Unlock your potential

Annual Report for the year ended 31 December 2021

Uni.C.A.
PER IL PERSONALE E LE AZIENDE DEL GRUPPO UniCredit

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Corporate bodies

Board of Directors

Chairwoman	Luisa Livatino
Deputy Chair	Ignazio Stefano Farina
Directors	Antonio Argento Maurizio Beccari Renato Carlo Bianchi Marco Carabelli Cinzia Caracciolo Gianluca D'Auria Giuseppe Matta Fulvia Fusaroli Federico Granito Giovanni Paloschi Costanza Ramorino Luigi Marcello Rimoldi Gianna Maria Roggero Franco Pietro Scaccabarozzi Luigi Spera Rodolfo Zingariello

Executive Committee

Chairwoman	Luisa Livatino
Deputy Chair	Ignazio Stefano Farina
Directors	Antonio Argento Renato Carlo Bianchi Federico Granito Giuseppe Matta Giovanni Paloschi Luigi Marcello Rimoldi

Board of Auditors

Chairman	David Davite
Standing auditors	Cristina Costigliolo Vincenzo Ferraro Fiorenza Sibille
Alternate Auditor	Roberto Maria Innocenti

Scientific Committee

Coordinator	Prof. Francesco Saverio Violante
Members	Prof. Andrea Ardizzoni Prof. Nazzareno Galiè
Director	Miriam Travaglia
Assistant Director	Renato De Mattia

Uni.C.A.
UniCredit Cassa di Assistenza
per il personale del Gruppo UniCredito Italiano
Italian tax code 97450030156
Registered office: Piazza Gae Aulenti 3 Torre A - 20154 Milan
Administrative Headquarters: Via Nizza 150 - 10126 Turin

Board of Directors' report

Dear Members,

Uni.C.A.- UniCredit Cassa Assistenza ended its fifteenth year of operation on 31 December 2021.

2021 was the second year to be marked by the health emergency caused by the pandemic. Progress was made in terms of the vaccination programme, but the year also saw the development of more infectious variants of the virus, leading the entire country to continue to take precautions.

Our Association continued to operate safely and effectively, applying the precautions indicated in the guidelines issued by the Unicredit Group, whilst delivering on the objectives set thanks to the efforts and commitment of everyone who works with us.

2021 coincided with a particularly challenging and demanding period for the Association, above all in terms of the market survey conducted in preparation for the renewal of health plans for the two-year period covering 2022 and 2023. As on similar occasions in the past, the Association was assisted by expert consultants and the Scientific Committee, with the latter focusing primarily on health-related aspects, involving major health insurance providers.

Talks with the insurance companies involved proved delicate and complex, above all due to the impact of Covid-19 on the market for medical services, reflected in rising health costs and expectations of further short-term growth linked to fears of a "rebound effect". This will see increased demand for private healthcare due to the limitations on access to public healthcare resulting from the pandemic. In addition, loss ratios for policies coming up for renewal are also poor from an insurance viewpoint.

Thanks to the extensive commitment shown by everyone involved, we were able to deliver an excellent result, with both the overall structure of cover and the value of contributions remaining unchanged. This was made possible by the introduction of measures designed to improve technical performance to ensure the financial sustainability of health plans over time. In terms of dental cover, we were able to introduce further improvements to services, primarily by raising the limits on indemnity for dental plans.

Renewal of the plans has also seen reconfirmation of Previmedical and Aon/Pronto Care as the providers of non-dental and dental cover.

At the beginning of 2021, we focused on managing so-called intra-plan memberships, relating to members joining early in the second year of the health plans' validity. These memberships are reserved for certain types of member (recent retirees, employees who have recently become managers or managers whose global band title has changed).

Work on revising the complaints process also took place. A new procedure was introduced in March that takes into account both the requirements of the insurance regulator and the nature and subject matter of complaints. This offers initial access to the insurance company (an "insurance complaint") or the service provider where the complaint regards matters for which they have sole responsibility. At a second stage, complaints may then be brought to the Association's attention. The procedure does not, however, prevent insurance complaints being made to IVASS, Italy's insurance regulator.

In view of the ongoing emergency linked to Covid-19, for the second year running the Association did not carry out the usual prevention campaign. This decision was backed by the Scientific Committee, which recommended that the initiative be postponed until it was safe to proceed. However, given the progressive improvement in the situation, and to indicate to members that we have embarked on a gradual return to normality, we launched a downsized prevention campaign that proved highly popular with our members given the number who took part. This granted members access to laboratory and antibody testing for SARS-COV2 ANTI RBD.

In the last quarter of the year, the Association focused attention on initiating the early renewal process for the new health plans which, as you will be aware, enables members to enjoy seamless access to all the benefits from 1 January of the first year of the health plan.

With regard to corporate matters, in accordance with the principle of rotation established in Uni.C.A.'s Articles of Association, with effect from 1 July, the Director, Luisa Livatino, was appointed interim Chairwoman of the Association, replacing the Director, Ignazio Stefano Farina, who was appointed Deputy Chair.

With regard to the activities of the Supervisory Board established in accordance with Legislative Decree 231/01, the various risk maps were updated to take into account the addition of new predicate offences. This involved changes to the Organisational and Management Model and to decision-making procedures to comply with the legislative changes regarding tax offences, and to improve the definition of the responsibilities and powers of the Supervisory Board.

We continued to work profitably with the Bocconi University in Milan on the Osservatorio Consumi Privati in Sanità (Private Consumption in Health Care Survey) and with Mefop (a company majority owned by the Ministry of the Economy and Finance).

In 2021, the Association was again in line with the requirements of the so-called "Sacconi Decree", enabling members to deduct their health plan contributions from taxable income.

The accounts for 2021 show that the Association closed the year with a surplus of €120,393.61 to be taken to reserves and added to existing reserves consisting of prior year surpluses. The increased reserves can be used for the Association's future activities.

In the hope that the difficulties caused by the pandemic are coming to an end, we are committed to continuing to ensure that the Association is able to meet all your healthcare needs.

Luisa Livatino
Chairwoman


“Health is our heritage, our right.”
Edward Bach

Report on operations

1. The UniCredit Group's health benefits fund: origins and developments

Uni.C.A. was formally established on 15 November 2006 in the form of a non-profit association established pursuant to art. 36 et seq of the Italian Civil Code, with the aim of guaranteeing and managing various types of healthcare benefits to its members, natural persons and their families, including services designed to supplement those offered by Italy's National Health Service. The Association is a welfare provider operating in accordance with the mutuality principle.

Its foundation, however, dates back to 15 December 2005, the date on which the agreement setting up the Association was signed by the then UniCredito Italiano (now UniCredit Spa) and the labour unions representing the Group's staff.

Following major changes to the bank and to its organisational structure, the Articles of Association and the Regulation implementing the Articles were then finalised on 23 October 2006 with the signature of the relevant agreement between the parties.

Uni.C.A. began operating on 1 January 2007.

Following the UniCredito Group's merger with the then Capitalia Group, in the second half of 2007, the parties to the original agreement decided that Uni.C.A. was to be the "vehicle" through which to provide healthcare benefits to all the new bank's Italy-based staff.

In our over ten years of operation, the Association has undergone significant change, as we have gradually developed our service model and upgraded our control and governance system.

Since 1 August 2018, the registered office has been located at Piazza Gae Aulenti 3 (where the UniCredit Group is also headquartered).

Thanks to the experience acquired, the activities carried out and our active participation in initiatives and working groups within the sector, we can rightly claim that Uni.C.A. is today one of Italy's leading providers of supplementary healthcare.

2. Italian healthcare at the time of the pandemic and the outlook for the future

Osservatorio Consumi Privati in Sanità (Private Consumption in Health Care Survey) conducted by the SDA Bocconi, the Bocconi University's Graduate Business School that has for several years partnered with Uni.C.A., provides an overview of public and private healthcare provision in Italy. The survey looks at the situation at the time of the outbreak of Covid-19 in Italy and at the impact the pandemic has had on the system, and reflects on the outlook for the short to medium term.

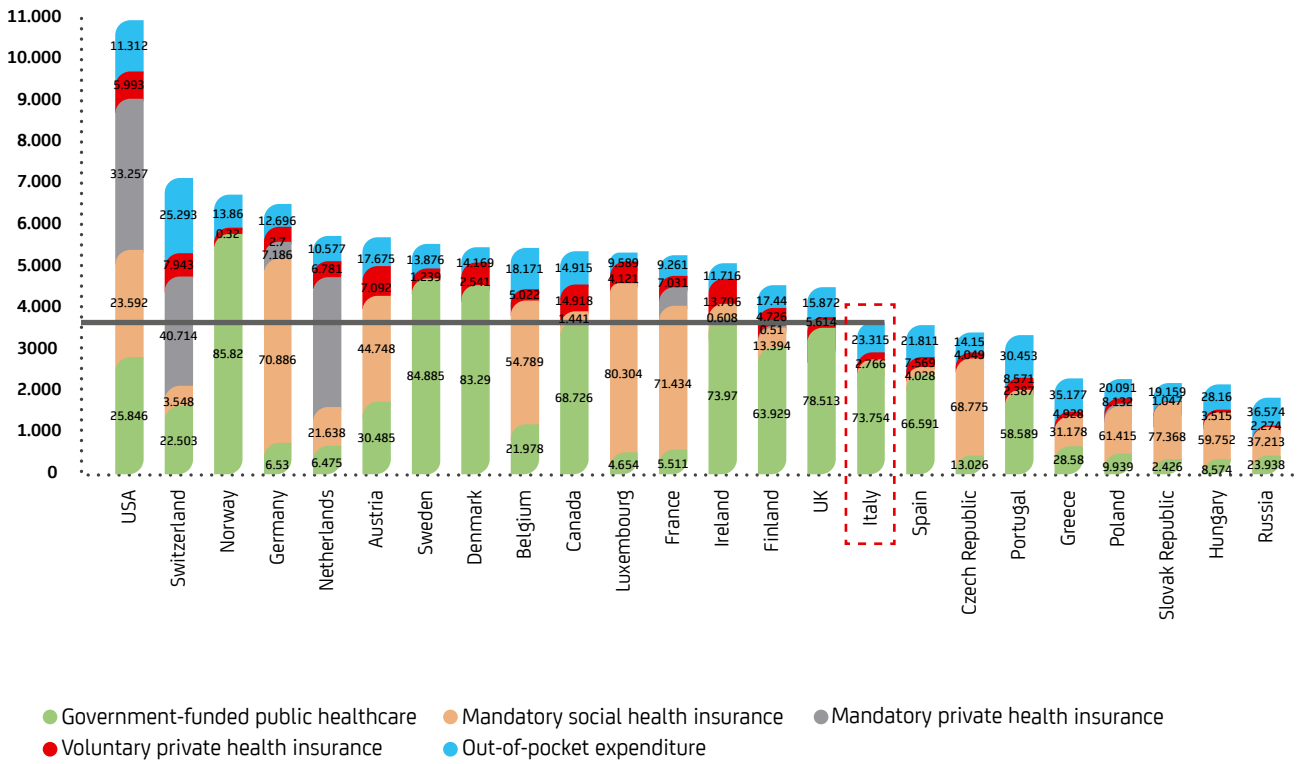
The state of healthcare in Italy as the pandemic hit

Since the creation of Italy's National Health Service ("NHS") in 1978, the system has consisted of two main components: the first, and most important, is public, providing universal healthcare funded from general taxation; the second, instead, is private, either directly funded by consumers (out-of-pocket spending on healthcare) or, to a lesser extent, in the form of supplementary healthcare.

The following table shows the composition of total per capital spending on healthcare by source of funding in different countries (the public plus the private shares).

The main points to notice are: firstly, the regular presence of private healthcare spending in all the countries where there are different forms of funding, including out-of-pocket expenditure, mandatory private health insurance (as in the USA) and voluntary health insurance. The second aspect regards Italy's position with respect to other European countries: close to the situation in Spain and Portugal and further away from France, Germany and the UK. Finally, whilst voluntary private health insurance covers all the various forms including individual and collective cover, it accounts for a limited proportion of the Italian healthcare system as a whole.

Table 1 - Composition of healthcare expenditure per capita: government-funded, mandatory (social and private) health insurance premiums, voluntary private health insurance and out-of-pocket spending (2019)



Source: Compiled from OECD Health Data 2021 in Armeni, Bertolani, Borsoi and Costa, "La spesa sanitaria: composizione ed evoluzione" (Health expenditure: composition and evolution), in Cergas OASI Report 2021, EGEA 2021, page 124.

2. Italian healthcare at the time of the pandemic and the outlook for the future (continued)

In terms of total healthcare expenditure as a share of GDP (see Table 2), there was a change of between 1% and 2% between 2010 and 2019, except for the years 2012 and 2013 at the height of the financial crisis. Overall, healthcare spending as a share of GDP is unchanged.

The percentage falls to 6.7% if only current state- funded spending is taken into account, as shown in the first few lines of Table 2, which clearly show the performance of state and private funding between 2010 and 2019 and the impact of the first second waves of the pandemic in 2020.

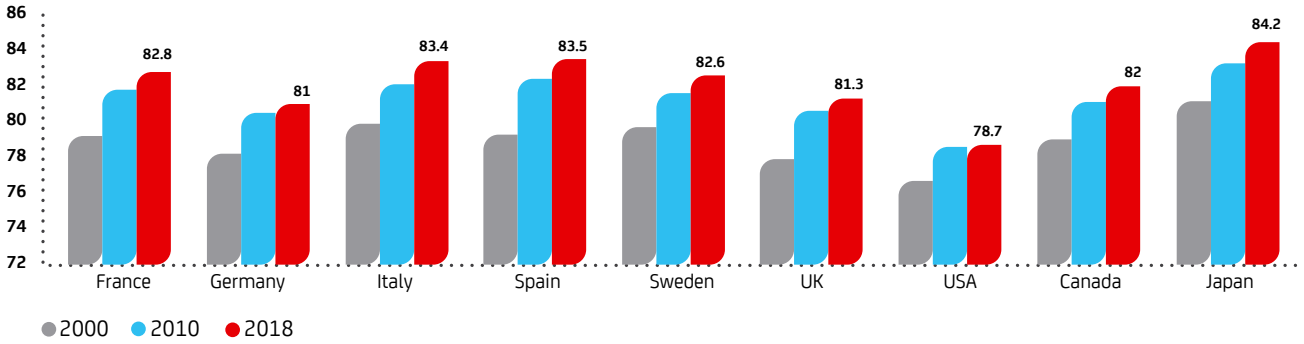
Table 2 - Current NHS expenditure and its funding; deficit; current private healthcare spending; total current expenditure; GDP (2010-2020) (€ m)

												AVERAGE GROWTH RATE			
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	'90/'20	'95/'01	'01/'10	'10/'20
NHS expenditure (current)	**111,331**	**112,810**	**113,964**	**112,900**	**114,260**	**114,578**	**115,904**	**117,678**	**119,074**	**120,340**	**126,669**	**3.8%**	**8.1%**	**4.1%**	**1.3%**
- % change	1.0%	1.3%	1.0%	-0.9%	1.2%	0.3%	1.2%	1.5%	1.2%	1.1%	5.3%				
- % of total current health expenditure	78.2%	77.2%	77.7%	77.4%	77.1%	76.2%	76.3%	75.9%	75.8%	75.9%	78.0%				
- % of GDP	6.9&	6.8%	7.0%	7.0%	7.0%	6.9%	6.8%	6.8%	6.7%	6.7%	7.7%				
Private current health expenditure	**30,954**	**33,254**	**32,765**	**32,899**	**33,918**	**35,807**	**35,911**	**37,341**	**37,922**	**38,148**	**35,787**	**4.8%**	**6.8%**	**2.1%**	**1.5%**
- % change	1.1%	7.4%	-1.5%	0.4%	3.1%	5.6%	0.3%	4.0%	1.6%	0.6%	-6.2%				
- % of total current health expenditure	21.8%	22.8%	22.3%	22.6%	22.9%	23.8%	23.7%	24.1%	24.2%	24.1%	22.0%				
Total current health expenditure	**142,285**	**146,065**	**146,730**	**145,798**	**148,178**	**150,385**	**151,814**	**155,019**	**156,996**	**158,488**	**162,456**	**4.0%**	**7.7%**	**3.6%**	**1.3%**
- % change	1.0%	2.7%	0.5%	-0.6%	1.6%	1.5%	1.0%	2.1%	1.3%	1.0%	2.5%				
- % of GDP	8.8%	8.9%	9.0%	9.0%	9.1%	9.1%	9.0%	8.9%	8.9%	8.8%	9.8%				
GDP	**1,611,280**	**1,648,756**	**1,624,358**	**1,612,750**	**1,627,406**	**1,655,355**	**1,695,787**	**1,736,594**	**1,771,567**	**1,790,942**	**1,651,595**	**2.8%**	**4.7%**	**2.4%**	**0.2%**
- % change	2.2%	2.3%	-1.5%	-0.7%	0.9%	1.7%	2.4%	2.4%	2.0%	1.1%	-7.8%				

Source: Compiled on the basis of data from Ministry of Health (2021), ISTAT (2021), IMF (2021) in Armeni, Bertolani, Borsoi and Costa, "La spesa sanitaria: composizione ed evoluzione" (Health expenditure: composition and evolution), in Cergas OASI Report 2021, EGEA 2021, page 136.

This shows that, after years of very small rises and a reduction in 2013 (-0.9%), current government-funded expenditure rose 5.3% in 2020 compared with 2019, whilst private healthcare spending fell sharply following the closure of clinics and certain units or changes in their use. Taken together, the increase in current government-funded expenditure and the decline in current private spending resulted in a total change of 2.5%, raising the share of GDP to 9.8%. Moving on from financial aspects to the system's performance, in general the Italian healthcare system as a whole appears to have borne up well despite the underfunding of the last ten years, although a number of issues have worsened.

Table 3 – Life expectancy in certain OECD countries in 2000, 2010 and 2018



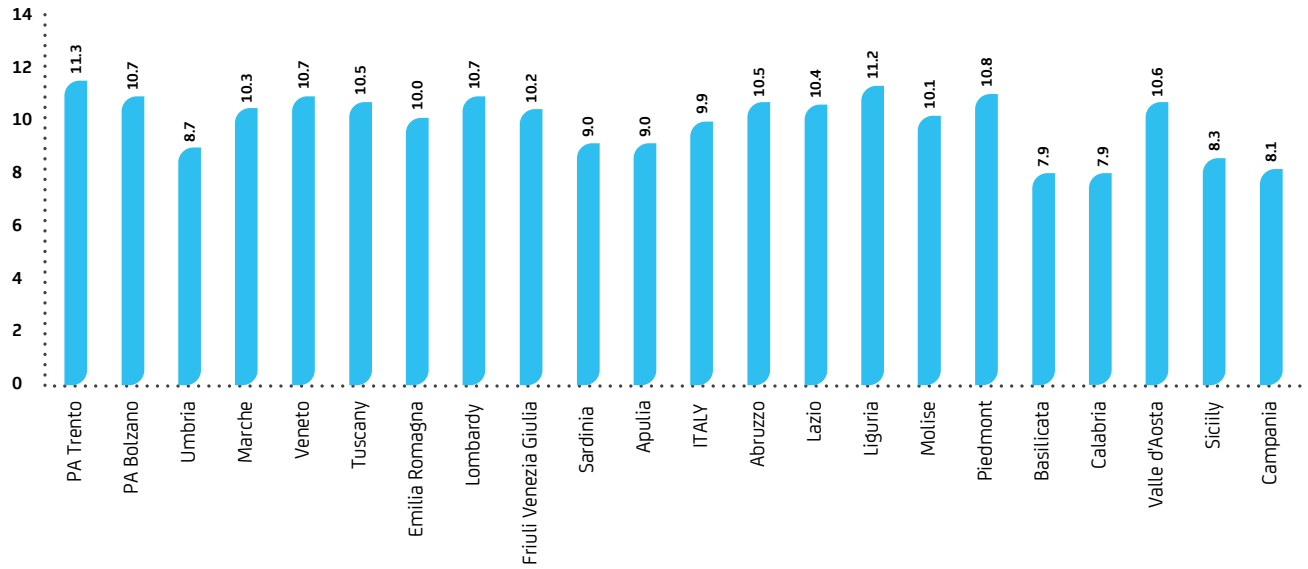
Source: chapter 7 OASI Report 2020, based on OECD Health Data 2020 and ISTAT data.

If the 2000-2018 period is taken into account, it is clear that life expectancy in Italia is constantly aligned with the figures for Spain and below those for Japan (seeTable 3).

2. Italian healthcare at the time of the pandemic and the outlook for the future (continued)

On a regional basis, the life expectancy indicator is less positive. In particular, with reference to life expectancy without functional limitations, i.e. without disabilities or degenerative disease in progress, the picture is one of considerable regional variability. In other words, Table 4 shows that the effectiveness of the various Regional Health Services in keeping their patients healthy for as long as possible, once they reach 65 years of age, changes significantly, going from just over 11 years in Trentino and Liguria to about 8 years in Campania, Basilicata and Calabria.

Table 4 - Life expectancy (in years) at 65 without functional limitations (as of 2018)



Source: OASI, Key facts OASI Report 2020, OASI Conference Report 2020, 1 December 2020.

To get a better idea of how the NHS has performed over the last ten years, it is also instructive to look at a number of hospital performance indicators identified by Ministry of Health Decree 70 of 2015 (Ministerial Decree 70/2015): these include, for example, the discharge of patients after a keyhole cholecystectomy within 3 days or surgical intervention within 48 hours for patients over 65 with a femoral neck fracture (preventing calcification that can affect the restoration of patients' mobility) or patient deaths at 30 days after complex Surgery, such as a coronary artery bypass or valvuloplasty.

Table 5 below shows how, at national level, hospitals have progressively achieved and then exceeded the standards set by the Ministry, providing evidence of how well hospitals have performed:

2. Italian healthcare at the time of the pandemic and the outlook for the future (continued)

Table 5 - Outcomes: national indicators set by Ministerial Decree (2010, 2013, 2016, 2019)

Treatment	MEASURE USED	THRESHOLD	2010	2013	2016	2019
Keyhole cholecystectomy	Post-operative stay of less than 3 days	≥ 70%	58.8%	64.0%	72.7%	79.7%
Femural neck fractures in patients aged ≥ 65 years	Proportion of surgical procedures within 48h	≥ 60%	31.3%	45.6%	58.3%	66.8%
Primary caesarean sections *	As a proportion of total births	≤ 25%	28.4%	26.1%	24.5%	22.8%
PTCA**	STEMI: proportion of patients treated with PTCA within 48h	≥ 60%	49.6%	62.8%	70.0%	76.0%
Coronary artery bypass	Risk-adjusted mortality at 30 days	≤ 4%	2.9%	2.2%	2.1%	1.7%
Valvuloplasty or isolated valve replacement	Risk-adjusted mortality at 30 days	≤ 4%	3.3%	2.8%	2.5%	2.4%

NB: Risk-adjusted percentages were used.

* For the sake of consistency with the data source and summary reporting, the indicator considered here does not take into account the differences in birth facilities, using as a reference threshold the maximum value provided by Ministerial Decree 70/2015.

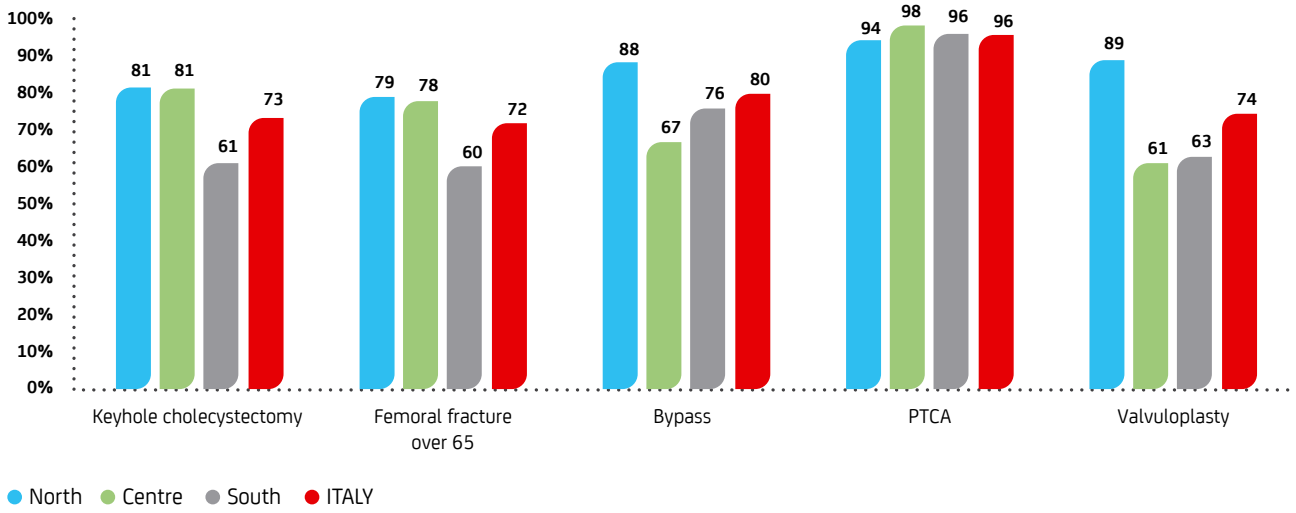
** PTCA means Percutaneous Transluminal Coronary Angioplasty. In light of the information available, the indicator considered here and in the rest of the paragraph relates to the proportion of patients with IMA-STEMI (Acute Myocardial Infarction with total cessation of blood flow in the territory supplied by the affected artery) treated with PTCA within 48 hours and not within 90 minutes, as indicated by DM 70/2015

Source: PNE 20020

Source: Ardito, Ciani, Federici, Furnari, Finch, Jommi, Malandrini, Meregaglia and Tarricone, Health outcomes and performance of the National Health Service in Cergas - SD Bocconi, OASI Report 2021, EGEA, Milan 2021. Page 324.

However, there is inconsistency in the results when reference is made to the geographical macro-areas of the North, Centre and South (see table 6).

