

FasiOpen



Piano Sanitario **GREEN** *Guida easy*

Guide for clients

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



Dear Client, with this **Easy Green 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 Green manual, you'll find an **overview** of the refunds available under the FasiOpen **Green 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 Green 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!



“Green” Health Plan

Easy 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: none - the administrative procedures are chargeable to the healthcare facility.
	Maximum per event	€ 30,000	
	Minimum non-refundable	none	
	Annual ceiling per individual client	€ 90,000	
PRE-HOSPITALISATION (only major surgery for malignant oncological pathologies 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 for malignant oncological pathologies 120 days following operation) COVER 3	Annual ceiling per individual client	€ 1,100	Indirect only: invoices with details of the services carried out and relevant individual amounts, request of the specialist with diagnosis, copy of medical record
ULTRASOUND DIAGNOSTICS (NOT PREGNANCY) COVER 4	Refund Percentage	DIR 30% IND 30%	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 or presumed diagnosis
	Overall annual	€ 110	
Highly specialist DIAGNOSTICS AND THERAPIES COVER 5	Refund Percentage	60%	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 or presumed diagnosis
	Minimum non-refundable	€ 60	
	Overall annual per individual client	€ 3,500	
SPECIALIST OUTPATIENT CONSULTATIONS COVER 6	Refund Percentage	60%	Indirect: invoice with details of services carried out and relevant individual amounts, specialisation qualification of the physician carrying out the consultation. Direct: none - the administrative procedures are chargeable to the healthcare facility.
	Minimum non-refundable	DIR € 60 IND € 60	
	Maximum per event	€ 55	
	Annual ceiling per individual client	€ 500	

Covers	Conditions of refund		Documents required to receive refunds
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 with certain or presumed diagnosis. Direct: medical prescription with certain or presumed diagnosis.
	Max per prescription	€ 36.15	
	Annual ceiling per individual client	€ 400	
MATERNITY PACKAGE COVER 8	Ultrasounds in pregnancy	Max 3/pregnancy DIR 100% IND Max € 55/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 € 60/preg	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.	€ 50 per night Max 10 nights	Indirect only: full copy of the medical record.
	Postnatal Psychological Support (within 150 days following the birth)	Max 2 consultations/sessions Max € 50/ session	Indirect: invoice with details of the dates of consultations/sessions and a copy of the medical record relating to the birth. Direct: invoice with details of the dates of consultations/sessions and a copy of the medical record relating to the birth.
	CARDIOVASCULAR PREVENTION PACKAGE COVER 9 ONCOLOGICAL PREVENTION PACKAGE COVER 9	1 package/year not repeatable before another 2 years have elapsed with the exception of “Oncology Prevention Packages for Men/Women” which can be repeated once a year until the age of 65, after which they revert to the standard frequency of once every 2 years.	DIR 100% IND Max €90
Age >40 years			
DIR 100% IND Max €150 men - Max €200 women			
Age >40 years			

Covers	Conditions of refund		Documents required to receive refunds
OPHTHALMIC PREVENTION COVER 9	1 package/year not repeatable before another 2 years have elapsed	Age >40 years DIR-100% 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: none - the administrative procedures are chargeable to the healthcare facility.
THYROID PREVENTION COVER 9		Age >40 years DIR 100% IND Max €50	
PREVENTION OF MELANOMA COVER 9		Age >40 years DIR 100% IND Max €70	
DYSMETABOLIC PREVENTION COVER 9		Age >40 years DIR 100% IND Max €30	
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.
	Fillings of any class	DIR charged to Client € 40 IND max refund € 15	Direct: none - the administrative procedures are chargeable to the healthcare facility.
	Extraction of totally bone-impacted tooth, including 3rd molar– only for teeth that have never erupted in the dental arch (excluding germectomy)– including any sutures per natural tooth	DIR charged to the client € 40/extr. IND refund Max €60	Indirect - PRE-TREATMENT: preventive treatment plan with pre-extraction endoral x-ray/bite wings POST-TREATMENT refund stage: invoices with details of the services carried out and relevant individual amounts, completed refund request form Direct: PRE-TREATMENT: preventive treatment plan with pre-extraction endoral x-ray/bite wings POST-TREATMENT refund stage: invoices with details of the services carried out and relevant individual amounts, completed refund request form
	Extraction of partially bone-impacted 3rd molar – only for teeth that have never erupted in the dental arch– including any sutures per natural tooth	DIR charged to the client € 40/extr. IND refund Max €50	
	Germectomy (including all surgical stages and activities including mucogingival flap and/or osteotomy and/or odontotomy and/or sedation - sutures and sedation - excluding sedation with nitrous oxide) up to 16 years of age	DIR charged to the client € 40/extr. IND refund Max €60	
	Annual refund ceiling dentistry	€ 600	

ALLOWANCE/DAILY ALLOWANCE IN LIEU FOR HOSPITALISATIONS FOLLOWING MAJOR SURGICAL OPERATIONS WITH OVERNIGHT STAY COVER 11	Refund Percentage	Max 80 nights/year € 50 first 15 nights € 80 16th-80th night (MAJOR SURGERY)	Indirect only: full copy of the medical record.
NEWBORN PROTECTION COVER 12	Annual limit (up to 2 years of age)	€ 10,000	Indirect: full copy of medical record, invoices with details of services carried out and relevant individual amounts. Direct: none - the administrative procedures are chargeable to the healthcare facility.
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. Valid only within Italy
	Minimum non-refundable	Not provided for	
	Annual ceiling per individual client	€ 1,500	
PHYSIOKINESIS THERAPY following injury within 120 days after the day of the documented injury COVER 15	Refund Percentage	DIR 80% IND see Details of Cover	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	€ 500	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

Sede Legale Viale Pasteur 6 – 00144 Roma
Sede Operativa Viale Europa 175 – 00144 Roma
fasiopen.it