Health plans 2018 – 2019

Nuova Plus

Extra

Amendments or changes to the Health Plan 2016-2017 are highlighted in red and preceded by the caption "New" in order to be identifiable by visually impaired users.

Users with visual disabilities who use screen readers (e.g. Jaws), can use the keys CTRL + ALT + the direction arrows to properly read the information found in the tables, or may use the guide on the screen reader that can be accessed with the "hot key" + F1 F1 (e.g., for Jaws, Insert + F1 F1) to obtain information about how to read the document.

This document provides a summary of the benefits offered by the insurance policies and the terms of entry for such benefits; **it does not replace the contractual legal source represented by the Policy Terms and Conditions**, which must be consulted prior to subscribing to the benefits in precise acknowledgement of the contractual conditions.

Please note that the plans described herein are **healthcare policies**, whose aim is to indemnify the insured parties from expenses that may be incurred to treat or diagnose a presumed or confirmed health condition.
For this reason, **every direct claim or request for reimbursement (including prescriptions) must be accompanied by supporting medical documentation that confirms the diagnosis, or suspected diagnosis, to which the service pertains** (indication of symptoms is not sufficient).
Preventive services are excluded from this clause.

The services described in this prospectus may be used by Policyholders according to different conditions:

- ✓ At facilities / specialists that are part of the Affiliated Network made available to Uni.C.A. by Previmedical and on authorisation for the service by the Previmedical Operations Centre: these are defined as "**direct**" or "**in network"** services
- ✓ At other facilities / specialists that are not part of the Affiliated Network (or at Affiliated facilities and specialists, but in cases where Policyholders have not followed the required procedures for access to Network services): these are defined as "**indirect**" or "**out-of-Network**" services
- ✓ At the Public Health Authority

Before accessing healthcare services (**either "direct" or "indirect"**), always consult:

- the detailed **Policy** conditions, paying special attention to any "**exclusions**" (excluded services);
- the "**Policyholder's Guide**" that offers information about methods and conditions for accessing services;
- the "Insurance Policies **Interpretations**" section, which provides interpretations relative to certain services shared with the insurer and included at the end of this document

The benefits included in the Health Plans are grouped into 4 categories:

- ✓ **Admissions** (benefits associated with admissions - with or without surgery - in nursing homes, day hospitals or clinics)
- ✓ **Specialists** (consultations, diagnostic assessments and other specialist services)
- ✓ **Additional services** (various other health benefits)
- ✓ **Preventive services**

The comparison table for the Nuova Plus and Extra policies below is intended to highlight the differences between the insurance offered; where the services are the same, the information is given once and refers to both policies.

NB:

A penalty applies in the case of indirect access to services at affiliated facilities/specialists eligible for direct access:

in this case, an excess of 150% of the indirect service cost shall be apply.

During the "transition period", this surcharge shall not apply to services that are not already accessible direct from 01.01.2018 (cf. Letter of the CEO - Renewal of the Health Plans 2018-2019)

NB: List of TOP clinics that can be directly accessed for all coverage options (all policies):

when there are conditions for direct access, a penalty will be applied in the case of indirect access with the application of an excess of 200% of that foreseen for the service in indirect form. During the "transition period", this surcharge shall not apply to services that are not already accessible direct from 01.01.2018 (cf. Letter of the CEO - Renewal of the Health Plans 2018-2019)

ROME

- **Casa di Cura Paideia S.p.A.**
- **Casa di Cura Mater Dei S.p.A.**
- **Casa di Cura Quisisana**
- **Casa di Cura Villa Stuart**
- **Casa di Cura Villa Flaminia**
- **Casa di Cura Villa Margherita**

MILAN

- **Casa di Cura La Madonnina S.p.A.**
- **Istituto Nazionale Tumori**
- **Ospedale San Raffaele S.r.l.**
- **Humanitas Mirasole S.p.A. (Istituto Clinico Humanitas)**
- **Casa di Cura Capitanio**

TURIN

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

BERGAMO

- **Humanitas Gavazzeni**

VARESE

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

ADMISSIONS WITH SURGERY	NUOVA PLUS	EXTRA
BENEFITS DURING TREATMENT	Doctors' fees; operating theatre fees; materials and endoprostheses; medicines, diagnostic assessments, physiotherapy and rehabilitative interventions, treatments Accompanying Person (cf. "Accompanying Person" section) / Individual nursing care: unlimited	
PRE-TREATMENT BENEFITS	Diagnostic assessments and specialist consultations in the 100 day period.	
POST-TREATMENT BENEFITS	Diagnostic assessments, medications, medical surgical and nursing services treatment (including hydrotherapeutic, exclusive of hotel costs) within a 100 day period Physiotherapy and rehabilitation treatments(1) within a 120 day period	
CHARGES PER INPATIENT DAY (admissions outside the national health service)	Network: no daily limits; Out-of-Network € 300 per day. (does not include expenditure on unnecessary luxuries)	
LIMIT	€ 150,000 per year/household	€ 500,000 per year/household
PERCENTAGE OR FIXED EXCESS	In-Network: € 200 Out-of-Network 10%, minimum € 1500 Uninsured percentage conditions for admission to a Network care facility refer also to the relative pre and post services even if carried out on an extra-contractual basis	In-Network: € 0 Out-of-Network 10%, minimum € 1500 The pre-and post-treatment services for an admission to an in-Network care facility are 100% refundable even if carried out on an extra-contractual basis
	A penalty is applicable in the case of indirect admission to affiliated healthcare facilities (including those on the "TOP Clinic List") and with affiliated operating teams (for details, consult the policy).	
NOTE New	In the case of transplantation, donor removal expenses incurred are covered PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage" *Physiotherapy and rehabilitation treatments (1): reimbursable only if received exclusively at medical centres equipped with Health Departments - cf. Policy Glossary* Procedures to **eliminate malformations or congenital physical defects in newborns** are included, provided they are carried out during the first year of life. **From 01.01.2018**, in the case that said malformations and/or physical defects are evident as of the first year of birth of the newborn in question and the medical/clinical impossibility of performing a surgical operation during the first year of life can be ascertained and documented, the period during which the operation can be reimbursed is **extended to the first eight years of life.**	

***ADMISSIONS* (continued)**

ADMISSION WITH SURGERY for reconstructive purposes	**NUOVA PLUS**	**EXTRA**
BENEFITS DURING TREATMENT	Admissions expenses following mastectomy or quadrantectomy and relative contralateral adjustment surgery, including psychological support:	
PRE-TREATMENT BENEFITS	Diagnostic assessments and specialist consultations in the 90 day period.	
POST-TREATMENT BENEFITS	Diagnostic assessments, medications, medical surgical and nursing services treatment (including hydrotherapeutic, exclusive of hotel costs) within a 90 day period	
CHARGES PER INPATIENT DAY (admissions outside the national health service)	no daily limit (does not include expenditure on unnecessary luxuries)	
LIMIT	€ 5,000 per household/year (sublimit)	
PERCENTAGE OR FIXED EXCESS	In-Network: € 1,000 Out-of-Network 20%, minimum € 1,000 Uninsured percentage conditions for admission to a Network care facility refer also to the relative pre and post services even if carried out on an extra-contractual basis	
	A penalty is applicable in the case of indirect admission to affiliated healthcare facilities (including those on the "TOP Clinic List") and with affiliated operating teams (for details, consult the policy).	
NOTE	Guarantee additional to other admissions coverage PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage"	

UNI.C.A. -LIST OF SURGICAL OPERATION LIMITS IN AND OUT OF NETWORK

TYPE OF SURGERY	LIMIT
Ligation and stripping of veins (varicocele included)	€ 3,500
Functional septoplasty, including necessary turbinate procedures	€ 3,500
Reduction and setting procedures of fractures to large bones (femur, humerus, tibia)	€ 9,000
Reduction and setting procedures of fractures to medium bones (clavicle, sternum, patella, radius, ulna, fibula)	€ 6,000
Reduction and setting procedures of fractures to small bones (all other bones)	€ 3,000
Removal of fixation devices (e.g. nails, plates, screws)	€ 3,000
Tonsillectomy/adenotonsillectomy	€ 3,000
Hernias and/or incisional hernia of the abdominal wall	€ 5,000
Haemorrhoidectomy and/or removal of rhagades and/or fistulas and/or rectal prolapse	€ 4,500
Hallux valgus surgery with or without metatarsal-phalangeal realignment, hammer toe, hallux rigidus	€ 4,000
Knee surgery (other than ligaments)	€ 7,000
Operative hysteroscopy	€ 4,000
Ligament reconstruction	€ 8,500
Rotator cuff surgery	€ 7,500
Removal of ovarian cysts	€ 8,500
Thyroidectomy (excluding radical for malignant neoplasm)	€ 10,000
Cholecystectomy	€ 8,500
Surgery for herniated disc and/or vertebral stabilisation	€ 11,000
Arthrodesis and/or vertebral stabilisation (any method), including removal of herniated intervertebral disc (any method, including robotic)	€ 14,000
Transurethral resection of the prostate (TURP)	€ 9,000
Radical prostatectomy to treat malignant neoplasm	€ 18,000

The present document is a translation of the official Italian version. Please note that in case of discrepancies the Italian version will prevail

TYPE OF SURGERY	LIMIT
Hysterectomy	€ 10,000
Hysterectomy to treat malignant neoplasm (including ovariosalpingectomy and lymphadenectomy)	€ 15,000
Hip arthroplasty	€ 20,000
Removal of skin growths (cysts in general, lymphomas and moles) (1)	€ 1,000
Knee arthroplasty	€ 15,000
Dupuytren's Disease, Guyon Syndrome	€ 2,000
Carpal tunnel surgery	€ 1,500
Trigger finger and ulnar nerve entrapment at elbow procedure	€ 2,500
Cataract (with or without IOL) - per eye	€ 2,000
Removal of cysts and benign lesions of the breast (nodulectomy)	€ 3,500
Appendectomy	€ 4,000
Surgery to paranasal, frontal, maxillary sinuses and/or FESS	€ 3,500

