

PLUS

san  **edil**
FONDO SANITARIO LAVORATORI EDILI

MINI GUIDE

to the **Healthcare Plan**

SANEDIL FUND

Construction Workers
Healthcare Fund



*The benefits of the plan
are guaranteed by:*

UniSalute
SPECIALISTI NELL'ASSICURAZIONE SALUTE

MINI GUIDE

to the **Healthcare Plan**

SANEDIL FUND

Construction Workers
Healthcare Fund

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.

PLUS

MINI GUIDE

to the **Healthcare Plan**



HOSPITALISATION, FOR MAJOR SURGERY (AS PER THE LIST APPENDED TO THE GUIDE TO THE HEALTHCARE PLAN), FOLLOWING ILLNESS AND INJURY

In the case of hospitalisation for major surgery (see list of surgical procedures provided in the Guide to the Healthcare Plan available at: www.fondosanedil.it), the Healthcare Plan covers expenses for: pre-hospitalisation procedures in the 50 days prior to hospitalisation, surgery, medical care, medicinal products and treatment, hospitalisation fees, accompanying person, individual private nursing care, post-hospitalisation care in the following **50 days**, medical transport, transplants and surgical procedures performed in the first 3 years of the infant's life to correct congenital malformations.

- **In the case of use of healthcare facilities and physicians affiliated with UniSalute on behalf of the SANEDIL Fund**

The expenses are paid directly and in full by the SANEDIL Fund, through UniSalute, to the facilities, with the exception of benefits with specific limits.

- **In the case of use of healthcare facilities and physicians not affiliated with UniSalute on behalf of the SANEDIL Fund**

If the Member lives in a province where there are no affiliated healthcare facilities, expenses are reimbursed with a limit of **€ 10,000.00** per procedure, with a **20%** excess and a mini-

imum non-refundable amount of **€ 2,000.00** per procedure.

- **In the case of use of National Health Service facilities**

Expenses for overnight accommodation or medical co-payments incurred by the Member are fully reimbursed.

- **Allowance in lieu for pre- and post-hospitalisation**

If the Member does not claim any reimbursement for either hospitalisation or any other related services, he/she is entitled to an allowance of **€ 150** per day of hospitalisation, for a maximum of **90 days**.

Expenses relating to “pre-” and “post-hospitalisation” benefits are provided without the application of any of the limits pursuant to the point “Hospitalisation for major surgery following illness and injury” and are subject to an annual expense limit of **€ 1,000.00**.

**Maximum annual limit:
€ 90,000 per Member.**



HIGHLY-SPECIALISED SERVICES

The Healthcare Plan covers the expenses for a series of out-of-hospital services, such as mammogram, chemotherapy, dialysis, nuclear magnetic resonance, scintigraphy (see full list provided in the Guide to the Healthcare Plan at www.UniSalute.it or www.fondosanedil.it). In order for the benefit to apply, the Member must present a medical prescription indicating the working diagnosis or medical condition that necessitated the service.

- **In the case of use of healthcare facilities and physicians affiliated with UniSalute on behalf of the SANEDIL Fund**

Expenses are paid directly to the facilities by

the SANEDIL Fund, through UniSalute, leaving an amount of **€ 35.00** for each diagnostic investigation or treatment cycle to be paid by the Member.

- **In the case of use of facilities or physicians not affiliated with UniSalute on behalf of the SANEDIL Fund (The use of non-affiliated healthcare facilities or staff is only permitted if the Member lives or has his/her official residence in a province with no affiliated healthcare facilities).**

Expenses are reimbursed with a minimum non-refundable amount of **€ 35.00** for each diagnostic test or treatment cycle.

- **In the case of use of National Health Service facilities**

The plan reimburses co-payment incurred by the Member with a minimum non-refundable amount of **€ 10.00** per service/treatment cycle.

**Maximum annual limit:
€ 5,000.00 per Member.**

For "Diagnostic and interventional endoscopy" benefits, there is an annual sublimit of **€ 500.00** per Member.



SPECIALIST CONSULTATIONS

The Healthcare Plan covers expenses for specialist consultations. It does not cover expenses for routine paediatric growth check-ups and dental or orthodontic appointments. In order for the benefit to apply, the Member must present a medical prescription indicating the working diagnosis or medical condition that necessitated the service. The benefit only includes a preliminary psychiatric examination to confirm the presence of a medical condition.

- **In the case of use of healthcare facilities and physicians affiliated with UniSalute on behalf of the SANEDIL Fund**

Expenses are paid directly to the facilities by the SANEDIL Fund with a minimum non-refundable amount of **€ 25.00** per specialist consultation.

