NEW UNICO PLUS HEALTHCARE PLAN

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FONDO SANITARIO LAVORATORI EDILI

GUIDE

to the Healthcare Plan

FONDO SANEDIL
Healthcare Fund for
Construction Workers

Pursuant to the new provisions set forth in Legislative Decree 209/2005 article 185 "Information Documents", we wish to inform you that:

- the contract is governed by the Italian law;
- any complaints regarding the contractual relationship or the handling of claims must be submitted in writing to:

UniSalute S.p.A. - Funzione Reclami Via Larga, 8 - 40138 Bologna - fax 051 - 7096892 - e-mail reclami@unisalute.it.

If the claimant is unsatisfied with the outcome of the complaint, or if there is no reply within a maximum term of forty-five days, it is possible to contact the Consumer Protections Service of IVASS (the Italian Insurance Supervisory Authority), Via del Quirinale, 21 - 00187 Rome, telephone 06.42.133.1.
Any complaints submitted to the IVASS must include:

a) name, surname and address of the claimant, possibly also including a telephone number;
b) identification of the person or persons whose work is disputed;
c) short description of the reason for the complaint;
d) copy of the complaint submitted to the Company and any responses from the same;
e) any documents useful for providing a detailed description of the circumstances.

Useful information for submitting complaints is also available on the website of the Company: www.unisalute.it. It should be noted that disputes regarding the quantification of benefits and the attribution of liability fall exclusively under the competence of the Judicial Authorities, with possibility of recourse to conciliation systems, where present.

The benefits of the plan are guaranteed by:

UniSalute
SPECIALISTI NELL'ASSICURAZIONE SALUTE

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GUIDE

to the Healthcare Plan

This guide has been prepared as a streamlined explanatory tool; under no circumstances may it replace the contract, of which it exclusively illustrates the main characteristics. Therefore, the contract remains the only valid tool for complete and comprehensive reference.

GUARANTEES FOR THE PERIOD

01/10/2022 - 30/09/2023

Insurance year refers to the period from 1 October to 30 September of the following year (so-called "construction year").

NEW UNICO PLUS HEALTHCARE PLAN

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GUIDE
to the **Healthcare Plan**

WELCOME

This **"Guide to the Healthcare Plan"** is a useful supporting tool for understanding and accessing healthcare coverage. We advise you follow the instructions in this Guide every time you need to make use of the Healthcare Plan.

PERSONS COVERED BY
THE HEALTHCARE PLAN COVERAGE

The Healthcare Plan offers coverage for employees registered with Fondo Sanedil, to whom one of the National Collective Labour Agreements referred to in Article 1 of the Fund Regulation applies, or for the employees of companies registered with the Casse Edili/EdilCasse set up by the parties who established the Fund, and their fiscally dependent family members, understood as dependent spouse and dependent children as shown on the family status certificate.

HEALTHCARE PLAN
BENEFITS

NEW UNICO PLUS HEALTHCARE PLAN

The **Healthcare Plan** is valid in case of illness or injury during the validity of such Plan for the provision of the following benefits:

- **HOSPITALISATION AT A HEALTHCARE FACILITY FOR MAJOR SURGERY;**
- **HIGHLY-SPECIALISED SERVICES;**
- **SPECIALIST EXAMINATIONS;**
- **FEES FOR DIAGNOSTIC TESTS AND A&E;**
- **REHABILITATION PHYSIOTHERAPY TREATMENTS;**
- **SPECIAL DENTAL TREATMENT;**
- **IMPLANTOLOGY;**
- **AVULSIONS UP TO A MAXIMUM OF 4 TEETH;**
- **ORTHODONTICS;**
- **NON-HOSPITAL DENTAL SURGERY;**
- **CONSERVATIVE DENTAL TREATMENT;**
- **REMOVABLE DENTAL PROSTHESES;**
- **SPECIAL DIAGNOSTIC SERVICES;**
- **ORTHOPAEDIC PROSTHETICS AND HEARING AIDS;**
- **LENSES;**
- **SERIOUS DISABILITY CAUSED BY PERMANENT DISABILITY FROM WORK INJURY OR SERIOUS ILLNESS;**
- **MONITOR SALUTE;**
- **MATERNITY/PREGNANCY;**
- **ALLOWANCES IN CASE OF COVID-19 POSITIVITY**

HOSPITALISATION, FOR MAJOR SURGERIES AS LISTED BELOW, AT A HEALTHCARE FACILITY FOLLOWING ILLNESS OR INJURY

Coverage valid for Members and family units

Hospitalisation means the overnight stay at a healthcare facility. First Aid alone does not constitute hospitalisation. In case of hospitalisation for surgery, understood as one of the procedures included in the List of Surgeries below, the Member is eligible for the following benefits:

PRE-HOSPITALISATION

Examinations, diagnostic tests and specialist consultations provided during the **50 days** prior to hospitalisation, if made necessary by the illness or injury resulting in hospitalisation.
This coverage is provided exclusively via reimbursement with an annual spending sub-limit of **€ 1.000,00** shared with the post-hospitalisation coverage.

SURGERY

Fees of the surgeon, aid, assistant, anaesthesiologist, and any other persons participating in the surgery (as shown on the surgical report); fees for the operating theatre and surgical equipment including endoprostheses.

MEDICAL CARE, MEDICINAL PRODUCTS AND TREATMENTS

Medical and nursing care, specialist consultations, medicinal products, tests and procedures, diagnostic investigations and physiotherapy and rehabilitation treatments **during the hospitalisation period**.

HOSPITALISATION FEES

The guarantee does not cover non-essential expenses.
In case of hospitalisation at a healthcare facility not affiliated with UniSalute for Fondo Sanedil, expenses incurred are reimbursed up to a limit of **€300.00 per day**.

ACCOMPANYING PERSON

Full board and accommodation of the accompanying person at the healthcare facility or in a hotel.
In case of hospitalisation in a medical institution not affiliated with UniSalute for Fondo Sanedil, coverage is limited to €50.00 per day for no more than **30 days** per hospitalisation.