NB:

LIMIT applicable to the admission/event only - reimbursement of pre-/post-operative expenses is not included in this limit

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

(1) Consult the "Insurance Policies: Interpretations" section for cases relative to moles and skin growths

***ADMISSIONS* (continued)**

ADMISSIONS WITHOUT SURGERY **Medical Admission (*)**	**NUOVA PLUS**	**EXTRA**
BENEFITS DURING TREATMENT	Medical and nursing assistance, specialised medical consulting, treatment, diagnostic examinations, services aimed at recovering health, such physiotherapy and rehabilitation treatments, medication; Accompanying person (see "Accompanying person" section) Individual nursing care: max. 5 days per event / € 50 per day.	
PRE-TREATMENT BENEFITS	Diagnostic assessments and specialist consultations in the 100 day period.	
POST-TREATMENT BENEFITS	Diagnostic assessments, medication, medical, surgical and nursing services, physiotherapy and rehabilitation treatments(1), treatments (including hydrotherapeutic, excluding hotel costs) in the 100 day period.	
CHARGES PER INPATIENT DAY (admissions outside the national health service)	Network: no daily limits. Out-of-Network € 300 per day. (does not include expenditure on unnecessary luxuries)	
LIMIT	€ 150,000 per year/household	€ 500,000 per year/household
PERCENTAGE OR FIXED EXCESS	In-Network: € 200 Out-of-Network 10%, minimum € 1500 Uninsured percentage conditions for admission to a Network care facility refer also to the relative pre and post services even if carried out on an extra-contractual basis	In-Network: € 0 Out-of-Network 10%, minimum € 1500 The pre-and post-treatment services for an admission to an in-Network care facility are 100% refundable even if carried out on an extra-contractual basis
	A penalty is applicable in the case of indirect admission to affiliated healthcare facilities (including those on the "TOP Clinic List") and with affiliated operating teams (for details, consult the policy).	
NOTE New	PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage" *Physiotherapy and rehabilitation treatments(1): reimbursable only if received exclusively at medical centres equipped with Health Departments - cf. Policy Glossary* **(*) Maximum limit for five days in hospital for a maximum of three admissions per person per year; after this limit the right to compensation does not apply.** **Furthermore, medical admission is excluded in the case of diagnostic or pre-operative assessments.**	

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***ADMISSIONS* (continued)**

New

ADMISSIONS WITHOUT SURGERY for Serious Pathological Events	**NUOVA PLUS**	**EXTRA**
BENEFITS DURING TREATMENT	Medical and nursing assistance, specialised medical consulting, treatment, diagnostic examinations, services aimed at recovering health, such physiotherapy and rehabilitation treatments, medication; Accompanying person (see "Accompanying person" section) Individual nursing care: max 30 days per event / € 50 per day.	
PRE-TREATMENT BENEFITS	Diagnostic assessments and specialist consultations in the 100 day period.	
POST-TREATMENT BENEFITS	Diagnostic assessments, medication, medical, surgical and nursing services, physiotherapy and rehabilitation treatments(1), treatments (including hydrotherapeutic, excluding hotel costs) in the 100 day period.	
CHARGES PER INPATIENT DAY (admissions outside the national health service)	Network: no daily limits. Out-of-Network € 300 per day. (does not include expenditure on unnecessary luxuries)	
LIMIT	€ 150,000 per year/household	€ 500,000 per year/household
PERCENTAGE OR FIXED EXCESS	In-Network: € 200 Out-of-Network 10%, minimum € 1500 Uninsured percentage conditions for admission to a Network care facility refer also to the relative pre and post services even if carried out on an extra-contractual basis	In-Network: € 0 Out-of-Network 10%, minimum € 1500 The pre-and post-treatment services for an admission to an in-Network care facility are 100% refundable even if carried out on an extra-contractual basis
	A penalty is applicable in the case of indirect admission to affiliated healthcare facilities (including those on the "TOP Clinic List") and with affiliated operating teams (for details, consult the policy).	
NOTE	"List of Serious Pathological Events" attached PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage" *Physiotherapy and rehabilitation treatments(1): reimbursable only if received exclusively at medical centres equipped with Health Departments - cf. Policy Glossary*	

LIST OF SERIOUS PATHOLOGICAL EVENTS

a) Acute myocardial infarction;
b) Heart or respiratory failure at the same time at least two of the following conditions:
   - dyspnea
   - peripheral oedema
   - arrhythmia
   - unstable angina
   - pulmonary stasis or oedema
   - hypoxemia
c) histologically documented malignant neoplasm;
d) Complicated diabetes characterised by at least two of the following conditions:
   - torpid ulcers
   - pressure sores
   - neuropathy
   - peripheral vascular pathologies
   - urogenital infections or superinfections
   - retinopathy
   - ketoacidosis
   - diabetic coma
e) Serious trauma - with or without surgical operation - resulting in immobilisations for more than 40 days. Immobilisation consists of the application of a device that cannot be removed by the patient and/or prohibits the loading of the affected limb;
f) Second degree burns over at least 20% of the body;
g) Acute vascular pathology due to ischemic damage or haemorrhage;
h) Multiple Sclerosis with a significant loss of function (3-4 on the EDSS scale)
i) Amyotrophic lateral sclerosis (ALS);
j) Coma;
k) Paraplegia and/or quadriplegia;
l) Alzheimer's disease to level 5 or above on the Reisberg scale certified by the UVA (Alzheimer Assessment Unit) of a public neurological facility;
m) Parkinson's disease to level 3 or above on the Hoehn & Yahr scale, certified by a public neurological facility;
n) Osteomyelitis;
o) Serious infections, post-operative or post-trauma infections;
p) Serious pathological events “similar” in type, event, diagnosis and treatment to those indicated in letters a) to h).

***ADMISSIONS* (continued)**

New

ADMISSIONS WITHOUT SURGERY for Post-Surgical Rehabilitation	**NUOVA PLUS**	**EXTRA**
BENEFITS DURING TREATMENT	Medical and nursing assistance, specialised medical consulting, treatment, diagnostic examinations, services aimed at recovering health, such physiotherapy and rehabilitation treatments, medication; Accompanying person (see "Accompanying person" section) Individual nursing care: max 30 days per event / € 50 per day.	
PRE-TREATMENT BENEFITS	Diagnostic assessments and specialist consultations in the 100 day period.	
POST-TREATMENT BENEFITS	Diagnostic assessments, medication, medical, surgical and nursing services, physiotherapy and rehabilitation treatments(1), treatments (including hydrotherapeutic, excluding hotel costs) in the 100 day period.	
CHARGES PER INPATIENT DAY (admissions outside the national health service)	Network: no daily limits. Out-of-Network € 300 per day. (does not include expenditure on unnecessary luxuries)	
LIMIT	€ 150,000 per year/household	€ 500,000 per year/household
PERCENTAGE OR FIXED EXCESS	In-Network: € 200 Out-of-Network 10%, minimum € 1500 Uninsured percentage conditions for admission to a Network care facility refer also to the relative pre and post services even if carried out on an extra-contractual basis	In-Network: € 0 Out-of-Network 10%, minimum € 1500 The pre-and post-treatment services for an admission to an in-Network care facility are 100% refundable even if carried out on an extra-contractual basis
	A penalty is applicable in the case of indirect admission to affiliated healthcare facilities (including those on the "TOP Clinic List") and with affiliated operating teams (for details, consult the policy).	
NOTE	PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage" *Physiotherapy and rehabilitation treatments(1): reimbursable only if received exclusively at medical centres equipped with Health Departments - cf. Policy Glossary* **For admissions for Long-Term Post-Surgical Rehabilitation, see the following point.**	

***ADMISSIONS* (continued)**

New

ADMISSIONS WITHOUT SURGERY Long-Term	NUOVA PLUS	EXTRA
CONDITIONS	Long-term admission for rehabilitation for recovery from and/or to improve a physical condition of the Policyholder through medical and/or physiotherapeutic treatments at specialised long-term healthcare facilities (e.g. RSA - residential care homes) or dedicated long-term healthcare departments, in the case of: - admission for surgical operation and post-surgical rehabilitation for the same admission, for a total period of more than 30 days; - admission for a surgical operation and a later admission for post-surgical rehabilitation, for a total period of more than 30 days	
BENEFITS DURING TREATMENT	Medical fees, treatment, diagnostic examinations, services aimed at recovering health, such physiotherapy and rehabilitation treatments, medication;	
PRE & POST TREATMENT BENEFITS	Not applicable	
CHARGES PER INPATIENT DAY (admissions outside the national health service)	- In-Network: unlimited daily limit (in this case, both the healthcare institution and the medical team must be affiliated) - Out-of-Network: up to a daily limit of € 200.00 for the first 6 months and € 150.00 for any additional months. This provision applies from the 31st day of the total admission period; until the 30th day of the total admission period, the provisions relative to hospital fees for non-surgical admission for post-surgical rehabilitation shall apply. (does not include expenditure on unnecessary luxuries)	
LIMIT	€ 150,000 per year/household	€ 500,000 per year/household
PERCENTAGE OR FIXED EXCESS	In-Network: € 200 Out-of-Network 10%, minimum € 1500	In-Network: € 0 Out-of-Network 10%, minimum € 1500
	A penalty applies in the case of indirect admission to affiliated healthcare facilities (including those on the "TOP Clinic List") and with affiliated operating teams (for details, consult the policy).	
NOTE	PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage" If the long-term rehabilitation takes place in healthcare facilities which do not specialise in long-term admission, from the 31st day of the total period hospital fees shall be reimbursed up to the daily limit of € 100.00, for direct and indirect admissions. In the case that dedicated healthcare facilities are not available: • within 50 km from the residence/home of the Policyholder; • or, if the admission for a surgical operation and post-surgical rehabilitation took place in a city other than that of the Policyholder's residence and the Policyholder decides to continue the admission in the same city, within 50 km from the location of the healthcare facility where the admission took place; the provisions pursuant to the "hospital fees" section applicable to long-term admission without surgery shall apply.	