- **In the case of use of facilities or physicians not affiliated with UniSalute on behalf of the SANEDIL Fund (The use of non-affiliated healthcare facilities or staff is only permitted if the Member lives or has his/her official residence in a province with no affiliated healthcare facilities).**

The expenses incurred are reimbursed with the application of a minimum non-refundable amount of **€ 25.00** for each specialist consultation.

- **In the case of use of National Health Service facilities**

The Healthcare Plan reimburses co-payment incurred by the Member with a minimum non-refundable amount of **€ 10.00** per specialist consultation.

**Maximum annual limit:
€ 500.00 per Member.**



CO-PAYMENT FOR DIAGNOSTIC INVESTIGATIONS AND ACCIDENT & EMERGENCY TREATMENT

The Healthcare Plan reimburses co-payment incurred by the Member for NHS services with a minimum non-refundable amount of **€ 10.00** per co-payment:

- for diagnostic investigations (not included under the point "Highly-specialised services");
- for A&E care.

**Maximum annual limit:
€ 500.00 per Member.**



REHABILITATION PHYSIOTHERAPY TREATMENTS

Rehabilitation physiotherapy treatments following injury or a temporarily-invalidating illness

The Healthcare Plan covers expenses for physiotherapy treatments following injury and for temporarily-invalidating illnesses (see list) for rehabilitation purposes only, provided they are prescribed by a physician and provided by medical or paramedical professionals with rehabilitation therapy qualifications. A medical prescription is required in order to make use of the benefit and an A&E report is required for physiotherapy treatments following injury. This benefit does not include services provided at gyms, sports clubs, beauty centres, medical hotels or spas, even if these have adjoining medical centres.

List of temporarily-invalidating medical conditions:

- Temporarily-invalidating cardiovascular diseases
- Temporarily-invalidating neurological diseases
- Temporary limb prosthetisation
- Temporarily-invalidating high-grade pathological fractures

- **In the case of use of healthcare facilities and physicians affiliated with UniSalute on behalf of the SANEDIL Fund**

Expenses are paid directly to the facilities by the SANEDIL Fund with a minimum non-refundable amount of € **25.00** per treatment cycle.

- **In the case of use of facilities or physicians not affiliated with UniSalute on behalf of the SANEDIL Fund (The use of non-affiliated healthcare facilities or staff is only**

permitted if the Member lives or has his/her official residence in a province with no affiliated healthcare facilities).

Expenses are reimbursed with a minimum non-refundable amount of **€ 25.00** for each treatment cycle.

- **In the case of use of National Health Service facilities**

The Plan reimburses co-payment incurred by the Member with a minimum non-refundable amount of **€ 10.00** per treatment cycle.

**Maximum annual limit:
€ 250.00 per Member.**



SPECIAL DENTAL TREATMENT

The Healthcare Plan covers tartar removal with or without a check-up, to be performed once a year in healthcare facilities affiliated with UniSalute. All benefits must be provided on a single occasion. If the practitioner finds it necessary to perform a second hygiene session in the same year, the Company will authorise and cover the cost of the second session with the same limits provided above.

- **In the case of use of healthcare facilities and physicians affiliated with UniSalute on behalf of the SANEDIL Fund**

Expenses are paid directly to the facilities by the SANEDIL Fund with a 25% excess.



IMPLANTOLOGY

The Healthcare Plan covers expenses for implant treatments, for the placement of one, two, three or more implants indicated in the same treatment plan.

The benefit includes the placement of the implant, extractions (if necessary), the definitive element, the provisional element and the dental post/abutment for the implant/s.

The Plan also covers expenses for the extraction of up to 4 teeth a year (only if required for implant treatment).

- **In the case of use of healthcare facilities and physicians affiliated with UniSalute on behalf of the SANEDIL Fund**

Expenses are paid directly and wholly to the facilities by the SANEDIL Fund.

- **In the case of use of National Health Service facilities**

Full reimbursement of co-payment.

**Maximum annual limit:
€ 2,000.00 per Member.**

Annual expense sub-limit: **€ 625.00** (for one implant) – **€ 1,250.00** (for two implants)



OUTPATIENT DENTAL SURGERY

The Healthcare Plan covers expenses for dental surgery procedures required as a result of the following conditions:

- adamantinomas
- dental abscess in the presence of root canal filling
- follicular cysts
- radicular cysts

- odontomas
- removal of displaced implant in the maxillary sinus

A medical prescription is required in order to use the benefit.

