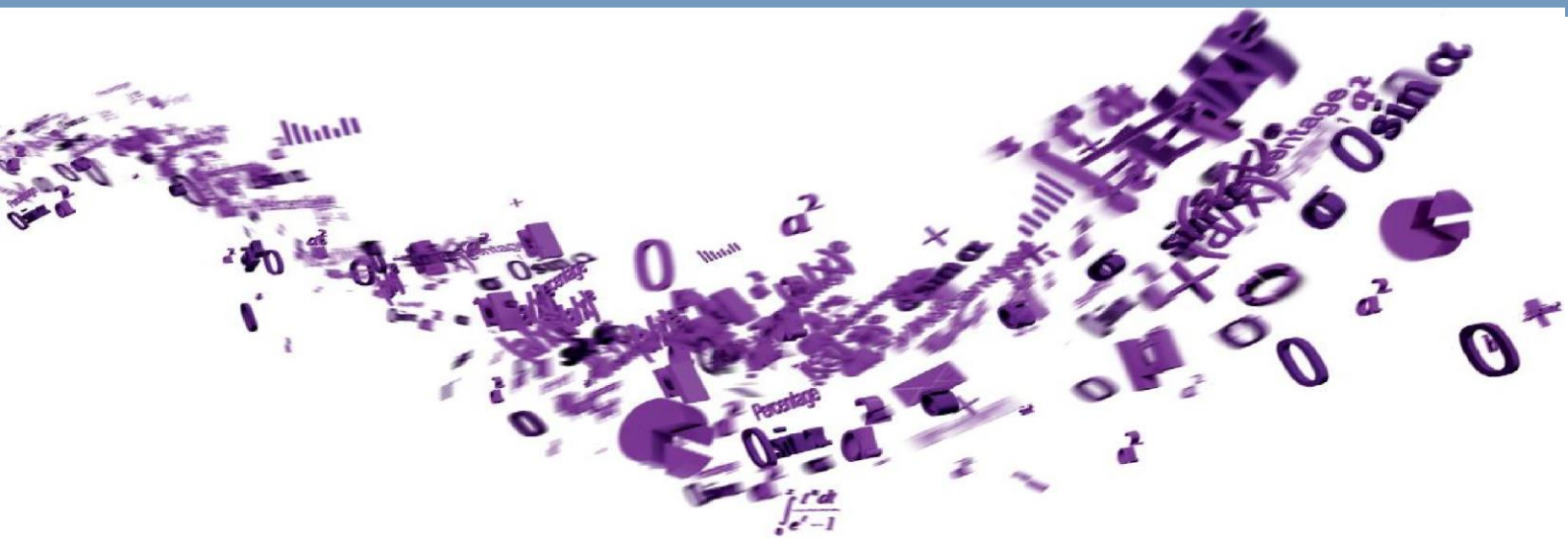




Employee Benefits Manual

MIDDLE MANAGERS

Employee Benefits Division
Annuality 2023



Introduction

This document has been prepared to provide users with a summary of insured benefits plans in place for the following categories:

- Middle Managers

It is a guide to the knowledge and use of the various covers.

This document is for information purposes only and in no case replaces the contract or policy conditions, exclusions or terms of existing policies.

The information contained in this brochure is a summary of insurance coverage and is for informational purposes only. Consequently, the only valid documents for the purposes of insurance cover and identification of the benefits guaranteed are the Insurance Agreements which are freely available for inspection at your personnel office.

Healthcare

Coverage scope

The plan covers the reimbursement of medical expenses due to accident or sickness, for insurance covers specified in the benefit schedule.

Insured

The cover is extended to Insured Family:

Middle Managers

A family unit consists of the employee, the spouse, unmarried children, provided they are tax dependent, or if there is an obligation to support them, and other family members, provided they are listed in the family status certificate. A cohabiting spouse is considered equivalent to a spouse, provided this is recorded in the family register or in self-certification.

Territorial limits

The insurance applies worldwide.

Age limits

80 years.

Exclusions

The coverage does not include expenses incurred for:

- Accidents arising from the practice of air sports or any professionally practised sport, as well as participation in motor races or competitions except for pure regularity, motorbike and motorboat races, trials and training;
- Accidents caused by intoxication, under the influence of hallucinogens, narcotics, psychotropic drugs, or as a result of one's own criminal actions. Intoxication resulting from alcohol abuse and the use of hallucinogens, non-therapeutic use of psychotropic drugs and narcotics;
- Cures and interventions for the elimination or correction of physical defects existing prior to the conclusion of the contract;
- Plastic surgery for cosmetic purposes except those for reconstructive purposes necessitated by accident or cancer surgery. With regard to the application of breast endoprotheses for reconstruction following malignant neoplasia, only those related to the anatomical site of the lesion are included and operations subsequent to the first application are excluded;
- Treatment outside the protocols recognised by the OMS;
- Consequences of war, insurrection, earth tremors, volcanic eruptions;
- Dental and orthodontic prostheses, dental and periodontal care, pre-prosthetic and implantology procedures;
- Direct and indirect consequences of transmutations of the nucleus of the atom, as well as radiation caused by the acceleration of atomic particles, unless caused by radiation used for medical treatment;
- Inpatient stays in rest homes, convalescent homes, chronic care homes or in thermal, hydrotherapeutic, phytotherapeutic, dietary and wellness establishments or centres;
- Inpatient admissions for vegetative states, long-stay care or maintenance physiotherapy;
- HIV and AIDS-related treatment and specialist examinations;
- Treatment and interventions aimed at infertility treatment and related to artificial insemination;
- illness and mental disorders in general including neurotic behaviour.

