INTESA SANPAOLO RBM SALUTE

**Insurance contract covering health costs**

**PID - Non-Life Product Information Document**

**Company: INTESA SANPAOLO RBM SALUTE S.p.A. – General Management in Italy – Company registered under number 1.00161 in the Register of Insurance Companies**

**Product: UNICA_DENT - Staff in service and in retirement (former FAPSER)**

Full pre-contractual and contractual information on the product is provided in other documents.

## What kind of insurance is it?

The cover provides for the reimbursement of expenses incurred as a result of injury or illness for dental treatment and dentures (clinical care and surgery; conservative dentistry; fixed dentures; removable dentures; implantology) and orthodontic care (check-up; therapy)..

## What is covered by the insurance?

The Company shall pay the following expenses:

- ✓ Dental care and dentures: the Company shall pay expenses for a list of clinical and surgical services, conservative dentistry, fixed dentures, removable dentures and implantology;
- ✓ Orthodontic care: the Company shall pay the expenses for a list of check-ups and therapies.

The cover provides for a maximum annual limit (ceiling) of the indemnities recognised by the single benefits.

## What is not covered by the insurance?

- × New insured who have already reached the age of 85 on 31 December 2021 are not permitted to join the policy. However, individuals who were already covered under the previous health plan and who turn 85 during the term of the contract may continue to be insured until 31 December 2023.
- × Insurance cover does not apply in other cases, such as:
  - accidents resulting from the practice of air sports and from participation in professional competitions and related training,
  - accidents, illnesses and intoxications resulting from alcoholism, abuse of psychotropic drugs, and use of narcotics (except for therapeutic administration) or hallucinogens.
  - expenses incurred for a series of medical services (including non-therapeutic voluntary abortion) or due to treatment and procedures for the consequences or complications of accidents or illnesses that are not covered under the policy.

## Are there any cover limits?

- ! Cover provides for specific deductibles and coinsurance per benefit, which may result in the reduction or non-payment of compensation.

INTESA SANPAOLO RBM SALUTE

## Where is the cover valid?

✓ The whole world. Damages are liquidated in Italy, in EUR. For expenses incurred abroad, reimbursements are made at the average exchange rate for the week in which the expense was incurred, as calculated from the ECB quotation.

## What are my obligations?

- The Insured must make accurate and complete statements on the risk to be insured without reticence; during the course of the contract, they must report any changes that may lead to an increase in the insured risk. Failure to comply with these obligations may result in the complete or partial forfeiture of the indemnity and in the termination of the insurance
- The Insured or his/her assignees must report the Claim to the Company as soon as they are able. Failure to comply with this obligation may result in the complete or partial forfeiture of the right to the repayment of expenses.
- If the Insured is reimbursed by Funds or Entities, s/he must send the documentation of liquidation of such Entities together with photocopies of the relative invoices
- In order to obtain the settlement of claims, it is necessary to present the medical documentation with the diagnosis in the name of the Insured.
- In the event of an accident, if a third party is liable for the damaging event, the Insured shall notify the Company of the name and address of the liable third party and to end the report from the Emergency Room.
- In the event of a road accident, when filing the first payment claim regarding medical services, the Insured is required to send the Company the accident report drawn up by the police or the CID Form (amicable accident report).

## When and how should I pay?

- The premium is annual and indivisible but it is divided into monthly instalments in advance as shown on the policy certificate.
- The Policyholder shall pay the premium to the Company by bank transfer.

## When does cover begin and when does it end?

- Cover lasts 2 years; it shall take effect at 0:00 am on 01/01/2022 if the premium or the first premium instalment has been paid; otherwise it shall take effect at midnight on the day after payment. it expires at midnight on 31/12/2023.
- There is no tacit renewal.

## How can I cancel my policy?

- This cover is not tacitly extended and, therefore, is automatically terminated upon its natural expiry.
- There are cases in which the Policyholder has the right to withdraw from the contract.

# Insurance covering medical expenses

**Additional product information document for non-life insurance products (Additional Non-Life PID)**

**Intesa Sanpaolo RBM Salute S.p.A.**

**Product: UNICA DENT - Staff in service and in retirement (former FAPSER)**

**Last release 01/2022**

**This document contains additional and complementary information to that contained in the product information document for non-life insurance products (Non-life PID), in order to help the potential policyholder to understand in more detail the characteristics of the product, the contractual obligations and the financial situation of the Intesa Sanpaolo RBM Salute.**

**The policyholder must read the insurance conditions before signing the contract.**

**Intesa Sanpaolo RBM Salute S.p.A.**
Registered office: via A. Lazzari no. 5, 30174 Venice – Mestre (VE)
tel. +39 041 2518798
Internet website: www.intesasanpaolorbmsalute.com;
e-mail: info@intesasanpaolorbmsalute.com; certified e-mail: comunicazioni@pec.intesasanpaolorbmsalute.com
Authorised to carry out insurance business by ISVAP Order no. 2556.
Subject to the management and coordination of Intesa Sanpaolo Vita S.p.A., entered in the Register of Insurance and Reinsurance Companies under no. 1.00161 and belonging to the Intesa Sanpaolo Vita Insurance Group, entered in the Register of Insurance Groups under no. 28.

**Financial data at 31 December 2020**

**Shareholders' Equity:** 367,891,567.00 euros, of which Share Capital 160,000,000.00 euros.
**Total equity reserves**: 146,026,695.00 euros.
The financial data (shareholders' equity, share capital, reserves and solvency ratio) are updated annually following the approval of the financial statements. They can be consulted at www.intesasanpaolorbmsalute.com (Corporate Information section).
Risk profiling results of Intesa Sanpaolo RBM Salute:

- Solvency Capital Requirement (SCR) = 143,283,029 euros
- Minimum Capital Requirement (MCR) = 35,820,757 euros
- Own funds eligible to cover SCR = 387,030,759 euros
- Own funds eligible to cover the MCR = 387,030,759 euros
- *Solvency ratio*: 270%

The contract shall be governed by Italian law.

## What is covered by the insurance?

There is no additional information to that provided in the PID; the commitment of Intesa Sanpaolo RBM Salute is commensurate to the insured sums agreed with the policyholder.

## What is NOT covered by the insurance?

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| **Excluded risks** | The following expenses are excluded from payment:<br>1) Treatment and/or procedures for the elimination or correction of physical defects or malformations pre-existing at the time of the conclusion of the contract<br>2) The treatment of mental illness and mental disorders in general, including neurotic behaviour<br>3) Medical services for aesthetic purposes, with the exception of reconstructive plastic |

surgery required as a result of an accident or demolitive procedures during the period the contract is active
4) Hospitalisation during which only physical examinations or therapies, which, due to their technical nature, can also be carried out in an outpatient clinic, are carried out
5) Infertility exams and medical practices aimed at artificial insemination
6) Hospitalisation caused by the need for the Insured to receive care from third parties in order to carry out the elementary acts of daily life, as well as long-term hospitalisation. Long-term hospitalisation is to be understood as any hospitalisation determined by the physical conditions of the Insured that no longer allow recovery with medical treatment and that make it necessary to stay in a nursing home for care or maintenance physical therapy;
7) Orthopaedic implant replacement surgery of any kind
8) The treatment of illnesses resulting from the abuse of alcohol and psychotropic drugs, as well as the non-therapeutic use of narcotics or hallucinogens
9) Injuries resulting from the practice of extreme and dangerous sports as well as from participation in related competitions and training trials, whether official or not
10) Injuries caused by wilful actions by the Insured
11) The direct or indirect consequences of transmutation of the nucleus of the atom as well as of radiation caused by the artificial acceleration of atomic particles;
12) The consequences of war, insurrections, earthquakes and volcanic eruptions
13) Therapies not recognised by official medicine
14) Medical examinations and treatments carried out/ordered by a general practitioner or with a specialisation not related to the pathology requiring the service
15) Visits and assessments for the issue/renewal of licenses, the certificate of good health, the certificate of fitness for sports practice
16) Visits, assessments and/or claims investigation
17) Exams carried out at pharmacies
18) Non-specific medical checks and check-ups
19) Medical review of clinical exam reports
20) Healthcare material in general, thermal water for inhalations
21) Medicinal products
22) Expenses incurred to issue health documentation (medical records, certificates and medical acts in general) and for the payment of healthcare fees
23) Vaccines
24) Temporary dentures
25) Mud, bathing, thermal treatments.

