Non-binding courtesy translation

This English translation of the Portuguese original General Conditions is a voluntary courtesy translation provided to the customer. In any dispute, the Portuguese original shall prevail.

ADVANCECARE SAÚDE

HEALTH INSURANCE POLICY

GENERAL CONDITIONS

Preliminary Article

Generali Seguros, S.A., hereinafter the Insurance Company, and the Policyholder identified in the Schedule have executed an insurance contract which shall be governed by the General and Special Conditions and by the Schedule of this Policy, according to the statements indicated in the Subscription Form on which it was based, which is an integral part thereof.

ART. 1 - **Definitions**

1. Definitions regarding the entities involved in the health insurance contract:
   a) INSURANCE COMPANY: The entity legally entitled to carry out the insurance business, who subscribes to this Contract together with the Policyholder,
   b) ADVANCECARE: Exclusive and registered trademark of the products managed by AdvanceCare – Gestão de Serviços de Saúde, S.A., manager of the integrated healthcare system,
   c) POLICYHOLDER: The entity who executes the insurance contract with the Insurance Company and who is responsible for paying the premium,
   d) INSURED PERSON: Natural person identified in the Schedule whose health or physical integrity is insured through this contract, and who is a beneficiary of the guarantees of the Policy,
   e) PARTICIPANT: The Insured Person linked to the Policyholder through a professional bond or other, besides the insurance contractual relationship, after being included in the insurance contract,
   f) HOUSEHOLD: The set of persons identified in the Schedule formed by the Participant, his/her spouse or person living with him/her under common law marriage, his/her/their minor single descendants, (or if not minor, as long as they are students, including adopted or placed under their tutelage or care) living with the Participant.
2. Definitions regarding the documents that govern and are part of the insurance contract:
   a) POLICY: The set of documents that constitute the written expression of the insurance contract, including the General and Special Conditions, the Schedule, as well as any Addendums to the contract,
   b) GENERAL CONDITIONS: The set of clauses that define and regulate the general and common undertakings inherent to the insurance contract,
   c) SPECIAL CONDITIONS: The clauses that seek to clarify, complete or specify the provisions contained in the General Conditions, applicable to the subscribed covers,
   d) SCHEDULE: The document containing the provisions that are individual and specific to each insurance contract,
   e) ADDENDUM: The document containing an amendment to the Policy.
3. Definitions concerning the subscription of the health insurance:
   a) ADVANCECARE SAÚDE: Health insurance contract executed between the Insurance Company and the Policyholder, giving rise to the issuance of a Policy, whereby the Insurance Company guarantees the Insured Persons' access to AdvanceCare's network of healthcare providers, under the agreed terms and limits, with the determination of the financing criteria expressly indicated, or partial reimbursement of healthcare costs borne by entities that do not belong to said network,
   b) ADVANCECARE SAÚDE SUBSCRIPTION FORM: Document (form) to be completed and signed by the Policyholder and/or each Participant (Individual Accession Statement), which includes the essential information elements for the acceptance of the insurance contract or individual accession. This document is an integral part of the Policy when issued and binds all parties, i.e. the Policyholder, each Participant and the Insurance Company,
   c) CLINICAL QUESTIONNAIRE: Form containing a set of indicators related to health data, whose completion in paper or electronic platform and signature by the Participant or answer by telephone interview, is equivalent to a personal and exact statement regarding his/her health data.
4. Definitions regarding the guarantees of the health insurance contract:
   a) EVENT/CLAIM: The partial or full occurrence of the event that triggers the operation of the guarantees of the contract,
   b) ACCIDENT: Sudden, abnormal and fortuitous event, beyond the control of the Insured Person, causing him/her to sustain bodily injuries that may be clinically and objectively confirmed, susceptible of triggering the covers of the contract,
   c) ILLNESS: Involuntary change of the state of health, not caused by an accident, susceptible of being clinically and objectively confirmed,
   d) PRE-EXISTING ILLNESS OR INJURY: An illness or injury of which the Insured Person should have been aware or could not ignore, prior to the date of insurance subscription, as s/he underwent clinical investigation, previous treatment or other medical acts, or also by the evidence of specific signs and symptoms of the condition in question, before the date of commencement of the Insurance Contract,
   e) PRE-EXISTING PREGNANCY: Pregnancy manifested or that has given rise to any medical acts before the date of conclusion of the contract,
   f) MANIFESTED ILLNESS: Illness which has been revealed, undergone an unequivocal diagnosis and/or was treated,

g) SUDDEN ILLNESS: Any illness requiring emergency treatment in a hospital, whether in an inpatient or outpatient setting,

h) CONGENITAL ILLNESS OR MALFORMATION: Illness and/or malformation present at birth, as a result of hereditary factors or of conditions verified during pregnancy until birth. Congenital disease and/or malformation may be evident or recognised immediately after birth or be discovered later at any stage of the person's life, notwithstanding the nature thereof,

i) CLINICALLY REQUIRED SERVICES: Goods, services or healthcare deemed necessary for the treatment of an illness or injury arising from an accident, appropriate to the diagnosed situation, of acknowledged clinical validity, confirmed cost-benefit effectiveness and provided in accordance with protocols and standards recognised by the medical community,

j) PHYSICIAN: Medical or Dental Medicine School graduate, legally authorised to practice in his/her country, thereby excluding all those who practice specialties not recognised by the Medical Association, Dentists' Association or equivalent bodies of the country where the act takes place,

k) MEDICAL COSTS: Costs incurred by the Insured Person to purchase Clinically Required Services, provided they are prescribed or performed by a physician,

l) HOSPITAL OR CLINIC: Legally recognised establishment where health services are provided to the Insured Persons, by qualified physicians and health technicians, not being considered as such, for the purpose of this contract, thermal spas, sanatoriums, nursing homes, drug and alcohol-counselling centres and other similar establishments,

m) AGREED BENEFITS: Medical costs incurred by the Insured Persons within the previously indicated network of providers, the contribution payable by the Insurance Company being directly paid to the providers,

n) COMPENSATORY BENEFITS: Medical costs incurred by the Insured Persons outside the network of providers, which give rise to a direct reimbursement by the Insurance Company to the Insured Persons according to the percentage stipulated in the Schedule.

5. Definitions related to the amounts referred to in the health insurance contract:

   a) PREMIUM: Amount paid by the Policyholder to the Insurance Company as consideration for the covers subscribed to under the insurance contract,

   b) INSURED AMOUNT: Maximum amount of the benefit to be paid by the Insurance Company, due to a claim or insurance annuity, according to the provisions in the contract,

   c) CONTRIBUTION: Percentage or maximum amount of medical costs guaranteed by this contract, payable by the Insurance Company,

   d) COPAYMENT: Amount payable by the Insured Person for each medical act or set of medical acts, under the terms stipulated in the Schedule,

   e) DEDUCTIBLE: Sum which, in the event of a claim, is payable by the Insured Person, the amount of which is indicated in the Schedule,

   f) GRACE PERIOD: Period of time that defers the commencement of the guarantees of the Policy to a date after the one where the contract was signed,

   g) PREAUTHORISATION: Approval given by the clinical services of AdvanceCare, when required under the Policy, which allows the access by the Insured Persons to the healthcare guaranteed by this contract, without which they cannot be financed or reimbursed,

   h) RESPONSIBILITY STATEMENT: Document issued by the Insurance Company and/or AdvanceCare, which expresses the assumption of responsibility for the costs inherent to the performance of a particular medical act or procedure, under the terms and limits of the covers of the insurance contract,

   i) MINOR SURGERY: Any surgery whose relative valuation is equal to or lower than 100 Ks, according to the valuations established by the Code of Nomenclature and Relative Value of Medical Acts, published by the Medical Association.

6. Definitions regarding the AdvanceCare Health System:

   a) ADVANCECARE NETWORK OF PROVIDERS: Set of healthcare providers, namely physicians, hospitals, clinics, diagnostic centres and other healthcare facilities with which the Insurance Company and/or AdvanceCare has entered into a service contract, ensuring to the Insured Persons the performance of the services guaranteed by the contract within the scope of the Agreed Benefits,

   b) DENTINET NETWORK OF PROVIDERS: Set of healthcare providers, namely physicians specialised in stomatology, dentistry, dental surgery, orthodontics, oral hygiene or stomatological prostheses, clinics, diagnostic centres or other dental healthcare units with which AdvanceCare has entered into a contract for the provision of clinical services, ensuring to the Insured Persons the healthcare covered by this Contract,

   c) ADVANCECARE HEALTH CARD: Personal and non-transferable card, materialised in a physical or digital card, that identifies the Insured Person and enables the access to healthcare within the scope of the network of providers,

   d) HEALTHCARE MANAGER: Entity that manages the financing to the Insured Person and the payment to the providers of the agreed network (namely doctors, hospitals, clinics, centres of supplementary means of diagnosis and therapy), under the terms and limits agreed.

7. Definitions pertaining to the types of health insurance:

   a) INDIVIDUAL INSURANCE: Insurance subscribed for natural persons which, being able to include within the scope of the cover a Household, does not constitute a Group Insurance,

   b) GROUP INSURANCE: Insurance of a group of persons linked to each other and to the Policyholder by a bond other than that of insurance,

   c) CONTRIBUTORY GROUP INSURANCE: Group Insurance in which the Insured Persons contribute in whole or in part to the payment of the premium,

   d) NON-CONTRIBUTORY GROUP INSURANCE: Group Insurance in which the Policyholder pays the full premium,

   e) INSURABLE GROUP: A group of persons linked to each other and to the Policyholder by a bond or common interest other than that of the insurance itself.

ART. 2 - **Object and Guarantees of the Contract**

1. **This contract guarantees,** in accordance with the provisions in these General Conditions, the subscribed Special Conditions and up to the limits established in the Schedule of the Policy, **the payment to the Insured Persons of agreed benefits, compensatory benefits and/or daily allowance for hospitalisation due to an illness or accident occurred during the term of the contract.**

2. Where expressly provided for in the Schedule, the provision of medical care services may also be guaranteed, as defined in the Special Condition of Assistance to Persons.

3. **This contract shall not guarantee the payment of any medical or pharmaceutical costs claimed by the network of hospitals and other institutions that are part of the National Health Service in case the Insured Person, being a beneficiary of such service, is assisted there.**

   However, the payment of the user charges is guaranteed.

ART. 3 - **Basis of the Contract**

The Insurance Subscription Form, the Individual Accession Statement, the Clinical Questionnaire of each Insured Person, constitute the basis of the insurance contract and are an integral of the Policy, as well as the clinical documentation necessary for the acceptance by the Insurance Company of the contract or individual accession.

ART. 4 - **Territorial Scope**

1. **The contract is valid in Mainland Portugal and Autonomous Regions of Azores and Madeira.**
2. **The contract is valid abroad where one of the following conditions is verified:**
   a) **In case of an accident or sudden illness, when the Insured Person is abroad for a period not exceeding sixty (60) days.**

      If the cover Assistance to Persons is subscribed and expressly indicated in the Schedule, this risk extension shall only be guaranteed after the depletion of the insured amount indicated for "Medical, surgical, pharmaceutical and hospitalisation costs abroad", under the terms and provisions in paragraph 1 of article 4 of the Special Condition "Assistance to Persons",

   b) **In case of any treatment abroad, provided that a medical entity appointed by AdvanceCare or the Insurance Company recognises the impossibility of carrying out the treatment in question in national territory,**

   c) **Where the scope of the covers subscribed by the Insured Person expressly provides for its application abroad, provided that the Insured Person is there for a period not exceeding 180 days.**
3. **Where expressly provided for in the Schedule, and without prejudice to the provisions in paragraph 2 of this article, the contract may also take effect abroad, under the conditions and terms provided for in the Particular Clause "Territorial Extension" contained in these clauses.**
4. **Notwithstanding the foregoing, where the Special Condition of "Serious Illnesses" has been subscribed to, it is expressly stated that the guarantees provided for under the aforementioned Special Condition are exclusively applicable abroad.**

ART. 5 - **Agreed benefits**

1. **Within the scope of agreed benefits, the Insurance Company guarantees to the Insured Persons direct access to physicians, hospitals or health units, centres of supplementary diagnostic tests and other healthcare services that, at each moment, are part of the AdvanceCare Healthcare System, whose conditions of use are set out in the Policy.**
2. **In respect of services that are not contracted with the healthcare providers referred to in the previous paragraph, the compensatory benefits scheme provided for in the following article shall apply.**
3. **The financing conditions include maximum limits, as well as copayments or excesses payable by the Insured Person, in relation to specific medical acts, regardless of the capitals guaranteed or available at each moment.**
4. **The triggering of the covers provided for in the Schedule is subject to analysis of clinical process and depends on the express authorisation of the clinical services of the Insurance Company, which is carried out with the observance, exclusively, of medical criteria, according to the principles of good clinical practice.**
5. **AdvanceCare provides the Insured Person with online access to the list of service providers who, at each moment, are included in the AdvanceCare Network, being at the discretion of the Insured Person the choice of the entity appropriate to his/her condition.**
6. **Where the Insured Person resorts to an entity that is not part of the AdvanceCare Network, the scheme provided for in the following article shall apply.**

ART. 6 - **Compensatory benefits**

1. **The Insurance Company undertakes, under the terms and limits set forth in the General and Special Conditions and in the Schedule, to reimburse the costs incurred by the Insured Person with clinical service providers not included in the AdvanceCare Network, subject to the parameters of valuation of medical acts according to the table of relative values established by the Medical Association.**
2. **Where the Insured person resorts to an entity that is part of the AdvanceCare Network, but in the form of compensatory benefits, s/he shall benefit from the application of the agreed prices, notwithstanding the fact that the Insurance Company shall owe him/her only the amount of reimbursement provided for in the Schedule.**

ART. 7 - **Grace Periods**

1. **The periods of time between the date of accession to the insurance and the date at which the guarantees thereof can be triggered are set forth in the applicable Schedule and Special Conditions.**
2. **The grace period is extended to 1 year (365 days) in cases of costs motivated by:**
   - **Varicose vein surgery,**
   - **Gynaecological and urological surgeries due to a benign pathology,**
   - **Lithotripsy for kidney or gallbladder stones,**
   - **Proctologic surgery and treatments,**
   - **Breast surgery due to a benign pathology,**
   - **Thyroid surgery due to a benign pathology,**
   - **Cholecystectomy,**
   - **Ear, nose and throat surgeries,**
   - **Any surgery of the knee or hip,**
   - **Excision of benign skin or subcutaneous lesions,**
   - **Ophthalmologic treatments/surgery,**
   - **Surgery of hernias,**
   - **Arrhythmology,**
   - **Pregnancy,**
   - **Spontaneous abortion,**
   - **Delivery.**
3. **There shall be no application of any grace period in the event of an accident requiring emergency**

treatment in a hospital, whether in an inpatient or outpatient setting.