Summary – Healthcare Plan – BASIC MANAGERS

	GUARANTEES	MAXIMUM LIMIT YEAR/FAMILY
SURGERY AREA	<p>Admissions and day hospital with or without surgery, outpatient surgery</p> <ul style="list-style-type: none"> - surgical team fees, operating room fees and operating materials, including endoprostheses applied during surgery - medical and nursing care, treatment, physiotherapy and re-educational treatment, medicines, examinations and diagnostic tests, relating to the period of hospitalization or incurred during the Day Hospital or outpatient surgery - hospitalization fees - examinations, diagnostic tests and specialist visits carried out in the 120 days preceding surgery or hospitalization, provided that they are directly related to the illness or injury that led to the claim for benefits - specialist examinations and visits, medicines, medical and nursing services purchase and/or hire of prostheses and medical equipment including orthopedic wheelchairs, physiotherapy or rehabilitation treatment, spa treatment (excluding hotel costs), carried out within 120 days of the date of surgery or hospitalization, provided that they are directly related to the illness or injury that led to the claim for benefits - removal of organs or parts thereof; donor-related hospitalization and diagnostic tests, medical and nursing care, removal surgery, treatment, medication and hospital fees. 	<p>€ 200.000</p> <p>Copayment and deductibles in the network: none</p> <p>Out of the network: 15% with a minimum of € 750 and a maximum of € 1.500 - outpatient surgery: deductible €250 - Ticket: 100 per cent reimbursement</p> <p>Daily limit for in-patient fees €250 - above this amount, copayment 50%.</p>
	<p>Childbirth</p> <p>In the case of childbirth they are included, even for the newborn:</p> <ul style="list-style-type: none"> -medical team fees, operating room fees and materials used -medical, obstetrical and nursing care, treatment, medicines, examinations and diagnostic tests during the period of hospitalization - hospitalization fees - transport of the assisted person by ambulance to the healthcare institution and vice versa 	<p>Natural childbirth sublimit: € 3.000</p> <p>Caesarean section sublimit: €15.000</p> <p>Transport sublimit: € 1,040</p>
	<p>Transport of the assisted person</p> <ul style="list-style-type: none"> - In Italy: by ambulance to the medical institution and back - Abroad, in the event of hospitalization with an operation: extended to an accompanying person, including subsequent return, by train or scheduled air travel (excluding private car) 	<p>Daily limit for hospital fees € 250 (€ 150 for natural childbirth) - above this amount, copayment 50%.</p> <p><u>Copayment as surgery area</u></p>
	<p>Accompanying board and lodging</p> <p>In a nursing home or hotel where there is no hospital availability</p>	<p>Sublimit in Italy: € 1.100</p> <p>Sublimit abroad: € 1.040</p>
	<p>Repatriation of remains</p> <p>In the event of death resulting from surgery abroad</p>	<p>€ 50 per day for a maximum of 24 days</p>
	<p>Replacement allowance</p> <p>In the case of hospitalization at full charge of the SSN. Per diem is not paid in the case of natural childbirth.</p>	<p>€ 1.000</p>
	<p>Refraction correction</p> <p>Operations for the treatment and/or elimination of eyesight defects due to refractive defects / myopia, provided they are due to visual impairment of more than 4 diopters</p>	<p>€ 100 maximum 180 days per years – 100% in a nursing home - 50 % in the case of Day Hospital</p>
		<p>€ 1.500 per eye – Copayment as for surgery area</p>

GUARANTEES		MAXIMUM LIMIT YEAR/FAMILY
EXTRA HOSPITALIZATION AREA	<p>Out-of-hospital expenses: Amniocentesis, Chemotherapy, Cobalt therapy, Radiological diagnostics, Dialysis, Doppler, Ultrasound, Electrocardiography, Electroencephalography, Endoscopy (all endoscopic examinations / invasive, including Angiography, Arteriography, Coronarography and Cystography), Laser Therapy, Nuclear Magnetic Resonance Imaging, Scintigraphy, T.A.C., Telecuore, Acupuncture (performed by a registered physician), MOC, Urography, Radiotherapy, Holter, Electromyography, Hysterosalpingography, PET, Complete urodynamic examination, Echocardiography</p>	<p>€ 5.000 Copayment in-network: € 25 Out-of-network: 25% Ticket: 100% reimbursement</p>
	<p>Outpatient and domiciliary care:</p> <ul style="list-style-type: none"> - specialist examinations (excluding pediatric check-ups, dental and orthodontic examinations) carried out by a duly qualified doctor - diagnostic and laboratory tests and examinations - physiotherapy and rehabilitation treatments (including speech therapy) prescribed by a specialist doctor - medicines and homeopathic products, with the exclusion of those related to aesthetic and personal hygiene purposes 	<p>€ 1.000 Copayment: in-network: € 25 Out-of-network: 25%. Ticket: 100% reimbursement</p>
	<p>Purchase and repair of orthopedic prostheses and hearing aids. Costs incurred for the purchase and repair of orthopedic prostheses, the purchase of orthopedic aids (orthopedic corsets) prescribed and removed by a specialist, and the purchase and repair of hearing aids are included</p>	<p>Medicines sub-limit € 250</p>
	<p>(NEW GUARANTEE 2023) Corrective lenses, including contact lenses, excluding frames, following visus modification.</p>	<p>€ 1.100 deductible € 26 per event € 300</p>