## Are there any cover limits?

The Policyholder/Insured must notify the Company in writing of the existence and subsequent stipulation of other insurance policies for the same risk; in the event of a claim, the Policyholder or Insured must notify all the insurers, indicating to each the name of the others, pursuant to Article 1910 of the Italian Civil Code. The above is also valid in the event that the same risk is covered by contracts stipulated by the Insured with Entities, Funds, or Supplementary Health Funds. The right of recourse of the Company is reserved.
The following are the ceilings/sums insured, coinsurance and deductibles for the various options. Unless otherwise indicated, the ceilings are per Year/Family Unit and the coinsurance/deductibles are per event.

| DENTAL CARE AND DENTURES - ORTHODONTIC CARE | |
|---|---|
| **Dental care and dentures** | |
| Ceiling | Limits as per price list |
| Conditions: | |
| Out-of-network | Reimbursement of 80% of expense incurred |
| **Orthodontic care** | |
| Ceiling Check-up | €332 |
| Ceiling therapies | €1,300 for removable devices; €1,500 for fixed or mixed device |

| | |
|---|---|
| Conditions:<br><br>Out-of-network | <br><br>Reimbursement of 80% of expense incurred |

## What are my obligations? What are the company's obligations?

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| **What to do in case of a claim?** | **Reporting a claim:** the Insured or his/her assignees must report the claim to Intesa Sanpaolo RBM Salute as soon as they can, in writing or via web (reserved area/mobile app). A claim for compensation may be submitted in the same manner. |
| | **Processing by other companies**: not included. |
| | **Limitation**: the right to pay the premium instalments shall lapse one year after the individual due dates (Article 2952 of the Italian Civil Code). Other rights deriving from the insurance contract lapse in two years from the day of the accident. |
| **Incorrect or reticent statements** | The Policyholder and Insured must make accurate and complete statements without reticence; if they fail to do so, they may forfeit all or part of their right to compensation and the insurance may cease (Articles 1892, 1893 and 1894 of the Italian Civil Code). The Insured must notify Intesa Sanpaolo RBM Salute of any worsening of or reduction in risk. |
| **Company obligations** | The Company shall: make payment to the Insured within 10 working days of receipt of the request for payment complete with all the necessary medical and expense documentation. |

## When and how should I pay?

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|---|---|
| **Premium** | Although the premium is annual and indivisible, it must be paid in monthly instalments in advance as shown on the policy certificate. The insured amounts and premiums are not indexed. Premium includes tax. The premium is paid by the Policyholder to Intesa Sanpaolo RBM Salute by bank transfer. |
| **Refund** | There is no refund of the premium since, in the event of loss during the year of the requisites to benefit from the insurance cover, the cover is active until the first useful expiry date. |

## When does cover begin and when does it end?

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| **Duration** | The insurance contract has a duration of 2 years starting at 00:00 am on 01/01/2022, if the premium or the first instalment of premium has been paid; otherwise it shall take effect at midnight on the day following payment. Cover expires at midnight on 31/12/2023. There are no waiting periods (when cover is not active). |
| **Suspension** | If the Policyholder fails to pay the premiums or the following premium instalments, the insurance cover shall be suspended from midnight of the 15th day after the expiry date and shall resume effect from midnight of the day following payment.<br><br>Subsequent deadlines must, however, be met (Article 1901 of the Italian Civil Code). Once the terms have expired, Intesa Sanpaolo RBM Salute may terminate the contract by registered letter and is still entitled to claim the expired premiums. |

## How can I cancel my policy?

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| **Change of mind after underwriting** | The Policyholder is not entitled to change of mind after signing. |
| **Termination** | In addition to the cases of termination provided for by law, the Policyholder may withdraw immediately and without charge - by registered letter with acknowledgement of receipt - in the case of events that demonstrate a situation, albeit preliminary, of financial instability for the Company, such as: |

| | |
|---|---|
| | (a) no or inadequate technical provisions;<br>(b) no or inadequate solvency margin;<br>(c) requests by IVASS requiring the Company to prepare a financial recovery plan to restore its solvency margin;<br>(d) determination by IVASS of serious financial losses;<br>(e) initiation of the Extraordinary Administration.<br>In this case, the premium instalments not yet paid shall not be due to the Company.<br>The Policyholder may also withdraw unilaterally at the end of the first year of cover in the event of manifest inadequacy of the standard of service rendered by the Company with respect to the level of service guaranteed, which is demonstrated by the application of the maximum penalty set out therein. |

## Who is this product for?

The insurance product is intended for personnel in service or retirement of the UniCredit Group, provided that these personnel are enrolled in Uni.C.A., who intend to obtain reimbursement of health expenses incurred as a result of injury or illness.

## What costs do I have to cover?

There are no additional fees charged to the policyholder.

| HOW CAN I FILE COMPLAINTS AND RESOLVE DISPUTES? | |
|---|---|
| **To the insurance company** | Complaints about the contract or an insurance service must be in writing and sent to the Intesa Sanpaolo RBM Salute S.p.A. Complaints Office either:<br>- filling out the online form(https://www.intesasanpaolorbmsalute.com/reclami.html)<br>- by ordinary or registered mail: Intesa Sanpaolo RBM Salute S.p.A. – Ufficio Reclami - Sede Legale - Via A. Lazzari no. 5, 30174 Venice – Mestre (VE)<br>- by fax: 0110932609<br>- by email: reclami@intesasanpaolorbmsalute.com<br>- by certified email: reclami@pec.intesasanpaolorbmsalute.com<br>If you do not use the online form, you must indicate in your complaint to receive a clear and complete reply:<br>- name, surname, address and date of birth of the Insured<br>- name, surname, address of the person filing the claim, if other than the Insured (e.g., consumer association, lawyer, family member, etc.), with power of attorney signed by the Insured and a copy of the relevant ID document<br>- case number<br>- concise and complete statement of the facts and reasons for the complaint.<br>Requests for clarification or information, claims for compensation for damages or fulfilment of contract, are not considered complaints.<br><br>Intesa Sanpaolo RBM Salute shall reply to the complaint within 45 days of the date of its receipt. |
| **To IVASS** | In the event of an unsatisfactory outcome or late response, you can contact IVASS, Via del Quirinale, 21 - 00187 Rome, fax 06.42133206, certified e-mail: **ivass@pec.ivass.it**. More info at: **www.ivass.it** |
| **BEFORE RESORTING TO A COURT OF LAW, alternative dispute resolution systems can be used, such as:** | |
| **Conciliation** | With the necessary assistance of a lawyer, you can contact a Conciliation Body to be chosen from among those listed in the appropriate register kept by the Italian Ministry of |

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| | Justice, available at **www.giustizia.it.** (Law no. 98 of 9/8/2013) in order to reach an agreement between the parties.<br>An attempt at conciliation is a condition for proceeding with a civil case.<br>A request for conciliation may be sent to:<br>Intesa Sanpaolo RBM Salute S.p.A.<br>Claims Department<br>Via A. Lazzari no. 5, 30174 Venice – Mestre (VE)<br>or by email: reclami@pec.intesasanpaolorbmsalute.com |
| **Assisted negotiation** | Through a request from your attorney to Intesa Sanpaolo RBM Salute.<br>The assisted negotiation is optional and does not constitute a condition for admissibility of court proceedings. |
| **Other existing alternative dispute resolution systems** | For the resolution of cross-border disputes it is possible to submit a complaint to IVASS directly or to the competent foreign system by requesting the activation of the FIN-NET procedure or by the applicable regulations. |