For the purpose of the above, urgent treatment is considered to be the treatment that must be performed within 48 hours after the claim.

4. **Without prejudice to the foregoing, where the Policyholder/Insured Person has subscribed to the guarantee of "Serious Illnesses" a grace period of 180 days shall apply concerning the persons covered.**

ART. 8 - **Exclusions**

1. **Except where otherwise provided for in the Schedule, are not guaranteed under this contract any benefits arising from:**

   a) **Pre-existing illnesses or injuries resulting from an accident, as defined in Article 1(4)(d),**

   b) **Pre-existing pregnancy, as defined in Article 1(4)(e),**

   c) **Voluntary abortion,**

   d) **Congenital illnesses or malformations, except in the case of children born during the term of the contract and included in the insurance contract within thirty (30) days of birth, provided that the whole household is already included in the contract and that it has been in force in the Policy for at least one year,**

   e) **Appointments, treatments and/or surgeries of an aesthetic or plastic nature, except as a consequence of an accident occurred or illness manifested during the validity of this contract,**

   f) **Weight loss and rejuvenation appointments, examinations or treatments,**

   g) **Treatments or surgeries to correct obesity, including situations of morbid obesity,**

   h) **Nutrition and dietetics appointments, examinations and treatments,**

   i) **Infertility appointments, examinations and/or treatments or any method of artificial fertilisation and its consequences, in particular spontaneous abortions. However, the costs incurred with normal delivery or C-section stemming from said treatments are guaranteed if the respective cover has been subscribed,**

   j) **Alcoholism and treatments related to drug addiction, as well as all illnesses or injuries acquired by the Insured Person due to having acted under the influence of alcohol, narcotics, other drugs or toxic products, if not prescribed by a physician,**

   k) **Illnesses arising from the effects of radioactivity,**

   l) **Hemodialysis treatments,**

   m) **Transplantation of organs, tissues and its implications, except where otherwise expressly agreed under the terms of additional cover, if subscribed and indicated in the Schedule,**

   n) **Any pathologies arising directly or indirectly from the action of the human immunodeficiency virus (AIDS),**

   o) **Treatment for varicose veins, namely sclerosing injections and laser,**

   p) **Hospitalisation/refractive treatment for myopia, astigmatism and hypermetropia (surgical or laser),**

   q) **Surgeries to correct snoring,**

   r) **Officially declared epidemic diseases,**

   s) **Occupational injuries and illnesses as well as other accidents or illnesses that must be covered by compulsory insurance,**

   t) **Any injuries as a consequence of:**

      - **Natural calamities,**
      - **Acts of terrorism, including those involving the use of bacteriological weapons or chemical agents or also environmental contamination,**
      - **Acts of war, civil war and public disturbances,**
      - **Intervention in criminal acts,**
      - **Intervention in brawls, except in case of legitimate self-defence or in order to protect other persons and assests,**

   u) **Any accidents arising from:**

      - **Skiing and other winter sports, diving, underwater hunting, water skiing, powerboating, canoeing, rafting, horse riding, bullfighting or running of bulls, hunting of ferocious animals or those considered to be dangerous, boxing, martial arts, fighting, speleology, climbing, slide, rappel, mountaineering, bungee jumping, mountain biking, free fall, paragliding, hand gliding and parachuting,**
      - **Participation in sports competitions and respective trainings, both as professional and amateur,**
      - **Practice of motor sports, as a professional or amateur, occasionally or on a regular basis,**

   v) **Accidents stemming from the use of motor vehicles, including two-wheeled vehicles, where the resulting costs are to be compensated within the scope of motor civil liability,**

   w) **Medical acts practiced as a consequence of illness or accident that has been intentionally caused by the Insured Person, including attempted suicide or the worsening of his/her state of health.**

2. **This contract also does not guarantee the payment of any costs incurred with:**

   a) **Rest cures, general routine tests and check-ups,**

   b) **Health expenses, when, according to the state of health of the Insured Person, the treatments to be performed are of a purely palliative nature, for convalescence, psychomotor rehabilitation or social reasons,**

   c) **Contraceptive methods or methods performed for this purpose, including any methods of birth control and family planning, including costs with medication, treatments or surgeries for contraceptive purposes,**

   d) **Consultations and/or treatments not officially recognised by the Portuguese Medical Association,**

   e) **All costs associated to medical procedures classified as experimental, as well as new techniques and/or technologies for which evidence of clinical effectiveness has not yet been duly substantiated,**

   f) **Services which are not clinically necessary, as defined in Article 1,**

   g) **Purchase or rental of the following medicinal products, namely:**

      - **Catheters and urine containment pouch,**

- **Colostomy and urostomy bags,**
- **Insulin syringes or needles for insulin pens,**
- **Anti-bedsore mats,**
- **Containment diapers,**
- **Lumbar supports,**
- **Braces/straps,**
- **Support girdles,**
- **Cervical collars,**
- **Test strips for diabetics,**
- **Elastic stockings,**
- **Insoles,**
- **Nebuliser machines,**
- **Syringes and needles,**
- **Joint immobilisers,**
- **Brachial suspension devices,**
- **Elastic bandages, knee braces, cuff bands and ankle braces,**
- **Bras,**
- **Medicinal pillows and mattresses,**

h) **Nursing treatments provided at home or during hospitalisation not included in the hospital's services,**

i) **Acts performed by healthcare professionals who are the spouse, parents, children or siblings of the Insured Person,**

j) **Costs with accompanying persons, except in cases of hospitalisation of children under the age of 14,**

k) **Costs of a personal nature, such as communications, rental of sound and/or image equipment, etc.,**

l) **Trips and accommodation in Portugal and abroad, except where they are guaranteed under the subscribed covers, as indicated in the respective Special Conditions.**

3. **Whenever the cover supplied by this policy implies the violation on any embargoes or financial or economic sanctions issued by the European Union, by the United Nations Security Council, by the OFAC (Office of Foreign Assets Control) or by the HM Treasury, the cover will be deemed null and void, and shall be of no effect.**

   In addition to the provisions in the previous paragraph, in accordance with national and international standards and good business practices, the Insurance Company reserves the right not to perform any operations on a policy that is or is suspected to be related to the practice of crimes of money laundering and/or financing of terrorism.

ART. 9 - **Basis of the Contract**

1. **This contract shall be based on the statements contained in the respective subscription form and individual statements, in which must be mentioned, with all accuracy, all facts or circumstances enabling the exact assessment of the risk or which may influence the acceptance of said contract or the correct determination of the applicable premium, even the circumstances whose mention is not expressly requested in the questionnaire provided or made by the Insurance Company for the purpose, under penalty of suffering the consequences provided for in articles 12 and 13 below.**
2. Without prejudice to the provisions in the following paragraph, where the Policyholder is a natural person, the contract is concluded under the proposed terms if, within fourteen (14) days from the date of receipt of the duly completed subscription form together with the requested documents, the Insurance Company has not communicated its acceptance or refusal or has not requested additional clinical information, reports or medical questionnaires essential to the assessment of the risk.
3. The provisions in the previous paragraph shall not apply if the Insurance Company proves that, in no case, it enters into contracts with the characteristics stated in the subscription form.
4. Except in situations where the Insurance Company expresses the need to collect additional information, the contract shall be deemed to have been entered into as of midnight of the day following the date of receipt of the Subscription Form by the Insurance Company, unless otherwise indicated therein.

ART. 10 - **Effects of the Contract**

1. Without prejudice to the provisions in the previous article, this contract and its covers shall take effect only once the respective premium or initial fraction thereof is paid by the Policyholder.
2. The provisions in the preceding paragraph shall not affect the course of the grace periods applicable to the contract.

ART. 11 - **Consolidation of the contract**

Thirty (30) days having passed after delivery of the policy by the Insurance Company, the contract is consolidated and the Policyholder cannot, after that date, invoke any inconsistency between what was agreed and the content of the policy that does not arise from a written document or other durable medium.

ART. 12 – **Intentional Omissions or Inaccuracies by the Policyholder/Insured Person in the Initial Risk Statement**

1. **In the event of intentional omissions or inaccuracies in the Initial Risk Statement made by the Policyholder or in the individual statements made by the Insured Persons or by the Participants, the contract or accession is cancelled by the Insurance Company upon the sending of a statement to the Policyholder and/or the Insured Person for that purpose within three (3) months of becoming aware of the non-compliance.**
2. **If claims occur, whether before the Insurance Company has become aware of the intentional non-compliance or within the period referred to in the preceding paragraph, they shall not covered by the contract.**
3. **Notwithstanding the provisions in the preceding paragraphs, the Insurance Company shall be entitled to the premium due up to the end of the period referred to in paragraph 1, or, in cases where the Policyholder/Insured Person intended to secure an advantage, until the end date of the contract.**

ART. 13 – **Negligent Omissions or Inaccuracies by the Policyholder/Insured Person in the Initial Risk Statement**

1. **In the event of negligent omissions or inaccuracies in the Initial Risk Statement made by the Policyholder or in the individual statements made by the Insured Persons, the Insurance Company may:**

a) **Propose a change to the contract/accession and give a period of at least fourteen (14) days so that the Policyholder/Insured Person may answer,**

b) **Cancel the contract/accession, in case it is proven that the Insurance Company would have not, in any circumstance, executed the contract or accepted the accession if it had been aware of the omitted or misstated fact.**

2. **As defined in the previous paragraph, the contract/accession ceases to be effective twenty (20) days after receipt of the amendment proposal from the Insurance Company, if the Policyholder/Insured Person do not agree to it, or thirty (30) days after the statement of termination provided for in subparagraph (b) is sent.**

3. **In the event of termination of the contract, the premium is returned taking into account the period of time not yet elapsed until the expiration date, except when there has been payment of benefits due to a claim by the Insurance Company.**

4. **If, before the cancellation or modification of the contract/accession, a claim arises and the verification or the consequences thereof have been influenced by a fact in respect of which there were negligent omissions or misstatements, the Insurance Company:**

a) **Shall cover the claim in the proportion of the difference between the premium paid and the premium that would otherwise be payable at the time of execution of the contract or acceptance of the accession, if the omitted or misstated fact had been known,**

b) **Shall not cover the claim, having demonstrated that in no circumstance the contract would have been executed or that the accession would not have been accepted if the omitted or misstated fact was known to the Insurance Company.**

ART. 14 – **Insured Persons**

1. **Shall benefit from the guarantees conferred by this contract the Insured Persons who meet cumulatively the following conditions at the date of their inclusion in the Policy:**

a) **Those who fill in or respond through a telephone interview to the Clinical Questionnaire truthfully and accurately,**

b) **Those accepted by the Insurance Company in accordance with its acceptance criteria in function of the risk assessment parameters in force,**

c) **Those who accept the rules for triggering the insured guarantees and the rules for the use of the AdvanceCare Healthcare System.**

2. **If, from the analysis of the clinical questionnaire, specific exclusions arise for any Insured Person, the contract shall take effect, regarding that person, only after s/he has accepted the conditions proposed by the Insurance Company.**

3. **The acceptance of the insurance, in respect of each Insured Person, is confirmed by the Insurance Company through the issuance of the Policy or Addendum.**

4. **In the conclusion, execution and termination of the insurance contract, the practices and techniques for the assessment, selection and acceptance of risks specific to the Insurance Company shall be considered, based on strict statistical and actuarial data deemed relevant.**

5. **Conditions of admission of the Household:**

a) All elements of the Participant's Household, under the terms established in the Schedule, may be admitted to this insurance contract,

b) The accession application of the Household must cover all persons who constitute it and meet the requirements referred to in paragraphs 1 and 2 of this article,

c) The accession application of the Household must be submitted no later than thirty (30) days after the date of commencement of the Policy, the date of effectiveness of the covers for the Participant, the date of marriage for spouses or date of birth for Children,

d) When the entire Household has already been included in the insurance for more than one year, the inclusion of newborns shall be automatically accepted, without needing to complete or answer through a telephone interview the clinical questionnaire, or to apply grace periods, provided that said accession is communicated within thirty (30) days following the date of birth,

If the application for inclusion is made after the thirty (30) days mentioned above, the Policyholder and/or Participant must fill in or respond by telephone interview to the clinical questionnaire regarding the newborn child, and his/her accession shall be subject to grace periods,

e) The Insured Persons who, at the request of the Policyholder and/or Participant, have ceased to be part of the insurance contract cannot be re-included.

6. **During the term of the contract, the Policyholder may request, in writing, the exclusion of an Insured Person from the household.**

The exclusion shall take effect only at the date of the annual renewal of the contract, except in cases of death of the Insured Person, where the Insurance Company shall return the premium regarding the period already paid and not yet elapsed.

7. During the term of the contract, the children of the Insured Person who cease to fit the definition of Household may, within thirty (30) days after the termination of the guarantees, subscribe to a new health insurance contract, in accordance with the offer in the market.

