

# Guide to the Healthcare Plan

UNIVERSITY OF PAVIA

2024 Edition

**For all benefits provided under the Healthcare Plan**  
other than hospitalisation benefits, log in to:

**[www.unisalute.it](http://www.unisalute.it)**

**24 hours a day, 365 days a year**

**For all hospitalisation benefits**  
please call the following number in advance

**Toll-Free number**

**800-822446**

from abroad: country code for Italy

**+ 051.63.89.046**

hours:

**8:30 am – 7:30 pm from Monday to Friday**

**UniSalute services are always with you!**

Download the free **UniSalute App** from the App Store and Play

**UniSalute**  
SPECIALISTI NELL'ASSICURAZIONE SALUTE

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## 2. WELCOME

This “Guide to the Healthcare Plan” is a useful supporting tool for accessing healthcare coverage. We advise you to follow the instructions in this Guide each time you need to make use of the Plan.

### Online services offered by UniSalute

At [www.unisalute.it](http://www.unisalute.it), you may access the **Members Area with practical online functions** that make using the Healthcare Plan even faster and simpler.

The online services are **available 24 hours a day, 365 days a year** and a mobile version is also available for smartphones and tablet computers! To find out more, please consult **section 4** of this Guide.

## 3. HOW TO ACCESS THE HEALTHCARE PLAN BENEFITS

### 3.1. If you choose a facility affiliated with UniSalute

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

The list of affiliated facilities can be accessed in the Members Area of [www.unisalute.it](http://www.unisalute.it) or by calling our Helpline. It is always up to date and easy to consult.

By using the affiliated facilities, you receive a range of benefits:

- you will not incur any expenses (except as provided for by the specific guarantees) since the payment of benefits takes place directly between UniSalute and the affiliated facility;
- waiting times between requesting and receiving benefits are reduced to a minimum.



#### **Fast booking**

Book online or from the App, using the **fast booking** service!

At the time of receiving the benefit, which must be **authorised in advance by UniSalute**, you must present your ID at the affiliated facility and, if required, the prescription of your treating physician indicating the presumed or ascertained pathology and the diagnostic services and/or treatment requested.

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.

**Important**

**Before making use of benefits at an affiliated facility, please check that the physician selected is affiliated with UniSalute. Use the Booking function on the website [www.unisalute.it](http://www.unisalute.it) in the Members Area, it is easy and fast!**

**3.2. If you choose a facility that is not affiliated with UniSalute**

In order to ensure you the greatest freedom of choice, the Healthcare Plan may also allow you the possibility to use private healthcare facilities that are not affiliated with UniSalute. The expenses incurred will be reimbursed in accordance with the provisions for the specific benefits.

To request expense reimbursement, please access the Members Area of [www.unisalute.it](http://www.unisalute.it) where you may directly upload documents to the website.



**Online reimbursement request**

Request expense reimbursement online: upload the documents in electronic format and save time!

If you do not have access to the Internet, send the necessary

documentation by mail only (not by courier) to UniSalute S.p.A. Spese Sanitarie Clienti - Via Larga 8 - 40138 Bologna (BO).

The following documentation is generally required for the reimbursement of healthcare expenses incurred, except as provided for by the specific guarantees of the Healthcare Plan:

- the **reimbursement request form**, completed and signed, which is attached as an annex to the Guide and is also available at [www.unisalute.it](http://www.unisalute.it);
- for **daily hospitalisation allowance**, a true copy of your original medical records, complete with discharge letter (SDO);

All medical documentation regarding the services prior and subsequent to hospitalisation/outpatient surgery, related to the same, must be sent together with that for the event to which it relates.

- in case of **pre- and post-hospitalisation benefits**, a copy of the prescription issued by the treating physician describing the presumed or confirmed medical condition;
- a copy of **expense documentation** (invoices and receipts), duly receipted.

In order to allow the proper assessment of reimbursement requests, UniSalute will always be entitled to request the original copy.

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

### **3.3. If you choose the National Health Service**

If you make use of the Italian National Healthcare Service (S.S.N.) or private facilities accredited by the Italian National Healthcare Service,

you may request the reimbursement of co-payments from the Members Area of [www.unisalute.it](http://www.unisalute.it). It is quick and user-friendly!



### Online reimbursement request

Request expense reimbursement online: upload the documents in electronic format and save time!

If you do not have access to the Internet, send the necessary documentation by mail only (not by courier) to UniSalute S.p.A. Spese Sanitarie Clienti - Via Larga 8 - 40138 Bologna (BO).

## 4. ONLINE AND MOBILE SERVICES

There are many convenient services available 24 hours a day, 365 days a year.

### 4.1. The UniSalute website

From the Members Area of the website [www.unisalute.it](http://www.unisalute.it) you can:

- **book** consultations and tests and procedures not associated with hospitalisation at an affiliated facility and **receive quick confirmation of the appointment**;
- **check and update** your **information** and your **bank details**;
- request **reimbursement for services and directly upload documentation to the website**;
- view your **account statement** with the processing status of your reimbursement requests;
- view the **benefits** provided by your **Healthcare Plan**;
- view the **list of affiliated healthcare facilities**;
- receive **medical opinions**.

#### 4.1.1. How do I register with the website [www.unisalute.it](http://www.unisalute.it) to access the Members Area services?

It couldn't be easier. All you have to do is access the specific Member



Registration function on the UniSalute website.

### **How do I register with the website and find out my username and password?**

On the home page of the website [www.unisalute.it](http://www.unisalute.it), click on the “Reserved Area” button in the top right-hand corner, and then on “Register now” and fill in the template with the requested information.

Please note that in order to guarantee maximum information security and protection, your username and password must not be the same and your password must be at least 8 characters long.

Furthermore, your password must be updated every 6 months and an automated message will notify you when it needs to be changed.

### **How do I recover my username and password if I forget them?**

Simply click on the “Reserved Area” button in the top right-hand corner of the home page, then on “Need help?” and enter the requested information. We will send your login credentials for the website to the email address provided.

### **4.1.2. How do I book at the affiliated healthcare facilities online?**

**The website can only be used to book appointments and/or tests and procedures at affiliated facilities.**

Log in to the Members Area and click on “**Make a new booking**”.

Depending on your needs, you can:

- directly book the service by filling out a specific form;
- view all the details of your booking;
- cancel or change a booking in the “Appointments” section.



#### **Fast booking**

Book online and make use of the **fast booking** service!

### **4.1.3. How do I update my information online?**

Log in to the Members Area and **click on the “Profile” section**. Depending on your needs, you can:

- update your address and bank details (IBAN);
- provide your mobile phone number and email address to conveniently receive useful messages on your mobile or via email.



#### **E-mail and SMS messaging system**

You will receive **confirmation of the appointment** booked at the affiliated healthcare facility indicating the place, date and time of your appointment; **notification of authorisation** to receive benefits; notification of receipt of reimbursement documentation; **request for IBAN number**, if missing; confirmation of **reimbursement**.

#### **4.1.4. How do I request the reimbursement of benefits?**

Enter the Members Area and click on **“Make a new claim”**.



#### **Online reimbursement request**

Request the reimbursement of services online: **upload your documents in electronic format and save time!**

#### **4.1.5. How do I view my account statement and the status of my reimbursement requests?**

Log in to the Members Area and **click on the “Account Statement” section**.

The online account statement is a quick and convenient tool providing information on the status of your reimbursement requests.

**This information is updated daily** and you may consult it at any time to find out, in real time: the status and outcome of your reimbursement claims; for which claims you still need to provide missing information and upload documentation, in order to expedite the reimbursement process; and the reasons why reimbursement has

not been paid.

For each document, any amounts reimbursed and any remaining at your expense are shown in addition to the identification data of the document. All pages displayed may be printed.

#### **4.1.6. How can I consult my Healthcare Plan benefits?**

Log in to the Members Area and **click on the “Policies” section.**

Find the documents regarding your Healthcare Plan and any relevant documentation, including the form certifying that your healthcare cover also applies abroad.

#### **4.1.7. How do I consult the affiliated healthcare facilities?**

Log in to the Members Area and open the “Facilities” option.

You can then consult the affiliated healthcare facilities for your specific Healthcare Plan.

#### **4.1.8. How can I receive medical opinions?**

The Members Area offers an “Ask a doctor” service, through which you may receive medical opinions online, directly by email. If you have any health concerns and wish to receive the medical opinion of a specialist, this is the right place to discuss treatment, ask for advice and address issues or uncertainties regarding your wellbeing.

Enter and submit your questions for our doctors. They will reply by email in the shortest time possible. Answers to the most interesting questions and most relevant issues will be published on the members website, respecting total anonymity.

### **4.2. The UniSalute app**

You can use UniSalute’s app **UniSalute Up** to:

- **book consultations and tests and procedures** at affiliated healthcare facilities: you can ask UniSalute to make an

- appointment on your behalf or alternatively, using the new function, you can book the benefit you need yourself;
- **consult your diary of upcoming appointments** for consultations and tests and procedures or to change or cancel appointments;
  - **claim reimbursement of expenses** for medical benefits simply by uploading photographs of the invoice and documents required for reimbursement;
  - **consult the Account Statement** to track the processing status of your reimbursement claims. You may also complete the documentation with any missing documents requested by UniSalute;
  - **receive real-time notifications** with appointment and reimbursement claim updates;
  - **access the Per Te section** to discover and read InSalute blog news and articles.

#### 4.2.1. How do I download the UniSalute App?

The UniSalute App is **available for smartphones and tablets** and can be **downloaded free from the App Store or Play Store**. Go to the appropriate store and search for “UniSalute Up” to have all our services to hand wherever you are.

Once you have downloaded the app, the registration process is quick and easy.

If you have already registered with the **www.unisalute.it** website, you can use the same credentials!