INDIVIDUAL PRIVATE NURSING CARE

Individual private nursing care is granted with a limit of **€60.00** a day for a maximum hospitalisation period of **30 days**.
This coverage is provided exclusively via reimbursement.

POST-HOSPITALISATION

Tests and procedures and diagnostic investigations, medication, medical, surgical and nursing services (the latter if the request is certified at the time of discharge from the healthcare facility), physiotherapy or rehabilitation treatments and thermal treatments (excluding in any case any hotel expenses), carried out during the **50 days** following the end of hospitalisation, provided they are made necessary by the illness or accident resulting in hospitalisation. Cover includes the medicinal products prescribed by a doctor when the patient is discharged.
The annual spending sub-limit of **€ 1,000.00** is shared with the pre-hospitalisation coverage.

a1) Services at private or public healthcare facilities affiliated with UniSalute for Fondo Sanedil and provided by affiliated physicians.
In this case, expenses relating to the services provided are paid directly by the Sanedil Fund, via UniSalute, to the affiliated healthcare facilities without the application of any non-refundable amounts, with the following exceptions:

- point "Hospitalisation at a healthcare facility for major surgery following illness or injury";
  - letter "Pre-hospitalisation";
  - letter "Private individual nursing assistance";
- point "Medical transport";

which are reimbursed to the Member within the limits of the points specified, and the following:

- point "New-borns";

which are paid to the affiliated healthcare facility within the limits of the point specified.

a2) Services at private or public healthcare facilities affiliated with UniSalute for Fondo Sanedil and provided by non-affiliated physicians.
If surgery is performed at an affiliated healthcare facility by non-affiliated physicians, all expenses relating to hospitalisation will be reimbursed in the same manner and under the same terms and conditions envisaged in the event of hospitalisation at not affiliated healthcare facilities (point b).

b) Services at non-affiliated private or public healthcare facilities.
Exclusively in case of the absence of affiliated healthcare facilities within a 15km radius of the Member's place of domicile/residence, expenses for the services provided are reimbursed within the limits set out in point "a1) Services at private or public healthcare facilities affiliated with UniSalute for Fondo Sanedil and provided by affiliated physicians".

c) Services at facilities of the National Health Service.
In case of hospitalisation at facilities of the National Health Service or accredited by the same in the form of direct assistance, and therefore with costs entirely borne by the National Health Service, the coverage listed under point "Allowance in lieu" will be activated.
If, during hospitalisation, the Member incurs hotel service or subsidised medical expenses, the Fund fully reimburses any amounts incurred by the Member within the limits of the points specified, in addition to the total amount of the allowance in lieu. If hospitalisation occurs in external private practice with costs charged to the Member, the expenses incurred are reimbursed pursuant to the provisions of letter a) "Services at private or public healthcare facilities affiliated with UniSalute for Fondo Sanedil and provided by affiliated physicians" or b) "Services at non-affiliated private or public healthcare facilities".

MEDICAL TRANSPORT

The Fund will reimburse Medical transport of the Member in an ambulance with a mobile coronary care unit and air ambulance to the Medical Institution, transfer expenses from a Medical Institution to another and return to his/her home with a maximum limit of **€500.00** per admission.

TRANSPLANTS

In case of transplantation of organs or parts thereof, the Fund pays for the expenses listed under the points "Hospitalisation in a medical institution for major surgery after illness or accident" and "Medical transport" within the relative limits listed, as well as the expenses necessary for harvesting from the donor, including those for organ transport.
Pharmacological treatments aimed at the prevention of rejection during pre-hospitalisation are also included.
In case of living organ donations, this coverage includes expenses incurred for the services provided during the hospitalisation of the donor in relation to:

- diagnostic tests;
- medical and nursing care;
- surgery;
- treatments;
- medicinal products;
- hospitalisation fees.

NEW-BORNS

Fondo Sanedil, through UniSalute, provides for the payment of expenses for surgical procedures carried out during the first 3 years of the new-born's life for the correction of congenital malformations*, including appointments, pre and post surgery diagnostic tests, as well as room and board fees for the accompanying person at the healthcare facility or hotel for the period of hospitalisation, within an annual limit of **€ 10,000.00** per new-born.

ALLOWANCE IN LIEU FOR PRE AND POST HOSPITALISATION

If the Member does not request reimbursement from the Fund for hospitalisation (as listed) or for other related services (excluding hotel service or subsidised medical expenses incurred during hospitalisation), they shall be entitled to an allowance in lieu of **€ 150.00** per day of hospitalisation for a maximum of **90 days** for each hospitalisation.
NB: The first and last day of hospitalisation at a healthcare facility are considered a single day, regardless of the time of admission and discharge.
In this case, expenses relating to "pre and post hospitalisation" coverage are reimbursed without the application of excess or deductibles, within an annual spending limit of **€1,000.00**.

ANNUAL SPENDING LIMIT FOR HOSPITALISATION

The Healthcare Plan envisages a per insurance year limit of **€90,000.00** in case of coverage for the Member only, or **€135,000.00** in case of coverage for the entire family unit. This means that if this amount is reached during the year, there will be no further entitlement to benefits. Coverage shall resume the following year for events occurring in the new period. However, reimbursement will no longer be provided for events that occurred during the previous year.