ART. 15 - **Duration of the Contract**

1. **The insurance contract has the duration specified in the Schedule.**

2. **In the absence of such indication, it is understood that the parties have wished to enter into the contract for a period of one (1) year, non-renewable.**

3. **Where the contract is entered into for one year and following, it shall be deemed to be successively renewed for one-year periods, unless prior to the due date either party expresses the intention to terminate it, as provided for in Article 16.**

4. **The benefits guaranteed by the Insurance Company shall relate exclusively to each period of validity of the contract, and there shall be no prorogation or extension of the guarantees beyond the date of their expiration, without prejudice to the provisions regarding the non-renewal of the contract or accession and the termination of the guarantees.**

ART. 16 - **Termination of the Contract**

1. **In contracts entered into for one year and successive one-year periods, termination shall be equivalent to non-renewal.**

2. **The Insurance Company or the Policyholder, by written notice to the other party thirty (30) days**

prior to the date of effect, may terminate the contract at the date of its expiration.

3. **In Group Insurances, the provisions in the previous paragraphs apply to the termination of an accession regarding an Insured Person.**

ART. 17 – **Withdrawal by the Policyholder if s/he is a Natural Person**

1. **Where the contract is entered into for a duration equal to or longer than six (6) months, the Policyholder, being a natural person, has thirty (30) days from the receipt of the Policy to be able to withdraw from the contract without invoking just cause, notwithstanding the provisions in the following paragraph.**
2. **The period provided for in the preceding paragraph shall be counted from the date of conclusion of the contract, provided that the Policyholder at that date has on paper or other durable medium all relevant information that must be included in the policy.**
3. **The withdrawal from the contract, as defined above, must be communicated to the Insurance Company in writing, on paper or other durable medium available and accessible to the Insurance Company.**
4. **The withdrawal from the contract, as defined above, has a retroactive effect. However, the Insurance Company shall be entitled to:**
   a) **The amount of the Premium regarding the period already elapsed, insofar as it has covered the risk,**
   b) **The amount of reasonable expenses that the Insurance Company has incurred with medical examinations whenever these amounts are contractually ascribed to the Policyholder.**
5. **The provisions in the preceding paragraphs of this article shall not apply to Insured Persons included in a Group Insurance.**

ART. 18 – **Contract termination**

1. **This insurance contract may be rescinded by any of the parties at any time, if there is just cause, under the general terms.**
2. **Just cause shall be deemed to be, namely:**
   a) **In respect of the Policyholder:**
      - **Failure to comply with the contractual obligations undertaken by the Insurance Company essential to the maintenance of the contract under the terms it was accepted,**
   b) **In respect of the Insurance Company:**
      - **Failure to pay the premium, as provided for in Article 22,**
      - **Fraud or attempted fraud by the Policyholder and/or the Insured Person,**
      - **Fraudulent or negligent omission or inaccuracy by the Policyholder and/or Insured Person in the initial risk statement,**
      - **Failure to comply with the contractual obligations undertaken by the Policyholder and/or Insured Person essential to the maintenance of the contract under the terms it was accepted.**
3. **The premium to be returned in the event of rescission shall always be calculated taking into account the period of time not yet elapsed until the due date, except where there has been payment of benefits due to claim by the Insurance Company.**
4. **Except as provided for in the law or expressly referred to in the contract, the rescission of the contract shall take effect at midnight of the 30th day after receipt of the respective communication.**

ART. 19 - **Expiration of Guarantees**

1. **The guarantees of the Insured Persons shall cease automatically at the first of the following dates:**
   a) **Date from which the bond or common interest linking the Policyholder and the Participant ceases to exist, in the case of group insurances,**
   b) **At the end of the annuity during which the Insured Person reaches the age limit established in the Schedule,**
   c) **In case of members of the Household, who lose their status as dependents under the definition of article 1, at the end of the annuity during which it occurs,**
   d) **Date at which this contract is rescinded or terminated.**
2. **In group insurances, the covers of the Household end at the same date as the participant's guarantees cease.**
3. **The cover of a Participant and his/her Household shall not take effect, or shall also cease where, on the part of such persons, false statements or omissions are verified which could have influenced the existence or conditions of the contract or fraud.**

ART. 20 – **Effects of the Termination of the Guarantees**

1. **In the event of non-renewal of the contract or cover and the risk is not covered by a subsequent insurance contract, the Insurance Company guarantees, regarding each Insured Person and until the depletion of the available insured amount related to the last period of validity of the contract, the contractual benefits due as a consequence of illnesses manifested during the term of the policy or accidents or other events giving rise to compensation occurred during the term of the policy, provided that they are covered by the contract and reported up to thirty (30) days after the expiration thereof, except in the case of a justifiable reason.**
2. **The obligation of the Insurance Company referred to in this article shall in any case cease after a period of two (2) years from the date of expiration of the contract.**

ART. 21 - **Payment of Premiums**

1. **The cover of the risks guaranteed through this contract is, under the terms defined in the legislation in force, dependent on the payment of the premium or initial fraction thereof, which is due at the date of conclusion of the contract.**
2. The premium corresponding to each period of duration of the contract shall be paid in full, without prejudice to being fractioned for payment purposes, provided that it is agreed and expressly provided for in the Schedule.
3. **In group insurances, unless otherwise agreed, the responsibility for the payment of the premium to the Insurance Company, even if the contract concerns a contributory group insurance, shall always lie with the Policyholder.**
4. Subsequent premiums or instalments thereof shall be due at the dates indicated in the policy and, where appropriate, the part of the premium with a variable amount concerning an adjustment to the value or the part of the premium corresponding to amendments to the contract shall be due

at the dates indicated on the payment notices, under the terms and provisions in the following paragraphs.

5. The Insurance Company shall give notice, in writing and at least thirty (30) days prior to the date at which the premium or subsequent fraction thereof falls due, to the Policyholder, indicating the date of payment, the amount to be paid, the form of payment, as well as the consequences of non-payment of the premium or fraction thereof.

6. Where by agreement the payment of the premium may be performed in instalments less than on a quarterly basis, there shall be no need to send any collection notice, being in this case indicated in the Schedule of the contract the dates at which each fraction is due, the amounts to be paid, as well as the consequences of non-payment of any fraction.

7. Regarding contracts entered into for one year and successive one-year periods, in case of adjustment of due dates, the premium corresponding to the number of days exceeding one year shall be calculated taking into account the proportion of this period in relation to the annual premium.

ART. 22 – **Lack of Payment of Premiums**

1. **If the premium or initial fraction thereof is not paid by the Policyholder, the contract shall not take effect.**

2. **Where the payment of the premium is to be made in instalments, failure to pay any subsequent instalment during an annuity shall automatically and immediately give rise to the rescission of the contract at midnight of the due date of payment of such instalment.**

3. **In case of failure to pay the premium of subsequent annuities, or of the first instalment thereof, at the date at which said payment was due, it shall be deemed that the contract shall not be renewed and shall consequently cease to take effect from midnight of said date.**

4. In case of failure to pay the additional premium corresponding to an amendment to the contract, the amendment shall not take effect, and the contract shall continue to be in force within the scope and under the conditions prevailing before the intended amendment, unless the subsistence of the contract proves impossible, in which case the contract is deemed to have been rescinded at the due date of the unpaid premium.

5. **In group insurances, the termination of the insurance contract due to non-payment of the premium or of part of a fraction thereof does not exempt the Policyholder from the obligation to pay the premium corresponding to the period during which the contract has been in force, plus late-payment interest due.**

ART. 23 - **Amendments to the Terms of the Contract**

1. The Insurance Company may propose an amendment to the Covers, Insured Amounts, Excesses, Copayments and Premiums, as well as to the criteria for using the financing or reimbursement of health costs, to be in force in the following annuity of the contract, provided that these amendments are communicated by the Insurance Company to the Policyholder or Insured Person at least thirty (30) days prior to the date of renewal of the contract or cover.

2. Amendments are deemed to be accepted if the Policyholder or the Insured Person do not oppose to them within fourteen (14) days of receipt of the proposal.

3. If the amendments proposed by the Insurance Company are not accepted, the contract is terminated at the date of renewal of the contract or cover.

4. The Insured Amounts, Premiums and Excesses may be subject to annual indexation, to be automatically considered at the date of maturity of the Policy, under the terms set forth in the Schedule.

5. Without prejudice to the provisions in the previous paragraphs, the premium shall also be updated whenever the Insured Persons move to the age group immediately following the one in which they were. The age groups to be considered shall be those provided for in the Schedule of the Policy.

6. The Insurance Company shall formalise the amendments to the contract in a written document.

ART. 24 - **Obligation to Inform**

1. In group insurances, it is the responsibility of the Policyholder to inform the Insured Persons about the subscribed covers and their exclusions, obligations and rights in the event of a claim, as well as about any amendments to the contract, according to the documents provided by the Insurance Company.

2. The Policyholder is liable for any damages/injuries caused to the Insured Persons arising from breach of the duty to inform provided for in the previous paragraph.

ART. 25 - **Access, Procedures and Settlements of Claims – Obligations of the Policyholder and/or Insured Persons**

1. **In case of need for healthcare guaranteed by this contract, and within the scope of whether agreed benefits or compensatory benefits, the Insured Person may access the AdvanceCare Network of Providers or resort, at his/her discretion, to any physician, hospital or clinic in case of need for hospitalisation, and must observe, in any case, the prescriptions of the treating physician and the procedures provided for in the following paragraphs.**

2. In case of an accident or illness guaranteed under this contract, **the Policyholder and/or the Insured Person must follow the procedures indicated below:**

   a) **In case of Agreed Benefits:**

      - Select a provider of the Network of Providers indicated by the Insurance Company and/or AdvanceCare,
      - Produce the AdvanceCare Health Card to the selected Provider,
      - Pay to the provider the part of the costs they must bear, as indicated in the Schedule,

   b) **In case of Compensatory Benefits:**

      - Submit the claim form duly completed,
      - Request the preauthorisation from AdvanceCare or the Insurance Company, as provided for in paragraph 4,
      - Produce the medical prescription for supplementary diagnostic tests and treatments performed, as well as for medication, prostheses and orthoses purchased. In the case of medication, a copy of the treatment guide may also be accepted instead of the medical prescription,
      - Where the costs have been incurred abroad and are guaranteed by the Contract, the originals of the valid tax documents must:
        i. Be in Portuguese, English, French or Spanish,
        ii. Mention the name of the respective patient,
        iii. Identify the services provided and the medical specialty,

iv. Comply with the legal rules, namely those of a fiscal nature,

- **Submit, within a maximum period of 180 days from the date of performance of the medical act in question, the original receipts/invoices of costs incurred, which must indicate the name of the patient to which they refer, mention the services provided, the medical specialty and must comply with the legal rules, namely those of a fiscal nature,**
- Where the Policyholder/Insured Person has previously triggered another health subsystem or insurance contract, s/he must submit a photocopy of the medical prescription and the valid tax document of the costs incurred, as well as an original document proving the part of the costs not reimbursed under the subsystem or insurance contract previously triggered.

  In the latter case, and for the purposes of the previous point, the period shall be counted from the date of the declaration of payment issued by the responsible entity/Insurance Company,

c) **In case of Daily Allowance for Hospitalisation:**

- **Send, within a maximum of 180 days, the hospital document proving the start and end dates of hospitalisation.**

3. Apart from the aforementioned obligations, the Policyholder and/or the Insured **must also, in the event of a claim:**

   a) Truthfully inform AdvanceCare or the Insurance Company about the circumstances and consequences of the illness or accident,

   b) Comply with the prescriptions of the treating physician,

   c) Undergo examinations by physicians appointed by AdvanceCare or the Insurance Company, if they deem it necessary,

   d) Authorise the treating physicians or hospitals to which they have gone to provide to the clinical services of AdvanceCare or of the Insurance Company the clinical reports and any other documents they may deem appropriate to document the file,

   In the event of an accident, they must provide their description (date, place, time, circumstances and consequences) and indicate eye witnesses, identified by their full names and addresses, and, where appropriate, the authorities informed thereof.

4. The Insured Persons shall also, as provided for in the respective Special Conditions, **request the preauthorisation from the clinical services of AdvanceCare or of the Insurance Company whenever the following costs are concerned:**

   - **Costs guaranteed under the Special Condition "Hospitalisation Costs", if motivated by accident or illness,**
   - **Costs guaranteed under the Special Condition "Serious Illnesses", if subscribed,**
   - **Any medical act indicated in the Particular Clause "Territorial Extension" if, in this latter case, the territorial scope of the policy has been extended in accordance with the provisions in Article 4(3).**

   If, due to an emergency situation, it is not possible to request the preauthorisation, the clinical services of AdvanceCare must be contacted within **48 hours** or as quickly as possible.

   The Insurance Company or AdvanceCare shall inform the Insured Persons whenever other clinical services or costs shall require preauthorisation in the future.

5. **If the Insured Person requests a Responsibility Statement and, given the type of medical acts in question, it is foreseeable that the value of the costs exceeds the insured amount available for the purpose, AdvanceCare and/or the Insurance Company may request to the Insured Person the provision of collateral guaranteeing the refund of the amount advanced by the Insurance Company but not guaranteed under the policy.**
6. The Policyholder and/or the Insured Person undertake to take all measures in order to avoid or at least reduce the aggravation of the consequences of the accident or illness.
7. The Policyholder and/or the Insured Persons shall be liable for loss and damages if the procedures provided for in the preceding paragraphs are not followed.
8. **The Policyholder and/or the Insured Persons authorise the Insurance Company to assign to AdvanceCare all confidential information about this contract.**

ART. 26 - **Payment of Compensation**

1. The Insurance Company undertakes to proceed diligently and promptly to all enquiries indispensable for the correct settlement of claims.
2. In the case of compensatory benefits, the Insurance Company shall pay the amount due within fifteen (15) business days after receipt of the request for reimbursement and of the documents referred to in the previous article, necessary for the settlement of the claim.
3. The payments due by the Insurance Company shall be made in Portugal and in national currency.

   If the costs are incurred in foreign currency, the conversion into Euro shall be performed at the exchange rate published by the Bank of Portugal on the day the expenses are incurred.

