Integrative Options Policy 2020 - 2021

reserved for current employees

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This document provides a summary of the benefits offered by the Integrative Options Policy; **it does not replace the contractual legal source constituted by the Policy Terms and Conditions**, which must be consulted prior to subscribing to the benefits in order to precisely acknowledge the contractual conditions.

As an integrative policy to the Basic Health Plan (Nuova Plus or Extra), unless otherwise specified in this document the information included in the summary of the Basic Health Plans remains valid.

There are **6 supplementary fee-based options** available, which are summarised below.

The options operate:

- on a First-Loss basis, where the benefit is not included in the Basic Health Plan;
- on a Second-Loss basis, where the benefit is included in the Basic Health Plan.

In other words, where the same benefit is included in the Basic Health Plan, the liquidation shall first occur according to the provisions of the Basic Health Plan then, in the case that the maximum provided by the Basic Health Plan is insufficient, the Integrative Options policy shall come into effect, until the maximum of the latter for the specific claim is reached and, in any case, always within the limits of the incurred and documented expenses (First and Second Loss combined).

Difference between "High" and "Total" cover
The insurance has an annual maximum limit (limit) for compensation for each claim category.
The limit of the "Total" cover is higher than the limit of the "High" cover.
For the "Uninsured and excesses" form, there are four options with increasing limits.

Difference between Individual contribution and Household contribution for subscription
The Individual contribution (Policyholder-Only Cover) is envisaged when the Uni.C.A. Basic Health Plan only covers the Policyholder (with no insured family members).
The Household Contribution (Entire Household Cover) is envisaged when the Basic Health Plan covers the Policyholder and his/her family members (regardless of legal dependency status).
As such, if interested in subscribing to the new options, Policyholders with insured family members must subscribe to the package that covers the entire household and pay the Household contribution. In other words, Policyholders with insured family members may not subscribe to a personal policy that does not insure family members.
If in the course of the year, the Policyholder subscribed to the Basic Health Plan extends the cover to one family member (e.g. in the case of the birth of a child), the contribution will be recalculated from the Individual contribution to the Household contribution for the entire year.

Waiting Period
The waiting period is the period of time during which no compensation shall be paid, even though the insurance has been activated.
For example, a waiting period of 45 days means that events that occur in the first 45 days from the validity date of the policy shall not be eligible for compensation.

Tax deductibility of the contribution
Similarly to other health care contributions borne by the company or the employee, contributions for the Integrative Options may be deducted from taxable income, up to a limit of € 3,615.20 per year, in line with current taxation laws.

INTEGRATIVE OPTIONS (employees only; not applicable to Excluded Retirees)

DEPENDENCY AND CARE SERVICES (family members only*)	**Level of Cover HIGH**	**Level of Cover TOTAL**
BENEFITS	a) **INABILITY AND DEPENDENCY** reimbursement of care services for the beneficiary on receipt of acceptable proof of expense (bills, invoices, etc.) b) **CARE SERVICES** In-Network only - Medical Consultation - Non-Stop Medical Assistance - Second Opinion - Tutoring - Medical Transport (limit € 1,500) - Medical Re-Entry (limit € 700) - Repatriation of deceased (limit € 2,000)	
CONDITIONS	Inability and dependency in day-to-day life 4 ADL to 6 ADL (Activities of Daily Living)	
LIMIT	€ 7,000 / year	€ 10,000 / year
WAITING PERIOD	No waiting period applies	
NOTES	(*) the Employee is already insured for the services with the CASDIC, in accordance with the provisions of the CCNL In addition to the provisions of the policy, and in order to offer maximum benefit to the insured, the cover is valid for cases of dependency related to accident (regardless of whether the accident happened at work). Please note that the accident (as defined in the policy glossary) must be documented by a hospital Accident and Emergency certificate. As well as the services carried out by a doctor or nurse, the policy also covers expenses for services provided by specialist personnel (e.g. qualified healthcare professional or technical care operator).	

INTEGRATIVE OPTIONS (employees only; not applicable to Excluded Retirees)

MEDICATIONS	**Level of Cover HIGH**	**Level of Cover TOTAL**
BENEFITS	Reimbursement of - **MEDICATION** including "equivalents" (generic medicines) - **PRESCRIPTIONS**: co-payment of prescription charges for medication.	
CONDITIONS	A prescription issued by the attending doctor or specialist is required for all medication included in the pharmaceutical information published by CODIFA (including over-the-counter medicines). Vaccinations aimed at prevention are not eligible for reimbursement	
LIMIT	€ 350 person/year	€ 500 person/year
PERCENTAGE OR FIXED COST NOT COVERED BY INSURANCE	25% of the documented expense	
WAITING PERIOD	45 days (in the case of accident, no waiting limit applies)	
NOTES	For the purposes of reimbursement, prescriptions bearing the cost of each product and the pharmacy stamp, along with the VAT receipt issued for the total, are accepted as proof of expense (the price tag is not required).	