#### UniSalute PER TE

**Go to the PER TE section** to read the news and articles of the InSalute blog, in order to keep up-to-date on health and wellness issues!

#### 4.2.2. How do I book at the affiliated healthcare facilities online?

**The app can only be used to book consultations and/or tests and procedures at affiliated facilities.**

Open the app, fill out the simple “**Appointments**” form and consult the details of your appointment.

You can either ask UniSalute to book on your behalf or use the new feature to book an appointment with an affiliated facility yourself, sending automatic notification to UniSalute.

In either case, UniSalute will check in real time whether the service you are booking is covered and will inform you immediately.

**Keep all your appointments under control!**

You can use the APPOINTMENTS section to consult the diary showing your upcoming healthcare benefit appointments.

You can change or cancel appointments here too!

**4.2.3. How do I request the reimbursement of benefits?**

You can use the app to claim reimbursement for any medical services you have received, simply by uploading photographs of the invoices and documents required in three easy steps.

Once the upload is complete, you will see a summary of the information provided for final confirmation.

**4.2.4. How do I view my account statement and the status of my reimbursement requests?**

In the Account Statement section, you can consult your account statement to track the processing status of your reimbursement claims. You will be able to view the status of any claims that have been paid, that cannot be paid or that are being processed and consult the documentation submitted.

The information is updated in real time and you will be kept informed of your claim’s progress with instant notifications.

In addition to the document identifier, the amount reimbursed and

the amount at your expense are shown for each document. The reason for non-reimbursement will be indicated for any sums that cannot be reimbursed.

If further documentation is needed in order to complete the claim review process and issue reimbursement, you can complete your dossier with the missing documents simply by uploading photographs of them.

#### **How to submit missing documentation**

The “**End**” section allows you to consult any claims that cannot be reimbursed until the missing documentation has been submitted.

You can submit the missing documents and ask for the claim to be released for processing simply by uploading a photograph!

## **5. INSURED PERSONS**

### **a) Subjects insured collectively by the Healthcare Plan**

The insurance is available to technical and administrative personnel (with both fixed- and open-term contracts); language staff and experts; and the management personnel of the University of Pavia; and applies in the case of both illness and injury. The above-mentioned subjects are the Policyholders of the healthcare coverage.

### **b) Subjects insured as optional members of the Healthcare Plan**

- Policyholders may optionally extend Healthcare Plan cover to the members of their family stated on the official family status declaration: spouse, domestic partner and offspring. Non-cohabiting but physically dependant offspring are also included.

- Optional Healthcare Plan membership is available to lecturers and Technological staff and their families as stated on the official family status declaration: spouse, domestic partner and offspring. Non-cohabiting but physically dependant offspring are also included.

## 6. BENEFITS COVERED BY THE HEALTHCARE PLAN

The Healthcare Plan benefits apply to illnesses and accidents that occur during the validity period of the Plan for the following types of cover:

- hospitalisation allowance, including for childbirth;
- post-hospitalisation home care;
- Highly specialised services;
- Specialist examinations/ diagnostic tests;
- special dental services;
- orthopaedic and acoustic implants;
- Spectacles and/or contact lenses;
- states of temporary dependency;
- prevention;
- children's growth monitoring appointment;
- advisory services.

### 6.1. Daily hospitalisation allowance

In the case of hospitalisation in a public or private facility with or without surgery, the Insured is entitled to an allowance of **€ 150.00** per day of hospitalisation for a maximum of **90** days per hospitalisation, in order to cover needs associated with recovery following the illness, injury or childbirth, in order to favour self-sufficiency and staying at home due to such events.

For the purpose of calculating the days of hospitalisation, the first and last days are considered a single day.

The above allowance will be increased to **€ 250.00** per day of hospitalisation in the case of major surgery (as per the list in annex A).

Allowance in lieu does not apply for the time spent in Emergency Department/Casualty facilities when it is not followed by hospitalisation at the same healthcare facility.

### 6.2. Post-hospitalisation home care

The Company, for a period of **90** days following the date of discharge, following hospitalisation eligible under the terms of the policy,

provides home care, medical, rehabilitation, nursing and pharmacological services through its affiliated network, in particular for the recovery of physical functioning. The Company will establish the medical/rehabilitation programme together with the Insured and according to the prescription of the medical professionals responsible for discharge, implementing the instructions contained therein.

The expenses relating to this cover will be reimbursed with the application of a **30%** excess.

**The annual spending limit available for this coverage is €10,000.00 per person.**

### **6.3. Highly specialised services**

The Healthcare Plan covers the payment of the expenses relating to the following outpatient services:

- Angiography
- chemotherapy and radiation therapy
- Cobalt therapy
- Diagnostic radiology
- Dialysis
- Doppler
- Ultrasounds
- Echocardiogram
- Electrocardiography
- Electroencephalography
- Endoscopy
- Laser therapy for physical therapy purposes
- Radiotherapy
- Nuclear magnetic resonance
- Scintigraphy
- PET
- CAT
- Tele heart monitor



- Arthrography
- Bronchography
- Cystography
- Cystourethrography
- Barium enema
- Endoscopic retrograde cholangiopancreatography (ERCP)
- Percutaneous cholangiography (PTC)
- Trans-Kehr cholangiography
- Cholecystography
- Dacryocystography
- Defecography
- Fistulography
- Phlebography
- Fluorescein angiography
- Galactography
- Hysterosalpingography
- Myelography
- Retinography
- Oesophagus x-ray with contrast medium
- Stomach and duodenum x-ray with contrast medium
- Small intestine and colon x-ray with contrast medium
- Sialography
- Splenoportography
- Urography
- Vasography
- Angiography
- Pancreatography
- Electroencephalogram
- Electromyography
- CT-angiography
- Dacriocistotac.

The guarantee also covers any biopsy carried out as a result of the above-mentioned tests and procedures.

**In order to enable this guarantee, a medical prescription containing the working diagnosis or medical condition making the service necessary is required.**

- **In case of use of healthcare facilities affiliated with UniSalute and services performed by affiliated physicians**

UniSalute directly pays the facilities any expenses incurred for benefits provided to the Insured, with the application of a minimum non-refundable amount of **€ 35.00** for each diagnostic test or treatment cycle, which the Insured must pay the affiliated facility upon receiving the benefit. At the facility, the Insured must present the prescription issued by his/her treating physician describing the presumed or confirmed medical condition.

- **In case of use of healthcare facilities not affiliated with UniSalute**

The expenses incurred are reimbursed for **90%** of the total with a minimum non-refundable amount of **€ 70.00** per diagnostic investigation or treatment cycle. In order to receive reimbursement from UniSalute, the Insured must attach to the invoice a copy of the request by the treating physician describing the presumed or confirmed medical condition.

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

UniSalute fully reimburses any co-payment expenses paid by the Insured. In order to receive reimbursement, the Insured must attach to the invoice a copy of the request by the treating physician describing the presumed or confirmed medical condition.

**The maximum annual amount available for this coverage is € 50,000.00 per person, which is increased to € 60,000.00 in the case of cancer treatments.**

## **6.4. Specialist consultations, diagnostic investigations and video consultations**

The Healthcare Plan provides for the payment of expenses for specialist consultations, including in the form of video consultations, and diagnostic investigations resulting from illness or injury with the exception of dental and orthodontic consultations.

With regard to specialist visits, the expenditure documents (invoices and receipts) must include the exact name of the physician's specialty that, for the purposes of reimbursement, must be relevant to the claimed pathology.

**In order to activate this guarantee, a medical prescription containing the working diagnosis or pathology making the service itself necessary is required.**

### **Procedures for the provision of specialist consultations and diagnostic investigations:**

- **In case of use of healthcare facilities affiliated with UniSalute and benefits performed by affiliated physicians**

UniSalute directly pays the facilities any expenses incurred for benefits provided to the Insured, with the application of a minimum non-refundable amount of **€ 35.00** for each specialist consultation or diagnostic investigation, which the Insured must pay the affiliated facility upon receiving the benefit. At the facility, the Insured must present the prescription issued by his/her treating physician describing the presumed or confirmed medical condition.

- **In case of use of healthcare facilities not affiliated with UniSalute**

The expenses incurred are reimbursed for **80%** of the total with a minimum non-refundable amount of **€ 50.00** per specialist consultation or diagnostic investigation. In order to receive reimbursement from UniSalute, the Insured must attach to the invoice a copy of the request by the treating physician describing the

presumed or confirmed medical condition.

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

UniSalute fully reimburses any co-payment expenses paid by the Insured. In order to receive reimbursement, the Insured must attach to the invoice a copy of the request by the treating physician describing the presumed or confirmed medical condition.

If the specialist consultation takes place at the same time as a diagnostic investigation, the excess/fixed excess will be applied only once.

**Procedures for the provision of video consultations:**

Video consultation services guarantee remote communication with an affiliated specialist in all cases in which physical contact is not required, for example in order to share the results of tests or investigations, obtain an answer to any doubts and questions regarding treatment, or talk to a doctor in order to obtain more detailed information.

In order to make use of the benefit, the Insured must contact the UniSalute Helpline to request a video consultation appointment with specialised professionals, using the toll-free number indicated in the Healthcare Plan.

In order to enable the service, Members are required to provide an e-mail address where they will be sent the link allowing them to connect for the video consultation, using their computer or a mobile device, smartphone or tablet (running the latest version of Google Chrome or Mozilla Firefox).

During the video consultation, it is advisable to have the following documents to hand, so that they can be shared with the doctor:

- an ID document (identity card or passport);
- reports of previous investigations regarding the same benefit, as electronic files;
- the GP's prescription regarding the requested benefit.

The video consultation Service is provided at facilities affiliated with the Company alone and it is therefore not possible to obtain reimbursement for these benefits.

