


DENTAL CARE VALID FOR THE TWO-YEAR PERIOD 2018-2019

	COLLECTIVE DENTAL CARE PLAN (obligatory for current employees)			COLLECTIVE DENTAL CARE PLAN FOR THE HOUSEHOLD			COMPLETE			COMPLETE WITH THE DENTAL CARE PLAN EXTENDED TO THE HOUSEHOLD		
Validity Period	01/01/2018 - 31/12/2019			01/01/2018 - 31/12/2019			01/01/2018 - 31/12/2019			01/01/2018 - 31/12/2019		
Total annual limit	1.500			2.000			3,000 ⁽¹⁾			3,500 ⁽¹⁾		
Sublimits	policyholder	ily members	ily members	policyholder	ily members	ily members	policyholder	ily members	ily members	policyholder	ily members	ily members
usable limit according to the terms of the Collective plan	1.500			2.000						500	2.000	2.000
usable limit according to the terms of the Complete plan							3.000	1.500		3.000	1.500	
	%REIMBURSEMENT, IN NETWORK	%REIMBURSEMENT, OUT OF NETWORK		%REIMBURSEMENT, IN NETWORK	%REIMBURSEMENT, OUT OF NETWORK		%REIMBURSEMENT, IN NETWORK	%REIMBURSEMENT, OUT OF NETWORK		%REIMBURSEMENT, IN NETWORK	%REIMBURSEMENT, OUT OF NETWORK	
Consultations ⁽⁴⁾	100%	80%		100%	80%		100%	80%		100%	80%	
Oral hygiene ⁽⁴⁾	100%	80%		100%	80%		100%	80%		100%	80%	
Emergency Consultation	100%	80%		100%	80%		100%	80%		100%	80%	
Conservative	100%	80%		100%	80%		100%	80%		100%	80%	
Dental Radiology	100%	80%		100%	80%		100%	80%		100%	80%	
Surgery	100%	80%		100%	80%		100%	80%		100%	80%	
Periodontics	100%	80%		100%	80%		100%	80%		100%	80%	
Endodontics	100%	80%		100%	80%		100%	80%		100%	80%	
Implantology	80%	60%		80%	60%		80%	60%		80%	60%	
Prostheses	40%	15%		40%	15%		80%	60%		80%	60%	
Orthodontics	€ 200.00	0%		€ 200.00	0%		80%	60%		80%	60%	
Annual contribution to be borne by the employee	Calculated according to the employee category of the policyholder (cf. contribution table)			Contribution for the COLLECTIVE DENTAL CARE PLAN plus € 500.00			Contribution for the COLLECTIVE DENTAL CARE PLAN plus Euro 750.00 ⁽⁵⁾			Contribution for the COLLECTIVE DENTAL CARE PLAN plus Euro 1,250.00 ⁽⁵⁾		

Improvements to the cover valid for the 2018-2019 period are evidenced in red

(1) technically, the COMPLETE plan is configured as a supplement of the COLLECTIVE plan: the limit shown is the total limit (inclusive of the limit for the Collective Dental Care Plan).

(2) family members A: legally dependent spouse/common-law partner and children, provided that they are included on the Uni.C.A. Health Plan (non-dental care policy)

(3) family members B: all other family members, provided that they are included on the Uni.C.A. Health Plan (non-dental care policy)

(4) One consultation/oral hygiene appointment per person per year

(5) Contribution for COMPLETE and COMPLETE EXTENDED plan by employees in the Professional and Senior Management categories (added to the contribution for the COLLECTIVE DENTAL CARE PLAN which is mandatory for all current employees)

For equivalent personnel (former employees no longer employed at the company at 01/01/2018 with access to the Solidarity Fund for the sector, and those no longer in service having taken the "Women's Option"), the COLLECTIVE DENTAL CARE PLAN is optional at the cost of € 150.00 per year.

The availability of the household extension of the COLLECTIVE DENTAL CARE PLAN and COMPLETE DENTAL CARE PLAN by employees in the Professional/Senior Management categories is subordinate to the participation of at least 5% of those able to do so.

Contributions paid to Uni.C.A. are deductible from the taxable income up to the annual limit of € 3,615.20, in accordance with current tax regulations.

N.B. The annual contribution borne by the employee/Excluded Retiree is deducted from the payslip in three instalments: April, June and December.

