

FasiOpen



Piano Sanitario **ORANGE** *Guida 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 Orange 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

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	€ 90,000	
	Minimum non-refundable	none	
	Annual ceiling per individual client	€ 100,000	
PRE-HOSPITALISATION (only major surgery for malignant oncological pathologies 140 days prior to operation) COVER 2	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 specifying the intervention made
PRE-HOSPITALISATION (only major surgery for malignant oncological pathologies 140 days following operation) COVER 3	Annual ceiling per individual client	€ 1,300	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 40% IND 40%	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 per individual client	€ 180	
Highly specialist DIAGNOSTICS AND THERAPIES 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 or presumed diagnosis
	Minimum non-refundable	€ 60	
	Overall annual per individual client	€ 10,000	
SPECIALIST OUTPATIENT CONSULTATIONS 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: none - the administrative procedures are chargeable to the healthcare facility.
	Minimum non-refundable	DIR Not provided for 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 RECEIVED THROUGH THE ITALIAN NATIONAL HEALTH SERVICE 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	€ 500	
MATERNITY PACKAGE COVER 8	Ultrasounds in pregnancy	Max 4/pregnancy DIR 100% IND Max € 65/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 € 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 150 days after childbirth	Max 4 consultations Max € 60/consultation	Indirect: invoice 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 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.	direct provision 100% indirect provision: 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.
		Age >40 years	
ONCOLOGICAL PREVENTION PACKAGE COVER 9		direct provision 100% indirect provision: Max €150 men - Max €200 women	Direct: none - the administrative procedures are chargeable to the healthcare facility.
		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.
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	Direct: none - the administrative procedures are chargeable to the healthcare facility.
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
	Prevention of oral Cavity cancer 1/year	Only DIR 100%	Only DIRECT: none - the administrative procedures are chargeable to the healthcare facility
	Oral hygiene: debridement Max twice a year	DIR charged to Client € 10 IND max refund € 35	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 € 20	
	Simple or complex extractions	DIR charged to the client € 20 IND max refund € 20	Direct:: none - the administrative procedures are chargeable to the healthcare facility
	Extractions of bone-impacted teeth	DIR charged to Client € 40 IND max refund € 75	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
	Extractions of third molar in dysodontiasis	DIR charged to Client € 40 IND max refund € 70	
	Germectomy (including all surgical stages and activities including mucogingival flap and/or osteotomy and/or odontotomy - sutures and sedation– excluding sedation with nitrous oxide) up to 16 years of age	DIR charged to Client € 40 IND max refund € 75	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
	Orthodontic appliance (clients aged < 18 years)	Max refund € 140 /year	Indirect - PRE-TREATMENT: ANNUAL preventive treatment plan with pre-treatment obligations POST-TREATMENT refund stage: invoices with details of the services carried out, completed refund request form. Intraoral photo with appliance positioned in the arch Direct: none - the administrative procedures are chargeable to the healthcare facility.

Covers	Conditions of refund		Documents required to receive refunds
DENTISTRY COVER 10	Implants and associated crowns	Max refund per Implant and crown € 550 Sub-ceiling per implant € 400 Sub-ceiling per crown € 150	Indirect - PRE-TREATMENT: ANNUAL preventive treatment plan with pre-treatment obligations POST-TREATMENT refund stage: invoices with details of the services carried out, completed refund request form, post-treatment obligations Direct: none - the administrative procedures are chargeable to the healthcare facility
	Endoral x-ray/bite wings	DIR charged to the client € 10 IND refund Max €10	Indirect: invoices with details of services carried out and relevant individual amounts,. Only in association with implants and crowns Direct: none - the administrative procedures are chargeable to the healthcare facility
	Annual refund ceiling dentistry	€ 2,000	
ALLOWANCE/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)	Indirect only: full copy of the medical record.
NEWBORN PROTECTION COVER 12	Annual limit (up to 2 years of age)	€ 30,000	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	€ 1,700	
LENSES AND NON-DISPOSABLE CONTACT LENSES FOLLOWING CHANGE IN EYESIGHT COVER 14	Refund Percentage	100%	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.
	Minimum non-refundable	€ 55	
	Overall annual	€ 120	

PHYSIOKINESIS THERAPY following injury within 120 days after the day of the documented injury COVER 15	Refund Percentage	DIR 100% 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	€ 750	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.

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