

# PRIOR INFORMATION SHEET

## CASER SALUD PRESTIGIO

(Collectives, Self-employed and SMEs)

### 1. NAME AND REGISTERED OFFICE OF THE INSURER

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CASER, Caja de Seguros Reunidos, Cia. de Seguros y Reaseguros, S.A., (-CASER-) with registered office at Av. de Burgos, 109, 28050, Madrid, Spain. Registered in the Madrid Trade Registry, Volume 2245, Folio 179, Sheet M-39662, Spanish Tax ID (CIF) no.: A28013050.

### 2. PRODUCT NAME

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Caser Salud Prestigio.

### 3. TYPE OF INSURANCE

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Caser Salud Prestigio is a comprehensive health insurance policy, with subsidised co-payments. It covers both care in the different medical specialities and hospitalisation. Healthcare can be provided by the large team of nationwide specialists or by the professional chosen by the Insured person, with reimbursement of medical expenses according to limits set out in the contract.

### 4. HEALTH QUESTIONNAIRE

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In order to formalise the insurance contract, together with the completion of the insurance application, it is necessary to complete a health questionnaire, which may be completed in person or online, depending on the means provided by the Insurer in each case. This consists of a signed declaration of health or a recorded statement by each of the Insured to be included in the contract prior to its formalisation, which includes relevant questions about the state of health of each of them. This questionnaire must be completed by each of the persons to be insured (except in the case of minors under 18 years of age, where the declaration will be made by the parent or legal guardian), who must answer each of the questions truthfully and indicate all the circumstances known to him/her about his/her health (past and present). These will enable the Insurer to make a correct assessment of the risk with a view to taking out the insurance policy, rejecting the policy or excluding cover for any of the pre-existing illnesses declared by the Insured (subject to the prior acceptance of the Insured).

In the event of falsehood, inaccuracy or intentional omission of information in any of the declarations contained in the questionnaire, the Company may terminate the insurance contract at any time.

## 5. DESCRIPTION OF THE GUARANTEES AND OPTIONS OFFERED

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### 5.1. GUARANTEES

#### MAIN MEDICAL COVERAGE

- **Primary care:** general medicine, paediatrics and nursing.
- **Medical specialities such as:** Gynaecology, Traumatology, Ophthalmology, Digestive system, Cardiology, Dermatology, Endocrinology and Nutrition, Stomatology, Psychiatry, Podiatry, Rheumatology, Traumatology and Orthopaedics, Urology, etc.
- **Diagnostics such as:** clinical analysis, radiodiagnosis, non-invasive prenatal screening tests, genomic platforms for breast cancer, therapeutic targets for oncological treatment, infertility diagnosis, etc.
- Permanent care and **emergency services**.
- All types of **hospitalisation:** medical, surgical (including fixed internal prostheses), paediatric, maternity, psychiatric and ICU.
- **Medical treatments such as:** rehabilitation and physiotherapy, psychology, laser in proctology, assisted reproduction, etc.

#### COMPLEMENTARY MEDICAL COVERAGE

- **Oral supplement.**
- **Second medical opinion** for serious illnesses.
- **Health care abroad** up to 90 days and a limit of €15,000.
- **Postpartum care.**
- IUD implantation, **including reimbursement for the device.**

#### OTHER BENEFITS AND SERVICES

- **24-hour medical and paediatric,** telephone and online **assistance.**
- Signing up benefit, **without waiting periods or pre-existing conditions,** for newborn and adopted children included in the parents' policy.
- **Single room,** in case of hospitalisation, **with visitor bed.**

The full details of the coverage included are available to the Insured person in the product General Conditions.

### 5.2. OPTIONAL ACCESSORY GUARANTEES

The Caser Salud Prestigio product does not have optional guarantees with a cost, but the Company does have a health services area, Caser Salud + Benefits (online [casermasbeneficios.com](http://casermasbeneficios.com)), through which it is possible to independently take out services related to health, well-being and aesthetics, under preferential conditions.