The expenses for the services provided to the Insured will be directly paid by the Company to the facilities without applying any excess or fixed excess.

**The annual spending limit available for this coverage is €50,000.00 per person.**

**A sub-limit of € 250.00 is established for diagnostic investigations and laboratory tests.**

## **6.5. Dental services**

The Healthcare Plan covers the payment of:

- Expenses for conservative and orthodontic therapies;
- Expenses for dental prostheses;
- Dental diagnostic investigations (orthopantomogram, dentalscan, cephalometric x-rays).

- **In case of use of healthcare facilities affiliated with UniSalute and services performed by affiliated physicians**

The benefits provided to the Insured are paid directly by UniSalute to the facilities, with the application of a **10%** excess to be paid by the Insured.

- **In case of use of healthcare facilities not affiliated with UniSalute**

**75%** of the expenses incurred are reimbursed with the application of a minimum non-refundable amount of **€ 30.00** per invoice.

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

UniSalute fully reimburses any co-payment expenses paid by the Insured.

**Once a year, only at the facilities affiliated with UniSalute identified by the Helpline and subject to booking** full payment is provided for:

- one specialist consultation;
- one full professional oral hygiene session.

The above services must be provided in a single session.

**The annual limit for this cover is:**

- **€ 1,000.00 per person in case of use of healthcare facilities affiliated with UniSalute.**
- **€ 400.00 per person in case of use of healthcare facilities not affiliated with UniSalute.**

## **6.6. Orthopaedic and acoustic implants**

The Healthcare Plan reimburses expenses for the purchase of orthopaedic and acoustic prostheses.

**80%** of expenses incurred are reimbursed with a minimum non-refundable amount of **€30.00** per invoice.

**The annual spending limit available for this coverage is €1,800.00 per person.**

## **6.7. Spectacles and/or contact lenses**

The Healthcare Plan covers the payment of expenses for the purchase of lenses and/or contact lenses (including frames) with the application of a **10%** excess per invoice.

Prescription from an ophthalmologist or certification from an optometrist certifying the change in vision is required.

**The annual spending limit available for this coverage is €150.00 per person.**

## **6.8. States of dependency**

### **6.8.1. Scope of the guarantee**

The Healthcare Plan guarantees the reimbursement of healthcare expenses or the provision of care services for a value equal to the maximum amount guaranteed to the Insured in the event he/she is in a state of dependency as specified under the point “Definition of state of temporary dependency” below.

The guarantee only applies in the case of a state of temporary dependency.

### **6.8.2. Conditions of insurability**

For the purposes of the validity of this guarantee, the Insured must not meet any of the following conditions of non-insurability at the time of inclusion in the policy:

- Require the assistance of a third party to perform one or more of the following activities:  
mobility, bathing, dressing, self-feeding.
- Be in a position to receive a disability pension or apply for a permanent incapacity allowance for an incapacity level of more than 25%.
- Have sequelae of previous illnesses or injuries that limit his/her physical or mental capabilities in daily life or professional life.
- Have Alzheimer’s Disease, Parkinson’s Disease, multiple sclerosis or uncontrolled hypertension (understood as particular forms of hypertension that, despite taking antihypertensive medication, maintain particularly high blood pressure values that cannot be treated surgically).

### **6.8.3. Definition of state of temporary dependency**

A state of temporary dependency is recognised if the Insured requires the assistance of a third party in order to carry out at least

three of the following activities: mobility, washing, dressing, self-feeding. The Company will pay the amount guaranteed as the amount insured for the period calculated in days during which the state of temporary dependency persists.

#### **6.8.4. Amount insured**

The maximum monthly limit, if the Insured is in the situations referred to under the point “Definition of state of temporary dependency” above, is **€ 5,000.00** per person.

The Insured must demonstrate the state of dependency by submitting the relevant certification signed by a specialist.

#### **6.8.5. Social welfare organisational advisory service**

The Company provides a Social welfare organisational advisory service to Insured parties who, as a result of an illness or injury that occurred following the entry into force of the contract, are in a state of dependency, understood as a state in which the assistance of a third party is required in order to carry out two or more of the activities of daily living, such as mobility, washing, dressing and self-feeding.

In these cases the Company provides a helpline that the Member or his/her family can contact to discuss their case.

Having carried out an assessment of the specific case and considered the specific needs, the Company, through an appropriate telephone interview carried out directly by its Case Manager:

- will propose a Referral Service to the most appropriate healthcare/social services for dependent individuals;
- will provide information on the healthcare/social services provided by local social welfare facilities, providing details of the offices in charge of carrying out such functions;
- will provide the Insured with the “General Guide” containing all the various bureaucratic, administrative and regulatory steps governing the position of dependent individuals and that must be taken in order to protect and safeguard Insured persons in this situation.



If one or more services are required as a result of the interaction with the social welfare organisational advisory service, the Insured may ask the Helpline to book them (the cost will, however, be at the Insured's expense) and to send the facility chosen from those belonging to the Network a fax making it possible to apply the discounted rates available to individuals insured with the Company.

#### **6.8.6. Recognition of states of temporary dependency by the company**

Within 14 days of presumably meeting the conditions of dependency, the Insured, or any other member of their family, must:

- a) call the **toll-free number 800-822446** (from abroad the toll number formed by the country code for Italy + 0516389048) and take note of the information regarding the documentation to provide the Company for the purpose of the final medical evaluation.
- b) send the file requesting the opening of the claim to: UniSalute S.p.A. - Servizi di liquidazione (Settlement Services) - Via Larga, 8 - 40138 Bologna - by registered mail with return receipt.

This file must contain:

- the completed and signed activation form for the guarantee;
- the customer disclosure form on the use of their data and their rights signed at the bottom;
- the certificate of the treating physician or hospital physician that describes the state of dependency of the Insured, specifying the onset and end dates. The certificate must also state the incidental or pathological origin of the disease or diseases. Reports of any hospitalisation and the results of additional tests carried out. In the event of intellectual deterioration, precise descriptive elements must be provided (Folstein MMS Examination).
- the questionnaire of the state of dependency completed by the treating or hospital physician, in collaboration with the person or persons effectively taking care of the Insured;
- moreover, in the event a request for the recognition of an attendance allowance for disability has been activated with the

National Healthcare Service, a copy of the request, the accompanying documentation and its outcome should be sent;

- if the Insured have been hospitalised on one or more occasions, it is necessary to send the Company all healthcare documentation in their possession, including complete copies of the related medical records.

The Company is entitled to subject customers to one or more legal medical examinations.

If the state of dependency is recognised as consolidated the guarantees of the policy are not activated.

If unable to establish whether the state of dependency is consolidated or temporary, the Company, together with the outcome, will communicate reviewability, specifying the expiry.

In response, the Company will send the treating or hospital physician a questionnaire via the Insured or their representative.

The treating or hospital physician must complete this questionnaire in collaboration with the person or persons effectively taking care of the patient. The physician must also provide a report containing hospitalisation reports and the results of additional tests carried out.

Without prejudice to the fact that the recognition of states of dependency will be carried out based on the criteria provided for in the Article "Definition of state of dependency", if the Insured are cared for at home and receive the benefits of a care or hospital service at home, suitable healthcare documentation must be provided.

Without prejudice to the fact that recognition of states of dependency will be carried out based on the criteria provided for in the Article "Definition of state of dependency", if the Insured are admitted to long-term care, a medical care ward or specialised institution, a medical certificate prepared by the hospital physician must be provided, showing the date of admission and the pathologies requiring hospitalisation. Also in this case, suitable healthcare documentation must be provided.

All documentation, including the questionnaire completed by the physician of the Insured, must be sent to the Company.

The latter, after analysing the aforementioned documentation, will assess whether to:

- request additional information if the elements describing the dependency of the Insured appear to be insufficient;
- consider the state of temporary dependency of the Insured ascertained.

The Company will always be entitled to have the state of dependency of the Insured verified by a trusted physician and to subject the continuation of payment for services covered by the contract to the performance of examinations or verifications considered necessary.

The right of the Insured to the recognition of the terms agreed in the policy, pursuant to Articles DIRECT PROVISION OF CARE SERVICES and EXPENSE REIMBURSEMENT REQUESTS, is effective from the time the Company receives the complete medical documentation requested to assess the Insured's state of temporary dependency.

### **6.8.7. Procedure for reimbursement/request for the provision of care services**

Recognition of the state of dependency by the Company pursuant to the conditions of the article "Definition of state of dependency" entitles the Insured in a state of dependency to request the provision of the guaranteed amount – within the limits provided for in the article "Amount insured" - in the manner stated and detailed in the articles DIRECT PROVISION OF CARE SERVICES and EXPENSE REIMBURSEMENT REQUESTS below:

- direct provision of care services, through affiliated facilities and/or staff;
- reimbursement of expenses incurred for services related to care (upon presentation of invoices, original receipts or suitable documentation proving the existence of an employment

relationship).

The provision of the service will commence from the moment the Company considers the documentation requested for the assessment of the non-reversibility of the state of dependency of the Insured complete.

#### **6.8.7.1. Direct provision of care services**

If the Insured request the activation of care services, also at home, therefore making use of healthcare facilities and/or staff affiliated with the Company, the latter will directly pay such entities any amounts due for authorised care services.

The affiliated facility and/or staff may not in any case request from the Insured nor promote actions for compensation, except for claims relating to expenses for services not included in the guarantees of the policy, exceeding the maximum amount insured or not authorised by the Company.

