

FasiOpen



ORANGE Health Plan Easy Guide

Easy Guide for clients

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



Dear Client,

With this **Easy Orange 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 Orange manual you'll find an overview of the refunds available under the **FasiOpen Orange 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!



“Orange” 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 | € 90,000 | |
| | Minimum non-refundable | none | |
| | 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 | € 1,200 | 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 | € 160 | |
| DIAGNOSTICS AND THERAPIES ON PRIVATE BASIS COVER 5 | Refund Percentage | 70% | 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 | |
| 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 € 60 | |
| | Maximum per event | DIR € 100 IND € 80 | |
| | Annual ceiling per individual client | € 650 | |

| Covers | Conditions of refund | | Documents required to receive refunds |
|---|---|---|--|
| 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 4/grav DIR 100% IND Max € 65/eco | 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 € 100/ pregnancy - or - Non-invasive Prenatal Diagnostics (Bi-Test etc.) Max € 120 ↓ if positive + Amniocentesis or Chorionic villus Max € 120 | 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. | 80 per night Max 10 nights | Indirect only: full copy of the medical record. |
| | Psychological support cover 150 days after childbirth | Max 4 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: copy of the medical record. |
| 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 | |

| Covers | Conditions of refund | | Documents required to receive refunds |
|--|---|---|---|
| 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 | |
| DENTISTRY COVER 10 | Specialist consultation with treatment plan once a year (direct only) | Contribution from client € 0 | 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. |
| | 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 | |
| | Simple or complex extractions | DIR charged to Client € 20 IND max refund € 17 | |
| | Extractions of bone-impacted teeth | DIR charged to Client € 40 IND max refund € 69 | |
| | Extractions of third molar in dysodontiasis | DIR charged to Client € 40 IND max refund € 63 | Indirect: invoices with details of services carried out and relevant individual amounts, ANNUAL preventive Care Plan, obligations. Direct: nil. |
| | Orthodontic appliance (clients aged < 18 years) | Max refund € 120/year | 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. |
| | Implants | Max refund per Implant € 550 Sub-ceiling for Crown € 150 | 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 | € 2,000 | 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 | € 25,000 | 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