

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	<u>NUOVA PLUS</u>	<u>EXTRA</u>
BENEFITS DURING TREATMENT	Doctors' fees; operating theatre fees; materials and endoprotheses; 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 	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" <i>Physiotherapy and rehabilitation treatments⁽¹⁾: reimbursable only if received exclusively at medical centres equipped with Health Departments - cf. Policy Glossary</i> 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	<u>NUOVA PLUS</u>	<u>EXTRA</u>
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

TYPE OF SURGERY	LIMIT
Hysterectomy	€ 10,000
Hysterectomy to treat malignant neoplasm (including ovariectomy 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 (*)	<u>NUOVA PLUS</u>	<u>EXTRA</u>
BENEFITS DURING TREATMENT	Medical and nursing assistance, specialised medical consulting, treatment, diagnostic examinations, services aimed at recovering health, such as 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 	PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage" <i>Physiotherapy and rehabilitation treatments⁽¹⁾: reimbursable only if received exclusively at medical centres equipped with Health Departments - cf. Policy Glossary</i> (*) 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.	

ADMISSIONS (continued)




ADMISSIONS WITHOUT SURGERY for Serious Pathological Events	<u>NUOVA PLUS</u>	<u>EXTRA</u>
BENEFITS DURING TREATMENT	Medical and nursing assistance, specialised medical consulting, treatment, diagnostic examinations, services aimed at recovering health, such as 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)

ADMISSIONS WITHOUT SURGERY for Post-Surgical Rehabilitation	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="background-color: #fce4d6; padding: 5px;"><u>NUOVA PLUS</u></div>  <div style="background-color: #e2efda; padding: 5px;"><u>EXTRA</u></div> </div>	
BENEFITS DURING TREATMENT	Medical and nursing assistance, specialised medical consulting, treatment, diagnostic examinations, services aimed at recovering health, such as 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 <i>Physiotherapy and rehabilitation treatments⁽¹⁾: reimbursable only if received exclusively at medical centres equipped with Health Departments - cf. Policy Glossary</i> For admissions for Long-Term Post-Surgical Rehabilitation, see the following point.	

ADMISSIONS (continued)



ADMISSIONS WITHOUT SURGERY Long-Term	<div style="display: flex; justify-content: space-around;"> <div style="background-color: #fce4d6; padding: 5px; text-align: center;"><u>NUOVA PLUS</u></div> <div style="background-color: #e8f5e9; padding: 5px; text-align: center;"><u>EXTRA</u></div> </div>	
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 31 st day of the total admission period; until the 30 th 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 31 st 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: <ul style="list-style-type: none"> • 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	<u>NUOVA PLUS</u>	<u>EXTRA</u>
BENEFITS DURING TREATMENT	<p>Doctors' fees Operating theatre fees Materials and endoprotheses; medicines, diagnostic assessments, physiotherapy, rehabilitative interventions, treatments Accompanying person (see "Accompanying person" section) Individual nursing care: unlimited</p>	
PRE-TREATMENT BENEFITS	<p>Diagnostic assessments and specialist consultations in the 100 day period.</p>	
POST-TREATMENT BENEFITS	<p>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</p>	
CHARGES PER INPATIENT DAY (admissions outside the national health service)	<p>Network: no daily limits Out-of-Network € 300 per day. (does not include expenditure on unnecessary luxuries)</p>	
LIMIT	€ 300,000 per year/household	€ 500,000 per year/household
UNINSURED/EXCESS	-	
NOTE	<p>Transplants: reimbursement of donors' surgical expenses. List of major surgeries attached</p> <p>PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage"</p> <p><i>Physiotherapy and rehabilitation treatments⁽¹⁾: reimbursable only if received exclusively at medical centres equipped with Health Departments - cf. Policy Glossary</i></p> <p>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)</p>	

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 pleuropneumectomies
- 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	<u>NUOVA PLUS</u>	<u>EXTRA</u>
BENEFITS DURING TREATMENT	Team fees; operating theatre fees; surgical materials and endoprotheses, 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 <i>Physiotherapy and rehabilitation treatments⁽¹⁾: reimbursable only if received exclusively at medical centres equipped with Health Departments - cf. Policy Glossary</i>	

ADMISSIONS (continued)

DAY HOSPITAL ADMISSIONS WITHOUT SURGERY	<u>NUOVA PLUS</u>	<u>EXTRA</u>
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 <i>Physiotherapy and rehabilitation treatments⁽¹⁾: reimbursable only if received exclusively at medical centres equipped with Health Departments - cf. Policy Glossary</i>	

ADMISSIONS (continued)

