



This table has been provided to offer concise information only. For further details and information on the correct use of services, we recommend consulting the **Health Plan Guide** that is valid for the insurance year 1 October 2022 - 30 September 2023.

| PERFORMANCE | LIMITS/QUOTAS CHARGED | IF PRESENT IN COVERAGE | |
|--|--|---------------------------------------|----------------------------------|
| | | THE HOLDER | THE OWNER + FAMILY NUCLEUS |
| HOSPITALIZATION FOR MAJOR SURGERY (as listed, including transplants) | Network: direct UniSalute payment Out-of-network: only in the absence of affiliated facilities within 15 km from the member's domicile/residence SSN: substitute allowance | | Annual ceiling €135.000 |
| HOSPITAL STAY | Network: direct UniSalute payment Out-of-network: maximum refund €300/day SSN: maximum reimbursement €300/day as an alternative to the substitution allowance for hospitalization | Annual ceiling €90.000 | |
| ACCOMPANIST | Network: fee for the board and overnight stay for the accompanying person in the nursing home or in a hotel Off-network: limit of €50 per day for a maximum of 30 days for hospitalization. | | |
| PRE/POST EXPENSES | PRE: 50 days before admission; advance payment at affiliated structure reimbursement of up to €1.000 shared with POST POST: 50 days after admission; direct UniSalute payment up to €1.000 shared with PRE | | |
| PRIVATE NURSING CARE DURING HOSPITALIZATION | Refund €60 per day for a maximum of 30 days of hospitalization | | |
| MEDICAL TRANSPORT | Maximum refund €500 per hospitalization | | |
| INFANTS | Annual limit €10.000 per infant | | |
| ISUBSTITUTE ALLOWANCE AND PRE/POST EXPENSES | Daily allowance €150 maximum 90 days Full reimbursement for hotel treatment expenses or health tickets | | |
| | PRE/POST Within network: direct UniSalute payment Out-of-network: 100% refund | Ceiling €1.000 per claim | |
| HIGH SPECIALIZATION (as listed) | Within network: €35 deductible Out-of-network: only in the absence of affiliated facilities within a radius of 15 km from the member's domicile/residence. reimbursement with minimum not indemnifiable €35 per performance/cycle SSN: 100% ticket refund Diagnostic and operative endoscopy: sub-ceiling €500 (if holder) - €750 (if household) | Annual ceiling €7.000 | Annual ceiling €10.500 |
| SPECIALIST VISITS | Within network: minimum not indemnifiable €25 per service Out-of-network: only in the absence of affiliated facilities within a radius of 15 km from the member's domicile/residence reimbursement with minimum not indemnifiable €25 per service SSN: 100% ticket refund | Annual ceiling €1.050 | Annual ceiling €1.575 |
| TICKET FOR DIAGNOSTIC TESTS AND FIRST AID | SSN: 100% ticket refund | Annual ceiling €500 | Annual ceiling €750 |
| PHYSIOTHERAPY AND REHABILITATION TREATMENTS for injury and temporarily disabling pathologies | Within network: minimum not indemnifiable €25 per cycle Out-of-network: only in the absence of affiliated facilities within 15 km from the member's domicile/residence Reimbursement with minimum not indemnifiable €25 per cycle SSN: 100% ticket refund | Annual ceiling €350 | Annual ceiling €525 |
| ORTHOPEDIC AND ACOUSTIC PROSTHESIS | Out-of-network: overdraft 20%, minimum not indemnifiable €100 | Annual ceiling €500 | Annual ceiling €750 |





