Health Insurance

Insurance Product Information Document

Company: Mudum-Companhia de Seguros, S.A.
Insurance Company authorised by the Insurance and Pension Funds Supervision Authority under no. 1134
Product: Health Insurance

This document summarises the main coverage and exclusions of the product. The complete pre-contractual and contractual information on the product is provided in other documents.

What kind of insurance?

The purpose of this Health Insurance is to guarantee Insured Persons the agreed benefits and the fixed pecuniary benefits, as a result of manifested illness or accident occurring during the duration of the contract.

What risks are insured?

Coverage and limits dependent on the Formula (pre-defined set of coverage) subscribed:

Formula S:

- ✓ Hospitalisation (Limit €20,000)
- ✓ Outpatient (Limit €1,000) - Optional Coverage
- ✓ Medical assistance (sending a doctor to the legal domicile and transportation by ambulance)
- ✓ Mental Health: Hospitalisation (Limit 15 days)
  When outpatient cover is contracted: Psychiatry Consultation (outpatient limit) Psychology and Psychotherapy Consultation (Limit 20 sessions)
- ✓ Dental Treatment and Dental Prostheses (1st annuity limit €50, 2nd annuity €75, 3rd annuity and following €100) - Optional Coverage
- ✓ Extension of provider network - Inpatient (HNA Spain Network)
- ✓ Online Medical Service
- ✓ 2nd International Medical Opinion
- ✓ Well-Being Network (Network access)

Formula M:

- ✓ Hospitalisation (Limit €75,000)
  - Additional Oncological Protection (Limit €75,000)
  - Sub-ceiling Birth (€3,000)
- ✓ Medical Assistance
- ✓ Outpatient (Limit €2,500)
  - Additional Oncological Protection (Limit €2,500)
- ✓ Mental Health Hospitalisation (Limit 15 days), Psychiatry Consultation (outpatient limit), Psychology and Psychotherapy Consultation (Limit 20 sessions)
- ✓ Extension of Provider Network - Inpatient and Outpatient (HNA Spain Network)
- ✓ 2nd International Medical Opinion
- ✓ Dental Treatment and dental prostheses (Limit €500)
- ✓ Online Medical Service
- ✓ Well-Being Network (Network access)

Formula L:

- ✓ Hospitalisation (Limit €250,000)
  - Sub-ceiling Birth (€5,000)
  - Additional protection Oncology (€250,000)
- ✓ Medical Assistance
- ✓ Outpatient (Limit €5,000)
  - Additional protection Oncology (€5,000)
- ✓ Mental Health: Hospitalisation (Limit 15 days), Psychiatry Consultation (outpatient limit), Psychology and Psychotherapy Consultation (Limit 20 sessions)
- ✓ Extension of Provider Network - Inpatient and Outpatient (HNA Spain Network)
- ✓ 2nd International Medical Opinion
- ✓ Dental Treatment and Dental Prostheses (Limit €1,000)
- ✓ Prostheses and Orthotics (Limit €2,000) (continued)

What risks are insured? (continued)

- Sub-ceiling Frames, Lenses and Contact Lenses (€200)
- ✓ Medications (Limit €200)
- ✓ 2nd International Medical Opinion
- ✓ Serious illnesses - Best Doctors (€1,000,000)
- ✓ Online Medical Service
- ✓ Well-Being Network – (Network access)

Optional Coverage (regardless of the formula subscribed):

- ✓ Daily Hospitalisation Allowance (€75 /day Max. 75 days)

The insured amount varies according to the coverage and the formula contracted, contained in the pre-contractual or contractual information.

What risks aren't insured?

Main risks excluded

- ✗ Surgery and/or treatment to correct congenital malformations, except for children born during the duration of the contract and included without completing the clinical questionnaire;
- ✗ Aesthetic or plastic surgery, except when consequence of an accident occurring or illness manifested during the term of this Contract;
- ✗ Obesity consultations, examination/treatment or surgery (including morbid obesity);
- ✗ Consultations, examinations/treatments or rejuvenation surgery or any other treatment of a predominantly aesthetic nature;
- ✗ Consultations, tests and treatments for infertility or artificial insemination;
- ✗ Expenses with medications, treatments or surgical interventions for contraceptive purposes;
- ✗ Haemodialysis;
- ✗ Organ and tissue transplantation;
- ✗ HIV infection and its implications;
- ✗ Check-ups and general health tests;
- ✗ Alcoholism, treatments for drug addiction, diseases or injuries acquired by the Insured Person after having consumed or acted under the influence of alcohol, narcotics, other drugs or toxic products, when not prescribed by a doctor;

