



Frequently Asked Questions Supplementary Health Insurance

Uni.C.A. People Services

Milan, November 2021

Putting health first.

To protect you and your family, UniCredit Welfare offers a supplementary health insurance plan to complement the National Health Insurance Service. The supplementary insurance is provided by **Uni.C.A.**, our Healthcare Fund, with the support of **Uni.C.A. People Services**.

This document summarises our answers to many of the questions that we receive by email or HR Ticket.

This summary does not replace the policy documentation itself but is designed to provide **a quick and easily accessible guide**.

The topics are aimed at all members of Uni.C.A.

Different “tags” are used in the document to highlight responses aimed at certain audiences:



Please note that the regulations governing the subscription to the Health Plans are contained in the Health Plan 2022-23 Subscription Regulations, accessible in the Services section of the Uni.C.A. website (<https://unica.unicredit.it/it.html>).

Employees can also contact us at [People Focus](#) > HR Ticket > Benefits > Health plan.

Retirees can contact us by emailing POLSANPEN@unicredit.eu.

Excluded retirees may email us at UCIPOLSAN@unicredit.eu



Uni.C.A. People Services

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Where can I find the list of health services included in the policy?

Your policy documents are available on the Uni.C.A. website <https://unica.unicredit.it/it.html> under SERVICES - Health plans and insurance terms and conditions.

At the start of the policy there is a section called “**DIP damages supplement**” which contains a table summarising the health services, indicating the limits and payment conditions.

Further information is available in the “Insurance Conditions” section of the policy.

A summary of the policy guarantees can also be found in this section in the “**Summary**” document.

When should I contact UNI.C.A.?

For any queries regarding the management of the insurance relationship please contact Uni.C.A.:

1. **Addition of family members** during the insurance period
2. **Changes to dependency status of family members** during the insurance period
3. **Cancellation of insurance for family members** during the insurance period
4. **Breakdown of contributions** owed (also available to view by visiting [People Focus](#) > Other documents > Supplementary Health Insurance > Insurance Year > Contribution Calculation (click on the magnifying glass to the right of the contribution amount).

What information can I find on the Uni.C.A. website?

The website contains the following **sections**:

- **Profile** (Articles of Association, Regulations, etc.)
- **Reports** (recent Financial Statements of Uni.C.A.)
- **Services** (containing all documentation concerning the health insurance, including dental care plans, subscription regulations to the Health Plans 2022-23, summary tables, membership fee, policies)
- **Manuals and Forms**
- **News** (this section features the news that the Association publishes periodically to update members on issues regarding the insured health services and membership)
- **FAQ** (frequently asked questions)
- **Conferences and health** (this section provides details of Conferences or Events attended by Uni.C.A. concerning the health insurance)

How do I access the Uni.C.A. website?



EMPLOYEES

My UniCredit (company intranet) - My Workspace - Unicredit Welfare - EMPLOYEE ACCESS) or via the link <https://unica.unicredit.it/it.html>



EXCLUDED RETIREES



RETIREES



EMPLOYEES
OF EXTERNAL
COMPANIES/LTA

The secure area of the Uni.C.A. website enables members **who do not have access to the company intranet** to view the health insurance form to:

- **subscribe to the health plan** during **the subscription period**;
- **view their subscription status** (policy, insured family members, annual contributions due).

If you are not already registered for access to the secure area of the Uni.C.A. website and do not have the **activation code** you can send an email to **UniCredit - Italy - Uni.C.A. Activation code** hxunicoddattivazio-Italia@unicredit.eu attaching a copy of the front and back of a valid ID document and including your tax code in the body of the email.

The **user manual** containing the **access instructions** is available in the top right of the screen (LOGIN) when you access <https://unica.unicredit.it/it/login.html>

How do I access the secure area of the Previmedical website?

**EMPLOYEES**

My UniCredit (company intranet) - My Workspace - [Unicredit Welfare](#) - EMPLOYEE Access - top, red line > Uni.C.A. > **your health plan** > Welcome to the Previmedical portal for Uni.C.A.

Alternatively, the portal can be accessed by clicking the following link:
www.unica.previmedical.it

**RETIREES****EXCLUDED RETIREES****EMPLOYEES
OF EXTERNAL
COMPANIES/LTA**

You can register on the Previmedical site www.unica.previmedical.it from the secure area (Members' Area) by following the instructions.