***ADMISSIONS* (continued)**

MAJOR SURGERY	NUOVA PLUS	EXTRA
BENEFITS DURING TREATMENT	Doctors' fees Operating theatre fees Materials and endoprostheses; medicines, diagnostic assessments, physiotherapy, rehabilitative interventions, treatments Accompanying person (see "Accompanying person" section) Individual nursing care: unlimited	
PRE-TREATMENT BENEFITS	Diagnostic assessments and specialist consultations in the 100 day period.	
POST-TREATMENT BENEFITS	Diagnostic assessments, medications, medical surgical and nursing services, treatment (including hydrotherapeutic, exclusive of hotel costs) within a 100 day period Physiotherapy and rehabilitation treatments(1) within a 120 day period	
CHARGES PER INPATIENT DAY (admissions outside the national health service)	Network: no daily limits Out-of-Network € 300 per day. (does not include expenditure on unnecessary luxuries)	
LIMIT	€ 300,000 per year/household	€ 500,000 per year/household
UNINSURED/EXCESS	-	
NOTE	Transplants: reimbursement of donors' surgical expenses. List of major surgeries attached PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage" *Physiotherapy and rehabilitation treatments (1): reimbursable only if received exclusively at medical centres equipped with Health Departments - cf. Policy Glossary* **In the case of "Out-of-Network" services (for repayment) relative to major surgeries performed at one of the TOP Clinics - see the list on page 3 - uninsured percentages and excess will be applied relative to ordinary surgeries, with the relative penalties for indirect access when direct access is possible (for details, consult the policy)**	

LIST OF MAJOR SURGICAL PROCEDURES

ESOPHAGEAL SURGERY

- Cervical oesophagus: resection with reconstruction and autologous transplant of a segment of the intestine
- Median oesophagectomy with double or triple access incision (thoracolaparotomy or thoraco-laparoscopic cervicotomy) with intra-thoracic or cervical esophagoplasty and lymphadenectomy
- Esophagogastroplasty, esophagojejunoplasty, esophagocoloplasty
- Closed-thorax oesophagectomy with esophagoplasty at the neck and lymphadenectomy
- Oesophagectomy via thoracoscopy
- Enucleation of leiomyoma of the thoracic oesophagus by traditional route WITH THORACOTOMY
- Azygos-portal disconnections by abdominal and/or transthoracic route for oesophageal varices.

SURGERY OF THE STOMACH, DUODENUM AND SMALL INTESTINE

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

COLON SURGERY

- Right hemicolectomy and lymphadenectomy
- Total colectomy with ileorectal anastomosis, with or without ileostomy
- Anterior recto-colic resection and traditional lymphadenectomy
- Recto-colic resection with coloanal anastomosis by traditional route
- Proctocolectomy with ileoanal anastomosis and ileal reservoir, by traditional route
- Amputation of the rectum by abdominoperineal route

LIVER AND BILE DUCT SURGERY

- Liver resections for carcinoma of the principal bile duct
- Portal hypertension surgery:
  a) Derivation surgery
  - portocaval anastomosis
  - splenorenal anastomosis
  - mesenteric-caval anastomosis

  b) Devascularization surgery
  - ligation of the varices by thoracic and/or abdominal route
  - transection of the oesophagus by thoracic route
  - transection of the oesophagus by abdominal route
  - azygos-portal disconnection with gastrojejunal anastomosis
  - oesophageal transection with paraesophageal gastric devascularization

PANCREAS SURGERY

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

NECK SURGERY

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

THORACIC SURGERY

- Surgical removal of cysts and tumours of the mediastinum
- Lobectomies, bilobectomies and pneumonectomies
- Pleurectomies and pleuropneumonectomies
- Lobectomies and segmental or atypical resections via thoracoscopy
- Bronchial resections with reimplantation

- Thoracoplasty: parts I and II

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

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

NEUROSURGERY
- Craniotomy for vascular malformations (which are not excluded by the guarantee)
- Craniotomy for spontaneous intracerebral haematoma

- Craniotomy for intracerebral haematoma due to vascular malformation
- Craniotomy for sub- and supratentorial intracranial neoplasms
- Craniotomy for endoventricular neoplasms
- Transsphenoidal approach for neoplasms of the hypophyseal region
- Cerebral biopsy by stereotaxic route
- Removal of orbital tumours by intracranial route
- Internal and external ventricular derivation
- Craniotomy for cerebral abscess
- Surgery for herniated cervical disc or cervical myelopathies and radiculopathies by the anterior route

- Surgical treatment of malignant neoplasms of the peripheral nerves

UROLOGY SURGERY

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

GYNAECOLOGICAL SURGERY

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

EYE SURGERY

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

OTO-RHINO-LARYNGOLOGICAL SURGERY

- Removal of the parotid for malignant neoplasms with excavation

- Radical interventions for malignant neoplasms of the tongue, the floor of the mouth and the tonsils with excavation of ganglia
- Operations to recover function in the VII cranial nerve
- Exeresis of neurinoma of the VIII cranial nerve.
- Petrosectomy

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

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

PAEDIATRIC SURGERY (THAT IS NOT EXCLUDED BY THE GUARANTEE)
- Cranium bifida with meningoencephalocele.
- Hypersecretive hydrocephalus.
- Cystic and polycystic lung treatment (lobectomy, pneumonectomy).
- Typical children's cysts and tumours of bronchial, enterogenous and nervous origins (sympathoblastoma).
- Congenital atresia of the oesophagus.
- Congenital fistula of the oesophagus.
- Funnel chest and pigeon chest.
- Congenital stenosis of the pylorus.
- Neonatal intestinal occlusion for meconium ileus: resection with primitive anastomosis.
- Simple atresia of the anus: lowering of the perineal abdomen.
- Atresia of the anus with recto-urethral or rectovulvar fistula: lowering of the perineal abdomen.
- Megaureter: resection with reimplantation, resection with substitution of a segment of the intestine.
- Megacolon: Duhamel's or Swenson's abdominoperineal operations.
- Nephrectomy for Wilms' tumour.
- Spina bifida: meningocele or myelomeningocele.

OTHER ITEMS

"Major surgery" is also deemed to include:
- organ transplantation with removal of donor organs;
- admission to an intensive care/resuscitation facility, provided it is for more than 3 days.

ADMISSIONS (continued)

DAY HOSPITAL WITH SURGERY	NUOVA PLUS	EXTRA
BENEFITS DURING TREATMENT	Team fees; operating theatre fees; surgical materials and endoprostheses, medications, diagnostic assessments, physiotherapy and rehabilitative treatments, medical and nursing care Individual nursing care: unlimited Accompanying person (see "Accompanying person" section)	
PRE-TREATMENT BENEFITS	Diagnostic assessments and specialist consultations in the 100 day period.	
POST-TREATMENT BENEFITS	Diagnostic assessments, medications, medical surgical and nursing services treatment (including hydrotherapeutic, exclusive of hotel costs) within a 100 day period Physiotherapy and rehabilitation treatments(1) within a 120 day period	
CHARGES PER INPATIENT DAY (admissions outside the national health service)	Network: no daily limits; Out-of-Network: € 250 per day. (does not include expenditure on unnecessary luxuries)	
LIMIT	€ 150,000 per year/household	€ 500,000 per year/household
PERCENTAGE OR FIXED EXCESS	In-Network: € 200 Out-of-Network 10%, min. € 1,000 Uninsured percentage conditions for admission to a Network care facility refer also to the relative pre and post services even if carried out on an extra-contractual basis	In-Network: € 0. Out-of-Network 10% min. € 1,000 The pre-and post-treatment services for an admission to an in-Network care facility are 100% refundable even if carried out on an extra-contractual basis
	A penalty is applicable in the case of indirect admission to affiliated healthcare facilities (including those on the "TOP Clinic List") and with affiliated operating teams (for details, consult the policy).	
NOTE	PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage" *Physiotherapy and rehabilitation treatments (1): reimbursable only if received exclusively at medical centres equipped with Health Departments - cf. Policy Glossary*	

ADMISSIONS (continued)

DAY HOSPITAL ADMISSIONS WITHOUT SURGERY	NUOVA PLUS	EXTRA
BENEFITS DURING TREATMENT	Medical care, medicines, diagnostic assessments, treatments and doctors' fees Accompanying person (see "Accompanying person" section)	
PRE-TREATMENT BENEFITS	Diagnostic assessments and specialist consultations in the 100 day period.	
POST-TREATMENT BENEFITS	Diagnostic assessments, medication, medical, surgical and nursing services, services intended for health recovery, such as physiotherapy and rehabilitation treatments(1), treatments (including hydrotherapeutic, excluding hotel costs) in the 100 day period.	
CHARGES PER INPATIENT DAY (admissions outside the national health service)	Network: no daily limits Out-of-Network € 250 per day (does not include expenditure on unnecessary luxuries)	
LIMIT	€ 150,000 per year/household	€ 500,000 per year/household
PERCENTAGE OR FIXED EXCESS	In-Network: € 200 Out-of-Network 10%, min. € 1,000	In-Network: € 0 Out-of-Network 10%, min. € 1,000
	A penalty is applicable in the case of indirect admission to affiliated healthcare facilities (including those on the "TOP Clinic List") and with affiliated operating teams (for details, consult the policy).	
NOTE	PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage" *Physiotherapy and rehabilitation treatments (1): reimbursable only if received exclusively at medical centres equipped with Health Departments - cf. Policy Glossary*	

