

# » Health Plans 2024 – 2025



Supplementary options  
(for in-service staff only)

# Health Plans 2024 - 2025

There are **6 paid options available (for in-staff only, not for pre-retirees)**, which are summarised in the tables below. The options come into effect:

- for the 1st risk, if the benefit is not already included in the Basic Health Plan;
- for the 2nd risk, if the benefit is already included in the Basic Health Plan.

In other words, if the same service is also included in the Basic Health Care Plan, it will be paid for, firstly, in accordance with the provisions of the Basic Health Care Plan and, in the event of a shortfall in the maximum sum provided for by the Basic Health Care Plan, it will also be paid for in accordance with the provisions of the Supplementary Options Policy, up to the maximum sum provided for by the latter for the specific cover and, in any case, in total (1st and 2nd risk), always within the limits of the expenses incurred and documented.

As this is a supplementary policy to the Basic Health Plan (Plus or Extra), all the premises contained in the summary document relating to the Basic Health Plans are referred to in full, unless otherwise specified herein.

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



## Difference between "high" and "total" cover

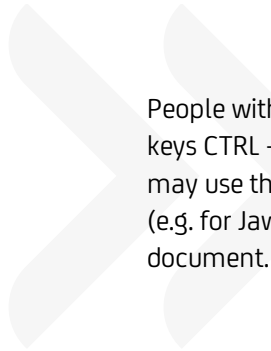
The cover provides for a maximum annual limit (cap) of the indemnities paid under the individual covers. The limit under "Total" cover is higher than the limit under "High" cover. For the "Deductibles and Excesses" module, four options are available with an increasing limit.

## Difference between single and household contribution for membership

The Single contribution (Cover only Owner) is provided when only the Policyholder is insured under the Uni.C.A. Basic Health Plan (no family members are insured). The Household contribution (whole family coverage) is provided when family members (regardless of whether they are tax dependent or not) are insured in addition to the Policyholder under the Basic Health Plan. Consequently, the Policyholder with insured family members, if interested in the new options, must necessarily subscribe to the package covering the entire insured household, with payment of the Household contribution. In other words, the Policyholder with insured family members will not be able to subscribe to the package of their interest by insuring only themselves. If only one family member (e.g. a child is born) is included in the Basic Health Plan during the year, the contribution due will be recalculated from the Single to Household contribution for the entire year.

## Waiting period

A waiting period is the period of time during which no compensation is paid even though the insurance cover has been taken out. E.g.: 45-day waiting period means that events occurring in the first 45 days after the policy inception date are not reimbursable.



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.

## Non-self-sufficiency and care services (only for family members\*)

	High protection level	Total protection level
<b>BENEFITS</b>	<p>A. <b>INCAPACITY AND NON-SELF-SUFFICIENCY</b>: reimbursement of care services in favour of the assisted person against appropriate proof of expenditure (bills, invoices, etc.)</p> <p>B. <b>ASSISTANCE SERVICES</b> only In-Network</p> <ul style="list-style-type: none"> <li>- Medical Advice</li> <li>- Specialist consulting</li> <li>- Counseling for personalized checkup</li> <li>- Second Opinion</li> <li>- Sending a doctor to the home</li> <li>- Sending a nurse to the home</li> <li>- Sending a physiotherapist</li> <li>- Reporting of corresponding medicines abroad</li> <li>- Advance of basic necessities expenses</li> <li>- Medical Transport (maximum amount € 1,500)</li> <li>- Medical Repatriation (maximum amount € 700)</li> <li>- Repatriation of Deceased (maximum amount € 2,000)</li> </ul>	
<b>CONDITIONS</b>	Incapacity and non-self-sufficiency in performing 4 out of 6 ADLs (Activities of Daily Living)	
<b>LIMIT</b>	€7,000 per year	€10,000 per year
<b>WAITING PERIOD</b>	No waiting period	
<b>NOTES</b>	<p>(*) An employee is already insured with CASDIC for the corresponding benefits, in accordance with the provisions of the national collective labour agreement. In addition to the policy, and in order to provide the insured with more favourable treatment, cover is provided in the event of inability to earn a living as a result of an accident (whether or not it occurred at work). Please note that the accident (as defined in the policy glossary) must always be documented by a Accident &amp; Emergency Department certificate. In addition to services rendered by a doctor or nurse, the policy covers the costs of services rendered by specialised personnel (e.g. those with the professional qualification of a basic caregiver or technical assistance worker).</p>	

# Medications

	High protection level	Total protection level
<b>BENEFITS</b>	Reimbursement of: A. <b>MEDICATIONS</b> including "equivalents" (generic medicines); B. <b>PUBLIC HEALTH AUTHORITY PRESCRIPTION CHARGES:</b> health care cost-sharing fee for the purchase of medication.	
<b>CONDITIONS</b>	A prescription from the treating physician or specialist is required for all medicines included in the category of the Informatore farmaceutico reference guide published by CODIFA (thus, also for over-the-counter medicines). Vaccines are not reimbursable (as they are preventive)	
<b>LIMIT</b>	€350 per year	€500 per year
<b>PERCENTAGE OR FIXED COST NOT COVERED BY INSURANCE</b>	25% of documented expenditure	
<b>WAITING PERIOD</b>	45 days (no waiting period in case of accidents)	
<b>NOTES</b>	For the purposes of reimbursability, the pharmacist's indication on the prescription of the cost of the individual products with the pharmacy's stamp will be valid, together with the "descriptive" receipt issued by the pharmacy for the total (a billing-code sticker is not necessary).	

