

Contributions on an annual basis of employee-only supplementary options



	HIGH		TOTAL		
	Policyholder-only cover	Whole family cover <sup>(*)</sup>	Policyholder-only cover	Whole family cover <sup>(*)</sup>	
LONG TERM CARE (FOR FAMILY MEMBERS)	-	€ 407	-	€ 566	
MEDICATIONS	€72	€ 239	€ 90	€ 297	
GLASSES AND CONTACT LENSES	€ 175	€ 578	€ 193	€ 636	
ALTERNATIVE MEDICINE	€ 84	€ 277	€ 97	€ 319	
AESTHETIC MEDICINE	€ 98	€ 324	€ 110	€ 363	

	ANNUAL LIMIT PER PERSON € 250		ANNUAL LIMIT PER PERSON € 500		ANNUAL LIMIT PER PERSON € 750		ANNUAL LIMIT PER PERSON € 1000	
	Policyholder- only cover	Whole family cover <sup>(*)</sup>	Policyholder- only cover	Whole family cover <sup>(*)</sup>	Policyholder- only cover	Whole family cover <sup>(*)</sup>	Policyholder- only cover	Whole family cover <sup>(*)</sup>
REIMBURSEMENT "EXCESSES AND DEDUCTIBLES" FOR THE BASIC HEALTH PLAN	€ 200	€ 476	€ 239	€ 692	€ 275	€ 790	€ 301	€ 867

## Notes

(\*) Already included in the Basic Health Plan

The contribution (Policyholder-only cover) is provided when only the Policyholder is insured under the Uni.C.A. Basic Health Plan (no family members are insured).

The 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 one or more 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, during the course of a year in which the Basic Health Plan is in force, the Policyholder adds a single family member (e.g. after birth of a child), the contribution due will be recalculated from a Policyholder-only contribution to an Whole Family contribution.

