REQUEST FOR HEALTH SERVICES

Manual and Functionality

January 2024

HOMEPAGE

The homepage for healthcare service claims can be reached via the UniCredit service personnel welfare site.

From the homepage, the user can:

- **Enter a claim** for a direct service or reimbursement
- See the **last claim sent** and **access the archive** of all claims
- See **all his/her policies** and access **maximum coverage limit details and documents** for each one
- See **affiliated health facilities**
- **Choose the language** for the service, available in Italian, English or German

CLAIM FOR DIRECT SERVICE - CHOICE OF INSURED PARTY AND SERVICE

1) **Choice of insured party:** the user selects the name of the beneficiary of the service, from among him or herself or the family members of the household to whom the policy coverage is extended.

2) **Choice of service**: the system proposes a list of all the services covered by the policy, grouped by macro-typology. A search function is available in the search bar.
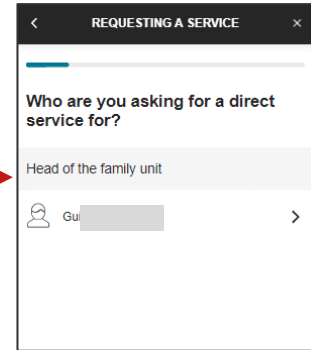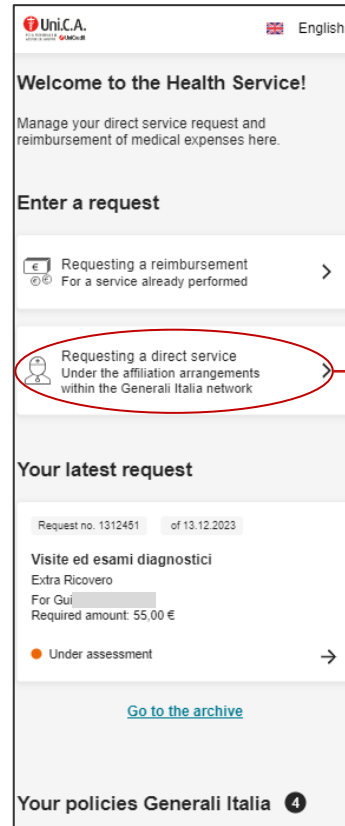
CLAIM FOR DIRECT SERVICE - CHOICE OF POLICY

3) **Choice of policy**: the system displays all **the policies taken out that contain coverage for the claimed service**. Click on 'see maximum coverages' to see the maximum coverages associated with the policy and check:
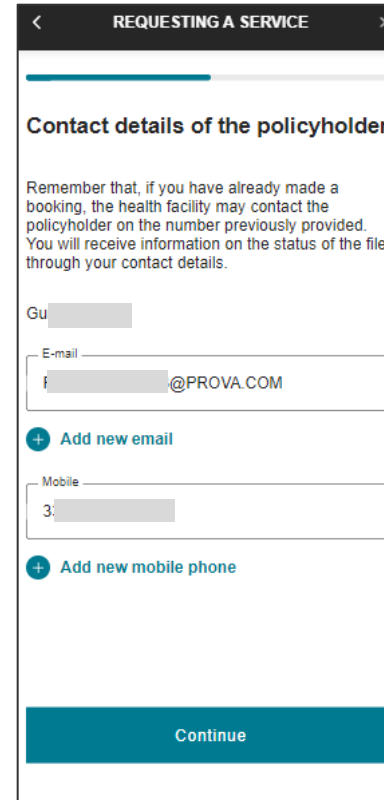
- the **overall maximum coverage**
- the **residual amount** payable under the policy
- any amounts **already used**
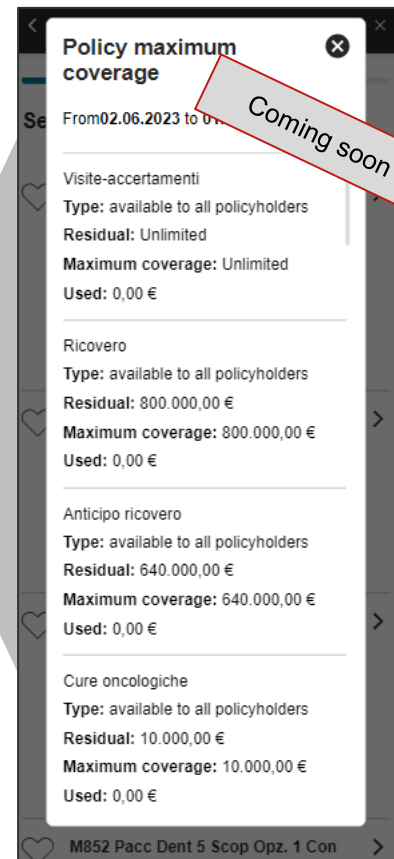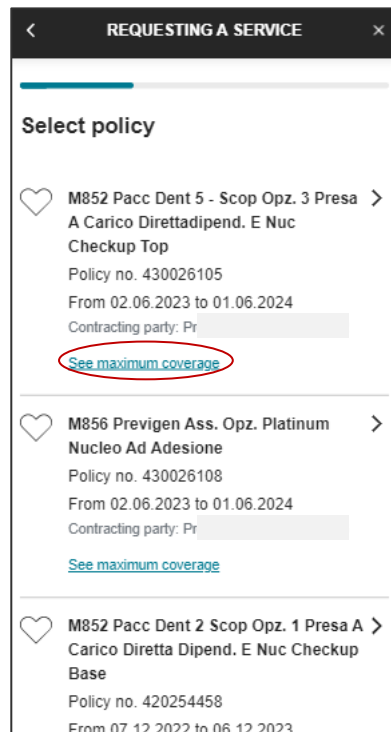
CLAIM FOR DIRECT SERVICE - CONTACT DETAILS OF THE INSURED PARTY