## 6. EXCLUSIONS FROM COVERAGE:

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### 6.1. GENERAL EXCLUSIONS

#### 1. HEALTH CARE

- a) Health care required as a result of injuries sustained while taking part in bets and competitions, the practice of high-risk activities such as bullfighting and bull running, the practice of dangerous sports such as scuba diving, caving, boxing, martial arts, climbing, horse-riding, rugby, motor vehicle sports, quad biking, paragliding, aerial activities not authorised for public passenger transport, sailing or white water activities, bungee jumping, canyoning, skiing, snowboarding, surfing and any other manifestly dangerous activity; as well as those sustained from the professional practice of any sport.
- b) General medical check-ups or examinations of a preventive nature, except for what is expressly included in point 3. of Article 3 of General Conditions. Analyses or other examinations that are necessary for the issuing of certificates, reports and any type of document that does not have a clear health care function.
- c) Physical damage resulting from war, riots, revolutions and terrorism, those caused by officially declared epidemics, those directly or indirectly related to radiation or nuclear reaction and those resulting from natural catastrophes (earthquakes, floods and other seismic or meteorological phenomena).
- d) Health care due to the consumption of alcohol, drugs of any kind or intoxication due to the abuse of psychotropic drugs, narcotics or hallucinogens.
- e) Health care for injuries caused by drunkenness, fights (except in the case of legitimate self-defence), self-harm or suicide attempts and illnesses or accidents suffered due to serious fault, imprudence or negligence on the part of the Insured person.
- f) Health care for all kinds of illnesses, injuries, previous states or health conditions, accidents and their sequelae, congenital or previous defects or deformities diagnosed before the date on which each Insured person is registered under the contract, as well as for any signs or symptoms that could be considered to be the start of any disease or which have previously required studies, diagnostic tests or treatments of any kind, unless such illnesses, injuries, accidents, symptoms, defects or deformities have been declared by the Contracting Party or Insured person in the health questionnaire and not expressly excluded from cover by the Insurer in the Particular Conditions. This exclusion shall not

affect the Insured persons added to the contract from birth in accordance with point 1. e) of Article 10 of the General Conditions.

- g) Everything concerning Psychology, ambulatory narcolepsy, sophrology, neuropsychological and psychometric tests, psychoanalytic psychotherapy, as well as psychosocial or neuropsychiatric rehabilitation, psychoanalysis, hypnosis, group psychotherapy, psychological tests and rest and sleep cures, except for what is expressly included in point 3.28. of Article 3 of the General Conditions.
- h) Travel expenses, except for the ambulance in the terms set out in point 8 of Article 3 of the General Conditions. Also excluded are required transfers, regardless of whether it is for outpatient or inpatient, for any consultation, diagnostic and therapeutic tests, rehabilitation treatments, physiotherapy, speech therapy, psychology, radiotherapy, oncology, surgery and all special treatments.
- i) Voluntary termination of pregnancy, diagnostic tests related to such termination, any surgical procedure on the unborn child and the treatment (including surgery) of impotence.
- j) Surgical interventions, infiltrations and treatments for the purpose of gender reassignment or having an aesthetic character, are expressly excluded. Also expressly excluded is any disease, complication or need for special diagnostic and/or therapeutic tests that are directly related to or are the result of the Insured having undergone a procedure, infiltration or treatment of an aesthetic nature. Only in these cases will the necessary tests for the gynaecological examination be paid for.
- k) Organ or tissue transplants, except for autologous bone marrow transplants and cornea transplants, except as expressly included in point 3.25. of Article 3 of the General Conditions.
- l) Any genetic test requested for prognostic or preventive purposes is excluded, as well as genetic predisposition studies of the Insured person or their relatives. Also excluded from coverage are genetic counselling, genetic mapping, paternity or kinship tests, as well as anything else that is not explicitly included in point 4. of Article 3 of the General Conditions.
- m) Hospital care and treatment for social or family reasons, palliative care, as well as care that can be replaced by home or outpatient care.
- n) Health care in private centres that are not subsidised, and also that which is provided in hospitals, centres and other publicly owned establishments that are part of the Spanish National Health System and/or those that report to the Autonomous Communities, is also excluded. In any case the Insurer reserves the right to claim from the Insured person the reimbursement of the costs of care that it has had to pay to the public health system for the medical, surgical and hospital care provided.