When should I contact Previmedical?

You can contact Previmedical for:

1. Clarifications on the insured health services (including your Health Account) and relative payment terms, **after having consulted the policy** at <https://unica.unicredit.it/it.html> under SERVICES > Health plans and insurance terms and conditions.
2. Information on affiliated facilities / doctors / services

The Previmedical office can be contacted by calling 800 901 223

What can I do in the Secure Area of the Previmedical website?

From the **home page**:

1. If after consulting the policy you need further clarification, you can file a **Ticket** (see news [16/03/2020 UNI.C.A. \(unicredit.it\)](#));
2. You can check the status of **your claims** (both direct claims and claims for reimbursement);
3. You can search for affiliated healthcare facilities: **search affiliated facilities / services / doctors**;
4. You can file a **request for reimbursement**;
5. You can file a **request for direct services**.

From the **drop-down menu** on the home page you can:

1. Check which **family members are insured**, view the assigned policy and the validity period
2. Check your **contact details**
3. Download the **annual statement** of reimbursed services for tax return purposes;
4. Consult the report of **services used (uses)** for each type of cover
5. Download the statement of insurance for **overseas cover**
6. Check the **IBAN** of the reimbursement account
7. Access the **HCA** (Health Care Advisor)
8. Consult your availability on your **Health Account**
9. **Log out**.

How do I access the Easy Uni.C.A. app and what does it do?

The **Easy Uni.C.A. app** can be accessed using the same login details used to access the Secure Area of the website <http://www.unica.previmedical.it/>

The Easy Uni.C.A. app allows you to do the following actions (also accessible in the Secure Area of the Previmedical website):

1. Check the **status** of your **claims** (both direct claims and claims for reimbursement);
2. **Search** affiliated facilities / doctors
3. File a **request for reimbursement**
4. File a **request for direct services**.



How does the dental care plan work?



EMPLOYEES



EMPLOYEES
OF EXTERNAL
COMPANIES/LTA

Subscription to the “collective dental care plan” is **mandatory** for all current employees, with the same two-year validity period as the health plans. The cost of this plan is determined by the employment category of the employee as at 1 January of each of the two years.

During the subscription period, it is possible to extend the collective dental care plan to family members who are already insured with Uni.C.A. or to subscribe to the Complete plan, subject to an additional fee which is added to the cost of the compulsory collective dental plan.

The costs can be consulted in the Services > Dental plan section of the Uni.C.A. website. The cost shall be **deducted from the paycheck** in three instalments.



EXCLUDED RETIREES

You can **access the collective dental care plan** (optional), **extend the policy to family members** or take out the “**Complete**” plan.

If you become an excluded retiree in the first year of cover, the insurance will remain valid for the second year of cover for an additional cost of €150 per year, divided into three instalments (April/June/December) and debited from the paycheck, including for any insured family members, if applicable.

At the start of the **next two-year period** you will be able to choose whether or not to subscribe to the dental care plan.



RETIREES

Once you become a retiree (in receipt of statutory pension) it is no longer possible to subscribe to the dental care plan.



Where can I find the regulations for the dental treatment provided by Pronto-Care?

You can find all of the regulations on the Uni.C.A. website

<https://unica.unicredit.it/it.html>

under Services > Dental plans, as follows:

1. for **each type of cover**, the annual limit and the reimbursement percentages;
2. the **annual contribution** for the collective dental care plan (by employment category);
3. **The general and specific payment conditions.**

When should I contact Pronto-Care?

You can contact Pronto-Care for:

1. Further clarifications on dental cover and payment conditions, **after having consulted the regulations**
 2. Check the status of a reimbursement claim
 3. Check the status of an authorisation request for direct services
- by email infoperunica@pronto-care.com
 - by Freephone 800 662 475

How do I access the Secure Area of the Pronto-Care website?

You can access these via My UniCredit (company intranet) > My Workspace > **Unicredit Website** > EMPLOYEE ACCESS - top, red line > Uni.C.A. > **Dental services** > Enter your User ID and UNIDER password.