ADMISSIONS (continued)

OUTPATIENT SURGERY	NUOVA PLUS	EXTRA
BENEFITS DURING TREATMENT	Doctors' fees; operating theatre fees; surgical materials, medicines, diagnostic assessments, physiotherapy and rehabilitative interventions, treatments, nursing care Accompanying person (see "Accompanying person" section)	
PRE-TREATMENT BENEFITS	Diagnostic assessments and specialist consultations in the 100 day period.	
POST-TREATMENT BENEFITS	Diagnostic assessments, medications, medical surgical and nursing services treatment (including hydrotherapeutic, exclusive of hotel costs) within a 100 day period Physiotherapy and rehabilitation treatments(1) within a 120 day period	
LIMIT	€ 150,000 per year/household	€ 500,000 per year/household
PERCENTAGE OR FIXED EXCESS	In-Network: € 100 Out-of-Network 10%, min. € 500 Uninsured percentage conditions for admission to a Network care facility refer also to the relative pre and post services even if carried out on an extra-contractual basis	In-Network: € 0 Out-of-Network 10%, min. € 500 The pre-and post-treatment services for an admission to an in-Network care facility are 100% refundable even if carried out on an extra-contractual basis
	A penalty is applicable in the case of indirect admission to affiliated healthcare facilities (including those on the "TOP Clinic List") and with affiliated operating teams (for details, consult the policy).	
NOTE	***For outpatient surgery in the context of specialist visits, consult the "Insurance Policies: Interpretations" section.*** PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage" *Physiotherapy and rehabilitation treatments (1): reimbursable only if received exclusively at medical centres equipped with Health Departments - cf. Policy Glossary*	

ADMISSIONS(continued)

CAESAREAN BIRTH	NUOVA PLUS	EXTRA
BENEFITS DURING TREATMENT	Doctors' fees, delivery room fees, materials, medical and nursing care, medicines diagnostic assessments and treatments Accompanying person (see "Accompanying person" section)	
PRE-TREATMENT BENEFITS	Diagnostic assessments and specialist visits in the 100 day period.	
POST-TREATMENT BENEFITS	Diagnostic assessments, medications, medical surgical and nursing services, physiotherapy and treatments, in 100 day period. Physiotherapy and rehabilitation treatments(1) within a 120 day period	
NEONATAL EXPENSES	Charge per inpatient day (neonatal ward), diagnostic assessments, medical and nursing care up to a maximum limit of € 1,000.00 per year/household.	
CHARGES PER INPATIENT DAY (admissions outside the national health service)	No daily limits (does not include expenditure on unnecessary luxuries)	
LIMIT	€ 6,000 per household/year (applies to admission only, including hospital fees. The limit includes neonatal expenses)	€ 9,000 per household/year (applies to admission only, including hospital fees. The limit includes neonatal expenses)
PERCENTAGE OR FIXED EXCESS	-	
NOTE	Treatment also applies to therapeutic abortion ***For elective caesarean births, consult the "Insurance Policies: Interpretations" section.*** PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage" *Physiotherapy and rehabilitation treatments(1): reimbursable only if received exclusively at medical centres equipped with Health Departments - cf. Policy Glossary*	

***ADMISSIONS* (continued)**

NATURAL BIRTH	NUOVA PLUS	EXTRA
BENEFITS DURING TREATMENT	Doctors' fees Delivery room fees Medicines, diagnostic assessments and treatments Accompanying person (see "Accompanying person" section)	
PRE-TREATMENT BENEFITS	Diagnostic assessments and specialist consultations in the 100 day period.	
POST-TREATMENT BENEFITS	Diagnostic assessments, medications, medical surgical and nursing services, and treatments, in 100 day period.	
NEONATAL EXPENSES	Charge per inpatient day (neonatal ward), diagnostic assessments, medical and nursing care up to a maximum limit of € 1,000.00 per year/household.	
CHARGES PER INPATIENT DAY (admissions outside the national health service)	No daily limits (does not include expenditure on unnecessary luxuries)	
LIMIT	€ 3,000 per household/year (applies to admission only, including hospital fees. The limit includes neonatal expenses)	€ 6,000 per household/year (applies to admission only, including hospital fees. The limit includes neonatal expenses)
PERCENTAGE OR FIXED EXCESS	-	
NOTE	PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage"	

ADMISSIONS (continued)

DENTAL SURGERY	NUOVA PLUS	EXTRA
BENEFITS DURING TREATMENT	Specialist fees Dental implants Medicines, diagnostic assessments and treatments	
PRE-TREATMENT BENEFITS	Diagnostic assessments and specialist consultations in the 100 day period.	
POST-TREATMENT BENEFITS	Diagnostic assessments, medications, medical surgical and nursing services, and treatments, in 100 day period.	
HOSPITAL FEES	Admissions: - with full direct affiliation: no daily limit - non-full direct affiliation up to € 300.00/day (reduced to € 250.00 for day hospitals) Does not include expenditure on unnecessary luxuries	
LIMIT	10,000 household/year (Including all the above costs)	
PERCENTAGE OR FIXED EXCESS	In-Network: € 200 Out-of-Network 20% minimum € 1,000	In-Network: € 0 Out-of-Network 20% minimum € 1,000
	A penalty is applicable in the case of indirect admission to affiliated healthcare facilities (including those on the "TOP Clinic List") and with affiliated operating teams (for details, consult the policy).	
NOTE	**Cover applies to: maxillary osteitis, bone neoplasms of the upper or lower jaw, follicular or radicular cysts, adamantinoma, odontoma. Particular documentation needs to be presented (cf. policy summary).** PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage"	

ADMISSIONS (continued)

MYOPIA	NUOVA PLUS	EXTRA
BENEFIT	Reimbursement of surgery expenses for refraction and laser excitation treatments, team fees, operating theatre fees, surgical materials	
PRE-TREATMENT BENEFITS	Diagnostic assessments and specialist consultations in the 100 day period.	
POST-TREATMENT BENEFITS	Diagnostic assessments, medications, medical surgical and nursing services, in 100 day period.	
HOSPITAL FEES (admissions outside the national health service)	Network: no daily limits. Out-of-Network € 300 per day (€ 250 per day in case of admission to a Day Hospital) (does not include expenditure on unnecessary luxuries)	
CONDITIONS	Differential between eyes of over 4 dioptres or a visual defect in an eye of at least 8 dioptres	
LIMIT	€ 150,000 per year/household	€ 500,000 per year/household
PERCENTAGE OR FIXED EXCESS	In-Network: € 200 Out-of-Network 10% min. € 1000	In-Network: € 0 Out-of-Network 10% min. € 1000
	A penalty is applicable in the case of indirect admission to affiliated healthcare facilities (including those on the "TOP Clinic List") and with affiliated operating teams (for details, consult the policy).	
NOTE	PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage"	

***ADMISSIONS* (continued)**

BENEFITS FOR WHOLLY PUBLIC HEALTH SERVICE ADMISSIONS (*)	**NUOVA PLUS**	**EXTRA**
REPLACEMENT DAILY ALLOWANCE (for every day admitted into hospital, meaning those including an overnight stay)	€ 80 per day with surgery € 60 per day without surgery € 40/day Day Hospital (completed with no overnight stay) with procedure € 30/day Day Hospital (completed with no overnight stay) with no procedure € 100 per day major surgery	€ 100 per day € 50/day Day Hospital (completed with no overnight stay) € 120 per day major surgery
DAILY LIMITS	180 days per person/year	300 days per person/year
PRE-TREATMENT BENEFITS	Diagnostic assessments and specialist consultations in the 100 day period.	
POST-TREATMENT BENEFITS	Diagnostic assessments, medication, medical, surgical and nursing services, treatments (including hydrotherapeutic, excluding hotel costs), physiotherapy and rehabilitation treatments(1) in the 100 day period.	
NOTE	Post -treatment benefits: Only in the case of surgery the limit of 100 days will be increased to 120 days for physiotherapy and rehabilitation treatments Physiotherapy and rehabilitation treatments(1): reimbursable only if received exclusively at medical centres equipped with Health Departments - cf. Policy Glossary	

(*) for services governed under Article 2.3 ADMISSIONS, letter C) NATIONAL HEALTH SERVICE

***ADMISSIONS* (continued)**

ACCOMPANYING PERSON	NUOVA PLUS	EXTRA
BENEFITS	Reimbursement of expenses for room/board and transport for an accompanying person	
CONDITIONS	Services pursuant to letter A, points 1), 2), 3), 4), 5), 6), 7), 10), 11), 12)	
LIMIT	€ 60 per day up to a maximum of 30 days per family/year	€ 80 per day up to a maximum of 90 days per family/year Major surgical procedures: € 180 per day up to a maximum of 90 days per family/year

HEALTH TRANSPORT	NUOVA PLUS	EXTRA
BENEFITS	Ambulance within Italy All transport abroad	
CONDITIONS	Services pursuant to letters A (exclusive of points 5), 8), 9) and C	
LIMIT	€ 2,000 per year/household	€ 3,000 per year/household

SPECIALIST TREATMENTS

HIGHLY SPECIALISED TREATMENTS AND DIAGNOSTICS	**NUOVA PLUS**	**EXTRA**
BENEFITS	Reimbursement for: high performance diagnostic as per attached list	
CONDITIONS	Prescription from a doctor from the local primary care unit (ASL) or a specialist (*)	
LIMIT	€ 5,000 per year/household	€ 7,500 per year/household
PERCENTAGE OR FIXED EXCESS	Network: excess € 10 per invoice Out-of-Network 20%, min € 60 per invoice Excess 30% min. € 90 per invoice for services in affiliated healthcare facilities without activating the direct form Excess 40% min. € 120 per invoice for services in affiliated healthcare facilities on the TOP Clinic List without activating the direct form	

