

Health Plans 2022 – 2023



Integrative Options (Tutto Salute policy)
(for current employees only)

People with visual impairments who use screen readers (e.g. Jaws) can use the keys CTRL + ALT + direction arrows to read the information found in the tables, or may use the guide on the screen reader accessed using the “hot keys” + F1 F1 (e.g. for Jaws, use Insert + F1 F1) to obtain information on how to read the document.

There are **6 supplementary fee-based options** available (**reserved for current employees only, not for exoduses**), which are summarised below.

The options operate:

- on a First-Loss basis, where the benefit is not included in the Basic Health Plan;
- on a Second-Loss basis, where the benefit is already included in the Basic Health Plan.

In other words, where the same benefit is included in the Basic Health Plan, the liquidation shall first occur according to the provisions of the Basic Health Plan then, in the case that the maximum provided by the Basic Health Plan is insufficient, the Integrative Options policy shall come into effect, until the maximum of the latter for the specific claim is reached and, in any case, always within the limits of the incurred and documented expenses (First and Second Loss combined).

As an integrative policy to the Basic Health Plan (Nuova Plus or Extra), unless otherwise specified in this document the information included in the summary of the Basic Health Plans remains valid.

This document does not replace the contractual legal source of health guarantees, which is the Supplementary Options Policy, which should be consulted in advance before accessing the services, with particular attention to any "exclusions" of coverage.

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

DIFFERENCE BETWEEN “HIGH” AND “TOTAL” COVER

The insurance has an annual maximum limit (limit) for compensation for each claim category.

The limit of the “Total” cover is higher than the limit of the “High” cover.

For the “Uninsured and excesses” form, there are four options with increasing limits.

DIFFERENCE BETWEEN INDIVIDUAL CONTRIBUTION AND HOUSEHOLD CONTRIBUTION FOR SUBSCRIPTION

The Individual contribution (Policyholder-Only Cover) is envisaged when the Uni.C.A. Basic Health Plan only covers the Policyholder (with no insured family members).

The Household Contribution (Entire Household Cover) is envisaged when the Basic Health Plan covers the Policyholder and his/her family members (regardless of legal dependency status).

As such, if interested in subscribing to the new options, Policyholders with insured family members must subscribe to the package that covers the entire household and pay the Household contribution. In other words, Policyholders with insured family members may not subscribe to a personal policy that does not insure family members.

If in the course of the year, the Policyholder subscribed to the Basic Health Plan extends the cover to one family member (e.g. in the case of the birth of a child), the contribution will be recalculated from the Individual contribution to the Household contribution for the entire year.

WAITING PERIOD

The waiting period is the period of time during which no compensation shall be paid, even though the insurance has been activated.

For example, a waiting period of 45 days means that events that occur in the first 45 days from the validity date of the policy shall not be eligible for compensation.

DEPENDENCY AND CARE SERVICES (family members only*)	LEVEL OF COVER HIGH	LEVEL OF COVER TOTAL
BENEFITS	<p>A. INABILITY AND DEPENDENCY reimbursement of care services for the beneficiary on receipt of acceptable proof of expense (bills, invoices, etc.)</p> <p>B. CARE SERVICES In-Network only Medical Consultation Non-Stop Medical Assistance Second Opinion Tutoring Medical Transport (limit € 1,500) Medical Re-Entry (limit € 700) - Repatriation of deceased (limit € 2,000)</p>	
CONDITIONS	Inability and dependency in day-to-day life 4 ADL to 6 ADL (Activities of Daily Living)	
LIMIT	€ 7,000 / year	€ 10,000 / year
WAITING PERIOD	No waiting period applies	
NOTES	<p>(*) the Employee is already insured for the services with the CASDIC, in accordance with the provisions of the CCNL</p> <p>In addition to the provisions of the policy, and in order to offer maximum benefit to the insured, the cover is valid for cases of dependency related to accident (regardless of whether the accident happened at work). Please note that the accident (as defined in the policy glossary) must be documented by a hospital Accident and Emergency certificate.</p> <p>As well as the services carried out by a doctor or nurse, the policy also covers expenses for services provided by specialist personnel (e.g. qualified healthcare professional or technical care operator).</p>	

MEDICATIONS	LEVEL OF COVER HIGH	LEVEL OF COVER TOTAL
BENEFITS	Reimbursement of MEDICATION including “equivalents” (generic medicines) PRESCRIPTIONS: co-payment of prescription charges for medication.	
CONDITIONS	A prescription issued by the attending doctor or specialist is required for all medication included in the pharmaceutical information published by CODIFA (including over-the-counter medicines). Vaccinations aimed at prevention are not eligible for reimbursement	
LIMIT	€350 person/year	€500 person/year
PERCENTAGE OR FIXED COST NOT COVERED BY INSURANCE	25% of the documented expense	
WAITING PERIOD	45 days (in the case of accident, no waiting limit applies)	
NOTES	For the purposes of reimbursement, prescriptions bearing the cost of each product and the pharmacy stamp, along with the VAT receipt issued for the total, are accepted as proof of expense (the price tag is not required).	