The Secure Area can also be accessed via the link <https://e-services.pronto-care.com/user/login>. From the Secure Area it is possible to:

1. **Register** (following the instructions provided)
2. **Access** (after registration)
3. **Search** for affiliated dentists (by name or area)
4. **Book** an appointment with an affiliated dentist
5. File a **request for reimbursement**
6. **Check the status** of your **claims** (both direct claims and claims for reimbursement);
7. **Download the annual statement** of reimbursed services for tax return purposes
8. **Consult the contacts** available to Policyholders

I have a fixed term contract: am I entitled to the supplementary health insurance provided by Uni.C.A.?

The programme is aimed at **persons employed on a permanent basis** (including apprenticeships) or **temporary contracts (temporary contracts must be for a duration of at least six consecutive months in the calendar year or cumulative across the previous calendar year;** in the case of extension, the periods of the previous temporary contracts may count towards the six months, but the right to subscribe to the policy shall commence from the date of the extension).

I am a new hire: how can I subscribe to the plan?

You can sign up at [People Focus](#) > Self Service > Other Documents > Health policy, in the **30 days** after the date of commencement of employment. Once the 30 days have elapsed and within **90 days of the commencement of employment**, you can access [People Focus](#) to file an HR Ticket > Benefits > Health plan, to confirm or make changes to the plan (add family members, optional cover, etc.).

It may take around a month for your status to appear in the Secure Area of the Providers' websites and to be able to request direct access to services. In the meantime, you can request access to services on a reimbursement basis; the cover is valid from the date of commencement of employment.

I am a new hire: how do I access the Providers' portals?

Consult the access instructions available in this document in the Previmedical and AON / Pronto-Care sections

CHANGES TO PERSONAL DATA

How can I change my personal data relative to the health plan (phone number, address, IBAN)?



EMPLOYEES

If you are an employee with access to My UniCredit (company intranet) you can change your data **yourself** via:

[People Focus](#) > **Self Service** > **Personal Information**

It is not possible to make changes to your email address.



EMPLOYEES
OF EXTERNAL
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By email, via your HRBP who will forward it to Uni.C.A. People Services on your behalf.

Any changes made/requested will be sent to the Providers each month.

Can I exchange my company email address for my private one?



EMPLOYEES

If you are a current employee **it is not possible to change your email address to your personal email** to receive communications from Providers (direct services, reimbursements, password reset, etc.).

Alternatively, for Previmedical:

- with regard to authorisation requests for direct services, you can set your mobile phone as your primary contact method for authorisation notifications;
- with regard to password resets, to access the Secure Area from the internet, you can select SMS instead of EMAIL, so that the message containing the password reset link and notifications regarding queries are sent to your mobile phone.

Who should I notify about changes to my personal data once I am an excluded retiree/retiree?



EXCLUDED RETIREES



RETIREES

Once the working relationship has finished you can notify any changes to UCIPOLSAN@unicredit.eu (excluded retirees) or POLSANPEN@unicredit.eu (retirees), attaching a copy of a **valid ID document** and including **your tax code** in the body of the email.

If necessary, notification should also be sent:

- to the branch of Group's bank where there is an active current account
- to other institutions related to the Group with which there is an active relationship after the termination of employment (e.g. Pension Fund, Uni.C.A.).

My partner and I are both employees/excluded retirees of Group companies - what are our options?



EMPLOYEES



EXCLUDED RETIREES



EMPLOYEES/ EXCLUDED
RETIREES OF EXTERNAL
COMPANIES/LTA

Spouses (or common law partners shown on the Family Status Certificate) who are both employees or excluded retirees of Companies belonging to Uni.C.A. may, at the start of the Health Plan, choose to:

- a) **subscribe individually as Policyholders** to one of the plans offered. In this case, the selection must be confirmed by each employee individually via the standard procedures.
- b) **subscribe to a collective health plan, where one of the two employees subscribes as “non-dependent spouse/common law partner”**. This option enables both members to access the services of the chosen plan as a single household, with the company contribution of one of the two employees/excluded retirees covering all or part of the contribution for inclusion of the “Non-dependent spouse/common law partner”. If the contribution for the inclusion of the “Non-dependent spouse/common law partner” is greater than the company contribution as an employee, the Policyholder must pay the difference. If the contribution is less, any excess may not be reimbursed. Please note that the compulsory dental care plan will be activated for both employees/excluded retirees.