(*) see "Policyholder's Guide"

HIGHLY SPECIALISED DIAGNOSTICS
DIGITAL ANGIOGRAPHY
ARTHROGRAPHY
BRONCHOGRAPHY
CISTERNOGRAPHY
CYSTOGRAPHY
CHOLANGIOGRAPHY
PERCUTANEOUS CHOLANGIOGRAPHY
CHOLECYSTOGRAPHY
DACRYOCYSTOGRAPHY
FISTULOGRAPHY
PHLEBOGRAPHY
FLUORESCEIN ANGIOGRAPHY
GALACTOGRAPHY
HYSTEROSALPINGOGRAPHY
LYMPHOGRAPHY
MYELOGRAPHY
PNEUMOENCEPHALOGRAPHY
RETINOGRAPHY
SIALOGRAPHY
SPLENOPORTOGRAPHY
UROGRAPHY
VASOSEMINAL VESICULOGRAPHY
CORONAROGRAPHY
SCINTIGRAPHY
AMNIOCENTESIS for women over 35 or if prescribed as a result of suspected foetal malformation
NMR with or without contrast
CAT with or without contrast

ENDOSCOPY (also with biopsy sampling)	**THE REMOVAL OF POLYPS, CYSTS ARE CONSIDERED AS ENDOSCOPIC SURGERY**
BRONCHOSCOPY	
RECTOSCOPY	
COLONOSCOPY	
DUODENOSCOPY	
OESOPHAGOSCOPY	
GASTROSCOPY	

THERAPIES	
DIALYSIS	
ALCOHOLISATION	
LASER THERAPY **(excluded for rehabilitation purposes, with the exception of those done for acute pathologies, reimbursable up to a maximum of 18 sessions)**	Please note that the service shown on the list is not the one used for surgical purposes (e.g. excision of wart or mole). **Consult the "Insurance Policies: Interpretations relative to laser therapy**

THERAPIES RELEVANT TO ONCOLOGICAL DISEASES
CHEMOTHERAPY
RADIOTHERAPY
COBALT THERAPY

SPECIALIST TREATMENTS

HIGH LEVEL DIAGNOSTICS (PRENATAL GENETIC TESTING OF FOETAL DNA)	**NUOVA PLUS**	**EXTRA**
BENEFITS	Non-invasive prenatal genetic tests which, through analysis of freely circulating foetal DNA, isolated from a sample of maternal blood, determines the presence of foetal aneuploidies common during pregnancy, specifically those relative to chromosomes 21, 18, and 13 and the sex chromosomes E and Y (e.g. Harmony test, Prenatal Safe.	
CONDITIONS	Prescription from a doctor from the local primary care unit (ASL) or a specialist (*)	
LIMIT	€ 5,000 per year/household For highly specialised treatments and diagnostics	€ 7,500 per year/household For highly specialised treatments and diagnostics
PERCENTAGE OR FIXED EXCESS	Network: excess € 10 per invoice Out-of-Network 20%, min € 60 per invoice Excess 30% min. € 90 per invoice for services in affiliated healthcare facilities without activating the direct form Excess 40% min. € 120 per invoice for services in affiliated healthcare facilities on the TOP Clinic List without activating the direct form	

(*) see "Policyholder's Guide"

SPECIALIST TREATMENTS (continued)

DIAGNOSTIC ASSESSMENTS (ORDINARY DIAGNOSTICS)	NUOVA PLUS	EXTRA
BENEFIT	Reimbursement of costs (excluding dental and orthodontic assessments, except in the event of accident)	
CONDITIONS	Prescription from a doctor from the local primary care unit (ASL) or a specialist (*)	
LIMIT	Included in € 3,000 household/year for SPECIALIST CONSULTATIONS	Included in € 5,500 household/year for SPECIALIST CONSULTATIONS
PERCENTAGE OR FIXED EXCESS	Network: excess € 10 per invoice Out-of-Network 20%, min € 60 per invoice Excess 30% min. € 90 per invoice for services in affiliated healthcare facilities without activating the direct form Excess 40% min. € 120 per invoice for services in affiliated healthcare facilities on the TOP Clinic List without activating the direct form	
NOTE	Ordinary diagnostic assessments which do not count as major diagnostics ***Consult the "Insurance Policies: Interpretations for cases relative to:*** • ***mental health diseases*** • ***pain or symptoms*** • ***asthenia***	

(*) see "Policyholder's Guide"

SPECIALIST TREATMENTS (continued)

SPECIALIST CONSULTATIONS	NUOVA PLUS	EXTRA
BENEFITS	Reimbursement of consultation fees, excluding: - Paediatric monitoring - dental and orthodontic (except in case of accident)	
CONDITIONS	Prescription from a doctor from the local primary care unit (ASL) or a specialist (*)	
LIMIT	€ 3,000 per year/household	€ 5,500 per year/household
PERCENTAGE OR FIXED EXCESS	Network: excess € 10 per invoice Out-of-Network 20%, min € 60 per invoice Excess 30% min. € 90 per invoice for services in affiliated healthcare facilities without activating the direct form Excess 40% min. € 120 per invoice for services in affiliated healthcare facilities on the TOP Clinic List without activating the direct form	
NOTE	Dental and orthodontic consultations are refundable if necessitated by an accident ***Consult the "Insurance Policies: Interpretations" section for cases relative to:*** • ***outpatient surgery in the context of specialist visits*** • ***mental health diseases*** • ***pain or symptoms/asthenia/home visits***	

(*) see "Policyholder's Guide"

SPECIALIST TREATMENTS (continued)

PHYSIOTHERAPY	NUOVA PLUS	EXTRA
BENEFITS	Reimbursement of the cost of the therapy	
CONDITIONS	Treatment following: - Accident, documented by PS certificate or occurring in the 24 months prior to the physiotherapy service - Stroke, neoplasms, degenerative neurological, neuromyopathic and homeoplastic forms - Heart and thoracic surgery; amputation of limbs Services made by medical prescription *Reimbursable only if received exclusively at medical centres equipped with Health Departments - cf. Policy Glossary*	
LIMIT	New €. 1,400 household/year	Up to € 5,500 per household/year for SPECIALIST CONSULTATIONS
PERCENTAGE OR FIXED EXCESS	Network: excess of € 40 per treatment cycle Out-of-Network: uninsured percentages 20% € 60 per treatment cycle Excess 30% min. € 90 per treatment cycle, if done in affiliated healthcare facilities, without activating the direct form Excess 40% min. € 120 for treatment cycle, if done in affiliated healthcare facilities on the TOP Clinic List, without activating the direct form	
NOTE	**Reimbursement of expenses incurred for the rental of equipment used for rehabilitation is NOT provided** **For information on "Reimbursement of physiotherapy expenses" consult the "Insurance Policies: Interpretations" section.**	

SPECIALIST TREATMENTS (continued)

New

HOME PHYSIOTHERAPY	NUOVA PLUS	EXTRA
BENEFITS	The Policyholder may request access to rehabilitation services provided directly in their **own home** through the Operation Centre.	
CONDITIONS	Treatment following: - Accident, documented by PS certificate or occurring in the 24 months prior to the physiotherapy service - Stroke, neoplasms, degenerative neurological, neuromyopathic and homeoplastic forms - Heart and thoracic surgery; amputation of limbs Services made by medical prescription	
LIMIT	Cf. Physiotherapy maximum limit	Cf. Physiotherapy maximum limit
PERCENTAGE OR FIXED EXCESS	For access to this scheme, an activation cost of €20.00 applies.	
NOTE	Service only provided in in-Network/Direct form (not in Indirect/refundable form) As well as access to therapists, all electromedical equipment required for the safe and complete provision of the required treatment shall be made available on site. This service is available throughout Italy.	

SPECIALIST TREATMENTS (continued)

ACUPUNCTURE	NUOVA PLUS	EXTRA
BENEFITS	-	Reimbursement of the cost of the therapy
CONDITIONS	-	Prescription from a doctor from the local primary care unit (ASL) or a specialist Services provided by a doctor
LIMIT	-	Up to € 5,500 per household/year for SPECIALIST CONSULTATIONS
PERCENTAGE OR FIXED EXCESS	-	20% min. € 40 per invoice

SPECIALIST TREATMENTS (continued)

CANCER TREATMENTS	NUOVA PLUS	EXTRA
BENEFITS	- Home nursing care - Chemotherapy - Radiotherapy - Other therapies for cancer treatments - Specialist consultations	
CONDITIONS	Prescription from a doctor from the local primary care unit (ASL) or a specialist (*)	
LIMIT	€ 10,000 household/year. If fully used, the same limit envisaged for highly specialised treatments and consultations is applied	€ 12,000 per household/year. If fully used, the same limit envisaged for highly specialised treatments and consultations is applied
PERCENTAGE OR FIXED EXCESS	-	

(*) see "Policyholder's Guide"

SPECIALIST TREATMENTS (continued)

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

SPECIALIST TREATMENTS (continued)

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

SPECIALIST TREATMENTS (continued)