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

ANNUAL CONTRIBUTION FOR COLLECTIVE DENTAL CARE PLAN (2018/2019)	
Employment category of Policyholder	Annual contribution to be borne by the Policyholder
QD4	€ 208,78
QD3	€ 176,85
QD2	€ 157,87
QD1	€ 148,51
A3L4	€ 130,25
A3L3	€ 121,15
A3L2	€ 114,32
A3L1	€ 108,38
A2L3	€ 101,82
A2L2	€ 97,90
A2L1	€ 95,25
A1GN	€ 91,08
A1	€ 88,70
Managers	€ 265,86
For employees no longer in service at 01/01/2018 with access to the Solidarity Fund for the sector, and those no longer in service having taken the "Women's Option"	€ 150,00

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General liquidity conditions (2018/2019)

All services can be liquidated within the parameters of the annual limit for the subscribed dental plan.

In the case that a dental clinic/dentist is removed from the affiliated network by Pronto-Care, Uni.C.A. will no longer liquidate in indirect form any invoices issued by the formerly affiliated clinic/dentist subsequent to their removal, if not at the tariffs already subject to agreements in place at that time (tariffs can be consulted at https://pronto-careperunica.com/pdf/Tariffario_Pronto-Care.pdf)

As an Illness/Injury policy, the pathology must be indicated (except in the case of consultations, oral hygiene and radiology).

Reimbursement may be claimed for expenses incurred for necessary dental treatments in relation to the documented pathological condition, in compliance with the Guidelines issued by the S.I.d.P Società Italiana di Parodontologia e Impiantologia, and according to the specific liquidity conditions described below.

For the allocation of the annual maximum limit (2018 and 2019), the relevant year corresponds to the year recorded on the invoice; therefore, for treatments that span the two years, all services performed by the end of the year (31/12/2018 and 31/12/2019), if invoiced by that date, will be charged to the invoice year, even if the treatment plan has not been completed.

Reimbursement requests must be sent within 3 months of the date the invoice was issued, accompanied by the required medical/diagnostic documentation, which must be made at the same time as the treatment, signed by the relevant dentist and indicating the date and the name of the insured party. If the photographic/radiographic documentation produced was not made at the same time as the treatment, the service cannot be liquidated.

Costs relating to the required medical/diagnostic documentation (x-rays, photographs, dental files, etc.) are non-refundable.

The rights deriving from the subscribed dental plan are valid for two years from the invoice date.

Invoices that are issued in advance of treatment or for the payment of deposits will not be reimbursed.

Collective dental plan services details	Specific Liquidation Conditions	Notes
Consultations: specialist dental consultations, including check-up	Once per year, per insured party.	
Oral Hygiene: tartar ablation, teeth cleaning	Once per year, per insured party.	Whitening is not included
Emergency consultation: - tooth decay involving dental pulp - filling with secondary tooth decay involving dental pulp - endodontic and periodontal abscesses	Annex radiographic documentation illustrating the pathology	
Dental radiology: diagnostic radiology or to verify the completion of a service		
Surgery: extraction of dental elements or dental surgical operations	Diagnostic radiographic documentation, pre-cure.	
Conservative: filling of teeth affected by tooth decay.	Treatment recognised for the same tooth every 24 months, with the exception of explicit justification. The treated tooth and the filling class must be indicated. On request, pre and post-treatment documentation must be produced (radiographic or photographic), which demonstrates execution of the treatment.	Inlays are not classified as conservative services.
Periodontics: treatment of gingival or periodontal pathologies (pyorrhoea)	A pre-treatment periodontal file is always required, also for scaling (sub-gingival tartar removal, for treatment purposes, in the presence of pathology). <u>Gingival surgery:</u> recognised only in the presence of pockets of 5 mm or greater, with pre-treatment radiographic documentation. <u>Gingivectomy:</u> pre and post-treatment photographic documentation is sufficient. <u>Simple gingival flap and gingival mucus flap with apical repositioning/open air debridement:</u> recognised in the presence of intraoperative photographs.	
Endodontics: root canal treatment for teeth affected by tooth decay	The tooth treated must be indicated and pre and post-treatment documentation must be produced (radiographic), which demonstrates execution of the treatment.	
Dental implants: screws inserted when the dental element is lacking	The area treated must be indicated and pre-treatment documentation (radiographic) produced.	
Prostheses: manufactured prostheses produced by the laboratory based on the dentist's prescription	Necessary: certificate of compliance, indicating the elements interested and the date of execution.	
Orthodontics: treatment of dental malocclusions	Necessary: certification of compliance, indicating the type of orthodontic device used	