HIGHLY-SPECIALISED SERVICES
Coverage valid for Members and family units

Notwithstanding the provisions of the section "Non-validity of the Plan" under point 18, the Fund provides for the payment of expenses for the following non-hospital services:

Conventional radiology (without contrast)
- Radiological examinations of the osteoarticular system
- Mammogram (medical prescription required, also without pathology)
- Bilateral mammogram (medical prescription required, also without pathology)
- Panoramic radiograph
- Total vertebral column radiography
- Organ or Apparatus radiography
- Intraoral x-ray
- Oesophagus x-ray
- Oesophagus x-ray with direct examination
- Small bowel series x-ray
- Digestive tract x-ray
- Upper GI x-ray
- Lower GI x-ray

Conventional radiology (with contrast)
- Arthrography
- Bronchography
- Cavernosography
- Cisternography
- Double-contrast cystography
- Voiding cystourethrography
- Double-contrast opaque enema
- Cholangiography/Percutaneous cholangiography
- Retrograde cholangiopancreatography
- Cholecystography
- Colpography
- Coronary angiography
- Dacryocystography
- Defecography
- Discogram
- Urodynamic test
- Fistulography
- Phlebography
- Fluorangiography
- Galactography
- Hysterosalpingography and/or sonohysterosalpingography and/or sonohysterography and/or sonosalpingography
- Lymphography

- Myelography
- Pneumoencephalography
- Any contrast examination in Interventional Radiology
- Oesophageal x-ray with opaque-contrast/double-contrast
- Small intestine x-ray with double contrast
- Stomach x-ray with double contrast
- Double-contrast small intestine x-ray with selective study
- Complete GI (including oesophagus) x-ray with contrast
- Sialography with contrast
- Splenoportography
- Urethrocystography
- Urography
- Vesiculodeferentography
- Wirsungography

Diagnostic Imaging

Ultrasounds
- Breast ultrasound
- Pelvic ultrasound, also with transvaginal probe
- Prostate ultrasound, also transrectal

Dopplar Ultrasounds
- Cardiac doppler ultrasound, including colour doppler
- Colour doppler ultrasound of the upper and lower limbs
- Colour doppler ultrasound of the abdominal aorta
- Colour doppler ultrasound scan of the supra-aortic vessels

High-quality diagnostic imaging Computerised Tomography (CT)
- CT angiography
- CT angiography of extra or intracranial arteries
- Multilayer spiral CT (64 layers)
- CT with and without contrast

Magnetic resonance (MR)
- Cardiac cine MRI
- MR angiography with contrast
- MRI with and without contrast

PET scan
- Positron emission tomography (PET) organ/system-specific

Scintingraphy (nuclear medicine in vivo)
- Scintigraphy of any system/organ (including myocardioscintigraphy)
- Nuclear medicine in vivo
- Myocardial perfusion SPECT
- Whole body scintigraphy with autologous cell labelling

Instrumental diagnostics
- Campimetry
- Dynamic ECG with analogue devices (Holter)
- Electroencephalography
- Electroencephalography (EEG) with sleep deprivation
- Dynamic 24-hour electroencephalogram (EEG)
- Electromyography (EMG)
- Electroretinogram
- Continuous blood pressure monitoring (24 hours)
- Gastric oesophageal pH test

- Evoked potentials
- Spirometry
- Corneal tomography

Biopsies
- All

Diagnostic and operational endoscopy
- Endoscopic retrograde cholangiopancreatography (ERCP)
- Diagnostic cystoscopy
- Oesophagogastroduodenoscopy
- Diagnostic colonoscopy
- Diagnostic rectoscopy
- Diagnostic rectosigmoidoscopy
- Diagnostic tracheobronchoscopy

Miscellaneous
- Sentinel lymph node biopsy
- Arterial blood gas analysis
- Laser therapy for physiotherapy applications
- Endoscopic bronchoalveolar lavage
- Sentinel lymph node mapping

Therapies
- Chemotherapy
- Radiotherapy
- Dialysis

To activate coverage, the medical prescription must contain the diagnosis or pathology that necessitated the service itself.

In case of services provided by healthcare facilities and physicians affiliated with UniSalute for Fondo Sanedil, expenses for the services provided to the Member are paid directly by Fondo Sanedil, through UniSalute, to the healthcare facilities, with an excess of **€35.00** to be paid by the member for each diagnostic test or treatment cycle, which the Member must pay the affiliated facility upon provision of the service. At the healthcare facility, the Member must present the prescription issued by his/her treating physician describing the presumed or confirmed medical condition.
The use of non-affiliated healthcare facilities or physicians is permitted exclusively in the absence of affiliated healthcare facilities within a 15km radius of the Member's place of domicile/residence and the expenses incurred are reimbursed with the application of a €35.00 deductible per service / treatment cycle.
If the Member makes use of the National Health Service, the Fund fully reimburses the subsidised medical expenses incurred by the Member without the application of excess or deductibles.

The per insurance year limit for this coverage is **€7,000.00** in case of coverage for the Member only, or **€10,500.00** in case of coverage for the entire family unit.

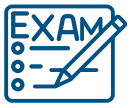
For "Diagnostics and operation endoscopy" services, the annual sub-limit is **€500.00** in case of coverage for the Member only, or **€ 750.00** in case of coverage for the entire family unit.

SPECIALIST EXAMINATIONS
Coverage valid for Members and family units

Fondo Sanedil, through UniSalute, provides for the payment of expenses for specialist examinations resulting from illness or injury with the exclusion of dental and orthodontic examinations. Only a preliminary psychiatric examination required in order to ascertain the presence of any medical condition is covered.
To activate coverage, the medical prescription must contain the diagnosis or pathology that necessitated the service itself.
Expense documentation (invoices and receipts) must show the specialisation of the physician, which, for the purposes of reimbursement, must correspond to the pathology reported.

In case of services provided by healthcare facilities and physicians affiliated with UniSalute for Fondo Sanedil, expenses for the services provided to the Members are paid directly by Fondo Sanedil to the facilities with the application of a minimum non-refundable amount of **€25.00** per specialist examination.
The use of non-affiliated healthcare facilities or physicians is permitted exclusively in the absence of affiliated healthcare facilities within a 15km radius of the Member's place of domicile/residence and the expenses incurred are reimbursed with the application of a €25.00 deductible per specialist examination.
If the Member makes use of the National Health Service, the Fund fully reimburses the subsidised medical expenses incurred by the Member without the application of excess for deductibles.