➤ **In case b)** the subscription must be made as follows:

1. on the subscription form, the employee to be included on the policy as “**Non-dependent spouse/common law partner**” must **waive** their right to individual cover as a Policyholder by clicking the option “WAIVE entitlement to health insurance”.
2. **The other employee must select their chosen plan, including the “Non-dependent spouse/common law partner” as a family member** and marking “**YES**” next to “policy extension subject to supplement paid by the employee”. This is necessary to ensure that the spouse/common law partner is correctly included on the cover and to ensure payment of the relative contribution by the company.

Employees (or excluded retirees) who get married or enter into a common law partnership during the validity of the Health Plan may choose to subscribe to a collective policy only at the end of the current Health Plan.

Which family members can I add to the policy?

For each year of the health plan, **insurance may be provided free of charge only to the spouse and/or children of the policyholder who in the previous tax year did not exceed the total income threshold provided for by the taxation regulations** to classify as legally-dependent family members.

Subscription to the insurance is irrevocable for the two-year period of the health plan, even if a family member insured in the first year as a legally dependent family member does not qualify as legally dependent in the second year; in this case, the **family member cannot be excluded and must be included in the insurance at additional cost.**

Can I add other family members to the policy?

You may include **non-dependent and legally dependent family members other than spouses and children for an additional fee**, as long as the family members in question live at the same address as the Policyholder. For more details, check the **Subscription Regulations to the Health Plans 2022-23** available on the Uni.C.A. website in the **Services** section.

What does legally dependent mean?

Legally dependent family members means family members **whose total income in the tax year prior to the current insurance year** was below the amount provided for by taxation law, before tax or deductions.

*I got married/
I entered into a common law marriage
and want to add my partner to the
policy. What do I have to do?*

First, you need to **enter your partners' data** at [People Focus](#) > Self Service > Personal Information

Next, and within 90 days of the marriage/cohabitation, you must send the request for inclusion via a Ticket to Benefits > Health Plan, along with the following **documents**:

- for marriage: the marriage certificate;
- for common law marriages: the OLD Family Status Certificate, in order to identify the date that the common law partnership began.

Insurance is valid 24 hours from the date of the event.

It may take around a month for your spouse/partner to be included on the policy.

*Can I add my spouse to the policy
even if we don't live together?*

The insurance may be extended to spouses

- included if separated - even if the spouse is registered at a different address/residence to the Policyholder.

Couples in civil partnerships are given the same status as spouses.

*I had a child, how do I add him/her
to the policy?*



EMPLOYEES

You may enter the **details of a new child** at [People Focus](#) > Self Service > Personal Information and send a Ticket to Benefits> Health Plan, **within 90 days of the birth, attaching the birth certificate and specifying if the child is a legal dependent of the Policyholder.**



EXCLUDED RETIREES



RETIREES

You can send the birth certificate to POLSANPEN@unicredit.eu (retirees) or UCIPOLSAN@unicredit.eu (excluded retirees)



EMPLOYEES OF EXTERNAL COMPANIES/LTA

You can get in touch with your HRBP.

*Can I add my child even if he/she
is no longer legally dependent?*

You can include non-dependent children **indicated on the family status certificate who are living at the same address for an additional fee**; this status also extends to non-dependent children indicated on the family status certificate from a parent from whom the policyholder is now divorced or separated;

Non-dependent children who **do not live at the same address** may be included if they are **under the age of 35**, unmarried and not in a common law marriage (with a total maximum gross income of € 26,000 per year).

My parents are over sixty and do not live with me: can I add them to the policy?



EMPLOYEES AND EXCLUDED RETIREES

You can add parents over sixty years of age not living at the same address (with a maximum individual gross income of € 26,000 per year) **for an additional fee.**

To do this, go to [People Focus](#) and add your parent as a “parent >60”.

My parents are over 85, can I add them to the policy?



EMPLOYEES AND EXCLUDED RETIREES

All policies are reserved for eligible family members who had not reached 85 years of age by 31 December of the year prior to the start of the insurance period.

Members who **turn 85 during the two-year period of the Health Plan are covered until the end of the plan.**

Retirees who are already members of Uni.C.A. who turn 85 before 31 December of the year prior to the start of the insurance years may subscribe to the **“Over 85” plan.**

I'm a grandparent, can I add my grandchildren to the policy?

Employees may add grandchildren, **if they are listed on the Family Status Certificate of the Policyholder**, for an additional fee.