- o) Regenerative medicine, biological medicine, immunotherapy, biological therapies, gene therapy and direct-acting antivirals, as well as the applications of all of them. In addition, all types of experimental treatments, compassionate use, orphan drugs, and those in clinical trials in all their phases are excluded.
- p) Pharmaceuticals, medicines and auxiliary treatment aids of any kind, except for those administered to the Insured person during their stay (a minimum of 24 hours) in a hospital centre. Non-commercialised medicines in Spain are excluded. Vaccines are also excluded.
- q) Diagnostic or therapeutic procedures whose safety and cost-effectiveness are not scientifically proven or which appear after the signing of this contract and are not covered by the Insurer are excluded. Procedures that are not universalised or not consolidated in routine clinical practice, those that have been replaced by other available procedures, procedures of an experimental nature or those whose effective contribution to the prevention, treatment or cure of diseases has not been sufficiently proven.  
A diagnostic, surgical or therapeutic procedure is considered safe and effective for the purposes of this contract when it is approved by the European Medicines Agency and/or the Spanish Agency for Medicines and Medical Devices. A procedure is considered to be universalised and consolidated when it is performed in routine clinical practice in public hospitals that are not only referral hospitals.
- r) Chemotherapy will only cover the cost of specifically cytostatic drugs as defined and detailed in Article 1 of the General Conditions, Definitions, "cytostatic". Expressly excluded from this are anti-tumour immunotherapy, monoclonal antibodies, gene therapy, endocrine or hormone therapy, enzyme and/or molecular inhibitors, anti-angiogenic drugs and sensitisers used in photodynamic therapy and radiation.
- s) Physiotherapy and rehabilitation treatments when functional or the maximum possible recovery has been achieved, or when it becomes maintenance therapy, which in such a case would be indicated by the professional responsible for carrying out such treatments. In addition, the following are excluded: rehabilitation derived from neurological diseases, educational therapy, language education, special education for the mentally ill and early stimulation rehabilitation in cases of psychomotor developmental retardation. Cardiac rehabilitation, pelvic floor rehabilitation and lymphatic drainage are excluded except for what is expressly included in point 3.31. of Article 3 of the General Conditions. Rehabilitation in inpatients and at home is expressly excluded.
- t) Alternative and complementary therapies such as acupuncture, naturopathy, homeopathy, massage therapy, mesotherapy, osteopathy, hydrotherapy and pressotherapy are excluded.

- u) Any means of diagnosis for sleep disorders is expressly excluded, except for what is specifically included in point 4 of Article 3 of the General Conditions.
- v) Metabolic and obesity surgery and the fitting/placement of gastric bands and intragastric balloons.
- w) Robotic surgery is excluded, except for what is included in point 3.35 of Article 3 of the General Conditions. Likewise, neuromonitoring is excluded for any diagnostic, surgical or therapeutic procedure, except for what is included in point 3.21 of Article 3 of the General Conditions.
- x) Implantable pumps for drug delivery and electrodes for spinal cord and brain stimulation are expressly excluded.
- y) Parkinson's and epilepsy surgery.
- z) Breast reduction surgery, prophylactic breast and gynecomastia surgery are excluded.
- aa) Any prosthesis, implant, sanitary device, orthopaedic material, orthosis and external fixators not stated in item 6 of Article 3 of the General Conditions are excluded. The Cochlear implant and the Carina implant or similar are also excluded. Also excluded are heart valve stents, closure devices and vascular stents for congenital defects and other MitraClip type devices, atrial appendage closure devices, leak closures or similar devices in percutaneous or transapical procedures. Penile prosthesis, multifocal intraocular lenses, toric and bitoric monofocal lenses. Infiltrations with autologous growth factors (plasma rich in growth factors) and/or platelet concentrates and cellular components are excluded.
- bb) The following are expressly excluded: sealants, biological glues or adhesives, anti-adhesive or anti-adherent barrier gel, bone graft substitutes: bone cements and regenerative demineralised bone matrix, as well as any other biological or synthetic material not stated in point 6 of Article 3 of the General Conditions.
- cc) Intraperitoneal chemotherapy is excluded.
- dd) In the speciality of Odontostomatology, obturations, endodontics, placement of prostheses and osseointegrated dental implants, orthodontics, periodontics, as well as dental treatments other than those included in point 3.24. of Article 3 of the General Conditions are excluded.
- ee) Treatments aimed at recovering the functionality of the mouth and dental area, such as orthognathic, pre-implantological and pre-prosthetic surgery.

- ff) Surgical correction of myopia, hyperopia or astigmatism and presbyopia and any other ocular refractive disease. Intracorneal ring/segment implantation is also excluded. Cross-linking is expressly excluded as a treatment for keratoconus.
- gg) All surgical and / or therapeutic techniques that use a laser, except for those expressly included in point 7. of Article 3 of the General Conditions.
- hh) The hyperbaric chamber.
- ii) Chronic dialysis treatments.
- jj) Alternative medicines, treatments in nursing homes, residences, spas and the like.
- kk) Water, home and alternative means of birth are excluded.