Table 6 - Share of facilities meting the standards set by Ministerial Decree 70/2015 by treatment and geographical macro-area (2019)



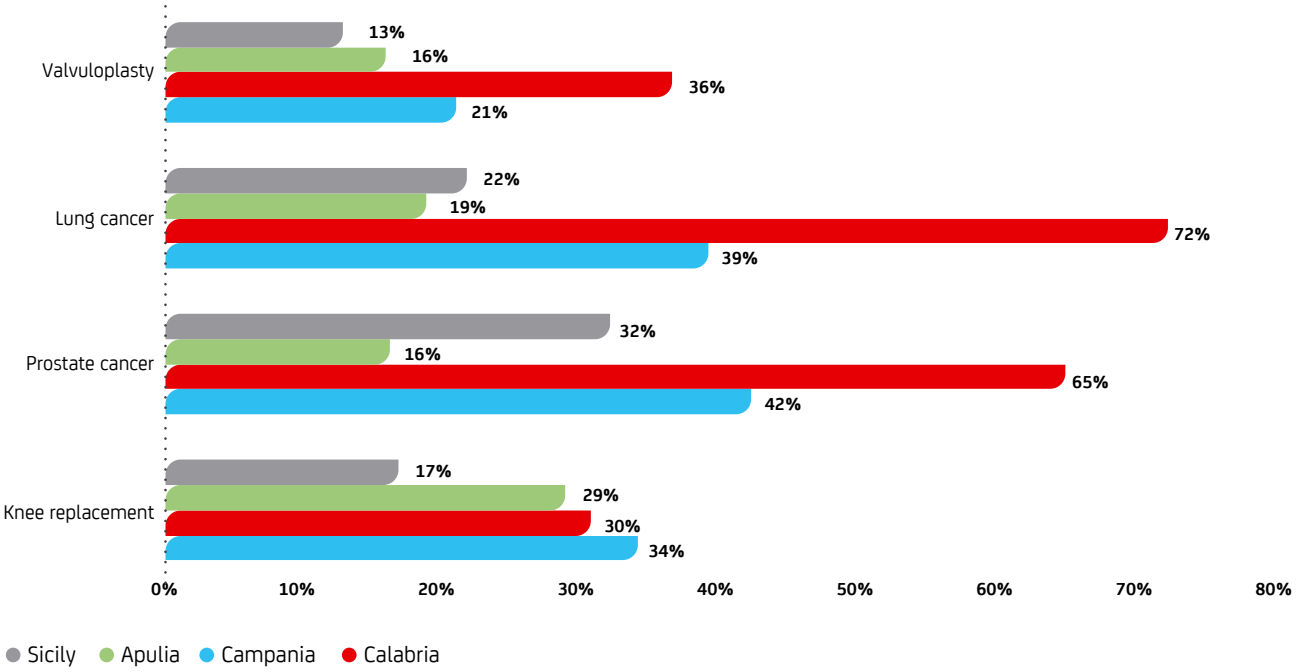
Source: OASI, Key facts, OASI Report 2020, OASI Conference Report 2020, 1 December 2020.

With regard to the percentage of patients who die within 30 days of a coronary bypass or valvuloplasty, in the first case facilities in central Italy are below the Italian average, whilst in the second instance it is hospitals located in central and southern Italy that are below the national average. Surgical treatment of a femoral neck fracture within 48 hours in a public or private facility in southern Italy is similarly problematic.

The limitations evidenced by the above performances are likely to be the cause of a high degree of patient mobility in certain regions, such as Campania, Calabria, Sicily and Puglia, where this aspect relates not only to life-saving care, such as cancer or cardiovascular treatments, but also to orthopedics.

2. Italian healthcare at the time of the pandemic and the outlook for the future (continued)

Table 7 - Percentage of patients engaging in outbound health tourism as a percentage of total hospitalised patients in large southern regions. Examples of surgical procedures (2018 data)



Source: OASI, Key facts, OASI Report 2020, OASI Conference Report 2020, 1 December 2020.

The performance indicators and health tourism data concern, in any case, acute cases treated in hospital facilities. However, it is a known fact that chronic diseases are increasingly prevalent and often lead to extended periods of care, especially among the elderly.

In the decade from 2010 to 2019, the lack of funding and care provision for this increasingly significant population group became abundantly clear. This is borne out by the analysis of the data in tables 8 and 9 on the satisfaction of the needs of dependent persons over 65.

Table 8 - Coverage rates for residential, semi-residential and home care services for dependent elderly people in 2015 – 2016

ESTIMATED POTENTIAL REQUIREMENT (NUMBER OF PATIENTS)	SERVICE	TOTAL PATIENTS HANDLED BY SERVICE IN. QUESTION	SOCIAL AND HEALTH SERVICES COVERAGE RATE	SOCIAL SERVICE COVERAGE RATE
2,909,090	Residential	287,328	9.39%	0.42%
	Semi-residential	294,063	0.82%	9.28%
	Homecare (NHS-funded and part patient-funded)	911,102	26.79%	4.53%
2,909,090	**Total**	**1,492,493**	**37.00%**	**14.30%**

Source:Berloto, Fosti, Longo, Notarnicola, Perobelli e Rotolo, "La rete dei servizi di LTC e le connessioni con l'ospedale: quali soluzioni per la presa in carico degli anziani non autosufficienti?" (The network of LTC services and connections with the hospital: what solutions for the care of dependent elderly people?) In OASI Report 2019, EGEA Milan, page 187.

Table 9 - Elderly patients in the care of social services. Support for staying at home and local government funding

SOCIAL SERVICE	PATIENTS	TOTAL EXPENDITURE.	EXPENDITURE PER PATIENT
Support for the person staying at home (excluding NHS-funded and part patient-funded)	1,275,336	258,011,535 €	203 €
Local government funding	160,479	312,974,471 €	1,950 €

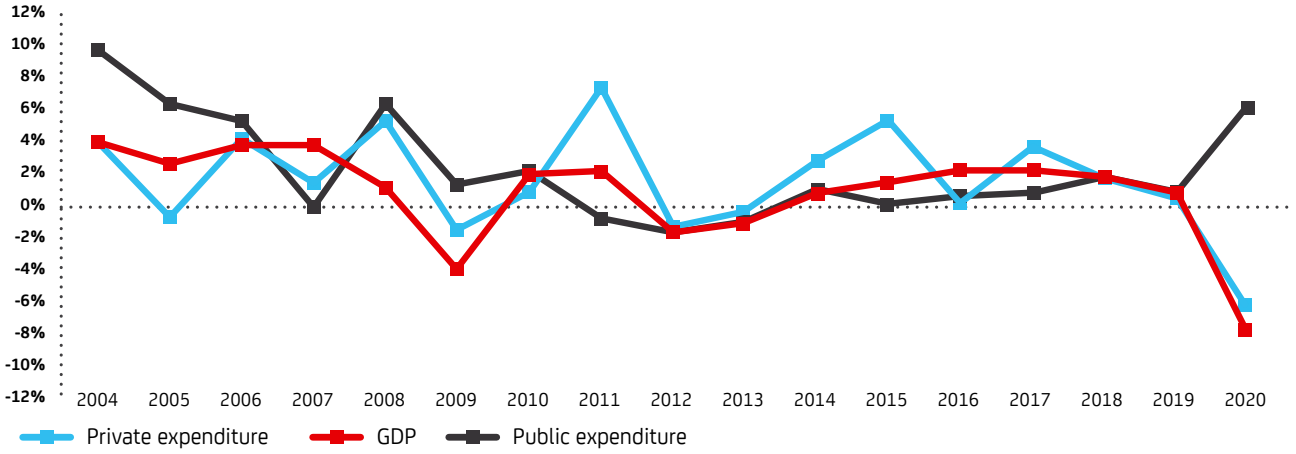
Source:Berloto, Fosti, Longo, Notarnicola, Perobelli e Rotolo, "La rete dei servizi di LTC e le connessioni con l'ospedale: quali soluzioni per la presa in carico degli anziani non autosufficienti?" (The network of LTC services and connections with the hospital: what solutions for the care of dependent elderly people?) In OASI Report 2019, EGEA Milan. page 187.

2. Italian healthcare at the time of the pandemic and the outlook for the future (continued)

Focus on private health expenditure

Changes in private expenditure tend to be independent of public health expenditure, but are related to GDP, as Table 10 clearly shows. It can be noted, in fact, that the negative or positive growth rate for GDP (solid line) is the mirror image of the growth rate for private health expenditure. An indication of this is the economic crisis of 2009-2010 and, to some extent, the collapse of GDP during the pandemic.

Table 10 - Annual growth rates for public and private health expenditure and GDP from 2004 to 2020



Source: Del Vecchio, Fenech, Preti and Rappini, "I consumi privati in sanità" (Private consumption in healthcare), in Cergas – SDA Bocconi, OASI Report 2021, EGEA, Milan, page 278.

Another aspect to be highlighted concerns what private health expenditure is used for. Table 11 below shows how private health expenditure is concentrated on outpatient services and co-payments, on dentistry and, finally, on drugs not covered by the NHS.

The pandemic has led, at least in 2020, to a reduction in the above, which has been concentrated above all on dental care and, to a lesser extent, on medical and specialist examinations. This trend has clearly not affected medication, which has continued to be consumed by patients.

Table 11 - Private healthcare expenditure: final consumption by expenditure items in 2019 and 2020. Differences 2019-2020 in billions of euros and percentage changes

EXPENDITURE CATEGORIES	EXPENDITURE ITEMS	2019		2020		DIFFERENCE 2019-2020 CHANGE		%	
	Hospital admissions	2.1	5.7	1.8	5.2	-0.3	-0.5	-14%	-9%
Hospital services	Admissions to long-term care facilities	3.6		3.4		-0.2		-6%	
	Medical services (doctor and specialist visits. including co-payments)	5.3		5		-0.3		-6%	
	Dental services	8.5	20.3	7.8	19	-0.7	-1.3	-9%	-6%
	Diagnostic services	3.4		3.2		-0.2		-6%	
Outpatient services	Paramedical services (nurses. psychologists. physiotherapists. etc.)	3.1		3		-0.1		-3%	
	Pharmaceuticals proper (Band A. C. OTC. SOP. with co-payment and price difference)	8.8		8.7		-0.1		-2%	
	Other medical products	1.6	14	1.8	13.9	0.2	-0.1	+11%	-1%
Healthcare goods	Therapeutic equipment (contact lenses, eyewear, hearing aids, equipment repair and rental. etc.)	3.6		3.4		-0.2		-6%	
Total		**40.0**		**38.1**		**1.9**		**-6%**	

Source: Del Vecchio, Fenech, Preti and Rappini, "I consumi privati in sanità" (Private healthcare consumption), in Cergas – SDA Bocconi, OASI Report 2021, EGEA, Milan, page 281.

2. Italian healthcare at the time of the pandemic and the outlook for the future (continued)

In table 12 below, a significant variability can be observed once again among the Italian regions in terms of the share of private health expenditure. The distribution per region of health expenditure by household indicates, first of all, that regions where public health expenditure is below the national average are also characterised by private health expenditure that is below the national average.

This evidence suggests that private health expenditure does not so much play a compensatory role with respect to public health expenditure but, rather, the latter seems to drive the former. This is probably due both to the presence of a more or less extensive supply network and to the habit of investing in one's own health. Finally, the 2020 figures reflect the general reduction in private health expenditure already observed at the macro level.

Table 12 - Ranking of regions by household health expenditure (Italy = 100). 2020 vs average 2017-2019

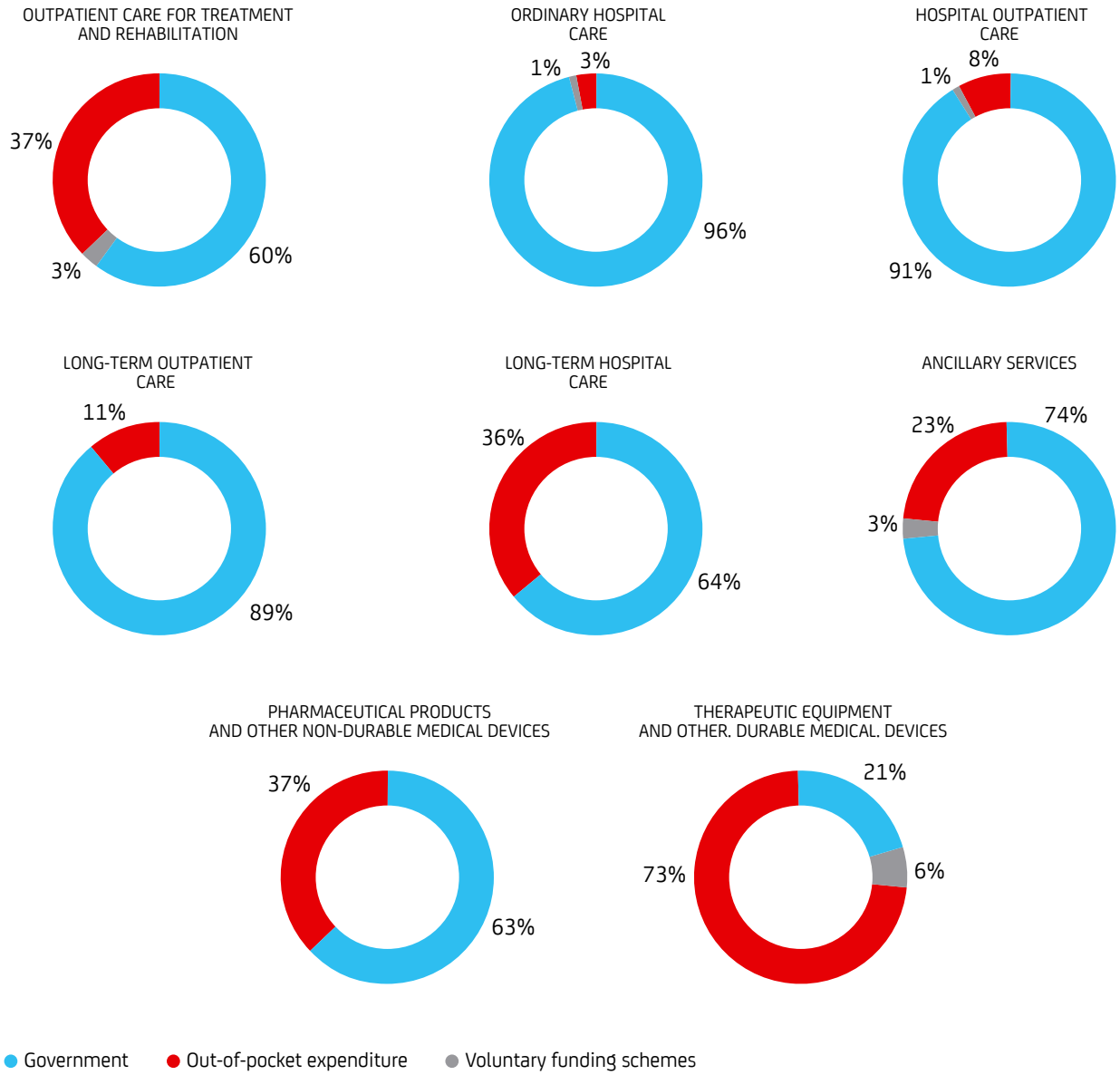
RANKING 2017-2019 PRIVATE HEALTH EXPENDITURE PER CAPITA (ITALY =100)		RANKING 2020 PRIVATE HEALTH EXPENDITURE PER CAPITA (ITALY =100)		
142	Valle d'Aosta	Lombardy	120	▼
121	Lombardy	Lazio	117	▲
115	Emilia-Romagna	Emilia-Romagna	116	▲
114	Veneto	P.A. Bolzano	112	▲
111	Liguria	Veneto	111	▼
110	Friuli-Venezia Giulia	Friuli-Venezia Giulia	107	▼
108	P.A. Bolzano	**Italy**	**100**	=
108	Lazio	Abruzzo	99	▲
107	Piedmont	Valle d'Aosta	99	▼
102	P.A. Trento	Liguria	96	▼
102	Tuscany	Piedmont	92	▼
100	**Italy**	P.A. Trento	92	▼
89	Calabria	Calabria	89	=
86	Basilicata	Sicily	87	▲
83	Sicily	Toscana	85	▼
80	Umbria	Umbria	85	▲
77	Molise	Marche	84	▲
77	Abruzzo	Apulia	82	▲
76	Sardinia	Basilicata	82	▼
74	Apulia	Campania	81	▲
68	Campania	Sardinia	65	▼
75	Marche	Molise	82	▲

Source: Del Vecchio, Fenech, Preti and Rappini, "I consumi privati in sanità" (Private healthcare consumption), in Cergas – SDA Bocconi, OASI Report 2021, EGEA, Milan, page 275.

Table 13 below makes it possible to place healthcare expenditure financed directly by citizens and by supplementary healthcare in relation to public expenditure. In particular, according to the latest available data, outpatient care in 2019 was 60% covered by public funding and the remaining 40% by private funding divided between out-of-pocket expenditure (37%) and supplementary health insurance (3%). Equally significant is private expenditure on long-term hospital care and, above all, on durable medical equipment and devices such as eyewear or hearing aids.

2. Italian healthcare at the time of the pandemic and the outlook for the future (continued)

Table 13 - Health expenditure 2019 by care function and type of funding



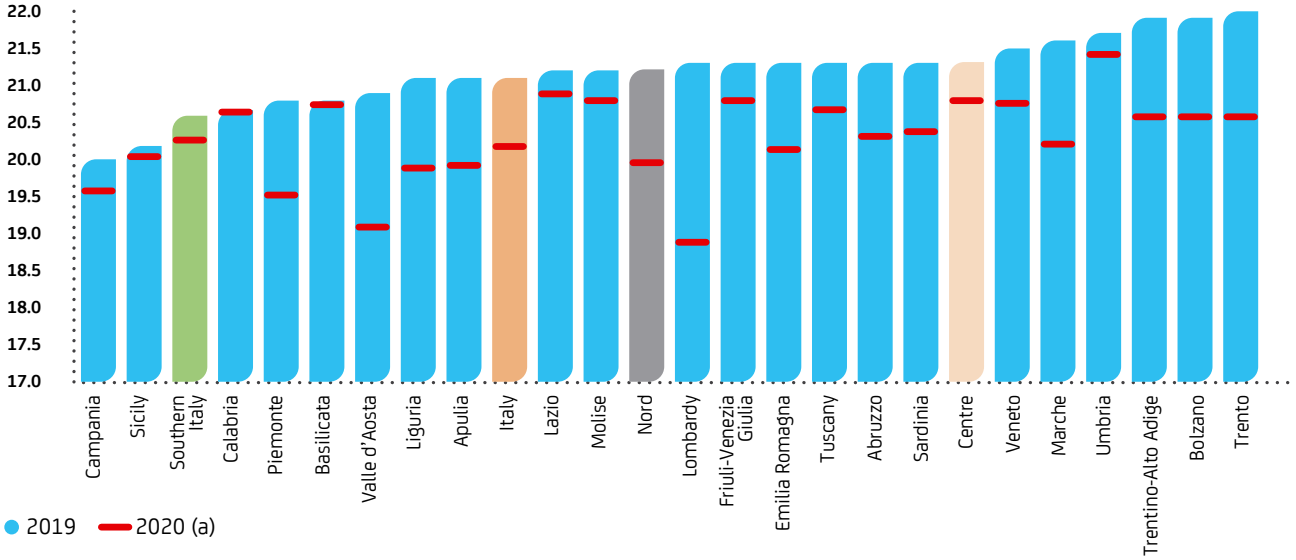
Source: Del Vecchio, Fenech, Preti and Rappini, "I consumi privati in sanità" (Private healthcare consumption), in Cergas – SDA Bocconi, OASI Report 2021, EGEA, Milan, page 272.

2. Italian healthcare at the time of the pandemic and the outlook for the future (continued)

The impact of the pandemic

The first impact of the pandemic to consider regards life expectancy at age 65 (not including the above-mentioned years without functional limitations). In an initial estimate for 2020, a loss of 9 months was accounted for, rising to 14 months in August 2021. Of course, the extent of this impact varies significantly from region to region, depending on the level of spread of Covid-19 in the related area.

Table 14 - Life expectancy at 65 by region and geographical area. Years 2019 and 2020 (a). In years

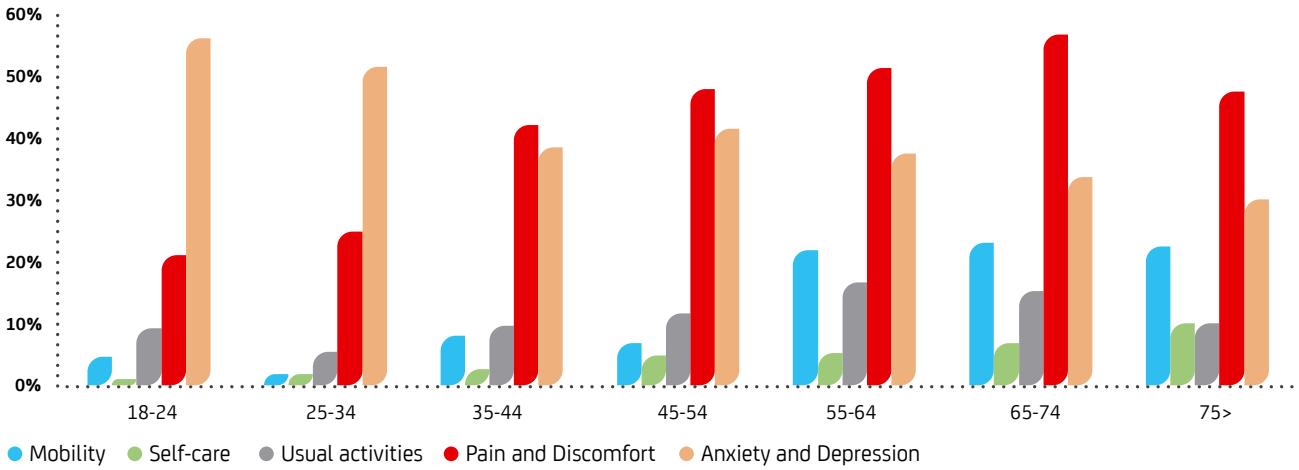


Source: BES Report 2020: "Il benessere equo e sostenibile in Italia" (Fair and sustainable well-being in Italy). https://www.istat.it/it/files//2021/03/1.pdf
(a) 2020 figure estimated.

Together with the observed impact on the life expectancy of Italians, it is worth noting a survey on people's perception of their own state of health after the experience of the pandemic, presented by Ardito et al. in the OASI Report 2021. In particular, based on a representative sample of the Italian population, it appears that the average probability of having any problem (from level 2 to level 5) is highest for 'pain and discomfort' (43.3%), followed with a similar level by 'anxiety and depression' (41.2%). For the latter type of problem, the percentage of participants reporting any level of severity (from 2 to 5) goes from 56% in the youngest age group (18-24), to 41% in the intermediate group (45-54), down to a low of 30% among older people (75 and older).

2. Italian healthcare at the time of the pandemic and the outlook for the future (continued)

Table 15 - Frequency of problems (any severity) by EQ-5D-5L dimension and age group in 2020 in Italy



Source: Ardito, Ciani, Federici, Furnari, Finch, Jommi, Malandrini, Meregaglia and Tarricone, "Esiti di salute e performance del Servizio Sanitario Nazionale" (Health outcomes and performance of the National Health Service) in Cergas – SD Bocconi, OASI Report 2021, EGEA, Milan 2021, page 349.

In the sample used to conduct the quality-of-life survey (EQ-5D), about 39% of the respondents were found to have moderate or severe symptoms with respect to a range of chronic diseases.

The following table shows how the effects of chronic diseases have naturally continued to have a significant impact on people's lives in Italy.

Table 16 - Severity levels by disease in the chronic disease subgroup

	NO		MILD OR ASYMPTOMATIC		MODERATE		SEVERE	
	N	%	N	%	N	%	N	%
Arthritis	392	85.03	33	7.16	31	6.72	5	1.08
Asma o BPCO	403	87.42	24	5.21	29	6.29	5	1.08
Cancer	429	93.06	13	2.82	13	2.82	6	1.30
Depression	407	88.29	34	7.38	18	3.90	2	0.43
Diabetes	399	86.55	21	4.56	36	7.81	5	1.08
Hepatitis	455	98.70	3	0.65	2	0.43	1	0.22
HIV	461	100.00	0	0.00	0	0.00	0	0.00
CVD*	281	60.95	95	20.61	73	15.84	12	2.60
Hearing impairment	410	88.94	32	6.94	15	3.25	4	0.87
Multiple sclerosis	456	98.92	3	0.65	2	0.43	0	0.00
Other	209	45.34	82	17.79	136	29.50	34	7.38

* Cardiovascular diseases

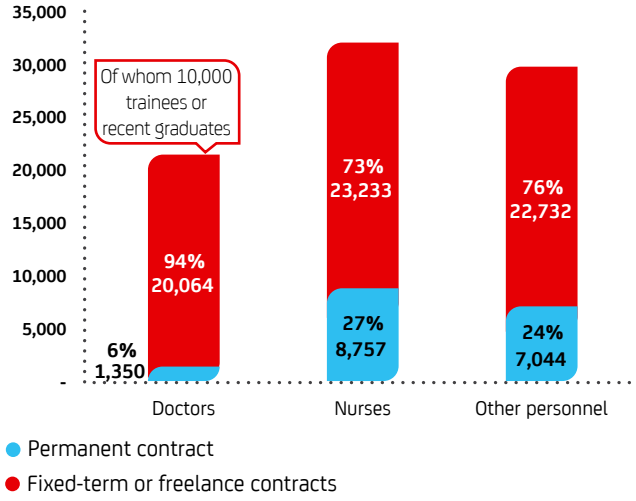
Source: Ardito, Ciani, Federici, Furnari, Finch, Jommi, Malandrini, Meregaglia and Tarricone, "Esiti di salute e performance del Servizio Sanitario Nazionale" (Health outcomes and performance of the National Health Service) in Cergas – SD Bocconi, OASI Report 2021, EGEA, Milan 2021, page 350.

Among the most frequently reported diseases, the cardiovascular ones were the most frequent (39.05%), followed by arthritis (14.97%) and diabetes (13.45%). It should also be noted that among the 252 respondents who indicated the category "other", the most frequent diseases were hypothyroidism (n=26), arthrosis (n=24), various forms of thyroiditis (n=12) and hernias (n=10).
Mention has already been made of the increase in public health expenditure and the simultaneous decrease in private health expenditure in 2020.

Considering specifically current NHS expenditure, it can be seen that the 5% increase (from €120 to €127 billion, +5%, i.e., from 6.7% to 7.7% of GDP) was mainly for the purchase of goods and services (+13%) and personnel (+ 3%). With respect to the latter, table 17 below shows that the largest share of personnel hired on permanent contracts concerned nurses and technical health personnel.