4) **Choice of contact details**: the user's reference contacts (email address and telephone number) appear on the screen. The user **indicates an email address**, to receive notifications of the progress of the filing, and a **telephone number**, which will be used if direct contact is needed.

If the contact number is not present, it can be added: this will be registered as the reference contact details for the specific claim.

# CLAIM FOR DIRECT SERVICE - MEDICAL DOCUMENTATION

5) **Uploading medical documentation: the documents required vary according to the service indicated**.

Multiple files can be attached, either by uploading an **already saved document** or by using the photo feature on your smartphone.

Only JPEG, PNG or PDF files may be uploaded, with a maximum size of 10MB each.

Clicking on the icon 'which documents should be uploaded?' opens an **information box with useful instructions** for the user

The 'continue' button is only enabled if all mandatory documents have been uploaded.
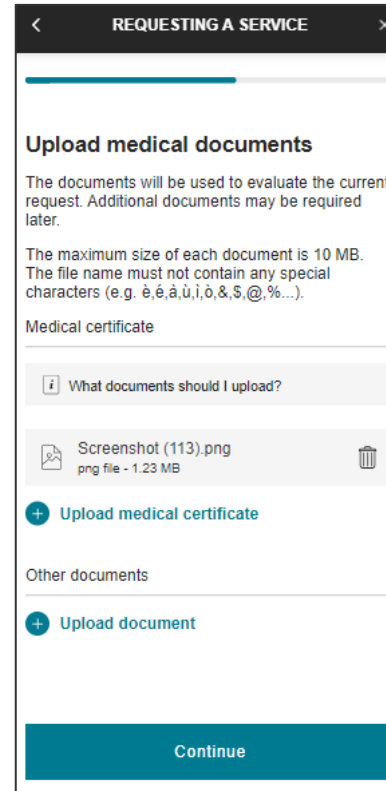
CLAIM FOR DIRECT SERVICE - SELECTION OF FACILITY AND DOCTOR

CHOSEN BY FACILITY

6.a) **Facility and doctor selection**: After selecting region and province, a **list of facilities available for the claimed service** will **appear on the screen**.

The user can search for a facility by scrolling through the list or by typing the name of the facility into the search bar. The user **may indicate the doctor** who will perform the service (optional information).

CLAIM FOR DIRECT SERVICE - SELECTION OF FACILITY AND DOCTOR

CHOSEN BY DOCTOR

6.b) **Facility and doctor selection**: Alternatively, the user can use the 'search by doctor' *function.*

In this case, the screen **will show the doctors available** in the province indicated. The user can search for a doctor by scrolling through the list or by typing their name into the search bar.

After choosing a doctor, the user **must indicate the facility** where the service will be provided. The screen will automatically suggest **the facilities where the chosen doctor operates.**

You can return to choosing by facility by clicking on the 'search by facility' button.