DSA (Specific Learning Disabilities) for minors	**NUOVA PLUS**	**EXTRA**
BENEFITS	Expenses sustained for the treatment and cure of specific learning disabilities (DSA)	
CONDITIONS	New According to the provisions of DSM-5, the *Specific Learning Disabilities* diagnosis must be certified by a doctor specialising in child neuropsychiatry within the National Health Service.	
LIMIT	• € 1,500 per household/year for moderate to severe cases, according to DSM-5 • € 500 per household/year for mild cases, according to DSM-5	
PERCENTAGE OR FIXED EXCESS	Network: excess € 40 per invoice Out-of-Network: uninsured percentages 20% € 60 per invoice Excess 30% min. € 90 per invoice for services in affiliated healthcare facilities without activating the direct form Excess 40% min. € 120 per invoice for services in affiliated healthcare facilities on the TOP Clinic List without activating the direct form	
Notes	Guarantee in addition to that relative to speech therapy	

SPECIALIST TREATMENTS (continued)

PROSTHESES AND HEARING AIDS	NUOVA PLUS	EXTRA
BENEFITS	Purchase, repair and replacement costs	
CONDITIONS	-	
LIMIT	€ 3,000 per year/household	
PERCENTAGE OR FIXED EXCESS	-	The extensions indicated in the NOTES: 30% min. € 50 per invoice
NOTE	-	The cover extends to: - Orthopaedic devices - hernia trusses - curative orthopaedic braces - ocular prostheses - mobility aids - hearing aids - speech aids. The following are excluded: - arch support footwear - aesthetic/shaping corsetry and bodices ***Consult the "Insurance Policies: Interpretations" relative to arch support and orthopaedic devices***

SPECIALIST TREATMENTS (continued)

ACCIDENT-RELATED DENTAL TREATMENT	**NUOVA PLUS**	**EXTRA**
BENEFITS	Reimbursement of expenses resulting from an accident	
CONDITIONS	Hospital Casualty Certificate Injury occurred within the 24 months prior to the execution of treatment	
LIMIT	€ 4,000 per year/household	€ 7,000 per year/household

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

(*) see "Policyholder's Guide"

SPECIALIST TREATMENTS (continued)

ADDITIONAL BENEFITS	NUOVA PLUS	EXTRA
BENEFITS	Medical expenses for paediatric monitoring (up to age 14 years)	Medical expenses for paediatric monitoring (up to age 14 years)
LIMIT	€ 1,500.00 per household/year € 500.00 per year/per head	€ 1,500.00 per household/year € 500.00 per year/per head
PERCENTAGE OR FIXED EXCESS	30%	30%

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

The present document is a translation of the official Italian version. Please note that in case of discrepancies the Italian version will prevail

SPECIALIST TREATMENTS (continued)

COMPARATIVE DIAGNOSIS (SECOND OPINION)	NUOVA PLUS	EXTRA
BENEFITS	Diagnostic assessment for the most serious diseases, by world-leading specialists, plus the most useful therapeutic indications for treating the diagnosed disease	
CONDITIONS	The service is available for the following diseases: • Alzheimer's disease • AIDS • Blindness • Malignant tumours • Cardiovascular problems • Deafness • Kidney failure • Loss of speech • Transplants of vital organs • Neuromotor diseases • Multiple Sclerosis • Paralysis • Parkinson's disease • Stroke • Coma	
Notes	If they wish, policyholders may seek a consultation with the specialist who assessed their case. Only the expenses incurred by the Policyholder in relation to the medical consultation will be reimbursed	

ADDITIONAL SERVICES

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

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

ADDITIONAL SERVICES (continued)

ADVANCE PAYMENT OF HEALTH EXPENSES	NUOVA PLUS	EXTRA
BENEFITS	Max. 50% of expenses	
CONDITIONS	For major surgery	

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

REPATRIATION OF DECEASED	NUOVA PLUS	EXTRA
BENEFITS	Reimbursement of repatriation expenses for death abroad	
CONDITIONS	For hospitalisation for illness or accident, with or without surgery	
LIMIT	€ 2,000 per event	€ 3,000 per event

***ADDITIONAL SERVICES* (continued)**

HOME HOSPITALISATION FOLLOWING MAJOR SURGERY	New **NUOVA PLUS**	**EXTRA**
BENEFITS	Home hospitalisation Integrated health care at home	Home hospitalisation Integrated health care at home
CONDITIONS	Prescription from a doctor from the local primary care unit (ASL) or a specialist	Prescription from a doctor from the local primary care unit (ASL) or a specialist
LIMIT	€ 15,000 per year/household	€ 15,000 per year/household
PERCENTAGE OR FIXED EXCESS	In-Network: 0 Out-of-Network 10% min. € 1,200	In-Network: 0 Out-of-Network 10% min. € 1,200
NOTE	Max. 50 days per hospitalisation	Max. 50 days per hospitalisation

***ADDITIONAL SERVICES** (continued)*

MEDICALLY ASSISTED PROCREATION (all methods)	NUOVA PLUS	EXTRA
BENEFITS	- medical and surgical benefits for MAP - pharmacological treatments linked to the fertilisation method used	
LIMIT	€ 350 per household/year	
PERCENTAGE OR FIXED EXCESS	In-network: no uninsured/excess Out-of-network: no uninsured/excess	
Notes	Expenses relative to the travel/transfer of the Policyholder are excluded from reimbursement, as are costs for any accompanying person if the treatment is received abroad	

***ADDITIONAL SERVICES* (continued)**

POST-PARTUM ASSISTANCE	NUOVA PLUS	EXTRA
BENEFITS	Services aimed at full recovery after giving birth. **a) Post-partum psychological support** Within 3 months of birth (occurring during the coverage year), a maximum of 3 psychological visits are covered **b) Lower Limb Check** Within 6 months of birth (occurring during the coverage year), it is possible to have a lower limb check to determine the presence of pathological changes in the superficial and deep venous system of the lower limbs **c) Well-being weekend** Within 1 year of birth (occurring during the coverage year), provision of the following package of services is foreseen: • dietary visit • meeting with nutritionist • meeting with personal trainer • basic physical exercise lesson • hydrotherapy treatment	
PERCENTAGE OR FIXED EXCESS	No uninsured/excess	
Notes	This guarantee is provided exclusively through in-network structures which adhere to the Previmedical Network under the Direct regime, upon reservation	

***ADDITIONAL SERVICES* (continued)**

HYDROTHERAPEUTIC TREATMENTS for MINORS	**NUOVA PLUS**	**EXTRA**
BENEFITS	Expenses for hydrotherapeutic treatments, inhalation treatments and Politzer treatments for minors. A visit before and after the treatment is also foreseen.	
CONDITIONS	Disease or accident of the minor	
LIMIT	Maximum 1 (one) cycle per year (maximum of 12 consecutive sessions with a break mid-cycle), carried out in an affiliated health structure indicated by the Previmedical Operation Centre, with reservation. Expenses for services provided to the Policyholder are paid directly to the structures by the Company for a maximum amount of € 35 per session.	
PERCENTAGE OR FIXED EXCESS	Visits before and after treatment are paid without the application of any uninsured or excess	
Notes	Hotel costs for the minor and any accompanying person are excluded	

***ADDITIONAL SERVICES* (continued)**

DOWN SYNDROME	NUOVA PLUS	EXTRA
BENEFITS	In the case of diagnosis of Trisomy 21 (Down Syndrome), the guarantee foresees the payment of an indemnity	
CONDITIONS	Certified diagnosis within the first 3 years of life	
LIMIT	€ 1,000 year/newborn for a maximum period of 5 years	
PERCENTAGE OR FIXED EXCESS	No uninsured/excess	

***ADDITIONAL SERVICES* (continued)**

HEALTH ACCOUNT	NUOVA PLUS	New	EXTRA
BENEFITS/ CONDITIONS	The Health Account is a cumulative account for healthcare purposes aimed at enabling the household to accumulate, for the years following the first insurance year, the financial benefits not used in the insurance year. **A) Good Health Bonus:** If, in the course of the two-year period, the Policyholder demonstrates an average Claims/Contributions ratio for the household of equal to or less than 75% and the prevention protocols of Cassa Uni.C.A. have been followed continuously throughout the insurance period, a bonus of 20% of the contribution paid in the previous year will automatically be credited to the Health Account This amount can be used to increase, in any case up to the limit of the expense, the amount of reimbursements requested by the household and / or to reduce the incidence of any fees to be borne by the insured party (exclusions and excesses) in the following years. **B) Health Savings:** If in the course of the year the household has not submitted a reimbursement claim for any Health benefit (with the exception of the Cassa Uni.C.A. preventive protocols, which are not included in this calculation), the annual savings may be credited to the Policyholder's Health Account to the amount of 10% of the annual contribution. This amount can be used to increase, in any case up to the limit of the expense, the amount of reimbursements requested by the household and / or to reduce the incidence of any fees to be borne by the insured party (exclusions and excesses) in the following years. For information on how to use the Health Account, see the following communication.		

***ADDITIONAL SERVICES** (continued)*

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

PREVENTIVE SERVICES

PREVENTION	NUOVA PLUS	EXTRA
BENEFITS	Preventive services are offered directly by Uni.C.A. in the context of periodic Prevention Campaigns (normally every two years). Additionally, under the responsibility of the insurer, the following services are foreseen, which can be used either through the Network or the Previmedical Authorised Centres.	