GLASSES AND CONTACT LENSES	LEVEL OF COVER HIGH	LEVEL OF COVER TOTAL
BENEFITS	<p align="center">GLASSES: 1 pair per year OTHER BENEFITS (In-Network only) cf. "Lenses and optical equipment" list, attached.</p>	
CONDITIONS	<p align="center">The cover is valid in the case of the initial prescription or change in vision certified by a qualified ophthalmologist or optician.</p>	
LIMIT	<p align="center">A. €130 person/year B. unlimited</p>	<p align="center">A. €150 person/year B. unlimited</p>
PERCENTAGE OR FIXED COST NOT COVERED BY INSURANCE	<p align="center">A. In-Network: € 15; Out-of-Network: € 30 B. fixed, determined for each benefit (cf. "Lenses and optical equipment" list included in the policy)</p>	
WAITING PERIOD	<p align="center">A. 45 days B. no waiting period</p>	
NOTES	<p align="center">Unlike Cover A, Cover B is valid exclusively for treatment at Affiliated Facilities. Furthermore, Cover B extends to the purchase of contact lenses which are not covered by Cover A. With Cover B, additional pairs of corrective glasses or contact lenses may be purchased within the Affiliated Network during the year, but <u>only in the case of variation in vision since the previous purchase.</u> Both policies may be used during the same insurance year, without prejudice to the aforementioned conditions.</p>	

Lenses and optical equipment

	LEVEL OF COVER HIGH Deductible	LEVEL OF COVER TOTAL Deductible
30 daily lenses	€ 15.90	€ 14.45
90 daily lenses	€ 42.08	€ 38.25
30 daily astigmatism lenses	€ 21.51	€ 19.55
90 daily astigmatism lenses	€ 56.10	€ 51.00
6 weekly lenses	€ 17.77	€ 16.15
1 monthly pair of lenses	€ 5.61	€ 5.10
3 monthly lenses	€ 14.03	€ 12.75
6 monthly lenses	€ 25.25	€ 22.95
3 monthly astigmatism lenses	€ 32.73	€ 29.75
6 monthly astigmatism lenses	€ 65.45	€ 59.50
Yearly soft lenses (per pair)	€ 70.13	€ 63.75
Yearly soft astigmatism lenses (per pair)	€ 168.30	€ 153.00
Rigid lenses (per pair)	€ 187.00	€ 170.00
RGP (rigid gas permeable)	€ 117.81	€ 107.10
Monthly cosmetic lenses (per pair)	€ 20.57	€ 18.70
Saline solution	€ 1.87	€ 1.70
Peroxide	€ 0.39	€ 0.35
Combined solution	€ 4.68	€ 4.25
Cleanser	€ 6.55	€ 5.95
Eyewash	€ 6.55	€ 5.95
Enzymes	€ 9.35	€ 8.50
Organic clear lenses	€ 19.64	€ 17.85

Lenses and optical equipment	LEVEL OF COVER HIGH Deductible	LEVEL OF COVER TOTAL Deductible
Organic anti-reflective lenses	€ 49.56	€ 45.05
Organic lenses - 1.67 RI	€ 75.74	€ 68.85
Organic lenses - 1.74 RI	€ 145.86	€ 132.60
RI lanthanum lenses	€ 107.53	€ 97.75
Progressive lenses	€ 140.25	€ 127.50
Shatterproof ophthalmic lenses	€ 18.70	€ 17.00
Shatterproof scratch-resistant ophthalmic lenses	€ 23.38	€ 21.25
Shatterproof anti-reflective ophthalmic lenses	€ 39.27	€ 35.70
Latest generation shatterproof anti-reflective bifocal lenses 28 mm diameter	€ 65.45	€ 59.50
Latest generation shatterproof anti-reflective bifocal lenses 28 mm diameter	€ 93.50	€ 85.00
Latest generation shatterproof anti-reflective bifocal lenses 28 mm diameter	€ 98.18	€ 89.25
Transitions VI 1.5 scratch-resistant	€ 65.45	€ 59.50
Transitions VI 1.5 anti-reflective	€ 88.83	€ 80.75
Transitions VI 1.6 scratch-resistant	€ 88.83	€ 80.75
Transitions VI 1.6 anti-reflective	€ 116.88	€ 106.25
Transitions VI 1.6 Scratch-resistant	€ 102.85	€ 93.50
Transitions VI 1.6 Anti-reflective	€ 135.58	€ 123.25
Monofocal in untreated glass	€ 18.70	€ 17.00
Monofocal in anti-reflective glass	€ 37.40	€ 34.00
Monofocal in untreated photochromatic glass	€ 32.73	€ 29.75
Monofocal in anti-reflective photochromatic glass	€ 46.75	€ 42.50
Monofocal in untreated 1.6 glass	€ 28.05	€ 25.50
Monofocal in anti-reflective 1.6 glass	€ 46.75	€ 42.50
Monofocal in untreated photochromatic 1.6 glass	€ 46.75	€ 42.50