<p>Preventive medicine Men: resting and exercise ECG, chest X-ray, blood count with leukocyte formula, cholesterolaemia, HDL, triglyceridemia, blood glucose, ESR, complete urine test, PSA and PSA free, abdominal ultrasound, epiluminescence nevi examination, flu vaccine</p> <p>Women: mammography, pap-test, resting and exercise ECG, blood count with leucocyte formula, cholesterolaemia, HDL, triglyceridemia, blood glucose, ESR, complete urine test, X-ray chest, ultrasound abdomen, epiluminescence nevi examination, flu vaccine.</p>	<p>€ 600 per two-year period discovered on network: none/ off network: 25% minimum € 26 ticket 100% refund</p> <p>Documents proving the expenses incurred must be accompanied by a diagnosis.</p>
--	---

Summary – Healthcare Plan – PLUS MANAGERS

	GUARANTEES	MAXIMUM LIMIT YEAR/FAMILY
SURGERY AREA	<p>Admissions and day hospital with or without surgery, outpatient surgery</p> <ul style="list-style-type: none"> - surgical team fees, operating room fees and operating materials, including endoprostheses applied during surgery - medical and nursing care, treatment, physiotherapy and re-educational treatment, medicines, examinations and diagnostic tests, relating to the period of hospitalization or incurred during the Day Hospital or in the outpatient clinic for surgery - hospitalization fees - examinations, diagnostic tests and specialist visits carried out in the 120 days preceding surgery or hospitalization, provided they are directly related to the illness or injury that led to the claim for benefits - examinations and specialist visits, medicines, medical and nursing services, purchase and/or hire of prosthetic and medical equipment including orthopedic wheelchairs, physiotherapy or re-educational treatments, spa treatment (excluding hotel costs), carried out within 120 days of the date of surgery or discharge from hospital, provided that they are directly related to the illness or accident that led to the claim for benefits - removal of organs or parts thereof; donor-related hospitalization and diagnostic tests, medical and nursing care, removal surgery, treatment, medication and hospital fees 	<p>€ 300.000</p> <p>Copayment and deductibles: none in the network</p> <p>Out-of-network: 15% with a minimum of €750 and a maximum of €1.500</p> <p>Surgery outpatient: deductible € 250</p> <p>Ticket: 100% reimbursement</p> <p>Daily limit for in-patient fees €250 - above this amount, 50% copayment</p>
	<p>Childbirth</p> <p>In the case of childbirth, the following are also included for the newborn child: - fees of the medical team, operating theatre fees and materials used</p> <ul style="list-style-type: none"> - medical, obstetrical and nursing care, treatment, medicines, examinations and diagnostic tests during the period of hospitalization - hospitalization fees - transport of the assisted person by ambulance to the healthcare institution and vice versa 	<p>Natural childbirth sublimit: € 3.000</p> <p>Caesarean section sublimit: € 15.000</p> <p>Transport sublimit: € 1.040</p> <p>Daily limit for in-patient fees €250 (€150 for natural childbirth) - above this amount, copayment 50%. Copayment as for surgery area</p>
	<p>Transport of the assisted person</p> <ul style="list-style-type: none"> - In Italy: by ambulance to the medical institution and back - Abroad, in the event of hospitalisation with surgery: extended to an accompanying person, including subsequent return, by train or scheduled air travel (excluding private car) <p>Accompanying board and lodging In a nursing home or hotel where there is no hospital availability</p>	<p>Sublimit in Italy: € 1.100</p> <p>Sublimit abroad: € 1.040</p> <p>€ 50 per day for a maximum of 24 days</p>
	<p>Repatriation of remains</p> <p>In the event of death resulting from surgery abroad</p>	<p>€ 1.000</p>
	<p>Replacement allowance</p> <p>In the case of hospitalization at full charge of the SSN. Per diem is not paid in the case of natural childbirth.</p>	<p>€ 100 maximum 180 days per annum - 100 % in a nursing home 50 % in the case of Day Hospital</p>

	GUARANTEES	MAXIMUM LIMIT YEAR/FAMILY
EXTRA HOSPITALIZATION AREA	<p>Out-of-hospital expenses: Amniocentesis, Chemotherapy, Cobalt Therapy, Radiological Diagnostics, Dialysis, Doppler, Ultrasound, Electrocardiography, Electroencephalography, Endoscopy (all endoscopic/invasive examinations, including Angiography, Arteriography, Coronarography and Cystography), Laser Therapy, Nuclear Magnetic Resonance, Scintigraphy, T.A.C., Telecuore, Acupuncture (performed by a registered physician), MOC, Urography, Radiotherapy, Holter, Electromyography, Hysterosalpingography, PET, Full urodynamic examination, Echocardiography</p>	<p>€ 5.000</p> <p>In network: €25 deductible Out of the Network: 25% copayment Ticket: 100% reimbursement</p>
	<p>Outpatient and domiciliary care:</p> <ul style="list-style-type: none"> - specialist examinations (excluding pediatric check-ups, dental and orthodontic examinations) carried out by a duly qualified doctor - diagnostic and laboratory tests and examinations - physiotherapy and rehabilitation treatments (including speech therapy) prescribed by a specialist doctor - medicines and homeopathic products, with the exclusion of those related to aesthetic and personal hygiene purposes 	<p>€ 1.500</p> <p>In network: €25 deductible Out of the Network: 25% copayment Ticket: 100% reimbursement</p> <p>Medicines sub-limit € 350</p>
	<p>Purchase and repair of orthopedic prostheses and hearing aids. This includes expenses incurred for the purchase and repair of orthopedic prostheses, the purchase of orthopedic aids (orthopedic braces) prescribed and removed by a specialist, and the purchase and repair of hearing aids</p>	<p>€ 1.100</p> <p>Deductible € 26 per event</p>
	<p>Dental care</p> <ul style="list-style-type: none"> - Dental and orthodontic treatment - Purchase and relining of dental prostheses 	<p>€ 500</p> <p>In-network: € 60 deductible Out-of-network: 30% copayment</p>
	<p>(NEW GUARANTEE 2023) Corrective lenses, including contact lenses, excluding frames, following visus modification.</p>	<p>€ 300</p>