Retirees may add grandchildren, **if they are listed on the Family Status Certificate of the Policyholder**, for an additional fee only if the Policyholder holds the **Extra policy** and is under 65 years of age.

Grandchildren living at the same address who have been **adopted** (and therefore have equivalent status to a child) and are **legally dependent** may be added to the policy without an additional fee.

Is it possible to have double insurance?

YES. In this case, one policy operates on a first-loss basis, and the other on a second-loss basis.

Legally dependent children may be included on the plan by both parents who are employed by companies belonging to Uni.C.A.

If my family member has less comprehensive insurance, can I add them to my insurance?

Only family members classified as eligible family members may be added.

To activate the addition, send a Ticket to Benefits > Health Plan and, **within 90 days of the end of the policy**, an employment certificate proving the expiry date of the policy.

It may take around a month for the family member to be insured as updates are sent to Providers on a monthly basis.

A family member has just entered into an insurance plan with their employer: can I exclude them?

YES. Send a Ticket to Benefits > Health Plan, **attaching a statement of employment of the family member** that indicates the **start date of the insurance policy**.

The **cancellation** of cover for family members due to insurance provided by an employer may only **come into effect from 1 January of the following year**. The cover shall remain valid until 31 December of the insurance year in which the aforementioned event occurs.



FAMILY MEMBERS

If my child or spouse lives abroad can I still insure them?

No, as the **policies** are only available to eligible members (policyholder and family members) **residing in Italy**.

I have received a tax and data check by Uni.C.A. Can I re-register excluded family members in the future?

It is possible to **re-register family members** excluded due to checks, subject to a minimum suspension period, as long as eligibility for inclusion can be proven. For more information write to univercarfiscale.esssc@esssc.unicredit.eu.

The grounds for exclusion of the family member shall be analysed by the competent office.

Please note that during each of the two insurance years the Association reserves the right to conduct **comprehensive controls**:

- **of the dependency status of family members insured free of charge**, with reference to the income situation of the tax year period to the insurance year under verification;
- **of the names and details of the household included on the policy**, with reference to 01 January of the insurance year under verification.

I don't want to pay the supplement for family members...

By signing up to the policy you accepted, for the two year period:

- the subscription clauses on the subscription form, under which you undertake to pay the contributions due for insured family members for the entire two-year insurance period;
- the disclosure published on the Uni.C.A. website. <https://unica.unicredit.it/it.html>



ADDITIONS DURING THE INSURANCE PERIOD

Can I make additions to my policy during the year?

Additions to the insurance made **after the subscription deadline** are **permitted exclusively** in the following cases:

- a) new employment;
- b) return to Italy of a previously expatriated UniCredit employee (former Expat), starting from the re-entry date or the day after the expiry of the Expat employee insurance policy, whichever is the later;
- c) birth/adoption/custody of a child;
- d) marriage of the Policyholder;
- e) new cohabitation for the common-law partner and/or for the family member;
- f) expiry or termination of an alternative insurance policy provided to a family member.

This category includes the spouse/common-law partner who is already subscribed to Uni.C.A. as an employee or excluded retiree, whose insurance provided by the employer will cease subsequent to retirement.

In the above cases, **the insurance cover shall be effective 24 hours after the event, subject to notification within 90 days of said date.**

In cases C, D, E and F, the request must be sent via Ticket > Benefits > Health Plan, along with the relative certificate.

How many days do I have to make changes and additions to my policy?

You can make changes to the cover within **90 days** of the event.

If I make changes to my policy after the subscription period, when does the new cover start?

If the reason for the change is accepted, the insurance cover will be valid **24 hours from the date of the event.**

My non-dependent son/daughter no longer lives at my address; can I exclude him/her from the policy?

In order to cancel the insurance cover of non-dependent children who have left the **household** of the Policyholder, the following cases must apply:

- a) the child is forming his/her own **household** (marriage/common law marriage);
- b) in the year of departure from the household, the child registers a total income in **excess of € 26,000**.

In case a), the request must be accompanied by the **certificate of marriage** or, in the case of common law marriage, an **old Family Status Certificate** indicating the date of the common law marriage.

In case b), send a tax document showing an income in excess of the given threshold as soon as it is available.

What happens if my son/daughter/ spouse becomes legally dependent during the year?

If a family member becomes **legally dependent**, the relative **contribution must nonetheless be paid until 31 December** of the insurance year in which legal dependency was determined.