**FOR THIS CONTRACT, THE COMPANY HAS AN INTERNET AREA RESERVED FOR THE POLICYHOLDER/INSURED (CALLED *INSURANCE HOME*), SO AFTER SIGNING YOU CAN CONSULT THIS AREA AND USE IT TO MANAGE THE CONTRACT ELECTRONICALLY.**

INTESA SANPAOLO RBM SALUTE

Health Insurance for staff in service and for retired staff of the **Unicredit S.p.A. Group**
Associated with
**Uni.C.A. Cassa Assistenza**

# TERMS AND CONDITIONS

***Please read the insurance conditions carefully before taking out the policy***

## FORM FI 2485

**Version 01/2022**

**Intesa Sanpaolo RBM Salute S.p.A.**

INTESA SANPAOLO
RBM SALUTE

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In accordance with Article 166 of the Insurance Code (Legislative Decree No. 209 of 7 September 2005) and the Guidelines issued by the ANIA [National Association of Insurance Companies] at the outcome of the "Simple and Clear Contracts" Technical Panel (6 February 2018), the forfeitures, nullities, limitations of guarantees and charges bearing on the Policyholder or Insured, contained in this contract, are shown in "underlined and bold" characters.

INTESA SANPAOLO RBM SALUTE

**To make the Terms and Conditions of Insurance clearer, these means were used:**

**Bold**: words and concepts of particular importance
Grey background: forfeiture, nullity, limitation of cover, charges to be borne by the Policyholder or the Insured
Green box: examples

# *Section I*

## GLOSSARY

**The Glossary is an integral and material part of the Terms and Conditions of Insurance. Unless otherwise stated, the terms and definitions listed below, which are marked with a capital letter, shall have the meaning given to each in this Glossary.**

**Terms stated in the singular include the plural, and vice versa. Terms denoting one gender include the other gender unless the context or interpretation indicates otherwise.**

**Insured:** person who is covered by the insurance.

**Insurance:** the insurance contract.

**Fund:** Uni.C.A. Cassa Assistenza, Piazza Gae Aulenti n. 3, (Torre A), 20154 - Milan, TIN 97450030156; a welfare entity qualified[1] to receive contributions and to undertake the contracting of the health programme for tax and contribution purposes

**TCIs:** Terms and Conditions of Insurance.

**Medical centre:** A facility, even if not used as a hospital, not intended for the treatment of aesthetic problems, organised, equipped and duly authorised according to current legislation to provide diagnostic or therapeutic health services of particular complexity (diagnostic and instrumental examinations, laboratory analyses, use of electromedical equipment, physical therapy and rehabilitation treatments) and with hospital health management.

**Company:** Intesa Sanpaolo RBM Salute S.p.A.

[1] Article 51 "Determination of income from employment" of Italian Presidential Decree no. 917/1986.

**Policyholder:** Uni.C.A. Cassa Assistenza, registered with the Italian Register of Health Funds

**Same-Day Hospitalisation:** Stay in a healthcare facility that usually ends within a day following medical treatment or surgical procedures.

**Deductible:** Fixed amount to be borne by the Insured. Unless otherwise specified, it applies per event. For cover that provides for the payment of an indemnity for each day of hospital stay, it is the number of days for which the indemnity is not paid to the Insured.

**Indemnity:** the amount the Company owes the Insured in the event of a claim covered by these TCIs.

**Accident:** event due to a fortuitous, violent and external cause that produces objectively ascertainable bodily injuries. Therefore, in order for the event to qualify as an accident under the policy, three concomitant causes must occur:

- fortuitous means: the result of chance, accidental, unintentional, unforeseeable or unavoidable
- violent means: intense and capable of damage (thus excluding all slow degenerations, such as certain inflammations and fraying)
- "external" shall mean an "exogenous cause and not internal to one's own body (pre-existing pathological condition), or an event caused by an external force

**Outpatient surgical procedure:** surgical procedure performed without inpatient hospitalisation.

**Illness:** any alteration in health that is not due to an accident.

**Family Unit:** The entire family unit as defined in Art. 5 "Insurable categories" of the Terms and Conditions of Insurance (also TCIs).

**Basic Health Plan:** the illness/accident policy underwritten by the Policyholder in favour of the Insured among those listed below:

- for staff in service: Nuova Plus, Extra, Extra4, Extra5
- for retired staff: Base, Base+, Standard, Plus, Extra, Over 85.

**Premium:** The amount that the Policyholder owes the Company.

**Payment scheme:** care provided at facilities/specialists that do not fall within the service agreement with Cassa Uni.C.A. or at facilities/specialists that do fall within the service agreed with Cassa Uni.C.A., but without the Insured having followed the procedures required for access to Network services. In this case, the payment of benefits shall be made by the Insured, and the Company shall pay the expenses under the conditions and within the limits established by the TCIs.

**Hospitalisation:** an in-patient stay involving overnight stay at a healthcare facility.

**Coinsurance:** the sum, expressed as a percentage, deducted from the expenses actually incurred and eligible for compensation under the terms of the contract, which shall be borne by the Insured.

**Claim:** the damaging event for which insurance cover is provided.

**Healthcare facility:** any nursing home, institute, or hospital in Italy or abroad, duly authorised in accordance with legal requirements and by the competent authorities, to provide hospital healthcare.

INTESA SANPAOLO RBM SALUTE

# CHAPTER 1 – GENERAL RULES GOVERNING THE CONTRACT

### Article 1. Information on Intesa Sanpaolo RBM Salute S.p.A.

Registered under number 1.00161 in the Register of Insurance Companies Authorised to carry out insurance business by ISVAP Order no. 2556 of 17/10/2007[2].

Website: www.intesasanpaolorbmsalute.com

Email: info@intesasanpaolorbmsalute.com

CERTIFIED E-MAIL: comunicazioni@pec.intesasanpaolorbmsalute.com

### Article 2. Waiting period

Not included.

### Article 3. Indexing of premiums and insured amounts

The premiums and insured amounts are not indexed.

### Article 4. Limitation and forfeiture of rights under the contract

The right to pay the premium instalments shall lapse one year after the individual due dates[3].

Example: if the premium instalment is due 31 December 2022, the Company may require payment by 31 December 2023.

Other rights deriving from the insurance lapse in two years from the day of the accident.

### Article 5. Insured categories

The Insurance is provided for personnel in service and in retirement who are insured with Uni.C.A. for the Health Plan 2022 – 2023 and who were already members of the TREVISO Policy in 2021.

The transfer of persons who are already insured between Group companies does not in any case constitute a novation of the insurance relationship.

The Insurance is provided free of charge to entire family unit insured with Uni.C.A. Therefore, the Insurance shall also cover the following family members:

1) spouse and dependent children;

[2] OJ 255 of 2 November 2007

[3] Article 2952 "Limitation in matters of insurance" of the Italian Civil Code

2) spouse who is not a dependent spouse or a cohabiting partner (living as man and wife) (the latter provided they are listed in the family status);

3) children who are not dependent as shown in the family status of the other separated or divorced parent;

4) other family members listed in the family status, including children of the spouse/cohabiting partner living as man and wife only;

5) children who are not dependent and not cohabiting and who are under 35 years of age at the date of inclusion in the cover, not married and not cohabiting as man and wife (with a total income limit of €26,000 gross per annum);

6) non-cohabiting parents aged over 60 years (with a total gross income limit of €26,000 per annum).

In the cases 2), 3) and 4), inclusion must concern all the persons listed in the family status (except for persons who already benefit from other forms of healthcare provided by their employer for whom an exemption from the above obligation is requested).

If, in the event of assignment to a new place of work, the insured employee in service moves to the new location without the entire family unit, the Insurance cover shall still be effective for the insured persons who have not moved. In order for the cover to be active, employees in service must send in the application form by the deadline communicated by the company to which they belong together with the authorisation to charge the relative premium, under penalty of forfeiting the right.