<p>Preventive medicine</p> <p>Men: resting and exercise ECG, chest X-ray, blood count with leukocyte formula, cholesterolaemia, HDL, triglyceridemia, blood glucose, ESR, complete urine test, PSA and PSA free, abdominal ultrasound, epiluminescence nevi examination, flu vaccine</p> <p>Women: mammography, pap-test, resting and exercise ECG, blood count with leucocyte formula, cholesterolaemia, HDL, triglyceridemia, blood glucose, ESR, complete urine test, X-ray chest, ultrasound abdomen, epiluminescence nevi examination, flu vaccine.</p>	<p>€ 600 per two-year period overdraft in network: none/ out-of-network: 25% minimum €26 ticket 100% reimbursement</p> <p>Documents proving the expenses incurred must be accompanied by a diagnosis.</p>
---	---

In case of claim:

What to do in the event of a claim

Provided that the cover only operates in the event of an altered state of health ascertained with a diagnosis of pathology or presumed pathology, for each event (course of treatment relating to the same accident or illness), a single claim must always be made, containing all the expenses incurred.

Hospitalization/Day hospital

Admission: in the event of admission, a full copy of the complete medical file must always be enclosed, except in the case of admission under direct agreement; you must also enclose all documentation of expenses incurred during admission and in the periods before and after the operation. To be sent in one lump sum.

Specialist medical examinations / Examinations and diagnostic tests

Diagnosis (indication of the pathology or presumed pathology) and medical prescriptions must be produced as appropriate, as well as fiscally valid expense documentation.

Medicines

A medical prescription indicating the applicant's name and diagnosis will not be required.

Physiotherapy

In order to benefit from physiotherapy treatment, prescribed by the specialist or by the general practitioner, the service must be performed by a registered physiotherapist in a licensed medical Center, where provided for by the discipline referred to in the health plan. Invoices must be detailed and state the exact number of sessions and type of service.

Lenses

Submit prescription with indication of visual impairment and the words 'change of vision or first spectacle' issued by the ophthalmologist or optometrist. It is necessary to indicate the breakdown of costs between lenses and frames on the expense statement.

SSN Ticket

Photocopy of doctor's prescription with diagnosis together with documentation of tax-paid expenses (analyses, specialist visits, etc.).

The request can be made directly on the [ONE.care](#) website via the document upload system.

How to Apply for Refunds

Claims management is performed directly by Aon through the Aon Hewitt Risk structure.

For any information, please contact Aon Hewitt Risk & Consulting Srl:

- For any kind of information, you can always contact Customer Service through:
 - Telephone: 02 872323 79
 - Email: info.onecare@aon.it

It is advisable to use the web procedure illustrated on the following pages to apply for reimbursement.

Please note that for VAT-exempt invoices exceeding € 77.47, a revenue stamp of € 2.00 must be affixed.

Limitation periods

PLEASE NOTE: the Insured's claim against its insurers is time-barred in 2 years from the date of the claim; the limitation period is interrupted by any communication attesting to the Insured's intention to claim compensation under the Policy.

OneCare Portal

Dear Customer, welcome to OneCare, Aon's portal that will enable you to manage your medical expenses quickly and intuitively through access to facilities affiliated with the Aon network and reimbursement management.

Customer Care

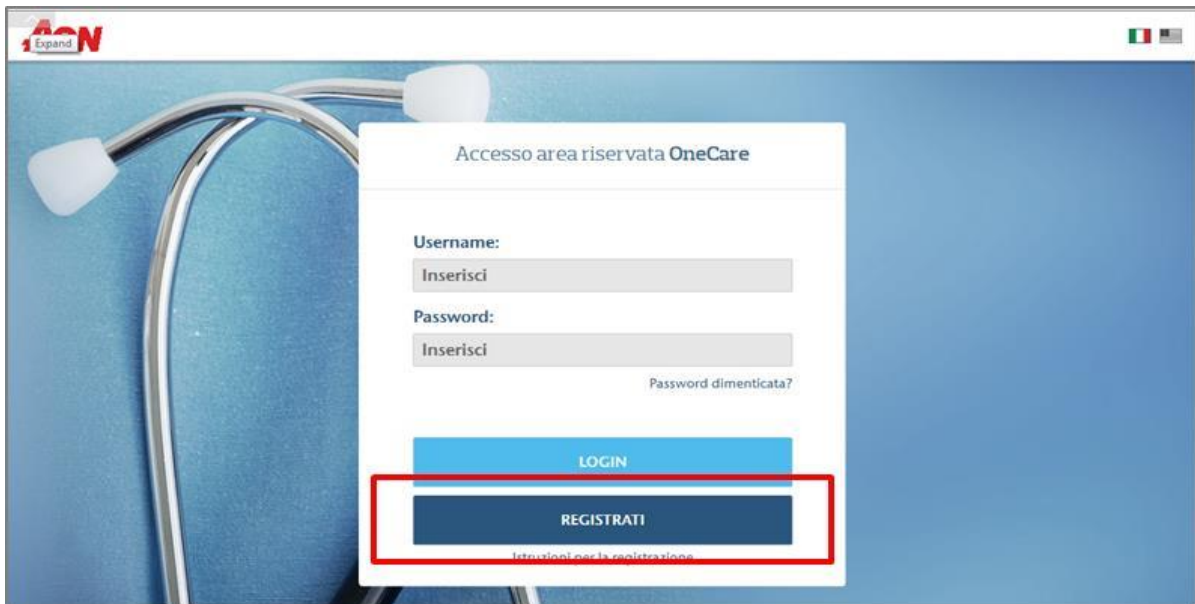
The Operations Centre is available Monday to Friday from 9 a.m. to 6 p.m. at the following contacts:

- Telephone: 02 872323 79
- Email: info.onecare@aon.it

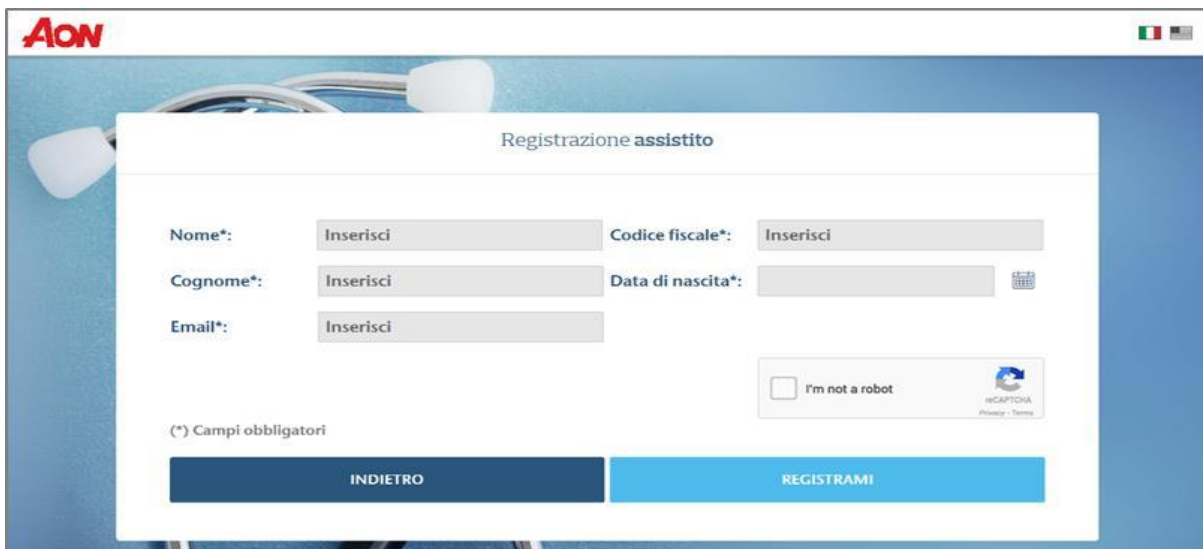
Customer Care will provide you with all the information on your health plan, relating both to the management of benefits under direct agreement and to the reimbursement of medical expenses.

How to access the portal and activate the service

The resident via the OneCare® portal, <https://www.onecare.aon.it> will be directed directly to the login page.



If the user is not already registered, he/she can do so by using the "REGISTER" function, entering his/her personal data and sending the registration request. The user will then receive a communication containing the Ticket Number which must be entered during registration, after which he/she will receive two separate e-mails; the first will contain the username and the second the password. After entering the provisional credentials, a password change will be requested. Please also note that there are instructions for registration on the portal.



Once you have registered and logged in, you access the following screen that allows you to enter a service booking or request a reimbursement.



From the main bar at the top, it will always be possible to access contacts (toll-free number and email address of the Operations Centre) easily and intuitively. In the section on the right you will be able to view your personal or contact data and through the bell figure you will be able to forward service communications useful for the management of your files.

On each page of the portal, the attendant will be able to move from one module to another without having to return to the dashboard, or home screen, by using the blue navigation bar to his left and clicking on the service icons.

The assisted person will be able to check his or her personal data and household members as well as e-mail address data.

By clicking on the 'personal profile' function at the top right, you can open the mask for editing your own data and those of family members. Once the necessary changes have been made, you can click on 'UPDATE DATA' to confirm and return to your profile.

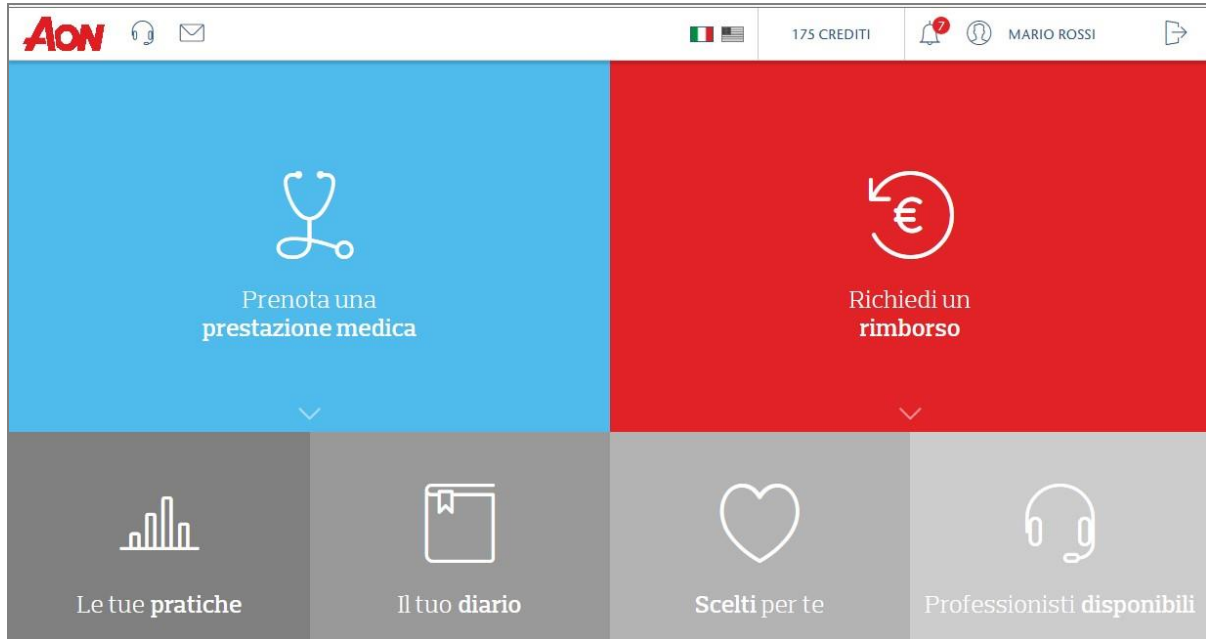
Below is an example of a data modification:

Dati assistito			
Indirizzo*:	Via Palazzo Città, 12	CAP*:	20123
Città*:	Milano	Provincia*:	MI
		Nazione*:	Italia
Email*:	mario.rossi@gmail.com	Cellulare:	+39 1234567890
		Telefono:	+39 011 1234567
IBAN*:	IT14H0102003206000000230359		
(*) Campi obbligatori			
AGGIORNA DATI			
Email:	mario.rossi@gmail.com	Cellulare:	+39 1234567890
		Telefono:	+39 011 1234567

Below are the useful functions for activating the service.

1. Book or request a medical service in agreement

2. Request a refund
3. Display your practices



How to apply for contracted services through the OneNET® network.

Through the ONEnet® Network, the Insured Person may access the affiliated facilities, subject to authorization by the Onecare Operations Centre, without having to pay any amount in advance for the service, with the exception of any fees to be paid by the Insured Person in accordance with the policy conditions.

Before requesting authorization from our Onecare Operations Centre, the patient must book the service directly with the Health Facility of the ONEnet Network®. The list of affiliated facilities can be consulted on the Onecare portal . °

Subsequently, the Respondent must complete the procedure by providing Aon with the information regarding the service booked in the following manner:

1. Booking confirmation via portal ONEcare °

The Insured Person shall select the Medical Facility within the portal, the service (if the Doctor is also provided) and the desired date. The Insured Person and the Facility will receive an email notifying them of the appointment with the Insured Person's details, the date and time of the service requested; the Insured Person is reminded to always attach the doctor's prescription with an indication of the suspected diagnosis, with the exception of services that do not provide for this obligation (e.g. Dental Treatment).

2. Booking confirmation via the Operations Centre

The Insured Person may contact the Centre by telephone from Monday to Friday from 9 a.m. to 6 p.m:

- a Telephone: 02 872323 79
- b Email: prenotazioni.onecare@aon.it

The Operations Centre shall send the booking request to the chosen Contracted Facility. Once the booking request has been completed, both the Insured Person and the Facility shall receive an email notifying them of the appointment with the Insured Person's details, date and time of the service requested. The Insured Person is reminded to always attach the medical prescription with an indication of the diagnostic suspicion, with the exception of services that do not foresee this obligation (e.g. Dental Treatment).

The prescription must in any case be presented at the reception of the facility.

Hospitalization

If the Insured Person needs to be admitted to an affiliated Health Facility, the Operation Centre must be activated at least 5 working days before the scheduled date of the service.

The Insured Person must compulsorily send the medical prescription with a description of the diagnostic procedure via ONEcare® or alternatively by email to the Operations Centre at the above address prenotazioni.onecare@aon.it.

Incidental expenses, such as telephone, bar, etc., are not included in the benefits and, therefore, must be paid by the Assisted Person upon discharge from the Healthcare Facility.

Urgent admission

In order to be defined as 'urgent', the benefit request must be accompanied by the Emergency Room report, or exceptionally, by a medical certificate indicating the diagnostic reason for which the doctor considers the admission to be urgent. The Operations Centre will assess the case within 24 hours of the request.

The "assumption of liability" will specify the allowable and authorized benefits, any limitations related to exclusions, deductibles and co-payments.

PLEASE NOTE: If the Operations Centre does not deem the admission to be "Urgent", due to the lack of requirements of the medical documentation submitted, the "taking charge" will not be activated. The Facility may still apply the rates in agreement and the Insured Person may submit the claim for reimbursement for assessment under the terms of the policy.

Specialist, Outpatient, Dental Care and Physiotherapy and Rehabilitation Treatments

If the Insured Person requires a specialized service at a Contracted Health Facility, the Operations Centre must be activated at least 2 working days before the scheduled date of the service.

The insured person is reminded to always enclose a doctor's prescription with an indication of the suspected diagnosis, with the exception of services for which there is no such obligation (e.g. dental treatment).

