

» Health Plans 2024 – 2025

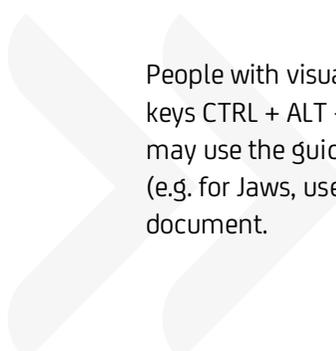


Summary tables: “Plus” policy

Health Plans 2024 - 2025

The plans described herein are **healthcare/personal injury policies**, whose aim is to indemnify the insured parties from expenses that may be incurred to treat or diagnose a presumed or confirmed health condition.

Every claim for reimbursement must be accompanied by supporting medical documentation that confirms the diagnosis, or suspected diagnosis, to which the service pertains (indication of symptoms is not sufficient). Preventive services are excluded from this clause.



People with visual impairments who use screen readers (e.g. Jaws) can use the keys CTRL + ALT + direction arrows to read the information found in the tables, or may use the guide on the screen reader accessed using the “hot keys” + F1 F1 (e.g. for Jaws, use Insert + F1 F1) to obtain information on how to read the document.

The services described in the document may be used by Policyholders according to different conditions and by the following methods:

Direct in-network form

At facilities/specialists that are part of the Affiliated Network and subject to authorisation by the Operations Centre.

Indirect out-of-network form

at other facilities/specialists that are not part of the Affiliated Network or for non-affiliated services.

Mixed form

Only applicable for Admissions services performed at facilities that are part of the Affiliated Network (accessed directly), but with an extra-contractual medical team and/or service (indirectly reimbursable expenses).

National health service

In public health service facilities with payment of co-payment, where applicable.

This document **does not replace the contractual legal source of health guarantees which is constituted by the Policy**, to be consulted prior to subscribing to the benefits, paying special attention to any “**exclusions**”.

Please note that the **Subscription Regulations** specify the policies to which you are entitled.

The tables highlight the features of the cover provided for the **Plus** policy. The benefits are grouped into 4 areas:



Admissions

Benefits associated with admissions
- with or without surgery - in nursing homes, day hospitals or clinics



Specialists

Consultations, diagnostic assessments and other specialist services



Prevention

Services related to control health



Additional Benefits

Various other healthcare services



This icon, shown in individual areas, indicates health services that support maternity and family.

Penalties

In the case of indirect access at facilities/professionals that are accessible in direct form at TOP clinics, the deductible is increased. ([see list of TOP clinics](#)).

Penalties do not apply to Admissions.

During the “transition period”, this surcharge shall not apply to services that cannot already be directly accessed from 1/1/2024.



Admissions



Benefits associated with admissions - with or without surgery - in nursing homes, day hospitals or clinics



Admissions with surgery



BENEFITS DURING TREATMENT	Doctors' fees; operating theatre fees; materials and endoprotheses; medicines, diagnostic assessments, physiotherapy and rehabilitative interventions, treatments Accompanying Person (see "Accompanying Person" section) Individual nursing care: unlimited
PRE-TREATMENT BENEFITS	Diagnostic assessments and specialist consultations in the 100 day period.
POST-TREATMENT BENEFITS	Diagnostic assessments, medications, medical surgical and nursing services, treatment (including hydrotherapeutic, exclusive of hotel costs) within a 100 day period. Physiotherapy and rehabilitation treatments ⁽¹⁾ within a 120 day period
CHARGES PER INPATIENT DAY (admissions outside the national health service)	In-Network: no daily limits; Out-of-Network: € 300 per day (does not include expenditure on unnecessary luxuries)
LIMIT	€ 150,000 per household/year
EXCESS DEDUCTIBLE	In-Network: € 1,500 Out-of-Network: 10% minimum € 2,500
NOTES	In the case of transplantation, donor removal expenses incurred are covered PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage ⁽¹⁾ Physiotherapy and rehabilitation treatments: reimbursable only if received exclusively at medical centres equipped with Health Departments For surgeries with a limit see the relevant list



Admissions with reconstructive surgery

BENEFITS DURING TREATMENT	Admissions expenses following mastectomy or quadrantectomy and relative contralateral adjustment surgery, including psychological support.
PRE-TREATMENT BENEFITS	Diagnostic assessments and specialist consultations in the 90 day period.
POST-TREATMENT BENEFITS	Diagnostic assessments, medications, medical surgical and nursing services, treatment (including hydrotherapeutic, exclusive of hotel costs) within a 90 day period.
CHARGES PER INPATIENT DAY (admissions outside the national health service)	No daily limit (does not include expenditure on unnecessary luxuries)
LIMIT	€ 5,000 per household/year (sublimit)
EXCESS DEDUCTIBLE	In-Network: € 1,000 Out-of-Network: 20% minimum € 1,000
NOTES	PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage



Admissions without surgery (medical admission)

BENEFITS DURING TREATMENT Medical and nursing assistance, specialised medical consulting, treatment, diagnostic examinations, services aimed at recovering health, such as physiotherapy and rehabilitation treatments, medication;
 Accompanying person (see "Accompanying person" section)
 Individual nursing care: max 30 days per event / € 50 per day.

PRE-TREATMENT BENEFITS Diagnostic assessments and specialist consultations in the 100 day period.

POST-TREATMENT BENEFITS Diagnostic assessments, medication, medical, surgical and nursing services, physiotherapy and rehabilitation treatments⁽¹⁾, treatments (including hydrotherapeutic, excluding hotel costs) in the 100 day period.

CHARGES PER INPATIENT DAY (admissions outside the national health service) In-Network: no daily limits.
 Out-of-Network: € 300 per day (does not include expenditure on unnecessary luxuries)

LIMIT € 150,000 per household/year

EXCESS DEDUCTIBLE In-Network: € 500
 Out-of-Network: 10% minimum € 2,000

NOTES PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage.

⁽¹⁾ Physiotherapy and rehabilitation treatments: reimbursable only if received exclusively at medical centres equipped with Health Departments.

^(*) Maximum limit for five days in recovery for a maximum of three occurrences per person per year; after this, the right to compensation does not apply.

Furthermore, medical admission is excluded if carried out for diagnostic or pre-operative assessments.

Admissions without surgery for serious pathological events



BENEFITS DURING TREATMENT	Medical and nursing assistance, specialised medical consulting, treatment, diagnostic examinations, services aimed at recovering health, such as physiotherapy and rehabilitation treatments, medication; Accompanying person (see "Accompanying person" section) Individual nursing care: max 30 days per event / € 50 per day.
PRE-TREATMENT BENEFITS	Diagnostic assessments and specialist consultations in the 100 day period.
POST-TREATMENT BENEFITS	Diagnostic assessments, medication, medical, surgical and nursing services, physiotherapy and rehabilitation treatments ⁽¹⁾ , treatments (including hydrotherapeutic, excluding hotel costs) in the 100 day period.
CHARGES PER INPATIENT DAY (admissions outside the national health service)	In-Network: no daily limits. Out-of-Network: € 300 per day (does not include expenditure on unnecessary luxuries)
LIMIT	€ 150,000 per household/year
EXCESS DEDUCTIBLE	In-Network: € 350 Out-of-Network: 10%, minimum € 1500
NOTES	See "List of Serious Pathological Events" PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage ⁽¹⁾ Physiotherapy and rehabilitation treatments: reimbursable only if received exclusively at medical centres equipped with Health Departments.