PREVENTIVE SERVICES (continued)

CHECK-UPS	NUOVA PLUS	EXTRA
BENEFITS	Possibility to have a completely free visit to a specialist, of any specialisation, once per month, any day of the week	
CONDITIONS	The service is guaranteed also in the case of consultation/check-up, and therefore no medical or specialist prescription is requested during authorisation	
PERCENTAGE OR FIXED EXCESS	No uninsured/excess	
Notes	The service is provided solely through the Direct regime, at the specific Authorised Centres which are part of the Network of facilities affiliated with Previmedical (http://www.alwaysalute.it/index.php), with a reservation Only specialisations available through the Authorised Centre are possible	

PREVENTIVE SERVICES (continued)

INFLUENZA VACCINE	NUOVA PLUS	EXTRA
BENEFITS	Annual provision of the influenza vaccine	
CONDITIONS	As this is a preventive treatment, no medical or specialist prescription is required	
PERCENTAGE OR FIXED EXCESS	No uninsured/excess	
Notes 	The benefit is provided exclusively under the indirect scheme following the presentation of a copy of the invoice or receipt. WARNING: Before obtaining these provided services, please consult your local primary care unit (ASL) or doctor relative to any possible contraindications or significant collateral effects, based on the age or health of the Policyholder/Insured	

PREVENTIVE SERVICES (continued)

PREVENTION HERPES ZOSTER	NUOVA PLUS	EXTRA
BENEFITS	Prevention of Herpes Zoster and complications for all Policyholders aged 55 or older	
CONDITIONS	These services are liquidated as preventive treatments, therefore no medical or specialist prescription is requested during authorisation.	
PERCENTAGE OR FIXED EXCESS	Expenses for services provided to the Policyholder are liquidated directly to the Previmedical Network Authorised Centres by the Company, with the application of an excess of € 36.15 per service	
Notes	The service is provided solely through the Direct regime, at the specific Authorised Centres which are part of the Network of structures affiliated with Previmedical, with a reservation WARNING: Before obtaining these services, please consult your local primary care unit (ASL) or doctor relative to any possible contraindications or significant collateral effects, based on the age or health of the Policyholder/Insured	

PREVENTIVE SERVICES (continued)

PAEDIATRIC CHECK-UP	NUOVA PLUS	EXTRA
BENEFITS	Paediatric specialist check-up visit for minors between 6 months and 6 years of age, under the following conditions: • 1 visit between 6 months and 12 months • 1 visit at 4 years • 1 visit at 6 years	
CONDITIONS	These services are liquidated as preventive treatments, therefore no medical or specialist prescription is requested during authorisation.	
PERCENTAGE OR FIXED EXCESS	Expenses for services provided to the Policyholder are liquidated directly to the healthcare structures by the Company, with the application of an excess of € 36.15 per service.	
Notes	This guarantee is provided exclusively through in-network structures which adhere to the Previmedical Network under the Direct regime, upon reservation Guarantee for paediatric check-up medical expenses (up to 14 years of age)	

PREVENTIVE SERVICES (continued)

NUTRITIONAL CONSULTATION AND PERSONALISED DIETARY REGIME	**NUOVA PLUS**	**EXTRA**
BENEFITS	One nutritional consultation, including a personalised dietary plan, is provided per two-year period per person.	
LIMIT	In-Network: unlimited Out-of-Network € 80.00 (€ 50.00 for the consultation + € 30.00 for the diet)	
PERCENTAGE OR FIXED EXCESS	No uninsured/excess	

New

Insurance policies: Interpretations

Following reports of problems interpreting the policy, received from Members regarding a number of pathologies, enquiries were made with the Insurance Company RBM and the Service Provider Previmedical aimed at clarifying the policy provisions and arriving at agreed interpretations of said provisions.

We are therefore informing the Policyholders of the specifications that derived from this, in the spirit of comparing and sharing the results, which were published with News items in the Info (Informativa) section of the Uni.C.A. website.

MOLES AND SKIN GROWTHS (publication date 09/09/2014)

Dermatological and diagnostic tests must be backed by a medical prescription containing the diagnostic query and/or the diagnosis of suspected mole.

The request for **removal of an unusual or suspicious mole** must be backed by a clinical report containing:
- the site and description of the lesion;
- why it is suspicious (e.g.: asymmetry, irregular edges, varied and uneven colour, dimensions of more than 6 mm and development or growth);
- the methods of the removal procedure (**aesthetic procedures** such as: diathermocoagulation, laser treatments or other aesthetic procedures **are not reimbursable**);
- the indication of the histological examination.

MENTAL ILLNESSES (publication date 09/09/2014)

specialist consultations (including more than one) **and diagnostic tests** carried out to **ascertain the pathological state of the Policyholder** (mental/psychiatric illness) and backed by a medical prescription containing the diagnostic query and/or the diagnosis are reimbursable. The company still reserves the right to request supplementary medical documentation or the file prepared by the specialist doctor.

Psychotherapy is reimbursable **only and exclusively** for subscribers of the **EXTRA policy** within the terms provided for in the Health Plan.

Insurance policies: Interpretations

MENTAL ILLNESSES (continued) (publication date 29/01/2015)
When psychiatric illness has **already been ascertained**, its nature/features are not being reconsidered, and there are merely "check-ups" (e.g.: check on medicine dosage), **nothing should as a rule be reimbursed** (not even for the **EXTRA** guarantee). For the latter, however, if there is a specific "psychotherapy" guarantee (literally therapy for the treatment of psychiatric illnesses), in the context of the specific guarantee for **psychotherapy** further **specialist consultations are reimbursed** with respect to the initial ascertainment of the pathology, providing greater benefit.

Situations in which the psychiatric specialist consultation is not a mere check-up, but serves to understand whether the illness has undergone an change/transformation which entails a different treatment must be assessed case by case: these situations, by definition "border line", are the most difficult to interpret, and from this perspective producing the specialist report is indispensable for the purpose of assessing whether or not the expense is reimbursable. These situations include consultations aimed at identifying the most appropriate pharmacological treatment in view of an confirmed pathology.

PAIN OR SYMPTOMS (publication date 09/09/2014)
For **specialist consultations** in view of pain/symptoms (for example lumbosciatic pain, cervical pain) aimed at verifying **the existence of a pathology** a medical prescription containing the diagnostic query and/or the diagnosis is required (prescriptions indicating vague and/or generic symptoms are not authorised). The company still reserves the right to request supplementary medical documentation or the file prepared by the specialist doctor. The "state of the pathology" found makes no difference in deciding whether the service is reimbursable.

Instrumental tests (radiological or ultrasonographic) aimed at **ascertaining the origin of the symptom** (e.g. RMN for lumbosciatic pain) are authorised/reimbursed.

You are reminded that, in all cases, **the prescription must have been prepared by a doctor other than the specialist who performed the service (directly or indirectly)**, or, if the prescribing doctor also carried out the service provided, the same must be certified by transmission of the related file or report containing the diagnosis.

The present document is a translation of the official Italian version. Please note that in case of discrepancies the Italian version will prevail

Insurance policies: Interpretations

CHECK ON TOLERABILITY OF TREATMENT (publication date 29/01/2015)
Consultations/tests which a Policyholder has done to check the tolerability of specific treatments or medicines **are reimbursable if backed by an indication of the existing or presumed pathology** that is meant to be treated and for which the said prior tolerability check is necessary.

ASTHENIA (publication date 29/01/2015)
Given that asthenia (sense of weakness and tiredness) is a symptomatology, which can be associated with illnesses, but also exist in healthy people, for the most varied reasons, **medical expenses based only on the indication of "asthenia" are not reimbursable** , because our coverage always presupposes indication of the existing or suspected pathology.

LASER THERAPY(publication date 29/01/2015)
Given that laser therapy has several fields of application, including physiotherapy, dermatological treatments and a number of surgical operations, when laser therapy **is used to eliminate/reduce the persistence of pain following a surgical operation after a broken bone**, it has been agreed that this constitutes a pathological state "in an acute form", and the coverage described on page 24 of the "health plan comparison" is therefore valid.

ORTHOPAEDIC DEVICES (publication date 29/01/2015)
Given that a inconsistency has been found between the indications provided, on the question of orthopaedic and acoustic prosthetics, in the Health Plan Comparison Prospectus (page 36) and in the policy texts (page 14/58 EXTRA3 Policy Information Note): in the Comparison orthopaedic devices are indicated as reimbursable, in the policy text only orthopaedic devices for hernias, **the interpretation most favourable for Policyholders with the EXTRA coverage has been agreed**: all orthopaedic devices will therefore be reimbursed.

ARCH SUPPORTS (publication date 24/03/2015)
Only for **Policyholders with EXTRA coverage**: expenses incurred for **arch supports made to measure in specialised centres are reimbursable on presentation of a medical certificate and technical documentation;** those for arch support footwear are not reimbursable.

The present document is a translation of the official Italian version. Please note that in case of discrepancies the Italian version will prevail

Insurance policies: Interpretations

HOME VISITS(publication date 24/03/2015)
Apart from the cases expressly provided for (e.g. after major surgery), these are paid for in all **cases in which the person involved cannot leave their home** (an aspect that must be certified by the attending doctor or by the medical structure where the patient was treated) and in the case of **specialist consultations at paediatric age** (children up to 14 years old). Although it is obvious, we remind you that , as is usual, the specialisation of the doctor who provides the consultation must be related to the existing or suspected pathology

OPERATIONS IN OUTPATIENT SURGERIES(publication date 24/03/2015)
When a surgical operation in an outpatient surgery (surgical operation without hospitalisation) is **immediately preceded by a consultation** provided by the same professional who performs the operation, aimed at checking the patient's conditions and the existence of the conditions of admissibility for the operation, this **is part of the said outpatient operation** and cannot be paid separately.

CAESAREAN BIRTH AT THE MOTHER'S REQUEST(publication date 24/03/2015)
From the point of view of payment, a caesarean birth at the mother's request, not resulting from pathologies of the mother or child that would make it necessary, **is reimbursed, applying the less favourable conditions of a physiological birth.**

COM (publication date 09/08/2016)
Complex Outpatient Macro-activity, the activities of which are an organisational method for complex therapeutic and diagnostic services, where several specialists must interact in a coordinated manner. This organisational model regards activities until recently carried out in Day Hospitals and/or in ordinary hospital stays but does not replace the classic outpatient system where single services are provided in a non-complex context. COM activities are not of a surgical kind; they can be prescribed only by specialists of the structure in which they are carried out.