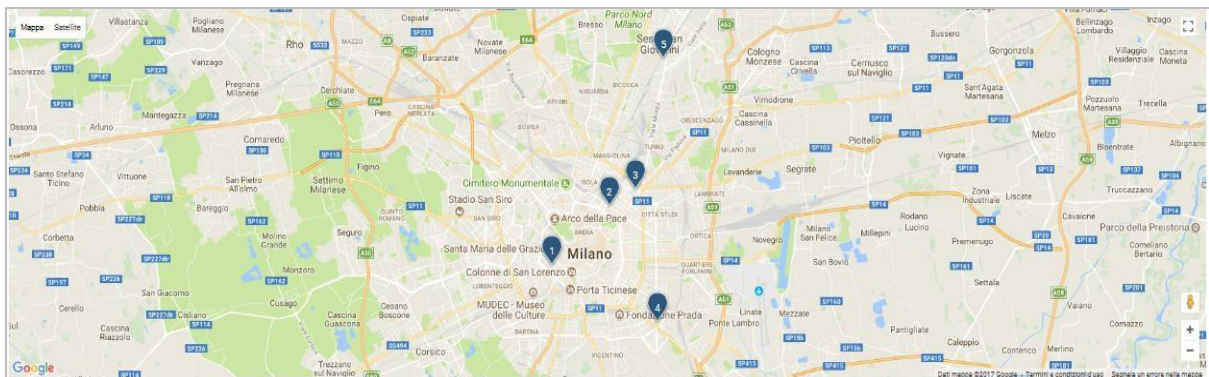
It will be the responsibility of the Insured Person to present the prescription directly to the reception desk of the Structure, which will verify the congruence of the prescription with the information provided in the prescription. In the event that the data in the prescription is not consistent or complete with what is described in the medical prescription, it will be necessary to contact the Operations Centre to request a correction or update of the service data.

If their insurance contract provides for it, the patient may book a dental or physiotherapy service at an affiliated center by accessing ONEcare . ®

In addition, as described above, the patient can flag whether or not he or she has already scheduled an appointment with the facility and then enter all the information needed to complete the request.

Using the 'Advanced Search' function, you can also enter the name of the facility, date and time, where you will perform the service.

The search system will enable the patient to view on the map either the facility with which he or she had previously made the appointment or, if he or she had not yet made the appointment, the list of facilities closest to his or her residence or to the location entered.



The search result will show the facilities both in geolocation and in list form.

	CENTRO MEDICO SANTAGOSTINO SESTO SAN GIOVANNI VIA GORIZIA 23, 20099 MILANO	8.36 Km	
	AUXOLOGICO ISTITUTO SCIENTIFICO OSPEDALE VIA MERCALLI 22-30-23, 20122 MILANO 02583891	0.84 Km	
	MULTIMEDICA- OSPEDALE SAN GIUSEPPE VIA SAN VITTORE 12, 20123 MILANO 0224209080	0.93 Km	

After making the reservation at the facility, you will need to confirm the details below, i.e. the doctor and the date and time of the appointment.

Medico AUXOLOGICO ISTITUTO
 VIA MERCALLI 22-30-23, MILANO, 20122 02583891

Profilo medico

	VEN 1 dicembre	SAB 2 dicembre	DOM 3 dicembre	LUN 4 dicembre	MAR 5 dicembre
	16:30	06:00	06:00	06:00	06:00
	17:00	06:30	06:30	06:30	06:30
	17:30	07:00	07:00	07:00	07:00
	18:00	07:30	07:30	07:30	07:30
	18:30	08:00	08:00	08:00	08:00
	19:00	08:30	08:30	08:30	08:30
	19:30	09:00	09:00	09:00	09:00
		09:30	09:30	09:30	09:30

Afterwards, the patient will receive a summary of the request information with all the data below. In addition, by ticking the e-mail box he/she will be able to receive the reminder in advance, e.g. 3 days before the service.

Giovedì 01 Settembre ore 15:30
 Via Italia 123b, 20100 Milano
 +39 011 12345678

Desideri ricevere un promemoria? **SÌ** 3 giorni prima

PROSEGUI

Depending on the health plan or insurance policy, you may enclose a doctor's prescription, which you must present to the facility before performing the service.

After viewing the data summary and accepting the general terms and conditions and privacy policy, the customer may click the "confirm" button to conclude the request.

At the end of the process, the assisted person will have the outcome of the request, after which he/she can either make another request for benefits or view the details of the requests in the "Your files" section.

Affiliate a Health Facility, Medical Specialist, Physiotherapist or Dental Practice.

If you wish to apply for membership, please send an e-mail to: convenzioni@aon.it.

How to request a refund.

The 'Request a Reimbursement' function will give the Assisted Person the opportunity to enter their own or their family members' healthcare costs. By accessing the function you will be able to select the beneficiary of the service, or invoice holder, and enter the Tax Document Number, Date and Amount, which are compulsory data for filling in the claim.

If the reimbursement request includes a hospitalization, which was not performed under direct agreement, you will need to enter the dates of the start and end of the hospitalization, which will only appear after clicking on the relevant box. In this case, as you scroll down the page, you will be asked whether it is necessary to send documentation also in paper form (e.g. medical records), as they are difficult to scan. Once you have confirmed the submission, you can print out the form to go with the documentation to be sent by post.

Richiedi un rimborso

Dati rimborso:

Tipo documento: Fattura

Numero:

Data:

Importo lordo: €

Il rimborso include un ricovero

Data inizio ricovero*:

Data fine ricovero:

Ho già ricevuto o richiesto altri rimborsi per questa fattura

Importo rimborsato altro Ente: €

(*) Campi obbligatori

Assistito:

Mario Rossi

Federico Rossi

Lucia Rossi

Gianni Rossi

sfoglia o trascina qui le tue fatture

Se non hai le fatture in formato digitale potrai spedirle via posta o caricarle in un secondo momento.

Additional invoices for the same event can be added by simply clicking on 'ADD'.