Admissions without surgery for serious pathological events

A. ACUTE MYOCARDIAL INFARCTION

B. HEART OR RESPIRATORY FAILURE

presenting, at the same time, at least two of the following conditions:

- dyspnoea
- declivous oedemas
- arrhythmia
- unstable angina
- pulmonary oedema or stasis
- hypoxaemia

C. MALIGNANT NEOPLASM

histologically documented

D. DIABETES

complicated characterised by at least two of the following conditions:

- torpid ulcers
- decubitus
- neuropathies
- peripheral vasculopathies
- urogenital infections or superinfections
- retinopathy
- ketoacidosis
- diabetic coma

E. SERIOUS TRAUMA

- with or without surgical operation - resulting in immobilisations for more than 4 days. Immobilisation consists of the application of a device that cannot be removed by the patient and/or prohibits the loading of the affected limb

F. SECOND DEGREE BURNS

over at least 20% of the body

G. ACUTE VASCULAR PATHOLOGY

due to ischemic damage or haemorrhage

H. MULTIPLE SCLEROSIS

with a significant loss of function (3-4 on the EDSS scale)

I. AMYOTROPHIC LATERAL SCLEROSIS (ALS)

J. COMA

K. PARAPLEGIA AND/OR QUADRIPLÉGIA

L. ALZHEIMER'S DISEASE

to level 5 or above on the Reisberg scale certified by the UVA (Alzheimer Assessment) of a public neurological facility

M. PARKINSON'S DISEASE

to level 3 or above on the Hoehn & Yahr scale, certified by a public neurological facility

N. OSTEOMYELITIS

O. SERIOUS INFECTIONS, POST-OPERATIVE OR POST-TRAUMA INFECTIONS

P. SERIOUS PATHOLOGICAL EVENTS "SIMILAR" IN TYPE, EVENT, DIAGNOSIS AND TREATMENT TO THOSE INDICATED IN LETTERS A) TO H)

Admissions without surgery for post-surgical rehabilitation



BENEFITS DURING TREATMENT	Medical and nursing assistance, specialised medical consulting, treatment, diagnostic examinations, services aimed at recovering health, such as physiotherapy and rehabilitation treatments, medication; Accompanying person (see "Accompanying person" section) Individual nursing care: max 30 days per event / € 50 per day.
PRE-TREATMENT BENEFITS	Diagnostic assessments and specialist consultations in the 100 day period.
POST-TREATMENT BENEFITS	Diagnostic assessments, medication, medical, surgical and nursing services, physiotherapy and rehabilitation treatments ⁽¹⁾ , treatments (including hydrotherapeutic, excluding hotel costs) in the 100 day period.
CHARGES PER INPATIENT DAY (admissions outside the national health service)	In-Network: no daily limits. Out-of-Network: € 300 per day (does not include expenditure on unnecessary luxuries)
LIMIT	€ 150,000 per household/year
EXCESS DEDUCTIBLE	In-Network: € 350 Out-of-Network: 10%, minimum € 1500
NOTES	PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage ⁽¹⁾ Physiotherapy and rehabilitation treatments ⁽¹⁾ : reimbursable only if received exclusively at medical centres equipped with Health Departments. For admissions for Long-Term Post-Surgical Rehabilitation, see the following point.



Admissions without surgery long-term

CONDITIONS	<p>Long-term admission for rehabilitation for recovery from and/or to improve a physical condition of the Policyholder through medical and/or physiotherapeutic treatments at specialised long-term healthcare facilities (e.g. RSA - residential care homes) or dedicated long-term healthcare departments, in the case of:</p> <ul style="list-style-type: none"> - admission for surgical operation and post-surgical rehabilitation for the same admission, for a total period of more than 30 days; - admission for a surgical operation and a later admission for post-surgical rehabilitation, for a total period of more than 30 days
BENEFITS DURING TREATMENT	Medical fees, treatment, diagnostic examinations, services aimed at recovering health, such as physiotherapy and rehabilitation treatments, medication;
PRE & POST TREATMENT BENEFITS	Not applicable
CHARGES PER INPATIENT DAY (admissions outside the national health service)	<p>In-Network: unlimited daily limit (in this case, both the healthcare institution and the medical team must be affiliated)</p> <p>Out-of-Network: up to a daily limit of € 200.00 for the first 6 months and € 150.00 for any additional months. This provision applies from the 31st day of the total admission period; until the 30th day of the total admission period, the provisions relative to hospital fees for non-surgical admission for post-surgical rehabilitation shall apply (does not include expenditure on unnecessary luxuries)</p>
LIMIT	€ 150,000 per household/year
EXCESS DEDUCTIBLE	<p>In-Network: € 350</p> <p>Out-of-Network: 10%, minimum € 1500</p>
NOTES	<p>PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage</p> <p>If the long-term rehabilitation takes place in healthcare facilities which do not specialise in long-term admission, from the 31st day of the total period hospital fees shall be reimbursed up to the daily limit of € 100.00, for direct and indirect admissions.</p> <p>In the case that dedicated healthcare facilities are not available:</p> <ul style="list-style-type: none"> - within 50 km from the residence/home of the Policyholder; - or, if the admission for a surgical operation and post-surgical rehabilitation took place in a city other than that of the Policyholder's residence and the Policyholder decides to continue the admission in the same city, within 50 km from the location of the healthcare facility where the admission took place, the provisions pursuant to the "hospital fees" section applicable to long-term admission without surgery shall apply.



Major surgery

BENEFITS DURING TREATMENT	<p>Doctors' fees</p> <p>Operating theatre fees</p> <p>Materials and endoprotheses; medicines, diagnostic assessments, physiotherapy, rehabilitative interventions, treatments</p> <p>Accompanying person (see "Accompanying person" section)</p> <p>Individual nursing care: unlimited</p>
PRE-TREATMENT BENEFITS	Diagnostic assessments and specialist consultations in the 100 day period.
POST-TREATMENT BENEFITS	<p>Diagnostic assessments, medications, medical surgical and nursing services, treatment (including hydrotherapeutic, exclusive of hotel costs) within a 100 day period.</p> <p>Physiotherapy and rehabilitation treatments⁽¹⁾ within a 120 day period.</p>
CHARGES PER INPATIENT DAY (admissions outside the national health service)	<p>In-Network: no daily limits</p> <p>Out-of-Network: € 300 per day (does not include expenditure on unnecessary luxuries)</p>
LIMIT	€ 300,000 per household/year
EXCESS DEDUCTIBLE	<p>In-Network: € 1,000</p> <p>Out-of-Network: 20%</p>
NOTES	<p>Transplants: reimbursement of donors' surgical expenses. See List of Major Operations</p> <p>PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage</p> <p>⁽¹⁾ Physiotherapy and rehabilitation treatments: reimbursable only if received exclusively at medical centres equipped with Health Departments.</p>



List of major surgical procedures

ESOPHAGEAL SURGERY

- Cervical esophagus: resection with reconstruction and autologous transplant of a segment of the intestine
- Median esophagectomy with double or triple access incision (thoraco-laparotomic or thoraco-laparo-cervicotomic) with intra-thoracic or cervical esophagoplasty and lymphadenectomy
- Esophagogastroplasty, esophago-jejuno-plasty, esophagocolonoplasty
- Closed-thorax esophagectomy with esophagoplasty at the neck and lymphadenectomy
- Esophagectomy via thoracoscopy
- Enucleation of leiomyomas of the thoracic oesophagus by traditional route with thoracotomy
- Azygos-portal disconnections by abdominal route and/or transthoracically for esophageal varices.