## 2. HEALTH CARE ABROAD

- 1) Claims that may arise directly or indirectly from previous illnesses, congenital, chronic or medical conditions under medical treatment prior to the start of the trip.
- 2) Voluntary termination of pregnancy, childbirth, except for emergencies and cases of unforeseeable complications up to the 29th week of pregnancy.
- 3) Accidents occurring in the event of war, pandemics, demonstrations and social movements, acts of terrorism and sabotage, strikes or any other case of force majeure, unless the Insured person proves that the accident is unrelated to such events.
- 4) Benefits from the practice of dangerous sports, such as mountaineering, climbing, motocross, gliding, hang-gliding, skiing, snowboarding and similar or those that require physical training.
- 5) Any expenses claimed when the insurance dates do not coincide with the actual dates of travel (both the day of departure and the return date must be taken into account).
- 6) Vaccinations and tests for previously known diseases.
- 7) Expenses relating to prostheses of any kind, physiotherapy and kinesiotherapy.
- 8) The costs of implants, experimental surgeries and treatments whose safety and cost-effectiveness are not scientifically proven or are not recognised by official medical science in Spain. Psychological and aesthetic treatments, rehabilitation or preventive medicine.
- 9) Any type of medical fee or expense less than €9.02.

- 10) Suicides, self-harm and drug or alcohol intoxication.
- 11) Under no circumstances shall the Insurer replace the emergency services of the country concerned, nor shall it cover the cost of these services.
- 12) Mental illnesses, as well as psychoanalysis and psychotherapy.

## 6.2. PERIODS DURING WHICH CERTAIN COVERAGE CANNOT YET BE BENEFITTED FROM

Up to 10 months

- Assistance in childbirth

Up to 24 months

- Assisted reproduction

The waiting periods will not be waived in any case.

## 6.3. AGE LIMIT FOR TAKING OUT INSURANCE

The maximum age for taking out the Caser Salud Prestigio product is 64.

## 7. WAYS OF PAYING FOR THE INSURANCE

PREMIUM: the Caser Salud Prestigio product allows the premium to be paid in monthly, quarterly, half-yearly or annual instalments, without any surcharge on the premium.

CO-PAYMENTS: Insured person's share of the cost of the services. No additional cost in digital health care in Caser Medical Centre telemedicine.

DENTAL SUPPLEMENT MAXIMUM AMOUNTS: the maximum amounts applicable by providers for dental treatment. They can always be consulted in our Caser Salud App, Private Client Area (caser.es/App de Caser) or on our website: [caser.es](https://caser.es)

REIMBURSEMENTS: if the Insured Party goes to a professional outside Caser's medical list, once all the documentation required from the latter has been received and the appropriate checks and calculations have been carried out to establish the amount to be compensated, the Insurer shall have a period of ten working days to reimburse or deposit the said amount, depending on the known circumstances. The total sum insured under the contract is **€210,000** per Insured and year. For assisted reproduction, psychology, pelvic floor rehabilitation, robotic surgery and prostate biopsy, the Insured will not be reimbursed for the cost of invoices issued by doctors and centres not included in the agreed medical directory under any circumstances. These sums of money may be modified and will be detailed in the specific conditions of the insurance contract.

The following limits are established as standard:



REIMBURSEMENT PERCENTAGES	REIMBURSEMENT LIMIT
Outpatient medical care in Spain	80%
Hospitalisation in Spain	90%
Reimbursement abroad	80%
<b>MAXIMUM CAPITALS</b>	
Outpatient medical care (consultations, diagnostics and therapeutic procedures)	€40,000
Hospital medical care	€160,000
Prostheses (cost of prosthesis)	€12,000
<b>HOSPITAL EXPENSES</b>	
Medical fees (surgeon, anaesthesia, assistants and the rest of the medical team)	€40,000
Expenses per day of hospitalisation	€1,000
Congenital illnesses in new-borns (first year of life)	€7,800
<b>OTHER OUTPATIENT SERVICES</b>	
Odontostomatology	€360
Rehabilitation and physiotherapy	€700
Ambulance	€1,000

## 8. CONDITIONS, DEADLINES AND DATE OF PAYMENT COMPLETION

### 8.1. GENERAL MATTERS

The contracted insurance can be paid monthly, quarterly, half-yearly or annually without any surcharge. This will be done by direct debit to the current account held by the Contracting Party and expressly indicated in the insurance application.

