

FasiOpen



Piano Sanitario **BLUE** *Guida easy*

V2.26

Guide for clients

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



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



“Blue” 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: nil. The administrative procedures are chargeable to the healthcare facility.
	Maximum per event	€ 20,000	
	Minimum non-refundable	None	
	Annual ceiling per individual client	€ 90,000	
PRE-HOSPITALISATION (only major surgery for malignant oncological pathologies 90 days prior to operation) COVER 2	Annual ceiling per individual client	€ 900	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 90 days following operation) COVER 3	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 with diagnosis, copy of medical record
ULTRASOUND DIAGNOSTICS (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 or presumed diagnosis
	Annual limit per individual client	€ 70	
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	
	Annual limit per individual client	€ 2,000	
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: nil. The administrative procedures are chargeable to the healthcare facility.
	Minimum non-refundable	€ 60	
	Maximum per event	€ 55	
	Annual ceiling per individual client	€ 500	

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	€ 400	
MATERNITY PACKAGE COVER 8	Ultrasounds in pregnancy	Max 3/pregnancy	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.
		DIR 100% IND Max € 50/ultrasound	
	Clinical Analyses (alternative to ultrasounds)	Max refund per pregnancy € 50 DIR 100% IND 80% Max € 50/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.	€ 40 per night Max 7 nights	Indirect only: full 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.	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. The administrative procedures are chargeable to the healthcare facility.
age > 40 years			
DIR 100% IND Max €150 men - Max €200 women			
ONCOLOGICAL PREVENTION PACKAGE COVER 9		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: nil. 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. Direct: nil. The administrative procedures are chargeable to the healthcare facility.
	Fillings of any class	DIR charged to Client € 40 IND max refund € 10	
	Annual refund ceiling dentistry	€ 500	

Covers	Conditions of refund		Documents required to receive refunds
ALLOWANCE/DAILY ALLOWANCE IN LIEU FOR HOSPITALISATIONS FOLLOWING MAJOR SURGICAL OPERATIONS WITH OVERNIGHT STAY COVER 11	Refund Percentage	Max 60 nights/year € 50 first 15 nights € 80 16th-60th night (major surgery)	Indirect only: full copy of the medical record.
NEWBORN PROTECTION COVER 12	Annual limit (up to 2 years of age)	€ 3,000	Indirect: full copy of medical record, invoices with details of services carried out and relevant individual amounts. Direct: nil. 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	€ 50	
	Annual ceiling per individual client	€ 1,000	



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 (for allowance/daily allowance within 3 months after the date of discharge).



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