Lenses and optical equipment

	LEVEL OF COVER HIGH Deductible	LEVEL OF COVER TOTAL Deductible
Monofocal in anti-reflective photochromatic 1.6 glass	€ 65.45	€ 59.50
Monofocal in untreated titanium 1.7 glass	€ 42.08	€ 38.25
Monofocal in anti-reflective titanium 1.7 glass	€ 60.78	€ 55.25
Monofocal in anti-reflective lanthanum glass 1.8	€ 140.25	€ 127.50
Monofocal in anti-reflective lanthanum glass 1.9	€ 187.00	€ 170.00
Celluloid and/or metal frame	€ 84.15	€ 76.50
Rimless frames (daily)	€ 121.55	€ 110.50

ALTERNATIVE MEDICINE	LEVEL OF COVER HIGH	LEVEL OF COVER TOTAL
BENEFITS	<p>Acupuncture by physician Osteopathic treatments Chiropractic treatments</p>	
CONDITIONS	<p>Medical referral with description of the condition and indication of treatment required.</p>	
LIMIT	<p>€ 350 person/year</p>	<p>€ 550 person/year</p>
PERCENTAGE OR FIXED COST NOT COVERED BY INSURANCE	<p>In-network and out-of-network: maximum reimbursement €35 per session</p>	
WAITING PERIOD	<p>45 days (in the case of accident, no waiting limit applies)</p>	
NOTES	<p>Treatment must be carried out by a physician or at a Medical Centre with a healthcare department, or by personnel qualified to carry out the treatment. Treatments carried out at gyms, sports clubs, cosmetic salons, health spas, medical hotels and wellness centres, including with medical departments, are not eligible for reimbursement.</p>	

AESTHETIC MEDICINE	LEVEL OF COVER HIGH	LEVEL OF COVER TOTAL
BENEFITS	Minor outpatient surgery for cosmetic purposes (cf. attached list)	
CONDITIONS	Medical prescription	
BENEFITS DURING DIAGNOSIS	Diagnostic assessments, laboratory tests, specialist consultations in the 30 days before the operation relating to the clinical condition requiring surgery.	
BENEFITS DURING TREATMENT	<ul style="list-style-type: none"> - fees for the surgeon, assistant, anaesthetist and any other healthcare professionals participating in the surgical operation - operating room fees, material required for the operation medical and nursing care, treatment, medication, examinations 	
POST-TREATMENT BENEFITS	Diagnostic assessments, laboratory tests, specialist consultations, medication, medical, surgical and nursing services in the 45 days after the surgical operation and relating to the clinical condition for which the surgery was carried out.	
LIMIT	€3,500 person/year	€5,000 person/year
PERCENTAGE OR FIXED COST NOT COVERED BY INSURANCE	In-Network: € 350 per event Out-of-Network: 25% min. € 1000	
WAITING PERIOD	45 days (in the case of accident, no waiting limit applies)	
NOTES	All insured services must be prescribed by a different physician to the healthcare professional who directly or indirectly provides the services (with indication of the documented or suspected pathology). If the prescribing doctor is also – directly or indirectly – the provider of the insured services, the latter must be certified through transmission of the relative file.	

List of Aesthetic Medicine benefits

- Telangiectasias
- Xanthelasma removal
- Localised adiposity
- Blepharoplasty (two eyelids)
- Blepharoplasty (four eyelids)
- Nipple retraction
- Corrective surgery for scarring > 5 cm
- Acne scarring
- Corrective scar surgery < 5 cm
- Dermabrasion
- Dermo-epidermal skin graft
- Earlobe reconstruction
- Otoplasty/pinnaplasty
- Scar treatment

UNINSURED AND EXCESSES	OPTION A	OPTION B	OPTION C	OPTION D
BENEFITS	Reimbursement of exclusions and excesses defined for each guarantee of the BASIC Health Plans			
CONDITIONS				
LIMIT	€250 person/year	€500 person/year	€750 person/year	€1,000 person/year
WAITING PERIOD	45 days (in the case of accident, no waiting limit applies)			
NOTES	<p>Exclusions:</p> <ul style="list-style-type: none"> - non-refundable expenses for amounts exceeding the maximums envisaged for each guarantee or exceeding the compensation limits, in the case of limits, as applicable; <ul style="list-style-type: none"> - non-refundable services - exclusions and excesses for services provided in affiliated facilities, including those included in the TOP Clinic List, without activation of the direct form, where possible <ul style="list-style-type: none"> - exclusions and excesses relative to the Integrative Options 			