#### **6.8.7.2. Expense reimbursement requests**

In the event of a request for reimbursement, the file - addressed to: UniSalute - Servizio Liquidazione - Via Larga 8 - 40138 Bologna - must contain the required documentation, namely:

- the completed and signed activation form for the guarantee;
- the customer disclosure form on the use of their data and their rights signed at the bottom;
- the certificate of the treating physician or hospital physician that describes the state of dependency of the Insured and the related date of onset. The certificate must also state the incidental or pathological origin of the disease or diseases. Reports of any hospitalisation and the results of additional tests carried out. In the event of intellectual deterioration, precise descriptive elements must be provided (Folstein MMS Examination).
- the questionnaire of the state of dependency completed by the treating or hospital physician, in collaboration with the person or persons effectively taking care of the Insured;
- moreover, in the event a request for the recognition of an

attendance allowance for disability has been activated with the National Healthcare Service, a copy of the request, the accompanying documentation and its outcome should be sent;

- if the Insured have been hospitalised on one or more occasions, it is necessary to send the Company all healthcare documentation in their possession, including complete copies of the related medical records.

It must also contain invoices and/or receipts related to healthcare services. In the event the Insured are assisted on a continuous basis by caregivers, suitable documentation proving the existence of an employment relationship must be provided.

Amounts due to the Insured are paid upon the presentation of duly receipted expense documentation (bills and receipts) to the Company. Moreover, if specifically requested by the Company, the Insured must provide specific and appropriate documentary proof of payment of the healthcare service to be reimbursed.

For claims occurring abroad, reimbursement will take place in Italy, in Italian currency, at the average exchange rate for the week when the expense was incurred, obtained from the listings of the Bank of Italy.

### **6.8.8. Verification of the continuing state of dependency**

The Company is entitled to carry out at any time, also in the presence of the treating physician of the Insured, checks on the Insured and have them examined by a physician of its choice. It may also request the sending of any documents required to assess the health status of the Insured.

In case the Insured refuse to undergo checks or send the documents requested, the payment of the amount insured may be suspended from the date of the Company's request.

### **6.9. Prevention**

The Healthcare Plan covers the payment of the benefits listed below, performed once a year in healthcare facilities that are affiliated with UniSalute and are identified by the Control Centre, subject to the

booking of an appointment. 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, which are available only to Insured persons over 18 years of age, must be requested through the Helpline **at the same time\***. The helpline may refer the Insured to a maximum of two facilities in order to make use of the chosen benefits.

**List of tests valid for all Insured parties:** alanine aminotransferase (ALT), aspartate aminotransferase (AST), cholesterol (HDL), total cholesterol, creatinine, complete blood count and WBC differential, gamma GT, glucose, triglycerides, partial thromboplastin time (PTT), prothrombin time (PT), urea, ESR, urinalysis (chemical, physical and microscopic analysis), stools (occult blood test).

- **Benefits for men:** PSA (prostate-specific antigen), resting ECG, chest x-ray (a doctor's prescription is required for chest x-rays).
- **Benefits for women:** smear test, mammogram or alternatively breast ultrasound scan (a doctor's prescription is required for mammograms), resting ECG.
- **Benefits made available to men and women once every two years from their 55th birthday:** colour Doppler of the veins of the lower limbs, spirometry.

*\*The expression "at the same time" means that the benefits must be requested together and at the same time and may be carried out on different days depending on the availability of the healthcare facility and the Insured.*

*It is also possible to request only one or some of the benefits included in the prevention package. Benefits included in the package that are not requested at the same time cannot be provided in the same insurance year.*

## 6.10. Children's growth monitoring appointment

The Healthcare Plan covers the payment of the expenses incurred for children's growth monitoring appointments up to their **12th birthday**, with the following frequencies:

- 4 visits up to up to the child's 1st birthday
- 2 visits up to up to the child's 2nd birthday
- One visit every other year from the child's 2nd birthday until his/her 12th birthday.

- **In case of use of healthcare facilities affiliated with UniSalute and services performed by affiliated physicians**

UniSalute directly pays the facilities for the benefits provided to the Insured, without the application of any amounts at the Insured's expense.

- **In case of use of healthcare facilities not affiliated with UniSalute**

**80%** of the expenses incurred are reimbursed with the application of a minimum non-refundable amount of **€ 30.00** per invoice.

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

UniSalute fully reimburses any co-payment expenses paid by the Insured.

<b>The annual maximum amount available for this cover is unlimited</b>
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## 6.11. Advisory services

### In Italy

Our Helpline provides the following advisory services by calling the toll-free number **800-822446**, from Monday to Friday from 8:30 am to 7:30 pm.

### **From abroad**

Dial the country code for Italy + **051.6389046**.

#### **a) Over-the-phone healthcare information**

The Helpline provides a healthcare information service with regard to:

- public and private healthcare facilities: location and areas of specialisation;
- information on the administrative aspects of healthcare (bureaucratic information, co-payment exemption, direct and indirect assistance in Italy and abroad, etc.);
- specialist medical centres for specific pathologies in Italy and abroad;
- medicinal products: composition, indications and contraindications;

#### **b) Healthcare benefit booking service**

The Helpline provides a booking service for the healthcare services covered by the Plan in the form of direct assistance at healthcare facilities affiliated with UniSalute.

#### **c) Medical opinions**

If as a result of accident or illness the Insured requires telephone advice from a physician, the Helpline will provide the information and advice needed through its own physicians.

## **7. PREMIUMS**

The annual premiums for all of the services specified above, inclusive of taxes, to be paid to the Healthcare fund are as follows:

### **MEMBERSHIP PLAN**

Family of technical and administrative personnel (with both fixed- and open-term contracts); language staff and experts; and management personnel as defined in the article "Insured



persons“:	<b>€ 410.00</b>
• Spouse/domestic partner	
• each son/daughter	<b>€ 350.00</b>

Lecturers and Technological staff and their families as per the official family status declaration, as defined in the article “Insured persons”:	<b>€ 540.00</b>
• aged 49 years or under	<b>€ 610.00</b>
• age 50 years or over	<b>€ 410.00</b>
• spouse/domestic partner of a lecturer	<b>€ 350.00</b>
• each son/daughter of the lecturer	

## **8. EXCLUSIONS FROM INSURANCE**

Although the cover is valid regardless of the physical condition of the Insured persons, the insurance does not cover:

- treatment and/or operations for the elimination or correction of physical defects or malformations already existing at the time of conclusion of the contract;
- the treatment of mental illness and psychological disorders in general, including neurotic behaviour;
- dentures, periodontal care, dental care and dental examinations (unless explicitly mentioned in the Policy);
- medical services with aesthetic purposes (except for reconstructive plastic surgery made necessary by injury or by destructive operations taking place during the effective period of the contract);
- hospitalisation during which only tests or physical therapy are performed which, due to their technical nature, may also be carried out in outpatient clinics;
- infertility tests and medical practices for the purpose of artificial insemination;
- hospitalisation arising from the need of the Insured for third-party assistance in order to perform basic activities of daily living as well as admission to long-term care.

Admission to long-term care is understood as that arising from

physical conditions of the Insured for which recovery with medical treatment is no longer possible, requiring admission to a medical establishment for care or physical therapy maintenance;

- 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;
- the consequences of wars, uprisings, tectonic plate movements and volcanic eruptions and atmospheric events;
- therapies not recognised by official medicine.

\* Physical defect is understood as a deviation from the normal morphological order of an organism or parts of its organs due to acquired pathological or traumatic conditions.

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

**The Helpline is in any case at the disposal of Insured parties in order to clarify any doubts they may have regarding any particularly complex situations.**

## **9. IMPORTANT CLARIFICATIONS**

### **9.1. Date of effect and duration of the insurance**

The policy is valid from 00:00 hours on 31/12/2023 until 00:00 hours on 31/12/2024, unless it is extended or renewed.

For details of the validity and expiry of the policy for Insured persons who join/leave during the year, see the article “Inclusions / Exclusions”

### **9.2. Inclusions/ exclusions**

#### **Hiring of new staff**

For newly-hired personnel, the guarantee shall come into effect at 00:00 hours on the date of hiring, provided notice is given within 30 days. After this 30-day period, the insurance shall come into effect on the date that notice is actually given.

### **Termination of the employment relationship**

If an employment relationship is terminated, the guarantee shall expire at 00:00 hours on the date of termination of the employment relationship.

The inclusion of optional members is governed as follows:

- 1) From the start date of the contract, the beneficiaries shall have a 30-day time window during which they can join the Healthcare plan for themselves and/or for their family. The cover start date is the contract date.
- 2) Newly-hired personnel who are included during the year will have 30 days from hiring to join, with effect from the date they join, once payment of the premium has been verified.

The premium will be calculated as follows:

- For those who join in the first half of the year, the annual premium must be paid;
- For those who join in the second half of the year, 60% of the annual premium must be paid.

Any exclusions of optional members that take place during the year will not result in the reimbursement of the premium, which is therefore considered acquired by the Company.

### **9.3. Area of validity**

**The Healthcare Plan is valid worldwide.** Before leaving for a holiday/trip, download the form certifying that your healthcare cover is also valid abroad and containing a summary of useful contact details if required. You will find the **Foreign cover form** in your **Members Area** in the “**Policy**” section of the UniSalute website.

If you are abroad and need to be hospitalised, you must contact the Helpline as soon as possible to be authorised to enjoy the benefit and receive instructions as to the nearest affiliated healthcare facility.

You will thus be able to enjoy a guaranteed service chosen for you by UniSalute, which will assist you in dealing with your dire situation in a foreign country.

Should you decide to go to a non-affiliated healthcare facility, be sure to keep all the documentation regarding the benefit you received and any amounts paid to be able to request a reimbursement.

#### 9.4. Age limits

There are no age limits for the conclusion or renewal of the insurance.

#### 9.5. Management of expense documentation

##### A. Benefits at healthcare facilities affiliated with UniSalute

Expense documentation for healthcare benefits authorised by UniSalute and provided at affiliated healthcare facilities is given to the Insured directly by the facility.