4. Without prejudice to the provisions in the Special Conditions and the Schedule of the Policy, the amount of the reimbursement of medical costs applies to the amount effectively borne by the Insured Person and not reimbursed by another entity, provided that the following procedures are observed:

   a) If the original documents proving the costs are produced, a percentage of the reimbursement shall apply to the whole value,

   b) In the case of complementarity between this Policy and other protection schemes, if documents are produced from another entity to which the Insured Person has previously resorted, in particular, proof of the costs and the corresponding contribution by that entity, the reimbursement percentage shall apply only to the remainder of the non-reimbursable costs.

ART. 27 - **Communications and Notices between the Parties**

1. Communications or notices provided for in this Policy shall be in written form or be provided by durable medium, to the last address of the Policyholder indicated in the contract or to the registered office of the Insurance Company.
2. **Any change to the address of the Policyholder must be communicated to the Insurance Company within thirty (30) days following the date at which it occurs, otherwise the communications or notifications the Insurance Company may perform to the outdated address shall be deemed valid and effective.**

ART. 28 - **Subrogation**

Once the compensation is paid, the Insurance Company is subrogated to the rights of the Insured Person against third

parties responsible for the claim, up to the limit of the compensation amount, and shall refrain from performing any acts or omissions that may damage the subrogation, under penalty of being liable for loss and damages.

ART. 29 – **Management of Complaints**

1. The Insurance Company has an organic unit responsible for the management of complaints to which any questions related to this contract may be addressed.
2. In case of divergence with the Insurance Company, the Policyholder and/or Insured Person may also submit complaints in the Complaints Book, as well as request the intervention of the *Autoridade de Supervisão de Seguros e Fundos de Pensões*, without prejudice to the possibility of resorting to arbitration or to courts, in accordance with the legal provisions in force.
3. In the event of a dispute, the Policyholder and/or the Insured Person may turn to the alternative dispute resolution (ADR) entities identified on the website of the Directorate-General for Consumer Affairs at www.consumidor.pt..

ART. 30 – **Arbitration**

1. If, in respect of matters of a purely clinical nature, the right of the Insured Person to the Insurance Company's benefits is controversial, either party may resort to arbitration.
2. In the case referred to in the preceding paragraph, each party shall appoint a physician who represents it, and it shall be up to said physicians to agree on the appointment of another physician who shall preside.
3. The costs associated with the arbitration proceedings shall be borne by each party in relation to the arbitrator each party has appointed and in half in respect of the presiding arbitrator.

ART. 31 – **Personal Data**

1. The processing of personal data shall be carried out by the Insurance Company and its data processors with the unequivocal consent of the data subject, said processing being necessary for the execution of the insurance contract and for the purpose of managing the provision of medical care or treatments or managing health services and carried out by healthcare professionals who are bound by secrecy or by persons also subject to professional secrecy.
2. The Insurance Company is responsible for the treatment and guarantee of adequate data security measures, for the purpose set out in the previous paragraph, and the Insured Persons shall have the right to access and rectify their data.

ART. 32 - **Legislation and Venue**

1. This contract is governed by Portuguese law.
2. In cases not covered by this contract, the applicable legislation shall apply.
3. The competent venue for the settlement of any disputes arising from this contract is the one established by civil law.

HOSPITALISATION COSTS

ART. 1 - **Scope of Cover**

1. This Special Condition, if subscribed and expressly indicated in the Schedule, shall guarantee **the payment of the costs** incurred by the Insured Person under the scheme of agreed benefits or compensatory benefits as a result of **Hospitalisation** of the Insured Person in a hospital unit, caused by **illness or accident** guaranteed by the contract.
2. Payment is guaranteed for costs incurred with:
   a) Medical fees, namely those related to the surgeon, anaesthesiologist, assistants and instrument nurses,
   b) Hospitalisation in intensive care units,
   c) Chemotherapy performed on an outpatient care basis or acquired in a hospital and performed at home,
   d) Radiotherapy performed on an outpatient care basis, in a hospital or clinic,
   e) Surgery performed on an outpatient care basis, in a hospital or clinic,
   f) Stomatological surgery where it is a consequence of an accident that requires emergency treatment in a hospital, either on an inpatient or outpatient care basis,
   g) Maxillofacial surgery where it is a consequence of an accident that requires emergency treatment in a hospital or of an illness covered by the Contract, excluding stomatological treatments,
   h) Hospitalisation motivated by mental illnesses for no more than fifteen (15) days per annuity,
   i) Hospital daily rates concerning the Insured Person,
   j) Nursing (non-private),
   k) Supplementary diagnostic tests if prescribed and performed during hospitalisation,
   l) Medication administered during hospitalisation,
   m) Operating room floor and facilities necessary to the performance of medical acts (operating room, recovery room, etc.) and material used (anaesthetic gases, oxygen, osteosynthesis material, intra-surgical prosthesis, etc.),
   n) Transportation by land ambulance to or from the hospital in Portugal, provided that the condition of the Insured Person so justifies.
3. The Insured Amounts, Contributions, Reimbursements, Excesses and Copayments are provided for in the Schedule.

ART. 2 - **Definition**

For the purpose of this Special Condition, **hospitalisation** is considered to be the stay in a Hospital or Clinic, under medical prescription, for a period of more than 24 hours that gives rise to the payment of a daily rate, and which does not extend for a period of time greater than 365 days. Successive hospitalisations are considered as separate hospitalisations.

ART. 3 - **Grace periods**

The cover "Hospitalisation Costs" is subject to a grace period of ninety (90) days.

ART. 4 - **Exclusions**

1. **Without prejudice to the exclusions provided for in the General Conditions applicable to this cover, this Special Condition shall not guarantee the payment of hospitalisation costs related to:**
   a) **Stomatological surgeries and treatments, except as a result of an accident guaranteed by this contract,**
   b) **Delivery or spontaneous abortion, except in the latter case as a result of illness or accident guaranteed by this contract,**
   c) **Any surgical acts related to illnesses that have not manifested themselves.**

ART. 5 - **Compensation Limit concerning Medical Fees**

Unless otherwise provided for and in respect of compensatory benefits, the fees of the surgeon, anaesthesiologist and assistants are limited to the amount resulting from the product between the value stipulated in the Schedule to the average "K" value and the number of "Ks" assigned to the medical act that gave rise to the costs, in accordance with the Code of Nomenclature and Relative Values of Medical Acts.

The Code of Nomenclature and Relative Values of Medical Acts is the official table published by the Portuguese Medical Association which includes all the surgical interventions valued in number of "Ks". The more "Ks" are assigned to the medical act, the greater the complexity of the medical act performed.

AdvanceCare and/or the Insurance Company undertake to inform previously to the hospitalisation the number of "Ks" assigned to the medical act, if requested by the Insured Person.

OUTPATIENT CARE COSTS

ART. 1 - **Scope of Cover**

1. This Special Condition, if subscribed and expressly indicated in the Schedule, shall guarantee **the payment of the costs** incurred by the Insured Person under the scheme of agreed benefits or compensatory benefits **with outpatient medical care.**
2. Payment is guaranteed for costs incurred with, namely:
   a) Medical fees for general and specialty medical appointments,
   b) Outpatient care treatments and other clinical acts, provided they are prescribed by a physician,
   c) Supplementary diagnostic tests, as long as they are prescribed by a physician,
   d) Physical therapy in case of accident or illness,
   e) Kinesiotherapy, up to six (6) sessions per annuity,
   f) Speech therapy, up to six (6) sessions per claim,
   g) Mental health appointments up to a maximum of three (3) per annuity,
   h) Nursing (non-private),
   i) Transportation by land ambulance to or from hospital units in Portugal, provided that the condition of the Insured Person so justifies.

3. **In respect of costs related to pregnancy, this cover shall also ensure:**
   - **Obstetrics costs up to the limit of ten (10) appointments and four (4) ultrasounds per annuity,**
   - **Expenses with amniocentesis or other examinations for foetal DNA screening, if they are medically necessary, being understood as such examinations performed on insured persons aged 35 or older or if there is a proven obstetric history of morphological changes or foetal karyotype,**
   - **Prenatal biochemical screenings.**
4. The Insured Amounts, Contributions, Reimbursements, Excesses and Copayments are provided for in the Schedule.

ART. 2 - **Grace periods**

The cover "Outpatient Assistance Costs" is subject to a grace period of ninety (90) days.

ART. 3 - **Exclusions**

Without prejudice to the exclusions provided for in the General Conditions applicable to this cover, this Special Condition shall not guarantee the payment of the following costs with medical care:

a) **Surgical and/or laser treatments, performed on an outpatient care basis, including minor surgeries,**

b) **Stomatological appointments, treatments and surgeries,**

c) **Orthoptics exercises,**

d) **Gymnastics, swimming and massages,**

e) **Appointments and treatments of psychological support and guidance,**

f) **Appointments, treatments or any other costs incurred with acupuncture, homeopathy, natural medicine or any other type of non-conventional therapies.**

ESSENTIAL OUTPATIENT CARE COSTS

ART. 1 - **Scope of Cover**

1. This Special Condition, if subscribed and expressly indicated in the Schedule, shall guarantee **the payment of the costs** incurred by the Insured Person under the scheme of agreed benefits **with outpatient medical care.**
2. Payment is guaranteed, up to the limit indicated in the Schedule, for costs incurred with:
   a) Medical fees for general and specialty medical appointments,
   b) Mental health appointments up to a maximum of three (3) per annuity, within the limit set forth for this cover,
   c) Obstetrics appointments up to a maximum of four (4) per annuity, within the limit set forth for this cover,
   d) Supplementary diagnostic tests, as long as they are prescribed by a physician.
3. The Insured Amounts, Contributions, Reimbursements, Excesses and Copayments are provided for in the Schedule.

ART. 2 - **Grace periods**

The cover "Essential Outpatient Care Costs" is subject to a grace period of ninety (90) days.

ART. 3 - **Exclusions**

Without prejudice to the exclusions provided for in the General Conditions applicable to this cover, this Special Condition shall not guarantee the payment of the following costs with medical care:

a) **Surgical and/or laser treatments, performed on an outpatient care basis, including minor surgeries,**

b) **Stomatological appointments, treatments and surgeries,**

c) **Orthoptics exercises,**

d) **Gymnastics, swimming and massages,**

e) **Appointments and treatments of psychological support and guidance,**

f) **Appointments, treatments or any other costs incurred with acupuncture, homeopathy, natural medicine or any other type of non-conventional therapies,**

g) **Nursing,**

h) **Physical therapy, kinesiotherapy, speech therapy or other treatments.**

DELIVERY COSTS

ART. 1 - **Scope of Cover**

1. This Special Condition, if subscribed and expressly indicated in the Schedule, shall guarantee **the payment of the costs** incurred by the Insured Person under the scheme of agreed benefits or compensatory benefits as a consequence **of hospitalisation due to:**
   a) **Delivery,**
   b) **C-section,**
   c) **Spontaneous abortion.**
2. Payment is guaranteed for costs incurred with, namely:
   a) Hospital daily rates, concerning both the mother and the newborn, during the period of the mother's hospitalisation,
   b) Medical fees, namely those related to the obstetrician, paediatrician, anaesthesiologist, assistants and instrument nurses, when justified,
   c) Facilities necessary to perform the medical acts (operating room, recovery room, delivery room, etc.) and material used (anaesthetic gases, oxygen, etc.),
   d) Medication administered during hospitalisation,
   e) Supplementary diagnostic tests if prescribed and performed during hospitalisation,
   f) Nursing (non-private),
   g) Transportation by land ambulance to or from the hospital in Portugal, provided that the condition of the Insured Person so justifies.
3. The Insured Amounts, Contributions, Reimbursements, Excesses and Copayments are provided for in the Schedule.

ART. 2 - **Grace periods**

The cover "Delivery Costs" is subject to a grace period of 365 days.

ART. 3 - **Exclusions**

Without prejudice to the exclusions provided for in the General Conditions applicable to this cover, the payment of midwifery fees is not guaranteed under this Special Condition.

STOMATOLOGY COSTS

ART. 1 - **Scope of Cover**

1. This Special Condition, if subscribed and expressly indicated in the Schedule, shall guarantee **the payment of the costs** incurred by the Insured Person under the scheme of agreed benefits or compensatory benefits, **with Stomatology-related hospitalisations, appointments or treatments.**
2. Payment is guaranteed for costs incurred with, namely:
   a) Surgeries, with or without hospitalisation, if motivated by illness,
   b) Medical fees,
   c) Outpatient treatments and other clinical acts if prescribed by a stomatologist,
   d) Supplementary diagnostic tests,
   e) Dental cleanings,
   f) Dental prostheses,
   g) Orthodontics,
   h) Nursing (non-private) in case of hospitalisation.
3. The Insured Amounts, Contributions, Reimbursements, Excesses and Copayments are provided for in the Schedule.

ART. 2 - **Grace periods**

The cover "Stomatology Costs" is subject to a grace period of ninety (90) days.

ART. 3 - **Exclusions**

Without prejudice to the exclusions provided for in the General Conditions applicable to this cover, this Special Condition shall not guarantee the payment of:

a) **Costs related to teeth whitening,**

b) **Costs with user charges.**

STOMATOLOGY COSTS WITH THE DENTINET NETWORK OF PROVIDERS

ART. 1 - **Scope of Cover**

1. This Special Condition, if subscribed and expressly indicated in the Schedule, shall guarantee **the payment of the costs** incurred by the Insured Person under the scheme of agreed benefits through AdvanceCare's Network of Dental Clinical Service Providers, **with stomatological or maxillofacial appointments or treatments provided for in the agreed price table for dental medicine and stomatology,** available at AdvanceCare's website (www.dentinet.pt).