2. Italian healthcare at the time of the pandemic and the outlook for the future (continued)

Table 17- Recruitment of NHS staff by profile and contract type from March 2020 to April 2021. Total: 83,180

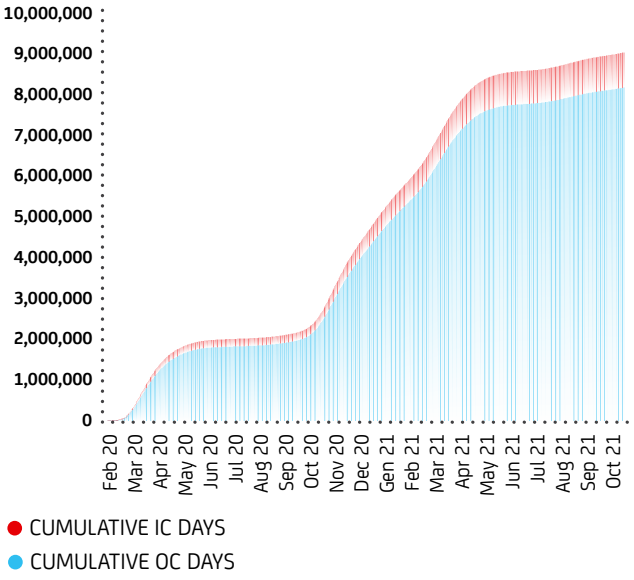


Source: A. Ricci, "Quattro epoche in due anni: il SSN prima e durante la pandemia" (Four eras in two years: the NHS before and during the pandemic), OASI Conference 2021, 18 November 2021 Milan.

If one of the problems of the Italian healthcare system before the pandemic was the high average age of the doctors (around 55), recruitment during the health emergency has certainly led to a rejuvenation, although 80% of the contracts are fixed-term or freelance and some have already expired. In addition to this critical situation, there is also the ratio of doctors and nurses to patients. In other European countries, in recent decades, reorganisations have resulted in a high number of nurses per doctor (for example, in France or Spain); in Italy, however, before 2020 there were 4 doctors and 6.7 nurses for every 1,000 patients. The recent increase in the number of medical students admitted and the continuing limited number of new nurses and enrolments on degree courses in nursing do not suggest any improvement in the ratio of doctors to nurses, which will continue to be skewed towards doctors.

The pandemic then left in its wake the great problem of longer waiting lists due both to the services withdrawn by hospitals during the pandemic and to the frequent decision by patients to postpone check-ups and even emergency admissions at the height of the emergency. The table below shows a visual representation of the results with respect to hospital admissions, differentiating between days spent in ordinary care (OC) and intensive care (IC).

Table 18 - Trend of cumulative days of hospitalisation of COVID patients (2020-2021)

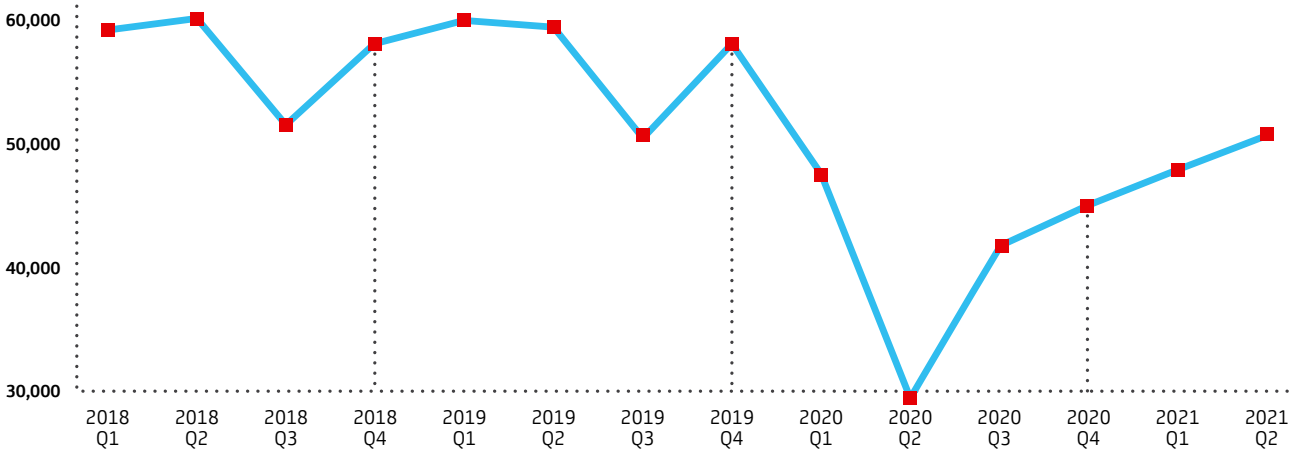


Source: Agenas based on data from the Ministry of Health.

With regard to outpatient activities, the AGENAS survey suggests a slow recovery in which the volumes are gradually returning to pre-pandemic levels, when falls were only due to the arrival of summer (see table 19).

2. Italian healthcare at the time of the pandemic and the outlook for the future (continued)

Table 19 - Volumes of specialist outpatient services for the quarters of 2018, 2019, 2020 and 2021 (absolute volumes per thousand services)

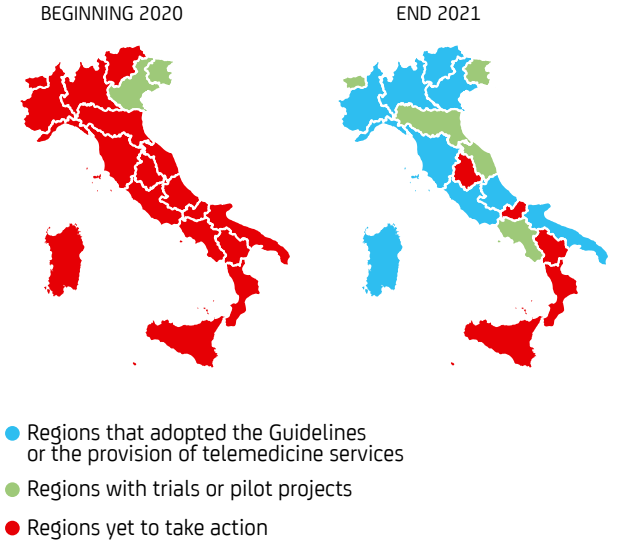


Specialist Outpatient Services: Quarters of 2018-2019-2020-2021 (absolute volume per 1,000 services)

Source: compiled by AGENAS in Fenech, « Tempi di attesa: trend e politiche di risposta durante e dopo la crisi Covid-19 » (Waiting times: trends and response policies during and after the Covid-19 crisis). OASI Conference Report 2021, 18 November 2021, Milan.

A final aspect to consider is the impact of the pandemic on the digitisation process and, in particular, on telemedicine in the health sector. In the last two years, we have often witnessed the rapid implementation and dissemination of tools that, until then, had been rarely used and supported.
Particular attention has been paid to telemedicine; a mode of care that had hitherto been given little consideration. An example of this rapid process is the mapping of guidelines for the provision of telemedicine services or pilot programmes/trials by regional health services, as shown in table 20 below.

Table 20 - Dissemination of guidelines for the provision of telemedicine services or trials/pilot programmes conducted by regional health services at the beginning of 2020 and at the end of 2021



Source: Boscolo, "La telemedicina e i processi di gestione del cambiamento nelle aziende sanitarie" (Telemedicine and change management processes in hospital organisations), OASI Conference Report 2021, 18 November 2021, Milan.

2. Italian healthcare at the time of the pandemic and the outlook for the future (continued)

Analysis of the measures adopted shows that the most widely recognised types of telemedicine are televisit and teleconsultation, while telemonitoring is only for patients isolating at home. These services are generally part of the care processes for follow-up examinations, excluding initial consultations, and are prescribed in some regions by the General Practitioner (GP), while in others directly by specialists. The delicate and complex aspect of cost seems to have been resolved with a rate equal to the equivalent in-person services, or with a lower rate depending on the region, while maintaining the application of both exemptions and co-payments.

The port-pandemic outlook

The main objective of the NHS over the last decade has been to contain expenditure through the implementation of severe cuts. As mentioned, the system as a whole has held up, but the inter-regional gap in the NHS has widened and the structure of healthcare delivery has evolved very slowly, also because healthcare planning has been unable to have an effective impact because it is generally not perceived as a priority by the system. On the other hand, there has been rapid and unnoticed growth and change in demand for healthcare, with increases in the volume and severity of chronic diseases, frailty and mental disorders.

The underlying rationale behind the National Recovery and Resilience Plan (NRRP) with respect to the health sector seems to be centred on investment in physical facilities and digitisation to make the work of operators more effective and efficient. Indeed, the loans obtained under the NRRP are intended to build the infrastructure necessary for the system to improve its ability to make the best use of available resources, before returning to previous levels of current expenditure. Figures from the current government point to a medium-term fall in current public health expenditure as a share of GDP to 6.1% in 2024.

Table 21 - Current public health expenditure 2017 - 2024

	2017	2018	2019	2020	2021	2022	2023	2024
Health expenditure (€m)	**112,185**	**114,318**	**116,710**	**123,474**	**129,449**	**125,708**	**123,554**	**124,428**
As a % of GDP	6.5%	6.5%	6.5%	7.5%	7.3%	6.7%	6.3%	6.1%

In essence, the objective of the NRRP is to foster investment aimed at making the NHS able to function effectively with levels of current expenditure below those seen before the pandemic. This challenge, already extremely complicated, becomes even more difficult if we consider the following two critical issues. On the one hand, there are 18,000 medical graduates who have only recently entered the system and who will have to be trained as specialists within an organisation that was already struggling to cope with lower numbers of trainees. On the other hand, it is necessary to overcome the system's current inability to train more than 20,000 nursing staff, in the face of growing demand on the part of the new facilities financed by the NRRP. In other words, the risk could be that of having new infrastructure without the necessary personnel to work in them.

There is no doubt that efforts will have to focus on overcoming the current crisis, no matter how complicated, in the hope that the scars left by the pandemic may be the start of a new way forward for healthcare, based on planning and the availability of resources, which have often been lacking over the last decade.

3. Uni.C.A. and the Covid-19 health emergency

The situation caused by Covid-19, which will certainly remain engraved in everyone's memory, has had profound repercussions on the provision and use of ordinary and special medical services. In fact, health facilities were forced to concentrate most of their efforts on emergency management, limiting or sometimes completely stopping the activities of entire departments. This has led most people to postpone or cancel their planned visits, out of fear of going to health facilities considered to be at risk of infection.

But that is not all. The challenge of making up for the medical examinations that were not carried out during the pandemic is part of an already complicated picture for the National Health Service, which is often unable to guarantee waiting times that end users consider appropriate, and is penalised by a perceived quality gap vis-à-vis private facilities.

This is why the role of private healthcare, which has been growing for several years now, is fundamental to enabling the country's system to overcome the difficulties of the past months and its citizens to benefit from the healthcare services needed to keep Italy among the world's leading countries in terms of life expectancy.

Therefore, within this complex health context and despite the limitations set from time to time by the national health authorities, Uni.C.A. has continued to carry out its primary activity, i.e. that of guaranteeing its members the possibility of benefiting from healthcare services to meet individual healthcare needs, including those resulting from the Coronavirus infection, which are not easily manageable through the public health system.

Also as a result of the loosening of healthcare restrictions in 2021 compared with 2020, the Association recorded a significant increase in the use of insurance policies, with claims up by around 30%, especially in the area of admissions and outpatient services (specialist consultations and diagnostic tests).

The same upward trend, albeit to a lesser extent, was recorded with reference to dental care (claims up about 18%).

In fact, these trends confirm the so-called "rebound" effect, which was already predicted by industry analysts last year.

The above will be looked at in greater detail in section 11 below, with numerical evidence of the trends observed. In the light of what has been said, it is therefore clear that supplementary health cover, such as that guaranteed by Uni.C.A., offers people a dual level of protection within the healthcare system. On the one hand, financial support to meet the costs of care provided outside the National Health Service; on the other, the guarantee of access to a network of health facilities that offer services at affordable prices thanks to specific agreements. In the case of Uni.C.A. such agreements are entered into directly by the so-called service providers with health facilities.

4. Organisational model

4.1 New members of the Board of Directors and the Board of Auditors

By virtue of the alternation provided for by the Uni.C.A. Articles of Association, as of 1 July the Director, Luisa Livatino, was appointed Chairwoman of the Association, replacing Director Ignazio Stefano Farina who was appointed Deputy Chair.

In accordance with the same principle in the Articles of Association, David Davite was appointed Chairman of the Board of Auditors on 1 July to replace Fiorenza Sibille.

4.2 Uni.C.A.'s staff

In compliance with art. 16 of Uni.C.A.'s Articles of Association, UniCredit provides the personnel needed to staff the Association, including the Director.

The number of staff of the Association, which has gradually taken on the nature and responsibilities typical of an "Expertise Centre", has remained stable over recent years, with five people including the Director and the Assistant Director.

In 2021, given the continuing Covid-19 emergency, Uni.C.A. staff continued to carry out their activities mainly via remote working, in accordance with UniCredit Group guidelines. In addition to ordinary activities and the constant support provided to corporate bodies and the Supervisory Board pursuant to Legislative Decree 231/01, for most of the first half of the year staff worked on the market survey in preparation for the renewal of health plans for the two-year period 2022-2023, i.e. the identification of an insurance partner able to manage the complexities and peculiarities of the Uni.C.A. Health Plans.

In the second half of the year, following the choice of the insurance company, activities focused on preparation and review of the new insurance policies and the drafting of service agreements with providers for the management of the service.

Subsequently, in the last quarter, staff were heavily involved in preparing the documentation supporting the large-scale enrolment process for the new health plans and the launch of the online enrolment procedure by the end of the year, to ensure the continuity of health cover for members.

4.3 Scientific Committee and medical advisors

In 2021 the Uni.C.A. Scientific Committee, coordinated by Professor Francesco Saverio Violante, continued to play an important role in supporting the Association and its Board of Directors.

In particular, the Committee provided the necessary in-depth analysis and assessment of medical aspects, in preparation of the renewal of the Health Plans. It also made a fundamental contribution to the evaluation of the management of the prevention Campaign, which was launched in the last quarter of 2021 on a smaller scale than in previous years, given the continuing pandemic situation.

Collaboration continued with medical advisors Dr Giovanni Sanguinetti and Dr Pier Paolo Cirulli, to whom the Association turned for advice on non-dental and dental issues, respectively.

In 2021, the above-mentioned medical advisors issued a total of 14 opinions in connection with complaints management.

4.4 Supervisory Board pursuant to Legislative Decree 231/01

In 2021, the activity of the Supervisory Board focused on updating the Organisation and Management Model and decision-making procedures, to incorporate the new legislation on tax offences and to better define its own tasks and powers.

In the context of its prerogatives to initiate and monitor the functioning of the Organisation and Management Model, the Supervisory Board has carried out in-depth studies, the results of which have enabled the Association to take action to better structure certain activities. In this respect, worthy of note are the update of the Procurement Policy and the review of the operational powers vested in the Director with a more precise definition of the responsibilities assigned to the staff members involved in the process of making payments on behalf of the Association.

The supervisory activity carried out by the Supervisory Board in 2021 did not reveal any operational anomalies or reports of irregularities.

5. Service model

5.1 Insurance and service partnership

Since its foundation, Uni.C.A. has provided health services to its members, mainly by taking out insurance policies with leading insurance companies and outsourcing the services relating to the insurance cover (the payment of claims, the services provided by our network of healthcare partners, etc.) to specialist service companies.

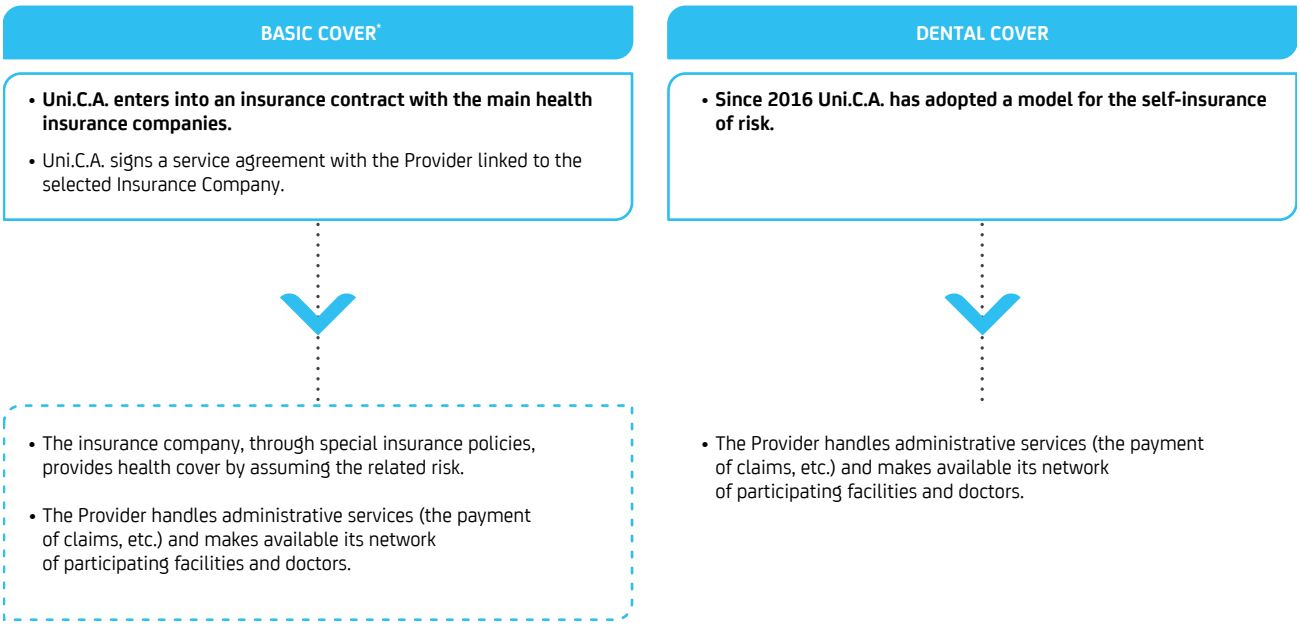
In addition to the services provided through insurance policies and service agreements, the Association also supplies certain services directly, such as prevention initiatives or the coverage of medical expenses not included in the cover provided by the above insurance policies. These regard particularly serious cases judged by the Board of Directors to qualify for exceptional forms of support.

Uni.C.A.'s initial approach was based on a multi-provider model, using a number of service providers that were independent of our partner insurance companies. Having acquired sufficient experience and operational independence, enabling us to assess the data contained in our database and the related trends, from 2014 the Association adopted a radically different service model. This resulted in the switch to a mono-provider approach, based on an insurance and service partnership, for non-dental services, with companies forming part of the same group and affiliated with each other, namely RBM Assicurazione Salute and Previmedical, both RBHold group companies.

Thanks to the synergies resulting from this partnership, the Association has been able not only to maintain but also to improve the levels of cover in the subsequent years. This has been done without any increase in costs for members, whilst achieving notable savings despite the far from favourable scenario resulting from the economic crisis, the reduction in NHS capacity, putting more pressure on the sector, an aging membership and rising healthcare costs.

In terms of dental cover, since 2016, the Association has fully self-insured the related risk, appointing Aon Pronto Care (Aon Advisory and Solutions Srl), an Aon Italia group company, solely to manage the service, having been satisfied with the services offered by this provider over the years.

Over time, the decision to self-insure dental plans has proved to have been correct as, partly due to the definition of clear rules governing usage and continuous monitoring of the cover provided, it has been possible to achieve significant savings that have been progressively reinvested in improvements - some major - to the cover provided under the various health plans offered in the following years.



* non-dental

5. Service model (continued)

5.2 Administrative services - the agreement between Uni.C.A. and UniCredit

In 2021, Uni.C.A. continued to use the IT and administrative services provided by departments and companies belonging to the Group, in accordance with the Articles of Association and with the commitments contained in the operating agreement entered into by the Association and UniCredit in 2013. This latter document sets out the two parties' responsibilities in managing the various aspects of the Association's operations and in seeking to fulfil its objects.

Following amendment of the agreement in 2018 with the implementation related to the Data Protection Officer (linked to compliance with the GDPR), the agreement was further revised in 2020 in order to bring it into line with organisational changes, above all the correct assignment of operational responsibilities to the Team dedicated to Uni.C.A. forming part of the People Services department, formerly HC Operations Italy before it weas renamed in 2021 (which has assumed the role previously carried out by the former ES-SSC, later DXC, unit previously outsourced and then later insourced by the Group). The alignment was also necessary following a number of changes to the operational processes involved in certain membership procedures (e.g. the direct debit of contributions using the SEPA payment procedure).

The Uni.C.A. Team, operating within People Services, is tasked with handling the administrative processes involved in the subscription for health plans; the initial information provided to members; the sending and receipt of correspondence with members; the collection of contributions; member identity and tax checks, etc..

Thanks to the synergies developed over time with the dedicated team, Uni.C.A. has been able to fine-tune various operational processes, ensuring a service that is increasingly focused on meeting the needs of its members.

In 2021, with the gradual improvement in the pandemic situation, there was no slowdown in People Services' activities and the department managed various activities with fewer operational difficulties than in 2020, such as, first and foremost, the intra-plan membership process at the beginning of the year, which involved part of Uni.C.A.'s members, and the start of the large-scale enrolment process for the renewed 2022-2023 health plans in November.

6. Members: figures at 31 December 2021 and the related trends

As at 31 December 2021, there were 118,700 members, of whom 54,582 policyholders (about 46%) and 64,118 family members; of the latter, 14,088 (about 22%) were included against payment of an additional fee.

Retirees accounted for 8,902 members (about 16.3% of total policyholders) and 7,113 are their family members, of whom 4,192 are included against payment of an additional fee (about 29.8% of total family members included against payment of an additional fee).

Among employee members, early retirees account for 6,712 policyholders, compared with 6,622 in 2020. The percentage of total policyholders who are early retirees has thus risen slightly, from 12.1% in 2020 to 12.3% in 2021. This increase is closely connected with the implementation of early retirement schemes that include the option of accessing the banking industry Solidarity Fund, governed by union agreements entered into over the years within the Group.

Compared to 2020, there was a slight decrease in the total number of members (from 119,517 in 2020 to 118,700 in 2021) while, in particular, the number of retirees increased compared to previous trends, from 7,946 to 8,902 policyholders, an increase of around 12%.

The average age of policyholders at the end of 2021 is 52.91 compared with 52.49 at 31 December 2020. The average size of households is 2.2 (unchanged from 2020).

The following tables (from 1 to 11) show figures relating to membership at 31 December 2021 and membership trends over the years.

TABLES 1: MEMBERSHIP FIGURES AT 31 DECEMBER 2021

Table 1.a – Basic cover membership

		NO. OF FAMILY MEMBERS				TOTAL NO. OF MEMBERS BY GEOGRAPHICAL AREA			
BRIEF POLICY DESCRIPTION	NO. OF HOLDERS	DEPENDENT FAMILY	PAYING FAMILY MEMBERS	TOTAL	POLICY MEMBERS	NORTH	CENTRE	SOUTH AND ISLANDS	OVERSEAS[2]
NUOVA PLUS employees	43,591	44,384	8,781	53,165	96,756	56,237	20,904	19,569	46
EXTRA 3 employees	1,256	1,509	692	2,201	3,457	1,627	1,529	300	1
EXTRA 4 employees	582	820	306	1,126	1,708	1,370	245	92	1
EXTRA 5 employees	251	396	117	513	764	675	67	21	1
TOTAL EMPLOYEES *of whom 6,658 early retirees belonging to the UniCredit Group and 1,165 policyholders belonging to companies outside the Group, including 54 early retirees[1]*	***45,680***	***47,109***	***9,896***	***57,005***	***102,685***	***59,909***	***22,745***	***19,982***	***49***
BASE retirees	2,154	635	1,021	1,656	3,810	1,644	1,455	710	1
BASE + retirees	4,176	1,324	2,006	3,330	7,506	3,623	2,958	925	0
STANDARD retirees	1,808	620	837	1,457	3,265	1,469	1,492	298	6
PLUS retirees	334	170	149	319	653	282	299	72	0
EXTRA retirees	320	137	157	294	614	302	275	27	10
OVER 85 retirees	110	35	22	57	167	69	93	5	0
TOTAL RETIREES	***8,902***	***2,921***	***4,192***	***7,113***	***16,015***	***7,389***	***6,572***	***2,037***	***17***
GRAND TOTAL	***54,582***	***50,030***	***14,088***	***64,118***	***118,700***	***67,298***	***29,317***	***22,019***	***66***

(1) Companies outside the Group, following a sale, which have retained the option, under union agreements, of continuing membership for their employees.
(2) Expatriate employees with family in Italy.

Table 1.b – Dental cover membership

	POLICYHOLDERS		FAMILY MEMBERS
DENTAL COVER DESCRIPTION	NO.	OF WHICH	INCLUDED
Collective dental cover	43,684[1]		
of which extended collective dental cover		*2,307*	*5,351*
of which full dental cover for middle manager and professionals		*1,852*	*4,122*
of which full dental cover for senior managers		*146*	*235*
of which top dental cover for senior managers		*580*	*1,092*
TOTAL	***43,684***	***4,885***	***10,800***
Treviso dental policy	131		

(1) This includes senior management with Global Band Title 6, 7 and 8 who are not covered by Uni.C.A.'s non-dental cover.

6. Members: figures at 31 December 2021 and the related trends (continued)

Table 2: membership data at 31 December 2020, showing breakdown of policyholders by gender and type of family member

	NO. OF POLICYHOLDERS			NO. OF DEPENDENT FAMILY MEMBERS			NO. OF PAYING FAMILY MEMBERS				GRAND
POLICY DESCRIPTION	MEN	WOMEN	TOTAL	SPOUSES	CHILDREN	TOTAL	SPOUSES	CHILDREN	OTHER	TOTAL	TOTAL
NUOVA PLUS employees	23,310	20,281	43,591	3,557	40,827	44,384	6,536	1,492	753	8,781	96,756
EXTRA 3 employees	804	452	1,256	187	1,322	1,509	476	129	87	692	3,457
EXTRA 4 employees	480	102	582	102	718	820	235	41	30	306	1,708
EXTRA 5 employees	205	46	251	49	347	396	86	16	15	117	764
TOTAL EMPLOYEES *of whom 6,567 family members of early retirees belonging to the UniCredit Group and 1,476 family members of policyholders belonging to companies outside the Group, including 60 early retirees*[1]	***24,799***	***20,881***	***45,680***	***3,895***	***43,214***	***47,109***	***7,333***	***1,678***	***885***	***9,896***	***102,685***
BASE retirees	1,471	683	2,154	328	307	635	807	201	13	1,021	3,810
BASE + retirees	2,530	1,646	4,176	690	634	1,324	1,669	320	17	2,006	7,506
STANDARD retirees	1,187	621	1,808	354	266	620	666	162	9	837	3,265
PLUS retirees	240	94	334	96	74	170	117	31	1	149	653
EXTRA retirees	222	98	320	81	56	137	121	33	3	157	614
OVER 85 retirees	90	20	110	35		35	22			22	167
TOTAL RETIREES	***5,740***	***3,162***	***8,902***	***1,584***	***1,337***	***2,921***	***3,402***	***747***	***43***	***4,192***	***16,015***
GRAND TOTAL	***30,539***	***24,043***	***54,582***	***5,479***	***44,551***	***50,030***	***10,735***	***2,425***	***928***	***14,088***	***118,700***
% of total by category	56.0%	44.0%	100.0%	11.0%	89.0%	100.0%	76.2%	17.2%	6.6%	100.0%	

(1) Companies outside the Group, following a sale, which have retained the option, under union agreements, of continuing membership for their employees.