The per insurance year limit for this coverage is **€1,050.00** in case of coverage for the Member only, or **€1,575.00** in case of coverage for the entire family unit.



FEES FOR DIAGNOSTIC TESTS AND A&E
Coverage valid for Members and family units

The Fund reimburses subsidised medical expenses incurred by the Member as a result of illness or injury with the National Health Service without the application of excess or deductibles:

- for diagnostic tests (not listed under "highly-specialised services");
- for A&E.

The per insurance year limit for this coverage is **€500.00** in case of coverage for the Member only, or €750.00 in case of coverage for the entire family unit.

REHABILITATION PHYSIOTHERAPY TREATMENTS
Coverage valid for Members and family units

The per insurance year limit for all the services indicated in the point "Rehabilitative physical therapy after injury" and "Rehabilitative physical therapy after temporarily disabling disease" is €350.00 in case of coverage for the Member only, or **€525.00** in case of coverage for the entire family unit.

In case of **services provided by healthcare facilities and physicians affiliated with UniSalute for Fondo Sanedil**, expenses for the services provided to the Member are paid directly by Fondo Sanedil to the facilities with the application of a minimum non-refundable amount of **€25.00** per treatment cycle.
The use of non-affiliated healthcare facilities or physicians is permitted exclusively in the absence of affiliated healthcare facilities within a 15km radius of the Member's place of domicile/residence and the expenses incurred are reimbursed with the application of a €25.00 deductible per service/treatment cycle.
If the Member makes use of the National Health Service, the Fund fully reimburses the subsidised medical expenses incurred by the Member without the application of excess or deductibles.

REHABILITATIVE PHYSICAL THERAPY AFTER INJURY

Notwithstanding the provisions of the section "Non-validity of the Plan" under point 18, the Fund provides for the payment of expenses for physical therapy after injury, exclusively for rehabilitation purposes, in the presence of an A&E certificate, provided that treatment is prescribed by a primary care physician or specialist whose specialisation is related to the reported pathology, and is provided by a medical or healthcare professional qualified in rehabilitation therapy, whose qualification must be proven by the expense documentation.
Cover does not apply for benefits provided in gyms, sports/leisure clubs, cosmetic medicine practices, health hotels, medical hotels and health farms, even if they have a medical centre.

REHABILITATIVE PHYSICAL THERAPY AFTER TEMPORARILY DISABLING DISEASE

Notwithstanding the provisions of the Section "Non-Validity of the Plan" point 18, the Fund provides for the payment of expenses for physical therapy after temporarily disabling disease as listed below, exclusively for rehabilitation purposes, provided it is prescribed by a general practitioner or specialist in the reported pathology and is carried out by a medical practitioner or health professional qualified in rehabilitation therapy, whose qualification must be shown on the expense documentation.
Cover does not apply for benefits provided in gyms, sports/leisure clubs, cosmetic medicine practices, health hotels, medical hotels and health farms, even if they have a medical centre.
List of pathologies after which coverage is provided:

- Temporarily disabling cardiovascular disease
- Temporarily disabling neurological diseases
- Temporary limb prosthesis operations
- Temporarily disabling high-grade pathological fractures

SPECIAL DENTAL TREATMENT
Coverage valid for Members and family units

Notwithstanding the provisions of the section "Non-validity of the Plan" under point 3, the Fund provides for the payment of the special dental treatment "package" **available once a year at the healthcare facilities affiliated with UniSalute for Fondo Sanedil indicated by the booking Helpline, at non-affiliated healthcare facilities and at National Health Service facilities.** The services listed below, comprising the "package", are designed to monitor the existence of any pathological conditions, even when not clinically overt, and are particularly recommended in subjects with a family history.

Tartar removal, including any check-ups with the use of ultrasounds, or alternatively, if necessary, with the use of other types of oral hygiene treatment.

If, due to particular clinical and/or medical conditions of the Member, the practitioner finds, in agreement with the Fund, it is necessary to carry out a second session of tartar removal within the same insurance year, the Fund will also pay for this second session, according to the terms described below, as was done for the previous service. In case of use of healthcare facilities affiliated with UniSalute for Fondo Sanedil, UniSalute must be notified in advance of the second session.

Any other services requested, such as fluoride therapy, root planing, fissure sealing, etc., shall be at the Member's expense.

In case of services provided by **healthcare facilities** and **physicians affiliated with UniSalute for Fondo Sanedil**, expenses for the services provided to the Member are paid directly by Fondo Sanedil to the facilities with the application of an excess equal to **25%** which the Member must pay the healthcare facility at the time of invoicing.

In case of services provided by **non-affiliated facilities or physicians**, expenses incurred will be reimbursed up to a maximum of **€35.00** per invoice/person once a year. If the Member makes use of the **National Health Service** or facilities affiliated with the same, the Fund fully reimburses any subsidised medical expenses incurred.

IMPLANTOLOGY
Coverage valid for Members and family units

Notwithstanding the provisions of the section "Non-validity of the Plan" under point 3, the Fund will cover the expenses for the benefits listed below.

The per insurance year limit shared between the Member and family units for dental implantology services is **€2,800.00**.

In case of services provided by healthcare facilities and physicians affiliated **with UniSalute for Fondo Sanedil**, expenses for the services provided to the Member are paid directly by the Fund to the facilities without the application of non-refundable amount.

In case of services provided by **healthcare facilities** and **physicians not affiliated with UniSalute**, expenses are reimbursed without the application of any non-refundable amount within an annual sub-limit of **€2,400.00**.

If the Member makes use of the National Health Service, the Fund fully reimburses the subsidised medical expenses incurred by the Member without the application of any non-refundable amount.
Please note that:
- for settlement purposes, the x-rays and x-ray reports before and after the application of the dental implants must be provided.