## Lenses and glasses

	High protection level	Total protection level
<b>BENEFITS</b>	A. <b>GLASSES:</b> 1 pair per year B. <b>OTHER SERVICES</b> (only available In-Network): see attached list "Lenses and Optical Equipment"	
<b>CONDITIONS</b>	Cover applies in the event of a first prescription or change in vision, both certified by a duly licensed ophthalmologist or optometrist.	
<b>LIMIT</b>	A. €130 year/person B. Unlimited	A. €150 year/person B. Unlimited
<b>PERCENTAGE OR FIXED COST NOT COVERED BY INSURANCE</b>	A. In-Network: €15; Out-of-Network €30 B. Fixed, differentiated for each service (see List "Lenses and Optical Equipment" in the policy)	
<b>WAITING PERIOD</b>	A. 45 days B. No waiting period	
<b>NOTES</b>	<p>Cover B., unlike Cover A., presupposes the use of the Affiliated Network only. In addition, under Cover B. it is possible to purchase contact lenses not included in Cover A.</p> <p>Under Cover B., it is possible to purchase several pairs of glasses or corrective contact lenses in a year in the Affiliated Network, but only <u>after a change in vision compared to the previous purchase</u>.</p> <p>Both covers may be used in the same insurance year, subject to the conditions specified above.</p>	

## Lenses and optical equipment

	High protection level Excess	Total protection level Excess
Daily 30 lenses	€ 15.90	€ 14.45
Daily 90 lenses	€ 42.08	€ 38.25
Daily 30 toric lenses	€ 21.51	€ 19.55
Daily 90 toric lenses	€ 56.10	€ 51.00
Weekly 6 lenses	€ 17.77	€ 16.15
Monthly 1 lens	€ 5.61	€ 5.10
Monthly 3 lenses	€ 14.03	€ 12.75
Monthly 6 lenses	€ 25.25	€ 22.95
Monthly 3 toric lenses	€ 32.73	€ 29.75
Monthly 6 toric lenses	€ 65.45	€ 59.50
Soft annuals (per pair)	€ 70.13	€ 63.75
Soft annual torics (per pair)	€ 168.30	€ 153.00
Rigid (per pair)	€ 187.00	€ 170.00
Gas-permeable RGP	€ 117.81	€ 107.10
Monthly cosmetics (per pair)	€ 20.57	€ 18.70
Saline solution	€ 1.87	€ 1.70
Peroxide	€ 0.39	€ 0.35
All-in-one	€ 4.68	€ 4.25

Cleaner	€ 6.55	€ 5.95
Eye drops	€ 6.55	€ 5.95
Enzymes	€ 9.35	€ 8.50
White organic lenses	€ 19.64	€ 17.85
Organic anti-reflective lenses	€ 49.56	€ 45.05
Organic lenses 1.67 ar	€ 75.74	€ 68.85
Organic lenses 1.74 ar	€ 145.86	€ 132.60
Lanthanum ar lenses	€ 107.53	€ 97.75
Progressive lenses	€ 140.25	€ 127.50
Ophthalmic lens unbreakable material	€ 18.70	€ 17.00
Ophthalmic lens unbreakable material scratchproof treatment	€ 23.38	€ 21.25
Ophthalmic lens unbreakable material anti-glare treatment	€ 39.27	€ 35.70
Bifocal lens mat. D28 scratchproof treatment	€ 65.45	€ 59.50
Bifocal lens mat. D28 anti-glare treatment	€ 93.50	€ 85.00
Bifocal lens mat. D28 latest generation anti-glare treatment	€ 98.18	€ 89.25
Transitions VI 1.5 scratchproof	€ 65.45	€ 59.50
Transitions VI 1.5 anti-glare	€ 88.83	€ 80.75
Transitions VI 1.6 scratchproof	€ 88.83	€ 80.75
Transitions VI 1.6 anti-glare	€ 116.88	€ 106.25
Transitions VI 1.6 asf. scratchproof	€ 102.85	€ 93.50



