenC.

(11) Rotavirus vaccine (RV): 3 doses of rotavirus vaccine, at 2, 4, and 6 months or at 2, 3, and 4 months. It is very important that the vaccine course is started between 6 and 12 weeks after birth, as this minimises risks, and it should be completed by 32 weeks of age. The doses should be separated by at least 4 weeks.

(12) Influenza vaccine (flu): yearly vaccination of patients at risk and individuals over 6 months old who live with them. 1 dose for individuals over 9 years of age; children aged 6 months to 9 years will receive 2 doses at least 1 month apart the first time they are vaccinated against influenza, and in subsequent years, if they remain at risk, they will be vaccinated yearly with a single dose.

(13) Hepatitis A vaccine (HAV): 2 doses at least 6 months apart, starting at 12 months of age. Targeted vaccination of patients travelling to countries with medium endemicity, and patients that belong to high-risk groups.