

FasiOpen



CORAL Health Plan Easy Guide

Easy Guide for clients

A useful tool to make the best use of the **Coral Plan**



Dear Client,
With this **Easy Coral operational handbook**, your Health Fund aims to provide you with a **simple and intuitive tool** containing all the information you need to avoid obstacles or delays in the normal processing of your refund requests.

In the Easy Coral manual you'll find an overview of the refunds available under the **FasiOpen Coral Health Plan**, as well as a description of all the additional documents you need to send to the Fund along with your expenses invoice.

This is another important step in ensuring that all processes are as transparent and simple as possible, a fundamental approach that has distinguished the Fund in its growth since 2009.

Please note that, in the interests of brevity, some information will inevitably be omitted from the Easy xxx manual. We therefore remind you to always consider as binding all the introductions, provisions, obligations and instructions contained in the FasiOpen Regulation, the Client Guide and the Basic Nomenclature, all of which can be consulted on the Fund's website.

Thank you for your attention and we hope that you find the manual useful!



“Coral” Health Plan Operational Handbook

Covers	Conditions of refund		Documents required to receive refunds
MAJOR SURGICAL OPERATIONS COVER 1	Refund Percentage	100%	Indirect: full copy of the medical record, invoices with details of the services carried out and relevant individual amounts issued by the healthcare facility and the medical-surgical team. Direct: nil.
	Maximum per event	€ 100,000	
	Minimum non-refundable	none	
	Annual ceiling per individual client	€ 100,000	
ANY HOSPITALISATION (with or without surgical operation) COVER 1.2	Refund Percentage	100%	Indirect: full copy of the medical record, invoices with details of the services carried out and individual amounts for the healthcare facility and the medical-surgical team. Direct: nil.
	Minimum non-refundable	DIR € 1,700 IND € 2,000	
	Maximum per event	DIR € 100,000 IND € 8,000	
	Annual ceiling per individual client	€ 100,000	
PRE-HOSPITALISATION (only major surgery 120 days prior to operation) COVER 2	Annual ceiling per individual client	€ 1,000	Indirect only: invoices with details of the services carried out and relevant individual amounts, request of the specialist specifying the intervention made.
POST-HOSPITALISATION (only major surgery 120 days subsequent to operation) COVER 3	Annual ceiling per individual client	€ 1,500	Indirect only: invoices with details of the services carried out and relevant individual amounts, request of the specialist with diagnosis, copy of medical record.
DIAGNOSTICS ULTRASOUND SCANS (NOT PREGNANCY) COVER 4	Refund Percentage	DIR 30% IND 25%	Indirect: invoice with details of services carried out and relevant individual amounts, prescription with certain or presumed diagnosis and reports on tests carried out. Direct: medical prescription with certain diagnosis or presumed.
	Annual ceiling per individual client	€ 180	
DIAGNOSTICS AND THERAPIES ON PRIVATE BASIS COVER 5	Refund Percentage	75%	Indirect: invoice with details of services carried out and relevant individual amounts, prescription with certain or presumed diagnosis and reports on tests carried out. Direct: medical prescription with certain diagnosis or presumed.
	Minimum non-refundable	€ 60	
	Annual ceiling per individual client	€ 10,000	

Covers	Conditions of refund		Documents required to receive refunds
SPECIALIST CONSULTATIONS ON PRIVATE BASIS COVER 6	Refund Percentage	DIR 100% IND 70%	Indirect: invoice with details of services carried out and relevant individual amounts, specialisation qualification of the physician carrying out the consultation. Direct: nil.
	Minimum non-refundable	DIR € 0 IND € 50	
	Maximum per event	DIR € 180 IND € 150	
	Annual ceiling per individual client	€ 750	
CHARGES FOR HEALTHCARE SERVICES COVER 7 FasiOpen does not refund the additional public healthcare charges introduced by law no. 111 of 15.7.2011 regarding contributions towards healthcare costs	Refund Percentage	100%	Indirect: invoice with details of services relating to healthcare charges and medical prescription. Direct: medical prescription.
	Max per prescription	€ 36.15	
	Annual ceiling per individual client	€ 500	
MATERNITY PACKAGE COVER 8	Ultrasounds	Max 5/pregnancy DIR 100% IND Max € 70 /ultrasound	Indirect: invoice with details of services carried out and relevant individual amounts, medical prescription with up-to-date evidence of state of pregnancy. Direct: medical prescription with up-to-date evidence of state of pregnancy.
	Clinical Analyses (alternative to ultrasounds)	DIR 100% IND 80% Max € 200 /pregnancy - or - Non-invasive Prenatal Diagnostics (Bi-Test etc.) Max € 150 ↓ if positive + Amniocentesis or Chorionic villus Max € 150	Indirect: invoice with details of services carried out and relevant individual amounts, medical prescription with up-to-date evidence of state of pregnancy. Direct: medical prescription with up-to-date evidence of state of pregnancy.
	Childbirth hospitalisation allowance in the S.S.N.	90 per night Max 10 nights	Indirect only: full copy of the medical record.
	Psychological support 150 days after childbirth	Max 5 consultations Max € 60 /consultation	Indirect: invoice showing showing the academic qualification and registration number of the professional, a copy of the medical record and the chronological order of the sessions. Direct: nil.
	Eutocic (natural) childbirth	Max € 3,000 excess charged to Client € 500	Indirect: invoices with details of the services carried out and individual amounts, full copy of medical record. Direct: nil.
	Caesarian childbirth	Max € 5,000 excess charged to Client € 1,000	
	Therapeutic abortion	Max € 2,000 excess charged to Client € 500	