### 8.2. ANNUAL COMMUNICATION OF PAYMENT END DATE AND UPDATES

Caser may modify the price applicable to the following annuity, and, where applicable, the amount of the co-payments, according to the technical-actuarial calculations made and based on the CPI for healthcare, the frequency of use of the guaranteed cover, the inclusion of medical advances or new insured cover in each annual renewal of the contract, as well as the updates derived from family or promotional discounts at the time of taking out the insurance.

In the event of a change in the stipulated price, the Contracting Party will receive notification of this update for the following year two months before the end date of the contract, and may choose between extending the insurance contract, which implies acceptance of the new economic conditions, or terminating it at the end of the current year, by means of a corresponding letter sent to the insurer.

### 8.3. RATES AND IDENTIFICATION OF RISK FACTORS TO BE CONSIDERED IN THE PAYMENT CALCULATION

The payments to be made by the Contracting Party will vary according to the annual increase in the medical costs of the health system, as well as the update of the age of each person insured, the variation in the number of people in the contract, the link as a client, the promotional conditions (if any in their contracting), and the geographical area corresponding to the domicile of the benefit, applying the rates that the insurer has in force on the date of each renewal.

The stipulated net monthly prices for the Caser Salud Prestigio product can be consulted at any time and updated on our web sites [casar.es](http://casar.es)

#### 8.4. CONDITIONS OF TERMINATION AND OPPOSITION TO EXTENSION

The insurance is renewable annually and will last for the period stipulated in the Particular Conditions. Upon expiry, it shall be tacitly extended for another year.

However, either party may object to the extension by giving written notice to the other party not less than one month before the date of the end of the current insurance period in the case of the Contracting Party, and two months before the end of the current insurance period in the case of the Insurer.

In any case, the Insurer undertakes to:

- a. Not cancel the contract when the Insured person is undergoing hospital treatment until they are discharged from hospital, unless they waive their right to continue such treatment.
- b. Not oppose the extension of insurance contracts of Insured persons in certain situations of serious illness, provided that the first diagnosis has occurred during the period of the contract. The following are illnesses with ongoing treatment within the contract:
  - . Active oncological processes.
  - . Acute kidney failure.
  - . Chronic respiratory failure.
  - . Chronic liver diseases (excluding those of alcoholic origin).
  - . Acute myocardial infarction with heart failure.
  - . Macular degeneration.
  - . Cardiac diseases requiring surgical or interventional treatment.
  - . Organ transplantation.
  - . Complex orthopaedic surgery in the early stage.
  - . Degenerative and demyelinating diseases of the nervous system.
- c. Not oppose the extension of insurance contracts with Contracting parties over 65 years of age, when they have been with the company (without failure to pay for the premium) for 5 years or more.

The above commitments shall not apply or shall be without effect in those cases in which:

- a. The Insured person has failed to comply with their obligations or they have withheld or provided inaccurate information when declaring the risk.
- b. In the event of the Contracting party failing to pay for the premium or refusing to accept any updates to the policy.
- c. The Contracting party does not agree to the terms of Renewal.

The Company's waiver of its right to oppose the continuity of the contract inexcusably requires that the Contracting Party accepts the payment and participation in the cost of the services that correspond to it, and which the Insurer may update periodically to adapt them to the evolution of the costs of the

insurance, always in accordance with actuarial criteria and within the limits of the law and the contract.

#### 8.5. REINSTATEMENT RIGHT

In this type of insurance, the Insured shall be entitled to reinstatement of the contract in accordance with the Insurance Contract Act. If, in the case of the second and subsequent annual payments of the insurance policy, the date on which the annual payment is due is not paid and the contract is suspended, the reinstatement will take place 24 hours after the day on which the annual premium is paid.

#### 8.6. LIMITS AND CONDITIONS ON THE FREEDOM OF CHOICE OF PROVIDER

The Insured has the freedom to choose the service provider from among the professionals and centres that appear on the medical list offered, which will always be updated in the Caser Salud App or on the website [caser.es](http://caser.es) for consultation.

There are also a number of medical acts that require a prescription from a medical professional. These are included in the General Conditions.