- Accidents occurring during participation in motor sport competitions or in related training;
- The practice of professional sports;
- Occupational diseases and accidents at work;
- Expenses for other services that are not medically necessary; (*continued*)

What risks aren't insured? *(continued)*

- Accidents that have occurred and diseases contracted due to natural disasters of a catastrophic nature, during revolutions or due to the existence of a state of war, declared or not;
- Expenses with Acupuncture, Homeopathy, Naturopathy or other alternative medicines, not officially recognised by the Portuguese Medical Association;
- Health and hospitalisation expenses, when the treatments to be performed have the clinical purpose of convalescence, psychomotor rehabilitation, recovery or social reasons, namely those designated as continuous / palliative care, according to the Insured Person's state of health;
- Surgery for the treatment of snoring;
- New techniques and/or technologies, whose evidence of clinical effectiveness is not yet duly proven and/or disseminated to at least two providers in Portugal;
- Refractive surgery and/or treatments, except for situations above 4 dioptres;
- Gender Dysphoria - Consultations, Examinations, Treatments and Surgeries related to Gender Dysphoria and its complications.
- All risks not covered by the contracted coverage;
- All risks covered by any exclusion applicable to any of the contracted coverage.

Are there any restrictions on coverage?

Main restrictions

- ! Where omissions or inaccuracies occur in the risk statement;
- ! The entry into force of the coverage shall only occur, for each Insured Person, after a grace period has elapsed after their inclusion in the Policy of:
  - **Three months for the coverage of**: Hospitalisation; Extension of Provider Network-Inpatient; Extension of Provider Network - Outpatient; Daily Hospitalisation Allowance;
  - **Two months for the coverage of:** Outpatient; Dental Treatment and Prostheses; Prostheses and Orthotics; Medications;
  - **The grace period is further extended to twelve months in certain cases duly identified in the policy conditions.**
- ! Coverage ceases at the age of 70 if the Insured Person takes out insurance after the age of 55;
- ! Coverages for **Extension of provider network - inpatient and Serious Illnesses** cease at age 65 regardless of subscription age;
- ! Persons over the age of 60 are not allowed to take out insurance;
- ! Other restrictions apply to contract coverage which must be consulted in pre-contractual and contractual documentation.

Where am I covered?

- ✓ The coverage is valid in Portugal, and cover medical expenses incurred abroad in the following cases:
  - Accident or sudden illness that occurred during a trip abroad of less than 60 days;
  - On the recommendation of a specialist doctor and with the agreement of the Insurance Company.
- ✓ By express indication in the Special Terms and Conditions, this contract may also take effect in the countries indicated in the Specific Conditions under the terms and conditions referred to therein.

What are the my obligations?

- Declare, prior to signing the contract, all known circumstances deemed reasonably significant for the Insurance Company's risk assessment;
- Inform the Insurance Company of all circumstances that aggravate the contracted risk, within 14 days of becoming aware of them;
- In the event of an accident covered by this contract, notify the Insurance Company in writing, as soon as possible, and in no case later than 8 days from the day of the occurrence or from the day on which you became aware of it, explaining its circumstances, possible causes and consequences;
- Inform the Insurance Company at least 15 days in advance of any trip abroad, if the planned duration is longer than 60 days;
- Whenever one of the insured persons leaves the household he or she should be removed from the policy by signing a new contract.

When and how should I pay?

Unless agreed otherwise, the initial premium or its first instalment shall be due on the date of signing the contract. The payment of the premium is annual, and may be half-yearly, quarterly or monthly, according to the applicable instalment charges. The method of payment is by account debit.

When does the coverage start and end?

The risk coverage depends on the prior payment of the premium, starting on the date and time indicated in the policy.

The contract shall have a duration of one year renewable for equal periods.

How can I terminate the contract?

The contract may be terminated by the parties at any time, with just cause, via registered mail.

The contract may be terminated at least 30 days before the renewal date.

The policyholder who is a natural person can freely terminate the contract within 30 days from the date of signing the contract or the date of receipt of the policy.

This document is available in Portuguese, French and in English. In the event of any inconsistencies, the Portuguese-language version shall apply.