CLAIM FOR DIRECT SERVICE - CHOICE OF DATE AND NOTES FIELD

7) **Appointment Date**: The user must indicate the date of the appointment agreed with the facility. The permitted dates take into account the **notice period provided for in the policy for the specific service.**

8) **Notes**: the notes field can be filled in freely by the user, to enter useful information for managing the claim.

CLAIM FOR DIRECT SERVICE - SUMMARY AND MODIFICATION

8) **Summary screen:** the system shows the information entered by the user, including all uploaded documents. **All entries can be changed** by clicking on the appropriate icon.

CLAIM FOR REIMBURSEMENT - CHOICE OF YEAR AND INSURED PARTY

1) **Choice of year**: the user must indicate the year in which the service for which reimbursement is sought was performed, from among those **covered by the policy**.

2) **Choice of Insured Party**: the user must indicate the person who has **used the service and who will benefit from the claim for reimbursement**.

CLAIM FOR REIMBURSEMENT - CHOICE OF SERVICE

3) **Choice of service**: the user selects the service for which he/she wishes to claim reimbursement.

The system proposes a list of all the services covered by the policy, grouped by macro-typology. You can search for the service either by scrolling through the list or by typing the name into the search bar.
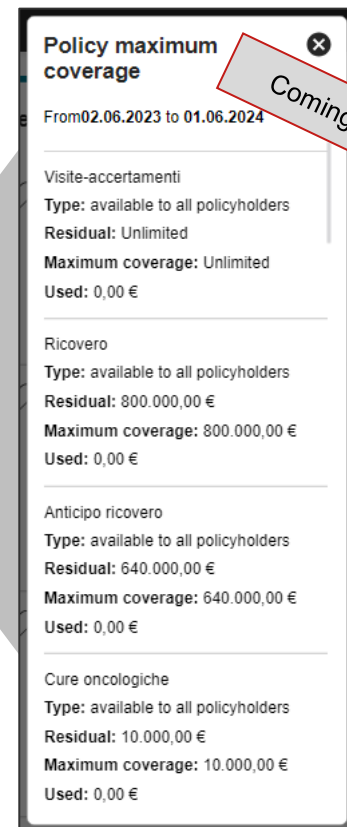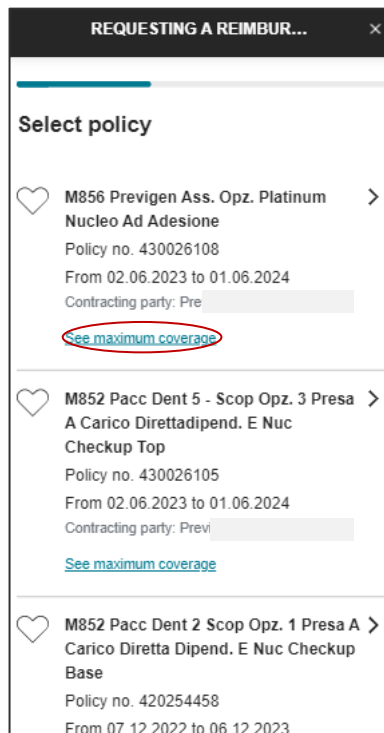
CLAIM FOR REIMBURSEMENT – CHOICE OF POLICY

4) **Choice of policy**: the system displays all the policies that are **active in the year indicated** and the coverages of which cover the reimbursement for the **service and the insured party chosen.**

Click on 'see maximum coverages' to see the maximum coverages associated with the policy and check:

- the **overall maximum coverage**
- the **residual amount** payable under the policy
- any amounts **already used**

CLAIM FOR REIMBURSEMENT - CONTACT DETAILS OF THE INSURED PARTY

5) **Choice of contact details**: the user's email address and IBAN appear on the screen. The user must **indicate an email address**, to which documents and progress notifications about the filing will be sent, **and an IBAN**, to which the credit will be made once the claim has been approved. If the details that appear on the screen are correct, you can continue by pressing the «Continue» button.

If the contact number is not present, it can be added: this will be registered as the reference contact details for the specific claim.