##### B. Services at healthcare facilities not affiliated with UniSalute

Copies of the expense documentation received must be kept and attached to reimbursement claims pursuant to law. If UniSalute asks the Insured to provide original documentation, on a monthly basis the original documentation only will be returned.

#### 9.6. What reports will be sent during the year?

In order to satisfy the Insured Persons' need for transparency and updates on the status of their reimbursement claims, UniSalute will send the following reports during the year:

- **monthly summary** of reimbursement claims awaiting documentation, paid and not paid during the month;
- **annual summary** of all expense documentation provided throughout the year indicating the amount requested, amounts paid and any amounts remaining at the expense of the Insured.

#### 9.7. Place of Jurisdiction

The sole place of jurisdiction for any disputes is the court of Pavia.

## 9.8. Complaints

Any complaints regarding the management of the contractual relationship, particularly with regard to the attribution of liability, the effectiveness of the service, the quantification and payment of the sums due to the claimant, or an insurance service, or the conduct of the Agent (including its employees and associates), must be submitted in writing to: **UniSalute S.p.A. Ufficio Reclami - via Larga, 8 - 40138 Bologna - fax 0517096892 - e-mail [reclami@unisalute.it](mailto:reclami@unisalute.it)**. Or using the dedicated complaint form available from [www.unisalute.it](http://www.unisalute.it).

Complaints regarding the conduct of the Agent, including its employees and associates, can be forwarded in writing also to the relevant Agency.

In order for complaints to be processed, they must state the name, surname and tax code (or VAT number) of the Policyholder.

Complaints relating to the conduct of intermediaries registered in sections B (Brokers) and D (Banks, Financial Intermediaries pursuant to Article 107 of the Italian Banking Consolidation Act, securities brokerage firms and Poste Italiane - Post Office Counter Services Division) of the Single Register of Intermediaries, must be forwarded in writing directly to the Intermediary's head office and will be handled by it, responding to the claimant within a maximum period of 45 days.

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. If the complaint regards the conduct of the Agent (including its employees and associates), the time limit

for responding is 60 days.

Written claims sent to IVASS, including those using the dedicated form available from the websites of IVASS and the Company, 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 but complete description of the reason for complaint;
- d. copy of the complaint submitted to the Company or Intermediary 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](http://www.unisalute.it) and in the regular circulars sent during the validity of the contract, as applicable.

It should be noted that complaints for verification of compliance with current industry regulations should be submitted directly to IVASS.

For the settlement of cross-border disputes to which they are party, claimants residing in Italy may submit the complaint either to IVASS or directly to the competent foreign agency, which can be identified on the website [https://finance.ec.europa.eu/consumer-finance-and-payments/retail-financial-services/financial-dispute-resolution-network-fin-net\\_it](https://finance.ec.europa.eu/consumer-finance-and-payments/retail-financial-services/financial-dispute-resolution-network-fin-net_it) requesting the activation of a FIN-NET procedure. If the claim is wholly or partly rejected, without prejudice in any case to the right to apply to the Judicial Authorities, the claimant may employ the following alternative dispute settlement systems:

- mediation procedure before a mediation body pursuant to Legislative Decree no. 28 of 4 March 2010 (as amended); in some cases, including those regarding disputes arising in connection with insurance contracts or claims for damages for medical or healthcare

liability, the activation of a mediation procedure is required before legal action can be taken. Mediation procedures can be initiated by filing an application with a mediation body with the aid of freely-chosen lawyer, as indicated in the aforesaid Decree;

- Assisted negotiation procedure pursuant to Law-Decree no. 132 of 12 September 2014 (converted into Law no. 162 of 10 November 2014); this procedure can be initiated by the stipulation between the parties of an assisted negotiation agreement with the assistance of a freely-chosen lawyer, as indicated in the Decree;
- Joint or Arbitration Commission procedure where provided for in the Conditions of Insurance

It should be noted that disputes regarding the activation of the guarantees or the quantification of benefits fall exclusively under the competence of the Judicial Authorities, with possibility of recourse to conciliation systems, where present.

### **9.9. “HOME INSURANCE” INFORMATION SHEET - INSTRUCTIONS FOR ACCESSING THE MEMBERS AREA PURSUANT TO IVASS REGULATION 41/2018**

On 1 July 2020 the new provisions of Italian Insurance Supervisory Authority Regulation no. 41/2018 (hereinafter the “Regulation”) on home insurance came into force.

More specifically, home insurance aims to simplify and expedite dealings with insurance companies through a more effective management of insurance contract arrangements, including through use of electronic means.

The Company, which has always been committed to protecting its clients and agrees with the aims of the Provision, has activated an “IVASS Regulation 41/2018 Area”, which can be accessed from the website that all Clients can log in to. This area is different to the “CUSTOMER SERVICES AREA” that has been available from the Company’s home page for some time.

Kindly note that, as provided for in the Provision, it will be possible to access the IVASS area by requesting the login credentials for the reserved area directly from the Company's website. After the first access, the Company will provide the personal credentials making it possible to consult the insurance cover in place, the contractual conditions, the status of payments and the corresponding deadlines.

## **9.10. INFORMATION ON THE INSURANCE COMPANY**

### **1. General Information**

UniSalute S.p.A. ("the Company"), subject to management and coordination by Unipol Gruppo S.p.A., a member of the Unipol Insurance Group registered under no. 046 of the IVASS Register of Parent Companies. Registered Office and Head Office in Via Larga, 8 - 40138 - Bologna (Italy).

Telephone +39 051 6386111 - fax +39 051 320961 - website [www.unisalute.it](http://www.unisalute.it) – e-mail address [unisalute@pec.unipol.it](mailto:unisalute@pec.unipol.it) or [info@unisalute.it](mailto:info@unisalute.it).

The Company is authorised to provide insurance under Ministerial Decree No. 18340 of 20-11-1989 (Official Journal No. 283 of 4-12-1989), Ministerial Decree No. 19653 of 8-10-1993 (Official Journal No. 251 of 25-10-1993), Ministerial Decree No. 20016 of 9-12-1994 (Official Journal No. 296 of 20-12-1994) and ISVAP Provision No. 2187 of 8-05-2003 (Official Journal No. 112 of 16-05-2003). Register of Insurance Companies No.: 1.00084.

For financial information on the company, see the solvency report available at: <https://www.unisalute.it/informazioni-societarie/informativa-pillar-solvency-2>

### **2. Information on the financial position of the Company**

As stated in the most recently approved financial statement for financial year 2022, the Company's equity amounted to € 241.1 million, with share capital of € 78.03 million and total equity reserves of € 102.2 million. According to the Solvency and Financial Condition Report (SFCR), available at [www.unisalute.it](http://www.unisalute.it), pursuant to the regulations on the capital adequacy of insurance companies (known



as Solvency II) that came into force on 1 January 2016, the solvency capital requirement (SCR), for financial year 2022, amounted to € 95.90 million and the minimum capital requirement (MCR) was € 27.18 million, for the coverage of which the Company has own funds of € 214.69 million and € 210.85 million, respectively, resulting in a Solvency Index, as at 31 December 2022, equal to 2.24 times the solvency capital requirement. The solvency capital requirements are calculated using the Standard Formula Market Wide.

## **10. ATTACH A - LIST OF MAJOR SURGERIES**

### **NEUROSURGERY**

1. Neurosurgery procedures involving craniotomy or transoral approaches
2. Cranioplasty
3. Pituitary surgery using a transsphenoidal approach
4. Orbital tumour excision
5. Excision of space-occupying lesions of the spine (intra- and/or extramedullary)
6. Surgery for spinal disk herniation and/or myelopathies of the cervical spine using an anterior or posterior approach
7. Brachial plexus surgery
8. Hemispherectomy
9. Treatment of intramedullary lesions (tumours, syringomyelia, abscesses, etc.)
10. Procedures for vertebro-medullary injuries with surgical stabilisation
11. Vertebral somatectomy

### **OPHTHALMOLOGY**

12. Surgery for tumours of the eye
13. Enucleation of the eye

### **ENT**

14. Removal of malignant tumours from the oral cavity
15. Excision of parapharyngeal, uvula (uvulotomy) and vocal cord (cordectomy) tumours
16. Demolitive laryngeal surgery (total or partial laryngectomy)
17. Excision of malignant tumours of the ethmoid, frontal, sphenoid and maxillary sinus
18. Ossicular chain reconstruction
19. Surgery for a neurinoma of the 8th cranial nerve
20. Removal of glomus tympanicum-jugular tumours

### **NECK SURGERY**

21. Total thyroidectomy with mono- or bilateral neck dissection
22. Retrosternal goitre surgery with mediastinotomy

### **RESPIRATORY TRACK SURGERY**

23. Tracheal, bronchial, pulmonary or pleural tumour surgery

24. Bronchial fistula surgery
25. Surgery for pulmonary hydatid disease
26. Total or partial pneumonectomy
27. Surgery for mediastinal cysts or tumours

### **CARDIOVASCULAR SURGERY**

28. Heart surgery with thoracotomy
29. Surgery on the main thoracic vessels with thoracotomy
30. Open abdominal aorta surgery
31. Endarterectomy of the carotid and vertebral arteries
32. Transverse foramen decompression of the vertebral artery
33. Aneurysm surgery: resection and prosthetic grafting
34. Excision of tumours of the carotid body

### **GASTROINTESTINAL TRACT SURGERY**

35. Oesophageal resection (total or partial)
36. Procedures involving oesophagoplasty
37. Surgery for mega-oesophagus
38. Total gastric resection
39. Gastrojejunal resection
40. Surgery for gastrocolic fistulae
41. Total gastrectomy
42. Total colectomy, hemicolectomy and rectocolic resections with an anterior approach (with or without colostomy)
43. Rectoanal amputation surgery
44. Total proctocolectomy
45. Surgery for megacolon with an anterior or abdominoperitoneal approach
46. Excision of tumours of the retroperitoneal space
47. Liver abscess drainage
48. Surgery for hydatid diseases of the liver
49. Liver resection
50. Biliary reconstruction following bile duct resection
51. Surgery for portal hypertension
52. Open surgery for acute or chronic pancreatitis
53. Open surgery for pancreatic cysts, pseudocysts or fistulae
54. Surgery for pancreatic tumours
55. Biliodigestive shunts.
56. Surgery on the major duodenal papilla