   For this purpose, the Insured Person shall pay to the Provider of the Network s/he has chosen only the amount of the copayment indicated in the aforementioned Copayments table, the remainder being directly paid by the Insurance Company to the provider.
2. If expressly provided for in the Schedule, this Special Condition may also guarantee the payment of costs incurred with hospitalisations, appointments or treatments of Stomatology or Maxillofacial Surgery under the scheme of compensatory benefits, namely:
   a) Surgeries, with or without hospitalisation, if motivated by illness,
   b) Medical fees,
   c) Outpatient treatments and other clinical acts if prescribed by a stomatologist,
   d) Supplementary diagnostic tests, if prescribed by a stomatology, dental medicine or maxillofacial specialist,
   e) Dental cleanings,
   f) Dental prostheses,
   g) Orthodontics,
   h) Nursing (non-private) in case of hospitalisation.
3. The Insured Amounts, Contributions, Reimbursements, Excesses and Copayments are provided for in the Schedule.

ART. 2 - **Grace periods**

The cover "Stomatology Costs with the Dentinet Network of Providers" is subject to a grace period of ninety (90) days.

ART. 3 - **Exclusions**

Without prejudice to the exclusions provided for in the General Conditions applicable to this cover, this Special Condition shall not guarantee the payment of:

a) **Costs related to teeth whitening,**

b) **Costs with user charges.**

COSTS WITH PROSTHESES AND ORTHOSES

ART. 1 - **Scope of Cover**

1. This Special Condition, if subscribed and expressly indicated in the Schedule, shall guarantee **the payment of the costs** incurred by the Insured Person under the scheme of agreed benefits or compensatory benefits, **with prostheses and orthoses, if prescribed by physicians or also by optometrists in the cases provided for in a) and b) of the following paragraph.**
2. Payment is guaranteed for costs incurred with, namely:
   a) Purchase of prescription frames and lenses,
   b) Purchase of prescription contact lenses,
   c) Purchase of hearing, ophthalmological and orthopaedic prostheses or orthoses, except orthopaedic footwear. In the latter case, the reimbursement concerns exclusively the alterations made to the footwear,
   d) Rental or purchase of wheelchairs, adjustable beds and other auxiliary equipment, provided that the rental value does not exceed the purchase value.
3. The Insured Amounts, Contributions, Reimbursements, Excesses and Copayments are provided for in the Schedule.

ART. 2 - **Grace periods**

The cover "Costs with Prostheses and Orthoses" is subject to a grace period of ninety (90) days.

ART. 3 - **Exclusions**

Without prejudice to the exclusions provided for in the General Conditions applicable to this cover, this Special

Condition shall not guarantee the reimbursement of costs incurred with:

a) **Prescription sunglasses with less than four (4) diopters,**

b) **Stomatological prostheses,**

c) **Purchase of tights, elastic stockings and orthopaedic girdles, and any other products used for the treatment of varicose veins,**

d) **Orthopaedic mattresses and pillows.**

COSTS WITH MEDICATION

ART. 1 - **Scope of Cover**

1. This Special Condition, if subscribed and expressly indicated in the Schedule, shall guarantee the **reimbursement of costs** incurred by the Insured Person with the purchase of **medication,** provided it is **registered at the INFARMED and has been prescribed by a physician.**
2. The Insured Amounts, Contributions, Reimbursements, Excesses and Copayments are provided for in the Schedule.

ART. 2 - **Grace periods**

The cover "Costs with Medication" is subject to a grace period of ninety (90) days.

ART. 3 - **Exclusions**

Without prejudice to the exclusions provided for in the General Conditions applicable to this cover, this Special Condition shall not guarantee the reimbursement of costs incurred with:

a) **Medication for the treatment of obesity,**

b) **Vaccines of any kind and their administration,**

c) **Over-the-counter medication,**

d) **Manipulated medication,**

e) **Vitamins, mineral salts and appetite stimulants and suppressants,**

f) **Hygiene products and dermocosmetic products,**

g) **Contraceptives of any nature,**

h) **Medication intended for the treatment of illnesses not covered by this contract.**

DAILY ALLOWANCE FOR HOSPITALISATION

ART. 1 - **Scope of Cover**

1. This Special Condition, if subscribed and expressly indicated in the Schedule, shall guarantee the payment of a **daily allowance in case of hospitalisation** of the Insured Person **for a period longer than 24 hours.** The number of days due shall be equal to the number of daily rates charged by the hospital.
2. **The daily allowance in the amount indicated in the Schedule shall be paid from the first day of hospitalisation up to the limit of sixty (60) days per annuity and per Insured Person.**
3. **This cover is operated whether the hospitalisation is motivated by illness or accident guaranteed by this contract, or by delivery, C-section or spontaneous abortion, the allowance being due, in the latter cases, only from the fifth day of hospitalisation.**
4. The amount of the daily allowance, annual limit (in days) and excess (in days) are set forth in the Schedule. In case of simultaneous hospitalisation of both spouses motivated by accident, the amount of the allowance due to each of them shall be paid in double.

ART. 2 - **Grace periods**

The cover "Daily Allowance for Hospitalisation" is subject to a grace period of ninety (90) days.

ART. 3 - **Exclusions**

Without prejudice to the exclusions provided for in the General Conditions applicable to this cover, this Special Condition shall not guarantee the payment of the daily allowance where:

a) **The hospitalisation is motivated by stomatological or maxillofacial surgeries and treatments, except as a result of illness or accident guaranteed by this contract,**

b) **The hospitalisation occurs in Military, paramilitary Hospitals and similar, except if the Insured Person undergoes surgery.**

ART. 4 - **Territorial Scope**

Notwithstanding the provisions in article 4 of the General Conditions, the payment of the daily allowance for hospitalisation is valid worldwide.

WELFARE NETWORK

Single Article – **Scope of Cover**

This Special Condition, if provided for in the Schedule, shall also guarantee the direct access by the Insured Person, under privileged conditions, to providers related to welfare, leisure and health with whom AdvanceCare has entered into partnership agreements, the Insured Person being responsible for the choice of said provider and the payment of the respective fees.

ASSISTANCE TO PERSONS

ART. 1 - **Definitions**

BODILY INJURY: For the purpose of article 4 of this Special Condition, a Bodily Injury is deemed to be any fortuitous, sudden and violent event due to an external cause and beyond the control of the Insured Person, causing him/her physical injuries that may prevent the continuation of the trip.

ILLNESS: For the purpose of Article 4 of this Special Condition, an Illness is deemed to be any sudden and unforeseen alteration of the health condition of the Insured Person, confirmed by a physician, that prevents the continuation of the trip.

ASSISTANCE SERVICE: The entity that, in the name and on behalf of the Insurance Company, provides the services and/or benefits guaranteed in the clauses of this Special Condition.

ART. 2 - **Medical Assistance in Portugal**

1. **Medical counselling**

   Through a 24-hour hotline, the Insured Person may request to the Medical Team of the Insurance Company, through the Assistance Service, medical information or simple advice.

2. **House calls**

   a) The Insurance Company, through the Assistance Service, guarantees, in case of emergency, 24 hours a day, the dispatch of a general practitioner for consultation and counselling, where appropriate, as to the procedure to follow,

   b) Travel costs shall be borne by the Insurance Company through the Assistance Service, and the Insured Person shall bear the agreed copayment per appointment and all prescribed treatments, if any,

   c) Each appointment to be borne by the Insured Person shall imply a copayment of EUR 15.00,

   d) If, for reasons of market supply, the Insurance Company, through the Assistance Service, cannot find a physician available to perform the house call, it will as an alternative provide and bear the costs with transportation up to the hospital unit nearest to the residence of the Insured Person,

   e) This guarantee is valid only if the insured person requests the service in advance, and there shall be no reimbursements regarding appointments performed without the consent of the Insurance Company through the Assistance Service.

3. **Home delivery of medication**

   The Assistance Service of the Insurance Company guarantees, upon a EUR 1.00 copayment by the Insured Person, the home delivery of medication whenever the beneficiary is in possession of a medical prescription and is unable to do so by his/her own means. The cost of the medication is borne by the Insured Person.

4. **Information about On-duty Pharmacies**

   The Insurance Company, through the Assistance Service, ensures information about on-duty pharmacies 24 hours a day, 365 days a year.

5. **Dispatch of a nursing professional to the residence**

   In case the Insured Person is bedridden, by medical prescription, the Insurance Company, through the Assistance Service, shall provide for the dispatch of nursing professionals, bearing the travel costs of these professionals as well as costs incurred with: liquid disinfectants, gauzes (fatty or otherwise), adhesives, drains, syringes and needles.

   The service also guarantees the administration of injectables, serums, catheters and nasal probes and others that can be carried out at home. However, the Insured Person shall be responsible for the cost of the specific products to be administered and prescribed by his/her treating physician.

   The Insurance Company guarantees a maximum capital of ten (10) days and a maximum of EUR 300.00 per year.

6. **Dispatch of an ambulance**

   In the event of an emergency, the Assistance Service guarantees the dispatch of an ambulance to transport the Insured Person to the nearest hospital unit.

   The Assistance Service shall indicate the costs inherent to this service in advance, which shall be borne by the Insured Person.

7. **Domestic help**

   In case the Insured Person is suffering from a disability or is bedridden, as evidenced by his/her treating physician and the physician of the Insurance Company, the Insurance Company, through the Assistance Service, shall provide for the search and dispatch of a person to accompany and provide domestic help during the time necessary for his/her recovery, on the assumption that the persons with whom s/he lives are physically incapable of providing the necessary support to the Insured Person.

   The Insurance Company guarantees a maximum capital of EUR 60.00 a day and a maximum of EUR 900.00 a year.

   If the Insured Person's disability arises from a previous hospitalisation with surgical procedure, as evidenced by the Treating Physician and the Insurance Company, the Insurance Company, through the Assistance Services, shall provide for the search and dispatch of a physical therapist or nurse for rehabilitation or exchange of dressing or also a housekeeper for any domestic help necessary until his/her recovery.

   The Insurance Company guarantees a maximum capital of EUR 200.00/year.

8. **Search and dispatch of a domestic service professional to the residence**

   In case of illness and/or hospitalisation of the Insured Person that makes it impossible to maintain/clean the residence on a daily basis, the Insurance Company shall provide for the dispatch of a domestic service professional.

   The costs shall be borne by the Insured Person, previously informed by the Assistance Service.

9. **Scheduling appointments and supplementary diagnostic tests**

   Through the Assistance Service, the Insured Person may schedule general or specialty medical appointments and supplementary diagnostic tests if requested by the physician.

   Appointments and diagnostic tests are the responsibility of the Insured Person, whose costs shall be informed in advance by the Assistance Service.

10. **Check-up**

    The Insurance Company, through the Assistance Service, guarantees access to annual check-up appointments at an agreed healthcare provider, up to the limit of 1 appointment per year, with a copayment of EUR 60.00 by the Insured Person.

    Scheduling of check-up appointments must always be requested in advance by the Insured Person to the Assistance Service of the Insurance Company, who must inform the Insured Person about the date, time, and place of the appointment.

    The annual check-up of this guarantee includes the following tests: General medicine appointment, Urine type II, Total Cholesterol, HDL, Triglycerides, Fasting Glycemia, Complete Blood Count, Sedimentation Velocity, Creatinine, Transaminases, Gamma T, Uric acid, Thorax X-ray with report, EKG at rest.

11. **Rental of Orthopaedic Material**

    In case of need confirmed by a medical report, the Insurance Company, through the Assistance Service, shall provide for the search and rental of orthopaedic material, during the time necessary for the recovery, up to a maximum limit of EUR 250.00 per year.

12. **Monitoring of Children**

    In case of hospitalisation of the Insured Person, the Assistance Service may indicate the services of professionals who can be in charge of transporting the children of the Insured Person to school, provided that they are under the age of 16, and also their monitoring in their leisure time.

The costs of these benefits shall be borne by the Insured Person and previously informed by the Assistance Service.

13. **Baby-sitting**

In case of Hospitalisation of the Insured Person, the Assistance Service guarantees a baby-sitting service in the entire national territory.

The costs of these benefits shall be borne by the Insured Person and previously informed by the Assistance Service.

14. **Collection and delivery of clothes for laundry and ironing**

In case of Hospitalisation of the Insured Person, the Assistance Service guarantees the service of collection of clothes, including dry cleanings, with the periodicity requested by the Insured Person. The costs of these services shall be borne by the Insured Person and previously informed by the Assistance Service.

15. **Communication of Messages**

The Insurance Company, through the Assistance Service, shall be in charge of communicating urgent messages requested by the Insured Person due to any event related to these guarantees.

ART. 3 - **Medical Assistance in Portugal in case of Hospitalisation**

1. **Transport of the Insured Person**

a) If the Insured Person must be hospitalised and needs transportation to the unit where s/he shall stay, the Insurance Company, through the Assistance Service, undertakes to provide for and bear the transportation costs of the Insured Person, from the place of residence or the place where s/he is, to the respective Hospital or Clinic,

b) Under the terms of the previous paragraph, the transportation to a hospital unit outside Portugal is guaranteed only if there is no similar unit in the country where the treatment can be performed, or in case such a unit exists, if there is no possibility of hospitalisation in good time in function of the clinical condition of the Insured Person, or also where s/he is abroad,

c) In the event that the Insured Person is hospitalised, after being discharged from hospital, if s/he needs transportation to his/her residence, the Insurance Company, through the Assistance Service, undertakes to provide for and bear the transportation costs of the Insured Person, from the respective Hospital up to the place of residence,

d) The transportation referred to above is carried out in function of the seriousness of the case, by the most advisable means according to the opinion of the Medical Department of the Assistance Service and the Treating Physician of the Insured Person.

2. **Follow-up of the Insured Person by the Treating Physician**

If it becomes necessary to have the hospitalised Insured Person followed up by his/her Treating Physician, the Insurance Company, through the Assistance Service, shall provide for and bear the respective costs incurred with transportation (roundtrip) and hotel stay.

3. **Accompaniment of the Insured Person by a Relative of another person**

In case of hospitalisation of the Insured Person, the Insurance Company, through the Assistance Service, shall provide for and bear the costs incurred with transportation (round trip) and hotel stay by a relative or another person indicated by the Insured Person to accompany him/her.

4. **Death of the Hospitalised Insured Person**

If, during hospitalisation, the Insured Person dies, the Insurance Company, through the Assistance Service, shall guarantee, in addition to the procedures necessary to transport the body out of the place of hospitalisation, the payment of costs related to the legal formalities to be complied with in the place of death, the choice of the funeral home and the transport of the body, from the place of the event up to the burial place in Portugal.