Table 3: Membership data at 31 December 2022, showing breakdown by age group

	NO. POLICYHOLDERS BY AGE BRACKET					
POLICY DESCRIPTION	UP TO 30	FROM 31 TO 40	FROM 41 TO 50	FROM 51 TO 60	OVER 60	TOTAL
NUOVA PLUS employees	2,398	5,611	13,408	16,997	5,177	43,591
EXTRA 3 employees	5	74	278	646	253	1,256
EXTRA 4 employees		23	153	344	62	582
EXTRA 5 employees	1	17	111	98	24	251
TOTAL EMPLOYEES	***2,404***	***5,725***	***13,950***	***18,085***	***5,516***	***45,680***
BASE retirees	1	1	1	38	2,113	2,154
BASE + retirees			4	61	4,111	4,176
STANDARD retirees	1		1	24	1,782	1,808
PLUS retirees				2	332	334
EXTRA retirees			1	6	313	320
OVER 85 retirees					110	110
TOTAL RETIREES	***2***	***1***	***7***	***131***	***8,761***	***8,902***
GRAND OTAL	***2,406***	***5,726***	***13,957***	***18,216***	***14,277***	***54,582***
% of total	4.4%	10.5%	25.6%	33.3%	26.2%	100.0%

Note: all policies are restricted to members aged no older than 85, with the exception of the specific Over 85 policy for retirees. The policies restricted to retirees may include the recipients of survivor pensions regardless of age (not over the age of 85).

6. Members: figures at 31 December 2021 and the related trends (continued)

Table 4: Membership data at 31 December 2020, showing breakdown by number and age group of dependent family members

	NO. OF DEPENDENT FAMILY MEMBERS BY AGE BRACKET								
	SPOUSES				CHILDREN				
POLICY DESCRIPTION	UP TO 40	FROM 41 TO 50	OVER 50	TOTAL	UP TO 20	FROM 21 TO 30	OVER 30	TOTAL	GRAND TOTAL
NUOVA PLUS employees	377	943	2,237	3,557	29,851	10,432	544	40,827	44,384
EXTRA 3 employees	16	41	130	187	864	432	26	1,322	1,509
EXTRA 4 employees	7	32	63	102	523	190	5	718	820
EXTRA 5 employees	4	22	23	49	290	57	0	347	396
TOTAL EMPLOYEES	***404***	***1,038***	***2,453***	***3,895***	***31,528***	***11,111***	***575***	***43,214***	***47,109***
BASE retirees		4	324	328	37	176	94	307	635
BASE + retirees	2	13	675	690	65	356	213	634	1,324
STANDARD retirees		3	351	354	28	153	85	266	620
PLUS retirees		1	95	96	11	48	15	74	170
EXTRA retirees		1	80	81	8	32	16	56	137
OVER 85 retirees			35	35		0		0	35
TOTAL RETIREES	***2***	***22***	***1,560***	***1,584***	***149***	***765***	***423***	***1,337***	***2,921***
GRAND TOTAL	***406***	***1,060***	***4,013***	***5,479***	***31,677***	***11,876***	***998***	***44,551***	***50,030***
% of total	7.4%	19.4%	73.2%	100.0%	71.1%	26.7%	2.2%	100.0%	

Table 5: Membership data at 31 December 2020, showing breakdown by number and age group of paying family members

	NO. OF PAYING FAMILY MEMBERS BY AGE BRACKET												
	SPOUSES				CHILDREN				OTHER				
POLICY DESCRIPTION	UP TO 40	FROM 41 TO 50	OVER 50	TOTAL	UP TO 20	21 TO 30	OVER 30	TOTAL	UP TO 40	FROM 41 TO 50	OVER 50	TOTAL	GRAND TOTAL
NUOVA PLUS employees	615	1,831	4,090	6,536	39	1,115	338	1,492	136	172	445	753	8,781
EXTRA 3 employees	16	109	351	476	5	88	36	129	6	7	74	87	692
EXTRA 4 employees	15	63	157	235		38	3	41	2	7	21	30	306
EXTRA 5 employees	9	32	45	86		14	2	16	2	3	10	15	117
TOTAL EMPLOYEES	***655***	***2,035***	***4,643***	***7,333***	***44***	***1,255***	***379***	***1,678***	***146***	***189***	***550***	***885***	***9,896***
BASE retirees		2	805	807	1	56	144	201	1		12	13	1,021
BASE + retirees		1	1,668	1,669		99	221	320			17	17	2,006
STANDARD retirees			666	666	1	46	115	162			9	9	837
PLUS retirees			117	117		13	18	31			1	1	149
EXTRA retirees			121	121	2	11	20	33			3	3	157
OVER 85 retirees			22	22				0				0	22
TOTAL RETIREES	***0***	***3***	***3,399***	***3,402***	***4***	***225***	***518***	***747***	***1***	***0***	***42***	***43***	***4,192***
GRAND TOTAL	***655***	***2,038***	***8,042***	***10,735***	***48***	***1,480***	***897***	***2,425***	***147***	***189***	***592***	***928***	***14,088***
% of total	6.1%	19.0%	74.9%	100.0%	2.0%	61.0%	37.0%	100.0%	15.8%	20.4%	63.8%	100.0%	

6. Members: figures at 31 December 2021 and the related trends (continued)

Table 6: Membership data at 31 December 2021, showing breakdown by region and geographical area

REGION	NO. OF MEMBERS	%
Abruzzo	849	0.7%
Basilicata	329	0.3%
Calabria	808	0.7%
Campania	4,794	4.0%
Emilia Romagna	12,285	10.3%
Friuli Venezia Giulia	2,490	2.1%
Lazio	21,954	18.5%
Liguria	1,923	1.6%
Lombardy	26,597	22.4%
Marche	1,542	1.3%
Molise	545	0.5%
Piedmont	11,217	9.4%
Apulia	3,468	2.9%
Sardinia	932	0.8%
Sicily	11,143	9.4%
Tuscany	3,191	2.7%
Trentino Alto Adige	1,044	0.9%
Umbria	1,781	1.5%
Valle d'Aosta	263	0.2%
Veneto	11,479	9.7%
Overseas	66	0.1%
Grand total	**118,700**	**100.0%**

Members 2021 - % distribution by geographical area

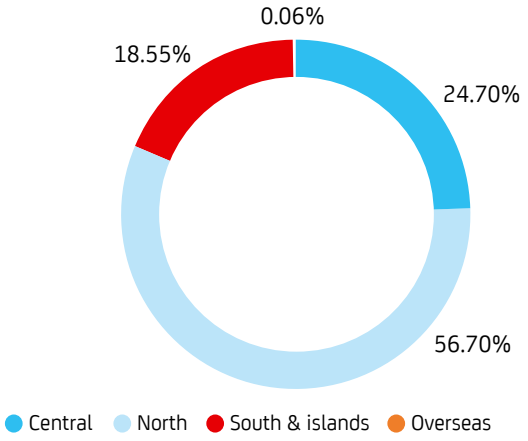
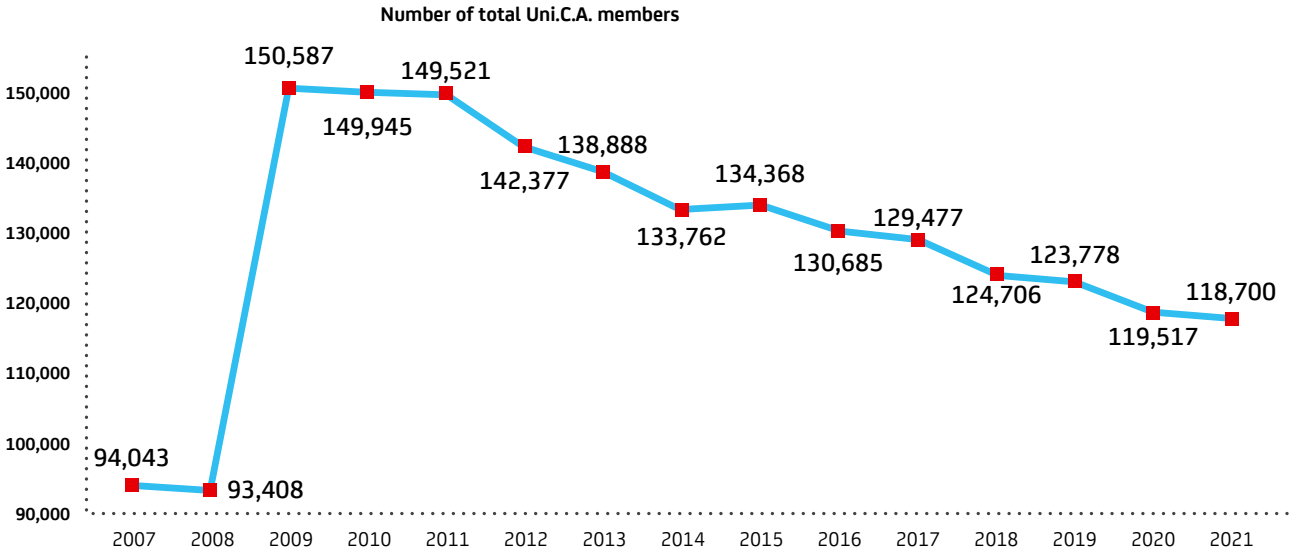


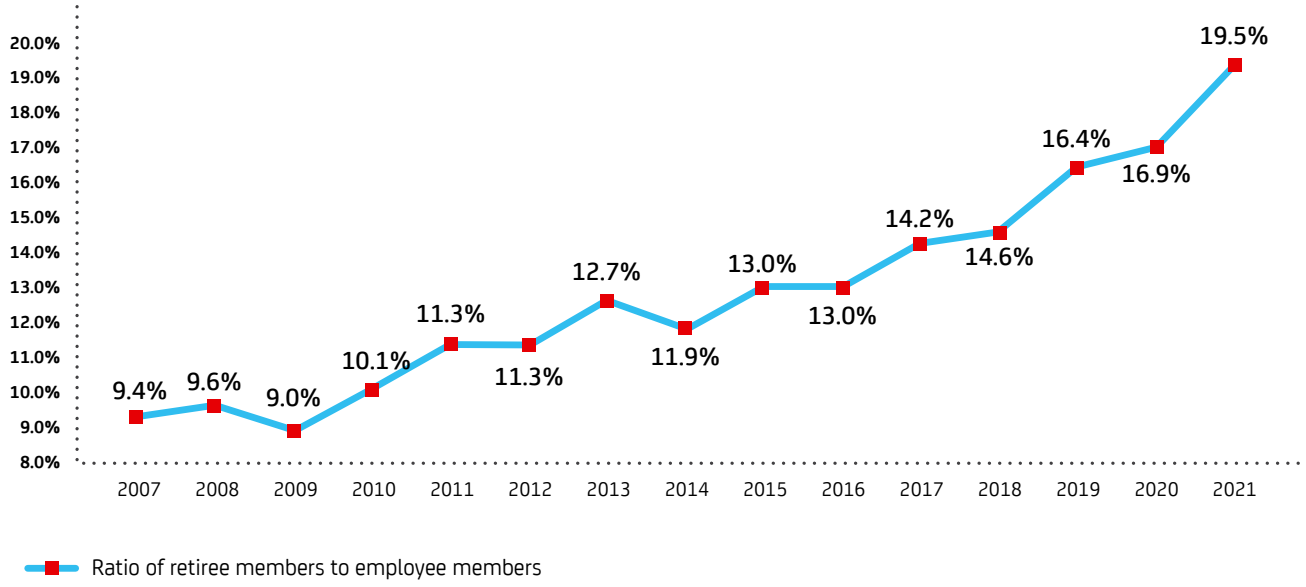
Table 7: Membership changes between 2007 and 2021



Note: the peak in membership in 2009 is linked to the merger between the former Unicredito and Capitalia banking groups and the consequent enrolment of the latter's employees and pensioners in Uni.C.A.

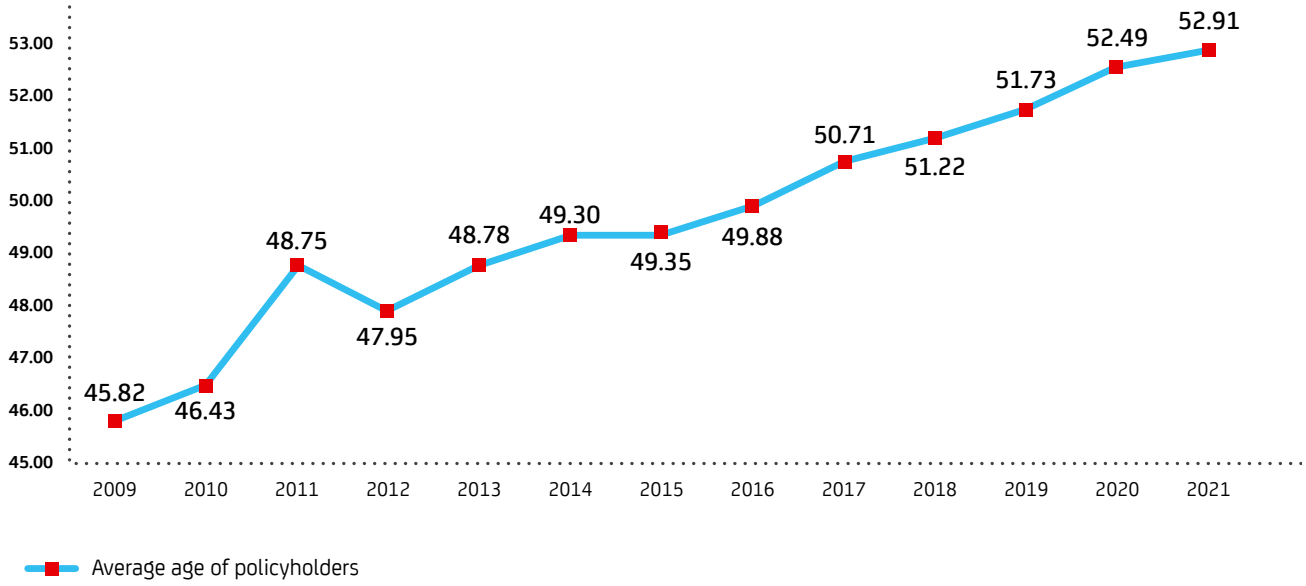
6. Members: figures at 31 December 2021 and the related trends (continued)

Table 8: Ratio of retirees to employees from 2007 to 2021



Note: the table shows the percentage growth in retiree members versus employee members.

Table 9: Trend for the average age of policyholders



Note: The table shows the increasing average age of members.

6. Members: figures at 31 December 2021 and the related trends (continued)

Table 10: Percentage changes by macro-category of members from 2007 to now

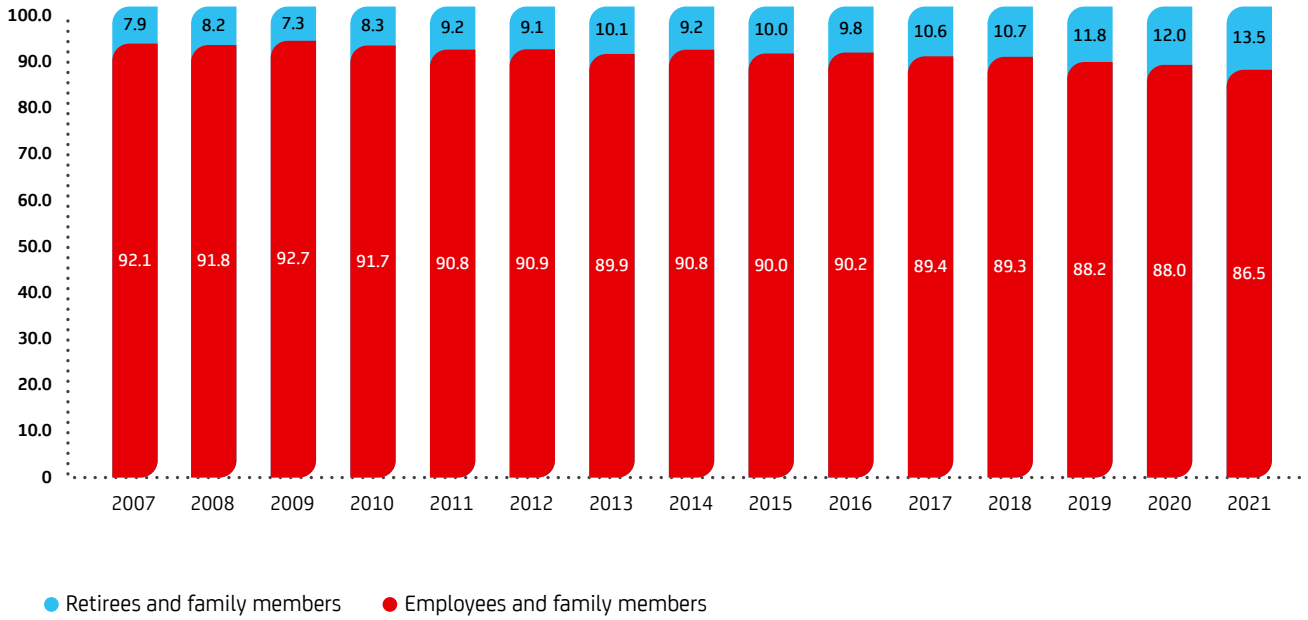
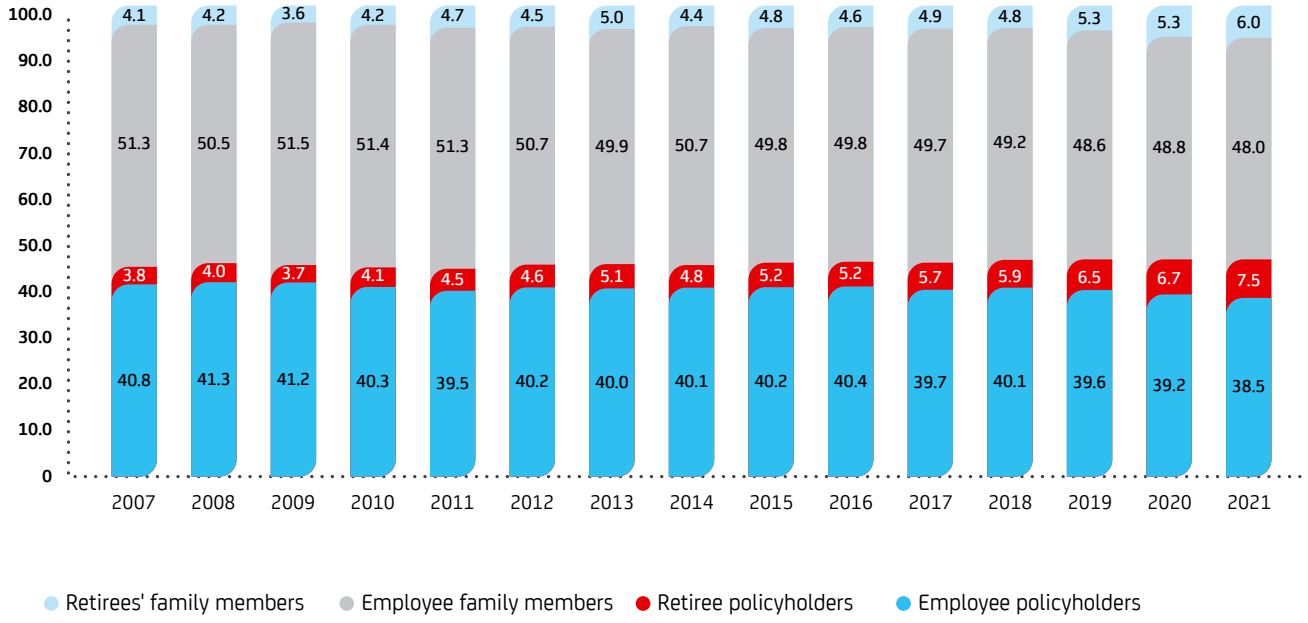


Table 11: Percentage changes by type of member from 2007 to now



7. Member services

7.1 The services provided by Uni.C.A.

Art. 7 of Uni.C.A.'s Articles of Association defines the healthcare services that the Association can provide, including through the reimbursement of costs incurred by members and their family members.

The beneficiaries of the services are employees of the Group, retirees, persons previously covered by the health plans offered within the Group and who have taken early retirement ("early retirees") and surviving family members of employees and retirees. Former employees who have become such as a result of the sale of a business unit to companies outside the Group may also continue to be members, in accordance with the provisions of the relevant trade union agreements.

It is possible to extend cover to family members against payment of an additional fee depending on whether they are legally dependent or on the type of relationship.

Services may be provided directly, or via agreements with other entities or service or insurance companies. In addition to the services provided through insurance policies and service agreements, the Association also supplies certain services directly, such as prevention initiatives or the coverage of medical expenses not covered by the above insurance policies, subject to specific authorisation by the Board of Directors. In this regard, Uni.C.A.'s role as a mutual and as a welfare provider allows the Association to intervene, in keeping with the financial resources at our disposal, in order to support members where policyholders or family members included in the cover finds themselves in a particularly serious situation.

7.2 Health plans 2020-2021. Operations

In January 2021, Uni.C.A. launched so-called "infra-plan" memberships which, as provided for in the second year of the policies, allow specific categories of member to choose new options regarding their health plan and the family members to be covered.

In particular, the process involved employees who, in 2020, became managers or, if they were already managers, received a different Global Band Title, as well as employees and early retirees who gained retiree status. All the above-mentioned changes are linked to the allocation of different healthcare coverage compared to that assigned or chosen at the start of the two-year period of validity of the health plans.

7.3 New Health Plans for 2022-2023. Market survey

In the first half of the year, the Association focused on renewal of the 2022-2023 Health Plans. As usual, these activities were carried out with the assistance of expert insurance consultants, in particular the Group Insurance Management structure and the external consultant Marsh (an insurance broker), who provided advice and suggestions during the various stages of the market survey.

The negotiations, which involved the main health insurance companies, proved to be particularly complex, especially given the effects of the pandemic on health costs.

In spite of the above-mentioned complexity, the efforts made led to an excellent result, i.e. the unchanged structure of the overall benefits offered and contributions due, also thanks to measures to contain expenditure (increased deductibles on certain high-demand benefits) designed to ensure the future sustainability of the health plans. On the dental coverage side, further improvements in services were introduced, starting with the increase in the limits on indemnity for all dental plans, as well as the alignment of coverage for managers with a global band title lower than 5.

As a result of the market survey, the ISRBM Salute insurance company, Previmedical, the provider of the basic health plans, and Aon/Pronto Care, the provider of dental cover, were confirmed.

7.4 Uni.C.A.'s response to Covid-19

In view of the continuing pandemic, the Association continued to offer the option of a pneumococcal vaccination, a service suggested by the Scientific Committee to boost immune defences against the Coronavirus, directly bearing the cost of the vaccine and its administration; antigenic and molecular swabs continued to be reimbursed as part of the diagnostic tests offered under current health policies.

7. Member services (continued)

7.5 Prevention: an asset to be protected and promoted

The debate on the importance of prevention came back into the limelight during the pandemic, when it became clear that public health initiatives are fundamental and strategic not only to guarantee citizens' right to health, but also to support Italy's economic and social development.

But the role of prevention cannot and must not be stressed only during emergencies. In fact, its purpose is to delay the onset of diseases and limit their spread, thus relieving the pressure on hospitals and the health system, contributing to improving the population's healthy life expectancy.

In view of the continuing health emergency, in 2021, as in 2020, the Association was not able to launch its usual prevention campaign, which involves the provision of various types of tests and check-ups. The Association's Scientific Committee also expressed its opinion on the matter, recommending that the initiative be postponed until it was medically safe to restore provision.

In the second half of 2021, however, taking into account the progressive improvement of the situation, but maintaining a prudent and responsible approach towards its members by limiting individual access to health facilities, a smaller-scale Prevention Campaign was launched.

This initiative was structured in a single phase of clinical examinations, with the application of a single protocol involving a set of basic tests (laboratory tests) conducted separately for men and women and, within each category, by age group.

At the same time, the Association launched another free healthcare initiative concerning the possibility to carry out the SARS-COV-2 ANTI-RBD serological test to measure the immune response to Covid-19, both after contracting the infection and after receiving the vaccine.

The two initiatives ended on 31 December 2021, with the possibility of performing the tests by the following 31 January 2022, provided they are booked within the above-mentioned deadline.

Participation in these initiatives was high, confirming once again the appreciation of members for the prevention offered by the Association. The following table shows the total number of participants, specifying the protocols followed.

Table 12- Prevention campaign 2021

PROTOCOLS	NO. OF PARTICIPANTS
Only lab test protocol followed	2,986
Only serological test protocol followed	704
Both protocols followed	19,171
TOTAL PARTICIPANTS	**22,861**

Prevention is a very important part of Uni.C.A.'s activities. Since 2008, the Association has invested a total of around €30 million in specific campaigns, a process that has been driven by the growing appreciation of its members, as reflected by the 140,000 plus registrations over time.

7. Member services (continued)

7.6 Other directly financed initiatives

The Policy approved by the Board of Directors, regarding the provision of financial support for members whose healthcare needs are not covered by the insurance policies referred to above, came into effect in 2019.

To ensure that it meets the underlying aims, a number of changes were made to the name and the text of the Policy in 2020, including further clarification of the eligibility criteria.

The aim of the Policy is to offer help to members forced to meet the cost of treatment for particularly serious conditions, sometimes over an extended period of time, where this could cause financial difficulties for their families.

A total of €9,100 was disbursed in 2021.

The Policy document and the application form are available to members on Uni.C.A.'s website on the "Directly financed initiatives" page.

7. Member services (continued)

7.7 Uni.C.A.'s complaints procedure

In agreement with the insurance company, the Association's complaints procedure was modified as of 1 March 2021. As a result, a complaints procedure can be activated for all claims relating to benefits guaranteed by an insurance policy. This means it is no longer possible to activate of Uni.C.A.'s "internal complaints" procedure.