### **UROLOGY**

57. Radical nephroureterectomy
58. Adrenalectomy
59. Total cystectomy
60. Urinary bladder reconstruction surgery with or without ureterosigmoidostomy
61. Cystoprostatovesiculectomy
62. Radical prostatectomy with a perineal, retropubic or trans-sacral approach
63. Orchiectomy with lymphadenectomy for testicular cancer
64. ESWL (extracorporeal shock wave lithotripsy).
65. Open nephrectomy with embolectomy for tumour.
66. Ileo bladder

### **GYNAECOLOGY**

67. Radical hysterectomy with an abdominal or vaginal approach with lymphadenectomy
68. En bloc radical vulvectomy with inguinal and/or pelvic lymphadenectomy
69. Radical surgery with lymphadenectomy for vaginal tumours

### **ORTHOPAEDICS AND TRAUMA**

70. Cervical rib surgery
71. Vertebral stabilisation surgery
72. Vertebral body resection
73. Treatment of lower-extremity dysmetria and/or bowing with external fixators
74. Demolitive surgery for bone tumours resection
75. Shoulder, elbow, hip or knee replacement surgery
76. Spinal fusion with plates and pedicle screws
77. Vertebrolysis

### **PAEDIATRIC SURGERY (the procedures listed below are only covered for new-borns who are already insured at birth)**

78. Surgery for cystic and polycystic lung disease (lobectomy, pneumonectomy)
79. Surgical correction of congenital atresia and/or fistula
80. Surgical correction of congenital megaureter
81. Surgical correction of congenital megacolon

### **ORGAN TRANSPLANTS**

82. All





# REIMBURSEMENT REQUEST FORM – UNIVERSITY OF PAVIA HEALTHCARE PLAN

**IN ORDER FOR UNISALUTE TO BE ABLE TO PROCESS YOUR DATA, YOU MUST SIGN THIS PERSONAL DATA PROCESSING CONSENT FORM**

**Consent to the processing of health-related personal data for insurance purposes**  
(Article 9 of Regulation (EU) 679/2016 – General Data Protection Regulation)

Having acknowledged the Information on processing of personal data provided, you may express consent for the processing of special categories of personal data (health-related in particular), for insurance and settlement purposes, signing and affixing the signatures of your family members insured in the spaces provided below. Please note that **without this consent, UniSalute S.p.A. will be unable to execute the insurance contract**, which requires the processing of special categories of health-related personal data (for the settlement of any claims or reimbursement). **With this consent, each insured party authorises any relatives belonging to the family unit - also insured by UniSalute - to be informed of insurance benefits settled/disbursed if necessary for verification in relation to the maximum insured amount and for the use of online services that would otherwise be precluded.**

Place and date \_

Name and surname

and tax code  
of the policyholder (in block capitals)

Signature of interested party

Name and surname

of the person for whom reimbursement is requested (in block capitals)

Signature of interested party

\* Parents/administrator/guardians are asked to sign on behalf of minors/incapacitated/prohibited persons using their

<b>EMPLOYEE/MEMBER:</b> Surname		Name	
<b>PERSON FOR WHOM REIMBURSEMENT IS BEING REQUESTED:</b> Surname		Name	
Born in	date of birth	Tax Code	
Resident in	No.	Postcode	City/town Province
Postal address (if different from residence)		Postcode	City/town Province
Tel.	Mobile	E-mail	

### Documentation required

**To speed up the reimbursement process, please send all documents relating to one claim together**

**Hospitalisation: claim for allowance in lieu**

copy of complete medical records

**Highly specialised services**

copy of medical prescriptions specifying the medical condition   
copy of invoices and/or tax receipts

**Specialist consultations and diagnostic investigations**

copy of medical prescriptions specifying the medical condition

**special dental services**

copy of invoices and/or tax receipts

**Orthopaedic and acoustic implants**

copy of invoices and/or tax receipts

**Lenses and glasses**

copy of invoices and/or tax receipts

certificate of sight changes issued by an ophthalmologist/ optometrist

**Children's growth monitoring appointment**

copy of invoices and/or tax receipts

**If these are additional documents referring to an existing claim, please specify the claim number.**

NO. CLAIMS\_

This will allow us to speed up the assessment process and therefore the reimbursement procedures. You can find the claim number on unisalute.it – Members Area - "account statement" section or by contacting the Helpline using the toll-free number provided for your healthcare plan.

You can also upload additional documents directly on line to unisalute.it-Members area - "account statement" section: It is easy and fast.

### A copy of the following invoices is attached

NUMBER	DATE	AMOUNT

NUMBER	DATE	AMOUNT

and it is hereby acknowledged that, for the purposes of the proper assessment of the claim or the verification of the authenticity of the copies of documentation provided, UniSalute will always be entitled to request the original copies of expense documentation.

I hereby declare that I have no other healthcare coverage and have not submitted reimbursement claims to other Insurance Companies, Institutions, Funds or Entities; otherwise please indicate the Insurance Company/Institution/Fund/Entity: \_  
(Compulsory information pursuant to Article 1910 of the Italian Civil Code)

### My bank details to be used for direct reimbursement are as follows:

account holder's name: \_\_\_\_\_ Bank/Mail\_

IBAN number | \_\_\_\_\_ |

In case of change of IBAN, you must immediately notify UniSalute through the Members Area of the website.

**Please send this form to: UniSalute S.p.A. Spese Sanitarie Clienti - c/o CMP BO - Via Zanardi, 8 - 40138 Bologna BO.**

**Only forms sent by mail will be considered valid, couriers may not be used.**

Date

Signature of the insured person

## Information for customers regarding use of their personal data and their rights

Dear Customer, pursuant to Article 13 of Regulation (EU) no. 2016/679 – the General Data Protection Regulation (hereinafter also referred to as the “GDPR”), we wish to inform you that, in order to provide you with our insurance products and/or services, including those provided to your insured family members, UniSalute S.p.A. needs to use certain data concerning you and your family and cohabiting persons, for the purposes and within the terms indicated below.

### WHICH DATA DO WE COLLECT?

#### 1. For insurance purposes

These are personal data (such as, for example, name, surname, date of birth, official home address, telephone number and e-mail address), that you or other subjects<sup>1</sup> provide us with that are indispensable for providing you with the insurance services and/or products mentioned.

Conferral of these data is necessary for the conclusion of the insurance contract and for its management and execution<sup>2</sup>, and in some cases is required by applicable law, regulations, EU directives or regulations imposed by public agencies such as the Italian Data Protection Authority or the Supervisory Authorities<sup>3</sup>. Without these data we will not be able to provide you with the requested services properly; the optional provision of certain additional contact information (telephone numbers and e-mail address) may also be useful in order to facilitate notifications and correspondence regarding the services provided.

If you wish to register in the “Members Area” of our website and/or to download our UniSalute App for mobile devices, we will also use these data to identify you as an insured subject and to provide you with the services envisaged by your policy and the information you need to manage the benefits guaranteed. Conferral of these data is necessary in order to allow you and any insured family members to access online services using the “Members Area” of our Internet portal or using the UniSalute App directly from your smartphone and to send, by e-mail, text message or, for the App only, push notifications, information regarding the status of your appointments, appointment reminders or confirmations, information regarding claim payments and routine claim account statements, for you and any other insured family members.

We also collect personal data<sup>4</sup> pertaining to special categories (information that could reveal your health conditions, such as that included in prescriptions, medical reports, specialist invoices, receipts for the purchase of medicines and medical devices, etc. sent to us as paper documents or uploaded as electronic files to the “Members Area” of the UniSalute website, or using a smartphone camera for the App) in order to manage the benefits provided under your policy and to provide you with the requested services, for fraud-prevention purposes (verification of the authenticity of the data, the prevention of fraud risk, to fight any fraud committed)<sup>2</sup> and to fulfil regulatory obligations<sup>5</sup>. Conferral of these data is necessary in order to provide you with the insurance benefits, but can only be processed if you and any family/cohabiting partner give your explicit consent<sup>2</sup>.

Your data may only be disclosed to public or private subjects outside of our Company involved in the insurance services regarding you<sup>6</sup> or in operations required in order to fulfil obligations connected with insurance activities<sup>3</sup>. In order to comply with specific fraud prevention and investigation requirements, the data may also be disclosed to insurance companies outside of the Group, when this is necessary in order to allow our Company and other insurance companies to pursue their legitimate interests in connection with these requirements or for investigations conducted to defend and protect rights in criminal proceedings. Your personal data shall be kept in full observance of the security measures specified by personal data protection regulations and shall be stored for the duration of the insurance contract and, at its expiry, for as long as required in compliance with regulations on the storage of documentation for administrative, accounting, fiscal, contractual and insurance purposes (usually 10 years).

#### 2. For marketing purposes

If you give your consent, which we will ask you for in a separate section in compliance with articles 82 and 83 of the IVASS Regulation no. 40/2018 (articles 183 and 191 of Italian Legislative Decree 209/2005 - Private insurance Code), and which may be optionally granted, your personal data, with the exclusion of any data belonging to special categories (article 9 of the GDPR)<sup>7</sup>, may also be processed for the purpose of sending commercial messages related to products or services of the controller Company, companies belonging to the Unipol Group<sup>7</sup> and third-party companies, in particular for the distribution of promotional notices, newsletters and advertising material, direct sales activities and the performance of market research, including service quality and satisfaction surveys, by means of remote communication techniques including automated contact modalities (e.g. SMS, MMS, fax, automated telephone calls, e-mail and messages on web applications) and conventional means of communication (e.g. printed mail and telephone calls through an operator).