5. **Check-out**

Upon medical discharge, after hospitalisation, the Insurance Company, through the Assistance Service, shall take care of all necessary procedures at the Hospital or Clinic for the check-out of the Insured Person.

6. **Discharge under medical supervision**

Upon medical discharge, after hospitalisation, the Insurance Company, through the Assistance Service, guarantees the reimbursement of the costs incurred with the hotel stay of the convalescing Insured Person, provided that s/he is not bedridden, should s/he require supervision or temporary observation outside the Hospital or Clinic.

ART. 4 - **Travel Assistance Abroad**

Travel Assistance abroad is valid in case of trips for a period not exceeding sixty (60) days.

1. **Medical, surgical, pharmaceutical and hospitalisation costs abroad**

If - as a consequence of bodily injury or illness occurred abroad during **a trip abroad for a period not exceeding sixty (60) days**, the Insured Person requires medical, surgical, pharmaceutical or hospital assistance, the Insurance Company, through the Assistance Service, shall bear, up to the limit of EUR 3,500.00, or reimburse upon the delivery of supporting documents:

a) Medical and surgical costs and fees,

b) Pharmaceutical costs prescribed by the physician,

c) Hospitalisation costs.

2. **Medical transport or repatriation as a consequence of accident or sudden illness abroad**

In case of a bodily injury or illness sustained by the Insured Person during **a trip abroad for a period not exceeding sixty (60) days**, the Insurance Company, through the Assistance Service, shall bear the costs incurred with:

a) Transport by ambulance to the nearest clinic or hospital,

b) Transfer to another more adequate Hospital Centre or to his/her home, where appropriate,

c) Transfer by the most adequate means of transport. If the transfer occurs to a Hospital Centre away from the residence, the Insurance Company, through the Assistance Service, shall also ensure in good time the transfer to the residence.

The means of transport shall in all cases be decided by the Medical Services of the Insurance Company together with the Treating Physician.

3. **Accompaniment during medical transport or repatriation**

In case the condition of the Insured Person object of medical transport or repatriation so justifies, the Insurance Company, through the Assistance Service, following the opinion of its physician, bears the costs with the trip of another person present to accompany him/her.

4. **Accompaniment of the hospitalised Insured Person**

   If an Insured Person must be hospitalised and if the repatriation or immediate return is not advisable due to his/her state of health, the Insurance Company, through the Assistance Service, bears the costs with a hotel stay of one family member or person present indicated by the Insured Person to say with him/her, up to the limit of EUR 75.00 per day and the maximum limit of EUR 750.00.

5. **Roundtrip ticket and stay for a family member**

   If the Insured Person remains in the hospital for more than ten (10) days and if it is not possible to trigger the guarantee provided in paragraph 4 of this article, the Insurance Company, through the Assistance Service, bears the costs to be incurred by a family member with roundtrip 1st class train ticket or economy class plane ticket, departing from Portugal, to stay with the Insured Person, bearing also the costs with the stay up to the limit of EUR 75.00 per day and the maximum limit of EUR 750.00.

6. **Extension of the stay at the hotel**

   If - after the occurrence of a bodily injury or illness abroad, the state of the Insured Person does not justify hospitalisation or medical transport, and if his/her return cannot occur at the date initially foreseen, the Insurance Company, through the Assistance Service, shall bear, where appropriate, the costs effectively incurred with a stay at a hotel by the Insured Person and by the person accompanying him/her up to the limit of EUR 75.00 per day and the maximum limit of EUR 750.00.

   Where the state of health of the Insured Person so allows, the Insurance Company, through the Assistance Service, shall bear the costs with his/her return as well as that of the accompanying person, where appropriate, in case they cannot return by the means initially provided for.

7. **Transport or repatriation of deceased persons and of accompanying Insured Persons**

   The Insurance Company, through the Assistance Service, bears the costs with all the formalities to be observed at the place of decease of the Insured Person, as well as those concerning his/her transport or repatriation to the burial place in Portugal.

   In case the Insured Persons accompanying him/her at the time of decease cannot return by the means initially foreseen, or by impossibility of using the transport ticket, already purchased, the Insurance Company, through the Assistance Service, shall pay the costs with their transport back to their habitual residence in Portugal or to the burial place in Portugal.

   If the Insured Persons are aged under 15 years old and do not have a family member or a trustworthy person to accompany them during the trip, the Insurance Company, through the Assistance Service, shall bear the costs to be incurred by a person travelling with them to the burial place or to their residence in Portugal.

   If - for administrative reasons, the deceased must be interred locally on a provisional or definitive basis, the Insurance Company, through the Assistance Service, guarantees the transportation costs of a family member, if one is not there already, providing a roundtrip 1st class train ticket or economy class plane ticket to travel from his/her residence to the place of interment, and paying for accommodation expenses up to the maximum limit specified in the Schedule.

8. **Additional Covers – Travel Assistance Abroad**

   8.1. **Assistance in case of Robbery of Luggage Abroad:** In case of robbery of luggage and/or personal items, through the Assistance Service, the Insurance Company shall assist the Insured Person in reporting said occurrence to the authorities, if requested.

   Both in the case of robbery and of loss of said goods, if found, the Assistance Services shall send them to the place where the Insured Person is or to his/her residence.

   8.2. **Advance payment of funds abroad:** In case of robbery or loss of luggage or monetary amounts, not recovered within 24 hours, the Assistance Services shall provide the advance of the necessary funds to replace the missing goods up to EUR 500.00. In order to use this guarantee, a person appointed by the Insured Person must previously perform the deposit or delivery to the Insurance Company, through the Assistance Service, of a wire transfer in the requested amount.

   8.3. **Cancellation and Interruption of the Trip:** If the Insured Person, due to force majeure, is forced to interrupt or cancel a trip already paid for (partially or in full), the Assistance Services shall ensure the reimbursement of the irrecoverable accommodation and transportation costs up to the limit of EUR 1,000.00.

   With regard to transport costs, the Insured Person undertakes to take the necessary measures to recover all or part of the sums already settled, and the Assistance Service must also pay for all transport costs considered irrecoverable.

   In case the cancellation of the trip occurs before the date of departure, the compensation shall be calculated according to the following rates, number of days and capital actually spent:

   a) Cancellation occurred between the 30th and the 15th day, 50%,

   b) Cancellation occurred between the 14th day and no show, 100%,

   For this purpose, force majeure is deemed to be:

   - Death, in Portugal, of the Insured Person him/herself, his/her spouse (or person living with him/her under common law marriage) as well as of the ascendants or descendants of both up to the 1st degree that live with him/her,
   - Death or accident abroad with the Insured Person that prevents him/her from continuing the trip (to be confirmed by the medical services of the Assistance Service),
   - Serious illness or accident, to be jointly confirmed by the treating physician and the medical team of the Insurance Company, through the Assistance Service, of which the Insured Person is a victim in Portugal, or his/her spouse (or person living with him/her under common law marriage), as well as the ascendants or descendants of both, up to the 1st degree, in-laws, sisters and brothers. A serious illness or accident is considered to be any clinical situation resulting in more than three (3) consecutive days of hospitalisation,
   - Unemployment of the Insured Person or of his/her spouse (or person living with him/her under common law marriage), provided that it takes place within thirty (30) days prior to the date of departure,
   - Destruction of the permanent dwelling or work place, of which the Insured Person him/herself or his/her spouse is a victim in Portugal (or person living with him/her under common law marriage), provided that it takes place within thirty (30) days prior to the date of departure (damages greater than 50% of the property).

   The reimbursement provided for in this paragraph cannot be cumulated with any others provided for in this policy for the same situation.

8.4. **Delay in Receiving the Luggage:** The Insurance Company, through the Assistance Service, shall reimburse the Insured Person for the amount of costs caused by the delay in retrieving the luggage in the course of an air trip, namely in the purchase of clothing and/or hygiene products, up to a limit of EUR 100.00 and provided that the delay is longer than 24 hours.

8.5. **Flight Delay:** The Insurance Company, through the Assistance Service, shall reimburse the Insured Person for accommodation costs caused by flight delays, up to a limit of EUR 75.00 per day, maximum of EUR 750.00, provided that this delay extends for a period exceeding 16 hours.

8.6. **Missed Flight Connections:** In case the insured person misses a connection between two flights due to delays in the arrival of the airplane, s/he shall be guaranteed by the Assistance Services accommodation costs up to a limit of EUR 75.00 per day, maximum of EUR 750.00.

8.7. **Communication of Messages**: The Insurance Company, through the Assistance Service, shall be in charge of communicating urgent messages requested by the Insured Person due to any event related to these guarantees.

ART. 5 - **Assistance to Pets**

1. **House calls, including vaccination**

   The Insurance Company, through the Assistance Service, guarantees the dispatch of a Veterinarian to the residence for vaccination or a simple appointment, bearing the travel costs and the Vet's fees, and the Insured Person must bear a EUR 25.00 copayment per appointment.

   In case the Insurance Company, through the Assistance Service, for reasons of market supply, cannot locate a Veterinarian available to perform the house call, the Insurance Company shall provide for and bear the transportation costs of the Veterinarian closest to his/her residence.

2. **Emergency transport for pets**

   In case of emergency involving pets (dogs and cats), the Insurance Company, through the Assistance Services, shall provide for and send the emergency transportation for the pets. The costs of the service are borne by the Insured Person who shall be informed in advance of the price of the service by the Assistance Services.

3. **Telephone medical counselling**

   Through a 24-hour hotline, the Insured Person may request medical information or simple advice.

4. **Home delivery of medication**

   The Insurance Company, through the Assistance Service, guarantees the home delivery of medication prescribed by the veterinarian whenever the Insured Person is unable to do so by his/her own means.

   The cost of the medication is borne by the Insured Person.

5. **Bath and grooming**

   The Insurance Company, through the Assistance Service, shall:

   a) Schedule the bath and/or grooming at an appropriate establishment for the purpose,

   b) Search and dispatch a professional to perform the bath and/or grooming of pets in the residence,

   c) Provide for the home collection and delivery of the pets,

   provided that the service is requested by the Insured Person directly to the Assistance Service of the Insurance Company.

6. **Safekeeping of pets (dogs and cats)**

   In the event of a claim in the residence, illness or accident giving rise to the hospitalisation of the Insured Person, the Insurance Company, through the Assistance Service, undertakes to look for an establishment for the safekeeping of pets (dogs and cats) located as close as possible to the habitual residence of the Insured Person and to provide for the transport of the pets to said establishment or to the residence in Portugal of a Person indicated by the Insured Person.

   The Insurance Company shall bear the costs with transportation, within a 50 km radius from the insured person's home, as well as the costs with the safekeeping of the pets in the kennel or cattery, up to a maximum limit of EUR 750.00 per year.

   The provision of this guarantee is subject to the conditions of transportation and safekeeping of the carriers and of kennels or catteries (current vaccines, deposits, among others).

   In order to provide this guarantee, a person indicated by the Insured Person must be able to deliver the pets to the employees of the Assistance Service of the Insurance Company.

7. **Appointment scheduling and notification**

   The Insurance Company, through the Assistance Service, shall schedule appointments at a Veterinarian and notify the Insured Person about the date, time and place of said appointments, provided the service is directly requested by the Insured Person to the Assistance Service of the Insurance Company.

8. **Information service**

   In the case of an accident or sudden illness of which the pet (dog or cat) is a victim, the Assistance Services of the Insurance Company shall inform the Insured of the veterinarians who may provide assistance to the pet.

   The Insurance Company, through the Assistance Service, shall also provide:

   a) General information on available kennels and catteries,

   b) Veterinarians in the area,

   c) Registrations and permits (dogs and cats),

   d) Other services meant for pets (dogs and cats).

ART. 6 - **Home Assistance**

1. **Technical Services**

   With this guarantee, the Insurance Company, through the Assistance Service, at the request of the Insured Person shall provide for the dispatch of qualified professionals, in the areas specified below, the Insured Person bearing the costs with the services requested according to the table in force for the year.

   a) **24-Hour Technical Services:** The 24-hour technical services are essentially nationwide emergency services with response times between 4 and 12 hours, depending on the geographical area.

      In Lisbon and Oporto and respective Regions, the presence of the technician is guaranteed within 4 to 6 hours maximum and in the remaining areas of the country, within 6 to 12 hours maximum.

Services: Plumbing, Electricity, Unclogging, Keys and Locks.

b) **Day Technical Services (by appointment):** Non-urgent services, the presence of a technician in the home of the Insured Person being guaranteed, the Insured Person being able to request a previous quotation or the immediate execution of the works according to the tariffs in force.

The presence of the technician is guaranteed within 24 hours of the request for intervention and depending on the availability of the Insured Person. In the day technical services, the Insured Person shall benefit from an exemption from travel costs between 8.00 a.m. and 8.00 p.m..

Services: HVAC, Air Conditioning, Heating, TV, Video, Hi-Fi, Refrigeration, Painting, Construction, Carpentry, Flooring, Locksmithing, Upholstery, False ceilings, Glasses, Blinds and Shutters, Microinformatics, Antennae, Home Appliances.

2. **Comfort Services**

These include a diverse set of personal or family use comfort services available 24 hours a day.

Through the 24-hour Assistance hotline, Customers shall have access to selected service providers. The Insurance Company, through the Assistance Service, shall inform in advance the costs of these benefits.

Services: Flower delivery, Cleaning services, Gardening, Home delivery of meals with and without specialised personnel, Purchase and home delivery of products, Ironing, Collection and sending of messages, Moving and transportation, Childcare, Tickets for shows, Translations, Booking and delivery of airline and train tickets, Hotel Reservations, Restaurant Reservations, Taxi Calls.