COM therefore enables the provision of services of a diagnostic, therapeutic and rehabilitative nature which do not entail the need for ordinary hospitalisation. However, due to their nature or the complexity required to carry them out, a continual system of medical and nursing assistance must be guaranteed, and this cannot be implemented in an outpatient clinic.

Insurance policies: Interpretations

COM (continued)
The various COM pathways, in the context of the medical department , can be summarised and grouped together according to the following indications:
• oncological patients in chemotherapy treatment
• patients who need complex diagnostic manoeuvres
• patients who need support therapies
• treatment of patients with acute and chronic/newly-acute pathologies

In payment terms, COM is equivalent to a DH (Day Hospital) when the following are presented: the medical record or hospital discharge form or an equivalent document.

PRENATAL GENETIC TESTING OF FOETAL DNA PRENATAL SAFE (publication date 09/08/2016)
This consists of taking a blood sample from the mother in which the circulating foetal DNA will be sought and analysed directly. With this test, which is 99% accurate, it is possible to identify the main chromosomal anomalies: down syndrome (chromosome 21), Edwards syndrome (chromosome 18), Patau syndrome (chromosome 13), and the anomalies related to chromosomes X and Y. In addition it is possible to identify the foetal gender.

It is a very convincing alternative for pregnancies in which an invasive diagnosis is not recommended owing to the risk of spontaneous abortion; on the contrary, in specific cases where it is necessary to look for the presence of hereditary genetic illnesses, it is still necessary to resort to invasive examinations such as amniocentesis and villocentesis, which are still recommended when the pregnant woman is more than 35 years old.

In payment terms, the following must be respected:
- the service is included among high-level diagnostic services: to be reimbursed, there must be an indication of an "**existing or suspected pathology**", or for the woman involved to be older than 35 (in line with the rule related to amniocentesis, to which the Prenatal Safe is an alternative).
- In the absence of an existing or suspected pathology, the indication "**search for chromosomal alterations", will be accepted if backed by objective evidence of potential risk.**

Insurance policies: Interpretations

INJURY (publication date 09/08/2016)
The insurance policy (ref. “glossary”) defines injury as “*an event due to an unforeseen, violent and external cause, that produces objectively ascertainable bodily harm*”. Therefore, for the event to be classifiable as injury under the terms of the policy **3 simultaneous causes must occur:**

- by “**unforeseen**” is meant: “a result of chance”, “accidental, not voluntary”, “unpredictable or unavoidable”;
- by “**violent**” is meant: “intense and capable of damaging” (all slow degenerations, such as certain inflammations and fraying are therefore excluded);
- by “**external**” is meant: this must be understood as an “external cause not inside the body (pre-existing pathological state), or an event caused by an external force”

The injury must be documented by a hospital **Accident & Emergency Department Certificate** - and not by any other alternative documentation - which is a public deed that provides full proof of the circumstances reported in it.
However, the circumstance that the A&E report contains the term “ injury” does not determine in and of itself whether the event is reimbursable under the policy terms; to understand whether or not an injury has occurred under the terms of the policy it is necessary to examine what is written on the A&E certificate and in any supplementary medical documentation.
Situations in which pathologies coexist with unforeseen, violent and external events must be assessed case by case, in light of the medical documentation presented.

You are reminded, finally, that the policy provides expressly for cases of exclusion of the insurance cover, in the case of injury, when the circumstances specified in the relevant section (**Services excluded**) occur.

Some examples of events that **can be defined** as injuries under the terms of the policy are listed below:
- The A&E certificate reports: "Skiing accident with dislocation of the left shoulder and contusions"
- On a bicycle, crossing a junction with a green traffic light; from the orthogonal (perpendicular) road a car arrives which does not stop at the red light and hits me, injuring me
- An object falls on me accidentally (without having caused it to fall) and injures me

Insurance policies: Interpretations

INJURY (continued)
Some examples of events that **CANNOT be defined** as injuries under the terms of the policy are listed below:
- Domestic accident, but the A&E certificate also specifies: “in summer episode of lumbar pain treated with deltacortene, last week following exertion, reappearance of lumbar pain treated with bentelan. Today reappearance of pain while reducing assumption of bentelan”
- Injury incurred by road accident caused by drink driving
- The A&E certificate states "Lumbar pain caused by lifting a bag"
- The A&E certificate states "non-traumatic shoulder pain"
- The A&E certificate notes that “the lumbar pain was accentuated while getting out of the car” and that the patient is “already affected by slipped disc L4-L5 left (diagnosed by magnetic resonance)”; the diagnosis is lumbar pain.

REIMBURSEMENT OF PHYSIOTHERAPY EXPENSES (publication date 14/11/2016), update on 25/01/2018
Regulatory references (for simplicity, referred to the New Plus Plan):

1) Glossary: physiotherapy and rehabilitation treatments: **physical and rehabilitative medical services provided by a doctor or medical professional with a degree in physiotherapy or an equivalent qualification recognised in Italy, exclusively provided at medical centres,** aimed at enabling recovery of one or more organs or an apparatus affected by disease or injury indemnifiable under the terms of the policy. In any case, all services aimed at treating problems of an aesthetic nature must be excluded from the present coverage, as well as services carried out with instruments that are mainly used in the context of aesthetic medicine.

2) Policy text: art 2.4 specialist, out-of-hospital and/or outpatient services section point D: physiotherapy:
PHYSIOTHERAPY
The Company reimburses, up to the amount of € 1,400.00 per household and per year, ***expenses incurred for physiotherapy, exclusively at Medical Centres, provided by a specialist doctor with a degree in physiotherapy or an equivalent qualification***
recognised in Italy, *accompanied by a prescription from a specialist doctor indicating the rehabilitation treatment plan, following:*

Insurance policies: Interpretations

REIMBURSEMENT OF PHYSIOTHERAPY EXPENSES(continued)

• Injury, documented by hospital accident and emergency certificate, which occurred within 24 months prior to performance of the physiotherapy;
• stroke;
• neoplasms;
• degenerative neurological and homeoplastic forms; by way of example: multiple sclerosis, amyotrophic lateral sclerosis (ALS) and all chronic neurological forms due to degenerative processes affecting the central nervous system;
• neuromyopathic forms: mixed pathological forms affecting the neuromuscular system;
• heart surgery, thoracic surgery and amputation of limbs.

Only in cases in which there is a documented impossibility of accessing a Medical Centre, invoices issued by the professional who provided the services can be accepted (in any case, the professional must have a degree in physiotherapy or an equivalent qualification recognised in Italy), accompanied by a prescription from a specialist doctor indicating the rehabilitation treatment plan.

The services listed above are reimbursed against a medical or specialist prescription and with the application of:
• an excess of € 40.00 per treatment cycle if received in affiliated healthcare structures;
• an uninsured percentage of 20%, with a minimum of € 60.00 per treatment cycle if not received in affiliated healthcare structures;
• an uninsured percentage of 30%, with a minimum of € 90.00 per treatment cycle, if received in affiliated healthcare structures without activating the direct form (as of 01 May 2018);
• an uninsured percentage of 40%, with a minimum of € 120.00 per treatment cycle, if received in affiliated healthcare structures on the "TOP Clinic List" without activating the direct form (as of 01 May 2018.
For the purposes of the application of a single uninsured percentage or excess, the request for reimbursement must be presented by the Insured party at the end of the treatment cycle.
In any case, coverage of therapies received in fitness or beauty centres is excluded.

Physiotherapy and rehabilitation treatments are also reimbursable in the context of post-hospitalisation expenses, in accordance with the provisions of the relevant policy section (art. 2.3 Admissions, letter A).

Insurance policies: Interpretations

REIMBURSEMENT OF PHYSIOTHERAPY EXPENSES(continued)

3) Healthcare plan summary prospectus– physiotherapy.

4) SINGLE_Previmedical_Direct and Indirect Policyholder's Guide (page 2/30): "*to be able to carry out physiotherapy and rehabilitation treatments, intending the physical and rehabilitative medicine services aimed at enabling the recovery of one or more organs or an apparatus affected by disease or injury indemnifiable under the terms of the policy, it is necessary to make use of doctors or medical professionals with a degree in physiotherapy or an equivalent qualification recognised in Italy. The said services must be provided exclusively at Medical Centres, with a Medical Administration Office**".***

From the set of rules presented above, the following application follows, in keeping with the indication contained in the "glossary", also aimed at clarifying the impact of the provisions included in the policy texts and in the Previmedical Policyholder's Guide:

• **physical and rehabilitative medicine services provided by a doctor specialised in the field in question, or by a doctor who also has a degree in physiotherapy or an equivalent qualification recognised in Italy, or by a professional who has a degree in physiotherapy or an equivalent qualification recognised in Italy, provided that the services are, in this latter case, carried out at medical centres** are reimbursable.

In other words:
• physiotherapy services provided by a specialised doctor are reimbursable even if they are not carried out at medical centres
• physiotherapy services provided by a physiotherapist are reimbursable only if carried out at medical centres, with a medical administration office (controlled therefore by a doctor).

The case of a service at home constitutes an exception to this last principle, in accordance with the following rule: *"Only in cases in which there is a documented impossibility of accessing a Medical Centre, invoices issued by the professional who provided the services can be accepted (in any case, the professional must have a degree in physiotherapy or an equivalent qualification recognised in Italy), accompanied by a prescription from a specialist doctor indicating the rehabilitation treatment plan*."

Insurance policies: Interpretations

REIMBURSEMENT OF PHYSIOTHERAPY EXPENSES(continued)

In other words, if there is documentation that accessing a medical centre is impossible (on the basis of a prior medical declaration issued by a doctor other than the one that performs the service) , reimbursement of the service carried out by a physiotherapist will be authorised.

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