| \sim | LIMITS/QUOTAS CHARGED | IF PRESENT IN COVERAGE | |
|---|---|--|----------------------------------|
| PERFORMANCE | | THE HOLDER | THE OWNER + FAMILY NUCLEUS |
| GLASSES | Out-of-network: minimum not indemnifiable €50 per performance | Annual ceiling €155 | Annual ceiling €230 |
| SERIOUS INCAPACITY CAUSED BY PERMANENT DISABILITY DUE TO AN ACCIDENT AT WORK OR SERIOUS ILLNESS | Network: 100% UniSalute direct payment Out-of-Network: 100% reimbursement PAI benefit (care plan for the non-self-sufficient) | Annual ceiling €7.000 | - |
| HEALTH MONITORING BENEFIT | Telemonitoring benefit for chronic diseases: diabetes, hypertension and chronic obstructive pulmonary disease | Additional annual ceiling for examinations and investigations €300 | - |
| SPECIAL DIAGNOSTIC SERVICES | Within network: direct UniSalute payment Cardiovascular prevention maximum authorized expenditure €210 per year Prevention of genital oncological diseases maximum authorized expenditure €170/year Prevention of prostatic oncological diseases maximum expenditure €170/year Out-of-network: only in the absence of affiliated facilities within 15 km from the member's home | Once a year | |
| MOTHERHOOD PREGNANCY | Within network: direct UniSalute payment Out-of-network: only in the absence of affiliated facilities within 15 km from the member's domicile/residence SSN: 100% ticket refund | Maximum 2 ultrasound scans | |
| REDUCED RATES | Discounts at affiliated facilities | - | |
| SPECIAL DENTAL SERVICES | Within network: 25% uncovered Out-of-network: refund of up to €35 per invoice | Ablation of tartar with possible check-up once a year per person | |
| IMPLANTOLOGY: APPLICATION OF 3 OR MORE IMPLANTS | Within network: direct UniSalute payment Out-of-network: refund of up to €2.400 SSN: 100% ticket refund | Annual ceiling €2.800 | |
| IMPLANTOLOGY: APPLICATION OF 2 OR MORE IMPLANTS | Within network: direct UniSalute payment Out-of-network: refund of up to €1.400 SSN: 100% ticket refund | Annual sub-ceiling €1.750 | |
| IMPLANTOLOGY: APPLICATION OF 1 IMPLANT | Within network: direct UniSalute payment Out-of-network: refund of up to €730 SSN: 100% ticket refund | Annual sub-ceiling €910 | |
| ORTHODONTICS | Within network: 25% uncovered Out-of-network: 50% uncovered per invoice with reimbursement of up to €960 per year SSN: 100% ticket refund | Annual ceiling per household €2.000 | |
| SURGICAL DENTAL INTERVENTIONS for special pathologies | Within network: direct UniSalute payment Out-of-network: with reimbursement of up to €1.600/year SSN: 100% ticket refund | Annual ceiling per household €3.000 | |
| CONSERVATIVE DENTAL TREATMENTS | Within network: 25% uncovered Out-of-network: 40% uncovered per invoice with reimbursement of up to €160/year SSN: 100% ticket refund | Annual ceiling per household €200 | |
| AVULSION | Within network: direct UniSalute payment Out-of-network only if the avulsion is linked to implantology services, with reimbursement of up to €100 per avulsion calculated in the maximum provided for implantology | Up to 4 teeth | |
| MOBILE PROSTHESIS DENTAL | Within network: 25% uncovered per invoice Out-of-network: 40% uncovered per invoice with reimbursement of up to €400 SSN: 100% ticket refund | Annual ceiling per household €500 | |





The following outline constitutes a summary reference tool for the **guarantees provided following an accident**. For details and the correct use of benefits, we recommend consulting the **Accident Guarantee Guide**.

| BENEFITS | LIMITS/DISCOVERY/DEDUCTIBLES | MAXIMUM | VALID FOR |
|---|--|--------------|------------|
| REIMBURSEMENT OF MEDICAL | Reimbursement Benefit | | |
| EXPENSES FROM OCCUPATIONAL AND NON-OCCUPATIONAL ACCIDENTS | Excess €30 SSN: co-pay reimbursement 100% | €1.000 | |
| LUMP-SUM COMPENSATION FOLLOWING AN OCCUPATIONAL ACCIDENT WITH HOSPITALISATION BETWEEN 16 AND 29 DAYS | Compensation Benefit | €1.500 | |
| LUMP-SUM COMPENSATION FOLLOWING AN OCCUPATIONAL ACCIDENT WITH HOSPITALISATION LASTING MORE THAN 30 DAYS | Compensation Benefit | € 2.000 | |
| | Compensation Benefit | | |
| LUMP-SUM COMPENSATION FOR PERMANENT DISABILITY RESULTING FROM AN OCCUPATIONAL ACCIDENT > 50%. | In the event that the Insurant has already benefited from the compensation referred to in the previous points regarding hospitalisation, under no circumstances shall the Company pay an amount greater than a total of €5.000 per claim | € 5.000 | |
| REIMBURSEMENT OF TREATMENT | Reimbursement Benefit | | |
| WITH NEUROMOTOR REHABILITATION | DURATION > 60 days < 181 days | € 5.000 | |
| (at a Scientific Hospitalisation and Treatment Institute and Hospital of national importance and high | DURATION > 180 days < 361 days | €10.000 | |
| specialisation for neuromotor rehabilitation pursuant to Law no. | DURATION > 360 days | € 20.000 | |
| 833/78 art. 42 and subsequent modifications and integrations - see attention point 4 of the operating instructions for reporting an accident). | WITH SEVERE HEAD TRAUMA AND/OR SPINAL CORD INJURY | € 60.500 | |
| | Indemnity Benefit | | The holder |
| BOARD AND LODGING ALLOWANCE COMPANION FOR REHABILITATION | OUTSIDE THE PROVINCE OF RESIDENCE | Up to €4.500 | |
| | €50 Max. 90 days | Up to €6.750 | |
| DEIMBURGEMENT OF AMBULANCE | Reimbursement Benefit | | |
| REIMBURSEMENT OF AMBULANCE TRANSPORT COSTS FOR REHABILITATION | OUTSIDE THE PROVINCE OF RESIDENCE | € 600 | |
| REHABILITATION | OUTSIDE THE REGION OF RESIDENCE | € 1.200 | |
| REIMBURSEMENT OF DENTAL EXPENSES FOLLOWING PROFESSIONAL ACCIDENT | Reimbursement Benefit | € 2.000 | |
| LUMP SUM DEATH BENEFIT FOR OCCUPATIONAL ACCIDENT | THE SUM IS DOUBLED IF THERE ARE CHILDREN WITH DISABILITIES AND/OR AGED <14 YEARS AT THE TIME OF THE CLAIM | €10.000 | |
| FUNERAL ALLOWANCE IN THE EVENT OF DEATH FROM AN OCCUPATIONAL ACCIDENT | | €1.500 | |
| | Reimbursement Benefit | | |
| REIMBURSEMENT OF MEDICAL EXPENSES FOLLOWING AN OCCUPATIONAL DISEASE INCLUDED IN THE LIST IN THE ACCIDENT NOMENCLATURE | expenses incurred, in the 180 days before and 360 days after recognition of the professional illness, involving a degree of Permanent Disablement equal to or > 55%, for medical benefits indicated in the accident nomenclature, €50 deductible for medical and specialist visits (SSN: 100% reimbursement of co-payments). | €1.000 | |
| FUNERAL ALLOWANCE IN THE EVENT OF DEATH FROM OCCUPATIONAL DISEASE | In the event of death as a result of one or more of the pathologies listed in the accident nomenclature. | €1.500 | |