OUTPATIENT SURGERY	<u>NUOVA PLUS</u>	<u>EXTRA</u>
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	<p><i>For outpatient surgery in the context of specialist visits, consult the "Insurance Policies: Interpretations" section.</i></p> <p>PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage"</p> <p><i>Physiotherapy and rehabilitation treatments⁽¹⁾: reimbursable only if received exclusively at medical centres equipped with Health Departments - cf. Policy Glossary</i></p>	

ADMISSIONS(continued)

CAESAREAN BIRTH	<u>NUOVA PLUS</u>	<u>EXTRA</u>
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	<u>NUOVA PLUS</u>	<u>EXTRA</u>
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	<u>NUOVA PLUS</u>	<u>EXTRA</u>
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	<p>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).</p> <p>PRE services that have already been liquidated relative to the "Specialist Treatments" coverage cannot be reassessed for liquidation relative to the "Admissions" coverage"</p>	

ADMISSIONS (continued)

MYOPIA	<u>NUOVA PLUS</u>	<u>EXTRA</u>
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 (*)	<u>NUOVA PLUS</u>	<u>EXTRA</u>
<p>REPLACEMENT DAILY ALLOWANCE (for every day admitted into hospital, meaning those including an overnight stay)</p>	<p>€ 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</p>	<p>€ 100 per day € 50/day Day Hospital (completed with no overnight stay) € 120 per day major surgery</p>
<p>DAILY LIMITS</p>	<p>180 days per person/year</p>	<p>300 days per person/year</p>
<p>PRE-TREATMENT BENEFITS</p>	<p>Diagnostic assessments and specialist consultations in the 100 day period.</p>	
<p>POST-TREATMENT BENEFITS</p>	<p>Diagnostic assessments, medication, medical, surgical and nursing services, treatments (including hydrotherapeutic, excluding hotel costs), physiotherapy and rehabilitation treatments⁽¹⁾ in the 100 day period.</p>	
<p>NOTE</p>	<p>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</p>	

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

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

ADMISSIONS (continued)

ACCOMPANYING PERSON	<u>NUOVA PLUS</u>	<u>EXTRA</u>
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	<u>NUOVA PLUS</u>	<u>EXTRA</u>
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	<u>NUOVA PLUS</u>	<u>EXTRA</u>
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	<p>Network: excess € 10 per invoice Out-of-Network 20%, min € 60 per invoice</p> <p>Excess 30% min. € 90 per invoice for services in affiliated healthcare facilities without activating the direct form</p> <p>Excess 40% min. € 120 per invoice for services in affiliated healthcare facilities on the TOP Clinic List without activating the direct form</p>	

(*) see "Policyholder's Guide"

HIGHLY SPECIALISED DIAGNOSTICS
DIGITAL ANGIOGRAPHY
ARTHROGRAPHY
BRONCHOGRAPHY
CISTERNOGRAPHY
CYSTOGRAPHY
CHOLANGIOGRAPHY
PERCUTANEOUS CHOLANGIOGRAPHY
CHOLECYSTOGRAPHY
DACRYOCYSTOGRAPHY
FISTULOGRAPHY
PHLEBOGRAPHY
FLUORESCEIN ANGIOGRAPHY
GALACTOGRAPHY
HYSTEOSALPINGOGRAPHY
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)	
BRONCHOSCOPY	THE REMOVAL OF POLYPS, CYSTS ARE CONSIDERED AS ENDOSCOPIC SURGERY
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)	<u>NUOVA PLUS</u>	<u>EXTRA</u>
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	<p>Network: excess € 10 per invoice Out-of-Network 20%, min € 60 per invoice</p> <p>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</p>	

(*) see "Policyholder's Guide"

SPECIALIST TREATMENTS (continued)

DIAGNOSTIC ASSESSMENTS (ORDINARY DIAGNOSTICS)	<u>NUOVA PLUS</u>	<u>EXTRA</u>
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: <ul style="list-style-type: none"> • <i>mental health diseases</i> • <i>pain or symptoms</i> • <i>asthenia</i> 	


(*) see "Policyholder's Guide"

SPECIALIST TREATMENTS (continued)

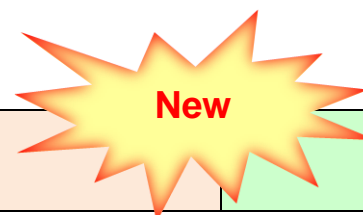
SPECIALIST CONSULTATIONS	<u>NUOVA PLUS</u>	<u>EXTRA</u>
BENEFITS	Reimbursement of consultation fees, excluding: <ul style="list-style-type: none"> - Paediatric monitoring - dental and orthodontic (except in case of accident) 	
CONDITIONS	Prescription from a doctor from the local primary care unit (ASL) 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: <ul style="list-style-type: none"> • <i>outpatient surgery in the context of specialist visits</i> • <i>mental health diseases</i> • <i>pain or symptoms/asthenia/home visits</i> 	