From 1 January of the next insurance year, the **change in legal dependency status** must be notified by Ticket > Benefits > Health Plan and a tax document (CU, 730, Consolidated, etc.) confirming the fiscal status of the family member must be forwarded by Ticket as soon as it is available.

If my son/daughter/spouse loses legal dependency status can I remove them from the cover?

Loss of dependency status does **not constitute valid grounds** for the **cancellation of cover for the family member**.

The legally dependent family member will continue to be covered by the policy free of charge until 31.12 of the tax year in which legal dependency status was lost.

The insurance contribution is due from 1 January of the year after the loss of legal dependency.



CANCELLATIONS DURING THE INSURANCE PERIOD

In what circumstances can I change the insurance before its expiry?

Cancellation before the end of the two-year period of validity is permitted in the following cases:

- a) termination of employment of the Policyholder;
- b) death of the Policyholder or of a beneficiary family member;
- c) court-ruled separation of divorce between the Policyholder and spouse;
- d) conclusion of cohabitation with the Policyholder of a common law partner and/or of a non-dependent family member (for children¹).
- e) subscription of a family member of the Policyholder to an alternative health plan offered by an employer;
- f) attainment of the age limit envisaged for each policy, without prejudice to the provisions for continued cover beyond said age limit;
- g) exclusion of the Policyholder from the Association, as determined by the Articles of Association and Implementing Regulations of Uni.C.A.;
- h) the assignment of the employee to a different office located outside Italy.

The **cover shall remain valid until 31 December of the insurance year** in which the aforementioned **event** occurs.

In the event of reassignment of an **employee to a different office located outside Italy**, the cover shall cease to apply on the date of reassignment; if the employee transfers to the new office without the entire household included in the cover, the **cover shall remain** valid only for family members that remain in Italy.

The **cancellation of cover** is immediate (cf. Art. 3 of the Implementing Regulations of the Articles of Association of Uni.C.A.) in the event of:

- fair dismissal or subjective justified dismissal;
- establishment of employment with a Company outside the UniCredit Group;
- exclusion of the Policyholder from the Association.

In the case of the death of the Policyholder, cover shall remain valid for beneficiary family members until 31 December of the insurance year of the event.

For all cases mentioned above, no reimbursement of the annual contribution shall be payable.

1. In order to cancel the insurance cover of non-dependent children who have left the household of the Policyholder, the following cases must apply:

- a) the child is forming his/her own household (marriage/common law marriage);
- b) in the year of departure from the household, the child registers a total income in excess of € 26,000.

I am going abroad, is my policy valid?

Yes. The policy provides worldwide cover. Before going abroad you can download the **statement of insurance** from the Secure Area of the Previmedical website. It is recommended that you also download and print the “SET_INFORMATIVO_nomepolizza” document and take it with you when you travel.

Services abroad may only be accessed via the reimbursement method, subject to the presentation of the medical documentation and the relative receipts.

Any documents in languages other than Italian, English, French or German must be accompanied by a translation into Italian.

The Previmedical number for calls from outside Italy is **+39 0422 1744023**



EMPLOYEES

You can download the documentation in English at the address [WELFARE](#) > Uni.C.A. > Your Health Plan > enter your login details > at the top of the homepage next to your name, expand the dropdown menu > statement of insurance.



EXCLUDED RETIREES



RETIREES



EMPLOYEES
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The statement of insurance can be downloaded in English at the link <http://www.unica.previmedical.it/> > **at the top of the homepage next to your name, expand the dropdown menu > statement of insurance.**

Can I claim reimbursement for a Covid-19 test?

For reimbursement of molecular and antigen tests, visit the **news section on the Uni.C.A. website: Pneumococcal vaccine: now eligible for reimbursement!** > [27/11/2020 UNI.C.A. \(unicredit.it\)](#)

Where can I find the information on my Health Account?

You can check the news published on the Uni.C.A. website. **New features of the "HEALTH ACCOUNT"** > [30/07/2020 UNI.C.A. \(unicredit.it\)](#)

For more information, send a Ticket to Previmedical from the secure area of the Previmedical website.

Can I claim reimbursement for the influenza vaccine?

Yes. The policy **covers this service, including any costs for vaccine inoculation.**

The company pays for the service (without any excess or deductible charged to the Policyholder) performed **indirectly** (not through directly accessed services) upon the presentation of a copy of the invoice or tax receipt.