The spouse, including if legally and effectively separated, may always be included in the cover, even if their domicile and/or residence is different from that of the employee in service.

Underwriting of the policy by the insured is voluntary.

### Article 6. Declarations on circumstances concerning risk - Health Questionnaire

The Insured must make accurate and complete statements without reticence; failure to do so may result in the complete or partial forfeiture of the Indemnity and in the termination of the Insurance[4].

The Insured, his/her family members and assignees shall always allow the Company to verify, by means of investigations or checks, the truthfulness of all the declarations and data acquired (e.g. family ties, dependents), which are necessary elements for evaluating the validity of the Insurance for them.

[4] Articles 1892 "Incorrect statements and reticence with intent or gross negligence", 1893 "Incorrect statements and reticence without intent or gross negligence" and 1894 "Insurance in the name of or on behalf of third parties" of the Italian Civil Code.

The Insured must notify the Company of any worsening of or reduction in risk.

The Health Questionnaire does not to be completed.

## Article 7. Commencement of Insurance – Tacit Renewal – Right to withdraw

### 7.1 Effective date

The Insurance lasts for 2 years and is effective:

- from 0:00 am on 01/01/2022 if the premium or the first premium instalment has been paid
- otherwise it shall take effect at midnight on the day after payment.

It expires at midnight on 31/12/2023.

### 7.2 Tacit renewal

The contract does not provide for tacit renewal, therefore, at the expiry of the contract, the insurance shall be devoid of further effect".

### 7.3 Right to withdraw

The Policyholder's right to withdraw is provided.

## Article 8. Underwriting of Cover – Change of the Insured

Express reference is made to the provisions set out in article 8 of the terms and conditions of the Basic Health Plan for personnel in service and in retirement insured with Uni.C.A. and who are covered by the TREVISO Policy in 2021.

## Article 9. Territorial Validity

The insurance is valid worldwide.

## Article 10. Policyholder's obligations to provide documents

The Policyholder shall give the Insured:
a) PID
b) Additional PID
c) Terms and Conditions of Insurance
b) Privacy Policy in Annex 6 to this Contract

The aforesaid documents are the only for which the Company assumes obligations with reference to the services indicated therein. The drafting of any other documents (e.g., operating guides) shall be evaluated and, if necessary, carried out by the Company, which shall not recognise the validity of documents relating to this Insurance, drawn up by others.

**Article 11. Tax regime**

Tax on Premiums: 2.50%
Tax on Indemnities: not included.
Taxes related to the Insurance shall be borne by the Policyholder also in the case of advance payment by the Company.

**Article 12. Complaints**

Complaints concerning a Contract or insurance service are to be sent to the Company in the manner set forth at www.intesasanpaolorbmsalute.com/Reclami.

**Article 13. Alternative dispute resolution systems: conciliation**

For disputes related to this Contract (including disputes regarding its interpretation, validity, performance and termination) before proceeding through the courts, it is mandatory to submit the case to a Conciliation Body listed in the Register of the Italian Ministry of Justice and based in the place where the judicial authorities are territorially competent[5].
An attempt at conciliation is a condition for admissibility of court proceedings.
If the dispute is not settled by conciliation, the Company, Policyholder and Insured are free to resort to judicial authorities.

**Article 14. Jurisdiction**

For disputes related to this Contract (including disputes regarding its interpretation, validity, performance and termination):
- between the Company and the Policyholder: shall be settled by the judicial authority where the Policyholder has its registered office
- between the Company and the Insured: shall be referred to the judicial authorities at the place of residence (if in Italy) or domicile of the Insured or assignee.

The Company, Policyholder and Insured may always resort to conciliatory systems.

**Article 15. "Home Insurance"**

***"EasyUnica" mobile app***

The Insured may access "EasyUnica" to access the following features:

- display and modify personal and contact data
- display Operations Centre contacts
- search for affiliated Network facilities
- view the status and details of one's cases
- pre-activate direct care services.

The Insured already registered in the Reserved Area will use the same credentials (login and password) to access the services via the Mobile APP. Otherwise, the Insured must register for

[5] Legislative Decree 28/2010 on conciliation aimed at reconciling civil and commercial disputes, as amended.

the Reserved Area. For all web functions (see specific documentation published on the websites www.unica.unicredit.it and www.unica.previmedical.it).

**Article 16. Law applicable to the Contract – Reference to the provisions of the Law**

The insurance shall be governed by Italian law. The provisions of the law shall apply for all matters not expressly governed by this contract.

It is understood that in the event that legislative changes occur that may require changes to the contractual terms and conditions, the Parties shall meet to define the new insurance terms and conditions.

INTESA SANPAOLO RBM SALUTE

# Section II

## CHAPTER 1 - INSURED SERVICES

### Article 17. Description of the insured services

The Company guarantees the reimbursement of expenses incurred for the services indicated below, provided that they are the result of injury or illness, under the terms and conditions set out by this contract.

To obtain benefits, the insured may contact:
a) Private or public health facilities affiliated with the Italian National Health Service
b) Private or public health facilities not affiliated with the Italian National Health Service

### A) DENTAL CARE AND DENTURES - ORTHODONTIC CARE

#### 1 DENTAL CARE AND DENTURES

The Company shall pay the insured (according to the limits shown in the tables below) for claims supported by reimbursement invoices issued by doctors or dental technicians who practice in dental offices, certifying the expenses incurred for dental services (dental, prosthetic, etc.).

Invoices from dental laboratories may be submitted for reimbursement only for complete upper and/or lower dentures (14 or 28 units) or repairs/rebasing of removable dentures.

Services must always be specified by type, number and unit amount of expense; the teeth on which these services have been performed must also be indicated, using a form prepared for this purpose, which must be completed and signed by the dentist.

A maximum of 2 dental visits shall be paid within the same dental treatment.

For reimbursement of periodontal surgery, it is necessary to produce certification attesting to the pathology and the type of surgery that is necessary.

Reimbursable expenses are listed below:

**CLINICAL CARE AND SURGERY**

| | | |
|---|---|---|
| Visit (max. 2 visits per treatment) | 80% of expense incurred, max. | **€42.00** |
| Intraoral X-ray | 80% of expense incurred, max. | **€21.00** |
| Dental medication | 80% of expense incurred, max. | **€21.00** |
| Panoramic radiograph | 80% of expense incurred, max. | **€63.00** |
| Tooth extraction | 80% of expense incurred, max. | **€63.00** |

| | | |
|---|---|---|
| Tooth extraction with complete or partial bone inclusion | 80% of expense incurred, max. | **€145.00** |
| Periodontal surgery (per surgery) | 80% of expense incurred, max. | **€414.00** |
| Removal of fixed denture (per abutment) | 80% of expense incurred, max. | **€42.00** |

**CONSERVATIVE DENTISTRY**

| | | |
|---|---|---|
| Tartar removal (per session) | 80% of expense incurred, max. | **€63.00** |
| Non-penetrating caries treatment and filling | 80% of expense incurred, max. | **€104.00** |
| Penetrating caries treatment and filling | 80% of expense incurred, max. | **€124.00** |
| Root canal | 80% of expense incurred, max. | **€208.00** |
| Reconstruction of devitalised tooth | 80% of expense incurred, max. | **€124.00** |
| Periodontal therapies (iontophoresis, gingivectomy, selective grinding, intergingival infiltration, interdental ligation, etc.) | 80% of expense incurred, max. | **€414.00** |
| Dental prevention (fluoridation, sealing, etc.) | 80% of expense incurred, max. | **€310.00** |

**FIXED DENTURES**

| | | |
|---|---|---|
| Prosthetic element or capsule or crown | 80% of expense incurred, max. | **€414.00** |
| Stump pin | 80% of expense incurred, max. | **€166.00** |
| Parapulpal pins | 80% of expense incurred, max. | **€63.00** |
| Inlay | 80% of expense incurred, max. | **€208.00** |
| Restoration and/or repair of denture element | 80% of expense incurred, max. | **€124.00** |

