

Update 12/2022

Supplementary Health Insurance Policy Generali Italia n. 380200295

Who can be insured: all the collaborators **of the CSOs that are members of the AOI and Link 2007 signatories and of other CSOs referred to in Article 26, paragraph 2, letters a and b**, of Law no. 125/2014.

Moreover, it is intended to be extended to the collaborators **of other organizations registered in the special register provided for by Article 26, paragraph 3 of Law no. 125/2014**, whose statutory purpose, as well as their prevailing activity, is international cooperation for development.

Age limits of the insured: the insurance policy is valid only for those who have not more than 75 years of age.

Where the guarantees apply: the policy is valid in Italy and Europe.

What is insured:

- Highly specialized surgery, as per the annex;
- Substitute indemnity: recognized if the highly specialized surgery takes place in a public facility or an accredited private facility with expenses paid in full by the National Health Service
- Daily allowance for hospitalization other than highly specialized surgery, in the absence of expenses or reimbursement request;
- Reimbursement of pre- and post-hospitalization medical expenses;
- Per diem for medical day hospital or outpatient surgery;
- Hospitalisation for events other than the above;
- Plastering allowance;

Who cannot be insured: people suffering from alcoholism or drug addiction; upon the occurrence of such afflictions during the term of the contract, the insurance in respect of them ceases irrespective of the concrete assessment of the insured's state of health.

GUARANTEES PER PERSON/YEAR

Guarantees		Ceilings	Excesses and Deductibles
Highly specialized surgery	€	40.000,00	<u>In Network</u> : not foreseen <u>Outside Network</u> : 20% minimum € 500,00
Substitute indemnity	€	70,00	Maximum 90 days
Reimbursement of pre and post-hospitalization medical expenses	€	2.000,00	
SPECIAL CONDITIONS ALWAYS IN FORCE			
Daily allowance for hospitalization other than highly specialized surgery	€	60,00	Maximum 60 days
Reimbursement of pre and post-hospitalization medical expenses	€	2.000,00	
Daily allowance from Day Hospital	€	60,00	Maximum 10 days
Daily hospitalization allowance for physiological childbirth or therapeutic abortion	€	60,00	Maximum 60 days
Daily hospitalization allowance for events other than the above	€	60,00	From 3° day to a maximum of 30 days
Plastering allowance	€	30,00	Maximum 30 days

This insurance is provided independently of and in addition to the National Health Service.

What is not insured:

- reimbursement of expenses for check-ups, vaccinations, prophylaxis, and preventive medicine in general;
- reimbursement of expenses for the purchase of spectacles and contact lenses;
- intoxications resulting from the abuse of alcohol or psychotropic drugs or the use of narcotics or hallucinogenic drugs;
- cosmetic applications;
- hotel expenses;

PROCEDURES FOR REIMBURSEMENT

If the Insured Person needs medical services at a facility that has an agreement with the insurance company, he/she must contact the Operations Centre, preferably at least 5 working days before the date of the service, to verify the agreement of the chosen facility and the medical team and to assess the insurance adequacy of the service.

The Operations Centre can be reached Monday to Friday from 9 a.m. to 6 p.m. by calling 02/82951133.

In the event of urgent admissions at times other than those indicated, the insured party is requested to contact the Operations Centre on the first available working day.

To guarantee direct coverage of expenses and to carry out the relevant paperwork in favor of the Insured Person, it is necessary to communicate at the time of the telephone call:

- first and last name of the person providing the service
- policyholder
- mobile telephone number - for sending confirmation SMS - of the person providing the service
- medical facility where the service will be provided
- date of service
- nominativo equipe medica

Upon successful verification of the agreement by the Operations Centre, the insured person must fax the medical prescription with the following elements to 041/2598849:

- indications of the service to be provided

- ☒ diagnosis
- ☒ immediate and remote anamnesis
- ☒ instrumental examination reports

The insured party's prior request, submission of the above-mentioned documentation, and subsequent confirmation by the Operations Centre are indispensable conditions for direct payment to be operative.

Upon receipt of the medical certificate, the Operations Centre, after assessing the medical-insurance congruity of the service, shall authorize the affiliated facility (by sending a fax) to provide the service within the following 48 hours and shall notify the Insured Party of the positive outcome of the case.

Important: the right to compensation is time-barred for two years from the day on which the claim occurred. Therefore, if the claim is not settled within two years from the date of the claim, a written notice of interruption of the limitation period must be sent. You will then have a further two years to settle, and so on.

***This information note is for simplification purposes only, the policy text is authoritative for contractual purposes.**