- **In the case of use of healthcare facilities and physicians affiliated with UniSalute on behalf of the SANEDIL Fund**

Expenses are paid directly and wholly to the facilities by the SANEDIL Fund.

- **In the case of use of National Health Service facilities**

Full reimbursement of co-payment.

**Maximum annual limit:
€ 2,000.00 per Member.**



CONSERVATIVE DENTAL CARE

The Healthcare Plan covers expenses for conservative dental care.

- **In the case of use of healthcare facilities and physicians affiliated with UniSalute on behalf of the SANEDIL Fund**

Expenses are paid directly to the facilities by the SANEDIL Fund with a 25% excess.

- **In the case of use of National Health Service facilities**

Full reimbursement of co-payment.

**Maximum annual limit:
€ 100.00 per Member.**



SPECIAL DIAGNOSTIC SERVICES

The Healthcare Plan covers the expenses for a series of preventative tests to be performed once a year, on the same occasion, in healthcare facilities affiliated with UniSalute on behalf of the SANEDIL Fund.

Basic package for women and men 18 years of age and over

- Alanine transaminase ALT
- Aspartate transaminase AST
- HDL cholesterol
- Total cholesterol
- Creatinine
- Complete blood count and morphological examination
- Gamma-GT
- Blood glucose
- Triglycerides
- Partial thromboplastin time (PTT)
- Prothrombin time (PT)
- Urea
- ESR
- Urine; chemical, physical and microscopic examination

For women 18 years of age and over

- Smear test

A - Cardiovascular prevention

Women/men 40 years of age and over

Authorised expense limit € 150.00 for Members of both sexes and all ages who have the following investigations:

a) diagnostic blood chemistry tests characterised by:

- Complete blood count
- ESR
- Blood glucose
- BUN
- Creatinine
- Total and HDL cholesterol
- Triglycerides

- Total and fractionated bilirubin
- ALT and AST

b) specific investigations:

- Specialist cardiology consultation
- Baseline and stress ECG

B - Prevention of female reproductive system and breast cancers

For women over 50 years of age

Authorised expense limit € 120.00 for the following investigations:

a) common basic diagnostic blood chemistry panel characterised by

- Complete blood count
- ESR
- Blood glucose
- BUN
- Creatinine
- Total and HDL cholesterol
- Total and fractionated bilirubin
- ALT and AST

b) specific investigations:

- Gynaecology consultation and smear test

C - Prevention of prostate cancers

For men over 50 years of age

Authorised expense limit € 120.00 for the following investigations:

a) common basic diagnostic and blood chemistry tests based on:

- Complete blood count
- ESR
- Blood glucose
- BUN
- Creatinine
- Total and HDL cholesterol
- Total and fractionated bilirubin
- ALT and AST

b) specific investigations:

- Specialist urology consultation
- Ultrasound scan of the prostate and bladder
- PSA test



ORTHOPAEDIC PROSTHESES AND HEARING AIDS

The Healthcare Plan reimburses expenses for the purchase of orthopaedic prostheses and hearing aids with a 20% excess and a minimum non-refundable amount of **€ 100.00** per invoice/person.

A prescription providing justification is required.

**Maximum annual limit:
€ 500.00 per Member.**



LENSES

The Healthcare Plan covers the expenses incurred for corrective eyeglass lenses and contact lenses with a minimum non-refundable amount of **€ 50.00** per invoice/person.

Certification from an NHS or private ophthalmologist certifying the change in vision is required to use the benefit.

**Maximum annual limit:
€ 90.00 per Member.**



SEVERE IMPAIRMENT RESULTING FROM PERMANENT DISABILITY FOLLOWING AN OCCUPATIONAL ACCIDENT OR SEVERE MEDICAL CONDITION

The Healthcare Plan reimburses healthcare expenses and/or care services for conditions of severe impairment caused by an (occupational) accident resulting in more than 50% permanent invalidity (according to the INAIL table) or caused by one of the following serious medical conditions:

- Stroke;
- Multiple sclerosis;
- Paralysis;
- Heart, liver, lung, kidney, bone marrow or pancreas transplant;
- Cystic fibrosis;
- Vertebral artery ischaemia.

Occupational accidents must be substantiated by an Accident & Emergency report and must have occurred during the validity of the Healthcare Plan.

**Maximum annual limit:
€ 4,200.00 per Member,
to be used in the first three years
of Healthcare Plan validity.**



MONITOR SALUTE SERVICE

The Healthcare Plan provides Members over 40 years of age with a chronic diseases monitoring service by putting at their disposal an advanced technology system that allows them to measure their clinical parameters in the comfort of their own home.