INTEGRATIVE OPTIONS (employees only; not applicable to Excluded Retirees)

GLASSES AND CONTACT LENSES	**Level of Cover HIGH**	**Level of Cover TOTAL**
BENEFITS	a) **GLASSES**: 1 pair per year b) **OTHER BENEFITS** (In-Network only) cf. "Lenses and optical equipment" list, attached.	
CONDITIONS	The cover is valid in the case of the initial prescription or change in vision certified by a qualified ophthalmologist or optician.	
LIMIT	a) € 130 person/year b) unlimited	a) € 150 person/year b) unlimited
PERCENTAGE OR FIXED COST NOT COVERED BY INSURANCE	a) In-Network: € 15; Out-of-Network: € 30 b) fixed, determined for each benefit (cf. "Lenses and optical equipment" list included in the policy)	
WAITING PERIOD	a) 45 days b) no waiting period	
NOTES	Unlike Cover A), Cover B) is valid exclusively for treatment at Affiliated Facilities. Furthermore, Cover B) extends to the purchase of contact lenses which are not covered by Cover A). With Cover B), additional pairs of corrective glasses or contact lenses may be purchased within the Affiliated Network during the year, but only in the case of variation in vision since the previous purchase. Both policies may be used during the same insurance year, without prejudice to the aforementioned conditions.	

LENSES AND OPTICAL EQUIPMENT		
	Level of Cover HIGH Deductible	**Level of Cover TOTAL** Deductible
30 daily lenses	€ 15.90	€ 14.45
90 daily lenses	€ 42.08	€ 38.25
30 daily astigmatism lenses	€ 21.51	€ 19.55
90 daily astigmatism lenses	€ 56.10	€ 51.00
6 weekly lenses	€ 17.77	€ 16.15
1 monthly pair of lenses	€ 5.61	€ 5.10
3 monthly lenses	€ 14.03	€ 12.75
6 monthly lenses	€ 25.25	€ 22.95
3 monthly astigmatism lenses	€ 32.73	€ 29.75
6 monthly astigmatism lenses	€ 65.45	€ 59.50
Yearly soft lenses (per pair)	€ 70.13	€ 63.75
Yearly soft astigmatism lenses (per pair)	€ 168.30	€ 153.00
Rigid lenses (per pair)	€ 187.00	€ 170.00
RGP (rigid gas permeable)	€ 117.81	€ 107.10
Monthly cosmetic lenses (per pair)	€ 20.57	€ 18.70
Saline solution	€ 1.87	€ 1.70
Peroxide	€ 0.39	€ 0.35
Combined solution	€ 4.68	€ 4.25
Cleanser	€ 6.55	€ 5.95
Eyewash	€ 6.55	€ 5.95
Enzymes	€ 9.35	€ 8.50
Organic clear lenses	€ 19.64	€ 17.85

	Level of Cover HIGH Deductible	**Level of Cover TOTAL** Deductible
Organic anti-reflective lenses	€ 49.56	€ 45.05
Organic lenses - 1.67 RI	€ 75.74	€ 68.85
Organic lenses - 1.74 RI	€ 145.86	€ 132.60
RI lanthanum lenses	€ 107.53	€ 97.75
Progressive lenses	€ 140.25	€ 127.50
Shatterproof ophthalmic lenses	€ 18.70	€ 17.00
Shatterproof scratch-resistant ophthalmic lenses	€ 23.38	€ 21.25
Shatterproof anti-reflective ophthalmic lenses	€ 39.27	€ 35.70
Latest generation shatterproof anti-reflective bifocal lenses 28 mm diameter	€ 65.45	€ 59.50
Latest generation shatterproof anti-reflective bifocal lenses 28 mm diameter	€ 93.50	€ 85.00
Latest generation shatterproof anti-reflective bifocal lenses 28 mm diameter	€ 98.18	€ 89.25
Transitions VI 1.5 scratch-resistant	€ 65.45	€ 59.50
Transitions VI 1.5 anti-reflective	€ 88.83	€ 80.75
Transitions VI 1.6 scratch-resistant	€ 88.83	€ 80.75
Transitions VI 1.6 anti-reflective	€ 116.88	€ 106.25
Transitions VI 1.6 Scratch-resistant	€ 102.85	€ 93.50
Transitions VI 1.6 Anti-reflective	€ 135.58	€ 123.25
Monofocal in untreated glass	€ 18.70	€ 17.00
Monofocal in anti-reflective glass	€ 37.40	€ 34.00
Monofocal in untreated photochromatic glass	€ 32.73	€ 29.75
Monofocal in anti-reflective photochromatic glass	€ 46.75	€ 42.50
Monofocal in untreated 1.6 glass	€ 28.05	€ 25.50
Monofocal in anti-reflective 1.6 glass	€ 46.75	€ 42.50