This table only constitutes a brief summary of the main services offered: it is purely informative and not exhaustive. All benefits and reimbursement conditions are reported in the **Health Plan** which, together with the **Statute** and **Regulations** of the **Sanedil Fund**, are the only documents that prevail.

| PERFORMANCE | | LIMITS/OVERDRAFTS/DEDUCTIBLES | CEILINGS | VALID FOR |
|---|---|--|----------|--|
| PHYSIOTHERAPY REHABILITATION TREATMENTS | | The annual ceiling refers to expenditure documents issued from 1 October 2022 to 30 September 2023, and can be reached by adding requests/no deductible. | €500 | Owner |
| SPECIALIST VISITS | | The annual ceiling refers to expenditure documents issued from 1 October 2022 to 30 September 2023 and can be reached within the limits of two total visits/no deductible. Benefit recognized only in the event of non-use of the guarantees provided by the Fund's health plans during the period 1 October 2020 - 30 September 2022. | €200 | Owner + fiscally dependent family unit |
| SPECTACLE FRAMES | | The annual ceiling refers to expenditure documents issued from 1 October 2022 to 30 September 2023 and can be reached by adding requests/no deductible. | €150 | Owner + family unit |
| ASSISTIVE PRODUCTS AND PRINCIPALS SANITARY | Crutches, walking sticks, tripods, quadripods, and other Walkers | The annual ceiling refers to expenditure documents issued from 1 October 2022 to 30 September 2023/no deductible. Repayment can be made within the limits of the annual subceiling of €30. | €315 | Owner + family unit |
| | Wheelchair | The annual ceiling and sub-ceiling refer to expenditure documents issued from 1 October 2022 to 30 September 2023/no deductible. Repayment may be made within the limits of the annual sub-ceiling of €120. | | |
| | Orthopedic orthotics | The annual ceiling and sub-ceiling refer to expenditure documents issued from 1 October 2022 to 30 September 2023/no deductible. Repayment may be made within the limits of the annual sub-ceiling of €120. | | |
| | Orthopedic brace | The annual ceiling and sub-ceiling refer to expenditure documents issued from 1 October 2022 to 30 September 2023/no deductible. Repayment may be made within the limits of the annual sub-ceiling of €80. | | |
| | Orthopedic corset | The annual ceiling and sub-ceiling refer to expenditure documents issued from 1 October 2022 to 30 September 2023/no deductible. Repayment may be made within the limits of the annual sub-ceiling of €50. | | (Spouse and minor children) |
| | Orthopedic braces/orthoses | The annual ceiling and sub-ceiling refer to expenditure documents issued from 1 October 2022 to 30 September 2023/no deductible. Repayment may be made within the limits of the annual sub-ceiling of €65. | | |
| | Abdominal container | The annual ceiling refers to expenditure documents issued from 1 October 2022 to 30 September 2023/no deductible. Repayment may be made within the limits of the annual subceiling of €35. | | |
| | Orthopedic footwear | The annual ceiling and sub-ceiling refer to expenditure documents issued from 1 October 2022 to 30 September 2023/no deductible. Repayment may be made within the limits of the annual sub-ceiling of €100. | | |