This new approach refers to the need for greater compliance with the provisions of the IVASS regulations governing complaints against insurance companies. However, in order to provide greater protection for members, complaints can still be forwarded to Uni.C.A., in the event of an unsatisfactory outcome or late response to a complaint by the insurance company (so-called "second-stage" complaints).

On the other hand, no change was made to the process for all other services not covered by an insurance policy (e.g., dental care managed by AON/Pronto Care, etc.), in that members can still activate Uni.C.A.'s internal complaints procedure.

In terms of providers, **Previmedical**:

- handled 557 complaints, of which 41% resulted in a positive outcome; Uni.C.A. received 56 second-stage complaints relating to insurance claims with a negative/unsatisfactory outcome; of these, 36% had a positive outcome.
- also handled 3,756 complaints that could not be classified as insurance-related; of these, 18% had a positive outcome; at second stage, Uni.C.A. received 175 complaints, of which 45% had a positive outcome.

As regards **Aon/Pronto-Care**:

- 370 first-stage complaints were processed, of which 326 - about 88% - concerned requests for clarification;
- Uni.C.A. received 25 second-level complaints, of which 52% was resolved positively.

A total of 564 complaints were handled at the second stage in 2021 (down from the 751 of 2020), of which approximately 19% regarding the settlement of claims and 13% regarding the authorisation of health services paid for directly by the Association.

Response times at the second stage were satisfactory (over 97% by the 30-day deadline set by policy). Where responses took longer, this was connected with the need to acquire additional information about a case, on occasion including the need to obtain an opinion from Uni.C.A.'s medical advisors.

The complaints procedure again proved to be an important tool for monitoring the services provided to members, enabling us to identify and promptly resolve any problems relating to the service provided and the settlement of claims.

Table 13 – Second-stage complaints handled by Uni.C.A.

	RELATED TO COMPANY OR PROVIDER	NON RELATED TO COMPANY OR PROVIDER	TOTAL	% OF TOTAL
POSITIVE OUTCOME	112	140	252	44.68%
PARTIALLY POSITIVE OUTCOME	4	-	4	0.71%
NEGATIVE OUTCOME	36	34	70	12.41%
UNRESOLVED	21	10	31	5.50%
REQUESTED CLARIFICATION PROVIDED	83	124	207	36.70%
TOTAL OUTCOME	**256**	**308**	**564**	**100.00%**
WITHIN 10 DAYS	206	284	490	86.88%
BETWEEN 11 AND 20 DAYS	25	19	44	7.80%
BETWEEN 21 AND 30 DAYS	14	1	15	2.66%
BETWEEN 31 AND 40 DAYS	4	3	7	1.24%
MORE THAN 40 DAYS	7	1	8	1.42%
TOTAL RESPONSE TIMES	**256**	**308**	**564**	**100.00%**

7. Member services (continued)

Table 14 – Distribution of complaints by provider

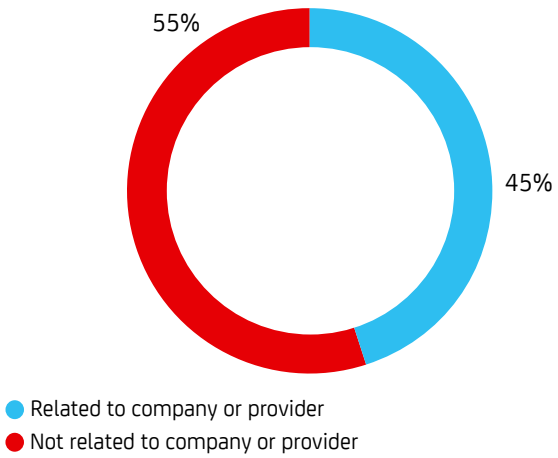


Table 15: Complaint outcomes

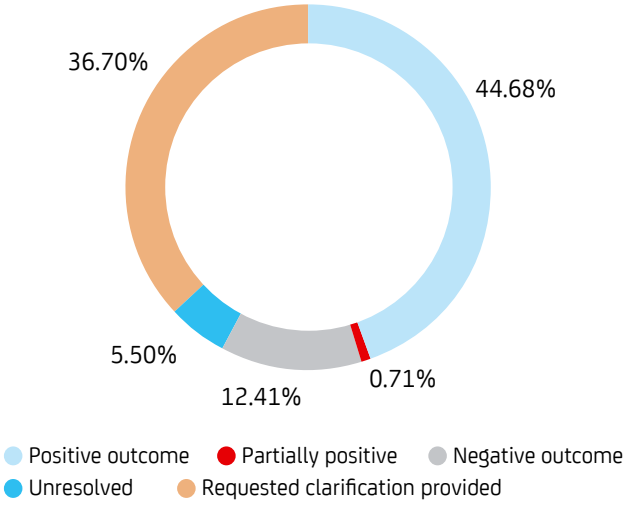


Table 16: Complaint response times

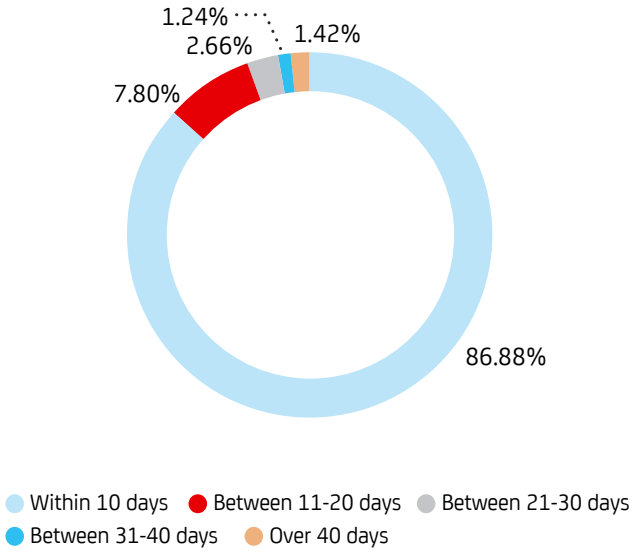
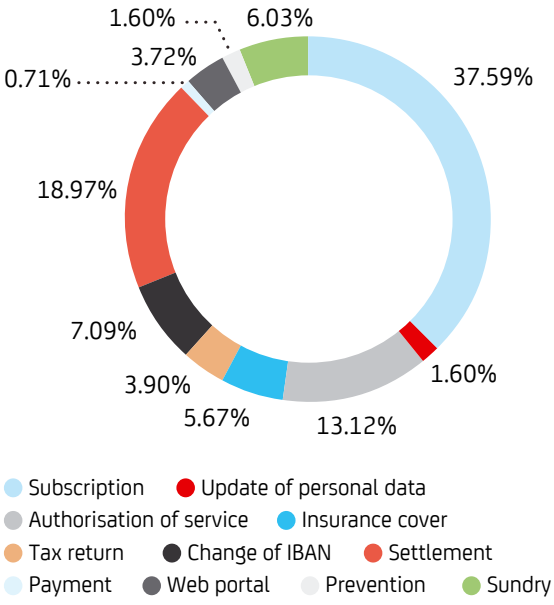


Table 17: Breakdown by type of complaint



8. Audit of membership database

The purpose of this activity, which has become structural over time, is to ensure the formal and substantive correctness of the information contained in the Association's database, that is the regularity of the registration of only entitled members and compliance with the Articles of Association and the membership terms and conditions.

As in 2020, also in 2021 the Association postponed the usual identity and tax checks on family members included in the cover provided by the plans. The reasons for this decision are the health emergency caused by Covid-19 and the consequent objective difficulties that the members concerned would have encountered in retrieving and obtaining the required certification of personal details from public offices.

Once the difficulties related to the pandemic have been overcome, the Association will resume the audits - which, over time, have proved to be also a valuable monitoring tool - to ensure that the information in the database is correct, with consequent effects also on the loss ratios. In fact, based on the changes made for the regularisation of family members included, in 2019 (the last year of generalised audits) an improvement in the loss ratios for insurance cover of almost 5 percentage points has been estimated.

9. Loss ratios

9.1 Basic health policies

Over the years, the loss ratio (i.e. the ratio of claims paid to premiums paid to the insurance company, after deducting taxes), relating to Uni.C.A.'s basic non-dental plans (basic policies) has shown an upward trend.

The average for the period 2007-2020 is 102.7%.

There are different reasons for the steady increase, but in general it can be said that the increase in healthcare expenditure (i.e. rising healthcare costs), the greater awareness of the available benefits on the part of members, and the expansion of health cover are among the main drivers.

The closing result for 2021, although still estimated (it should be remembered that the loss ratio will be calculated at the end of the two-year statute of limitations on the benefits covered by the policies), stands at 123.4%, a particularly negative figure mainly due to the "rebound" effect, as pent-up demand for healthcare unleashed its effects, especially in the second half of the year. This figure is markedly in contrast with that recorded in 2020, equal to 93.5%. This result was mirrored throughout the sector due to the health emergency and the related lockdowns, which led to a significant reduction in access to healthcare services, especially those not related to serious diseases.

In light of the foregoing, the positive result obtained by the Association with the renewal of the Health Plans for the 2022-2023 period is clear, taking into account the fact that the benefits covered by the policies and the related contributions remained substantially unchanged.

The tables below show loss ratio data (the ratio of claims to premiums), broken down by employees and retirees and aggregated by geographical area and by age group.

9. Loss ratios (continued)

Table 18: Changes in loss ratio data

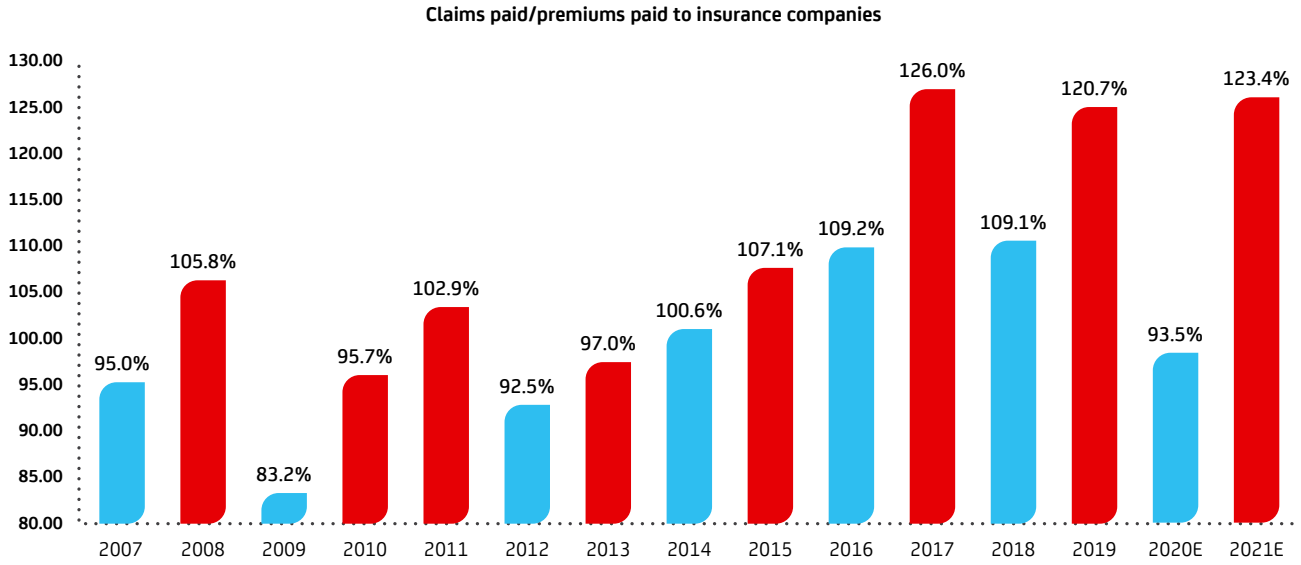
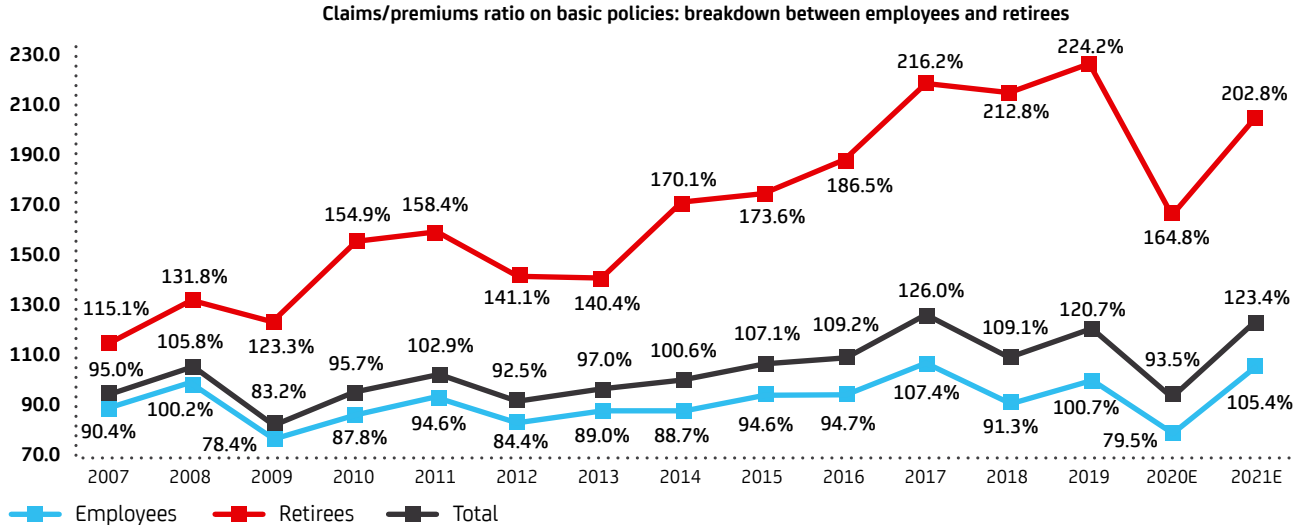
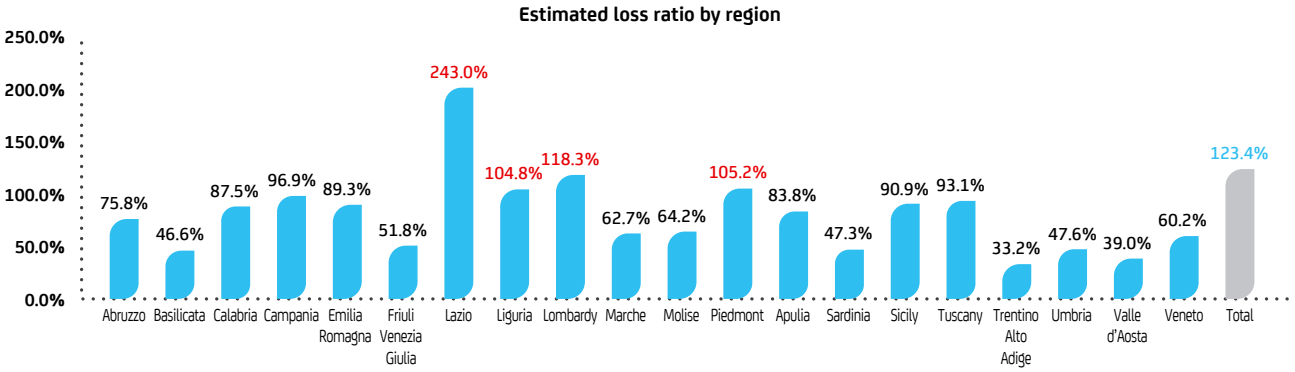


Table 19 – Changes in loss ratios data by member category



9. Loss ratios (continued)

Table 20 - Geographical distribution of loss ratio



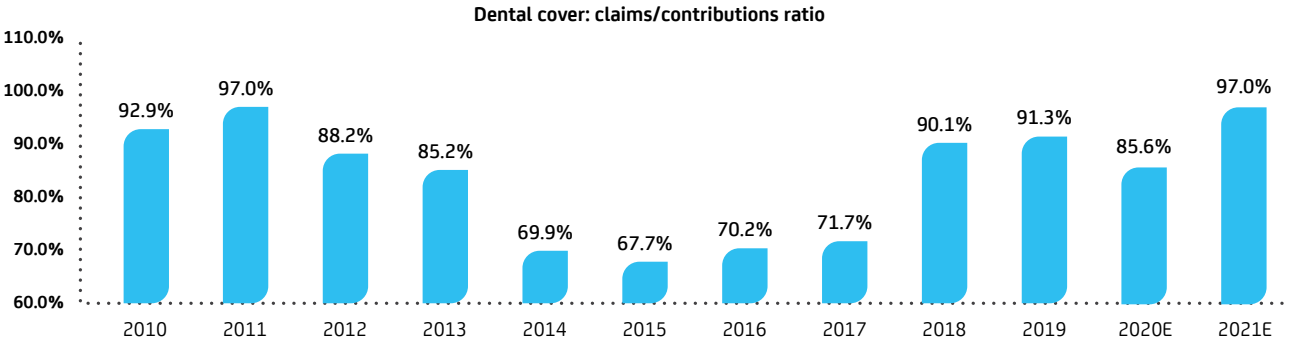
Compiled on the basis of data provided by ISRBM Salute S.p.A.

The regions with the highest loss ratio are highlighted in red. The regions with the largest gap were Lazio and Lombardy, regions that traditionally have the highest policy utilisation due to the presence of a high number of members in these areas.

9.2 Dental cover

The loss ratio for dental cover remains positive despite a significant upturn in consumption in 2021. It should be considered, however, that the long period of health emergency that has arisen in 2020 has not made it possible to assess correctly the impact on the loss ratio of the improvements introduced for the two-year period 2020-2021. Therefore, with a view to prudent management of the Association's assets, it will be necessary to constantly monitor trends for the coverage in question in order to adequately monitor consumption.

Table 21 – Changes in the loss ratio of dental cover



10. Key operational and management data

Overall, under the basic policies, approximately 705,000 claims were handled, with €56.9 million effectively paid out.

In 2021, given about 36,400 dental claims, approximately €9.6 million was reimbursed, of which €6 million related to 2021 and €3.5 million to previous years. Since 2017 the provider Aon Pronto Care has directly reimbursed members (for claims handled indirectly) and dentists (for claims handled directly), while the Association paid claims for previous years.

The contributions of retirees who were not "channelled" - i.e. retirees whose Uni.C.A. contributions were not withheld from the pensions paid by UniCredit Group pension funds - were collected by SDD (Sepa Direct Debit) or by bank transfer, with a total of €4.628 million collected relating to 2,701 positions.

Failure to pay contributions resulted in exclusion from the Association (15 cases), in keeping with the Articles of Association.

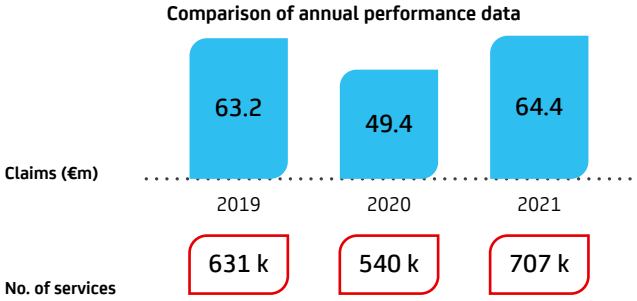
11. Services provided: analysis and comparison with previous years

In Italy, the 'second wave' of COVID-19 produced its greatest effects during the first half of 2021, proving to be more persistent than the first, with infections rising sharply again from the early months of the year. As a result of the pandemic's resurgence, government authorities again increased restrictions on movement, thereby also reducing access to healthcare facilities.

As already noted, 2020 showed anomalous trends due to the lockdown, which slowed down access to services, particularly out-of-hospital services, also as a result of the closure of healthcare facilities; in addition, people were cautious in using healthcare facilities even in the periods following the lockdown.

As months went by, and with the positive effects of vaccinations and precautionary measures taken at national level, the recovery in healthcare consumption first increased moderately, and then accelerated significantly in the second half of 2021 to resume and exceed the levels of demand recorded before the pandemic.

11.1 Performance of basic cover



Source ISRBM data at 31 December 2021

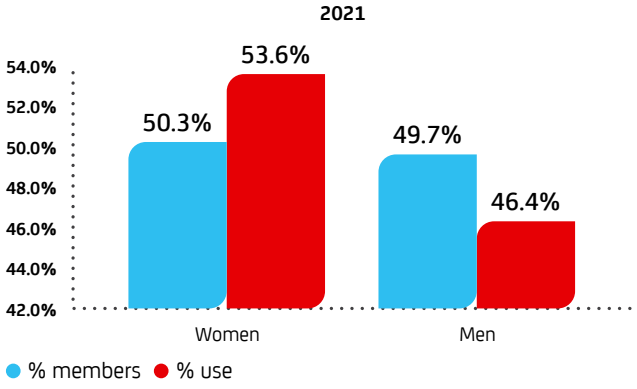
As shown in the table on basic cover, in 2021 the expected rebound effect brought the total number of claims back to pre-pandemic levels, i.e. to 2019, even producing an increase both in terms of utilisation and in terms of the number of services provided, which exceeded 700,000.

11. Services provided: analysis and comparison with previous years (continued)

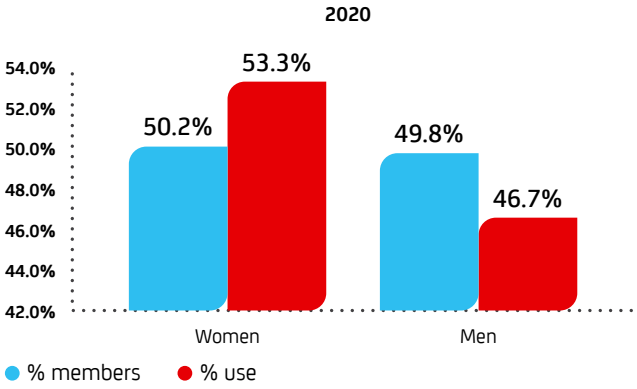
In relation to the €64.4 million in claims recorded, about €57 million had actually been paid by the end of the year. The difference, amounting to about €8 million, refers for the most part to claims that have already been reported and approved but not yet paid, and for a smaller portion to claims that the company has statistically considered as having occurred but for which it has not yet received a claim. Compared with 2020, at the 'peak' of the health emergency, which led to a substantial freeze in healthcare consumption, the increase in claims recorded was approximately 30%. Inevitably, this had a negative impact on the loss ratio for 2021, though the figure is only provisional, as already highlighted in section 9 above.

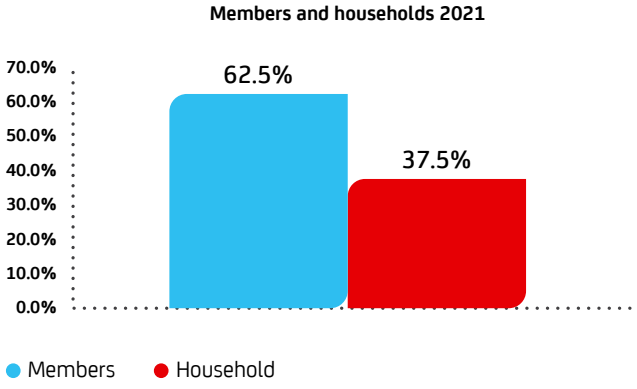
The charts below, with data for 2020 and 2021, show the different prevalence of claims between employees and retirees: in the first case, claims are greater for out-of-hospital services, while in the second case there was greater use of hospitals (admissions). This is also confirmed by the breakdown of macro benefits by type of policy.

Tables 22 – Focus on the distribution of uses

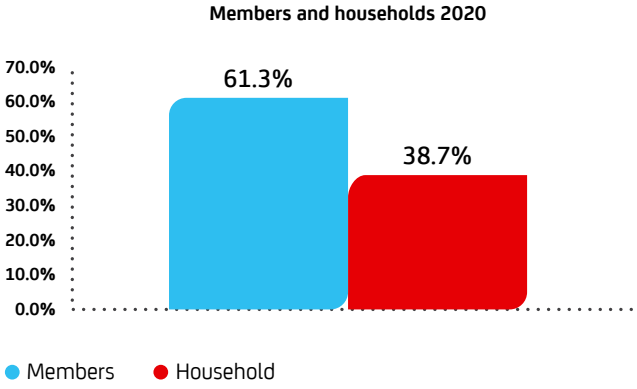


Compiled on the basis of data provided by ISRBM Salute S.p.A.



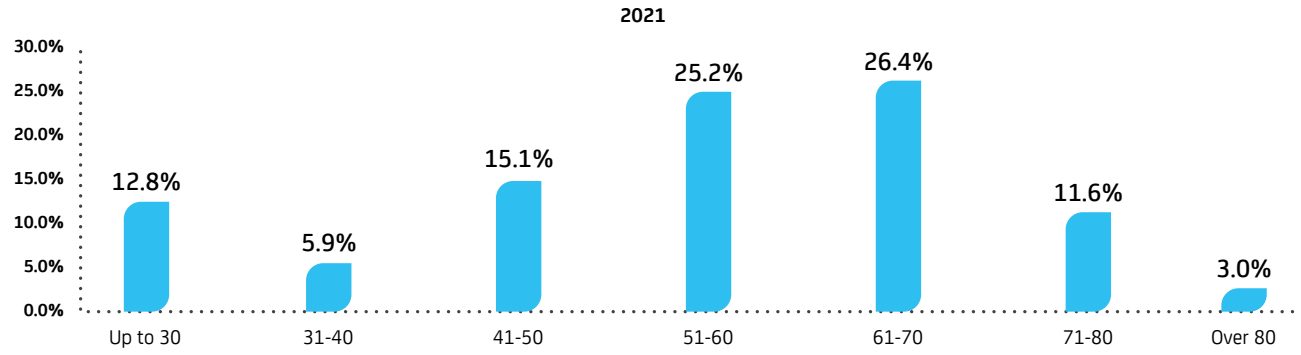


Compiled on the basis of data provided by ISRBM Salute S.p.A.

