FasiOpen



Piano Sanitario PURPLE Guida easy

Guide for clients

A useful tool to make the best use of the Purple Plan



ear Client, with this **Easy Purple 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 Purple 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 Purple 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!



"Purple" 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,
	Maximum per event	€ 100,000	invoices with details of the services carried out and relevant individual amounts issued by the healthcare facility
	Minimum non- refundable	none	and the medical-surgical team. Direct: none - the administrative
	Annual ceiling per individual client	€ 100,000	procedures are chargeable to the healthcare facility.
	Refund Percentage	100%	Indirect: full copy of the medical record, invoices with details of the services
OTHER HOSPITALISATIONS (WITH OR WITHOUT SURGICAL OPERATION) COVER 1.2	Minimum non- refundable	DIR € 1,700 IND € 2,000	carried out and individual amounts for the healthcare facility and the medical-
	Maximum per event	DIR € 100,000 IND € 8,000	surgical team. Direct: none - the administrative
	Overall annual per individual client	€ 100,000	procedures are chargeable to the healthcare facility.
PRE-HOSPITALISATION (only major surgery 180 days prior to operation) COVER 2	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 specifying the intervention made
POST- HOSPITALISATION (only major surgery 180 days prior 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
ULTRASOUND DIAGNOSTICS (NOT PREGNANCY) COVER 4	Refund Percentage	DIR 45% IND 45%	Indirect: invoice with details of services carried out and relevant individual amounts, prescription with certain or presumed diagnosis and reports on tests
	Overall annual per individual client	€ 200	carried out. Direct: medical prescription with certain o presumed diagnosis



Covers	Conditions of refund		Documents required to receive refunds
Highly specialist DIAGNOSTICS AND THERAPIES 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.
	Minimum non- refundable	€ 60	
	Overall annual per individual client	€ 10,000	Direct: medical prescription with certain or presumed diagnosis
	Refund Percentage	DIR 100% IND 80%	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.
SPECIALIST OUTPATIENT CONSULTATIONS	Minimum non- refundable	None	
COVER 6	Maximum per event	DIR € 200 IND € 180	
	Annual ceiling per individual client	€ 1,000	
CHARGES FOR HEALTHCARE SERVICES RECEIVED THROUGH THE ITALIAN NATIONAL	Refund Percentage	100%	Indirect: invoice with details of services relating to healthcare charges and medical prescription with certain or presumed diagnosis
HEALTH SERVICE COVER 7	Max per prescription	€ 36.15	
FasiOpen does not refund the additional public healthcare charges introduced by Law no. 111 of 15.7.2011 regarding contributions towards healthcare costs	Annual ceiling per individual client	€ 500	Direct: medical prescription with certain or presumed diagnosis





Covers	Conditions of refund		Documents required to receive refunds
	Ultrasounds in pregnancy	Max 5/preg DIR 100% IND Max €75/ultra	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 € 300/pregnancy - or - Non-invasive Prenatal Diagnostics (Bi-Test etc.) Max € 200 ↓ if positive + Amniocentesis or Chorionic villus Max € 200	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.
MATERNITY PACKAGE	Childbirth hospitalisation allowance in the S.S.N.	100 per night Max 10 nights	Indirect only: full copy of the medical record.
COVER 8	Psychological support 150 days after childbirth	Max 6 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 and details of the sessions
	Eutocic childbirth (natural)	Max € 5,000 Minimum non- refundable €500	
	Caesarean childbirth	Max € 6,000 Minimum non- refundable €1,000	Indirect: invoices with details of the services carried out and individual amounts, full copy of medical record.
	Therapeutic abortion	Max € 3,000 Minimum non- refundable €500	Direct: none - the administrative procedures are chargeable to the healthcare facility.
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	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.
		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		Age >40 years DIR-100% IND Max €120	
THYROID PREVENTION COVER 9	1 package/year not repeatable before another 2 years have elapsed	Age > 40 years DIR 100% IND Max €50	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.
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	





Covers	Conditions of refund		Documents required to receive refunds
	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 € 35	Indirect: invoices with details of services carried out and relevant individual amounts, completed unified form or, if applicable, preventive Care Plan and obligations.
	a yeai		Direct:: none - the administrative procedures are chargeable to the healthcare facility
	Prevention of oral cavity cancer 1/year	Only DIR 100%	Only DIRECT:: none - the administrative procedures are chargeable to the healthcare facility
	Fillings of any class	DIR charged to Client € 40 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:: none - the administrative procedures are chargeable to the healthcare facility
	Simple or complex extractions	DIR charged to the client € 20 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.
DENTISTRY			Direct:: none - the administrative procedures are chargeable to the healthcare facility
COVER 10	Extractions of bone- impacted teeth	DIR charged to Client € 40 IND max refund € 80	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 € 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
	Endoral x-rays	DIR charged to the client € 10 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: none - the administrative procedures are chargeable to the healthcare facility.
	Orthopantomography 2 arches Max twice a	DIR charged to the client € 20	Indirect: invoices with details of services carried out and relevant individual amounts, completed unified form or, if applicable, preventive Care Plan and obligations.
	year	IND max refund €15	Direct: none - the administrative procedures are chargeable to the healthcare facility.



Covers	Conditions of refund		Documents required to receive refunds
DENTISTRY COVER 10	Periodontology Conservative (not fillings) Endodontics - Gnathology	DIR charged to the client € 20 IND see Details of Cover	Indirect: invoices with details of services carried out and relevant individual amounts, completed unified form or, if applicable, preventive Care Plan and obligations. Direct: none - the administrative procedures are chargeable to the healthcare facility.
	Orthodontic appliance (clients aged < 18 years)	Max refund € 200/year	Indirect - PRE-TREATMENT: ANNUAL preventive treatment plan with pretreatment 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.
	Implants and associated crowns	Max refund per Implant and crown € 650 Sub-ceiling per implant € 400 Sub-ceiling per crown € 250	Indirect - PRE-TREATMENT: ANNUAL preventive treatment plan with pretreatment 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
	Annual refund ceiling dentistry	€ 2,400	
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)	€ 45,000	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
	Refund Percentage	100%	Indirect only: invoice or receipt issued
TRANSPORTATION BY AMBULANCE COVER 13	Minimum non- refundable	Not provided for	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
	Annual ceiling per individual client	€ 2,000	



LENSES AND NON- DISPOSABLE CONTACT LENSES FOLLOWING CHANGE IN EYESIGHT COVER 14	Refund Percentage Minimum non- refundable Overall annual	100% € 50 € 130	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.
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	€ 800	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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