Once a questionnaire has been filled out and the parameters entered have been analysed, the patient is provided with a free medical device that performs measurements in his/her own home.

The patient's values are constantly monitored by a Helpline staffed by specialised nurses who intervene in the presence of clinical alerts and provide coaching and training to favour patient empowerment. The Plan also provides an additional expense limit for specialist consultations and diagnostic investigations connected with the chronic medical condition.

Specialist consultations and diagnostic investigations for chronic medical conditions

The Healthcare Plan covers expenses for specialist consultations and diagnostic investigations closely related with the chronic medical conditions of Members. In order for the benefit to apply, the Member must present a medical prescription indicating the working diagnosis or medical condition that necessitated the service.

- **In the case of use of healthcare facilities and physicians affiliated with UniSalute on behalf of the SANEDIL Fund**

Expenses are paid directly and wholly to the facilities by the SANEDIL Fund.

- **In the case of use of facilities or physicians not affiliated with UniSalute on behalf of the SANEDIL Fund** (the use of non-affiliated healthcare facilities or staff is only permitted if the Member lives or has his/her official residence in a province with no affiliated healthcare facilities), all expenses are paid in full by the SANEDIL Fund.

- **In the case of use of National Health Service facilities**

Full reimbursement of co-payment.

**Maximum annual limit:
€ 300.00 per Member.**



MATERNITY/PREGNANCY

The Healthcare plan covers expenses for 2 monitoring ultrasound scans during pregnancy:

- **In the case of use of healthcare facilities and physicians affiliated with UniSalute on behalf of the SANEDIL Fund**

Expenses are paid directly and wholly to the facilities by the SANEDIL Fund.

- **In the case of use of National Health Service facilities**

Full reimbursement of co-payment.



COVID-19 SECTION

Daily hospitalisation allowance in case of positivity for COVID-19 (Coronavirus)

If the Member requires hospitalisation having tested positive for COVID-19 (positive Coronavirus swab test), the Healthcare Plan provides a daily allowance of **€ 40.00** for a maximum of 30 days. The days of admission and discharge are considered a single day.

Post-hospitalisation daily allowance following intensive care for COVID-19 (Coronavirus)

Following discharge, and only if during hospitalisation the Member required intensive care and intubation, the Member is entitled to a daily convalescence allowance of **€ 40.00** for 30 days.

These allowances may not be accumulated.



UNISALUTE DISCOUNTED RATES

If a service is not covered either because it is not included in the Healthcare Plan or because the Member has reached the annual expense limit or it is lower than the minimum non-refundable amounts and is at the Member's expense, it is in any case possible to request the application of discounts on normal rates for services provided in healthcare facilities affiliated with UniSalute on behalf of the SANEDIL Fund.



HOW TO ACCESS THE HEALTHCARE PLAN BENEFITS

HEALTHCARE FACILITIES AFFILIATED WITH UNISALUTE ON BEHALF OF THE SANEDIL FUND

The Sanedil Fund, through UniSalute, has partnered with a network of private healthcare facilities that provide high standards in terms of medical expertise, healthcare technology, comfort and hospitality.

How to book services at the partner health care facilities

Sanedil Fund Members who need to book a healthcare service at an affiliated facility have two options:

- they can contact the relevant construction workers' healthcare fund/Edilcassa
- or they can contact the Facilitator-Delegate

Members who contact the construction wor- kers' healthcare fund/Edilcassa directly must:

- fill out the benefit request form that can be downloaded from the Sanedil Fund website www.fondosanedil.it
- explain their requirements and provide the construction workers' healthcare fund/Edilcassa staff with the doctor's prescription for the requested benefit

Members who contact the Facilitator-Dele- gate must:

- fill out the benefit request form that can be downloaded from the Sanedil Fund website www.fondosanedil.it and present it to the Facilitator-Delegate

- explain their requirements and provide the Facilitator-Delegate with the doctor's prescription for the requested benefit
- The Facilitator-Delegate will process the request, contact the relevant construction workers' healthcare fund/Edilcassa and ask for authorisation for the benefit to be provided to the Member.

In both cases, the staff of the construction workers' healthcare fund/Edilcassa will check the Sanedil Fund membership requirements, after which it will be possible to enable two types of process in order to book benefits at affiliated facilities:

1) "COMPLETE PROCESS":

If the benefit is included in the Healthcare Plan, the staff of the construction workers' healthcare fund/Edilcassa will complete the booking for the requested benefit once the Member, or the Facilitator-Delegate acting on his/her behalf, has provided the details for the appointment: name of chosen facility, name of physician, date and time.