In case of services provided by **healthcare facilities** or **physicians not affiliated with UniSalute**, a specific request form containing the clinical records drawn up by the dentist must be submitted.

APPLICATION OF 3 OR MORE IMPLANTS

Coverage is valid for the application of three or more implants envisaged by the same treatment plan.
Coverage includes the placement of the implant, the definitive element, the provisional element and the dental post related to the 3 or more implants.

› In the event the overall cost of the services envisaged in the treatment plan exceeds the limit indicated above, the Member must directly pay the excess amount to the affiliated facility.

APPLICATION OF 2 IMPLANTS

An annual sub-limit of **€1,750.00** applies in case of the application of two implants envisaged by the same treatment plan.
Coverage includes the placement of the implant, the definitive element, the provisional element and the dental post related to the 2 implants.
In the event the overall cost of the services envisaged in the treatment plan exceeds the limit indicated above, the Member must directly pay the excess amount to the affiliated facility.
In case of services provided by healthcare facilities or professionals not affiliated with UniSalute, the annual sub-limit for the application of two implants is **€1,400.00**.

- If, during the same insurance year, the application of a second implant becomes necessary after already activating the coverage provided for in the point "Implantology", the second implant will be settled within a sub-limit of **€1,750.00** (€1,400.00 in case of services provided by healthcare facilities or professionals not affiliated with UniSalute) provided for in this coverage, net of any amounts already authorized or settled.

APPLICATION OF 1 IMPLANT

An annual sub-limit of **€910.00** applies for the application of one implant envisaged by the treatment plan.
Coverage includes the placement of the implant, the definitive element, the provisional element and the dental post related to the implant.

- In the event the overall cost of the services envisaged in the treatment plan exceeds the limit indicated above, the Member must directly pay the excess amount to the affiliated facility.

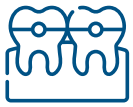
In case of services provided by healthcare facilities or professionals not affiliated with UniSalute, the annual sub-limit for the application of one implant is **€730.00**.

AVULSIONS UP TO A MAXIMUM OF 4 TEETH
Coverage valid for Members and family units

This coverage is valid up to a maximum of 4 teeth per year.
In case of services provided by affiliated healthcare facilities, please note that:

- In the event the total number of services envisaged by the treatment plan exceeds the number indicated above, the Member must directly pay the relative cost to the affiliated facility.

In case of **services provided by non-affiliated healthcare facilities** or physicians, expenses incurred are reimbursed without the application of excess or deductibles, within a **sub-limit** of €100.00 per avulsion included within the maximum limit for implantology services provided by non-affiliated facilities or professionals.
Avulsions are only included in the implantology treatment plan as provided for in the section "Implantology" and must be proven in the expense documentation.



ORTHODONTICS
Coverage valid for Members and family units

Notwithstanding the provisions of the section "Non-validity of the Plan" under point 3, the Fund will also cover the expenses for diagnostic orthodontic services.

In case of services provided by **healthcare facilities and physicians affiliated with UniSalute for Fondo Sanedil**, expenses for the services provided to the Member will be paid directly by the Fund to the facilities with the application of an excess equal to **25%**, which the Member must pay the affiliated healthcare facility at the time of invoicing.

In case of services provided by non-affiliated healthcare facilities or physicians, expenses for the services will be reimbursed with an excess equal to 50% per invoice within an annual sub-limit of **€960.00** per family unit.

If the Member makes use of the National Health Service, the Fund fully reimburses the subsidised medical expenses incurred by the Member without the application of any non-refundable amount.

The per insurance year limit for this coverage is **€2,000.00** per family unit.

NON-HOSPITAL DENTAL SURGERY
Coverage valid for Members and family units

Notwithstanding the provisions of the Section "Non-Validity of the Plan" point 3, the Fund settles expenses incurred for surgery resulting from the following pathologies, including dental implantology services even if subsequent to surgery that took place outside the coverage of the Healthcare Plan, provided they result from the following pathologies:

- adamantinomas
- dental abscess in the presence of root canal filling
- follicular cysts
- radicular cysts
- odontomas
- removal of implants displaced in the maxillary sinus.

To activate coverage, the medical prescription must contain the diagnosis or pathology that necessitated the service itself.

The healthcare documentation required in order to obtain the reimbursement of the expenses incurred consists of:

- x-rays and radiological reports for the removal of implants displaced in the maxillary sinus, and dental abscess in the presence of root canal filling, issued by a surgeon specialised in radiodiagnostics;
- x-rays and radiological reports issued by a surgeon specialised in radiodiagnostics and histological reports issued by a surgeon specialised in pathological anatomy, for follicular and radicular cysts, adamantinomas and odontomas.

The per insurance year limit for this coverage is **€3,000.00** per family unit.

In case of services provided by **healthcare facilities** and **physicians affiliated with UniSalute for Fondo Sanedil**, expenses for the services provided to the Member are paid directly by the Fund to the facilities without the application of any non-refundable amount.

In case of services provided by **non-affiliated healthcare facilities or physicians**, expenses incurred are reimbursed without the application of excess or deductibles within an annual sub-limit of **€1,600.00** per family unit.

If the Member makes use of the National Health Service, the Fund fully reimburses the subsidised medical expenses incurred by the Member without the application of any non-refundable amount.

CONSERVATIVE DENTAL TREATMENT
Coverage valid for Members and family units

Notwithstanding the provisions of the Section "Non-Validity of the Plan" point 3, the Fund provides for the payment of services for conservative dental treatment.

In case of services provided by **healthcare facilities** and **physicians affiliated with UniSalute for Fondo Sanedil**, expenses for the services provided to the Member are paid directly by the Fund to the facilities with the application of an excess equal to **25%** which the Member must pay the affiliated healthcare facilities at the time of invoicing.

In case of use of **non-affiliated healthcare facilities or physicians**, expenses incurred are reimbursed with the application of an excess equal to 40% per invoice within the annual sub-limit of **€160.00** per family unit.