CLAIM FOR REIMBURSEMENT - INVOICE UPLOADING

6) **Invoice uploading**: the user must upload documentation of the expense. It is only possible to upload **one document.** After uploading, the screen shows several fields **that must be filled in to continue with the process.**

You can upload files in JPEG, PNG or PDF format, with a maximum size of 10 MB, either by uploading an **already saved document** or by **photographing it** using a smartphone.

CLAIM FOR REIMBURSEMENT - MEDICAL DOCUMENTATION

7) **Uploading medical documentation**: if the chosen service requires it, the user must upload **the medical documents needed by the operators to authorise reimbursement**. Multiple files can be uploaded.

The upload screen is dynamic: **the requested documents vary** according to the previously selected service and the **'continue' button is only enabled if all mandatory documents have been uploaded.**

Clicking on the icon 'which documents should be uploaded?' opens an **information box with useful instructions** for the user.

CLAIM FOR REIMBURSEMENT - NOTES AND SUMMARY

8) **Notes**: the user is provided with a free text field, which he/she can enter useful information for managing the claim.

9) **Summary screen:** the system shows the information entered by the user, including all uploaded documents. **All entries can be changed** by clicking on the appropriate icon. After making changes, the user returns directly to the summary page.

CLAIMS ARCHIVE

The **'claims archive' section, accessible from the homepage, summarises all claims made**, with the main data (e.g. claim number; claim date; beneficiary; amount to be reimbursed/appointment date; etc.) and their related status icon.

The **claims are grouped by policy**, which can be selected via the drop-down menu at the top of the page. For each policy, there are two **dedicated sections per type of claim** (direct/reimbursement). You can **filter the list by status or by beneficiary**, or search for a claim via the search bar.

Selecting the individual claim provides access to the details of the claim *(see next page).*
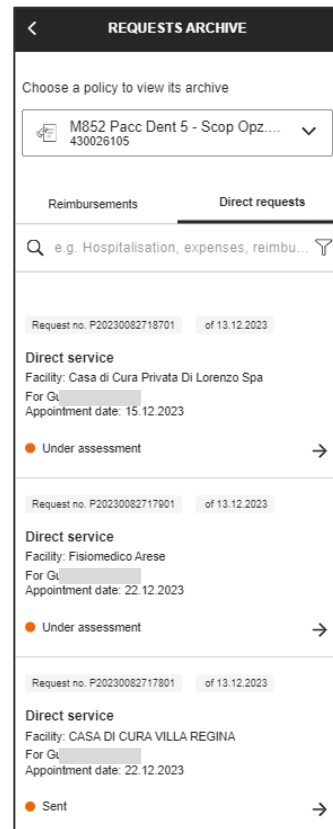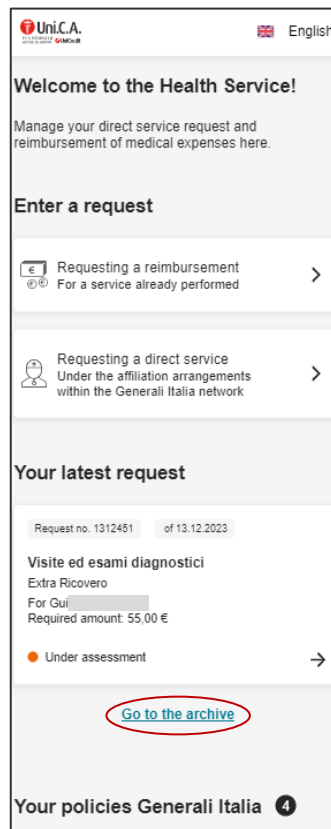
CLAIM DETAILS

In this section you will find all the **detailed information** related to the selected claim:

- **Tracking of the claim**, with details of the progress of the filing, is available in the 'claim status' tab *(see next page)*
- **Details of the claim**, with all information entered during the opening phase, are available in the 'claim status' tab
- **All documents associated with the claim**, both those uploaded at the opening stage and those that may be included in the case of claims for supplementary information

CLAIMS TRACKING

The tracking function allows the status of a claim to be monitored. The following statuses are managed:

- **Sent**, when the claim has been successfully sent, but processing by the Company has not yet started
- **In evaluation**, when the file is being handled by the Company
- **Request for supplementary information**, should it become apparent during processing that further documents need to be uploaded in order to finalise the filing *(see next page)*
- **Authorised**, if the filing has been authorised. In the event of a reimbursement, the details of the transfer and the amount paid will also be indicated
- **Not authorised**, if the claim was denied. In this case, there is always an information box containing the reason for the denied authorisation
- **Cancelled**, if the user has decided to cancel the claim sent. It is only possible to cancel a claim **in the case of a direct service with 'sent' or 'request for supplementary information' status**

'REQUEST FOR SUPPLEMENTARY INFORMATION' STATUS

If **further documents are required to enable the filing to be processed correctly**, the insured party will receive an email requesting supplementary information.