3. **24/7 Information Service**

This 24/7 Service provides information about:

a) On-duty Pharmacies: information on shifts, opening hours and their location 24 hours a day,

b) Hospitals: Information on their location and medical specialties,

c) Emergency Services: Emergency services and telephone numbers, green lines and public support services,

d) Restaurants: Information on addresses, telephone numbers and typical dishes,

e) Information on Leisure and Culture:

- Cinema: films on display, opening hours and place,
- Cultural Shows: place, opening hours,
- Museums: place, opening hours and address,
- Exhibits, International Fairs and Special Events: place, opening hours and address,
- TV programming,

f) Petrol Stations (opening hours, place and telephone number),

g) Traffic and road condition.

4. **Counselling in case of robbery**

If the insured home becomes uninhabitable, the Assistance Service shall advise the Insured Person on the procedures to be followed immediately, providing, in case of robbery or attempted robbery, support on the procedures necessary to report it to the authorities.

ART. 7 - **Exclusions**

1. **General exclusions**

Benefits that have not been requested to the Assistance Service or that have not been made with its consent, except in cases of force majeure or demonstrated impossibility, shall not be covered.

2. **Exclusions concerning Article 4 - Travel Assistance Abroad**

The following are always excluded from the cover "Travel Assistance":

2.1. **Injuries or treatments of illnesses already existing prior to the commencement of the trip, known or unknown.**

2.2. **Mental illness or any psychiatric illness.**

2.3. **Accidents resulting from an illness or pathological condition already existing before the commencement of the trip as well as injuries arising from surgeries or other medical acts not motivated by an accident guaranteed by the contract.**

2.4. **Suicide or attempted suicide of the Insured Person and its consequences, as well as other intentional acts perpetrated by the Insured Person on him/herself.**

2.5. **Intentional acts that are fraudulent, criminal or contrary to the public order of which the Policyholder or the Insured Person are material or moral authors or accomplices.**

2.6. **Actions or omissions of the Insured Person under the influence of narcotic drugs without medical prescription, or of alcoholic beverages that result in a blood alcohol level equal to or higher than that which, in the case of driving under the influence of alcohol, corresponds to the commission of an offense or crime.**

2.7. **Costs with prostheses, glasses and contact lenses, as well as odontology costs.**

2.8. **Accidents resulting from professional or amateur practice of federate sports and trainings connected therewith, as well as the practice of "special" sports such as mountain climbing, boxing, karate and other martial arts, bullfighting, parachuting, paragliding, hand gliding, all sports considered radical, speleology, fishing and submarine hunting, winter sports, any sports involving motor vehicles (2-wheeled or others), powerboating and other sports involving similar danger.**

2.9. **Accidents arising from the use by the insured person of two-wheeled motor vehicles or quad bikes.**

2.10. **Deliveries and complications due to pregnancy unless unforeseeable and occurred during the first six months.**

2.11. **Casket and burial or funeral ceremony costs.**

2.12. **Accidents arising from natural cataclysms, such as cyclonic winds, earthquakes, seaquakes, other phenomena with similar effects and also lightning strike.**

2.13. **Assaults, strikes, labour disturbances, riots and any other public disorders, rebellion, acts of terrorism and sabotage or insurrection.**

2.14. **Revolution, civil war, invasion and war (declared or not) against a foreign country, hostilities between foreign nations, whether or not there is declaration of war, and warlike actions stemming directly or indirectly from these hostilities.**

2.15. **Accidents resulting from the use by the Insured Person of aircraft or vessels not belonging to commercial lines.**

2.16. **Accidents arising from explosion or any other phenomena directly or indirectly related to the disintegration or fusion of nuclei of atoms, as well as the effects of radioactive contamination.**

2.17. **Treatment in thermal spas or beaches and, in general, change of air or rest cures as well as aesthetic treatments.**

2.18. **Expenses for preventive medicine, vaccines or similar including medical fees.**

2.19. **Rehabilitation and physical therapy costs incurred without the agreement of the medical team of the Assistance Service.**

2.20. **Medical costs for treatment initiated in the country of residence or nationality.**

2.21. **Medical, surgical and hospitalisation costs in Portugal due to illness, regardless of the place or origin of said costs, including those incurred during the trip.**

SECOND MEDICAL OPINION

ART. 1 - **Scope of Cover**

1. Under this Special Condition, when provided for in the Schedule, the Insurance Company carries out, in the event of illness of the insured person, the **necessary actions for obtaining a Second Medical Opinion by the best specialists worldwide, regarding the diagnosis of the pathology and the appropriate treatment therefor.**

   To this end, AdvanceCare/the Insurance Company coordinates the collection of the information, requesting, if necessary, new medical examinations, clinical tests and/or X-rays, and sends it to the specialist physician it deems most appropriate taking into account the pathology of the Insured Person.

   As soon as the specialist physician replies, AdvanceCare/the Insurance Company shall interpret the report and send the conclusions and final recommendations to the Insured Person.

2. In addition to obtaining the second medical opinion, the Insurance Company, if the Insured Person takes the initiative to undergo medical treatments abroad, ensures the provision of the following services:

   a) Selection and provision of references to the Insured Person on the specialist physicians and foreign hospitals selected by AdvanceCare/the Insurance Company at the request of the Insured Person, or directly indicated by him/her,

   b) Obtaining of quotations and estimated costs with fees and hospitalisation related to the medical service to be performed abroad,

   c) Scheduling of medical appointments with the specialists selected by AdvanceCare/the Insurance Company or those indicated by the Insured Person,

   d) Booking of transport and accommodation reservations abroad for the Insured Person and his/her relatives,

   e) Formalisation of the previous procedures necessary for the admission of the Insured Person to the hospital,

   f) Presentation and guidance of the Insured Person in the hospital where s/he shall stay and coordination of the care to be provided,

   g) Review, control and analysis of invoices corresponding to the treatments/appointments carried out,

   h) Performance of complete audits to all invoices and medical costs borne by the Insured Person,

   i) Negotiation of discounts in favour of the Insured Person with the specialist physicians and hospitals.

ART. 2 - **Definition**

For the exclusive purpose of this Special Condition, the following illnesses or clinical conditions are considered:

- Infectious diseases,
- Neurological disorders,
- Neurosurgical diseases,
- Cardiovascular diseases,
- Cancer diseases,
- Benign tumours,
- Eye diseases,
- Ear, nose and throat (ENT) diseases,
- Haematologic diseases,
- Organ transplantation,
- Renal and urologic diseases,
- Respiratory illnesses,
- Gynaecological and obstetric diseases,
- Gastrointestinal and hepatic disorders,
- Endocrine and metabolic diseases,
- Dermatological diseases,
- Musculoskeletal disorders,
- Rheumatic and connective tissue diseases, excluding fibromyalgia and chronic fatigue syndrome.

ART. 3 - **Exclusions**

Without prejudice to the exclusions provided for in the General Conditions applicable to this cover, the following are not guaranteed under this Special Condition:

a) **Any services requested from AdvanceCare/the Insurance Company if the Insured Person does not suffer from an illness under the terms defined above,**

b) **(Short-term) acute diseases,**

c) **Psychiatric illnesses,**

d) **Dental problems,**

e) **Any illness that has not been assessed by a physician,**

f) **Services not requested to AdvanceCare/the Insurance Company,**

g) **Any medical costs with fees, medication and/or hospitalisations abroad,**

h) **Transportation and accommodation costs in Portugal and abroad,**

i) **Any losses or damages originated, directly or indirectly, by the opinion of the physicians and/or professionals consulted.**

SERIOUS ILLNESSES

ART. 1 – **Scope of Cover**

1. Under the terms of this Special Condition, when subscribed by the Policyholder, **is guaranteed** up to the amount established and under the terms and provisions in the Schedule of the Policy, the **payment of costs borne by the Insured Person, under the scheme of agreed benefits, with diagnoses, treatments, hospitalisations, services or medical prescriptions considered to be clinically necessary,** where they arise from or are the **consequence of any of the following Serious Illnesses or Clinical Conditions,** provided that the first symptoms and their diagnosis occur during the term of the policy, after the respective grace period.

2. Thus, the payment of the following expenses is guaranteed under this cover:

   a) Hospitalisation costs, namely:

      i. General nursing service costs during the hospitalisation of the Insured Person, including daily rates,

      ii. Other hospital services performed during hospitalisation, including services provided at the hospital's outpatient care unit,

      iii. Expenses corresponding to the cost of an additional or companion bed, if the hospital provides this service and it is requested by the Insured Person,

   b) Surgeries and treatments performed in a Hospital on an outpatient care basis, provided that if they were performed on an inpatient basis, they would be guaranteed under this coverage,

   c) Medical fees related to appointments, treatments, medical care or surgeries,

   d) Costs inherent to the performance of the following services, treatments or medical and surgical prescriptions:

      i. Anaesthesia and administration thereof, whenever it has been provided by a professional anaesthetist,

      ii. Laboratory and pathological exams, diagnostic X-rays, radiotherapy, radioactive isotopes, chemotherapy, electrocardiographies, echocardiographies, myelographies, electroencephalographies, angiographies, computed tomography scans and other exams and similar treatments required for the diagnosis and treatment of a Serious Illness, as defined below, provided they have been prescribed by a physician or performed under medical supervision,

      iii. Blood transfusions, application of plasma and sera,

      iv. Oxygen consumption and application of intravenous solutions and injections,

   e) Costs with pharmaceutical products or medication administered during the hospitalisation of the Insured Person, or after discharge, provided that the products or medication in question are prescribed by physicians within the scope of postoperative procedures,

   f) Travel and transport costs with land and air ambulances where such use is indicated and is prescribed by a physician,

   g) Costs with a roundtrip travel in a regular airline for the Insured Person and an accompanying person,

   h) Accommodation expenses of the Insured Person, if s/he is not hospitalised during treatment, and of an accompanying person,

   i) In case of death of the Insured Person during the treatment authorised by the Insurance Company and motivated by a guaranteed serious illness or clinical condition, the costs with the repatriation of the body up to the burial place in Portugal, acquisition of a casket and respective administrative formalities,

   j) Costs with Medication purchased in Portugal, subsequently to the treatment of an Illness or Medical Procedure approved by the Insurance Company, under this Cover.

      i. **This Benefit is provided upon the verification of the following conditions**:

         a) The Medication has been recommended by the International Physician(s) who treated the Insured Person, as necessary for the continuity of treatment,

         b) The Medication has been licensed and approved by INFARMED,

         c) The Medication requires prescription by a Physician in Portugal,

         d) The Medication is available for purchase in Portugal,

         e) Each prescription may indicate only the required dosage for a maximum period of two months,

      ii. **This Benefit does not include:**

         a) Any and all Medication costs that are borne by the Portuguese National Health Service or covered by any other insurance policy held by the Insured Person,

         b) The cost of administering the Medication,

         c) Any acquisition of Medication performed outside Portugal,

         d) Invoices submitted to the Insurance Company 180 days after the date of purchase of the Medication (date of occurrence of the expense),

      iii. The purchase of the Medication must be made and paid directly by the Insured Person. The Insurance Company shall reimburse the Insured Person when it receives the prescription, the original invoice and proof of payment. Where the cost of the Medication has been partially covered by the Portuguese National Health Service or another insurance policy, the requested reimbursement must clearly differentiate the costs fully financed by the Insured Person and the partially financed costs.

ART. 2 – **Definitions**

For the purpose of the foregoing, the following are considered to be exclusively Serious Illnesses or Clinical Conditions guaranteed under this special condition:

a) **Treatment of Cancer:**

   Treatment of:

   i. Any malignant tumour, including leukaemia, sarcoma and lymphoma (except cutaneous lymphoma), characterised by the uncontrolled growth and spread of malignant cells and invasion of tissues,
   ii. Carcinoma *in situ* which is confined to the epithelium, this being its origin and without invading the stroma or adjacent tissues,
   iii. Any pre-cancerous change in cells that are cytologically or histologically classified as high-grade dysplasia or severe dysplasia.

The following treatments are not guaranteed:

i. **Tumours related to the human immunodeficiency virus (HIV),**
ii. **Skin cancers with the exception of malignant melanoma,**
iii. **Papillary bladder cancer.**

b) **Neurosurgery:**

Any surgery to the skull or other intracranial structure.

However, craniotomy is excluded if the pathology is a consequence of traumatic injury,

c) **Coronary Artery Bypass Surgery (Myocardial Revascularisation):**

Surgical treatment involving open-heart surgery and use of bypass grafts to correct the stenosis of at least two coronary arteries.

The payment of costs incurred with this type of surgery shall always depend on the angiographic evidence of the underlying disease.

However, surgeries due to traumatic injuries or congenital anomalies of the aortic coronary arteries are excluded,

d) **Valve Replacement:**

Surgical procedures performed seeking the effective total replacement of one or more heart valves.

The payment of costs incurred with this type of surgery shall always depend on the angiographic evidence of the underlying disease.

However, any corrective surgeries for congenital heart valve anomalies are excluded,

e) **Organ Transplantation:**

Surgical transplantation of the heart, lung, liver, kidney, pancreas or bone marrow resulting from the total and irreversible loss of their organic functions.

The organ or bone marrow shall be replaced with another of the same type and coming from another person identified as a donor.

However, organ or tissue transplants are excluded in the following cases:

1. **The Insured Person is him/herself the donor of the organ to a third party,**
2. **The need for transplantation results from congenital pathology,**
3. **The need for transplantation results from hepatic cirrhosis of alcoholic aetiology,**
4. **The transplant constitutes a surgical act of autotransplantation, with the exception of bone marrow transplantation.**

ART. 3 – **Grace Period**

The cover "Serious Illnesses" is subject to a grace period of 180 days.

