

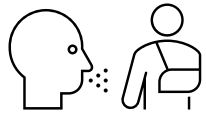


Health insurance for line managers PLUS

HR Shoreside

V1

Health insurance for line managers PLUS



COVER



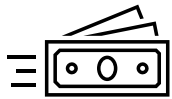
Medical expenses arising from a suspected or diagnosed illness (impaired health) or injury



PLAN BENEFITS



Hospitalization, Outpatients, Specialist medical examinations, Diagnostic tests, Physiotherapy, Preventive Medicine, Lenses, Dental Care



PAYMENT



Previline (<https://www.onecare.aon.it/>)



ELIGIBILITY



Costa Italia employees on permanent contracts and their immediate family members



EFFECTIVE DATE



Date of hire on permanent contract or date of conversion into permanent contract



AGE LIMIT



80


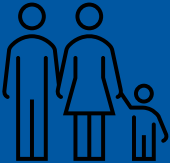


INTERNATIONAL COVERAGE



Insurance cover applies worldwide 24/7



SINGLE		Inclusion of the employee with an annual premium of €107 to be paid by the policyholder (withheld from the employee's first paycheck after inclusion)
FAMILY		Inclusion of the employee and his/her immediate family members in the Plan with an annual premium of €163 to be paid by the policyholder (withheld from the employee's first paycheck after inclusion)

Definition of immediate family members:

The employee's nuclear family, i.e. their spouse, dependent children even if they live elsewhere or if the employee is required to pay child support. A live-in partner is treated as equivalent to a spouse provided that the live-in partner is specified in a Family status certificate or in a substitute declaration in lieu of certification.

Composition of nuclear family



The composition of the employee's nuclear family vis-à-vis the Plan can only be changed in the following cases:



Demographic change in the composition of the nuclear family (e.g. birth of a child, marriage, separation): in such cases, the employee shall notify the insurance company within 30 days of the date of the event, failing which the change will not be recorded.



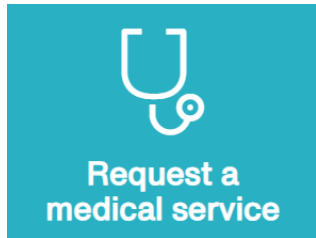
Window of opportunity

Every two years the insurance company provides a window of opportunity whereby the employee can add or remove their nuclear family or individual members thereof.

How to use the policy



The policy can be used in two waves:



DIRECT REMITTANCE: the employee can take advantage of the Company's direct billing service by selecting a medical facility belonging to the Aon Network. In this case the insured will not have to pay in advance, although any applicable deductible will still be payable. More information on page 14 of the document '[Health insurance coverage for line managers](#)'.



REIMBURSEMENT: the employee can choose a facility not included in the AON Network, in which case they shall pay the full amount of the bill or invoice in advance and then request reimbursement from Aon. More information on page 18 of the document '[Health insurance coverage for line managers](#)'.



Before requesting authorization from the Onecare Operations Center, the policyholder will need to make an appointment directly with a ONEnet® Network health care facility. Following this, the insured shall complete the procedure by providing Aon with details of the appointment as follows:

- **Hospitalization:** contact the Operations Center at least five days before hospitalization. Send the doctor's direct admission request with a description of the examinations and diagnosis via the ONEcare® website or by email to the Operations Center at prenotazioni.onecare@aon.it.
- **Outpatients, diagnostic tests and medical examinations:** contact the Operations Center at least two days before the date of the appointment for the service concerned. Always attach the clinical record indicating the suspected diagnosis, except for those services where this is not required. On the day of the appointment, the policyholder shall present a copy of the clinical record directly to the health care facility, which will check that it tallies with the information provided to the Operations Center in the request for authorization.

Reimbursement



Required documentation:

Hospitalization	Specialist med. exam. and diagnostic tests	Physiotherapy	Pharmaceutical drugs	Ticket SSN	Prevention	Lenses	Dental Care
Copy of the complete clinical record and documentation of expenses incurred during hospitalization and the periods before and after.	Diagnosis (stating the suspected or diagnosed condition) and doctor's order for the test(s) as applicable together with associated bills and invoices.	A specialist's referral is sufficient. The treatment shall be administered by a qualified practitioner in an authorized facility. The associated bills and invoices shall also be submitted.	A medical prescription specifying the name of the practitioner and the diagnosis will not be required.	A photocopy of the referral specifying the diagnosis is to be submitted together with the bill (specialist medical examinations, diagnostic tests etc.). Remember to photocopy the referral.	A doctor's order or referral will not be required. The bill should include the wording "preventive exam" or, alternatively, enter "preventive medicine" in the NOTES field on the OneCARE platform.	An eye prescription including the wording "eyeglass prescription change/first pair of glasses" issued by an ophthalmologist or optometrist. The bill or invoice should state the breakdown in costs between the lenses and the frames.	A medical prescription will not be required.

Contact Person



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