**REMOVABLE DENTURES**

| | | |
|---|---|---|
| Skeletonized with 3 or more elements | 80% of expense incurred, max. | **€1,240.00** |
| Metal skeleton with 3 or more elements (including hooks) | 80% of expense incurred, max. | **€1,860.00** |
| Complete upper or lower denture (14 | 80% of expense incurred, max. | **€1,450.00** |
| Complete upper or lower denture (28 | 80% of expense incurred, max. | **€2,900.00** |
| Element of metal skeleton or upper and/or lower complete denture or removable denture | 80% of expense incurred, max. | **€124.00** |
| Hook and/or bracket: | 80% of expense incurred, max. | **€166.00** |

| | | |
|---|---|---|
| Denture repair or relining | 80% of expense incurred, max. | **€208.00** |

**IMPLANTOLOGY**

| | | |
|---|---|---|
| Surgery (per hemiarch) | 80% of expense incurred, max. | **€414.00** |
| Implant and/or pin | 80% of expense incurred, max. | **€414.00** |

## 1 ORTHODONTIC CARE

The Company shall indemnify claims (according to the limits in the tables below) accompanied by:

- A specialist medical prescription indicating the type of malformation, the probable duration of treatment and the type of denture – fixed, removable or mixed – to be applied

- invoice/receipt certifying the expense incurred.

**CHECK-UP**

| | | |
|---|---|---|
| Orthopantomography, tele-X-ray, cephalometric tracing and analysis, photo series, electromyographic examination, study models, etc.: | 80% of expense incurred, max. | **€332.00** |

**THERAPY**

| | | |
|---|---|---|
| For each year of care with removable, functional equipment (including follow-up visits): | 80% of expense incurred, max. | **€1,300.00** |
| For each year of care with fixed or mixed equipment (including follow-up visits): | 80% of expense incurred, max. | **€1,500.00** |

## CHAPTER 2 - EXCLUSIONS AND LIMITS

### Article 18. Exclusions

The following are excluded from cover:

1) Treatment and/or procedures for the elimination or correction of physical defects or malformations pre-existing at the time of the conclusion of the contract
2) The treatment of mental illness and mental disorders in general, including neurotic behaviour
3) Medical services for aesthetic purposes, with the exception of reconstructive plastic surgery required as a result of an accident or demolitive procedures during the period the contract is active
4) Hospitalisation during which only physical examinations or therapies, which, due to their technical nature, can also be carried out in an outpatient clinic, are carried out
5) Infertility exams and medical practices aimed at artificial insemination
6) Hospitalisation caused by the need for the Insured to receive care from third parties in order to carry out the elementary acts of daily life, as well as long-term hospitalisation. Long-term hospitalisation is to be understood as any hospitalisation determined by the physical conditions of the Insured that no longer allow recovery with medical treatment and that make it necessary to stay in a nursing home for care or maintenance physical therapy;
7) Orthopaedic implant replacement surgery of any kind
8) The treatment of illnesses resulting from the abuse of alcohol and psychotropic drugs, as well as the non-therapeutic use of narcotics or hallucinogens
9) Injuries resulting from the practice of extreme and dangerous sports as well as from participation in related competitions and training trials, whether official or not
10) Injuries caused by wilful actions by the Insured
11) The direct or indirect consequences of transmutation of the nucleus of the atom as well as of radiation caused by the artificial acceleration of atomic particles;
12) The consequences of war, insurrections, earthquakes and volcanic eruptions
13) Therapies not recognised by official medicine
14) Medical examinations and treatments carried out/ordered by a general practitioner or with a specialisation not related to the pathology requiring the service
15) Visits and assessments for the issue/renewal of licenses, the certificate of good health, the certificate of fitness for sports practice
16) Visits, assessments and/or claims investigation
17) Exams carried out at pharmacies
18) Non-specific medical checks and check-ups
19) Medical review of clinical exam reports
20) Healthcare material in general, thermal water for inhalations
21) Medicinal products
22) Expenses incurred to issue health documentation (medical records, certificates and medical acts in general) and for the payment of healthcare fees

23) Vaccines
24) Temporary dentures
25) Mud, bathing, thermal treatments.

## Article 19. Non-insurable Persons

New insured who have already reached the age of 85 on 31 December 2021 are not permitted to join the policy.

However, individuals who were already covered under the previous health plan and who turn 85 during the term of the contract may continue to be insured until 31 December 2023.

Up to the age limit for this cover, mentally handicapped persons or persons taking psychotropic medications for therapeutic purposes will also be eligible for cover, subject to the provisions of Article 21 "Exclusions".

INTESA SANPAOLO RBM SALUTE

## CHAPTER 3 - PAYMENT OF INDEMNITY

### Article 20. Charges in the event of a claim and procedures to access services

### 20.1 Charges

**Claim**
The claim must be reported by the Insured or his/her assignees to the Company as soon as they have the opportunity to do so, and in any case within and not beyond the terms of limitation of the right. Failure to comply with this obligation may result in the total or partial loss of the right to payment of the expenses incurred, pursuant to Article 1915 of the Italian Civil Code.
If essential elements are missing, and the Insured is unable to make them available to the Company, the claim cannot be presented and is therefore rejected. "Claim" means a request for access to the Network to use services under the direct care scheme or to obtain Reimbursement or Indemnity (however named).
The Operations Centre avails itself of medical consultants in order to correctly frame the service requested from among the contractually provided covers. The medical consultants of the Operations Centre do not enter into the merits of the medical request (i.e., they do not evaluate the suitability of the plan of care prescribed by the attending doctor for the treatment of the pathology of the Insured), but simply ascertain that it is a covered Claim.

**The Company shall reject a claim in the following cases in which the essential elements mentioned below are deemed to be lacking**:

Reimbursement/Indemnity Compensation Scheme
- cover not included
- pathology missing or inconsistent with the service
- no documentation at all or illegible documentation
- no cover
- incorrect request entry
- expired medical prescription
- Depleted ceiling
- submitting a new claim for an invoice that has already been submitted for reimbursement/settled
- submitting a claim that has already been requested/settled
- cancellation of the claim by the Insured

**The Company shall require the Insured to supplement the claim if**:
- The supporting documentation is incomplete (e.g.: no intraoral x-ray and photo materials for dental services
- the Insured to whom the Claim relates has not been correctly indicated. If the Insured fails to supplement the Claim within 60 calendar days of the Company's request for supplementation, the claim shall be rejected; the application can still be resubmitted.

**Date of Claim**
- dental services: the date of execution of the single service.

**Reimbursement by Funds, Agencies or other Companies**
If the Insured receives reimbursement from Funds, Agencies or other insurance companies, s/he must send the statement of settlement of the individual services from such entities and photocopies of the invoices relating to the reimbursement.

**Language of documentation**
Documentation drawn up in a language other than Italian, English, French or German must be accompanied by a translation into Italian. If there is no translation, any costs to translate it shall be borne by the Insured.

**Visits by doctors commissioned by the Company**
The Insured, his/her family members or assignees must allow visits by the Company's doctors and any investigations or checks that the Company may deem necessary; for this purpose they shall release the doctors who have examined and treated the Insured from doctor-patient confidentiality.
The assessment may be ordered
- not earlier than 48 hours after the claim has been filed
- within no more than 6 months from the acquisition of the complete documentation relating to the claim.

**Death of the Insured**
If during the validity of cover the Insured dies,
- his legal heirs shall promptly notify the Company
- the obligations provided for in this article must be fulfilled by the heirs entitled to claim reimbursement for claims made or yet to be made up to the expiry of the cover.