(*) see "Policyholder's Guide"

SPECIALIST TREATMENTS (continued)

PHYSIOTHERAPY	<u>NUOVA PLUS</u>	<u>EXTRA</u>
BENEFITS	Reimbursement of the cost of the therapy	
CONDITIONS	<p>Treatment following:</p> <ul style="list-style-type: none"> - 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 <p>Services made by medical prescription</p> <p><i>Reimbursable only if received exclusively at medical centres equipped with Health Departments - cf. Policy Glossary</i></p>	
LIMIT	 <p>€. 1,400 household/year</p>	Up to € 5,500 per household/year for SPECIALIST CONSULTATIONS
PERCENTAGE OR FIXED EXCESS	<p>Network: excess of € 40 per treatment cycle Out-of-Network: uninsured percentages 20% € 60 per treatment cycle</p> <p>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</p>	
NOTE	<p>Reimbursement of expenses incurred for the rental of equipment used for rehabilitation is NOT provided</p> <p>For information on “Reimbursement of physiotherapy expenses” consult the “Insurance Policies: Interpretations” section.</p>	

SPECIALIST TREATMENTS (continued)



HOME PHYSIOTHERAPY	<u>NUOVA PLUS</u>	<u>EXTRA</u>
BENEFITS	The Policyholder may request access to rehabilitation services provided directly in their own home through the Operation Centre.	
CONDITIONS	<p>Treatment following:</p> <ul style="list-style-type: none"> - 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 <p style="text-align: center;">Services made by medical prescription</p>	
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	<p>Service only provided in in-Network/Direct form (not in Indirect/refundable form)</p> <p>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.</p> <p style="text-align: center;">This service is available throughout Italy.</p>	

SPECIALIST TREATMENTS (continued)

ACUPUNCTURE	<u>NUOVA PLUS</u>	<u>EXTRA</u>
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	<u>NUOVA PLUS</u>	<u>EXTRA</u>
BENEFITS	<ul style="list-style-type: none"> - 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	<u>NUOVA PLUS</u>	<u>EXTRA</u>
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	<u>NUOVA PLUS</u>	<u>EXTRA</u>
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	<u>NUOVA PLUS</u>	<u>EXTRA</u>
BENEFITS	Expenses sustained for the treatment and cure of specific learning disabilities (DSA)	
CONDITIONS	 <p>According to the provisions of DSM-5, the <i>Specific Learning Disabilities</i> diagnosis must be certified by a doctor specialising in child neuropsychiatry within the National Health Service.</p>	
LIMIT	<ul style="list-style-type: none"> • € 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	<p>Network: excess € 40 per invoice Out-of-Network: uninsured percentages 20% € 60 per invoice</p> <p>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</p>	
Notes	Guarantee in addition to that relative to speech therapy	

SPECIALIST TREATMENTS (continued)

PROSTHESES AND HEARING AIDS	<u>NUOVA PLUS</u>	<u>EXTRA</u>
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	-	<p>The cover extends to:</p> <ul style="list-style-type: none"> - Orthopaedic devices - hernia trusses - curative orthopaedic braces - ocular prostheses - mobility aids - hearing aids - speech aids. <p>The following are excluded:</p> <ul style="list-style-type: none"> - arch support footwear - aesthetic/shaping corsetry and bodices <p>Consult the "Insurance Policies: Interpretations" relative to arch support and orthopaedic devices</p>


SPECIALIST TREATMENTS (continued)


ACCIDENT-RELATED DENTAL TREATMENT	<u>NUOVA PLUS</u>	<u>EXTRA</u>
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	<u>NUOVA PLUS</u>	<u>EXTRA</u>
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	 New <u>NUOVA PLUS</u>	<u>EXTRA</u>
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	<u>NUOVA PLUS</u>	<u>EXTRA</u>
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	 New € 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	

SPECIALIST TREATMENTS (continued)

COMPARATIVE DIAGNOSIS (SECOND OPINION)	<u>NUOVA PLUS</u>	<u>EXTRA</u>
BENEFITS	Diagnostic assessment for the most serious diseases, by world-leading specialists, plus the most useful therapeutic indications for treating the diagnosed disease	
CONDITIONS	<p>The service is available for the following diseases:</p> <ul style="list-style-type: none"> • 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	<p>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</p>	