ART. 4 – **Exclusions**

Without prejudice to the exclusions provided for in the General Conditions applicable to this cover, this Special Condition does not guarantee costs incurred or motivated by any diagnosis, treatment, service or medical prescription, in any way related to or arising from:

a) **Any serious illness or clinical condition that has already been diagnosed or regarding which the Insured Person has already received treatment prior to the subscription of the policy,**

b) **Any serious illness or clinical condition not provided for in article 2 of this Special Condition,**

c) **Any serious illness or clinical condition which is diagnosed prior to the expiry of the grace period provided for in Article 3,**

d) **Any serious illness or clinical condition intentionally or fraudulently caused by the Insured Person or motivated as a result of acts of recklessness or serious negligence by the Insured Person,**

e) **Acquired Immunodeficiency Syndrome (AIDS), any disease that is secondary to or caused by AIDS, as well as all those resulting from its treatment, including the disease known as Kaposi's sarcoma,**

f) **Expenses with services that are not clinically necessary for the treatment of any serious illness or clinical condition guaranteed by the contract,**

g) **Any coronary disease treated with techniques that do not require surgery,**

h) **Any type of angioplasty,**

i) **Any illness that has been caused by an Organ Transplantation, unless said illness is guaranteed under this Special Condition as provided for in Article 2 or is a necessary consequence of the transplantation,**

j) **Costs incurred with accommodation, private nursing, home healthcare or services provided at a convalescence centre or institution, rest or elderly home, even where such services are required or necessary as a consequence of a covered Illness,**

k) **Any type of prostheses, orthopaedic braces, girdles, bandages, crutches, artificial limbs or organs, wigs (even when their use is considered necessary during chemotherapy treatment), orthopaedic shoes, hernia support belts and other similar equipment or items, with the exception of the breast prosthesis as a consequence of a mastectomy,**

l) **All types of pharmaceutical products and medication which have not been supplied by a pharmacist or whose purchase does not require medical prescription,**

m) **Cerebral syndrome or costs with medical assistance and surveillance derived from cases of senility or cerebral deterioration,**

n) **Treatments, services or prescription of medical care provided to the Insured Person where alternative treatments or equally effective procedures are possible to treat his/her clinical condition or the illness that justifies the performance of an organ transplant,**

o) **Expenditure incurred in the use of alternative medicine, even if it has been specifically prescribed by a physician,**

p) **Costs with the purchase or rental of wheelchairs, special beds, air conditioners, air purifiers and any other similar items or equipment,**

q) **Costs which are not of a medical nature, such as translation costs, telephone contacts, …, incurred by the Insured Person or his/her companions, with the exception of those expressly guaranteed under this Special Condition,**

r) **Any costs incurred outside the International Network of Providers recommended by AdvanceCare/the Insurance Company, or that have not been preauthorised in accordance with the terms of the following articles.**

ART. 5 – **Preauthorisation**

The payment of costs guaranteed under this Special Condition requires in all cases preauthorisation by the clinical services of AdvanceCare and/or the Insurance Company.

ART. 6 – **Obligations in the event of a Claim**

1. **Without prejudice to the provisions in Article 24 of the General Conditions, in the case of a Serious Illness or Clinical Condition guaranteed under this Special Condition, the Insured Person or any person acting on his/her behalf shall, under penalty of the guarantees granted by this cover having no effect:**

   a) **Notify AdvanceCare/the Insurance Company within a maximum of eight (8) days, submitting the medical certificate stating the exact diagnosis of the illness, date of onset, medical history of the Insured Person and the reports and tests deemed necessary for the verification of the diagnosis,**

   b) Inform AdvanceCare/the Insurance Company about the circumstances in which the guaranteed serious illness or clinical situation occurred and its consequences,

   c) Request from AdvanceCare/the Insurance Company a preauthorisation, as provided for in the previous article, before receiving any treatment, service or medical prescription regarding an Illness covered by this guarantee,

   d) Comply with the terms of the Responsibility Statement (Authorisation) issued by AdvanceCare/the Insurance Company,

   e) Use AdvanceCare's/the Insurance Company's Network of International Healthcare Providers,

   f) Strictly comply with the prescriptions of the physician responsible for treating the guaranteed serious illness or clinical condition,

   g) Authorise in any circumstance the physicians and hospitals they have consulted to provide the clinical services of AdvanceCare or of the Insurance Company with clinical reports and any other elements that it may deem relevant to document the file.

   Unjustified non-compliance with these obligations by the Insured Person **is considered as an express waiver of the guarantees** granted under this Special Condition, and the Insurance Company shall not be responsible for the payment of any compensation.

2. **The Insured Person having requested a preauthorisation, AdvanceCare/the Insurance Company shall issue, when the identified illness or clinical condition is guaranteed, the respective Responsibility Statement (Authorisation), and shall also indicate the list of international medical centres (Network of Providers) authorised by AdvanceCare/the Insurance Company to proceed to the respective treatment.**

   If the Insured Person complies with the obligations set forth in the policy, the Insurance Company shall pay the medical costs incurred by the Insured Person, under the terms and conditions provided for in this Contract.

ART. 7 – **Territorial Scope**

1. **Without prejudice to article 4 of the General Conditions of the Policy, the guarantees granted under this Special Condition shall only take effect abroad in AdvanceCare's/the Insurance Company's Network of International Healthcare Providers indicated to the Insured Person.**

2. **Under this Special Condition, costs incurred in Portugal shall not be guaranteed under any circumstance.**

PARTICULAR CLAUSE

Where expressly provided in the Schedule of the Policy, the following Particular Clause may apply to this contract:

"TERRITORIAL EXTENSION"

Pursuant to Article 4(3) of the General Conditions, and provided that the application of this Clause is expressly indicated in the Schedule of the Policy, the payment of healthcare costs is guaranteed, in the countries also identified therein, under the following terms and conditions:

1. **Scope and Operation of the Extension**

   In accordance with the provisions in the Schedule, this Contract may take effect in:

   i. **Iberian Network, Network of Agreed Providers in Spain, in respect of the costs susceptible of compensation under the following Special Conditions, where they have been subscribed to:**

      - **Hospitalisation Costs, when motivated by accident or illness, under the scheme of agreed benefits,**
      - **Outpatient Care Costs, under the scheme of agreed benefits,**
      - **Costs with Medication, under the scheme of compensatory benefits, provided it is prescribed by physicians belonging to the agreed network in the context of medical appointments or acts performed under the Special Conditions "Hospitalisation Costs" and "Outpatient Care Costs".**

   ii. **In the United States of America, regarding costs payable under the Special Condition "Hospitalisation Costs", when motivated by accident or illness,**

   iii. **Anywhere in the world, under the scheme of compensatory benefits provided under the terms of the Special Conditions "Hospitalisation Costs" and "Outpatient Care Costs", where they have been subscribed to.**

   This territorial extension shall not take effect with respect to the healthcare costs guaranteed under the Special Condition "Hospitalisation Costs", where, according to the state of health of the Insured Person, the treatments to be performed abroad have a purely palliative purpose.

   Notwithstanding the foregoing, the territorial extension provided for under this Particular Clause shall not apply to hospitalisation costs due to childbirth.

2. **Preauthorisation**

   Where, in view of the nature of the medical cost and/or act to be carried out abroad, AdvanceCare's/the Insurance Company's preauthorisation is required, the healthcare costs referred to in paragraph 1 shall be guaranteed only if the preauthorisation has been requested by the Insured Person and previously accepted by AdvanceCare/the Insurance Company.

   Payment of costs guaranteed under this Particular Clause shall always be subject to preauthorisation by AdvanceCare/the Insurance Company in the following cases:

   - Any healthcare costs guaranteed under the Special Condition "Hospitalisation Costs", including Surgeries performed on an outpatient care basis, Chemotherapy, Radiotherapy.

Remark: For the purposes of article 37 of the Legal Framework of the Insurance Contract (Executive-law 72/2008, of 16 April 2008) we call your attention for the importance of the text in bold.

REFERENCE INDEX

This is the correspondence between the terms in Portuguese and English, for a better compreension of this Contract

ENGLISH → PORTUGUESE	
ACCIDENT	ACIDENTE
ADDENDUM	ATA ADICIONAL
ADVANCECARE NETWORK OF PROVIDERS	REDE DE PRESTADORES ADVANCECARE
ADVANCARE HEALTH CARD	CARTÃO DE SAÚDE ADVANCECARE
ADVANCECARE SAÚDE SUBSCRITION FORM	PROPOSTA DE SEGURO ADVANCECARE SAÚDE
AGREED BENEFITS	PRESTAÇÕES CONVENCIONADAS
CLINICAL QUESTIONNAIRE	QUESTIONÁRIO CLÍNICO
CLINICALLY REQUIRED SERVICES	SERVIÇOS CLINICAMENTE NECESSÁRIOS
COMPENSATORY BENEFITS	PRESTAÇÕES INDEMNIZATÓRIAS
CONGENITAL ILLNESS OR MALFORMATION	DOENÇA OU MALFORMAÇÃO CONGÉNITA
CONTRIBUTION	COMPARTICIPAÇÃO
CONTRIBUTORY GROUP INSURANCE	SEGURO DE GRUPO CONTRIBUTIVO
COPAYMENT	COPAGAMENTO
DEDUCTIBLE	FRANQUIA
DENTINET NETWORK OF PROVIDERS	REDE DE PRESTADORES DENTINET
EVENT/CLAIM	OCORRÊNCIA/SINISTRO
GENERAL CONDITIONS	CONDIÇÕES GERAIS
GRACE PERIOD	PERÍODO DE CARÊNCIA
GROUP INSURANCE	SEGURO DE GRUPO
HEALTHCARE MANAGER	GESTORA DE CUIDADOS DE SAÚDE
HOSPITAL OR CLINIC	HOSPITAL OU CLÍNICA
HOUSEHOLD	AGREGADO FAMILIAR
ILLNESS	DOENÇA
INDIVIDUAL INSURANCE	SEGURO INDIVIDUAL
INSURABLE GROUP	GRUPO SEGURÁVEL
INSURANCE COMPANY	SEGURADOR
INSURED AMOUNT	CAPITAL SEGURO
INSURED PERSON	PESSOA SEGURA
MANIFESTED ILLNESS	DOENÇA MANIFESTADA
MEDICAL COSTS	DESPESA MÉDICA
MINOR SURGERY	PEQUENA CIRURGIA
NON-CONTRIBUTORY GROUP INSURANCE	SEGURO DE GRUPO NÃO CONTRIBUTIVO
PARTICIPANT	PARTICIPANTE
PHYSICIAN	MÉDICO

POLICY	APÓLICE
POLICYHOLDER	TOMADOR DO SEGURO
PRE-EXISTING ILLNESS OR INJURY	DOENÇA OU LESÃO PRÉ-EXISTENTE
PRE-EXISTING PREGNANCY	GRAVIDEZ PRÉ-EXISTENTE
PREAUTHORISATION	PRÉ-AUTORIZAÇÃO
PREMIUM	PRÉMIO
RESPONSABILITY STATEMENT	TERMO DE RESPONSABILIDADE
SCHEDULE	CONDIÇÕES PARTICULARES
SPECIAL CONDITIONS	CONDIÇÕES ESPECIAIS
SUDDEN ILLNESS	DOENÇA SÚBITA

PORTUGUESE → ENGLISH	
ACIDENTE	ACCIDENT
AGREGADO FAMILIAR	HOUSEHOLD
APÓLICE	POLICY
ATA ADICIONAL	ADDENDUM
CAPITAL SEGURO	INSURED AMOUNT
CARTÃO DE SAÚDE ADVANCECARE	ADVANCECARE HEALTH CARD
COMPARTICIPAÇÃO	CONTRIBUTION
CONDIÇÕES ESPECIAIS	SPECIAL CONDITIONS
CONDIÇÕES GERAIS	GENERAL CONDITIONS
CONDIÇÕES PARTICULARES	SCHEDULE
COPAGAMENTO	COPAYMENT
DESPESA MÉDICA	MEDICAL COSTS
DOENÇA	ILLNESS
DOENÇA MANIFESTADA	MANIFESTED ILLNESS
DOENÇA OU LESÃO PRÉ-EXISTENTE	PRE-EXISTING ILLNESS OR INJURY
DOENÇA OU MALFORMAÇÃO CONGÉNITA	CONGENITAL ILLNESS OR MALFORMATION
DOENÇA SÚBITA	SUDDEN ILLNESS
FRANQUIA	DEDUCTIBLE
GESTORA DE CUIDADOS DE SAÚDE	HEALTHCARE MANAGER
GRAVIDEZ PRÉ-EXISTENTE	PRE-EXISTING PREGNANCY
GRUPO SEGURÁVEL	INSURABLE GROUP
HOSPITAL OU CLÍNICA	HOSPITAL OR CLINIC
MÉDICO	PHYSICIAN

OCORRÊNCIA/SINISTRO	EVENT/CLAIM
PARTICIPANTE	PARTICIPANT
PEQUENA CIRURGIA	MINOR SURGERY
PERÍODO DE CARÊNCIA	GRACE PERIOD
PESSOA SEGURA	INSURED PERSON
PRÉ-AUTORIZAÇÃO	PREAUTHORISATION
PRÉMIO	PREMIUM
PRESTAÇÕES CONVENCIONADAS	AGREED BENEFITS
PRESTAÇÕES INDEMNIZATÓRIAS	COMPENSATORY BENEFITS
PROPOSTA DE SEGURO ADVANCECARE SAÚDE	ADVANCECARE SAÚDE SUBSCRITION FORM
QUESTIONÁRIO CLÍNICO	CLINICAL QUESTIONNAIRE
REDE DE PRESTADORES ADVANCECARE	ADVANCECARE NETWORK OF PROVIDERS
REDE DE PRESTADORES DENTINET	DENTINET NETWORK OF PROVIDERS
SEGURADOR	INSURANCE COMPANY
SEGURO DE GRUPO	GROUP INSURANCE
SEGURO DE GRUPO CONTRIBUTIVO	CONTRIBUTORY GROUP INSURANCE
SEGURO INDIVIDUAL	INDIVIDUAL INSURANCE
SEGURO DE GRUPO NÃO CONTRIBUTIVO	NON-CONTRIBUTORY GROUP INSURANCE
SERVIÇOS CLINICAMENTE NECESSÁRIOS	CLINICALLY REQUIRED SERVICES
TERMO DE RESPONSABILIDADE	RESPONSABILITY STATEMENT
TOMADOR DO SEGURO	POLICYHOLDER