In this case, **the status of the claim is changed to 'Request for Supplementary Information'** and the user must **complete the information or upload documents** by clicking on the appropriate button in the claim details.

In addition to uploading the document, the user may include additional notes for clarification that will be sent to the claims adjuster. The claims adjuster's message will be visible both in the tracking section and by opening the conversation.

CONVERSATION WITH THE CLAIMS ADJUSTER

Messaging functionalityis also always available in tracking, which allows the user to **send notes to the claims adjuster to receive information about the filing**.

The functionality is deactivated in the case of claims in 'In Evaluation' status or direct claims in 'Cancelled' status.

In the event of a request for supplementary information, the chat is activated automatically and contains a message for the user from the claims adjuster
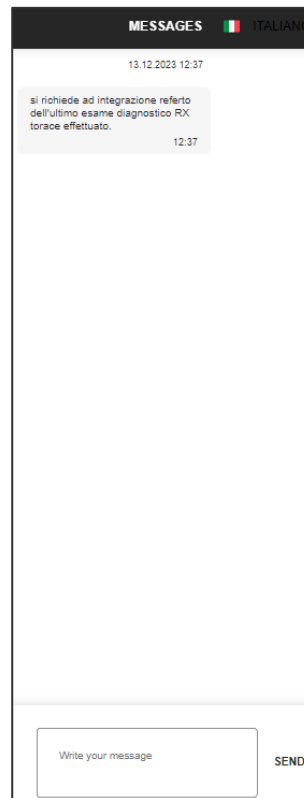
POLICY MAXIMUM COVERAGES

The policy maximum coverages are visible in the dedicated section, which can be reached by clicking 'see maximum coverages' in the policy card on the homepage.

After selecting **the period for** which the user wishes to view the maximum coverages, the user will see **for each service and for each insured party the overall maximum coverage, the amount used and the remaining amount.**

It is also possible to see the maximum coverages during the direct claim and reimbursement flows, in the policy selection step.
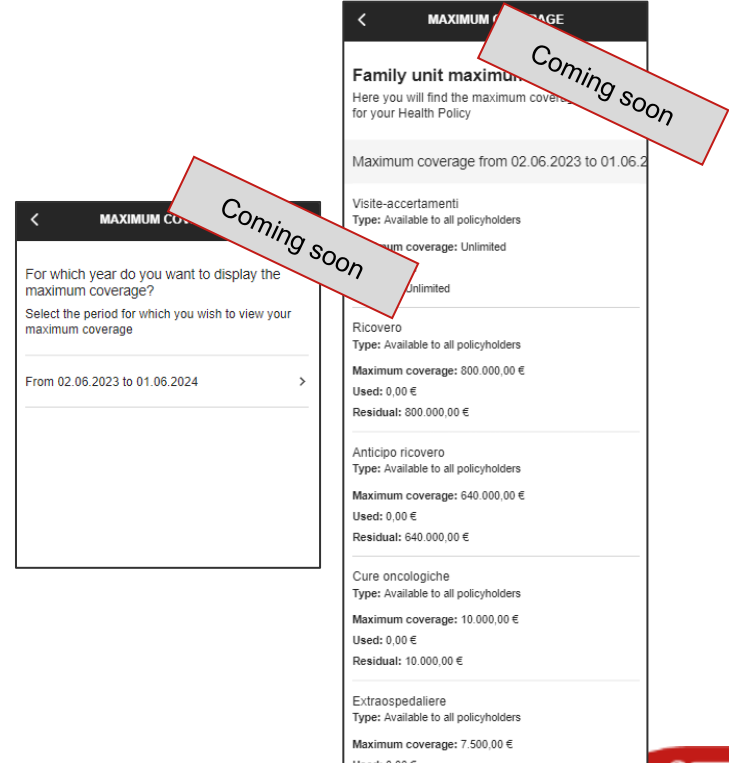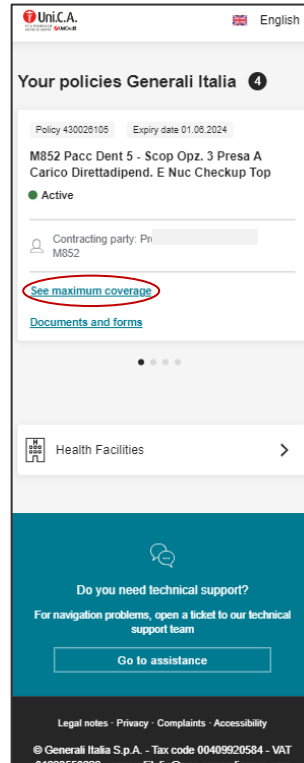
DOCUMENTS AND FORMS