In this case, other documents must be submitted such as:
- death certificate of the Insured,
- certified copy of any will, or declaration in lieu of affidavit, with:
  - details of the will
  - declaration if the will is the last valid and has not been challenged
  - indication of the heirs to the will, their ages and capacity to act;
- if there is no will: a declaration in lieu of affidavit (in the original or certified copy) made by the interested party before a public official proving that:
  - the Insured died without leaving a will,
  - the personal details, age and capacity to act of the legitimate heirs,
  - that there are no other persons to whom the law attributes rights or shares of the estate
- if there are beneficiaries who are minors or lacking capacity: certified copy of the decree of the judge supervising a guardianship authorising the Company to liquidate the capital and the beneficiaries to collect their shares

- photocopy of a valid ID document and tax/health insurance card of each heir
- declaration signed by all the heirs, indicating the IBAN code of a single current account to which the transfers relating to the payment of claims filed or still to be filed up to the expiry of the cover as regulated in this Contract.

**Private services at public facilities:**
Services are considered private even if they are provided in public facilities.

**Services between two insurance years**
Services provided between two insurance years are included in the ceiling amount for the year in which the service is provided.
No invoices are allowed on account.

**Pre- and post-inpatient/same-day hospitalisation expense limits**
The expense limits (e.g., Deductible/Coinsurance/minimum not eligible for compensation) applied to expenses before and after inpatient/same-day hospitalisation are those provided under Hospitalisation cover, which differ according to the scheme for access to the single service chosen (Direct or Reimbursement).
Under Direct scheme, in the event that Hospitalisation does not take place, the services authorised as pre-hospitalisation are considered as out-of-hospital services, if provided for by the Contract. The Insurant is obliged to return to the Company, on written request, any amounts to be borne by the Insured deriving from the application of a different cover (e.g., due to a higher deductible or coinsurance or, in the case of a service not provided for, for the entire cost thereof). In the event that the service could not be included in the out-of-hospital services, the Insured is obliged, at the request of the Company, to reimburse the entire sum paid by the Company to the Affiliated Facility or to pay directly the amount due to the Affiliated Facility if the Company had not yet made the payment.

**Taxes and administrative fees**
The following shall be borne by the Insured:
- taxes and stamps
- administrative fees of any kind (e.g., for issuing copies of medical records).

## 20.2 Procedure to access services - Payment scheme

### a) Hardcopy claim application

In order to obtain compensation as soon as the complete medical documentation is available, the Insured may complete the **Claim Form** (www.intesasanpaolorbmsalute.com, section Group Health Policies – Forms). In the event that this form is not used, the Company will accept the claim application only if all the information on the form is provided in full (including the "Consent to the personal data processing pursuant to the relevant legislation in force", to be signed with a specific signature in addition to that placed at the bottom of

the claim application). In any case, the Insured must attach copies of the following documents to the claim application:

1. **receipted expense documentation** (invoices, bills, receipts), issued by a healthcare facility or medical centre. Invoices issued by medical practices or specialists must clearly and legibly indicate the professional's specialisation, which must be consistent with the diagnosis. **All documentation must be fiscally compliant with current legislation. For the payment of expenses incurred for healthcare services under the Italian National Health Service, the invoice or receipt issued at the time of payment by the Local Health Unit or healthcare facility accredited with the Italian National Health Service is required, or the payment receipt issued by Punto Giallo with the booking sheet issued by the Local Health Unit at the time of booking or when the service was provided. The provider will check that the service (which can be found in the appropriate code contained in the aforementioned documents) is one of those provided for by the Health Plan (e.g., expenses incurred for prevention and/or control services are excluded). In order to be able to consider the services as performed under the Italian National Health System co-payment scheme, with the application of the relevant settlement conditions, it is necessary that the expenditure document unequivocally indicates the payment scheme.**
2. **valid medical prescription** (including electronic) in accordance with the regional regulations in force at the time, stating the nature of the pathology and the services provided;
3. **detailed medical report stating the nature of the pathology and the services carried out, in the case of outpatient procedure, with a histological report, if any;**
4. **Claims for dental treatment must be submitted at the end of the treatment plan**, unless the plan is longer than one year. In this case, the cost estimate must be submitted with the first claim;
5. **In the event of an accident, the following documents must also be submitted:**
   - **emergency room report within 48 hours of the event**, as the accident must be objectively documented. If there are no Emergency Rooms in the place where the accident occurred, the Insured may submit a certificate issued by a substitute public medical facility (drawn up within 48 hours of the event).
     **In the case of dental treatment due to an accident, the treatment must be consistent with the injuries sustained and the accident must be objectively proven with suitable supporting documentation (emergency room report, OPT, X-rays and photographs);** For this insurance cover to be operative, the circumstance that the Emergency Room report contains the term "accident" does not in itself determine the eligibility of the claim to be paid under the policy; In order to determine whether there is an accident or not according to the policy it is necessary to examine what is written in the Emergency Room certificate and in the supplementary medical documentation, if any. Situations in which fortuitous, violent, and external illnesses and events coexist must be evaluated on a case-by-case basis in light of the medical documentation submitted.
   - **if the damaging event is attributable to the responsibility of a third party, also the name and address of the third party responsible.**

**In the event of a road accident** - at the same time as the first payment claim regarding medical services that have become necessary as a result of the accident - **the Insured is required to also send the Company the accident report drawn up by the police or the CID Form** (amicable accident report);

**The Company may request further documents if there are particular situations that make it necessary to carry out in-depth assessments and evaluations before settling the claim, for particular investigative requirements or to comply with specific legal provisions.**

The form and its annexes should be sent to the following address:

**PREVIMEDICAL C/O CSU – BOLOGNA (INTERNAL MAIL)**

**or**

**Ufficio Liquidazioni UNI.C.A. - PREVIMEDICAL**

**Casella Postale n. 142**

**31021 Mogliano Veneto (TV)**

The documentation must be in the name of the Insured and the payment will be made to the covered Insured.

**For the purposes of the due payment, all insured services must be prescribed by a doctor other than the doctor who will - directly or indirectly - provide the said services.**

**If the prescribing doctor is also - directly or indirectly - the doctor providing the insured services, the latter must be certified by sending the relevant report.**

**The services must be provided by specialised personnel (doctor, nurse), accompanied by the relevant diagnosis (indication of the pathology or suspected pathology), and invoiced by a healthcare facility or medical centre. Invoices issued by medical practices or specialists must clearly and legibly indicate the professional's specialisation, which must be consistent with the diagnosis.**

For the purposes of a correct evaluation of the claim or to verify the truthfulness of the documentation produced in copy, the Company shall always have the right to request the production of the originals of the aforementioned documentation.

### b) Online payment claim

As an alternative to the hardcopy claim procedure, the Insured may submit their claim online, together with the relative medical and expense documentation. To this end, the Insured must access his/her Reserved Area at the website www.unica.previmedical.it (Reserved Area) or through the Mobile App.

Documentation will be submitted using an optical scanning system, which the Company considers legally equivalent to the original for the purposes of applying this cover. The

Company reserves the right to carry out all the necessary checks with doctors and healthcare facilities in order to prevent possible abuse of this channel.

For those who do not have access to the Internet, payment claims may be made through the traditional channel (hardcopy), as described in the previous paragraph.

The Policyholder expressly approves the provisions of articles[6]:

Article 6 - Declarations on circumstances concerning risk - Health Questionnaire
Article 7 - Commencement of Insurance – Tacit Renewal – Right to withdraw
Article 8 - Underwriting of Cover – Change of the Insured
Article 14 - Jurisdiction
Article 18 - Exclusions
Article 19 - Non-insurable Persons
Article 20 - Charges in the event of a claim and procedures to access services

**Intesa Sanpaolo RBM Salute S.p.A.**
Marco Vecchietti
*Amministratore Delegato e Direttore Generale*

Cassa Uni.C.A.



[6] Article 1341 "General Terms and Conditions of Contract" of the Italian Civil Code.