SURGERY OF THE STOMACH, DUODENUM AND SMALL INTESTINE

- Total gastrectomy with lymphadenectomy
- Proximal gastrectomy and subtotal esophagectomy for carcinoma of the cardia
- Total gastrectomy and distal esophagectomy for carcinoma of the cardia

COLON SURGERY

- Right hemicolectomy and lymphadenectomy
- Total colectomy with ileorectal anastomosis, with or without ileostomy
- Anterior rectocolic resection and traditional lymphadenectomy
- Rectocolic resection with colo-anal anastomosis by traditional route
- Proctocolectomy with ileo-anal anastomosis and ileal reservoir, by traditional route
- Amputation of the rectum by abdominoperineal route

LIVER AND BILE DUCT SURGERY

- Liver resections for carcinoma of the principal bile duct
- Portal hypertension surgery:

a) Derivation surgery

- portocaval anastomosis
- splenorenal anastomosis
- mesenteric-caval anastomosis

b) Devascularization surgery

- ligation of the varices by thoracic and/or abdominal route
- transection of the esophagus by thoracic route
- transection of the esophagus by abdominal route
- azygos-portal disconnection with gastrojejunal anastomosis
- esophageal transection with paraesophageal-gastric devascularisation

PANCREAS SURGERY

- Duodeno-cephalo-pancreatectomy with or without lymphadenectomy
- Total pancreatectomy with or without lymphadenectomy
- Surgery for functional endocrine tumours of the pancreas and malignant neoplasms of the pancreas

NECK SURGERY

- Total thyroidectomy for malignant neoplasms with or without uni- or bilateral latero-cervical excavation
- Resections of the trachea and tracheoplasties
- Total pharyngo-laryngo-esophagectomy with pharyngoplasty for carcinoma of the hypopharynx and the cervical esophagus

THORACIC SURGERY

- Surgical removal of cysts and tumours of the mediastinum

- Lobectomies, bilobectomies and pneumonectomies
- Pleurectomies and pleuropneumonectomies
- Lobectomies and segmental or atypical resections via thoracoscopy
- Bronchial resections with reimplantation
- Thoracoplasty: parts I and II

HEART SURGERY

- Aortocoronary bypass
- Surgery for congenital heart diseases or malformations in the large blood vessels (which are not excluded by the guarantee)
- Resection of the heart
- Prosthetic valve replacement
- Valvuloplasty

VASCULAR SURGERY

- Surgery to the thoracic and/or abdominal aorta BY THE THORACOABDOMINAL ROUTE
- Surgery to the abdominal aorta and the iliac arteries (uni- or bilateral) BY THE LAPAROTOMIC ROUTE
- Treatment of traumatic lesions to the aorta
- Treatment of traumatic lesions to the arteries of the limbs and neck
- Aortoenteric fistula surgery
- Surgery to the superior or inferior vena cava

NEUROSURGERY

- Craniotomy for vascular malformations (which are not excluded by the guarantee)
- Craniotomy for spontaneous intracerebral haematoma
- Craniotomy for intracerebral haematoma due to vascular malformation
- Craniotomy for sub- and supratentorial intracranial neoplasms
- Craniotomy for endoventricular neoplasms
- Transsphenoidal approach for neoplasms of the hypophyseal region

- Cerebral biopsy by stereotaxic route
- Removal of orbital tumours by intracranial route
- Internal and external ventricular derivation
- Craniotomy for cerebral abscess
- Surgery for herniated cervical disc or cervical myelopathies and radiculopathies by the anterior route
- Surgical treatment of malignant neoplasms of the peripheral nerves

UROLOGY SURGERY

- Enlarged nephrectomy
- Nephroureterectomy
- Urinary derivation with interposition of the intestine
- Total cystectomy with urinary derivation and neobladder with orthotopic or heterotopic intestinal segment
- Augmentation enterocystoplasty
- Orchiectomy with pelvic and/or lumbo-aortic lymphadenectomy
- Total amputation of the penis and lymphadenectomy with total emasculation, for malignant neoplasm

GYNAECOLOGICAL SURGERY

- Extended vulvectomy with lymphadenectomy
- Radical hysterectomy by abdominal route with lymphadenectomy

EYE SURGERY

- Full-thickness cornea transplant
- Surgery for neoplasm of the eyeball

OTO-RHINO-LARYNGOLOGICAL SURGERY

- Removal of the parotid for malignant neoplasms with excavation
- Radical interventions for malignant neoplasms of the tongue, the floor of the mouth and the tonsils with excavation of ganglia
- Operations to recover function in the VII cranial nerve

- Exeresis of neurinoma of the VIII cranial nerve.
- Petrosectomy

ORTHOPAEDIC SURGERY

- Vertebral arthrodesis by anterior route
- Shoulder replacement
- Osteosynthetic reconstruction of a fracture of the hemipelvis
- Hemipelvectomy
- Invasive reduction and stabilisation of spondylolisthesis
- Invasive treatment of bone tumours
- Major limb amputations exceeding one third

MAXILLOFACIAL SURGERY

- Resection of the upper jaw for neoplasms
- Resection of the lower jaw for neoplasms

PAEDIATRIC SURGERY (THAT IS NOT EXCLUDED BY THE GUARANTEE)

- Cranium bifida with meningoencephalocele.
- Hypersecretory hydrocephalus.
- Cystic and polycystic lung treatment (lobectomy, pneumonectomy).
- Typical children's cysts and tumours of bronchial, enterogenous and nervous origins (sympathoblastoma).
- Congenital atresia of the esophagus.
- Congenital fistula of the esophagus.
- Funnel chest and pigeon chest.

- Congenital stenosis of the pylorus.
- Neonatal intestinal occlusion for meconium ileus: resection with primitive anastomosis.
- Simple atresia of the anus: lowering of the perineal abdomen.
- Atresia of the anus with recto-urethral or recto-vulvar fistula: lowering of the perineal abdomen.
- Megaureter: resection with reimplantation, resection with substitution of a segment of the intestine.
- Megacolon: Duhamel's or Svvenson's abdominoperineal operations.
- Nephrectomy for Wilms' tumour.
- Spina bifida: meningocele or myelomeningocele.

OTHER ITEMS

“Major surgery” is also deemed to include:

- organ transplantation with removal of donor organs;
- admission to an intensive care/resuscitation facility, provided it is for more than 3 days.



Day hospital admissions with surgery

BENEFITS DURING TREATMENT	Doctors' fees; operating theatre fees; surgical materials and endoprotheses; medications, diagnostic assessments, physiotherapy and rehabilitative treatments, medical and nursing care Individual nursing care: unlimited Accompanying person (see "Accompanying person" section)
PRE-TREATMENT BENEFITS	Diagnostic assessments and specialist consultations in the 100 day period.
POST-TREATMENT BENEFITS	Diagnostic assessments, medications, medical surgical and nursing services, treatment (including hydrotherapeutic, exclusive of hotel costs) within a 100 day period. Physiotherapy and rehabilitation treatments ⁽¹⁾ within a 120 day period.
CHARGES PER INPATIENT DAY (admissions outside the national health service)	In-Network: no daily limits; Out-of-Network: € 250 per day (does not include expenditure on unnecessary luxuries)
LIMIT	€ 150,000 per household/year
EXCESS DEDUCTIBLE	In-Network: € 300 Out-of-Network: 10% min. € 1,750
NOTES	PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage ⁽¹⁾ Physiotherapy and rehabilitation treatments: reimbursable only if received exclusively at medical centres equipped with Health Departments. For surgeries with a limit see the relevant list .