Your data will be kept in full compliance with the security measures provided for by data protection regulations and will be stored for two years for purposes relating to commercial notices, starting from the date of the termination of relations with UniSalute. Once this period has elapsed they will no longer be used for the aforesaid purposes.

Failure to confer your data for the purposes referred to in this section 2, as well as failure to express consent for the same purpose, will not entail any consequence in relation to the subscription and/or management of the Products and the legal relationships in place, and therefore only precludes the performance of the activities mentioned in this section.

### HOW DO WE PROCESS YOUR DATA?

Your data and the data of any insured family members will not be disseminated; they will be processed using suitable means and procedures, including computerised and electronic means and procedures, and shall only be made privy to the staff appointed by our Company's facilities assigned to provide the insurance products and services regarding you and by external subjects we trust and to whom we assign certain technical or organisational tasks, who work as data processors on our behalf<sup>8</sup>. Where necessary, and for insurance purposes alone, personal data may be processed, for administrative and accounting purposes, also by other Companies that, like the Controller UniSalute, belong to the Unipol Group<sup>7</sup>.

We will process any data pertaining to special categories of data (for example health-related data) only once explicit consent to do so has been granted by the data subject (you/a member of your family/cohabiting person)<sup>9</sup>. For the purposes of the insurance cover provided to your family/cohabiting persons, you will be privy to certain data, including those pertaining to special categories, regarding the insurance benefits provided to them, when necessary in order to manage the policy and in order to verify the corresponding cover and the guaranteed insurance limits. However, each beneficiary of your policy may register individually in the “Members Area” of our website and/or download our UniSalute App for mobile devices and therefore independently manage his/her position, including his/her personal data.

### WHAT ARE YOUR RIGHTS?

Data protection regulations (articles 15-22 of the GDPR) guarantee you the right to access the data regarding you at any time; to request their rectification and/or supplementation, if they are inaccurate or incomplete; to request their erasure or the restriction of their processing, where applicable, and the portability of the data you provide, when processed in an automated manner for the contractual benefits requested, within the limits envisaged by the GDPR (article 20); to object to their processing for reasons connected with your personal situation; and, where the processing of your data is based on the consent you express, to withdraw it without affecting the lawfulness of processing based on the consent granted prior to withdrawal.

The Controller of your personal data is UniSalute S.p.A. ([www.unisalute.it](http://www.unisalute.it)) with offices in Via Larga 8 - 40138 Bologna (BO).

The “Data Protection Officer” is at your disposal for any doubts or clarification and can be contacted at UniSalute S.p.A. headquarters using the e-mail address [privacy@unisalute.it](mailto:privacy@unisalute.it), if you wish to exercise your rights or to receive an up-to-date list of the categories of subjects your data may be transferred to as indicated in note(6). You are in any case entitled to file a complaint with the Italian Data Protection Authority if you believe it necessary in order to protect your personal data and corresponding rights.

<sup>1</sup> For example, parties to insurance policies of which you are an insured party or beneficiary, any joint guarantors; other insurance operators (such as insurance brokers, insurance companies, etc.) from which information regarding policies or claims may be obtained, including for the prevention of fraud; subjects that we ask to provide commercial information, in order to satisfy your requests (e.g. to issue or renew cover, pay a claim, etc.); insurance associations (e.g. the ANIA) and consortia belonging to the insurance sector, other public subjects.

<sup>2</sup> For example, to prepare or take out insurance policies, for the collection of premiums, settlement of claims or payment or performance of other services; for reinsurance and co-insurance; for the fulfilment of other specific contractual obligations, for the prevention and identification of insurance fraud and related legal proceedings in cooperation with other Unipol Group companies; for the establishment, exercising and defence of the insurer's rights; for the analysis of new insurance markets; for management and internal control; for statistical and pricing activities.

<sup>3</sup> For the fulfilment of specific legal obligations, for example, as a result of (i) the orders of IVASS, CONSOB, COVIP, Bank of Italy, AGCM, Data Protection Authority, (ii) compliance with tax assessments, (iii) fulfilment of identification, registration and customer due diligence obligations and for reporting suspicious transactions under anti-money laundering and terrorist financing legislation (Legislative Decree no. 231/07), (iv) providing data to the Centralised Information Archive, managed by Consap on behalf of the Ministry of Economics and Finance (as the Data Controller) for the purpose of preventing fraud caused by identity theft, (v) providing data to other databases to which data must be sent mandatorily.

The full list is available at our head office or from the Data Subject Relations Manager.

<sup>4</sup> Pursuant to Article 9 of the GDPR, special categories of data means personal data revealing racial or ethnic origin, political opinions, religious beliefs or philosophical convictions, or trade union memberships, genetic data, biometric data for the purpose of unequivocally identifying a natural person, or data relating to the person's health or sex life or sexual orientation. Pursuant to article 4(1) of the GDPR, Personal data (not pertaining to special categories) consist of any information concerning an identified natural person or a natural person who is identifiable, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data or an online identifier. In specific cases, where strictly necessary for purposes authorised by regulations and on the basis of the above-mentioned prerequisites, data relating to possible criminal convictions or offences may also be collected and processed by our Company.

<sup>5</sup> This notwithstanding, such data may be processed where essential to conduct defensive investigations and for the legal protection of rights in criminal proceedings concerning unlawful or fraudulent behaviour.

<sup>6</sup> In particular, your data may be disclosed and/or processed by UniSalute S.p.A., by Unipol Group companies (the list of Group companies is available on the website of Unipol Gruppo S.p.A. [www.unipol.it](http://www.unipol.it)) and by entities belonging to the so-called “Insurance chain”, in Italy and, where applicable, if necessary for the provision of the requested services, in countries of the European Union or outside the EU, such as: other insurers; co-insurers and reinsurers; insurance and reinsurance brokers and other insurance contract acquisition channels; banks; registered physicians; appraisers; legal experts; private investigators; repair shops; acknowledgment services; healthcare facilities or affiliated clinics; as well as public or associative insurance entities and organisations for the fulfilment of regulatory and supervisory requirements (such as CONSAP); other databases requiring the disclosure of data, such as for example, the Centralised Accident Database (shown in the list available at our registered office or through the Data Protection Officer). Any transfer of your personal data outside the European Union will be performed in compliance with the limits and provisions set forth in Regulation (EU) no. 2016/679 and the provisions issued by the Italian Data Protection Authority.

<sup>7</sup> Unipol Group, whose parent company is Unipol Gruppo S.p.A. A full list of Group companies is available from the Unipol Gruppo S.p.A. website [www.unipol.it](http://www.unipol.it).

<sup>8</sup> For example, IT, telematics or storage service companies; service companies entrusted with claim handling, settlement and payment; companies supporting management activities including postal service companies; auditing and consulting firms; companies providing business information for financial risk; service companies for fraud control; debt collection companies.

<sup>9</sup> This notwithstanding, such data may be processed where this is essential for conducting defensive investigations and for the legal protection of rights in criminal proceedings concerning unlawful or fraudulent behaviour.

UniSalute S.p.A.

Sede Legale e Direzione Generale: via Larga, 8 - 40138 Bologna (Italia) - [unisalute@pec.unipol.it](mailto:unisalute@pec.unipol.it) - tel. +39 051 6386111 - fax +39 051 320961

Capitale sociale i.v. Euro 78.028.566,00 - Registro delle Imprese di Bologna, C.F. 03843680376 - P. IVA 03740811207 - R.E.A. 319365

Società soggetta all'attività di direzione e coordinamento di Unipol Gruppo S.p.A., iscritta all'Albo Imprese di Assicurazione

e riassicurazione Sez. I al n. 1.00084 e facente parte del Gruppo Assicurativo Unipol iscritto all'Albo delle società capogruppo al n. 046

[www.unisalute.it](http://www.unisalute.it)







## Information for customers regarding use of their personal data and their rights

Dear Customer, pursuant to Article 13 of Regulation (EU) no. 2016/679 – the General Data Protection Regulation (hereinafter also referred to as the “GDPR”), we wish to inform you that, in order to provide you with our insurance products and/or services, including those provided to your insured family members, UniSalute S.p.A. needs to use certain data concerning you and your family and cohabiting persons, for the purposes and within the terms indicated below.

### WHICH DATA DO WE COLLECT?

#### 1. For insurance purposes

These are personal data (such as, for example, name, surname, date of birth, official home address, telephone number and e-mail address), that you or other subjects<sup>1</sup> provide us with that are indispensable for providing you with the insurance services and/or products mentioned.

Conferral of these data is necessary for the conclusion of the insurance contract and for its management and execution<sup>2</sup>, and in some cases is required by applicable law, regulations, EU directives or regulations imposed by public agencies such as the Italian Data Protection Authority or the Supervisory Authorities<sup>3</sup>. Without these data we will not be able to provide you with the requested services properly; the optional provision of certain additional contact information (telephone numbers and e-mail address) may also be useful in order to facilitate notifications and correspondence regarding the services provided.

If you wish to register in the “Members Area” of our website and/or to download our UniSalute App for mobile devices, we will also use these data to identify you as an insured subject and to provide you with the services envisaged by your policy and the information you need to manage the benefits guaranteed. Conferral of these data is necessary in order to allow you and any insured family members to access online services using the “Members Area” of our Internet portal or using the UniSalute App directly from your smartphone and to send, by e-mail, text message or, for the App only, push notifications, information regarding the status of your appointments, appointment reminders or confirmations, information regarding claim payments and routine claim account statements, for you and any other insured family members.