The **pneumococcal vaccine** is now also eligible for reimbursement. > [30/12/2020 UNI.C.A. \(unicredit.it\)](#)

Welfare Account: can I use it to pay for my annual contribution to the health insurance?



EMPLOYEES

You can pay for the cost of a Uni.C.A. health plan above the plan assigned to you based on your employment category and/or the extension of cover to non-dependent family members (with the exclusion of common law partners), but only if this request is made at the time of subscription to Uni.C.A., with the relative cost debited monthly from your paycheck.

Furthermore, you can also pay to extend the collective dental plan and COMPLETE plan to eligible family members. The basic contribution is not eligible for reimbursement. You can also pay to subscribe to new Uni.C.A. health plans.

For more information on the Welfare Account, visit the FAQ - HEALTH at [WELFARE > People Focus > Welfare/Benefits > Welfare Plan – Welfare & Benefits – Welfare Plan – Your Welfare Account > FAQ – HEALTH](#).



CLAIMS

How do I file a claim?

You can find all of the relative information at the following link:

<https://unica.unicredit.it/it/reclami.html>

I will become an excluded retiree soon, how do I notify Uni.C.A. of my new contact details?

Before the effective date of retirement, Policyholders may correct or amend their **address and telephone number** by accessing [People Focus](#) > Self Service > Personal Information.

To make changes to your email address, write to UCIPOLSAN@unicredit.eu after the effective termination of employment, attaching a copy of a valid ID document and including your tax code in the body of the email.

If I access the Solidarity Fund, will I still be a member of Uni.C.A.?

Yes. The health insurance remains valid until 31 December of the second insurance of the health plan, except in the case that your access to the Solidarity Fund ends by 31.12 of the first year of the health plan in order to access your Statutory Pension.

After the current two-year period, you will be offered the insurance cover available for current employees (unless this is expressly waived by you), with the contribution borne by the company, until 31 December of the year that you leave the Solidarity Fund to access your Statutory Pension.

How do I pay my annual contribution that is outstanding at the date of termination of employment, including for non-dependent family members?

In the year that you stop working for the company, any outstanding contributions not yet paid to Uni.C.A. (e.g. for family members that are not automatically included) shall be **charged in a single instalment on the final paycheck upon termination of employment.**

For the following years, the annual contribution shall be charged on the relative paycheck in monthly instalments.

If you also have dental cover, the relative contribution shall be charged in three instalments: April, June and December.



EXCLUDED RETIREES

Where can I find last year's statement of contributions?

Excluded retirees will receive **the CU** (Certificazione Unica - Income Certificate) where the annual contribution paid to Uni.C.A. is displayed in the relative boxes:

- Contributions paid to institutions and funds having exclusively care/welfare purposes that do not count as income
- Contributions paid to institutions and funds having exclusively care/welfare purposes that count as income

In the case of loss or non-receipt of the certificate, please contact your HRBP to request a copy.

And what happens if I retire on the "Women's Option"?

The **specific cover available for excluded retirees is valid for 4 years** after the date of termination of employment (with the insurance contribution borne by the company).

As an excluded retiree can I continue the Uni.C.A. cover for non-dependent family members?

Yes. In this case the same conditions for current employees apply, as long as the family members were added to the policy at the time of renewal of the Health Plan.

I have just entered retirement, can I sign up to the health insurance?

The insurance programme is aimed at **retirees who took statutory retirement** who had already subscribed to previous Uni.C.A. Health Plans, new retirees who retired in the course of 2021 or after **01/01/2022**, and persons who left work during the year whose pensions are pending, pursuant to the provisions of Article 4, paragraph 3 of the Articles of Association.

Members who turn 85 during the two-year period of the Health Plan are covered until the end of the plan.

I am in receipt of my pension, how can I pay for the policy?

The contribution is taken **directly out of your pension fund in two instalments** (usually between May and July).

If your pension is not sufficient to cover the full contribution, the difference shall be charged to your current account.

...and can I cancel my health insurance?

Yes, **it is possible to cancel during the subscription period** by accessing the Secure Area of the Uni.C.A. website.

It is not possible to cancel during the two-year validity of the health plan.