AGGIUNGI

Documentazione cartacea

Altra documentazione cartacea? SI No

Once all documents have been entered, the recipient can confirm the submission of the request and thus submit the application for reimbursement.

Informativa

Accetto le [condizioni generali e termini d'uso del servizio](#)

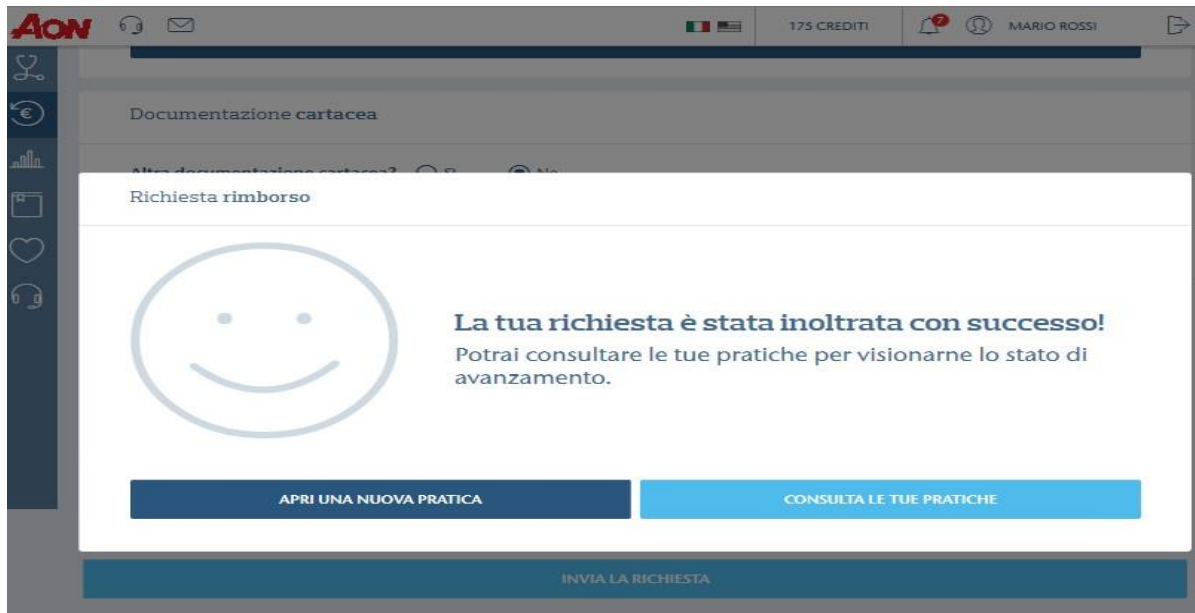
Ho preso visione dell'[informativa upload documenti](#)

Dichiaro di aver preso visione dell'[informativa sul trattamento dei dati](#) ed acconsento al trattamento dei dati sensibili per le finalità ivi indicate

Se hai cambiato IBAN, email o telefono, [aggiorna il tuo profilo](#).

INVIA LA RICHIESTA

Following the confirmation message, the attendant will be able to enter another file or view the list of your files.



View your files

By clicking on the "YOUR PRACTICE" box, the assisted person will be able to view the utilisation data of the guarantees of his health plan or policy and the list of requested practices. In addition, through a specific search function, he/she will be able to extract only those practices relating to a period or a family member.



Going down the page you will find the list of files. In the 'pending' section are those files that are being processed and those that are suspended due to lack of complete documentation for settlement purposes.

Richieste pendenti						
Data fattura	Data richiesta	Importo richiesto		Prestazione	Assistito	Stato
19 nov.	19 dic.	280,00			Mario Rossi	IN LAVORAZIONE >
01 nov.	01 dic.	180,30		Elettrocardiogramma	Mario Rossi	SOSPESA >

Cronologia						
Data fattura	Data richiesta	Importo richiesto	Importo liquidato	Prestazione	Assistito	Stato
19 nov.	19 dic.	280,00	> 230,00	Esame Polisonnografico	Mario Rossi	SENZA SEGUITO >
01 nov.	01 dic.	180,30	> 150,30	Elettrocardiogramma Dinamico	Mario Rossi	LIQUIDATA >
17 ott.	17 nov.	480,00		Ecografia dell'addome superiore	Federico Rossi	RIFIUTATA >
21 sep.	21 ott.	78,00	> 68,00	TAC dell'orecchio	Mario Rossi	LIQUIDATA >

In the bottom right menu you can view the event in your diary, call up attached documents or view the payment statement.

AON
175 CREDITI
MARIO ROSSI

Richieste pendenti

01 nov. Numero pratica: 1234567 | Numero fattura: 9877654 | Numero evento: 754321

LIQUIDATA

Mario Rossi

Cronologia:

- 06 dic. liquidata
- 04 dic. presa in carico
- 02 dic. ricezione documentazione cartacea
- 01 dic. invio richiesta

Tempo di elaborazione

5

giorni

Tempo medio - 7 giorni

Allegati:

VEDI SUL DIARIO >

ALLEGATI DELLA PRATICA >

VISIONA ESTRATTO CONTO

17 ott.	17 nov.	480,00		Ecografia dell'addome superiore	Federico Rossi	RIFIUTATA >
---------	---------	--------	--	---------------------------------	----------------	-------------

Aon S.p.A. Insurance & Reinsurance Brokers
Via Calindri 6
20143 Milan
Italy

Tel: 02 45434.1
Fax: 02 45434.801
www.aon.it

Published by Aon S.p.A.

All rights reserved.

No part of this work may be reproduced or transmitted with
any means without written permission from Aon S.p.A.