Day hospital admissions without surgery



BENEFITS DURING TREATMENT	Medical care, medicines, diagnostic assessments, treatments and doctors' fees Accompanying person (see "Accompanying person" section)
PRE-TREATMENT BENEFITS	Diagnostic assessments and specialist consultations in the 100 day period.
POST-TREATMENT BENEFITS	Diagnostic assessments, medication, medical, surgical and nursing services, services intended for health recovery, such as physiotherapy and rehabilitation treatments ⁽¹⁾ , treatments (including hydrotherapeutic, excluding hotel costs) in the 100 day period.
CHARGES PER INPATIENT DAY (admissions outside the national health service)	In-Network: no daily limits Out-of-Network: € 250 per day (does not include expenditure on unnecessary luxuries)
LIMIT	€ 150,000 per household/year
EXCESS DEDUCTIBLE	In-Network: € 300 Out-of-Network: 10% min. € 1,300
NOTES	PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage ⁽¹⁾ Physiotherapy and rehabilitation treatments: reimbursable only if received exclusively at medical centres equipped with Health Departments.

Outpatient surgery



BENEFITS DURING TREATMENT	Doctors' fees; operating theatre fees; surgical materials, medicines, diagnostic assessments, physiotherapy and rehabilitative interventions, treatments, nursing care Accompanying person (see "Accompanying person" section)
PRE-TREATMENT BENEFITS	Diagnostic assessments and specialist consultations in the 100 day period.
POST-TREATMENT BENEFITS	Diagnostic assessments, medications, medical surgical and nursing services, treatment (including hydrotherapeutic, exclusive of hotel costs) within a 100 day period. Physiotherapy and rehabilitation treatments ⁽¹⁾ within a 120 day period.
LIMIT	€ 150,000 per household/year
EXCESS DEDUCTIBLE	In-Network: € 250 Out-of-Network: 10% minimum € 850
NOTES	For outpatient surgery in the context of specialist visits, consult the "Insurance Policies: Interpretations" section PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage ⁽¹⁾ Physiotherapy and rehabilitation treatments: reimbursable only if received exclusively at medical centres equipped with Health Departments. For surgeries with a limit see the relevant list

Caesarean birth



BENEFITS DURING TREATMENT Doctors' fees, delivery room fees, materials, medical and nursing care, medicines, diagnostic assessments and treatments
Accompanying person (see "Accompanying person" section)

PRE-TREATMENT BENEFITS Diagnostic assessments and specialist consultations in the 100 day period.

POST-TREATMENT BENEFITS Diagnostic assessments, medications, medical, surgical and nursing services, physiotherapy and treatments, in 100 day period.
Physiotherapy and rehabilitation treatments⁽¹⁾ within a 120 day period

NEONATAL EXPENSES Charge per inpatient day (neonatal ward), diagnostic assessments, medical and nursing care up to a maximum limit of € 1,000.00 household/year.

CHARGES PER INPATIENT DAY (admissions outside the national health service) No daily limits (does not include expenditure on unnecessary luxuries)

LIMIT € 6,000 per household/year (applies to admission only, including hospital fees. The limit includes neonatal expenses)

NOTES Obstetrical care (during admission and PRE and POST treatment) is reimbursable up to a sublimit of € 1,500 per household per year.
The conditions are also applicable in the case of therapeutic abortion
For elective caesarean births, consult the "Insurance Policies: Interpretations" section
PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage
⁽¹⁾ Physiotherapy and rehabilitation treatments: reimbursable only if received exclusively at medical centres equipped with Health Departments.

Natural birth



BENEFITS DURING TREATMENT	Doctors' fees Delivery room fees Medicines, diagnostic assessments and treatments Accompanying person (see "Accompanying person" section)
PRE-TREATMENT BENEFITS	Diagnostic assessments and specialist consultations in the 100 day period.
POST-TREATMENT BENEFITS	Diagnostic assessments, medications, medical, surgical and nursing services, and treatments in the 100 day period.
NEONATAL EXPENSES	Charge per inpatient day (neonatal ward), diagnostic assessments, medical and nursing care up to a maximum limit of € 1,000.00 household/year.
CHARGES PER INPATIENT DAY (admissions outside the national health service)	No daily limits (does not include expenditure on unnecessary luxuries)
LIMIT	€ 3,000 per household/year (applies to admission only, including hospital fees. The limit includes neonatal expenses)
NOTES	Obstetrical care (during admission and PRE and POST treatment) is reimbursable. PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage

Newborns



BENEFITS

Treatment and procedures subsequent to malformations or congenital physical defects in newborns, provided they are carried out during the first year of life.

In the case that said malformations and/or physical defects are evident as of the first year of birth of the newborn in question and the medical/clinical impossibility of performing a surgical operation during the first year of life can be ascertained and documented, the period during which the operation can be reimbursed is extended to the first 10 years of life.



Postnatal assistance

BENEFITS

Services aimed at full recovery after giving birth.

Postnatal psychological support A maximum of 3 psychological appointments will be covered within 3 months of delivery (within the year of coverage)

Lower limb check-up

Within 6 months of birth (occurring during the coverage year), it is possible to have a lower limb check to determine the presence of pathological changes in the superficial and deep venous system of the lower limbs

Wellness weekend

Within 1 year of birth (occurring during the coverage year), provision of the following package of services is foreseen:

- dietary visit
- meeting with nutritionist- meeting with personal trainer- basic physical exercise lesson
- hydrotherapy treatment

EXCESS DEDUCTIBLE

No cost not covered by insurance



NOTES This cover is only provided at contracted facilities, subject to prior reservation

Dental surgery

BENEFITS DURING TREATMENT	Specialist fees Dental implants Medicines, diagnostic assessments and treatments
PRE-TREATMENT BENEFITS	Diagnostic assessments and specialist consultations in the 100 day period.
POST-TREATMENT BENEFITS	Diagnostic assessments, medication, medical, surgical and nursing services, and treatments in the 100 day period.
HOSPITAL FEES	Admissions: - with full direct affiliation: no daily limit - non-full direct affiliation up to € 300.00/day (reduced to € 250.00 for day hospitals) Does not include expenditure on unnecessary luxuries
LIMIT	10,000 household/year (inclusive of all expenses mentioned above)
EXCESS DEDUCTIBLE	In-Network: € 400 Out-of-Network: 20% minimum € 1,500
NOTES	Cover applies to: maxillary osteitis, bone neoplasms of the upper or lower jaw, follicular or radicular cysts, adamantinoma, odontoma. Particular documentation needs to be presented. PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage

Myopia



BENEFITS	Reimbursement of surgery expenses for refraction and laser excitation treatments, team fees, operating theatre fees, surgical materials
PRE-TREATMENT BENEFITS	Diagnostic assessments and specialist consultations in the 100 day period.
POST-TREATMENT BENEFITS	Diagnostic assessments, medication, medical, surgical and nursing services in the 100 day period.
HOSPITAL FEES (admissions outside the national health service)	In-Network: no daily limits. Out-of-Network: € 300 per day (€ 250 per day in the case of day hospitalisation, does not include expenditure on unnecessary luxuries)
CONDITIONS	Differential between eyes of over 4 dioptres or a visual defect in an eye of at least 8 dioptres
LIMIT	€ 150,000 per household/year
EXCESS DEDUCTIBLE	In-Network: € 400 Out-of-Network: 10% min. € 1,300
NOTES	PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage



Wholly public health service admissions

REPLACEMENT DAILY ALLOWANCE (for every day admitted into hospital, meaning those including an overnight stay)	€ 50 per day with surgery
	€ 50 per day without surgery
	€ 40/day Day Hospital (completed with no overnight stay) with procedure
	€ 30/day Day Hospital (completed with no overnight stay) with no procedure
	€ 50 per day major surgery
DAILY LIMITS	180 days per person/year
PRE-TREATMENT BENEFITS	Diagnostic assessments and specialist consultations in the 100 day period.
POST-TREATMENT BENEFITS	Diagnostic assessments, medication, medical, surgical and nursing services, treatments (including hydrotherapeutic, excluding hotel costs), physiotherapy and rehabilitation treatments ⁽¹⁾ in the 100 day period.
NOTES	<p>Post-treatment benefits: Only in the case of surgery the limit of 100 days will be increased to 120 days for physiotherapy and rehabilitation treatments</p> <p>⁽¹⁾ Physiotherapy and rehabilitation treatments: reimbursable only if received exclusively at medical centres equipped with Health Departments.</p> <p>PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage</p>

Accompanying person



BENEFITS	Reimbursement of expenses for room/board and transport for an accompanying person
CONDITIONS	<p>Provided for services in Admissions with the exception of:</p> <ul style="list-style-type: none"> - Dental surgery - Myopia - Admissions without surgery long-term <p>This benefit does not apply to admissions that are fully paid for by the national health service.</p>
LIMIT	€ 60 per day up to a maximum of 30 days per household/year

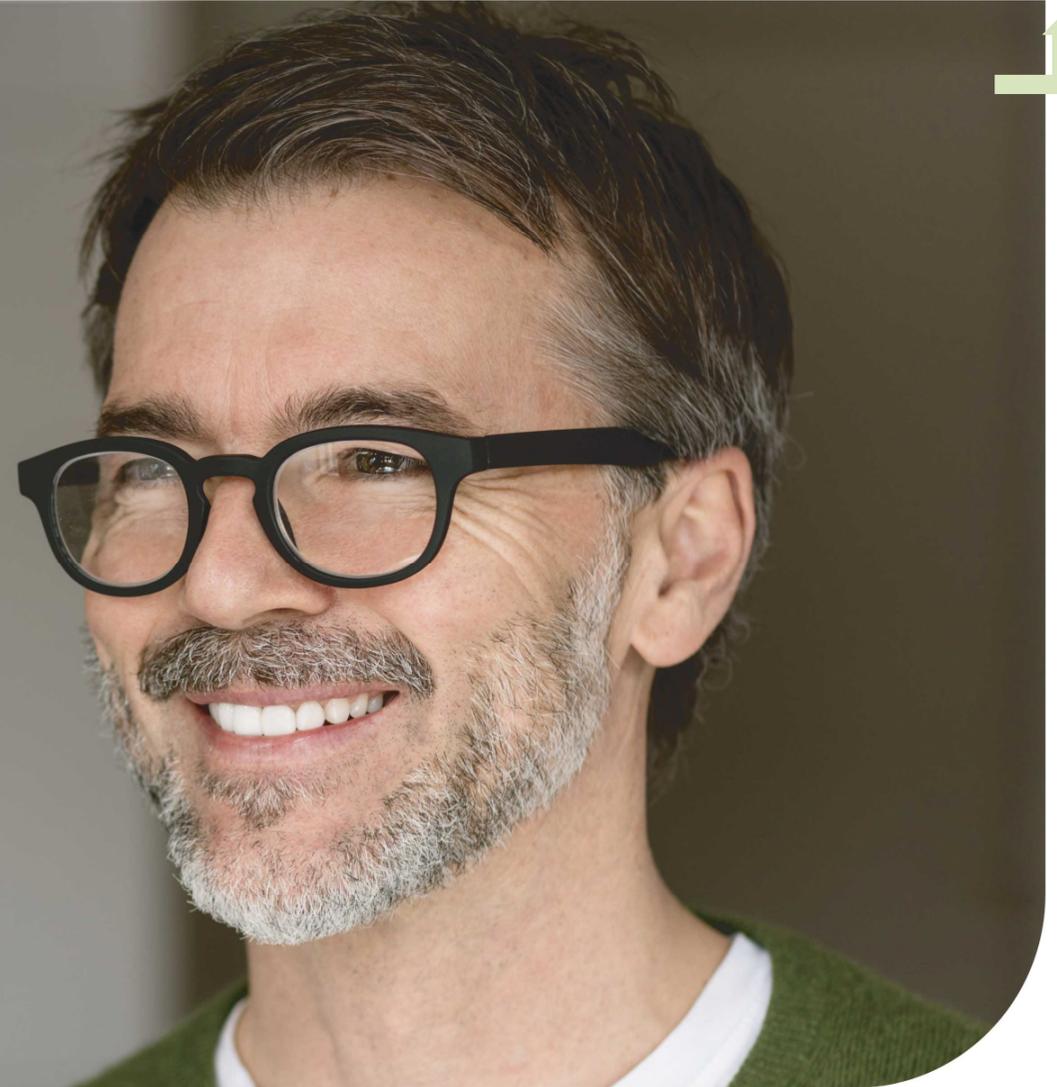


Health transport

BENEFITS	<p>Ambulance within Italy</p> <p>All transport abroad</p>
CONDITIONS	<p>Provided for services in Admissions with the exception of:</p> <ul style="list-style-type: none"> - Outpatient surgery - Dental surgery - Myopia. <p>This benefit also applies to admissions that are fully paid for by the national health service.</p>
LIMIT	€ 2,000 per household/year



Specialists Specialists



Consultations, diagnostic assessments
and other specialist services



Highly specialised treatment and diagnostics



BENEFITS	Reimbursement for: high performance diagnostic as per attached list
CONDITIONS	Prescription from a doctor from the local primary care unit (ASL) or a specialist
LIMIT	€ 5,000 per household/year
EXCESS DEDUCTIBLE	<p>In-Network: fixed cost € 25 per invoice</p> <p>Out-of-Network: 50% per invoice</p> <p>Cost 60% min. € 90 per invoice for services in affiliated healthcare facilities without activating the direct form</p> <p>Cost 70% min. € 120 per invoice for services in affiliated healthcare facilities on the TOP Clinic List without activating the direct form</p>



List of treatments and diagnostics

HIGHLY SPECIALISED DIAGNOSTICS

- Digital angiography
- Arthrography
- Bronchography
- Cisternography
- Cystography
- Cholangiography
- Percutaneous cholangiography
- Cholecystography
- Dacryocystography
- Fistulography
- Phlebography
- Fluorescein angiography
- Galactography
- Hysterosalpingography
- Lymphography
- Myelography
- Pneumoencephalography
- Retinography
- Sialography
- Splenoportography
- Pyelography
- Vasoseminal vesiculography
- Coronarography
- Scintigraphy

- Amniocentesis for women over 35 or if prescribed as a result of suspected foetal malformation
- Nmr with or without contrast
- Cat with or without contrast

ENDOSCOPY (also with biopsy sampling)

- Bronchoscopy
- Proctoscopy
- Colonoscopy
- Duodenoscopy
- Esophagoscopy
- Gastroscopy

The removal of polyps, cysts are considered as endoscopic surgery

TREATMENTS

- Dialysis
- Alcoholisation
- Laser therapy (Excluded for rehabilitation purposes, with the exception of those done for acute pathologies, reimbursable up to a maximum of 18 sessions).