If the Member makes use of the National Health Service, the Fund fully reimburses the subsidised medical expenses incurred by the Member.

The per insurance year limit for this coverage is **€200.00** per family unit.

REMOVABLE DENTAL PROSTHESES
Coverage valid for Members and family units

Notwithstanding the provisions of Article "Insurance exclusions" under point 3, the Fund provides for the payment of expenses for removable dental prostheses.

In case of services provided **by healthcare facilities and physicians affiliated with UniSalute for Fondo Sanedil**, expenses are paid directly by the Fund to the facility with the application of an excess equal to 25%, which the Member must pay the affiliated healthcare facility at the time of invoicing.

In case of services provided **by non-affiliated healthcare facilities or professionals**, expenses incurred are reimbursed with the application of an excess equal to 40% per invoice.

If the Member makes use of the **National Health Service**, the Fund fully reimburses the subsidised medical expenses incurred by the Member.

The per insurance year limit for this coverage is **€ 500.00** per family unit with a sub-limit of **€400.00** in case of services provided by non-affiliated facilities or professionals.

SPECIAL DIAGNOSTIC SERVICES
Coverage valid for Members and family units

The Fund provides for the payment of the services listed below provided once per year by **healthcare facilities** and **physicians affiliated with UniSalute for Fondo Sanedil**.
These benefits, the purpose of which is to monitor the existence of any pathological situations that are not yet clinically overt, are considered to be particularly appropriate for subjects with a family history of a medical condition.
The benefits must be provided in a single session.

Basic package for women/men over 18
- Alanine transaminase ALT
- Aspartate transaminase AST
- HDL cholesterol
- Total cholesterol
- Creatinine
- Complete blood count and RBC morphology
- Gamma GT test
- Blood sugar test
- Triglyceride level test
- Partial thromboplastin time (PTT)
- Prothrombin time (PT)
- Urea
- ESR
- Complete chemical, physical and microscopic urine analysis

For women over 18
- Smear test

A - Cardiovascular prevention
for women/men aged 40
and over Maximum limit of €210.00 for both male and female Members of all ages who receive the following tests:

a) Blood chemistry diagnostic tests including:
- Complete blood count
- ESR
- Blood sugar test
- BUN
- Creatinine blood test
- Total cholesterol and HDL cholesterol
- Triglyceride level test
- Total and fractionated bilirubin test
- ALT and AST

b) Specific tests:
- Specialist cardiology consultation
- Baseline and stress ECG

B - Prevention of female genital and breast cancer
For women over 50
Maximum limit of €170.00 euro for the following tests:

a) Common blood chemistry diagnostic tests including:
- Complete blood count
- ESR

- Blood sugar test
- BUN
- Creatinine blood test
- Total cholesterol and HDL cholesterol
- Total and fractionated bilirubin test
- ALT and AST

b) Specific tests:
- Gynaecology consultation and cervical smear test.

C - Prevention of prostate cancer
For men over 50
Maximum limit of €170.00 euro for the following tests:

a) Common blood chemistry diagnostic tests including:
- Complete blood count
- ESR
- Blood sugar test
- BUN
- Creatinine blood test
- Total cholesterol and HDL cholesterol
- Total and fractionated bilirubin test
- ALT and AST

b) Specific tests:
- Specialist urology consultation
- Bladder prostate ultrasound
- PSA test

In case of services provided by **healthcare facilities and physicians affiliated with UniSalute for Fondo Sanedil**, expenses for the services provided are paid directly by the Fund to the facilities without the application of excess or deductibles, within the established limits.

The use of non-affiliated healthcare facilities or physicians is permitted exclusively in the absence of affiliated healthcare facilities within a 15km radius of the Member's place of domicile/residence and the expenses incurred are reimbursed without the application of excess or deductibles, within the established limits.

ORTHOPAEDIC PROSTHETICS AND HEARING AIDS
Coverage valid for Members and family units

The Fund reimburses expenses for the purchase of orthopaedic prostheses and hearing aids. A prescription specifying the reason for the prostheses is required.

The expenses incurred are reimbursed with a co-payment of **20%** and a minimum non-refundable amount of **€100.00** per invoice/person.

The per insurance year limit for this coverage is **€500.00** in case of coverage for the Member only, or **€750.00** in case of coverage for the entire family unit.

LENSES
Coverage valid for Members and family units

The Fund will reimburse the Member for the expenses incurred for corrective contact and glasses lenses. The Fund provides for the reimbursement of expenses with the application of a minimum non-refundable amount of **€50.00** per service.

To activate coverage, a medical certificate from a private or public ophthalmologist certifying the change in vision is required, or alternatively a certificate from an optometrist whose qualification is shown on the documentation.

The per insurance year limit for this coverage is **€155.00** in case of coverage of the Member only, or **€230.00** in case of coverage for the entire family unit.

SERIOUS DISABILITY CAUSED BY PERMANENT DISABILITY FROM WORK INJURY OR SERIOUS ILLNESS
- Coverage valid for Members only

The Fund reimburses healthcare expenses and/or provides assistance services in case of serious disability caused by a (work) injury that results in permanent disability greater than 50% (INAIL reference table), or caused by one of the following serious illnesses:

- Stroke;
- Multiple sclerosis;
- Paralysis;
- Heart, liver, lung, kidney, bone marrow or pancreas transplant;
- Cystic fibrosis;
- Vertebrobasilar stroke.

Please note that this coverage is only valid if:

- **the work injury is documented by an A&E certificate and the accident took place during the validity of the Healthcare Plan;**
- **the serious illnesses listed arose during the validity of the Healthcare Plan.**

Please note that the calculation of permanent disability only takes into consideration the direct consequences of the injury, without taking into account any greater damage deriving from coexisting conditions.

The per insurance year limit for this coverage is **€7,000.00** per Member. This limit can be used during the first three years of this Healthcare Plan.