2) "AUTHORISATION PROCESS":

If the benefit is included in the Healthcare Plan, the staff of the construction workers' healthcare fund/Edilcassa will initiate the request; however, it is the Member's duty to complete the booking of the benefit using the link sent by UniSalute in a text message or e-mail and following the instructions provided.

If the Member opts to receive the authorisation message from UniSalute and book the benefit him/herself ("Authorisation process"), what must he/she do?

The Member must:

- open the authorisation message sent by UniSalute
- click the "affiliated facilities" link
- consult the list of affiliated facilities close to the address provided
- choose the preferred healthcare facility
- contact the facility, specifying that he/she

- is insured with UniSalute, and make an appointment
- inform UniSalute of the date and time of the appointment by clicking the dedicated link in the message.

The Member may also choose a facility that is not included in those that appear when he/she opens the link in the message. So do so, he/she must:

- visit the Fund's website at www.fondosanedil.it and download the list of facilities affiliated with UniSalute on behalf of the Sanedil Fund from the appropriate section
- choose the preferred healthcare facility
- contact the facility, specifying that he/she is insured with UniSalute, and make an appointment
- go back to the message received and use the dedicated link to notify UniSalute of the facility, physician and date and time of the appointment.

UniSalute will then send the Member a message/e-mail confirming that the benefit that has been booked.

At the time you receive the benefit, you must present your ID at the affiliated facility and, if required, also the prescription issued by your treating physician indicating the working diagnosis and the diagnostic services and/or treatment requested. Working diagnosis means the confirmed or suspected diagnosis or the prevalent symptom, which must be stated on the request for investigations or doctor's consultations.

The Sanedil Fund, through UniSalute, will directly pay the affiliated facility any expenses incurred for authorised healthcare benefits. You will only incur expenses at the affiliated facility if part of a service is not included among the benefits of the Healthcare Plan.

REIMBURSEMENT OF NATIONAL HEALTH SERVICE (NHS) CO-PAYMENT OR INVOICES ISSUED

BY NON-AFFILIATED HEALTHCARE FACILITIES

(non-affiliated facilities may only be used if the Member lives in a province in which there are no affiliated facilities for the requested benefit)

How to claim reimbursement for benefits provided by the National Health Service (NHS) or by a non-affiliated healthcare facility (for provinces in which there are no affiliated facilities only)

Sanedil Fund members who need to claim reimbursement for a healthcare benefit that has already been provided have two options:

- they can contact the relevant construction workers' healthcare fund/Edilcassa
- or they can contact the Facilitator-Delegate

In both cases, the Member must:

- fill out the benefit request form that can be downloaded from the Sanedil Fund website www.fondosanedil.it
- present the completed form and documentation indicated for the specific benefit to the relevant construction workers' healthcare fund/Edilcassa or to the Facilitator-Delegate

In both cases, the construction workers' healthcare fund/Edilcassa staff will check the Sanedil Fund membership requirements and initiate the reimbursement claim process.

The documentation usually required to claim reimbursement for medical expenses is as follows, unless indicated otherwise for the individual guarantees of the Healthcare Plan:

- the **reimbursement request form** completed and signed, which can be downloaded from the Sanedil Fund website;
- in case of **hospitalisation**, a true copy of the original medical records including the hospital discharge form;

- in case of **daily hospitalisation allowance**, a true copy of the original medical records including the hospital discharge form;

All the medical documentation regarding any connected services provided before and after the hospitalisation must be sent together with that for the event it refers to.

- in case of **non-hospital services**, a copy of the prescription issued by the treating physician describing the presumed or confirmed medical condition;
- any other specific documentation required for the specific guarantees;
- a copy of **expense documentation** (invoices and receipts), duly receipted.

In order to allow the proper assessment of reimbursement claims, the Sanedil Fund, through UniSalute, will always be entitled to request the original copy.

The Sanedil Fund, through UniSalute, may also request medical checks by issuing specific authorisation overriding the obligation of professional secrecy that the physicians carrying out examinations and treatment are subject to.

The relevant construction workers' healthcare fund/Edilcassa will forward all the documentation for reimbursement to UniSalute, which will perform the appropriate checks and will send the Member a text message/e-mail indicating the outcome of the claim.

Members who wish to track the status of their reimbursement claims, may do so by contacting the relevant construction workers' healthcare fund/Edilcassa, either directly or through the Facilitator-Delegate.





SANEDIL FUND

Construction Workers Healthcare Fund

Via G. A. Guattani 24, 00161 Roma

WWW.FONDOSANEDIL.IT