Transitions VI 1.6 asf. anti-glare	€ 135.58	€ 123.25
Untreated glass monofocal	€ 18.70	€ 17.00
Anti-glare treated glass monofocal	€ 37.40	€ 34.00
Untreated photochromic glass monofocal	€ 32.73	€ 29.75
Photochromic glass monofocal treated with anti-glare	€ 46.75	€ 42.50
Untreated 1.6 glass monofocal	€ 28.05	€ 25.50
Monofocal in 1.6 glass treated with anti-glare	€ 46.75	€ 42.50
Untreated photochromic 1.6 glass monofocal	€ 46.75	€ 42.50
Photochromic 1.6 glass monofocal treated with anti-glare	€ 65.45	€ 59.50
Untreated titanium 1.7 glass monofocal	€ 42.08	€ 38.25
Anti-glare-treated 1.7 glass titanium monofocal	€ 60.78	€ 55.25
Monofocal in 1.8 glass lanthanum treated with anti-glare	€ 140.25	€ 127.50
Monofocal in 1.9 glass lanthanum treated with anti-glare	€ 187.00	€ 170.00
Celluloid and/or metal frame	€ 84.15	€ 76.50
Glosant frame (daytime)	€ 121.55	€ 110.50

## Alternative medicine

	High protection level	Total protection level
<b>BENEFITS</b>	<ul style="list-style-type: none"> <li>- Acupuncture performed by a doctor</li> <li>- Osteopathic treatments</li> <li>- Chiropractic treatments</li> </ul>	
<b>CONDITIONS</b>	Medical report with description of the disease and indication for subsequent treatment required	
<b>LIMIT</b>	€350 year/person	€550 year/person
<b>PERCENTAGE OR FIXED COST NOT COVERED BY INSURANCE</b>	In-network and out-of-network: maximum reimbursement of €35 per session	
<b>WAITING PERIOD</b>	45 days (no waiting period in case of accidents)	
<b>NOTES</b>	<p>The services must be performed by a doctor or at a medical centre with medical management, or by personnel with a diploma authorising the performance of the service.</p> <p>Cover does not extend to services performed in gyms, gymnastics and sports clubs, beauty studios, health hotels, medical hotels, wellness centres even if they have a medical centre attached.</p>	

## Aesthetic medicine

	High protection level	Total protection level
<b>BENEFITS</b>	Minor outpatient surgery for aesthetic purposes (see attached list)	
<b>CONDITIONS</b>	Medical prescription	
<b>PRE-TREATMENT BENEFITS</b>	Diagnostic findings, laboratory tests, specialist examinations carried out within 30 days prior to surgery, provided they are relevant to the clinical condition that necessitated the surgery	
<b>BENEFITS DURING TREATMENT</b>	<ul style="list-style-type: none"> <li>- Surgeon's, assistant's, anaesthetist's, and any other person involved in surgery fees</li> <li>- Operating theatre fees, operating material</li> <li>- Medical and nursing care, treatment, medicines, examinations</li> </ul>	
<b>POST-TREATMENT BENEFITS</b>	Diagnostic investigations, laboratory tests, specialist visits, purchase of medicines, medical, surgical and nursing services, carried out within 45 days after surgery and provided they are relevant to the clinical condition that necessitated the surgery.	
<b>LIMIT</b>	€3,500 year/person	€5,000 year/person
<b>PERCENTAGE OR FIXED COST NOT COVERED BY INSURANCE</b>	In-Network: 350€ per event Out-of-Network: 25% min. € 1,000	
<b>WAITING PERIOD</b>	45 days (no waiting period in case of accidents)	
<b>NOTES</b>	All insured services must be prescribed by a doctor other than the doctor who will - directly or indirectly - perform the services (indicating the disease or suspected disease).  If the prescribing doctor is also - directly or indirectly - the doctor who provides the insured services, the latter must be certified by submitting the relevant report.	

## List of Aesthetic Medicine Services

- Teleangiectasias
- Xanthelasma removal
- Localised adiposity
- Blepharoplasty (double)
- Blepharoplasty (quad)
- Introflected nipple
- Surgical scar correction > 5 cm
- Acne scars
- Surgical scar correction < 5 cm
- Dermabrasion
- Dermoepidermal graft
- Earlobe reconstruction
- Otoplasty <Bat Ears>
- Scar review

## Deductibles and Excesses

	OPTION A	OPTION B	OPTION C	OPTION D
<b>BENEFITS</b>	Reimbursement of the excess and deductibles defined in the individual guarantees of the BASIC Health Plans			
<b>LIMIT</b>	€250 year/person	€500 year/person	€750 year/person	€1.000 year/person
<b>WAITING PERIOD</b>	45 days (no waiting period in case of accidents)			

<b>NOTES</b>	<p>Exclusions:</p> <ul style="list-style-type: none"> <li>- Expenses not reimbursed due to exceeding the limits of compensation provided for in the individual cover or due to exceeding the limits of compensation, in the case of the application of limits, where provided for;</li> <li>- Non-reimbursable benefits;</li> <li>- Excesses and deductibles for services performed in affiliated facilities, including those listed in the TOP Clinics list, without activation of the direct form, when possible</li> <li>- Excesses and deductibles relating to Supplementary Options.</li> </ul>			
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