



Fleximedic

What's Fleximedic plan?

Fleximedic is a health plan that offers medical cover within our network of doctors and hospitals at special prices for medical visits, emergency visits and out-patient treatments.

In addition, you will be compensated in case of surgery or hospitalization that is not within our medical network
Family discounts: you will get a premium discount when the third member is included on your policy.

How does it work?

You can use any doctor or hospital within the network and you are provided with a health card to obtain this benefit. This card identifies you as a policy's member, so you do not need a coupon book or carry out administrative processing for the medical authorizations.

Please find below the fee schedule for the services (*) and treatments within our network of doctors, hospitals and services.

VISITS	AREA A	AREA B
General medicine	19,00€	17,00€
Pediatrics	22,00€	20,50€
Gynecology and obstetrics	26,00€	24,50€
Psychiatry	25,50€	23,00€
Rest of specialists	24,00€	22,50€
Emergency	62,00€	58,00€
Home visits	52,00€	48,50€

Area A: Balears, Barcelona, Girona and Tarragona. Area B: remaining areas

(*) The health support and service phone 902 23 40 40/ 93 482 66 00 will inform you about the other medical services fees

Above 300 euros year you will no longer pay the visits. Contact the support service phone (902 25 25 00) to know the visits included on your plan.

The premium you pay is based on the insured person's age; as a result you get a reduction on the total family premium.

How can I pay?

- Monthly.
- Quarterly: 2% discount.
- Biannually: 3% discount.
- Annually: 4% discount.

What is covered?

Diagnostic tests

Paid in full tests (clinical, biochemical, cytology...) radiology, Doppler test, scans, etc.

6 month waiting period for digital arteriography, ergometry, vascular hemodynamics, holter, bone densitometry, CAT scan, nuclear medicine, magnetic resonance imaging, positron emission tomography (PET).

We pay in full radio contrast agents.

Therapeutic treatments

6 month waiting period for ophthalmic laser therapy, tonsil and/ or adenoid tonsil surgery, nucleosome percutaneous, oncological radio therapy, electro radio therapy, dialysis and artificial kidney, renal lithotripsy.

Out-patient oncological chemotherapy:

12 month waiting period for out-patient oncological chemotherapy.

Rehab

Up to 35 sessions per person per policy year.

Emergency services

Paid in full for hospitalization within our network





Birth control

6 month waiting period for tubal ligation and vasectomy.

Gynecological check up

We pay in full an annual check up.

Childbirth

8 month waiting period for childbirth assistance, drugs and anesthesia, except for emergency cases (premature babies and dystocia).

Surgery

6 month waiting period for surgical intervention by a surgeon in the operation room (except for vital emergency).

Hospitalization

6 month waiting period for individual room with companion bed (except for intensive care unit and psychiatric hospitalization).

We pay in full hospitalization expenses, operating room, anesthesia, drugs, treatment and patient's meals. No limits, except for psychiatric hospitalization which is limited to 40 days per policy year.

Post hospital treatment

If you have been in hospital for surgery for a period of seven days or longer, you can have free access to these services:

- 24 hour telephone health assistance service for a month.
- 10 hour home assistance.

6 month waiting period.

Prostheses

12 month waiting period for cardiac valves, pacemaker, artificial hip joint, vascular by-pass prostheses, intraocular lens prostheses, mammary prostheses, internal trauma prostheses. Paid in full and unlimited cost of the prostheses.

Travel assistance

We cover medical and pharmaceutical expenses up to a maximum of 12.000 euros abroad.

Annual check up

We pay in full if you go to a doctor within the company's network.

The waiting periods can be cancelled in case of a sudden vital emergency diagnosed once the insured person has been discharged, or for new contracts from other companies. Except for childbirth (8 months) and out-patient chemotherapy (12 months).

Benefits

- A second medical opinion.
- Mother cells.
- 24 hour 365 days year telephone health consultation.
- Adopted children will enjoy the same benefits as new born babies.
- Cornea transplant.

Additional benefits (within the company's network of doctors and facilities)

You will have access, at special rates, to qualified specialists and / or additional treatments that complement the conventional medical and sanitary services: psychology¹, stomatology¹, podiatry¹, refractive surgery, acupuncture², homeopathy², dietetics, naturist medicine, speech therapy, optician, audiology, assisted reproduction, post childbirth recovery and preventive medicine.

1. Specialists' services according to our fee schedule.

2. The plan covers your first visit.

Who is it for?

Plusmedic plan is for people who live in Spain and are aged between:

Individual contracts: from 0 up to age 64:

Family contracts:

- policy holder: aged minimum 18
- policy membership between 0 and up to age 74³

3. The membership average age cannot be over 64.