	Level of Cover HIGH Deductible	**Level of Cover TOTAL** Deductible
Monofocal in untreated photochromatic 1.6 glass	€ 46.75	€ 42.50
Monofocal in anti-reflective photochromatic 1.6 glass	€ 65.45	€ 59.50
Monofocal in untreated titanium 1.7 glass	€ 42.08	€ 38.25
Monofocal in anti-reflective titanium 1.7 glass	€ 60.78	€ 55.25
Monofocal in anti-reflective lanthanum glass 1.8	€ 140.25	€ 127.50
Monofocal in anti-reflective lanthanum glass 1.9	€ 187.00	€ 170.00
Celluloid and/or metal frame	€ 84.15	€ 76.50
Rimless frames (daily)	€ 121.55	€ 110.50

INTEGRATIVE OPTIONS (employees only; not applicable to Excluded Retirees)

ALTERNATIVE MEDICINE	Level of Cover HIGH	Level of Cover TOTAL
BENEFITS	- acupuncture by physician - osteopathic treatments - chiropractic treatments	
CONDITIONS	Medical referral with description of the condition and indication of treatment required.	
LIMIT	€ 350 person/year	€ 550 person/year
PERCENTAGE OR FIXED COST NOT COVERED BY INSURANCE	In-network and out-of-network: maximum reimbursement € 35 per session	
WAITING PERIOD	45 days (in the case of accident, no waiting limit applies)	
NOTES	Treatment must be carried out by a physician or at a Medical Centre with a healthcare department, or by personnel qualified to carry out the treatment. Treatments carried out at gyms, sports clubs, cosmetic salons, health spas, medical hotels and wellness centres, including with medical departments, are not eligible for reimbursement.	

INTEGRATIVE OPTIONS (employees only; not applicable to Excluded Retirees)

AESTHETIC MEDICINE	**Level of Cover HIGH**	**Level of Cover TOTAL**
BENEFITS	Minor outpatient surgery for cosmetic purposes (cf. attached list)	
CONDITIONS	Medical prescription	
BENEFITS DURING DIAGNOSIS	Diagnostic assessments, laboratory tests, specialist consultations in the 30 days before the operation relating to the clinical condition requiring surgery.	
BENEFITS DURING TREATMENT	- fees for the surgeon, assistant, anaesthetist and any other healthcare professionals participating in the surgical operation - operating room fees, material required for the operation - medical and nursing care, treatment, medication, examinations	
POST-TREATMENT BENEFITS	Diagnostic assessments, laboratory tests, specialist consultations, medication, medical, surgical and nursing services in the 45 days after the surgical operation and relating to the clinical condition for which the surgery was carried out.	
LIMIT	€ 3,500 person/year	€ 5,000 person/year
PERCENTAGE OR FIXED COST NOT COVERED BY INSURANCE	In-Network: € 350 per event Out-of-Network: 25% min. € 1,000	
WAITING PERIOD	45 days (in the case of accident, no waiting limit applies)	
NOTES	All insured services must be prescribed by a different physician to the healthcare professional who directly or indirectly provides the services (with indication of the documented or suspected pathology). If the prescribing doctor is also – directly or indirectly – the provider of the insured services, the latter must be certified through transmission of the relative file.	

List of Aesthetic Medicine benefits

Telangiectasias
Xanthelasma removal
Localised adiposity
Blepharoplasty (two eyelids)
Blepharoplasty (four eyelids)
Nipple retraction
Corrective surgery for scarring > 5 cm
Acne scarring
Corrective scar surgery < 5 cm
Dermabrasion
Dermo-epidermal skin graft
Earlobe reconstruction
Otoplasty/pinnaplasty
Scar treatment

INTEGRATIVE OPTIONS (employees only; not applicable to Excluded Retirees)

UNINSURED AND EXCESSES	Option A	Option B	Option C	Option D
BENEFITS	Reimbursement of exclusions and excesses defined for each guarantee of the BASIC Health Plans			
CONDITIONS				
LIMIT	€ 250 person/year	€ 500 person/year	€ 750 person/year	€ 1,000 person/year
WAITING PERIOD	45 days (in the case of accident, no waiting limit applies)			
NOTES	Exclusions: - non-refundable expenses for amounts exceeding the maximums envisaged for each guarantee or exceeding the compensation limits, in the case of limits, as applicable; - non-refundable services - exclusions and excesses for services provided in affiliated facilities, including those included in the TOP Clinic List, without activation of the direct form, where possible - exclusions and excesses relative to the Integrative Options			