Covers	Conditions of refund		Documents required to receive refunds
CARDIOVASCULAR PREVENTION COVER 9	1 package/year according to choice not repeatable before another 2 years have elapsed	DIR 100% IND Max €90	Indirect: invoice with details of services carried out and individual amounts referring only to the services included in the package chosen, confirming that these were carried out in one single solution. Direct: nil.
ONCOLOGICAL PREVENTION PACKAGE COVER 9		Age > 45 years	
		DIR 100% IND Max €150 men - Max €200 women	
		Age > 45 years	
OPHTHALMIC PREVENTION COVER 9	1 package/year according to choice not repeatable before another 2 years have elapsed	Age >40 years DIR Max €180 IND Max €120	Indirect: invoice with details of services carried out and individual amounts referring only to the services included in the package chosen, confirming that these were carried out in one single solution. Direct: nil.
THYROID PREVENTION COVER 9		Age > 45 years DIR 100% IND Max €50	
MELANOMA PREVENTION COVER 9		Age > 50 years DIR 100% IND Max €70	
DYSMETABOLIC PREVENTION COVER 9		Age > 50 years DIR Max €30 IND Max €30	

Covers	Conditions of refund		Documents required to receive refunds
DENTISTRY COVER 10	Specialist consultation with treatment plan once a year (direct only)	Contribution from client € 0	DIRECT PROVISION CARE only
	Oral hygiene: debridement Max twice a year	DIR charged to Client € 10 IND max refund € 25	Indirect: invoices with details of services carried out and relevant individual amounts, completed unified form or, if applicable, preventive Care Plan and obligations. Direct: nil.
	Fillings of any class	DIR charged to Client € 40 IND max refund € 10	Indirect: invoices with details of services carried out and relevant individual amounts, completed unified form or, if applicable, preventive Care Plan and obligations. Direct: nil.
	Simple or complex extractions	DIR a carico Assistito € 20 IND rimborso max € 17	Indirect: invoices with details of services carried out and relevant individual amounts, completed unified form or, if applicable, preventive Care Plan and obligations. Direct: nil.
	Extractions of bone-impacted teeth	DIR a carico Assistito € 40 IND rimborso max € 69	Indirect: invoices with details of services carried out and relevant individual amounts, completed unified form or, if applicable, preventive Care Plan and obligations. Direct: nil.
	Extractions of third molar in dysodontiasis	DIR a carico Assistito € 40 IND rimborso max € 63	Indirect: invoices with details of services carried out and relevant individual amounts, completed unified form or, if applicable, preventive Care Plan and obligations. Direct: nil.
	Prevention of oral cavity cancer 1/year	Only DIR CARE 100%	DIRECT PROVISION CARE only: nil
	Endoral X-rays	DIR charged to Client € 10 IND max refund € 2.40	Indirect: invoices with details of services carried out and relevant individual amounts, completed unified form or, if applicable, preventive Care Plan and obligations. Direct: nil.
	Orthodontic appliance (clients aged < 18 years)	Max refund € 160/year	Indirect: invoices with details of services carried out and relevant individual amounts, ANNUAL preventive Care Plan, obligations. Direct: nil.
	Implants	Max refund per Implant € 600 Sub-ceiling for Crown € 200	Indirect: invoices with details of services carried out and relevant individual amounts, completed unified form or, if applicable, preventive Care Plan and obligations.
	Annual refund ceiling dentistry	€ 2,200	Direct: nil.

Covers	Conditions of refund		Documents required to receive refunds
DAILY ALLOWANCE IN LIEU FOR HOSPITALISATIONS FOLLOWING MAJOR SURGICAL OPERATIONS WITH OVERNIGHT STAY COVER 11	Refund Percentage	Max 150 nights/year € 80 first 30 nights € 100 31st-150th night (Major Surgery + OTHER)	Indirect only: full copy of the medical record.
NEWBORN PROTECTION COVER 12	Overall annual	€ 30,000	Indirect: full copy of medical record, invoices with details of services carried out and relevant individual amounts. Direct: nil.
TRANSPORTATION BY AMBULANCE COVER 13	Refund Percentage	100%	Indirect only: invoice or receipt issued by the ambulance service with evidence of medical certification with clinical picture, details of transport with date and place of departure and arrival.
	Minimum non-refundable	€ 50	
	Annual ceiling per individual client	€ 1,500	
LENSES AND NON-DISPOSABLE CONTACT LENSES FOLLOWING CHANGE IN EYESIGHT COVER 14	Refund Percentage	100% excess charged to Client € 65	Indirect only: invoice with details of individual amounts, ophthalmologist's prescription with eyesight specifications and certification of conformity with EU regulations for the lenses purchased.
	Overall annual	€ 100	
PHYSIOKINESIS THERAPY following injury within 120 days after the day of the documented injury COVER 15	Refund Percentage	DIR 100% IND see NOMENCLATORE	Indirect: invoice with details of services carried out and relevant individual amounts, specialist prescription with certain diagnosis and date of injury, any first aid report or copy of medical record if hospitalisation needed following injury.
	Annual ceiling per individual client	€ 700	Direct: specialist prescription with certain diagnosis and date of injury, any first aid report or copy of medical record if hospitalisation needed following injury.



Please note that these must be submitted within and no later than 3 months after the issue date of the balance expenditure documents for which the refund is requested.



FASIOPEN

Registered office Viale Pasteur 6 – 00144 Roma
Headquarter Viale Europa 175 – 00144 Roma
fasiopen.it