MONITOR SALUTE SERVICE
Coverage valid for Members only

UniSalute, through the Fund, offers Members over the age of 40 a clinical monitoring service for the following chronic medical conditions: chronic respiratory diseases (COPD), hypertension and diabetes.
UniSalute, through the Fund, provides a system with advanced technology that enables the measurement of clinical parameters directly from home. After filling out a questionnaire, a medical device is delivered free of charge so that the patient can take measurements directly from home. Patient values are constantly monitored by a Helpline, staffed by specialised nurses who intervene in case of clinical alerts and provide coaching and training services to support patient empowerment.
Patients benefit from improved management of their condition, thanks to greater adherence to treatment plans and a better awareness of their state of health.

SPECIALIST EXAMINATIONS AND DIAGNOSTIC TESTS FOR CHRONIC MEDICAL CONDITIONS

For Members that have joined the monitoring program for chronic medical conditions, the Fund provides for the payment of expenses for specialist examinations and diagnostic tests strictly connected to the chronic condition they are affected by, in the manner indicated below.
To activate coverage, the medical prescription must contain the diagnosis or pathology that necessitated the service itself.
In case of services provided by healthcare facilities and **physicians affiliated with UniSalute for Fondo Sanedil**, expenses for the services provided to the Member are paid directly by the Fund to the facilities without the application of any non-refundable amount.
If the Member is domiciled in a province without any healthcare facilities affiliated UniSalute, the Member can make use of healthcare facilities or physicians not affiliated with UniSalute and expenses incurred are reimbursed without the application of excess or deductibles.
If the Member makes use of the National Health Service, the Fund fully reimburses the subsidised medical expenses incurred by the Member.

The per insurance year limit for this coverage is **€300.00** per Member.

MATERNITY/PREGNANCY
Coverage valid for Members and family units

The Fund provides for the payment of the following expenses for pregnancy check-ups:
- Ultrasound scans, up to a maximum of 2.

In case of services provided by healthcare facilities and **physicians affiliated with UniSalute for Fondo Sanedil**, expenses for the services provided to the Member are paid directly by the Fund to the facility without the application of any non-refundable amount.
If the Member makes use of the National Health Service, the Fund fully reimburses the subsidised medical expenses incurred by the Member.

ALLOWANCES IN CASE OF COVID-19 POSITIVITY
Coverage valid for Members and family units

DAILY ALLOWANCE FOR HOSPITALISATION IN CASE OF COVID-19 (CORONAVIRUS) POSITIVITY

The Fund undertakes to pay, for each day of hospitalisation at a healthcare facility following a claim during the validity of the Healthcare Plan involving Covid-19 positivity (positive coronavirus swab), a daily allowance of **€40.00** for a maximum of **30 days** refundable during the insurance year for each Member.
The day of admission and the day of discharge are considered a single day.

POST-HOSPITALISATION ALLOWANCE FOLLOWING INTENSIVE CARE FOR COVID-19 (CORONAVIRUS)

After discharge, and only if the Member was moved to intensive care and intubated, a post-hospitalisation recovery allowance equal to € 40.00 per day is provided for a maximum of 30 days.

THE DAILY ALLOWANCE AND THE POST-HOSPITALISATION ALLOWANCE ARE MUTUALLY EXCLUSIVE

SERVICES AT UNISALUTE DISCOUNTED RATES
Coverage valid for the entire family unit

If cover for any benefit does not apply because it is not contemplated by the Healthcare Plan or because the annual expense limit has been reached or the benefits cost less than the minimum non-refundable amount and remain at the full expense of the Member, it is in any case possible to ask **the Helpline** to book the service and to send an authorisation to the facility chosen from its network making it possible to apply special rates for UniSalute Members, who will therefore be able to obtain a discount on the rates usually applied.

NON-VALIDITY OF THE PLAN

The Healthcare Plan does not include all of the events associated with the type of guarantee envisaged; in our cases, not all of the expenses incurred for the guaranteed medical benefits are covered by the Healthcare Plan.
The Healthcare Plan is not valid for:

1. treatments and/or surgeries for the elimination or correction of physical defects* or malformations** pre-existing to the stipulation of the Health Plan, except as provided for in the "New-borns" point;
2. the treatment of mental illness and psychological disorders in general, including neurotic behaviour;
3. dentures, treatment of periodontal disease, dental care and dental checks;
4. medical treatments for cosmetic purposes (with the exception of reconstructive plastic surgery made necessary by accidents or demolitive surgery taking place during the validity period of the Healthcare Plan);
5. hospitalisation and day hospital services during which treatments (including physical therapies or the administration of medicines) or diagnostic investigations are performed that, by their technical nature, can also be administered on an outpatient basis;
6. infertility tests and medical practices for the purpose of artificial insemination;
7. hospitalisation arising from the Member's need to receive third-party assistance in order to perform basic activities of daily living, as well as admission to long-term care.
8. Admission to long-term care is understood as that arising from physical conditions of the Member for which recovery with medical treatment is no longer possible, requiring admission to a medical establishment for care or physical therapy maintenance;
9. procedures for the replacement of orthopaedic prostheses of any kind;
10. the treatment of illnesses caused by alcohol or psychoactive drug abuse or the non-therapeutic use of narcotics or hallucinogens;
11. injury resulting from alcohol or psychoactive drug abuse, as well as the non-therapeutic use of drugs or hallucinogens;
12. injury arising from the practice of extreme and dangerous sports, such as, for example, air sports, motor sports, automotive sports, free climbing, rafting and extreme mountaineering, as well as participation in the related competitions or practice sessions, whether official or otherwise;
13. accidents caused by wrongful actions performed by the Member;
14. consequences of attempted suicide, self-harm and criminal acts committed by the Member with intent or gross negligence;
15. direct or indirect consequences of the transmutation of atomic nuclei of radiation caused by the artificial acceleration of atomic particles or exposure to ionising radiation;
16. the consequences of wars, uprisings, tectonic plate movements and volcanic eruptions and atmospheric events;
17. services not recognised by official medicine, and experimental treatments and biological medicinal products;
18. all medical therapies, including intravitreal injections;
19. the direct or indirect consequences of pandemics.