Likewise, there are a series of medical acts that require prior authorisation by the Company, as shown below:

##### HOSPITALISATION:

- Admission: **medical, surgical, psychiatric**
- Outpatient care
- Home hospitalisation
- Outpatient surgery
- Ambulance transfers

##### DIAGNOSTIC TESTS

- Endoscopy **any technique**
- Nuclear medicine **any technique**
- Ultrasounds **transesophageal and high resolution**
- Radiology: **CT, MRI, densitometry, angiographies, urodynamic studies, PET, PET-CT**
- Clinical analysis **karyotyping-genetics, helicobacter Pylori, tumour markers**
- Genetic Studies
- Cardiology **ergometry, Holter, Doppler, haemodynamics, electrophysiological studies, pacemakers**
- Neurophysiology **any technique**
- Pathological anatomy **immunohistochemistry and molecular pathology**
- Dermatoscopy
- Biomechanical gait analysis

##### TREATMENTS

- Oncology **chemotherapy, radiotherapy**

- Rehabilitation **physiotherapy, speech therapy, psychology**
- Ophthalmic laser therapy
- Oxygen therapy.
- Hemotherapy
- Interventional Radiology
- Treatment of pain.
- Extracorporeal lithotripsy
- Assisted reproduction.
- Postpartum care.
- Laser in proctology

#### FIXED INTERNAL PROSTHESES

This list includes some of the benefits that require prior authorisation by the company, but not all of them are necessarily covered by the Caser Salud Prestigio product. Consult the General, Special and Particular Conditions of your contract.

You can request your authorisations by calling free phone 91 055 16 61 and online in the Caser Salud App or in the Private Client Area ([caser.es/App](http://caser.es/App) de Caser).

## 9. CHARGEABLE TAXES

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The stipulated prices are subject to the application of the legally applicable tax on the first bill (0.15% L.E.A.) and the IPS in its part of the corresponding coverage. Health insurance premiums are exempt from Insurance Premium Tax (IPS), except for that part of the premium intended to cover Travel Medical Assistance guarantees.

## 10. COMPLAINTS

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CAJA DE SEGUROS REUNIDOS, Compañía de Seguros y Reaseguros, S.A. (CASER) offers its customers its Insured party's Defence Service (Complaints and Claims) at Avenida de Burgos, nº 109, 28050 Madrid, and via the email address: [defensa-asegurado@caser.es](mailto:defensa-asegurado@caser.es)

If the resolution of the complaint is rejected or if more than one month has elapsed without a response, the administrative complaint procedure may be initiated before the Complaints Service of the Directorate-General of Insurance and Pension Funds, Paseo de la Castellana, 44, 28046 Madrid, which will act as an alternative dispute resolution entity in consumer matters, in accordance with the First Additional Provision of Law 7/2017, of 2 November. The website address of the Directorate-General of Insurance is provided for this purpose, [www.dgsfp.mineco.es/reclamaciones/](http://www.dgsfp.mineco.es/reclamaciones/) where the claimant can find information on the procedure, requirements and means to file a claim or complaint. It may also be submitted to the competent courts.

## 11. APPLICABLE LAW AND JURISDICTION

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- Law 50/1980 of 8 October on insurance contracts and its implementing regulations.

-Law 20/2015 of 14 July, on the Regulation, Supervision and Solvency of Insurance and Reinsurance Entities, and its implementing regulations.

- Law 22/2007, of 11 July, on distance marketing of financial services for consumers.

This contract is subject to Spanish legal jurisdiction and, within this jurisdiction, the competent Court for hearing any actions arising from it shall be that of the Insured person's residence in Spain.

## 12. TAX REGIME

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Health insurance premiums are exempt from Insurance Premium Tax (IPS), except for that part of the premium intended to cover Travel Medical Assistance guarantees.

As a general rule, the premiums paid for this insurance do not give the right to any tax benefit, they are not deductible in the IRPF, nor do they give the right to any deduction or allowance. However, there may be special cases in some Autonomous Communities.

In the event that the Contracting Party is a businessperson or professional in the direct estimation regime for Personal Income Tax, the maximum limit to be considered as a deductible expense is 500 euros per person and calendar year, taking into account for these purposes exclusively their own coverage, that of their spouse and their children under 25 years of age who live with the Contracting Party. This limit will be 1,500 euros for each of the above persons with a disability.

If the Contracting Party is a commercial entity subject to Corporation Tax and is insuring its employees, the premium paid will be a deductible expense in its personal tax (Corporation Tax).

Whether the employer is a legal person or a legal entity, the premium does not constitute remuneration of the worker's work in kind within the above-mentioned quantitative limits per person and tax year. The amount exceeding these limits would be considered as remuneration in kind and would be subject to the corresponding payment on account.

Health care services do not constitute an inflow of income for the beneficiary. For this reason, these benefits will not be taxed in the beneficiary's personal income tax.