## Annex 1: Summary Sheet

The following are the ceilings/sums insured, coinsurance and deductibles for the various options. Unless otherwise indicated, the ceilings are per Year/Person and the coinsurance/deductibles are per event.

| DENTAL CARE AND DENTURES - ORTHODONTIC CARE | |
|---|---|
| **Dental care and dentures** | |
| Ceiling | Limits as per price list |
| Conditions: | |
| Out-of-network | Reimbursement of 80% of expense incurred |
| **Orthodontic care** | |
| Ceiling Check-up | €332 |
| Ceiling therapies | €1,300 for removable devices; €1,500 for fixed or mixed devices |
| Conditions: | |
| Out-of-network | Reimbursement of 80% of expense incurred |

**ATTACHMENT 2: POLICY IN RESPECT OF NATURAL PERSONS PURSUANT TO ARTICLES 13 AND 14 OF REGULATION (EU) 679/2016 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL OF 27 APRIL 2016 (HEREINAFTER THE "POLICY") AND CONSENT TO DATA PROCESSING**

The Regulation on the "protection of natural persons with regard to the processing of personal data and on the free movement of such data" (hereinafter the "Regulation") contains a series of provisions aimed at ensuring that the processing of personal data is carried out in compliance with the fundamental rights and freedoms of persons. This Policy incorporates the provisions thereof.

**SECTION 1 – IDENTITY AND CONTACT DETAILS OF THE DATA CONTROLLER**

**Intesa Sanpaolo RBM Salute S.p.A.**, with registered office in Via A. Lazzari n.5, 30174 Venice – Mestre (VE), as the Data Controller (hereinafter also the "Company" or the "Data Controller") processes your personal data (hereinafter the "Personal Data") for the purposes set out in Section 3. For more information please visit the website Intesa Sanpaolo RBM Salute www.intesasanpaolorbmsalute.com and, in particular, the "Privacy" section with all the information regarding the use and processing of Personal Data.

**SECTION 2 – CONTACT DETAILS OF THE DATA PROTECTION OFFICER**

Intesa Sanpaolo RBM Salute has appointed a "data protection officer" as provided for by the Regulation (also *DPO*). For all matters relating to the processing of your Personal Data and/or to exercise your rights under the Regulation, as listed in Section 7 of this Policy, you may contact the DPO at the following email address: privacy@intesasanpaolorbmsalute.com

**SECTION 3 – CATEGORIES OF PERSONAL DATA, PURPOSE AND LEGAL BASIS OF PROCESSING**

**Categories of Personal Data**

The Personal Data that the Company processes are personal data, contact data, data relating to the family unit, policy data, data relating to any claims that concern you, bank data for the settlement of claims, other personal data provided by you, as well as data classified by Article 9.1 of the Regulation as "special categories", such as:

a) Data on health status;
b) data contained in prescriptions and medical reports, invoices from specialists, receipts for the purchase of drugs and medical devices;
c) data relating to insurance services rendered in favour of other Insured Persons, where provided for by the insurance contract.

In addition, within the management of any complaints and disputes, multimedia data (e.g., recordings of telephone calls) may be processed.

**Purposes and legal basis for processing:**

The Personal Data concerning you, communicated by you to the Company or collected by third parties[1] (in the latter case subject to a check of compliance with the conditions of lawfulness by the third parties), are processed by the Company[i] as part of its activities for the following purposes:

[1] For example, insurance brokers, policyholders of group or individual policies in which you are insured, any jointly obliged parties, other insurance operators (such as agents, insurance brokers, insurance companies, etc.); parties from whom we require information or are required to provide information in order to fulfil your requests (e.g., for issuance or renewal of insurance cover, settlement of

**a) Provision of insurance services and/or products requested by you or available for you**
As part of the above, your data will be processed in order to provide you with the services and/or products included under any insurance contracts to which you are a party or by pre-contractual measures taken at your request (including the processing of claims for services rendered, administrative checks and health controls, and the settlement of indirect and direct healthcare cases).

In relation to this purpose, the processing of data may be carried out without your consent, as necessary for the execution of the insurance contract to which you are party or pre-contractual measures taken at your request (article 6.1, letter b, of the Regulation).
In relation to this purpose, the processing of particular data (including data suitable for detecting your health conditions and data relating to the health service received) may be carried out only with your consent, the refusal of which may make it impossible for the Company to fulfil the request (article 6.1, letter a of the Regulation).

**b) Service communications relating to the relationship between the Data Subject and the Data Controller and notices**
Within the scope of this purpose, your data will be processed to facilitate the possible sending of notices and communications between you and the Data Controller, always within the scope of the execution of any insurance contracts. The provision of such data (e.g., e-mail address or telephone number) will be optional.

In relation to this purpose, the processing of data may be carried out without your consent, as necessary for the execution of the insurance contract to which you are party or pre-contractual measures taken at your request (article 6.1, letter b, of the Regulation).

**c) Provision of services online or directly via App**
As part of this purpose, your data will be processed to allow you to register in the "Reserved Area" of the Data Controller's website and/or access directly through the Apps for mobile devices (FeelUp and Citrus). These data will be used to identify you as our insured, to provide you with the services provided by your policy, to send you the communications necessary for the management of the guaranteed services (also through push notifications, if activated, you may be sent information on the status of your bookings, reminders or appointment confirmations, feedback on the settlement of claims, statements of claims).

In relation to this purpose, data processing may be carried out without your consent, as necessary to allow you to obtain online services through the Reserved Area or App on your smartphone as part of the execution of the insurance contract to which you are party or pre-contractual measures taken at your request (article 6.1, letter b of the Regulation).

**d) Fulfilment of legal obligations related to the execution of insurance contracts**
As part of this purpose, your data will be processed in order to comply with legal obligations related to the execution of insurance contracts to which you are party, including anti-terrorism, tax, anti-corruption, insurance fraud prevention requirements, to comply with provisions or requests from supervisory and regulatory authorities (e.g., IVASS regulations and the European Insurance Distribution Directive (IDD) require the assessment of the adequacy of the contract offered for the

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a claim, transfer of benefit position, etc.); associations and consortia in the insurance sector; Judiciary, Law Enforcement and other public entities

entire life of the contract) or, finally, to verify the company's compliance with national and supranational laws and regulations

Your data may also be processed for the management of any complaints (receipt of the complaint, processing, recording in the appropriate register, preparation of the response and sending it).

In relation to this purpose, data processing may be carried out without your consent, as necessary to comply with legal obligations.

**e) Extension of the insurance policy in favour of other Insured persons**

Within the scope of this purpose, your data and those of your family members will be processed in order to extend the insurance cover to other Insured persons, if provided for by the contract.

In this context, you may be required to provide special categories of data (data disclosing health status, medical reports, etc..) relating to you or your family. This provision of data is necessary to provide you with insurance services, but such data provided may only be processed with your express consent or that of any other Insured concerned, where required by the insurance contract. For the purpose of extending insurance cover to other Insured Persons, if so provided for in the insurance contract, certain data, including data falling within the category of special data, relating to insurance services rendered in their favour, shall be made known to you, where necessary, for the management of the existing policy, as well as for the verification of the relative cover and the limits guaranteed.

**f) Business development and insurance risk management of the Company**

As part of this purpose, your data will be processed to develop the Company's business and manage risk. Your data may also be transmitted within the Business Group for administrative purposes. In addition, the processing of your Personal Data is necessary in order to:

- manage any disputes;
- pursue any further legitimate interests, including the verification of complaints on a statistical basis and the recording of telephone calls with you. In the latter case, the Company may process your Personal Data only after having informed you and ascertained that the pursuit of its own legitimate interests or those of third parties does not compromise your rights and fundamental freedoms.

In relation to this purpose, data processing is carried out based on the legitimate interest of the Data Controller (article 6.1, letter f) of the Regulation.