With regard to the benefits contemplated in the points relating to Dental coverage, the Healthcare Plan does not cover:

- cosmetic prosthetics
- treatment required as a consequence of mental illness.

Limited to the services provided for under point "Serious disability caused by permanent disability from work injury or serious illness", in addition to the

exemptions listed above, the Healthcare Plan is not valid for the consequences of:
- permanent disability due to mental illnesses and behavioural disorders in general, including neurotic behaviour, psychosis, depression and their consequences;
- previous injuries or illnesses that arose prior to the validity of the Healthcare Plan.

* Physical defect is understood as a deviation from the normal morphological order of an organism or parts of its organs due to acquired medical conditions or injuries.
**Malformation is understood as a deviation from the normal morphological order of an organism or part of its organs due to congenital medical conditions.

IMPORTANT CLARIFICATIONS

TERRITORIAL SCOPE

The Healthcare Plan is valid worldwide according to the same terms and conditions that apply in Italy.

AGE LIMITS

The Healthcare Plan may be concluded or renewed until the Member reaches the age of 80; the plan is automatically discontinued upon the first annual expiry after the Member turns 81.

MANAGEMENT OF EXPENSE DOCUMENTATION (INVOICES AND RECEIPTS)

A) Benefits provided by healthcare facilities affiliated with UniSalute for Fondo Sanedil
Expense documentation for healthcare benefits provided at affiliated healthcare facilities is directly delivered to the Member by the facility.

B) Benefits provided by non-affiliated healthcare facilities
The copies of the expense documentation must be filed and attached to reimbursement claims as required by applicable law. If the Fund requests the Member to provide original documentation, on a monthly basis the original documentation only will be returned.

The documentation attached to reimbursement requests (invoices, receipts, medical prescriptions, medical records, etc.) must be sent in copy. The Fund may, at its sole discretion, request the sending of the original documentation at any time for appropriate checks. Please note that in case of the receipt of false or counterfeit documents, the Fund will immediately notify the competent judicial authorities for appropriate investigation and the ascertainment of any criminal liability.

ATTENTION
Requests for reimbursement must be submitted within two years of the date of the invoice or expense document relating to the service provided. For hospitalisation, this term starts from the date of discharge. Invoices and expenses documents submitted after two years will not be reimbursed.

LIST OF SURGERIES

Any malignant neoplasms of an organ or system. The diagnosis for acceptance and subsequent reimbursement must be proven by histological or cytological biopsy certification. In any case, surgeries with a malignant diagnosis histologically confirmed after the operation will be eligible for coverage.

NEUROSURGERY
- Neurosurgery procedures involving craniotomy or transoral approaches
- Cranioplasty
- Pituitary surgery using a transsphenoidal approach
- Orbital tumour excision
- Excision of space-occupying lesions of the spine (intra- and/or extramedullary)
- Surgery for spinal disk herniation of the cervical spine and/or myelopathies of the cervical spine using an anterior or posterior approach
- Brachial plexus surgery

OPHTHALMOLOGY
- Enucleation of the eye
- Cataract and lens surgery with possible vitrectomy

ENT
- Excision of parapharyngeal, uvula (uvulotomy) and vocal cord (cordectomy) tumours
- Ossicular chain reconstruction
- Surgery for a neurinoma of the 8th cranial nerve

NECK SURGERY
- Total thyroidectomy

RESPIRATORY TRACK SURGERY
- Bronchial fistula surgery
- Surgery for pulmonary hydatid disease
- Total or partial pneumonectomy
- Surgery for nasal polyps

CARDIOVASCULAR SURGERY
- Heart surgery with thoracotomy

- Surgery on the main thoracic vessels with thoracotomy
- Open abdominal aorta surgery
- Endarterectomy of the carotid and vertebral arteries
- Transverse foramen decompression of the vertebral artery
- Aneurysm surgery: resection and prosthetic grafting
- Excision of tumours of the carotid body
- Large-vessel saphenoustomy (great saphenous veins only)

GASTROINTESTINAL TRACT SURGERY
- Sleeve gastrectomy bariatric surgery for BMI over 40
- Oesophageal resection (total or partial)
- Procedures involving oesophagoplasty
- Surgery for mega-oesophagus
- Surgery for gastrocolic fistulae
- Total colectomy, hemicolectomy and rectocolic resections with an anterior approach (with or without colostomy)
- Rectoanal amputation surgery
- Surgery for megacolon with an anterior or abdominoperitoneal approach
- Excision of tumours of the retroperitoneal space
- Liver abscess drainage
- Inguinal and femoral hernia (excluding all other abdominal wall hernias)
- Surgery for hydatid diseases of the liver
- Liver resection
- Gastric resection for ulcers that cannot be treated pharmacologically
- Biliary reconstruction following bile duct resection
- Surgery for portal hypertension
- Open surgery for acute or chronic pancreatitis
- Open surgery for pancreatic cysts, pseudocysts or fistulae

UROLOGY
- Adrenalectomy
- Urinary bladder reconstruction surgery with or without ureterosigmoidostomy
- Urolithiasis

GYNAECOLOGY
- Hysterectomy with possible appendectomy

ORTHOPAEDICS AND TRAUMA
- Cervical rib surgery
- Vertebral stabilisation surgery
- Vertebral body resection
- Treatment of lower-extremity dysmetria and/or bowing with external fixators
- Demolitive surgery for bone tumours resection
- Shoulder, elbow, hip or knee replacement surgery
- Carpal tunnel and trigger finger surgery

MAXILLOFACIAL SURGERY
- Oral and maxillofacial surgery for facial mutilations resulting from injury that caused a reduction in functional capacity of more than 25%

ORGAN TRANSPLANTS
- All

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