By waiving the right to subscribe personally to Uni.C.A. (or failing to renew the subscription in the case of subscribed retirees), new retirees will **not be able to subscribe to the Health Plans in the future** or access the benefits offered by the Cassa, pursuant to the Articles of Association.

I am not in receipt of my pension, how can I pay for the policy?

In the case that a non-state pension is not paid, or is not paid by UniCredit, the contribution will be charged **to your current account in a single instalment**, upon release of SEPA debit authorisation at the time of subscription to the health plan.

The SEPA form is included with the online subscription form or, in the event of subscription on paper, will be included in the subscription form sent by post.

What does SEPA debit authorisation mean?

The SEPA form is a document signed by the **retiree that authorises** Uni.C.A. to debit the **annual contribution for the Supplementary Health Insurance** from the retiree's current account.

It is an integral part of the subscription form and an essential element to subscription to the Health Plans.

The SEPA form is included with the online subscription form or, in the event of subscription on paper, will be included in the subscription form sent by post.

I've turned 85, can I sign up to health insurance?

If you are **over 85 you can sign up to the "Over 85" cover.**

Please note that the Over 85 policy is aimed at Retirees who were already members of Uni.C.A. at the renewal date of the Health Plan and who turned 85 by 31 December of the year before the new insurance period.

In this case, the Over 85 cover may be extended to include **ONLY** the spouse/common-law partner of the retiree (regardless of the age of said family member).

What happens if I retire during the insurance period?

If you are a Policyholder and acquire retiree status (in receipt of statutory pension) during the validity of the Health Plan, **from 1 January of the following year you can confirm your subscription to Uni.C.A.** by signing up to one of the policy options offered for retirees.

See the policy summaries for retired personnel in the SERVICES section of the website <https://unica.unicredit.it/>

I am in receipt of my pension.

Where can I find last year's statement of contributions?

If you are retired and in receipt of a pension, **the contribution is stated on your pensions paycheck**. Consequently, you will not receive a statement of deductions but the amount will be indicated on the CU (Income Certificate) issued by the Pension Fund.

I am not in receipt of my pension.

Where can I find last year's statement of contributions?

If you are retired and not in receipt of a pension, you will be sent a **letter by post from the Association confirming the contribution paid to Uni.C.A.** which can be used for tax return purposes. In the event of loss or non-receipt of the certificate, please write to POLSANPEN@unicredit.eu, attaching a copy of a valid ID document.

Can I add non-dependent children living at different addresses to my policy?

If you are retired and have not yet turned **60**, you can pay a supplement on all plans (from basic to extra) to **add children who are not legally dependent and not living at the same address, who are not over 35 years, are not married and are not in common-law marriages** (with a **total maximum gross income not to exceed € 26,000** per year);

If the non-dependent child not living at the same address turns 35 **during the insurance period they will remain insured on the policy.**

*I am a relative of a deceased retiree policyholder.
Who should I inform of the death?*

Deaths should be notified by sending an **email to POLSANPEN@unicredit.eu**, attaching a copy of the death certificate.

Uni.C.A. People Services will respond to Survivors and request any additional documentation that may be required.

How can I pay the insurance contribution that is now my responsibility?

Payment of Survivors' insurance contributions can be made as follows:

- if the survivor has finished the survivor's pension transfer procedure, the amount will be charged in two instalments via the relative Pension Fund.
- if the a non-state pension is not paid by UniCredit, the contribution will be charged to your current account in a single instalment, upon release of [SEPA](#) debit authorisation. The SEPA form is included with the online subscription form or, in the event of subscription on paper, will be included in the subscription form sent by post.

...and what can I do about the health insurance?

In the case that the Employee or Retiree is deceased, **surviving family members** are given equivalent status to Retirees, provided that they are **recipients of a survivor's pension**.

In the case that they are already subscribed to Uni.C.A. but are not in receipt of a survivor's pension, the following family members are given the same status as Survivors:

- spouses, unless in the case of remarriage;
- children up to the age of 18 (or older if unable to work) and legally dependent student children up to the age of 21 who regularly attend high school or professional college or up to the age of 26 in the case of enrolment in an undergraduate/post-graduate course.

Family members of the **deceased Employee or Retiree who are Survivors of the Policyholder are eligible for continued health insurance**, under the same terms, with the option of subscribing their own family members (e.g. spouse or children), but will **not acquire the status of Policyholder**.