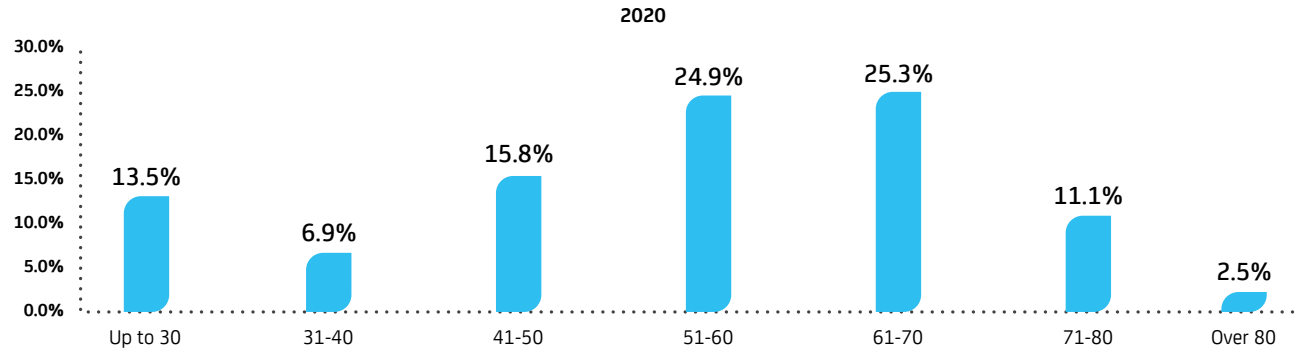


11. Services provided: analysis and comparison with previous years (continued)

Table 23 – Use of basic policies by age group



Compiled on the basis of data provided by ISRBM Salute S.p.A.

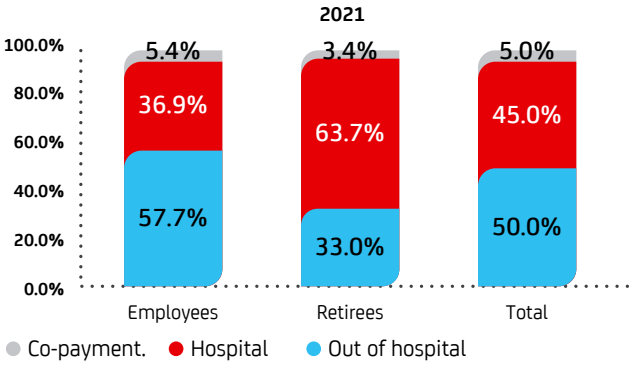


Compiled on the basis of data provided by ISRBM Salute S.p.A.

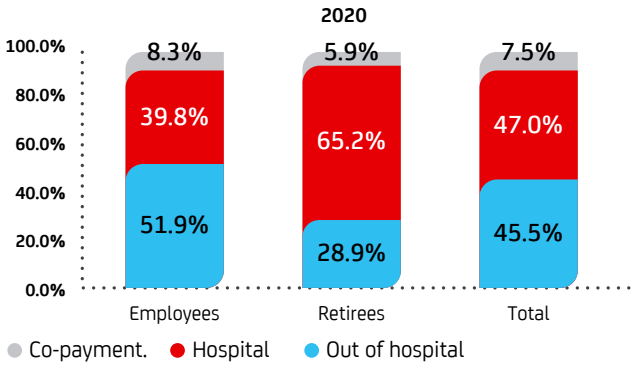
As regards the distribution of usage by age group, policy utilisation increases with age; an exception is the figure for the <26 age group which characterises all policies and is linked to the use of check-ups and prevention.

11. Services provided: analysis and comparison with previous years (continued)

Tables 24 – Use by macro-service



Compiled on the basis of data provided by ISRBM Salute S.p.A.

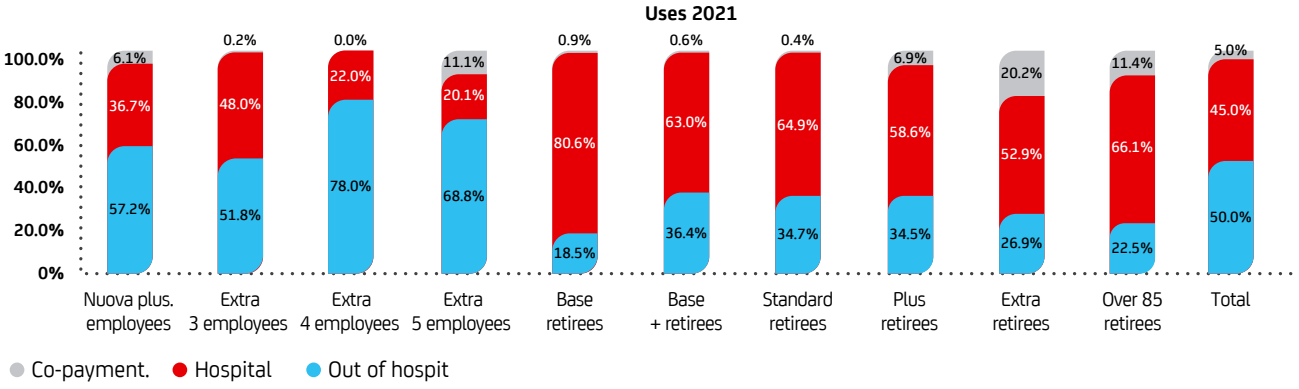


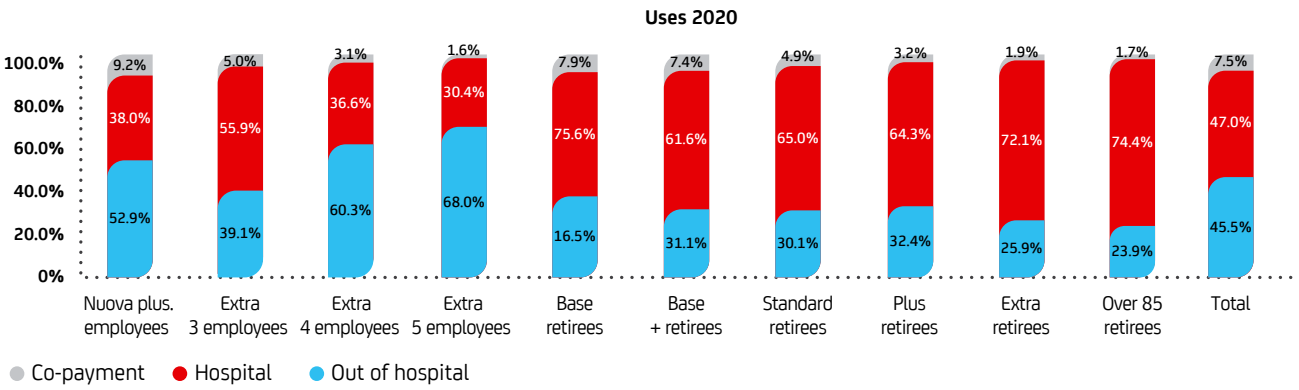
Compiled on the basis of data provided by ISRBM Salute S.p.A.

Overall, a comparison between the two years shows a reversal of the trend in uses. In 2021, the highest consumption was recorded in out-of-hospital services, in contrast to the previous year, when the highest use was recorded in the hospital sector. This result can probably be attributed to people's renewed attention to their health, especially those who, due to the months of the healthcare "shutdown", were forced for several months to either slow down or suspend treatments already started.

The following tables show in more detail the trend in uses for the two categories of member: employees and retirees.

Tables 25 – Use by macro-service and type of basic policy



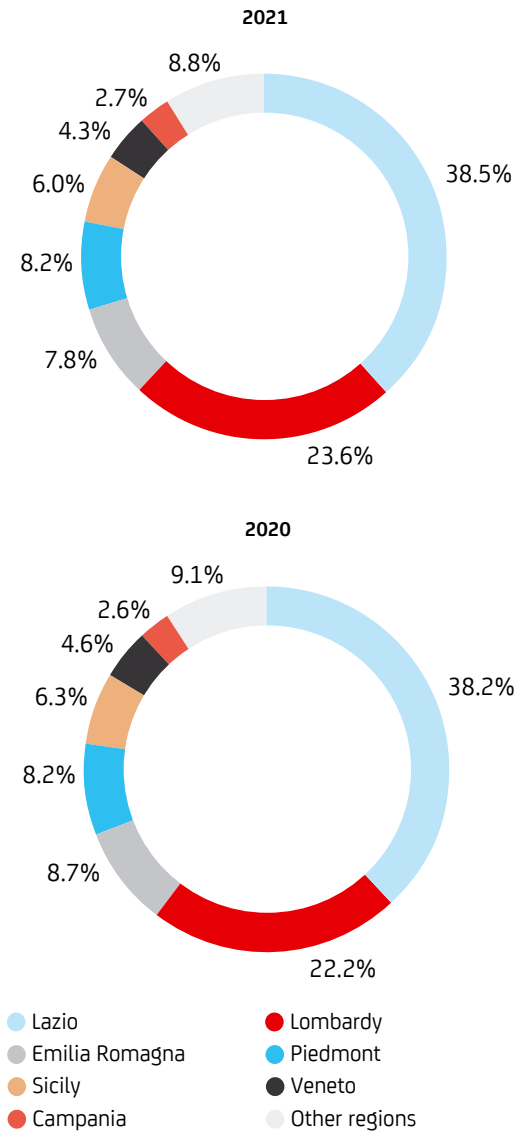


Compiled on the basis of data provided by ISRBM Salute S.p.A.

11. Services provided: analysis and comparison with previous years (continued)

The tables below show further details on the types of service used by members, also providing a more complete view with a breakdown of uses by region, including a comparison with the respective number of members and insurance premiums paid.

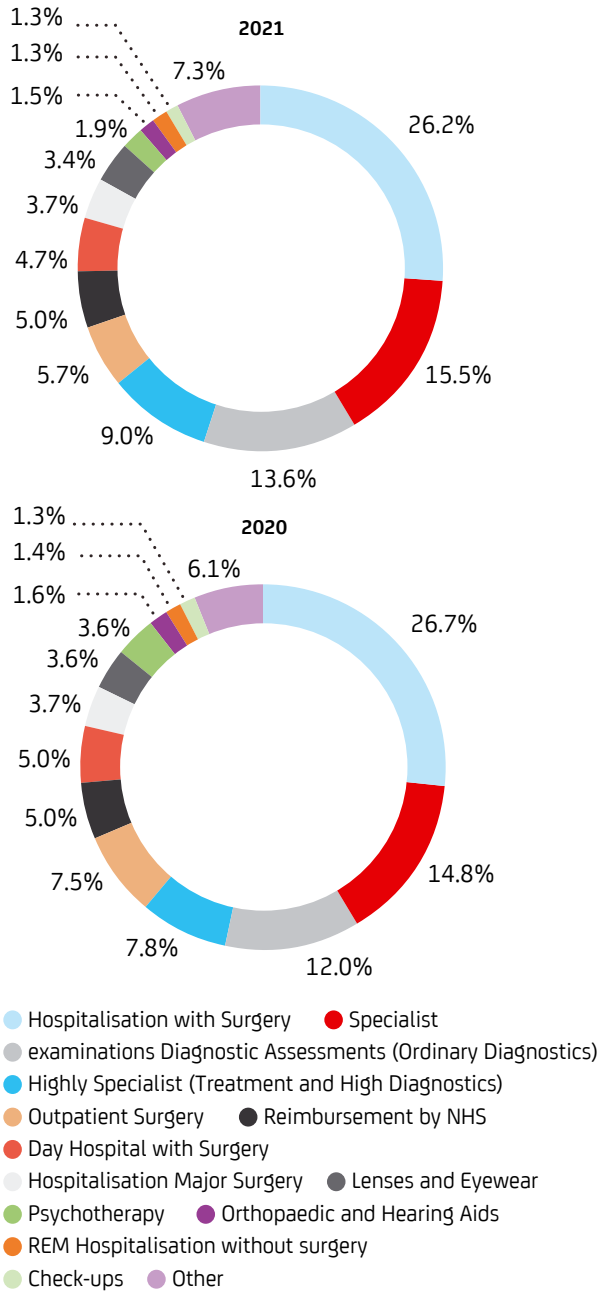
Tables 26 – Breakdown of uses by region



Compiled on the basis of data provided by ISRBM Salute S.p.A.

As regards the geographical distribution of claims, in keeping with previous years, Lazio (Central area) is the area where the greatest number of paid claims is concentrated, followed by Lombardy (North-Western area), basically the two regions where the most members live. With reference to Lazio, this is a well-known phenomenon due to a series of factors such as the high availability of contracted healthcare facilities and the use of services mainly provided by hospitals due to the presence of a greater number of retirees.

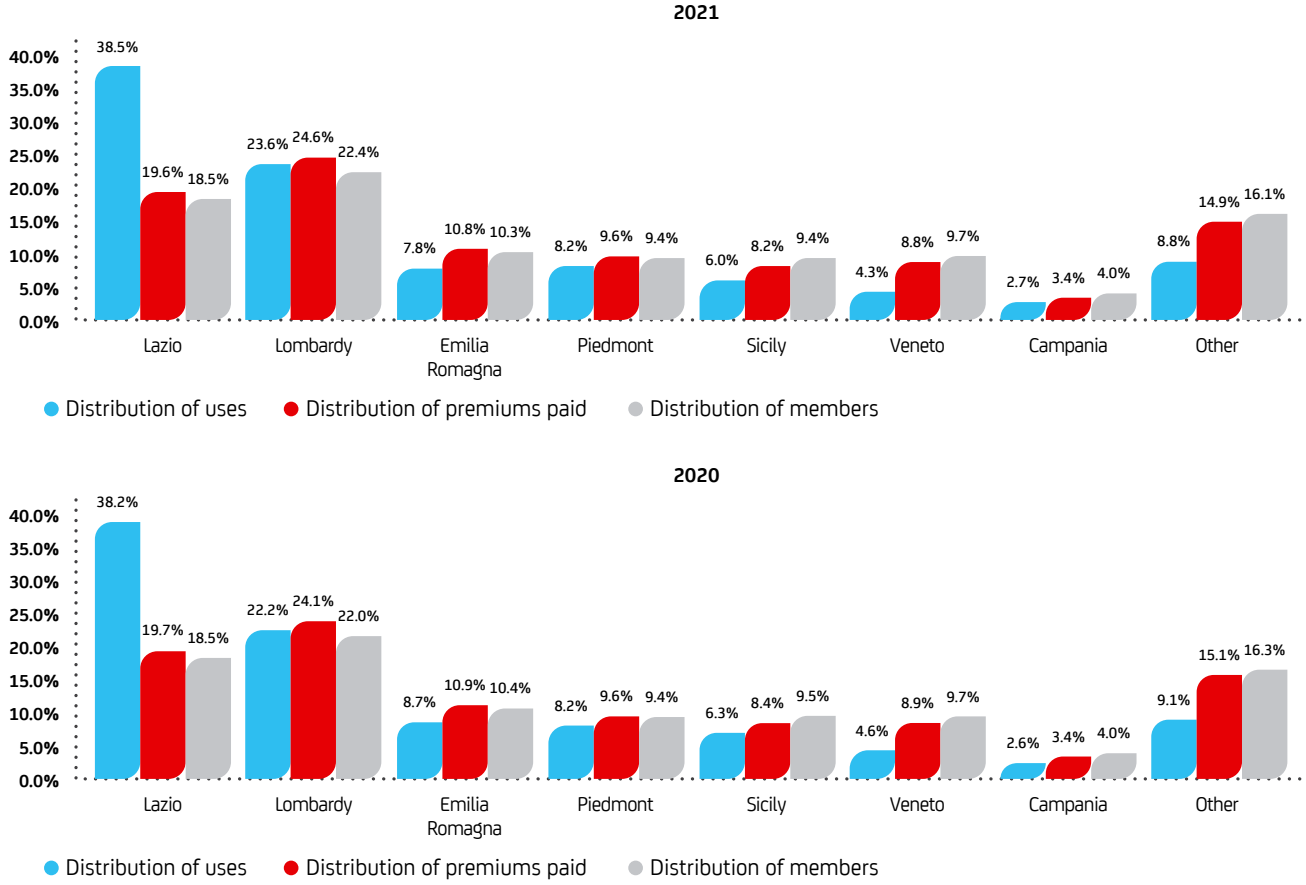
Tables 27 – Breakdown of uses by service



Compiled on the basis of data provided by ISRBM Salute S.p.A.

11. Services provided: analysis and comparison with previous years (continued)

Tables 28 - Distribution of uses, premiums paid and members by region

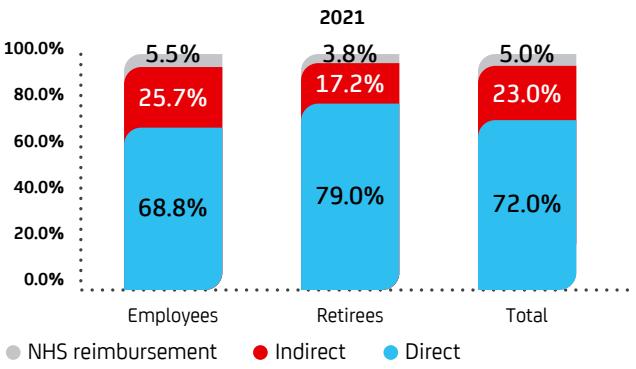


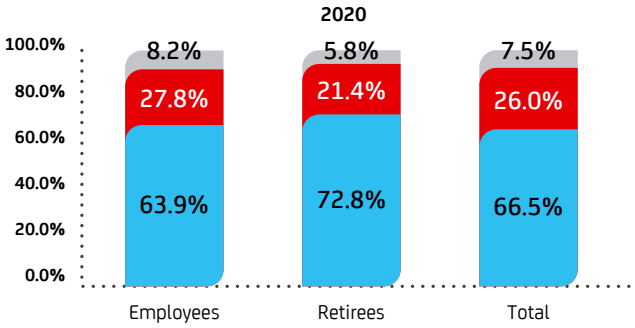
Compiled on the basis of data provided by ISRBM Salute S.p.A..

With regard to payments, the tables below show an increase in the use of the direct form over the indirect form in the period 2020-2021 (up from 66.5% to 72.0%) and a significant decrease in the use of the NHS. This trend is probably due to the effects of the pandemic that has led members to obtain healthcare services from participating health facilities.

11. Services provided: analysis and comparison with previous years (continued)

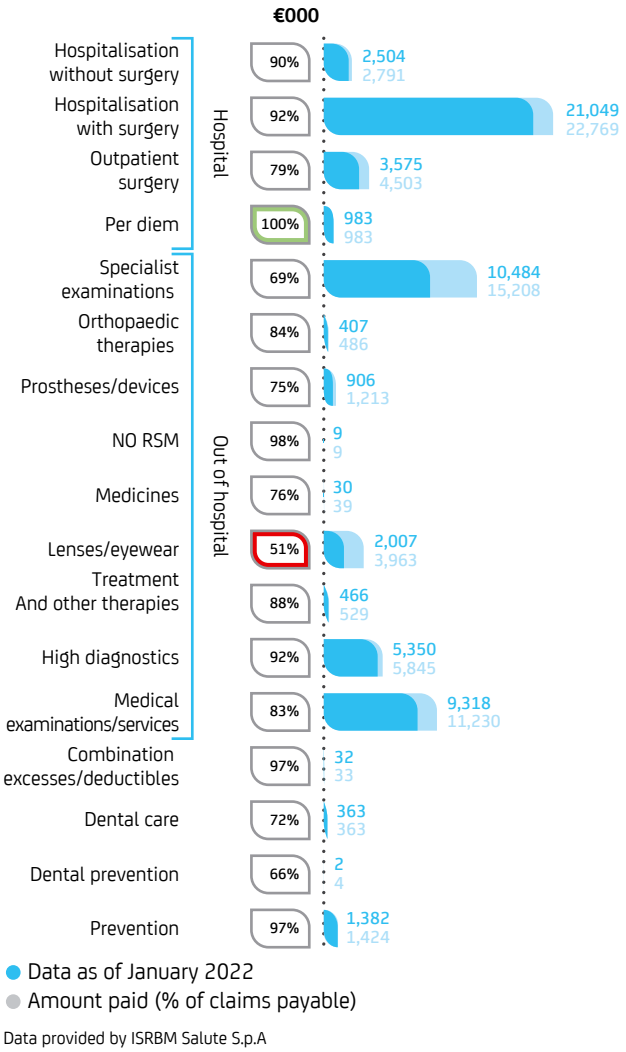
Table 29 – Breakdown of uses by method of access





Compiled on the basis of data provided by ISRBM Salute S.p.A..

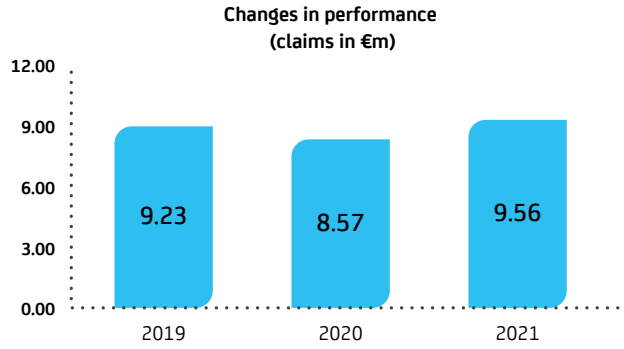
The ratio of total claims received to total claims paid out, i.e. claim settlement ratio, for 2021 was excellent, averaging 82% with peaks of 100% (per diem NHS).



Data provided by ISRBM Salute S.p.A

11.2 Performance of dental cover

Year 2021 also showed a rebound in the amount of claims for dental coverage.



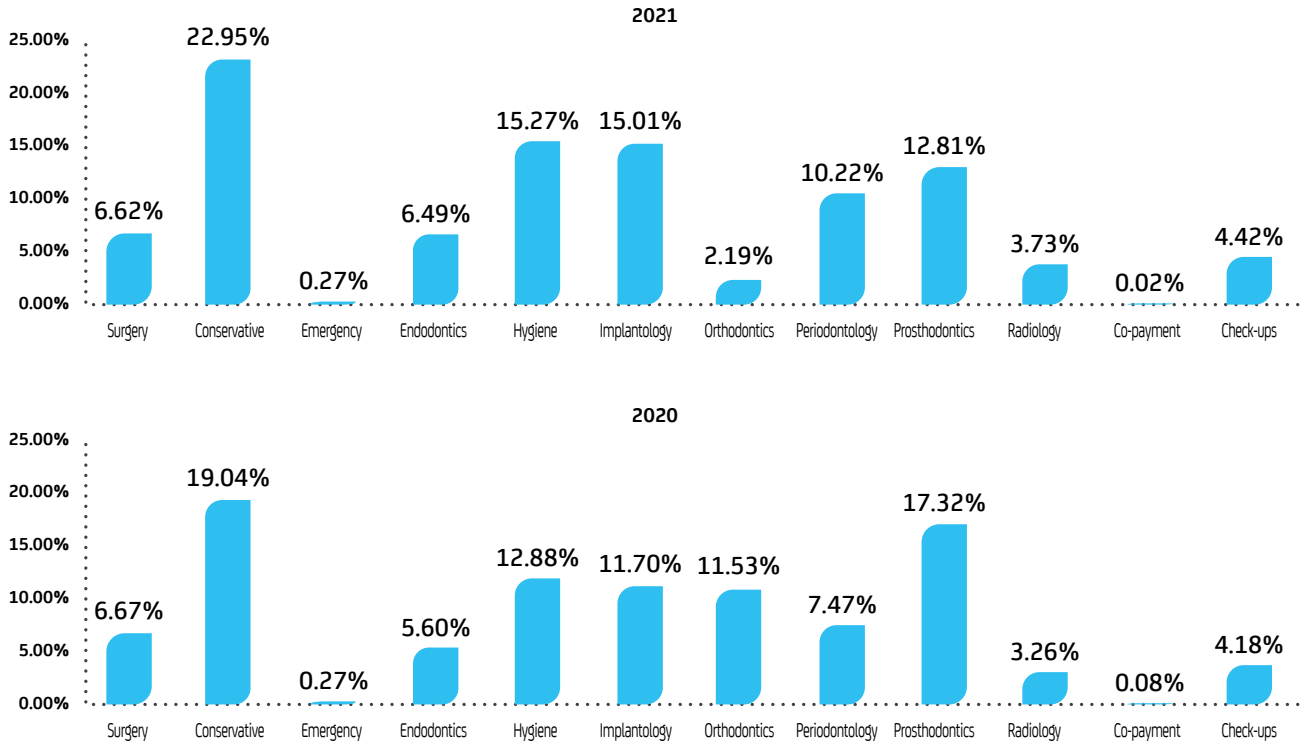
Compiled by Uni.C.A. on the basis of data provided by Aon Pronto Care.

Even though these figures are estimates for 2021, they show an increase in the use of services, as confirmed by a rise in the number of claims approved as at 31 December 2021: 27,291, compared with 23,081 in the previous year.

11. Services provided: analysis and comparison with previous years (continued)

Tables 30: Dental cover use - Years 2021 and 2020 compared

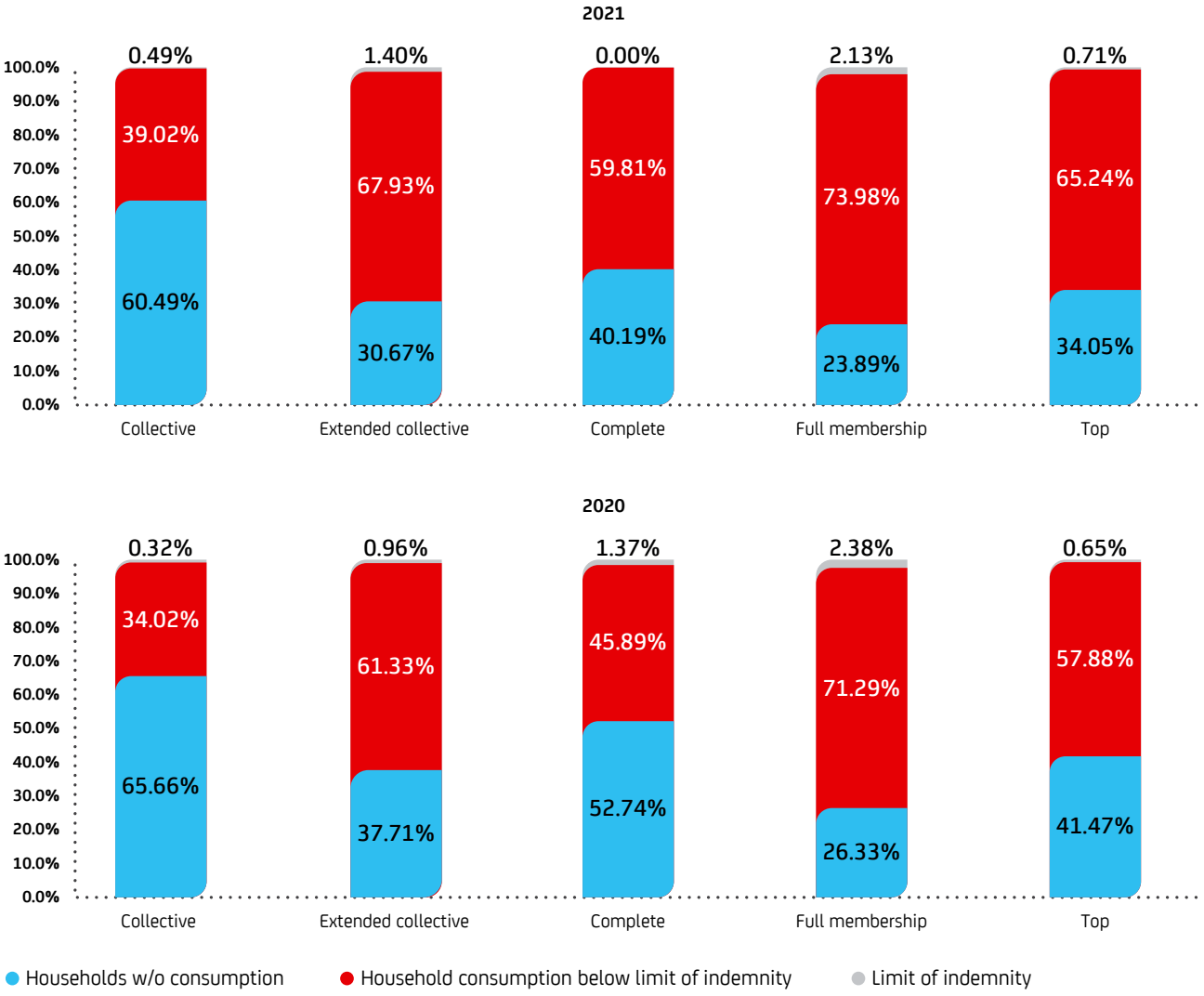
Table 30a – Distribution of claims settled by type of service



Compiled on the basis of data provided by Aon Pronto Care. The Treviso Dental policy operated by ISRBM Salute S.p.A. is not considered.