We also collect personal data<sup>4</sup> pertaining to special categories (information that could reveal your health conditions, such as that included in prescriptions, medical reports, specialist invoices, receipts for the purchase of medicines and medical devices, etc. sent to us as paper documents or uploaded as electronic files to the “Members Area” of the UniSalute website, or using a smartphone camera for the App) in order to manage the benefits provided under your policy and to provide you with the requested services, for fraud-prevention purposes (verification of the authenticity of the data, the prevention of fraud risk, to fight any fraud committed<sup>5</sup> and to fulfil regulatory obligations<sup>6</sup>). Conferral of these data is necessary in order to provide you with the insurance benefits, but can only be processed if you and any family/cohabiting partner give your explicit consent<sup>5</sup>.

Your data may only be disclosed to public or private subjects outside of our Company involved in the insurance services regarding you<sup>6</sup> or in operations required in order to fulfil obligations connected with insurance activities<sup>7</sup>. In order to comply with specific fraud prevention and investigation requirements, the data may also be disclosed to insurance companies outside of the Group, when this is necessary in order to allow our Company and other insurance companies to pursue their legitimate interests in connection with these requirements or for investigations conducted to defend and protect rights in criminal proceedings. Your personal data shall be kept in full observance of the security measures specified by personal data protection regulations and shall be stored for the duration of the insurance contract and, at its expiry, for as long as required in compliance with regulations on the storage of documentation for administrative, accounting, fiscal, contractual and insurance purposes (usually 10 years).

#### 2. For marketing purposes

If you give your consent, which we will ask you for in a separate section in compliance with articles 82 and 83 of the IVASS Regulation no. 40/2018 (articles 183 and 191 of Italian Legislative Decree 209/2005 - Private insurance Code), and which may be optionally granted, your personal data, with the exclusion of any data belonging to special categories (article 9 of the GDPR)<sup>8</sup>, may also be processed for the purpose of sending commercial messages related to products or services of the controller Company, companies belonging to the Unipol Group<sup>7</sup> and third-party companies, in particular for the distribution of promotional notices, newsletters and advertising material, direct sales activities and the performance of market research, including service quality and satisfaction surveys, by means of remote communication techniques including automated contact modalities (e.g. SMS, MMS, fax, automated telephone calls, e-mail and messages on web applications) and conventional means of communication (e.g. printed mail and telephone calls through an operator).

Your data will be kept in full compliance with the security measures provided for by data protection regulations and will be stored for two years for purposes relating to commercial notices, starting from the date of the termination of relations with UniSalute. Once this period has elapsed they will no longer be used for the aforesaid purposes.

Failure to confer your data for the purposes referred to in this section 2, as well as failure to express consent for the same purpose, will not entail any consequence in relation to the subscription and/or management of the Products and the legal relationships in place, and therefore only precludes the performance of the activities mentioned in this section.

### HOW DO WE PROCESS YOUR DATA?

Your data and the data of any insured family members will not be disseminated; they will be processed using suitable means and procedures, including computerised and electronic means and procedures, and shall only be made privy to the staff appointed by our Company's facilities assigned to provide the insurance products and services regarding you and by external subjects we trust and to whom we assign certain technical or organisational tasks, who work as data processors on our behalf<sup>8</sup>. Where necessary, and for insurance purposes alone, personal data may be processed, for administrative and accounting purposes, also by other Companies that, like the Controller UniSalute, belong to the Unipol Group<sup>7</sup>.

We will process any data pertaining to special categories of data (for example health-related data) only once explicit consent to do so has been granted by the data subject (you/a member of your family/cohabiting person)<sup>9</sup>.

For the purposes of the insurance cover provided to your family/cohabiting persons, you will be privy to certain data, including those pertaining to special categories, regarding the insurance benefits provided to them, when necessary in order to manage the policy and in order to verify the corresponding cover and the guaranteed insurance limits. However, each beneficiary of your policy may register individually in the “Members Area” of our website and/or download our UniSalute App for mobile devices and therefore independently manage his/her position, including his/her personal data.

### WHAT ARE YOUR RIGHTS?

Data protection regulations (articles 15-22 of the GDPR) guarantee you the right to access the data regarding you at any time; to request their rectification and/or supplementation, if they are inaccurate or incomplete; to request their erasure or the restriction of their processing, where applicable, and the portability of the data you provide, when processed in an automated manner for the contractual benefits requested, within the limits envisaged by the GDPR (article 20); to object to their processing for reasons connected with your personal situation; and, where the processing of your data is based on the consent you express, to withdraw it without affecting the lawfulness of processing based on the consent granted prior to withdrawal.

The Controller of your personal data is UniSalute S.p.A. ([www.unisalute.it](http://www.unisalute.it)), with offices in Via Larga 8 - 40138 Bologna (BO).

The “Data Protection Officer” is at your disposal for any doubts or clarification and can be contacted at UniSalute S.p.A. headquarters using the e-mail address [privacy@unisalute.it](mailto:privacy@unisalute.it), if you wish to exercise your rights or to receive an up-to-date list of the categories of subjects your data may be transferred to as indicated in note(6). You are in any case entitled to file a complaint with the Italian Data Protection Authority if you believe it necessary in order to protect your personal data and corresponding rights.

<sup>1</sup> For example, parties to insurance policies of which you are an insured party or beneficiary, any joint guarantors; other insurance operators (such as insurance brokers, insurance companies, etc.) from which information regarding policies or claims may be obtained, including for the prevention of fraud; subjects that we ask to provide commercial information, in order to satisfy your requests (e.g. to issue or renew cover, pay a claim, etc.); insurance associations (e.g. the ANIA) and consortia belonging to the insurance sector, other public subjects.

<sup>2</sup> For example, to prepare or take out insurance policies, for the collection of premiums, settlement of claims or payment or performance of other services; for insurance and co-insurance; for the fulfilment of other specific contractual obligations, for the prevention and identification of insurance fraud and related legal proceedings in cooperation with other Unipol Group companies; for the establishment, exercising and defence of the insurer's rights; for the analysis of new insurance markets; for management and internal control; for statistical and pricing activities.

<sup>3</sup> For the fulfilment of specific legal obligations, for example, as a result of (i) the orders of IVASS, CONSOB, COVIP, Bank of Italy, AGCM, Data Protection Authority, (ii) compliance with tax assessments, (iii) fulfilment of identification, registration and customer due diligence obligations and for reporting suspicious transactions under anti-money laundering and terrorist financing legislation (Legislative Decree no. 231/07), (iv) providing data to the Centralised Information Archive, managed by Consap on behalf of the Ministry of Economics and Finance (as the Data Controller) for the purpose of preventing fraud caused by identity theft, (v) providing data to other databases to which data must be sent mandatorily.

The full list is available at our head office or from the Data Subject Relations Manager.

<sup>4</sup> Pursuant to Article 9 of the GDPR, special categories of data means personal data revealing racial or ethnic origin, political opinions, religious beliefs or philosophical convictions, or trade union memberships, genetic data, biometric data for the purpose of unequivocally identifying a natural person, or data relating to the person's health or sex life or sexual orientation. Pursuant to article 4(1) of the GDPR, Personal data (not pertaining to special categories) consist of any information concerning an identified natural person or a natural person who is identifiable, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data or an online identifier. In specific cases, where strictly necessary for purposes authorised by regulations and on the basis of the above-mentioned prerequisites, data relating to possible criminal convictions or offences may also be collected and processed by our Company.

<sup>5</sup> This notwithstanding, such data may be processed where essential to conduct defensive investigations and for the legal protection of rights in criminal proceedings concerning unlawful or fraudulent behaviour.

<sup>6</sup> In particular, your data may be disclosed and/or processed by UniSalute S.p.A., by Unipol Group companies (the list of Group companies is available on the website of Unipol Gruppo S.p.A. [www.unipol.it](http://www.unipol.it)) and by entities belonging to the so-called “Insurance chain”, in Italy and, where applicable, if necessary for the provision of the requested services, in countries of the European Union or outside the EU, such as: other insurers; co-insurers and reinsurers; insurance and reinsurance brokers and other insurance contract acquisition channels; banks; registered physicians; appraisers; legal experts; private investigators; repair shops; acknowledgment services; healthcare facilities or affiliated clinics; as well as public or associative insurance entities and organisations for the fulfilment of regulatory and supervisory requirements (such as CONSAP); other databases requiring the disclosure of data, such as for example, the Centralised Accident Database (shown in the list available at our registered office or through the Data Protection Officer). Any transfer of your personal data outside the European Union will be performed in compliance with the limits and provisions set forth in Regulation (EU) no. 2016/679 and the provisions issued by the Italian Data Protection Authority.

<sup>7</sup> Unipol Group, whose parent company is Unipol Gruppo S.p.A. A full list of Group companies is available from the Unipol Gruppo S.p.A. website [www.unipol.it](http://www.unipol.it).

<sup>8</sup> For example, IT, telematics or storage service companies; service companies entrusted with claim handling, settlement and payment; companies supporting management activities including postal service companies; auditing and consulting firms; companies providing business information for financial risk; service companies for fraud control; debt collection companies.

<sup>9</sup> This notwithstanding, such data may be processed where this is essential for conducting defensive investigations and for the legal protection of rights in criminal proceedings concerning unlawful or fraudulent behaviour.

UniSalute S.p.A.

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Capitale sociale i.v. Euro 78.028.566,00 - Registro delle Imprese di Bologna, C.F. 03843680376 - P.IVA 0374081207 - R.E.A. 319365  
Società soggetta all'attività di direzione e coordinamento di Unipol Gruppo S.p.A., iscritta all'Albo Imprese di Assicurazione e riassicurazione Sez. I al n. 1.00084 e facente parte del Gruppo Assicurativo Unipol iscritto all'Albo delle società capogruppo al n. 046

[www.unisalute.it](http://www.unisalute.it)