Please note that the service shown on the list is not the one used for surgical purposes (e.g. Excision of wart or mole). Consult the "Insurance Policies: interpretations relative to laser therapy

THERAPIES RELEVANT TO ONCOLOGICAL DISEASES

- Chemotherapy
- Radiotherapy
- Cobalt therapy

High level diagnostics - prenatal genetic testing on foetal DNA



BENEFITS	Non-invasive prenatal genetic tests which, through analysis of freely circulating foetal DNA, isolated from a sample of maternal blood, determines the presence of foetal aneuploidies common during pregnancy, specifically those relative to chromosomes 21, 18, and 13 and the sex chromosomes E and Y (e.g. Harmony test, Prenatal Safe).
CONDITIONS	For women over 30 or if prescribed as a result of suspected foetal malformation Prescription from a doctor from the local primary care unit (ASL) or a specialist
LIMIT	€5,000 household/year for highly specialised treatment and diagnostics
EXCESS DEDUCTIBLE	In-Network: fixed cost € 33 per invoice Out-of-Network: 50% per invoice Cost 60% min. € 90 per invoice for services in affiliated healthcare facilities without activating the direct form Cost 70% min. € 120 per invoice for services in affiliated healthcare facilities on the TOP Clinic List without activating the direct form



Diagnostic assessments (ordinary diagnostics)

BENEFITS	Reimbursement of costs (excluding dental and orthodontic assessments, except in the event of accident)
CONDITIONS	Prescription from a doctor from the local primary care unit (ASL) or a specialist
LIMIT	Up to € 3,000 per household/year for specialist consultations
EXCESS DEDUCTIBLE	<p>In-Network: fixed cost € 33 per invoice</p> <p>Out-of-Network: 30% min. € 60 per invoice</p> <p>Cost 45% min. € 90 per invoice for services in affiliated healthcare facilities without activating the direct form</p> <p>Cost 60% min. € 120 per invoice for services in affiliated healthcare facilities on the TOP Clinic List without activating the direct form</p>
NOTES	<p>Ordinary diagnostic assessments which do not count as major diagnostics</p> <p>Consult the "Insurance Policies: Interpretations" section for cases relative to:</p> <ul style="list-style-type: none"> - mental health diseases - pain or symptoms - asthenia

Specialist consultations



BENEFITS	Reimbursement of consultation fees, excluding: <ul style="list-style-type: none"> - paediatric (see specific provision in the prevention service) - dental and orthodontic (except in the case of accident)
CONDITIONS	Prescription from a doctor from the local primary care unit (ASL) or a specialist
LIMIT	€ 3,000 per household/year
EXCESS DEDUCTIBLE	In-Network: fixed cost € 25 per invoice Out-of-Network: 30% min. € 60 per invoice Cost 45% min. € 90 per invoice for services in affiliated healthcare facilities without activating the direct form Cost 60% min. € 120 per invoice for services in affiliated healthcare facilities on the TOP Clinic List without activating the direct form
NOTES	Dental and orthodontic consultations are refundable if necessitated by an accident Medical acts (e.g. infiltrations) are paid for as part of said guarantee and provide for the reimbursement of the doctor's service only, not the medicine, which remains the responsibility of the Insured Consult the "Insurance Policies: Interpretations" section for cases relative to: <ul style="list-style-type: none"> - outpatient surgery in the context of specialist visits - mental health diseases - pain or symptoms/asthenia/home visits

Physiotherapy



BENEFITS	Reimbursement of the cost of the therapy
CONDITIONS	<p>Treatment following:</p> <ul style="list-style-type: none"> - Accident, documented by PS certificate <u>issued within 48 hours of the event</u>⁽¹⁾ and occurring 24 months prior to the physiotherapy service - Stroke, neoplasms, degenerative neurological, neuromyopathic and homeoplastic forms - Cardiac surgery and thoracic surgery; amputation of limbs <p>Services made by medical prescription</p> <p>Reimbursable only if received exclusively at medical centres equipped with Health Departments - see Policy Glossary</p>
LIMIT	€ 1,400 household/year
EXCESS DEDUCTIBLE	<p>In-Network: fixed cost of € 40 per treatment cycle</p> <p>Out-of-Network: 50%</p> <p>Cost 60% min. € 90 per invoice for services in affiliated healthcare facilities without activating the direct form</p> <p>Cost 70% min. € 120 for treatment cycle, if done in affiliated healthcare facilities on the TOP Clinic List, without activating the direct form</p>
NOTES	<p>⁽¹⁾ If there are no Accident & Emergency Departments in the location where the accident has occurred, the Insured may present a certificate issued by a replacement public medical facility <u>issued within 48 hours from the event</u>.</p> <p>Reimbursement of expenses incurred for the rental of equipment used for rehabilitation is NOT provided</p> <p>For information on “Reimbursement of physiotherapy expenses” consult the “Insurance Policies: Interpretations” document</p>

Home physiotherapy



BENEFITS	The Policyholder may request access to rehabilitation services provided directly in their own home through the Operation Centre.
CONDITIONS	<p>Treatment following:</p> <ul style="list-style-type: none"> - Accident, documented by PS certificate <u>issued within 48 hours of the event⁽¹⁾</u> and occurring 24 months prior to the physiotherapy service - Stroke, neoplasms, degenerative neurological, neuromyopathic and homeoplastic forms - Cardiac surgery and thoracic surgery; amputation of limbs <p>Services made by medical prescription</p>
LIMIT	See Physiotherapy maximum limit
EXCESS DEDUCTIBLE	For access to this scheme there is a single call/activation cost of € 20.00.
NOTES	<p>⁽¹⁾ If there are no Accident & Emergency Departments in the location where the accident has occurred, the Insured may present a certificate issued by a replacement public medical facility <u>issued within 48 hours from the event.</u></p> <p>Service only provided in in-Network/Direct form (not in Indirect/refundable form)</p> <p>As well as access to therapists, all electromedical equipment required for the safe and complete provision of the required treatment shall be made available on site.</p> <p>This service is available throughout Italy.</p>

Cancer treatments



BENEFITS	<p>Home nursing care</p> <p>Chemotherapy</p> <p>Radiotherapy</p> <p>Other therapies for cancer treatments</p> <p>Specialist consultations</p>
CONDITIONS	<p>Prescription from a doctor from the local primary care unit (ASL) or a specialist</p>
LIMIT	<p>€ 10,000 household/year. If fully used, the same limit envisaged for highly specialised treatments and consultations is applied</p>
NOTES	<p>Specialist consultations for oncology follow-ups are paid for as part of said guarantee for a maximum period of 10 years from the date of onset of the pathology</p>

Maternity package



BENEFITS	Consultation and assessments in the first 6 months of pregnancy
CONDITIONS	Prescription from a doctor from the local primary care unit (ASL) or a specialist
LIMIT	€ 500 per household/year
EXCESS DEDUCTIBLE	None
NOTES	In the case of spontaneous/natural abortion, within 3 months of the event, full reimbursement for 1 gynaecology examination and a maximum of 3 psychological support consultations, both in and out of network.