11. Services provided: analysis and comparison with previous years (continued)

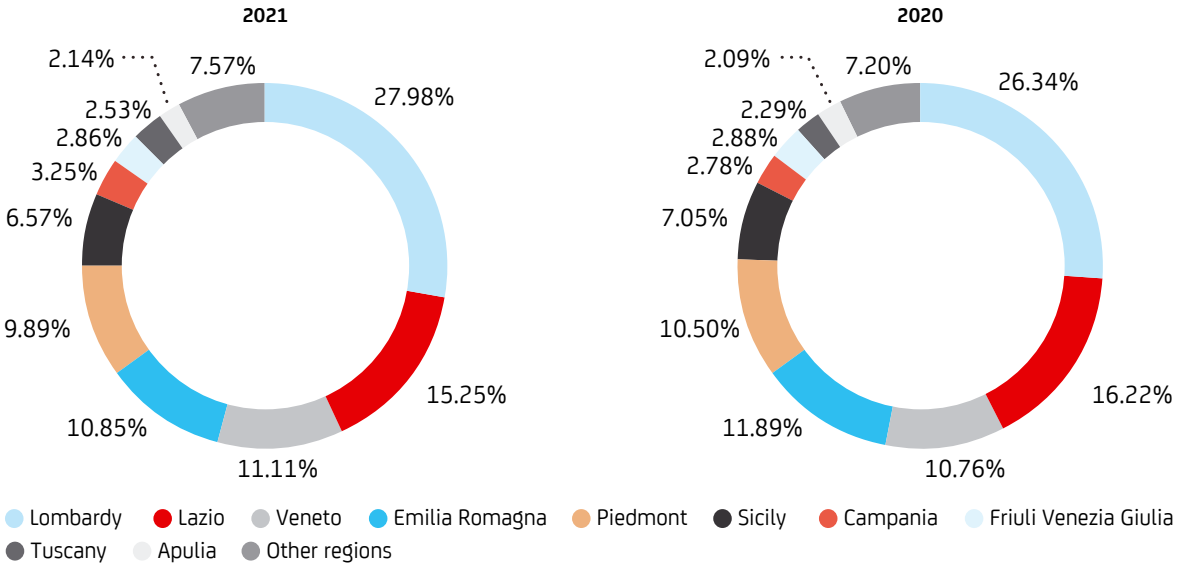
Table 30b – Uses by type of cover



Compiled on the basis of data provided by Aon Pronto Care. The Treviso Dental policy operated by ISRBM Salute S.p.A. is not considered.

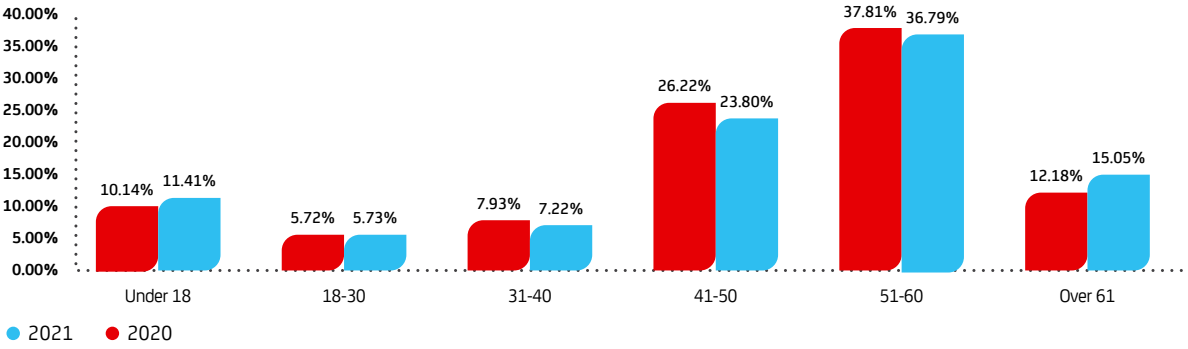
11. Services provided: analysis and comparison with previous years (continued)

Table 30c – Distribution of claims settled by region



Compiled on the basis of data provided by Aon Pronto Care. The Treviso Dental policy operated by ISRBM Salute S.p.A. is not considered.

Table 30d – Uses by age group



Compiled on the basis of data provided by Aon Pronto Care. The Treviso Dental policy operated by ISRBM Salute S.p.A. is not considered.

12. Exercise of Director's powers. Legal disputes

In 2021, the Director exercised her powers, as delegated by the Board of Directors, to settle seven claims totalling €9,879.46.

As at 31 December 2021, the Association was involved in 3 civil disputes (none as plaintiff), at first instance, one of which has already been settled out of court in early 2022.

The substantial absence of litigation, 15 years after the start of operations, is one of the Association's strengths, testifying to the quality of settlements and the positive impact of the procedures used to manage and defuse any disputes, such as the complaints procedure.

13. Accounting highlights

The year under review ended with a surplus of €120,393.61. The reserve fund consists of €45,565,211 in surpluses from previous years and €9,097 in net assets resulting from the winding up of the former Bipop Health Fund (FAP), which were transferred to the Association in 2018. In addition, the following provisions have been made: €4,493,606 for prevention campaigns; €9,000 for legal disputes; and €60,900 for requests for special contributions.
A technical reserve has been established for self-insured dental plans, amounting to €2,500,000.

14. Application of the Sacconi Decree

For 2021, funds earmarked for restricted healthcare services pursuant to the Sacconi Decree account for 35.42% of the total funds designed to cover all the services guaranteed to members, thus well above the 20% limit set by the Decree. This will enable members to continue to deduct health benefit contributions from their taxable income.

Member contributions	72,825,366		
Figurative CASDIC contribution	4,097,300		
Deductible operating costs	-4,056,428		
Total contributions after operating costs	**72,866,238**		
20% of total contributions after operating costs: minimum compliant healthcare services			**14,573,248**
COVER OF COMPLIANT SERVICES	**SELF-INSURED PREMIUMS OR USES**	**% COMPLIANT SERVICES**	**COMPLIANT AMOUNTS**
- collective use of self-insured dental cover	7,881,090	100%	7,881,090
- "Denti Treviso" dental cover	128,309	100%	128,309
- additional use of self-insured cover for managers	645,391	100%	645,391
- fully paid use under self-insured cover	1,993,060	100%	1,993,060
- policies for dental and non-dental cover	54,577,948	20.28%	11,066,607
- CASDIC LTC	4,097,300	100%	4,097,300
Total	**69,323,098**		**25,811,757**
Ratio of compliant services to total contributions after operating costs		**35.42%**	

15. Association activities

In collaboration with Mefop, a company with which Uni.C.A. is associated, and with the Learning unit of Unicredit, in 2021 the Association devised a training programme to develop the public and private healthcare expertise of people intending to serve as Directors of Uni.C.A.

The primary objective of the training programme was to bring the Association into line with the provisions of Ministerial Decree 108 of 2020, which are applicable to pension funds but also provide standards for health benefits funds for which no specific legislative provisions are in force. The legislation regards the requirements of integrity and professionalism demanded of directors and officers, in particular those who are elected to represent trade unions.

Basically, the idea was to put health benefits funds on a par with pension funds, whereby future candidates for membership of Uni.C.A.'s Board of Directors who are union members, and who do not already meet other professional requirements, will be required to present a certificate of participation in a specific professional training course.

An ad hoc course was thus organised on the subject of healthcare through in-depth studies of a legal, financial, actuarial and socio-medical nature, with lectures in the virtual classroom held by MEFOP experts and professionals/academics who collaborate on an ongoing basis with this organisation. At the end of the course a certificate of attendance will be issued after passing a final test.

The partnership with the Bocconi University of Milan in relation to the *Osservatorio Consumi Privati in Sanità* (Private Consumption in Health Care Survey) also continued.

16. Events in the first quarter of 2022

In the first quarter of 2022, Uni.C.A. focused in particular on:

- the activities involved in completing enrolments for the new 2022-2023 Health Plans, concerning retirees, survivors, early retirees and long-term absentees, i.e., all those who did not join through the online procedure in November 2021;
- preparation of the financial statements for 2021;
- finalisation of service agreements with Uni.C.A. providers.

Financial statements as at and for the year ended 31 December 2021

Financial statements as at and for the year ended 31 December 2021

Statement of financial position as at 31 December 2021

ASSETS	31 DECEMBER 2021	31 DECEMBER 2020	CHANGE	LIABILITIES AND NET ASSETS	31 DECEMBER 2021	31 DECEMBER 2020	CHANGE
Trade receivables	**84,091.98**	**111,695.22**	**-27,603.24**	**Reserve fund**	**45,694,701.27**	**45,574,307.66**	**120,393.61**
Due from Unicredit Group companies (for employee members)	82,858.87	108,982.21	-26,123.34	Surplus / deficit for the year	120,393.61	6,714,617.52	-6,594,223.91
Due from participating companies (for employee members)	580.11	1,019.01	-438.90	Accumulated surplus/deficit	45,565,210.94	38,850,593.42	6,714,617.52
Due from retirees not enrolled in Group pension funds	653.00	1,694.00	-1,041.00	Residual net assets former Bipop Carire health plan	9,096.72	9,096.72	0.00
Due from retirees enrolled in Group pension funds	-	-	0.00				
				Provisions for prevention campaigns	**4,493,606.15**	**1,075,959.76**	**3,417,646.39**
				Provisions for prevention campaigns	4,493,606.15	1,075,959.76	3,417,646.39
Sundry receivables	**4,191.92**	**119,396.01**	**-115,204.09**	**Provisions for risks and charges**	**9,000.00**	**9,000.00**	**0.00**
Due from third parties for charges incurred on their behalf	4,191.92	47,859.81	-43,667.89	Provisions for legal disputes	9,000.00	9,000.00	0.00
Due from providers and others	0.00	71,536.20	-71,536.20				
				Provisions for "Requests for exceptional contributions"	**60,900.00**	**59,300.00**	**1,600.00**
				Provisions for "Requests for exceptional contributions"	60,900.00	59,300.00	1,600.00
				Liabilities arising from self-insured dental plan	**6,519,299.23**	**5,389,978.69**	**1,129,320.54**
				Technical reserves for self-insured dental plan	2,500,000.00	2,500,000.00	0.00
				Due to members covered by dental insurance	4,019,299.23	2,889,978.69	1,129,320.54
Due from Group companies for advance contributions	**235,976.00**	**0.00**	**235,976.00**	**Due to Group companies for advance contributions**	**0.00**	**8,283,132.00**	**-8,283,132.00**
Due from Group companies for advance contributions	235,976.00	0.00	235,976.00	Due to Group companies for advance contributions	0.00	8,283,132.00	-8,283,132.00
Cash and cash equivalents	**57,537,917.98**	**61,379,183.45**	**-3,841,265.47**	**Trade payables**	**1,030,149.97**	**1,188,561.71**	**-158,411.74**
Cash and other valuables on hand	23.00	53.00	-30.00	Due to Unicredit Group companies	0.00	14,734.00	-14,734.00
Bank deposits	57,537,894.98	61,379,130.45	-3,841,235.47	Due to participating companies	0.00	0.00	0.00
				Due to insurance companies	115,912.47	267,977.71	-152,065.24
				Due to claims management company	914,237.50	905,850.00	8,387.50
				Sundry payables	**51,723.26**	**30,034.86**	**21,688.40**
				Due to members	2,750.99	6,333.49	-3,582.50
				Due to service providers	48,972.27	23,701.37	25,270.90
				Tax payables	**2,798.00**	**0.00**	**2,798.00**
				Due to tax authorities	2,798.00	0.00	2,798.00
TOTAL ASSETS	**57,862,177.88**	**61,610,274.68**	**-3,748,096.80**	**TOTAL LIABILITIES AND NET ASSETS**	**57,862,177.88**	**61,610,274.68**	**-3,748,096.80**

Income statement for the year ended 31 December 2021

COSTS	2021	2020	CHANGE	REVENUE	2021	2020	CHANGE
Benefit expenses	**73,008,780.08**	**66,677,627.05**	**6,331,153.03**	**Member contributions**	**72,825,365.97**	**73,096,911.64**	**-271,545.67**
Insurance premiums	54,706,257.25	55,156,971.50	-450,714.25	From employers	46,497,417.31	47,583,514.62	-1,086,097.31
Self-insurance costs	10,519,540.65	7,665,746.96	2,853,793.69	From members	26,327,948.66	25,513,397.02	814,551.64
Self-insurance reserve	0.00	0.00	0.00				
Claims management costs	3,942,787.72	3,820,470.33	122,317.39				
Provisions for prevention campaigns	3,800,000.00	0.00	3,800,000.00				
Provisions for "Requests for exceptional contributions"	10,700.00	11,888.53	-1,188.53				
Cost of direct payment of claims	9,879.46	909.73	8,969.73				
Provisions for legal disputes	0.00	0.00	0.00				
Sundry expenses	19,615.00	21,640.00	-2,025.00				
Financial expenses	**160.09**	**211.95**	**-51.86**	**Financial income**	**398,206.70**	**386,510.17**	**11,696.53**
Banking commissions and fees	160.09	211.95	-51.86	Interest income	398,206.70	386,510.17	11,696.53
Other expenses	**103,045.03**	**139,009.49**	**-35,964.46**	**Other income**	**98,570.03**	**85,878.98**	**12,691.05**
Expenses incurred on behalf of third parties under specific arrangements	79,329.03	77,095.06	2,233.97	Recovery of costs incurred on behalf of third parties	79,329.03	77,095.06	2,233.97
Contingent losses	23,716.00	1,914.43	21,801.57	Penalties and cost recoveries	19,091.00	7,848.50	11,242.50
Charitable donations and gratuities	0.00	60,000.00	-60,000.00	Excess provisions made in previous years	0.00	0.00	0.00
				Sundry cost recoveries and contingent gains	150.00	935.42	-785.42
Extraordinary expenses	**89,763.89**	**37,834.78**	**51,929.11**				
Professional fees	41,354.84	18,630.88	22,723.96				
Miscellaneous expenses	48,409.05	19,203.90	29,205.15				
TOTAL COSTS	**73,201,749.09**	**66,854,683.27**	**6,347,065.82**	**TOTAL REVENUE**	**73,322,142.70**	**73,569,300.79**	**-247,158.09**
SURPLUS FOR THE YEAR	**120,393.61**	**6,714,617.52**	**-6,594,223.91**	**DEFICIT FOR THE YEAR**	**0.00**	**0.00**	**0.00**
GRAND TOTAL	**73,322,142.70**	**73,569,300.79**	**-247,158.09**	**GRAND TOTAL**	**73,322,142.70**	**73,569,300.79**	**-247,158.09**

Income statement for the year ended 31 December 2021 (CONTINUED)

Income statement for the year ended 31 December 2021 – Employee section

COSTS	2021	2020	CHANGE	REVENUE	2021	2020	CHANGE
Benefit expenses	**61,643,271.34**	**57,059,780.85**	**4,583,490.49**	**Member contributions**	**58,550,858.97**	**60,259,903.39**	**-1,709,044.42**
Insurance premiums	44,655,499.87	46,133,466.98	-1,477,967.11	From employers	46,497,417.31	47,583,514.62	-1,086,097.31
Self-insurance costs	10,519,540.65	7,665,746.96	2,853,793.69	From members	12,053,441.66	12,676,388.77	-622,947.11
Self-insurance reserve	0.00	0.00	0.00				
Claims management costs	3,273,541.27	3,241,618.07	31,923.20				
Provisions for prevention campaigns	3,167,567.61	0.00	3,167,567.61				
Provisions for "Requests for exceptional contributions"	10,700.00	0.00	10,700.00				
Cost of direct payment of claims	449.45	909.73	-460.28				
Provisions for legal disputes	0.00	0.00	0.00				
Sundry expenses	15,972.49	18,039.11	-2,066.62				
Financial expenses	**130.36**	**176.68**	**-46.32**	**Financial income**	**324,259.72**	**322,194.88**	**2,064.84**
Banking commissions and fees	130.36	176.68	-46.32	Interest income	324,259.72	322,194.88	2,064.84
Other expenses	**21,300.00**	**51,930.43**	**-30,630.43**	**Other income**	**150.00**	**1,495.42**	**-1,345.42**
Contingent losses	21,300.00	1,914.43	19,385.57	Penalties and cost recoveries	0.00	560.00	-560.00
Charitable donations and gratuities	0.00	50,016.00	-50,016.00	Excess provisions made in previous years	0.00	0.00	0.00
				Sundry cost recoveries and contingent gains	150.00	935.42	-785.42
Extraordinary expenses	**73,094.74**	**31,539.07**	**41,555.67**				
Professional fees	33,675.25	15,530.70	18,144.55				
Miscellaneous expenses	39,419.49	16,008.37	23,411.12				
TOTAL COSTS	**61,737,796.44**	**57,143,427.03**	**4,594,369.41**	**TOTAL REVENUE**	**58,875,268.69**	**60,583,593.69**	**-1,708,325.00**
SURPLUS FOR THE YEAR	**0.00**	**3,440,166.66**	**-3,440,166.66**	**DEFICIT FOR THE YEAR**	**2,862,527.75**	**0.00**	**2,862,527.75**
GRAND TOTAL	**61,737,796.44**	**60,583,593.69**	**1,154,202.75**	**GRAND TOTAL**	**61,737,796.44**	**60,583,593.69**	**1,154,202.75**

Income statement for the year ended 31 December 2021 (CONTINUED)

Income statement for the year ended 31 December 2021 – Retiree section

COSTS	2021	2020	CHANGE	REVENUE	2021	2020	CHANGE
Benefit expenses	**11,365,508.74**	**9,617,846.20**	**1,747,662.54**	**Member contributions**	**14,274,507.00**	**12,837,008.25**	**1,437,498.75**
Insurance premiums	10,050,757.38	9,023,504.52	1,027,252.86	From members	14,274,507.00	12,837,008.25	1,437,498.75
Self-insurance costs	0.00	0.00	0.00				
Self-insurance reserve	0.00	0.00	0.00				
Claims management costs	669,246.45	578,852.26	90,394.19				
Provisions for prevention campaigns	632,432.39	0.00	632,432.39				
Provisions for "Requests for exceptional contributions"	0.00	11,888.53	-11,888.53				
Cost of direct payment of claims	9,430.01	0.00	9,430.01				
Provisions for legal disputes	0.00	0.00	0.00				
Sundry expenses	3,642.51	3,600.89	41.62				
Financial expenses	**29.73**	**35.27**	**-5.54**	**Financial income**	**73,946.98**	**64,315.29**	**9,631.69**
Banking commissions and fees	29.73	35.27	-5.54	Interest income	73,946.98	64,315.29	9,631.69
Other expenses	**2,416.00**	**9,984.00**	**-7,568.00**	**Other income**	**19,091.00**	**7,288.50**	**11,802.50**
Contingent losses	2,416.00	0.00	2,416.00	Penalties and cost recoveries	19,091.00	7,288.50	11,802.50
Charitable donations and gratuities	0.00	9,984.00	-9,984.00	Excess provisions made in previous years	0.00	0.00	0.00
				Sundry cost recoveries and contingent gains	0.00	0.00	0.00
Extraordinary expenses	**16,669.15**	**6,295.71**	**10,373.44**				
Professional fees	7,679.59	3,100.18	4,579.41				
Miscellaneous expenses	8,989.56	3,195.53	5,794.03				
TOTAL COSTS	**11,384,623.62**	**9,634,161.18**	**1,750,462.44**	**TOTAL REVENUE**	**14,367,544.98**	**12,908,612.04**	**1,458,932.94**
SURPLUS FOR THE YEAR	**2,982,921.36**	**3,274,450.86**	**-291,529.50**	**DEFICIT FOR THE YEAR**	**0.00**	**0.00**	**0.00**
GRAND TOTAL	**14,367,544.98**	**12,908,612.04**	**1,458,932.94**	**GRAND TOTAL**	**14,367,544.98**	**12,908,612.04**	**1,458,932.94**

Notes

Introduction

Uni.C.A., UniCredit Cassa Assistenza, is a health benefits provider serving the employees of the UniCredit Group, established on 15 November 2006 and having its registered office in Milan.
It is a non-recognised association pursuant to article 36 et seq. of the Italian Civil Code.

Uni.C.A.'s purpose is to provide and manage health benefits to its individual members and their families, including in addition to those provided by the National Healthcare Service, in case of sickness, injury and other events that might require medical assistance or care, in accordance with collective labour agreements and/or company policies, within the framework of the laws applicable from time to time.

Corporate bodies and officers of the company include the General Meeting of members, the Board of Directors, the Executive Committee, the Chairwoman and the Deputy Chair, and the Board of Auditors.

Basis of presentation of the financial statements

The financial statements consist of the statement of financial position, the income statement and the notes and are accompanied by the Board of Directors' report and the "Report on operations".

In accordance with article 19 of the Articles of Association, in the income statement, costs and revenues are divided into two distinct sections in relation to the nature of the members (Employees and Retirees/Survivors) with the exception of the costs incurred on behalf of third parties as a result of agreements and their recovery.

The 2021 financial year, the fifteenth year of operation for the Association, ended with a surplus of €120,393.61, which has been carried forward for use in subsequent years .

The financial statements are audited by the Board of Auditors.

As UniCredit Cassa Assistenza does not perform commercial activities, it is not registered for VAT and its income is exempt from income tax.

Notes (CONTINUED)

ACCOUNTING POLICIES

Costs and revenue are recognised on an accruals basis and in accordance with the matching principle, except for extraordinary revenue, which is recognised on a cash basis. In particular, costs and revenue resulting from ordinary operations are divided into two distinct sections based on the type of members to whom they refer, employees and retirees/survivors.

ASSETS

Receivables
Receivables are recognised at their expected realisable value.
Trade receivables reflect sums due from companies for their employees and family members and sums due from pension funds or retirees/survivors in relation to enrolled retirees/family members.
Sundry receivables include sums due from third parties for charges incurred on their behalf and suspense account items.

Cash and cash equivalents are recognised at their nominal value and consist of bank deposits and cash and other valuables on hand.

Accrued income and prepaid expenses
These are calculated on an accruals basis of accounting and are treated in accordance with the matching principle.

LIABILITIES AND NET ASSETS

Provisions
Reserve fund
This item reflects the cumulative surpluses generated over the years until 31 December 2021.

Provisions for prevention campaigns
This item regards provisions solely for use in funding health and/or prevention campaigns carried out over the years.

Provisions for risks and charges
This item reflects sums set aside for disputed claims and litigation.

Provisions for "Requests for exceptional contributions"
This item has been established to fund Requests for exceptional contributions.

Liabilities arising from self-insured dental plans
This item reflects sums set aside in technical reserves and direct and indirect payables due to members covered by the self-insured dental plan.

Payables
Payables are recognised at their nominal value.
Payables due to Group companies for advance contributions represent contribution payments made in advance by certain Unicredit Group companies and attributable to the following year.

Trade payables consist of sums due to companies for employees and their enrolled family members and to pension funds or retirees/survivors in relation to retirees and their enrolled family members; to insurance companies in relation to premiums payable; and to claims management companies and participating organisations for invoices to be received and still outstanding. In addition, they reflect commitments by the Association to disburse funds not yet fulfilled.

Notes (CONTINUED)

Sundry payables include payables due to members, entities, suppliers for invoices to be received or still unpaid in connection with services rendered in the year, as well as sums available to third parties or suspense account items.

Tax payables include sums due to the tax authorities.

Accrued expenses and deferred income
These are calculated on an accruals basis and are treated in accordance with the matching principle.

COSTS

Benefit expenses include premiums due to insurance companies, costs incurred for uses related to self-insured benefits and operating costs, including provisions to the technical reserves necessary to manage the risks associated with self-insured cover. In addition, they include provisions for prevention campaigns, for litigation, for Requests for exceptional contributions, for the other initiatives approved by the Board of Directors and for direct reimbursements to members.

Financial expenses concern bank charges and expenses related to the payment of claims to members.

Sundry expenses reflect the costs incurred on behalf of third parties and subsequently reimbursed on the basis of existing arrangements, contingent losses relating to previous years and donations to charities or research projects.

Extraordinary expenses reflect costs incurred for special events, advice and opinions requested from external experts, as well as any other expenditure approved by the Board of Directors.

REVENUE

Member contributions refer to regular contributions and any special contributions received during the year.

Financial income relates to interest income net of any tax withholdings.

Other income includes any income of a nature other than the above, such as releases from provisions and recoveries of costs incurred on behalf of third parties on the basis of existing arrangements, as well as excess provisions made.

NOTE

In the Employee/Retiree sections, costs and revenue that could not be attributed directly have been allocated in proportion to the contributions received, in order to calculate the related percentage share of the surplus/deficit for the year.

Notes (CONTINUED)

NOTES TO THE STATEMENT OF FINANCIAL POSITION AND THE INCOME STATEMENT

ASSETS

	31 DECEMBER 2021	31 DECEMBER 2020	CHANGE
Trade receivables	**84,091.98**	**111,695.22**	**-27,603.24**

This item reflects the value of receivables due from UniCredit Group companies (**€8,.858.57)**, participating companies (**€580.11**) and retirees who are not members of the Group's pension funds (**€653.00**) for contributions or cost recoveries relating entirely to 2021 and that were received at the beginning of 2022 or are in the process of being received.

