

SPECIAL CONDITIONS

CASER SALUD DENTAL SONRISA PERFECTA

These Special Conditions, which form part of the policy, extend the General Conditions to the following supplementary cover:

SUPPLEMENTARY COVER 1: **DENTISTRY HELPLINE AND EMERGENCIES**

Cover purpose and description:

The purpose of this cover is to provide emergency medical assistance derived from acute conditions originating in the teeth, until the patient can go to his or her dentist for the specific dental treatment the condition requires, and in the provinces or cities/towns that have this service.

For this purpose, the Insurer provides Insured Parties with a permanent 24 telephone service, both for any queries regarding their oral-dental health, and for emergencies. In this last case, Insured Parties will be informed on the most suitable steps to take with referral, when necessary, to a centre with which the Insurer has an agreement for treatment.

This cover does not extend to specific treatments in these centres or hospitalisation derived from the urgent medical dental treatment.

How the services are provided:

The Dental Guidance and Emergencies Service must be requested by calling the telephone **902 090 799** or online at casersalud.es. This service will be managed by ADVANCE MEDICAL.

The Insured Part may request the service 24 hours, 365 days a year, both to resolve oral-dental health doubts and queries and for emergencies.

There is a specialised medical team available from Monday to Friday, from 09:00 to 21:00 to resolve any oral-dental health doubts or queries that the Insured Party may have. Outside this timetable, the aforementioned team will contact the client within 2 hours, or in the case of online queries, within a maximum of 48 hours.

In the event of an emergency, the Insured Party will receive indications on how best to proceed and, if necessary, will be referred to one of the centres on the Insurer's panel.

Emergency treatment at one of the centres on the Insurer's panel will require prior authorisation from the Insurer, via the aforementioned telephone.

SUPPLEMENTARY COVER 2: **PHARMACY EXPENSES REIMBURSEMENT**

Cover purpose and description:

This guarantee covers reimbursement of the costs of medicinal products acquired in Spain, prescribed by a professional on the Insurer's Dental Medical Panel, for treatment of dental conditions, which are included in the Official Nomenclature of Medical Specialities financed by the Social Security.

Therefore, any pharmaceutical products not included in the aforementioned Nomenclature and all parapharmacy and oral-dental hygiene products are excluded.

Reimbursement will be made of 100% of the amount invoiced for these medicinal products, **up to a maximum of €40 per Insured Party and year**. To receive reimbursement, the Insured Party will have to provide the originals of both the receipt for the purchase and the medical prescription, together with the Insurer's standard reimbursement request form, which is attached to the insurance documentation and may also be downloaded from our webpage or requested on the customer support telephone **901 332 233**.

Formalities for expenses reimbursement:

To obtain reimbursement of healthcare expenses, the Policyholder or, as appropriate, the Insured Party must provide the Insurer with the following documentation:

a) Expenses reimbursement request, on the Insurer's form, duly completed and signed by the Insured Party.

b) Originals of the invoices with proof of having paid their amounts in the establishments (pharmacies).

c) Original medical prescriptions.

Reimbursement of the healthcare costs incurred will necessarily require that the documents identify, with name and surname(s), the patient that received the assistance.

Apart from all the aforementioned, the Insured Party undertakes to collaborate with the Insurer, when so requested, to complete the information regarding the claimable event and its consequences.

For the reimbursement to be made, the Insured Party must be registered on the policy covering the service and the premium must be paid up to date when the medicinal products are purchased.

Liquidation and payment:

Once all the required documentation has been received and the appropriate verifications carried out, the Insurer will have a period of **15 working days** to reimburse this amount, based on the circumstances of which it has notice.

SUPPLEMENTARY COVER 3: 24 H MEDICAL AND PAEDIATRIC HELPLINE AND ONLINE GUIDANCE

Cover purpose and description

The purpose of this cover is to serve as a reference to Insured Parties who wish to consult general health matters, providing information, guidance and advice on doubts, queries or the best way to proceed in the case of certain health problems.

In many cases referral to a medical healthcare centre may also be suggested, if necessary.

The most common queries to this service include:

- Help in understanding reports or diagnostic tests.
- Medical information on illnesses, treatments and health prevention.
- Use of medicinal products.
- Preparation for diagnostic tests or medical treatments.

- Advice regarding medical centres or specialists.
- Medical guidance and advice regarding specific symptoms (fever, vomiting, etc.).

Under no circumstances will the medical and paediatric guidance service constitute any diagnosis or medical treatment. The reply you receive should not be used to substitute your attending practitioner, as a clinical decision requires personalisation that can only be achieved with a personal interview.

In any case, this cover does not extend to any assistance or advice that cannot be provided by telephone or online.

How the services are provided:

The Insurer places at Insured Parties' disposal a 24 h telephone helpline **(902 090 799)**, as well as an online access platform via the webpage casersalud.es

This service is managed by ADVANCE MEDICAL, who will request the following information from the Insured Party as a means of identification: name, surname(s) and the Caser Health card number.

DOCUMENTACIÓN NO CONTRACTUAL