**SECTION 4 – CATEGORIES OF RECIPIENTS TO WHOM YOUR PERSONAL DATA MAY BE COMMUNICATED**

In order to pursue the above purposes, it may be necessary for the Company to disclose your Personal Data to the following categories of recipients:

a) **Companies belonging to the Intesa Sanpaolo Group.**
b) **Third Parties** (companies, freelance professionals, etc.), e.g..:
- Previmedical S.p.A.;
- Mutual Aid Societies;
- Insurance Companies and Brokers;
- Companies that perform audit and certification services;
- Legal departments, in the case of handling complaints and disputes;
- Health funds;
- Healthcare facilities and other affiliated healthcare service providers;
- Companies that perform filing, mail printing, and mail handling services;
- Companies entrusted with the management, settlement and payment of claims;
- Companies providing computer, telematic, financial, administrative or other technical/organisational services);

- Banks

c) **Authorities** (e.g., judicial, administrative, etc.) and public information systems established within public administrations, as well as other entities, such as: IVASS (Istituto per la Vigilanza sulle Assicurazioni - Italian Insurance Oversight Agency); ANIA (National Association of Insurance Undertakings); CONSAP (Concessionaria Servizi Assicurativi Pubblici - Italian Public Insurance Service Concessionaire); FIU (Financial Information Unit); Central Accident Records; CONSOB (Italian National Commission for Companies and the Stock Exchange); COVIP (Commissione di vigilanza sui fondi pensione - Italian Pension Funds Oversight Authority); the Bank of Italy; SIA, CRIF, Ministries; Mandatory social insurance agencies, such as INPS, INPDAI, INPGI, etc. Internal Revenue Service and Tax Registry; Judiciary; Law Enforcement; Equitalia Giustizia, Conciliation bodies pursuant to Legislative Decree no. 28 of 4 March 2010.

The Companies and third parties to whom your Personal Data may be disclosed act as: 1) Data Controllers, i.e., entities that determine the purposes and means of the processing of Personal Data; 2) Data Processors, i.e., entities who process Personal Data on behalf of the Data Controller or 3) Joint Data Processors who jointly determine the purposes and means thereof with the Company or 4) appointed by the Data Controller as authorised entities to process such data.

The Data Controller undertakes to rely solely on entities that provide adequate guarantees regarding data protection, and will appoint them as Data Processors pursuant to article 28 of the Regulation.

**SECTION 5 – TRANSFER OF PERSONAL DATA TO A THIRD COUNTRY OR INTERNATIONAL ORGANISATION OUTSIDE THE EUROPEAN UNION**

Your Personal Data are processed by the Company within the territory of the European Union and are not disseminated.
If necessary, for technical or operational reasons, the Company reserves the right to transfer your Personal Data to countries outside the European Union for which there are "adequacy" decisions of the European Commission, or based on the adequate safeguards or specific derogations provided for by the Regulation.

**SECTION 6 – METHODS OF PROCESSING AND STORING PERSONAL DATA**

The processing of your Personal Data is carried out using manual and computerised means and in such a way as to ensure the security and confidentiality of the data.
Your Personal Data is kept for a period of time not exceeding that necessary to achieve the purposes for which they are processed, without prejudice to the retention periods provided for by law. In particular, your Personal Data is generally stored for a period of 10 years from the termination of the contractual relationship to which you are a party; or for 12 months from the issue of the requested quotation in the event that this is not followed by the conclusion of the definitive insurance contract. Personal Data may also be processed for a longer period if an act interrupting and/or suspending the statute of limitations justifies the extension of data storage.

**SECTION 7 – RIGHTS OF THE DATA SUBJECT**

As a data subject you may exercise, at any time, vis-à-vis the Data Controller the rights provided for by the Regulation listed below, by sending a specific request in writing to the following email address privacy@intesasanpaolorbmsalute.com. You may withdraw at any time the consents expressed with this information in the same way.

Any notices and actions taken by the Company, upon exercise of the rights listed below, will be made free of charge. However, if your requests are manifestly unfounded or excessive, in particular because they are repetitive, the Company may charge you a fee, taking into account the administrative costs incurred, or refuse to meet your requests.

**1. Right to access**

You may obtain confirmation from the Company as to whether or not any processing of your Personal Data is taking place and, if so, obtain access to the Personal Data and information required by Article 15 of the Regulations, including, without limitation: the purposes of the processing, the categories of Personal Data processed, etc.
If Personal Data is transferred to a third country or international organization, you are entitled to be informed of the existence of adequate safeguards relating to the transfer. If requested, the Company may provide you with a copy of the Personal Data being processed. For any additional copies, the Company may charge you a reasonable fee based on administrative costs. If this request is made by electronic means, and unless otherwise specified, the information will be provided to you by the Company in a commonly used electronic format.

**2. Right to rectification**

You may obtain from the Company the rectification of your Personal Data which are inaccurate as well as, taking into account the purposes of the processing, the integration thereof, if they are incomplete, by providing a supplementary declaration.

**3. Right to erasure**

You may obtain from the Data Controller the erasure of your Personal Data, if one of the reasons set forth in article 17 of the Regulation exists, including, by way of example, if the Personal Data is no longer necessary in relation to the purposes for which it was collected or otherwise processed or if you have withdrawn the consent on which the processing of your Personal Data is based and there is no other legal basis for processing.
We inform you that the Company cannot proceed with the erasure of your Personal Data: if their processing is necessary, for example, for the fulfilment of a legal obligation, for reasons of public interest, for the establishment, exercise or defence of legal claims.

**4. Right to restriction of processing**

You may obtain the restriction of the processing of your Personal Data if one of the cases provided for by article 18 of the Regulation applies, including, for example: if you dispute the accuracy of your Personal Data being processed or if your Personal Data is necessary for the establishment, exercise or defence of legal claims, although the Company no longer needs it for processing purposes.

**5. Right to data portability**

If the processing of your Personal Data is based on consent or is necessary for the performance of a contract or pre-contractual measures and the processing is carried out by automated means, you may:

- request to receive the Personal Data you provide in a structured, commonly used and machine-readable format (e.g.: computer e/o tablet);
- transmit your Personal Data received to another Data Controller without hindrance from the Company.

You may also request that your Personal Data be transmitted by the Company directly to another data controller designated by you, if this is technically feasible for the Company. In this case, it will be your responsibility to provide us with the exact details of the new data controller to which you intend to transfer your Personal Data, and to provide us with a written authorisation to do so.

**6. Right to object**

You may object at any time to the processing of your Personal Data if the processing is carried out for the performance of an activity in the public interest or in pursuit of a legitimate interest of the Data Controller (including profiling activity).
Should you decide to exercise the right to object described herein, the Company will refrain from further processing your personal data, unless there are legitimate grounds for processing (grounds overriding the interests, rights and freedoms of the data subject), or the processing is necessary for the establishment, exercise or defence of legal claims.

**7. Right to lodge a complaint with the Italian Personal Data Protection Authority**

Without prejudice to your right to take action in any other administrative or jurisdictional court, if you believe that the processing of your Personal Data by the Data Controller is in breach of the Regulation and/or the applicable legislation, you may lodge a complaint with the competent Data Protection Authority.

**SECTION 8 – PROCESSING OF SPECIAL CATEGORIES OF PERSONAL DATA**

In relation to the processing of special categories of personal data (including data relating to the health status and the health service received), used exclusively for the insurance and settlement activities that concern you (e.g., processing claims for reimbursement of health checks carried out), an express manifestation of consent is required, without prejudice to the specific cases provided for by the Regulations which allow the processing of such Personal Data even in the absence of consent.

[i] Last updated on 22 January 2021

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INTESA SANPAOLO RBM SALUTE S.p.A.
Share Capital €160,000,000 fully paid-in - Chamber of Commerce of Treviso TIN and entry in the Companies Register of Treviso-Belluno 05796440963, VAT reg. no. 11991500015, Company registered under no. 1.00161 in the Italian Register of Insurance Companies, authorised to carry out insurance business by ISVAP Order no. 2556 of 17/10/2007 (OJ no. 255 02/11/2007).