	31 DECEMBER 2021	31 DECEMBER 2020	CHANGE
Sundry receivables	**4,191.92**	**119,396.01**	**-115,204.09**
Due from third parties for charges incurred on their behalf	*4,191.92*	*47,859.81*	*-43,667.89*
Due from providers and others	*0.00*	*71,536.20*	*-71,536.20*

Sundry receivables reflect sums due from third parties for costs incurred on their behalf on the basis of existing arrangements and prepayments to suppliers and others.

	31 DECEMBER 2021	31 DECEMBER 2020	CHANGE
Due from Group companies for advance contributions	**235,976.00**	**0.00**	**235,976.00**

The item refers to advance contributions by UniCredit Group companies in relation to the extraordinary disbursement for the two-year period 2020/2021 made in advance and awaiting for final payment.

	31 DECEMBER 2021	31 DECEMBER 2020	CHANGE
Cash and cash equivalents	**57,537,917.98**	**61,379,183.45**	**-3,841,265.47**
Cash and other valuables	*23.00*	*53.00*	*-30.00*
Bank deposits	*57,537,894.98*	*61,379,130.45*	*-3,841,235.47*

Cash and other valuables include cash and revenue stamps on hand for immediate use. **Bank deposits** reflects the balance of current accounts held with UniCredit SpA.

Notes (CONTINUED)

LIABILITIES AND NET ASSETS

	31 DECEMBER 2021	31 DECEMBER 2020	CHANGE
Reserve fund	**45,694,701.27**	**45,574,307.66**	**120,393.61**
Surplus/deficit for the year	*120,393.61*	*6,714,617.52*	*-6,594,223.91*
Accumulated surplus/deficit	*45,565,210.94*	*38,850,593.42*	*6,714,617.52*
Residual net assets former Bipop Carire health plan	*9,096.72*	*9,096.72*	*0.00*

The reserve fund amounts to **€45,694,701.27** including:

- the surplus for the year of €120,393.61;
- surpluses from previous years, totalling €45,565,210.94;
- the residual net assets transferred to the Association following the winding up of the former Bipop Health plan (FAP), amounting to €9,096.72.

In accordance with applicable accounting standards, the allocation of costs relating to provisions for prevention campaigns cannot be directly attributable to employees or retirees; therefore, an allocation was made in proportion to the premiums paid. This apportionment had a greater impact on the Employee section than on the Retiree section (the amount of premiums paid for employees being much greater than for retirees), resulting in a different presentation of the overall surplus for the year of €120,393.61 in the two sections of the income statement (a deficit of €2,862,527.75 for employees and a surplus of €2,982,921.36 for retirees).

Movements in the reserve fund for the year.

	SURPLUS/DEFICIT FOR THE YEAR	ACCUMULATED SURPLUS/DEFICIT	RESIDUAL NET ASSETS FORMER BIPOP CARIRE HEALTH PLAN	TOTAL RESERVE FUND
Opening balance - 2021	-	45,565,210.94	9,096.72	38,859,690.14
Provisions	-	-	-	0.00
Surplus for the year	-	-	-	0.00
Surplus for the year	120,393.61	-	-	120,393.61
Balance at 31 December 2021	**120,393.61**	**45,565,210.94**	**9,096.72**	**45,694,701.27**

	31 DECEMBER 2021	31 DECEMBER 2020	CHANGE
Provisions for prevention campaigns	**4,493,606.15**	**1,075,959.76**	**3,417,646.39**

Provisions for prevention campaigns reflect specific provisions made over the years.

	31 DECEMBER 2021	31 DECEMBER 2020	CHANGE
Provisions for risks and changes	**9,000.00**	**9,000.00**	**0.00**
Provisions for legal disputes	*9,000.00*	*9,000.00*	*0.00*

Provisions for legal disputes refer to funds set aside prudentially in relation to legal proceedings under way.

	31 DECEMBER 2021	31 DECEMBER 2020	CHANGE
Provisions for "Requests for exceptional contributions"	**60,900.00**	**59,300.00**	**1,600.00**
Provisions for "Requests for exceptional contributions"	*60,900.00*	*59,300.00*	*1,600.00*

Provisions for "Requests for exceptional contributions" concern funds set aside to address members' healthcare requirements not covered by the insurance policies entered into.

Notes (CONTINUED)

Movements in other provisions during the year

	PROVISIONS FOR PREVENTION CAMPAIGNS	PROVISIONS FOR LEGAL DISPUTES	PROVISIONS FOR "REQUESTS FOR EXCEPTIONAL CONTRIBUTIONS"	TECHNICAL RESERVE FOR SELF-INSURED DENTAL PLAN	TOTAL OTHER PROVISIONS
Opening balance – 2021	1,075,959.76	9,000.00	59,300.00	2,500,000.00	**3,644,259.76**
Provisions	3,800,000.00	0.00	10,700.00	0.00	**3,810,700.00**
Uses/transfers from provisions	-382,353.61	0.00	-9,100.00	0.00	**-391,453.61**
Surplus for the year	0.00	0.00	0.00	0.00	**0.00**
Balance at 31 December 2021	**4,493,606.15**	**9,000.00**	**60,900.00**	**2,500,000.00**	7,063,506.15

	31 DECEMBER 2021	31 DECEMBER 2020	CHANGE
Liabilities arising from self-insured dental plan	**6,519,299.23**	**5,389,978.69**	**1,129,320.54**
Technical reserve for self-insured dental plan	*2,500,000.00*	*2,500,000.00*	*0.00*
Due to members covered by dental insurance	*4,019,299.23*	*2,889,978.69*	*1,129,320.54*

Liabilities arising from the self-insured dental plan relate to cover whose risk is borne by the Association. They consist of:

- the technical reserve for the potential risk, totalling €2,500,000.00;
- sums due to healthcare/medical providers (i.e., where services are paid for directly by the Association) and members (i.e. in the form of claims for reimbursement), totalling €4,019,299.23.

	31 DECEMBER 2021	31 DECEMBER 2020	CHANGE
Due to Group companies for advance contributions	**0.00**	**8,283,132.00**	**-8,283,132.00**
Due to Group companies for advance contributions	0.00	8,283,132.00	-8,283,132.00

This item relates to advance contributions made by UniCredit Group companies. Payment of last year's contributions was completed in 2021 and the final settlement of the contributions related to 2021 is expected to take place during 2022 (see "Due from Group companies for advance contributions).

Notes (CONTINUED)

	31 DECEMBER 2021	31 DECEMBER 2020	CHANGE
Trade payables	**1,030,149.97**	**1,188,561.71**	**-158,411.74**
Due to Unicredit Group companies	*0.00*	*14,734.00*	*-14,734.00*
Due to participating companies	*0.00*	*0.00*	*0.00*
Due to insurance companies	*115,912.47*	*267,977.71*	*-152,065.24*
Due to claims management company	*914,237.50*	*905,850.00*	*8,387.50*

The amount of **€115,912.47** due to insurance companies refers to insurance premiums still to be paid, of which €109,348.50 refers to 2021 and €6,563.97 to previous years.
The amount owing to the claims management company, totalling **€914,237.50**, is due to an invoice issued at the end of the year and paid at the beginning of 2022.

	31 DECEMBER 2021	31 DECEMBER 2020	CHANGE
Sundry payables	**51,723.26**	**30,034.86**	**21,688.40**
Due to members	*2,750.99*	*6,333.49*	*-3,582.50*
Due to service providers	*48,972.27*	*23,701.37*	*25,270.90*

This item consists of:

- amounts due to members, totalling **€2,750.99**, mainly in relation to benefits and contributions for 2021, which were repaid in early 2022 or are in the process of being repaid;
- amounts due to suppliers, including providers, or professionals for services received and not yet invoiced, totalling **€48,972.27**.

	31 DECEMBER 2021	31 DECEMBER 2020	CHANGE
Tax payables	**2,798.00**	**0.00**	**2,798.00**

This item represents any withholding tax to be paid in January of the following year and refers to invoices issued by healthcare facilities (for self-insured dental coverage) and paid in December.

Notes (CONTINUED)

The income statement is divided into two distinct sections according to the type of member to whom the costs and revenue refer, with the exception of the costs incurred on behalf of third parties and the related recoveries, the related information is provided by item, with the subsequent presentation of the overall data followed by figures for the two sections.

COSTS

Benefit expenses

These are the expenses incurred to achieve the purposes of Uni.C.A.. They amount to **€73,008,780.08** (employees €61,643,271.34, retirees €11,365,508.74) and break down as follows:

	2021	2020	CHANGE
Benefit expenses	**73,008,780.08**	**66,677,627.05**	**6,331,153.03**
Insurance premiums	*54,706,257.25*	*55,156,971.50*	*-450,714.25*
Self-insurance costs	*10,519,540.65*	*7,665,746.96*	*2,853,793.69*
Technical reserve for self-insurance	*0.00*	*0.00*	*0.00*
Claims management costs	*3,942,787.72*	*3,820,470.33*	*122,317.39*
Provisions for prevention campaigns	*3,800,000.00*	*0.00*	*3,800,000.00*
Provisions for "Requests for exceptional contributions"	*10,700.00*	*11,888.53*	*-1,188.53*
Cost of direct payment of claims	*9,879.46*	*909.73*	*8,969.73*
Provisions for legal disputes	*0.00*	*0.00*	*0.00*
Sundry expenses	*19,615.00*	*21,640.00*	*-2,025.00*

Employee section

	2021	2020	CHANGE
Benefit expenses	**61,643,271.34**	**57,059,780.85**	**4,583,490.49**
Insurance premiums	*44,655,499.87*	*46,133,466.98*	*-1,477,967.11*
Self-insurance costs	*10,519,540.65*	*7,665,746.96*	*2,853,793.69*
Technical reserve for self-insurance	*0.00*	*0.00*	*0.00*
Claims management costs	*3,273,541.27*	*3,241,618.07*	*31,923.20*
Provisions for prevention campaigns	*3,167,567.61*	*0.00*	*3,167,567.61*
Provisions for "Requests for exceptional contributions"	*10,700.00*	*0.00*	*10,700.00*
Cost of direct payment of claims	*449.45*	*909.73*	*-460.28*
Provisions for legal disputes	*0.00*	*0.00*	*0.00*
Sundry expenses	*15,972.49*	*18,039.11*	*-2,066.62*

Retiree section

	2021	2020	CHANGE
Benefit expenses	**11,365,508.74**	**9,617,846.20**	**1,747,662.54**
Insurance premiums	*10,050,757.38*	*9,023,504.52*	*1,027,252.86*
Self-insurance costs	*0.00*	*0.00*	*0.00*
Technical reserve for self-insurance	*0.00*	*0.00*	*0.00*
Claims management costs	*669,246.45*	*578,852.26*	*90,394.19*
Provisions for prevention campaigns	*632,432.39*	*0.00*	*632,432.39*
Provisions for "Requests for exceptional contributions"	*0.00*	*11,888.53*	*-11,888.53*
Cost of direct payment of claims	*9,430.01*	*0.00*	*9,430.01*
Provisions for legal disputes	*0.00*	*0.00*	*0.00*
Sundry expenses	*3,642.51*	*3,600.89*	*41.62*

Notes (CONTINUED)

Insurance premiums amount to a total of **€54,706,257.25** (employees €44,655,499.87, retirees €10,050,757.38) and includes premiums for the year relating to policies purchased directly from insurance companies.

Self-insurance costs amount to **€10,519,540.65** (attributed to employees in its entirety) and relate to fully self-insured dental cover for 2021.

Claims management costs of **€3,942,787.72** (employees €3,273,541.27, retirees €669,246.45) reflect the costs incurred for claims management activities carried out by the providers, Previmedical and Aon Pronto-care.

Provision for "Requests for exceptional contributions", totalling **€10,700.00** (attributed to employees in its entirety), includes provisions for the year relating to reimbursements paid to members for particular claims not covered by the insurance companies, as authorised by the Board of Directors.

Costs for direct reimbursement of claims, totalling **€9,879.46** (employees €449.45 and retirees €9,430.01) regards the charge for the year relating to the direct reimbursement of claims falling within the Director's powers or as authorised by the Board of Directors.

Sundry expenses of **€19,615.00** (employees €15,972.49, retirees €3,642.51) consist of costs for the year relating to the fees paid to the members of the Scientific Committee and to medical advisors.

Notes (CONTINUED)

	2021	2020	CHANGE
Financial expenses	**160.09**	**211.95**	**-51.86**
Bank charges and fees	*160.09*	*211.95*	*-51.86*

Financial expenses (employees €130.36, retirees €29.73) consist of bank charges and fees relating to current accounts.

	2021	2020	CHANGE
Other expenses	**103,045.03**	**139,009.49**	**-35,964.46**
Expenses incurred on behalf of third parties under specific arrangements	*79,329.03*	*77,095.06*	*2,233.97*
Contingent losses	*23,716.00*	*1,914.43*	*21,801.57*
Charitable donations and gratuities	*0.00*	*60,000.00*	*-60,000.00*

The items included in "Other expenses" include expenses incurred on behalf of third parties as a result of agreements that, by their nature, do not affect the determination of the surplus/deficit for the year. These expenses are fully recovered and therefore constitute an exception to the inclusion in the separate employee/retiree sections. The item also includes contingent losses (entirely attributed to employees) of **€23,716.00** concerning returned contributions and unforeseen extraordinary fees.

	2021	2020	CHANGE
Extraordinary expenses	**89,763.89**	**37,834.78**	**51,929.11**
Professional fees	*41,354.84*	*18,630.88*	*22,723.96*
Miscellaneous expenses	*48,409.05*	*19,203.90*	*29,205.15*

These amount to **€89,763.89** and reflect the cost of legal opinions, tax and technical advice requested from external professionals, totalling €41,354.84 (employees €33,675.25, retirees €7,679.59) and sundry administrative costs amounting to €48,409.05 (employees €39,419.49, retirees €8,989.56).

It should be noted that the above administrative costs are the only ones borne by Uni.C.A., as all other administrative costs are borne directly by the UniCredit Group, as established in the Articles of Association.

Notes (CONTINUED)

REVENUE

Member contributions

These represent contributions for 2021 and amount to **€72,825,365.97** (employees €58,550,858.97, retirees €14,274,507.00).

	2021	2020	CHANGE
Member contributions	**72,825,365.97**	**73,096,911.64**	**-271,545.67**
From employers	*46,497,417.31*	*47,583,514.62*	*-1,086,097.31*
From members	*26,327,948.66*	*25,513,397.02*	*814,551.64*

Contributions in the employee section concern payments made by companies in favour of their employees (€46,497,417.31) and by employees (€12,05,.441.66) who have purchased cover that is additional to the cover provided, or who have added family members who are not legal dependents.
Contributions also break down in terms of payments received from UniCredit Group companies (€45,312,356.11) and participating companies (€1,185,061.20).
Contributions of €14,274,507.00 in the retiree section are paid only by the retirees themselves. They break down into contributions received from retirees who are members of Group pension funds (€9,430,893.50) and contributions from retirees who are not members of Group pension funds (€4,843,613.50).

	2021	2020	CHANGE
Financial income	**398,206.70**	**386,510.17**	**11,696.53**
Interest income	*398,206.70*	*386,510.17*	*11,696.53*

This item relates to interest accrued during the year on current accounts held with UniCredit SpA. It is shown net of 26% withholding tax and is divided between employees (€324,259.72) and retirees (€73,946.98).

	2021	2020	CHANGE
Other income	**98,570.03**	**85,878.98**	**12,691.05**
Recovery of costs incurred on behalf of third parties	*79,329.03*	*77,095.06*	*2,233.97*
Penalties and cost recoveries	*19,091.00*	*7,848.50*	*11,242.50*
Excess provisions made in previous years	*0.00*	*0.00*	*0.00*
Sundry cost recoveries and contingent gains	*150.00*	*935.42*	*-785.42*

This item reflects the recovery of costs incurred on behalf of third parties, totalling €79,329.03, which, due to their nature, have not been included in the separate employee/retiree sections. This item also includes penalties and cost recoveries of €19,091.00 (entirely attributed to retirees) deriving from the need to complete the registration process for certain members, and the recovery of sundry costs amounting to €150.00 (entirely attributed to employees).

OTHER INFORMATION

As at 31 December 2021, the Association had no employees but availed itself of the services provided by UniCredit Group employees, whose cost is allocated to the participating companies.

Members of the Board of Directors and the Board of Auditors do not receive any compensation.

Milan,7 April 2022

The Chairwoman
Luisa Livatino

Board of Auditors' report

Dear Members of Uni.C.A. UniCredit Cassa di Assistenza per il Personale del Gruppo UniCredito Italiano

Introduction

In the year ended 31 December 2021, the Board of Auditors carried out both the functions provided for in article 2403 *et seq.* of the Italian Civil Code and those provided for in article 2409-*bis* of the Italian Civil Code, as well as those provided for in the Association's Articles of Association.

This report contains:

- section A), with the "Report of the independent auditor pursuant to article 14 of Legislative Decree 39 of 27 January 2010; and
- section B), with the "Report pursuant to article 2429, paragraph 2 of the Italian Civil Code".

A) Report of the independent auditor pursuant to article 14 of Legislative Decree 39 of 27 January 2010

Auditor's opinion on the financial statements

Opinion

We have audited the financial statements of Uni.C.A. - Cassa di Assistenza per il Personale del Gruppo UniCredito Italiano, consisting of the statement of financial position, the income statement and the notes, accompanied by the Board of Directors' report and the report on operations as at and for the year ended 31 December 2021.

In our opinion, the financial statements give a true and fair view of the financial position of the Association and of the results of its operations for the year ended 31 December 2021, in accordance with Italian law governing the preparation of financial statements.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (ISA) Italy, insofar as they are applicable to the audited entity. Our responsibilities under those standards are further described in the "Auditor's Responsibilities for the Audit of the Financial Statements" section of this report. We are independent of the Association in accordance with ethical and independence rules and principles applicable to the audit of financial statements under Italian law.

We believe that we have obtained sufficient appropriate audit evidence on which to base our opinion.

Responsibilities of the Directors and the Board of Auditors for the financial statements

The Directors are responsible for the preparation of the financial statements that give a true and fair view in accordance with Italian law and, within the terms provided by law, for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The Directors are responsible for assessing the Association's ability to continue as a going concern and, when preparing the financial statements, for the appropriateness of the going concern assumption, and for appropriate disclosure thereof.
The Board of Auditors is responsible, within the terms provided by law, for overseeing the Association's financial reporting process.

Auditor's responsibility for the audit of financial statements

Our task is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with International Standards on Auditing (ISA Italia) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.
As part of an audit, carried out – to the extent applicable to the audited entity - in accordance with International Standards on Auditing (ISA Italia), we have exercised professional judgment and maintained professional scepticism throughout the audit. In addition, we have:

- identified and assessed the risks of material misstatement in the financial statements, whether due to fraud or error;
- designed and performed audit procedures responsive to those risks;
- obtained audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls;
- obtained an understanding of internal controls relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association's internal controls;

Board of Auditors' report (CONTINUED)

- assessed the appropriateness of the accounting policies used and the reasonableness of accounting estimates and the related disclosures made by the Directors;
- evaluated the overall presentation, form and content of the financial statements, including disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves a fair representation;
- communicated with those charged with governance, identified at an appropriate level as required by ISA Italia, regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant shortcomings in internal controls identified during our audit.

We have reached a conclusion on the appropriateness of the Directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to consider this matter in forming our opinion.
Our conclusions are based on the audit evidence obtained up to the date of this report.

Report on compliance with other legal and regulatory requirements

Opinion on the consistency of the report on operations with the financial statements pursuant to article 14, paragraph 2(e) of Legislative Decree 39/10
The Directors of Uni.C.A. – UniCredit Cassa di Assistenza per il personale del Gruppo UniCredito Italiano - are responsible for the preparation of the Association's report on operations for the year ended 31 December 2021, including its consistency with the related financial statements and compliance with the applicable laws and regulations.

We have performed, insofar as applicable to the audited entity, the procedures required under audit standard SA Italia 720B, in order to express an opinion on the consistency of the report on operations with the Association's financial statements as at and for the year ended 31 December 2021 and its compliance with the applicable laws and regulations, and in order to assess whether it contains material misstatements.

In our opinion, the report on operations is consistent with the Association's financial statements as at and for the year ended 31 December 2020 and complies with the applicable laws and regulations.

With reference to the statement required by art. 14, paragraph 2(e) of Legislative Decree 39/2010, based on our knowledge and understanding of the entity and its environment obtained through our audit, we have no matters to report.

Opinion on the basis of presentation for the financial statements
The document substantially follows the criteria adopted by the Association since it was established. The Association may consider a restatement of the accounts in the future to make them more effective and efficient.

B) Report on oversight activities pursuant to article 2429, paragraph 2 of the Italian Civil Code

During the financial year ended 31 December 2021, we carried out our activities in accordance with the related statutory requirements and the rules of conduct for boards of auditors issued by the Governing Body of the Italian Accounting Profession.

B1) Oversight activities pursuant to article 2403 et seq. of the Italian Civil Code

We monitored compliance with the law and the Articles of Association and with best administrative practices.

We attended the meetings of the Board of Directors and, on the basis of the information available, we did not identify any breaches of the law or the Articles of Association, or any transactions that were manifestly imprudent, risky, in potential conflict of interest or such as to compromise the integrity of the Association's assets.

During meetings of the Board of Auditors and the Board of Directors, we acquired information on the overall operating performance and the related outlook, also in relation to the continuing impact of the Covid-19 health emergency in early 2021, as well as on transactions entered into by the Association and considered material in terms of size or nature.

On the basis of the information obtained, we have no particular observations to report.

Board of Auditors' report (CONTINUED)

We have acquired information from the Supervisory Board and no critical issues have emerged with respect to the proper implementation of the organisational model requiring disclosure in this report.

We have gained knowledge of and supervised, within the scope of our responsibilities, the functioning of the Association's organisational structure, also by collecting information from management and the Board of Directors, including details of the measures introduced in response to the emergency situation caused by Covid-19. In this regard, we have no particular observations to make.

We have gained knowledge of and supervised, within the scope of our responsibilities, the functioning of the administrative and accounting system, as well as the reliability of such system in correctly recording transactions, by obtaining information from management and examining company documents. In this regard, we have no particular observations to make.
During the year, the Board of Auditors did not issue any opinions required by law.

During the performance of our oversight activities, as described above, no other significant aspects emerged requiring mention in this report.

No complaints were received from members pursuant to article 2408 of the Italian Civil Code.

The Board of Auditors has verified that, also in 2021, the Association complied with the provisions of the Sacconi Decree of 2009, complying with the restrictions on the use of the assets of health benefits funds in order to retain the tax benefits on healthcare contributions paid.

The minimum ratio between compliant services and total member contributions, net of operating costs, is set by the regulation at 20%. Uni.C.A. reached a higher level in, equal to 35.42%, as shown in the "Report on operations" (section 14).

B2) Opinion on the financial statements

To the best of our knowledge, the Directors, in preparing the financial statements, have not departed from the provisions of article 2423, paragraph 4 of the Italian Civil Code.

The results of our audit of the financial statements are contained in Section A) of this report.

The table below provides financial highlights:

	2021	2020
Assets	**57,862,177.88**	**61,610,274.68**
Reserve fund	**(45,694,701.27)**	**(45,574,307.66)**
Member contributions	**72,825,365.97**	**73,096,911.64**
Benefit expenses	**(73,008,780.08)**	**(66,677,627.05)**
Surplus for the year	**121,393.61**	**6,714,617.52**

Events in 2021 are described in full in the "Report on operations", confirming the positive assessment of the Association's operating activities.

The situation caused by Covid-19 has had profound repercussions on the provision and use of ordinary and special medical services. Within this complex health context and despite the restrictions imposed from time to time by the national health authorities, Uni.C.A. has enabled its members to benefit from assistance services to support individual health needs. The Association has in fact recorded a significant increase in the use of insurance policies (+30% approx. of claims made) compared with 2020. An upward trend, albeit smaller (+18% approximately of claims) was detected with reference to dental care.

As of 1 July 2021, by virtue of the principle of alternation enshrined in the Articles of Association of Uni.C.A., new chairs were appointed to lead the Board of Directors and the Board of Auditors.

During the first half of 2021, the market survey was carried out, in view of the renewal of the Health Plans for the two-year period 2022-2023. This was done to identify an insurance partner capable of managing the complexities and peculiarities of Uni.C.A.'s Health Plans. In the second half of the year, once the insurance company was identified, new insurance policies were prepared and checked and service agreements were drawn up with the providers. The efforts made led to an excellent result, i.e., the unchanged structure of the overall benefits offered and contributions due, partly thanks to a number of measures adopted to contain expenditure (increases in deductibles on certain high-demand benefits) designed to ensure the future sustainability of the health plans. It has also been possible to introduce further improvements in services provided under dental plans.

Board of Auditors' report (CONTINUED)

In the second half of 2021, considering the gradual improvement of the emergency situation, a smaller-scale prevention campaign was launched.

As in 2020, also in 2021 the Association postponed the usual identity and tax checks on family members included in the cover provided by the plans. The reasons for this decision are the health emergency caused by Covid-19 and the consequent objective difficulties that the members concerned would have encountered in retrieving and obtaining the required certification of personal details from public offices.

In 2021, the activity of the Supervisory Board updated the Organisation and Management Model and decision-making procedures, to incorporate new legislation on tax offences and to better define its own tasks and powers. In the context of its prerogatives to initiate and monitor the functioning of the Organisation and Management Model, the Supervisory Board has carried out in-depth studies, the results of which have enabled the Association to better structure certain activities, such as the update of the Procurement Policy and the review of the powers vested in the Director, with a more precise definition of the responsibilities assigned to the staff members involved in the process of making payments on behalf of the Association.

No deficiencies or reports of irregularities emerged. The Board of Auditors remained in constant contact and dialogue with the Supervisory Board during 2021, as in previous years.

The Board recommends continuing to monitor outsourcers to ensure adequate quality standards.

B3) Opinion and proposals regarding approval of the financial statements

Based on the above and in keeping with the scope of its duties and considering that it has acquired sufficient and appropriate evidence on which to base its opinion, the Board of Auditors hereby expresses a favourable opinion on approval of the financial statements as at and for the year ended 31 December 2021, as submitted to us by the Board of Directors, and on the related proposal for the allocation of the result for the year.

On behalf of the Board of Auditors
David Davite - Chairman of the Board of Auditors

Milan, 29 April 2022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