Paediatric medical expenses



BENEFITS	Paediatric medical expenses (up to age 14 years)
LIMIT	€ 1,500.00 per household/year € 500.00 per year/per head
EXCESS DEDUCTIBLE	30%

Speech Therapy



BENEFITS	Speech therapy following illness or accident, provided by qualified personnel
CONDITIONS	Casualty Certificate where arising from an accident Prescription from a doctor from the local primary care unit (ASL) or a specialist
LIMIT	€ 1,000 per household/year
EXCESS DEDUCTIBLE	In-Network: fixed cost € 40 per invoice Out-of-Network: cost 20% min. € 60 per invoice Cost 30% min. € 90 per invoice for services in affiliated healthcare facilities without activating the direct form Cost 40% min. € 120 per invoice for services in affiliated healthcare facilities on the TOP Clinic List without activating the direct form

DSA (specific learning disabilities for minors)



BENEFITS	Expenses sustained for the treatment and cure of specific learning disabilities (DSA)
CONDITIONS	<p>According to the provisions of DSM-5, the Specific Learning Disabilities diagnosis must be certified by a doctor specialising in child neuropsychiatry within the National Health Service.</p> <p>Medical (ASL) or specialist prescription with related diagnostic query is required in order to access the services</p>
LIMIT	<p>€ 1,500 per household/year for moderate to severe cases, according to DSM-5</p> <p>€ 500 per household/year for mild cases, according to DSM-5</p>
EXCESS DEDUCTIBLE	<p>In-Network: fixed cost € 40 per invoice</p> <p>Out-of-Network: cost 20% min. € 60 per invoice</p> <p>Cost 30% min. € 90 per invoice for services in affiliated healthcare facilities without activating the direct form</p> <p>Cost 40% min. € 120 per invoice for services in affiliated healthcare facilities on the TOP Clinic List without activating the direct form</p>
NOTES	Cover in addition to that relative to speech therapy

Orthopaedic and hearing prostheses



BENEFITS	Purchase, repair and replacement costs
LIMIT	€ 3,000 per household/year

Psychotherapy



BENEFITS	Psychotherapy
CONDITIONS	Prescription from a doctor from the local primary care unit (ASL) or a specialist
LIMIT	€ 1,000 per household/year
EXCESS DEDUCTIBLE	In-network and out-of-network: 50% of the documented costs incurred

Accident-related dental treatment



BENEFITS	Reimbursement of expenses resulting from an accident
CONDITIONS	Hospital Casualty Certificate Injury occurred within the 24 months prior to the execution of treatment
LIMIT	€ 4,000 per household/year

Reimbursement of public health authority prescription charges



BENEFITS	Refund of national health service prescription charges for benefits included in the plan.
CONDITIONS	Prescription from a doctor from the local primary care unit (ASL) or a specialist
LIMIT	The costs are within the limit envisaged for the individual type of benefit
NOTES	Some health structures may offer services both under the National Health Service and privately: in order to consider services as under the National Health Service prescriptions, with application of the relative liquidation conditions, the expense document must clearly indicate the method used for disbursement (prescription quota for co-payment of National Health Service charges).

Lenses



BENEFITS	Reimbursement for corrective glasses and contact lenses (exclusive of disposable)
CONDITIONS	Prescription by an ophthalmologist, optometrist or orthoptist with certificate of compliance First prescription or change in visual acuity
LIMIT	€ 400 per household/year with a sublimit of € 150 per person/year
NOTES	Inclusive of spectacle fitting

Comparative diagnosis (second opinion)



BENEFITS	Diagnostic assessment the review of severe diseases, by world-leading specialists, plus the most useful therapeutic indications for treating the diagnosed disease
CONDITIONS	<p>The service is available for the following diseases:</p> <ul style="list-style-type: none"> - Alzheimer's disease - AIDS - Blindness - Malignant neoplastic diseases - Cardiovascular problems - Deafness - Kidney failure - Loss of speech - Vital organ transplant - Neuromotor disorders - Multiple sclerosis - Paralysis - Parkinson's disease - Stroke - Coma
NOTES	<p>If they wish, policyholders may seek a consultation with the specialist who assessed their case. Only the expenses incurred by the Policyholder in relation to the medical consultation will be reimbursed</p>



Preventive Service



Benefits associated with health control





Flu vaccination

BENEFITS

Annual provision of the influenza vaccine

CONDITIONS

As this is a preventive treatment, no medical or specialist prescription is required

EXCESS DEDUCTIBLE

No cost not covered by insurance

NOTES

The benefit is provided exclusively under the indirect scheme following the presentation of a copy of the invoice or receipt.

WARNING: Before obtaining these provided services, please consult your local primary care unit (ASL) or doctor relative to any possible contraindications or significant collateral effects, based on the age or health of the Policyholder/Insured

Herpes Zoster Prevention



BENEFITS	Prevention of Herpes Zoster and complications for all Policyholders aged 55 or older
CONDITIONS	These services are liquidated as preventive treatments, therefore no medical or specialist prescription is requested during authorisation.
EXCESS DEDUCTIBLE	€ 36.15 per service
NOTES	<p>The benefits are provided through the Direct regime at affiliated healthcare structures subject to booking of admission or through the indirect regime.</p> <p>WARNING: Before obtaining these services, please consult your local primary care unit (ASL) or doctor relative to any possible contraindications or significant collateral effects, based on the age or health of the Policyholder/Insured</p>

Nutritional consultation and personalised dietary regime



BENEFITS	One nutritional consultation, including a personalised dietary plan, is provided per two-year period per person
LIMIT	<p>In-Network: unlimited</p> <p>Out-of-Network: € 80.00 (€ 50.00 for the consultation + € 30.00 for the diet)</p>
EXCESS DEDUCTIBLE	No cost not covered by insurance

Paediatric check-up



BENEFITS	Paediatric specialist check-up visit for minors between 6 months and 6 years of age, under the following conditions: <ul style="list-style-type: none"> - 1 visit between 6 months and 12 months - 1 visit at 4 years - 1 visit at 6 years
CONDITIONS	These services are liquidated as preventive treatments, therefore no medical or specialist prescription is requested during authorisation.
EXCESS DEDUCTIBLE	Expenses for services provided to the Policyholder are liquidated directly to the healthcare structures by the Company, with the application of a fixed cost of € 36.15 per service.
NOTES	This cover is only provided at contracted facilities, subject to prior reservation Additional guarantee for paediatric medical expenses (up to 14 years of age)

Stem cell preservation



BENEFITS	Expenses incurred for the storage and autologous donation of cord stem cells, both in and out of network.
LIMIT	€ 500 per household/year
EXCESS DEDUCTIBLE	None



Additional Benefits



Various other healthcare services



Casualty services



BENEFITS	Clinic services following an accident, without admission to hospital (plaster casts, medicines, diagnostic assessments, medical care and transport)
LIMIT	€ 1,000 per event