ADDITIONAL SERVICES

CASUALTY SERVICES	<u>NUOVA PLUS</u>	<u>EXTRA</u>
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	<u>NUOVA PLUS</u>	<u>EXTRA</u>
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	<u>NUOVA PLUS</u>	<u>EXTRA</u>
BENEFITS	Max. 50% of expenses	
CONDITIONS	For major surgery	

NURSING CARE	<u>NUOVA PLUS</u>	<u>EXTRA</u>
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	<u>NUOVA PLUS</u>	<u>EXTRA</u>
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

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

ADDITIONAL SERVICES (continued)

HOME HOSPITALISATION FOLLOWING MAJOR SURGERY	 <u>NUOVA PLUS</u>	<u>EXTRA</u>
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)

<p>MEDICALLY ASSISTED PROCREATION (all methods)</p>	<p><u>NUOVA PLUS</u></p>	<p><u>EXTRA</u></p>
<p>BENEFITS</p>	<p style="text-align: center;">New</p> <ul style="list-style-type: none"> - medical and surgical benefits for MAP - pharmacological treatments linked to the fertilisation method used 	
<p>LIMIT</p>	<p style="text-align: center;">€ 350 per household/year</p>	
<p>PERCENTAGE OR FIXED EXCESS</p>	<p style="text-align: center;">In-network: no uninsured/excess Out-of-network: no uninsured/excess</p>	
<p>Notes</p>	<p>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</p>	

ADDITIONAL SERVICES (continued)

POST-PARTUM ASSISTANCE	<u>NUOVA PLUS</u>	<u>EXTRA</u>
BENEFITS	<p>Services aimed at full recovery after giving birth.</p> <p>a) Post-partum psychological support Within 3 months of birth (occurring during the coverage year), a maximum of 3 psychological visits are covered</p> <p>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</p> <p>c) Well-being weekend Within 1 year of birth (occurring during the coverage year), provision of the following package of services is foreseen:</p> <ul style="list-style-type: none"> • 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	<u>NUOVA PLUS</u>	<u>EXTRA</u>
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	<u>NUOVA PLUS</u>	<u>EXTRA</u>
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	<u>NUOVA PLUS</u>	New	<u>EXTRA</u>
<p>BENEFITS/ CONDITIONS</p>	<p>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.</p> <p>A) Good Health Bonus:</p> <p>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</p> <p>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.</p> <p>B) Health Savings:</p> <p>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.</p> <p>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.</p> <p>For information on how to use the Health Account, see the following communication.</p>		

ADDITIONAL SERVICES (continued)

COMPENSATION FOR PARENTS HOSPITALISED IN RSA (RESIDENTIAL CARE HOMES)	<u>NUOVA PLUS</u>	New	<u>EXTRA</u>
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	<u>NUOVA PLUS</u>	<u>EXTRA</u>
BENEFITS	<p>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.</p>	

PREVENTIVE SERVICES (continued)

CHECK-UPS	<u>NUOVA PLUS</u>	<u>EXTRA</u>
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	<u>NUOVA PLUS</u>	<u>EXTRA</u>
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	
<p>Notes</p> 	<p>The benefit is provided exclusively under the indirect scheme following the presentation of a copy of the invoice or receipt.</p> <p>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</p>	

PREVENTIVE SERVICES (continued)

<p>PREVENTION HERPES ZOSTER</p>	<p><u>NUOVA PLUS</u></p>	<p><u>EXTRA</u></p>
<p>BENEFITS</p>	<p>Prevention of Herpes Zoster and complications for all Policyholders aged 55 or older</p>	
<p>CONDITIONS</p>	<p>These services are liquidated as preventive treatments, therefore no medical or specialist prescription is requested during authorisation.</p>	
<p>PERCENTAGE OR FIXED EXCESS</p>	<p>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</p>	
<p>Notes</p>	<p>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</p> <p>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</p>	

PREVENTIVE SERVICES (continued)

PAEDIATRIC CHECK-UP	<u>NUOVA PLUS</u>	<u>EXTRA</u>
BENEFITS	<p>Paediatric specialist check-up visit for minors between 6 months and 6 years of age, under the following conditions:</p> <ul style="list-style-type: none"> • 1 visit between 6 months and 12 months • 1 visit at 4 years • 1 visit at 6 years 	
CONDITIONS	<p>These services are liquidated as preventive treatments, therefore no medical or specialist prescription is requested during authorisation.</p>	
PERCENTAGE OR FIXED EXCESS	<p>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.</p>	
Notes	<p>This guarantee is provided exclusively through in-network structures which adhere to the Previmedical Network under the Direct regime, upon reservation</p> <p>Guarantee for paediatric check-up medical expenses (up to 14 years of age)</p>	

PREVENTIVE SERVICES (continued)

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