



Dental Cover 2024 – 2025



Manager "Complete" cover

Dental care managed by the provider AON/PRONTO CARE

Dedicated "**Complete**" dental cover is provided for Managers, which covers not only the employee but also their spouse or cohabiting partner and tax dependent children.

The cost of the cover is borne by the company, with the exception of the compulsory contribution (linked to the classification and already provided for in past years). For pre-retirees managers adherence to coverage is optional.

Managers have the option of extending dental coverage to the remaining insured household (e.g. children who are not tax dependent) by subscribing to the "**Extended Complete**" cover.

In this case, there is a contribution to be paid by the employee in addition to the compulsory contribution for "**Complete**" cover.

Validity period
01/01/2024 to 31/12/2025

Complete ⁽¹⁾

Extended Complete ⁽¹⁾

	POLICY-HOLDER	FAMILY MEMBERS A ⁽²⁾	POLICY-HOLDER	FAMILY MEMBERS A ⁽²⁾	FAMILY MEMBERS B ⁽³⁾
TOTAL ANNUAL LIMIT (for family members, this is a sub-limit than the Holder's limit)	6.500	5.000 of 6.500	7.000	5.000 of 7.000	4.000 of 7.000
	%REIMBURSEMENT, IN NETWORK	%REIMBURSEMENT, OUT OF NETWORK	%REIMBURSEMENT, IN NETWORK	%REIMBURSEMENT, OUT OF NETWORK	
CONSULTATIONS ⁽⁴⁾	100%	80%	100%	80%	
ORAL HYGIENE ⁽⁴⁾	100%	80%	100%	80%	
EMERGENCY CONSULTATION	100%	80%	100%	80%	
CONSERVATIVE	100%	80%	100%	80%	
DENTAL RADIOLOGY	100%	80%	100%	80%	
SURGERY	100%	80%	100%	80%	
PERIODONTICS	100%	80%	100%	80%	
ENDODONTICS	100%	80%	100%	80%	
IMPLANTOLOGY	80%	60%	80%	60%	
PROSTHESES	80%	60%	80%	60%	
ORTHODONTICS	80%	60%	80%	60%	
ANNUAL CONTRIBUTION	Compulsory contribution €265.86		€600 + the compulsory contribution for COMPLETE		

Notes

(1) The cover involves the exclusive application of the terms and conditions set out therein. **The Limit indicated for the Holder is to be understood as total for the year.**

(2) Family Members A: legally dependant or non-dependant spouse/common-law partner and legally dependant children, provided that they are included in the basic cover of Uni.C.A. (non-dental policy).

(3) Family Members B: all other family members, provided that they are included in the basic cover of Uni.C.A. (non-dental policy).

(4) One Appointment/Oral Hygiene per year per person.

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The annual contribution borne by the employee or personnel withdrawn with access to the Solidarity Fund is deducted from the payslip in three instalments: March, June, December.

Please refer to the 2024-2025 Dental Coverages Regulations for details of the individual benefits and their terms and conditions.