Treatment of substance abuse



BENEFITS	Contribution to the costs incurred for rehabilitation
CONDITIONS	Rehabilitation at treatment centres affiliated with the local primary health care unit (ASL)
LIMIT	€ 3,000 per person (to be applied to the number of requests/year for all persons registered on the plan, up to a maximum limit of € 30,000)

Advance payment of health expenses



BENEFITS	Max. 50% of expenses
CONDITIONS	For major surgery

Home hospitalisation following major surgery



BENEFITS	Home hospitalisation Integrated health care at home
CONDITIONS	Prescription from a doctor from the local primary care unit (ASL) or a specialist
LIMIT	€ 15,000 per household/year
EXCESS DEDUCTIBLE	In-Network: 0 Out-of-Network: 10% min. € 1200
NOTES	Max. 50 days per hospitalisation

Medically assisted procreation (all methods)



BENEFITS	Medical and surgical benefits for MAP Pharmacological treatments linked to the fertilisation method used
LIMIT	€ 700 per household/year
EXCESS DEDUCTIBLE	In-network: no cost not covered by insurance Out-of-network: no cost not covered by insurance
NOTES	Expenses relative to the travel/transfer of the Policyholder are excluded from reimbursement, as are costs for any accompanying person.

Hydrotherapeutic treatment for minors



BENEFITS	Expenses for hydrotherapeutic treatments, inhalation treatments and Politzer treatments for minors. A visit before and after the treatment is also foreseen.
CONDITIONS	Disease or accident of the minor
LIMIT	Maximum 1 (one) cycle per year (maximum of 12 consecutive sessions with a break mid-cycle), carried out in an affiliated health structure, subject to booking. Expenses for services provided to the Policyholder are paid directly to the structures by the Company for a maximum amount of € 35 per session.
EXCESS DEDUCTIBLE	Visits before and after treatment are paid without the application of any percentage or fixed costs
NOTES	Hotel costs for the minor and any accompanying person are excluded

Down Syndrome



BENEFITS	In the case of diagnosis of Trisomy 21 (Down Syndrome), the guarantee foresees the payment of an indemnity
CONDITIONS	Certified diagnosis within the first 3 years of life
LIMIT	€ 1,000 year/newborn for a maximum period of 5 years
EXCESS DEDUCTIBLE	No cost not covered by insurance

Allowance for parents admitted to RSA



BENEFITS	The insurance provides for the payment of compensation, payable as a lump sum, for medical, health and care expenses incurred by the Policyholder for parents admitted to a public or private Residential Care Home (RSA) due to their being non-self-sufficient or no longer able to remain at home without very serious compromises to their health and independence.
CONDITIONS	Benefit accessible for family members who in the course of the year have not submitted claims for any health benefits. The compensation shall be paid at such time that the admission to a Residential Care Home (RSA) has endured for at least 12 consecutive months.
LIMIT	In-Network: Scheme not applicable. Out-of-Network: € 350.00 per person per year.
EXCESS DEDUCTIBLE	No cost not covered by insurance

Nursing care



BENEFITS	Medical and home nursing care for terminal illnesses that are adequately attested to by certificate from a doctor and/or hospital
LIMIT	€ 50/day, max 90 days per household/year

Repatriation of deceased



BENEFITS	Reimbursement of repatriation expenses for death abroad
CONDITIONS	For hospitalisation for illness or accident, with or without surgery
LIMIT	€ 2,000 per event

List of Top Clinics

ROME

- Casa di Cura Paideia S.p.A.
- Casa di Cura Mater Dei S.p.A.
- Ars Medica
- Casa di Cura Quisisana
- Casa di Cura Villa Stuart
- Casa di Cura Villa Margherita

MILAN

- Istituto Nazionale Tumori
- European Institute of Oncology/Monзино
- Casa di cura Columbus
- Humanitas Mirasole S.p.A. (Istituto Clinico Humanitas)
- Casa di Cura La Madonnina

TURIN

- Clinica Fornaca di Sessant
- Casa di Cura Sedes Sapientiae
- Casa di Cura Cellini S.p.A.

BERGAMO

- Humanitas Gavazzeni

VARESE

- Istituto Clinico Humanitas Mater Domini Casa di Cura Privata S.p.A.

List of in-network and out-of-network surgeries for which there is a limit of indemnity (ceiling)

TYPE OF SURGERY	LIMIT
Ligation and stripping of veins (varicocele included)	€ 3,500
Functional septoplasty, including necessary turbinate procedures	€ 3,500
Reduction and setting procedures of fractures to large bones (femur, humerus, tibia)	€ 9,000
Reduction and setting procedures of fractures to medium bones (clavicle, sternum, patella, radius, ulna, fibula)	€ 6,000
Reduction and setting procedures of fractures to small bones (all other bones)	€ 3,000
Removal of fixation devices (e.g. nails, plates, screws)	€ 3,000
Tonsillectomy/adenotonsillectomy	€ 3,000
Hernias and/or incisional hernia of the abdominal wall	€ 5,000
Haemorrhoidectomy and/or removal of rhagades and/or fistulas and/or rectal prolapse	€ 4,500
Hallux valgus surgery with or without metatarsal-phalangeal realignment, hammer toe, hallux rigidus	€ 4,000
Knee surgery (other than ligaments)	€ 7,000
Operative hysteroscopy	€ 4,000
Ligament reconstruction	€ 8,500
Rotator cuff surgery	€ 7,500
Removal of ovarian cysts	€ 8,500
Thyroidectomy (excluding radical for malignant neoplasm)	€ 10,000

Cholecystectomy	€ 8,500
Surgery for herniated disc and/or vertebral stabilization	€ 11,000
Arthrodesis and/or vertebral stabilisation (any method), including removal of herniated intervertebral disc (any method, including robotic)	€ 14,000
Transurethral resection of the prostate (TURP)	€ 9,000
Radical prostatectomy to treat malignant neoplasm including lymphadenectomy (any method, including robot)	€ 18,000
Hysterectomy	€ 10,000
Hysterectomy to treat malignant neoplasm (including ovariectomy and lymphadenectomy)	€ 15,000
Hip arthroplasty	€ 20,000
Removal of skin growths (cysts in general, lymphomas and moles) (1)	€ 1,000
Knee arthroplasty	€ 15,000
Dupuytren's Disease, Guyon Syndrome	€ 2,000
Carpal tunnel surgery	€ 1,500
Trigger finger and ulnar nerve entrapment at elbow procedure	€ 2,500
Cataract (with or without IOL) - per eye	€ 2,000
Removal of cysts and benign lesions of the breast (nodulectomy)	€ 3,500
Appendectomy	€ 4,000

The LIMIT applies to the admission only and does not apply to pre- and post-admission expenses.

Where two or more of the operations on this list are carried out during the same admission, 100% of the limit is applicable for the main operation (as defined by the surgeon) and 70% for the secondary procedures; any excess is applied once only, on the total overall cost.

In the case of operations with limits with direct access, the excess envisaged for admissions with surgery does not apply.

If the estimate of the facility chosen by the Insured is higher than the compensation limit envisaged by this insurance cover, at least 2 alternative affiliated facilities that are able to guarantee the service with lower costs than the compensation limit are identified, if locally available.

⁽¹⁾ Consult the “Insurance Policies: settlement practises” for cases relative to moles and skin growths.