The 'documents and forms' section contains useful documentation relating to the policy, including:
- **Services reconciliation table,** useful for checking the service items to select when claiming a direct claim for service or reimbursement.
- **The power of attorney and privacy document** *(see next page)*
- **The foreign coverage certificate**, useful in the event of services abroad
- **Tax certificates,** divided by year. It is possible to view certifications for past years by clicking on the 'change year' button

All documents can be downloaded by clicking on the download button to the right of the document name.
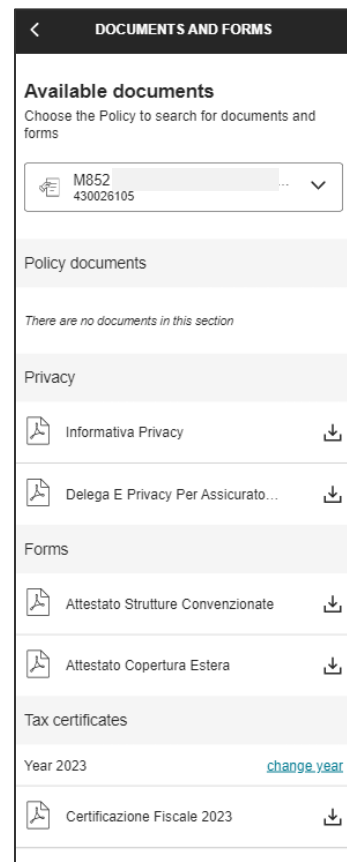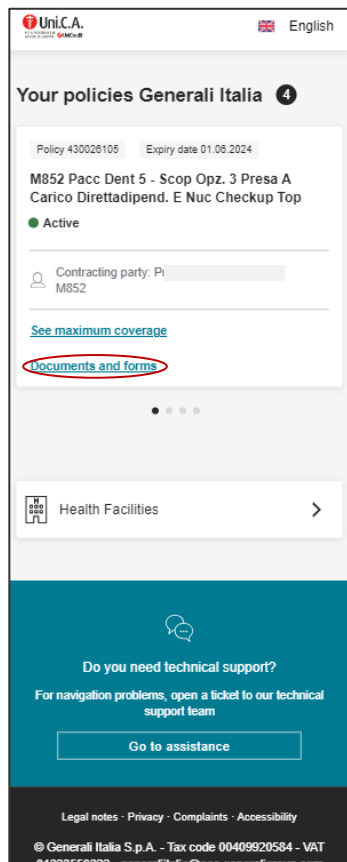
PRIVACY AND AUTOMATED MANAGEMENT CONSENT

Privacy consent is requested **on the first claim (direct or reimbursement) sent on behalf of each family member covered by the policy.**

Consent to the use of personal data is mandatory.

Consent for automated processing is optional and, if provided, allows filings to be processed more quickly.

In the case of a claim sent **on behalf of an insured party over the age of 18**, it is necessary to attach the **power of attorney and privacy document**, made available during the process and also available in the 'documents' section of the policy detail.

In the case of a family member who is a minor, consent is given directly by the Head of the family unit.

HEALTHCARE FACILITIES

The 'healthcare facilities' functionality allows the user to **view all healthcare facilities belonging to the Generali network**, directly from the healthcare service claim homepage.

On this page, users can **search for facilities by name or by location**, whilst still indicating the specialisation they need. Facilities can be **viewed as a list or on a map.**

THANK YOU

GENERALI