



società di mutuo soccorso ets

Milano - Viale San Gimignano, 30/32

INTEGRATED HEALTHCARE REGULATION FOR THE STAFF OF THE UNIVERSITY OF MILAN

This Regulation shall enter into force on 01 April 2025 and shall expire on 31 March 2028, unless extended.

GENERAL RULES

1. COVERED BENEFICIARIES

- 1.1** The healthcare coverage is provided to the following beneficiaries, currently in service at the University of Milan:
- a) PTAB/CEL (foreign language instructors and collaborators, administrative, technical, and library staff under permanent or fixed-term contracts), executives, research technologists, and incoming seconded personnel;
 - b) Teaching and Research Staff: Research Fellows, Associate Professors, and Full Professors;
 - c) Research grant holders, PhD Students, and Postgraduate Students: holders of research grants, PhD Students with scholarships awarded by the University, and Postgraduate Students with scholarships awarded by the University.
- Individuals on unpaid leave are excluded from active service.
The procedures for activating the coverage (whether collective or voluntary) as well as the charges borne by the University or by the beneficiary are detailed in articles 1.2, 1.3, 1.4, and 1.5 below.
- 1.2** The coverage is automatically activated in favour of the beneficiaries referred to in points a) and b) above, whose employment income does not exceed €60,000.00 (CU – Certificazione Unica issued by University), based on the list provided by the University.
All related costs shall be fully borne by the University.
- 1.3** The coverage can be voluntarily activated by the beneficiaries referred to in points a) and b) above, whose employment income ranges from €60,000.01 to €100,000.00 (CU – Certificazione Unica issued by University), based on the list provided by the University.
The related costs shall be borne 50% by the beneficiary and 50% by the University.
- 1.4** The coverage can be voluntarily activated by the beneficiaries referred to in points a) and b) above, whose employment income exceeds €100,000.01 (CU – Certificazione Unica issued by University), based on the list provided by the University.
The related costs shall be fully borne by the beneficiary.
- 1.5** The coverage can be voluntarily activated by the beneficiaries referred to in point c) above, regardless of their employment income (CU – Certificazione Unica issued by University), based on the list provided by the University.
The related costs shall be fully borne by the beneficiary.
- 1.6** The coverage can optionally be extended, with all related costs fully borne by the beneficiary, to the family members of the staff (PTAB/CEL and Teaching and Research Staff). For the purposes of this Regulation, family members include:

- spouse (whether fiscally dependent or not), cohabiting partner, or the other party in a civil union, who has not reached the age of 65;
- children who are fiscally dependent, including those not residing with the staff member, until they reach the age of 26.

2. COVERAGE ACTIVATION PROCEDURES

2.1 Beneficiaries with contributions fully borne by the University

For PTAB/CEL staff and Teaching and Research Personnel with employment income up to €60,000.00 (CU – Certificazione Unica issued by University), with no age limits, the coverage is automatically activated through the agreement between Insieme Salute and the University of Milan and the transmission of the relevant list by the University to Insieme Salute.

The employee will receive confirmation of the activation by email, along with the privacy notice (pursuant to Legislative Decree 196/2003 and the GDPR) and instructions on how to register on the Insieme Salute portal.

2.2 Beneficiaries with full or partial contribution borne by the staff member

PTAB/CEL staff, Teaching and Research Staff with employment income exceeding €60,000.01 (CU – Certificazione Unica issued by University), as well as Research Fellows, PhD students, and Postgraduate Students — regardless of their employment income (CU – Certificazione Unica issued by University) — may request activation of the coverage, without age limits, by following the online procedure made available by the University.

The declarations to be provided by the beneficiary regarding registered family members, fiscal dependents, data processing, acceptance of the regulation, and activation of the additional package will be collected by the University and kept available to Insieme Salute for the duration of the contract.

The University will then provide to Insieme Salute the list of beneficiaries who have voluntarily activated the coverage. The employee will receive, via email, confirmation of the activation, the information notice on data processing (Legislative Decree 196/2003 and GDPR), and the instructions to register on the Insieme Salute portal.

Family Members

2.3 All participating beneficiaries staff (PTAB/CEL and Teaching and Research Staff) may extend the coverage to their family members by following the online procedure made available by the University. The University will provide Insieme Salute with the list of family members for whom the beneficiaries have voluntarily activated the coverage. The beneficiary will be able to view the profile of their registered family members by accessing their personal area through the Insieme Salute online portal.

2.4 In case of extension of the coverage to family members, partial enrolment of the cohabiting family unit is not allowed except in cases where family members are over the age of 65, children are over the age of 26, or the family members are already covered by other documented forms of health benefits or insurance in the healthcare field.

2.5 Once enrolled, there are no longer age limits to benefit from the assistance (see subsequent point 7).

2.6 A beneficiary staff (PTAB/CEL and Teaching and Research Staff) who initially enrolls individually may subsequently register their family unit, exclusively during the annual enrollment windows and in the cases of inclusion during the year referred to in article 3.

3. ENROLLMENTS DURING THE YEAR

3.1 Without prejudice to the provisions of the preceding articles, the inclusion of new beneficiaries during the year, with costs fully borne by the University, can occur upon the occurrence of the following events:

- a) hiring;
- b) return to active service.

- 3.2** The coverage will take effect from 00:00 on the date of hiring/return to active service. New hires will be notified by the University to Insieme Salute via email within the first half of the month following the effective date.
- 3.3** With regard to all optional enrollments, including those of the family members of the staff, coverage may only be activated as of the beginning of each year following the first, through the online enrollment procedure made available by the University.

4. TERMINATIONS DURING THE YEAR

- 4.1** There are no grounds for exclusion of the insured during the year. In case of termination of the employment relationship, the former employee and any registered family members will continue to be covered until the next annual renewal date following the termination.

5. FEES

- 5.1** For the full range of benefits covered by this Regulation, the annual gross per capita fee for each individual beneficiary is as follows:

Personnel	€ 239
Spouse, Cohabitant partner, Civil union partner up to (but not including) 65 year old	€ 340
Children up to (but not including) 14 years old	€ 170
Children aged 14 to 26 years old up to (but not including)	€ 255

- 5.2** The fees, both those borne by the University and those borne by the beneficiary, are paid by the University to Insieme Salute in accordance with the timing and procedures specified in the agreement.

6. COMMENCEMENT, EXPIRY, WITHDRAWAL AND VALIDITY

- 6.1** The coverage for the University's staff and the voluntary registrations of their family members will be effective from 00:00 on 1/04/2025, unless otherwise provided in article 3 above, and will expire at 24:00 on 31/03/2028, unless extended.
- 6.2** The coverage will automatically renew each year unless terminated, with the termination to be communicated by the interested party before the end of each annual enrollment period via the online procedure provided by the University. The member who exercises the right of annual withdrawal loses the right to re-enroll in the coverage until the final expiry date of the contract.
- 6.3** The benefits apply to healthcare services provided worldwide, unless otherwise specified.
- 6.4** The contract has a term of 36 (thirty-six) months. Upon the expiration of the contract, the coverage will automatically end without the need for prior notice of termination. Before the contract expires, the University may choose to extend the contract for a maximum of an additional 36 (thirty-six) months, until 31/03/2031, with annual renewals subject to agreement with Insieme Salute. Therefore, at the end of each year, the University may, with agreement from Insieme Salute, extend the healthcare coverage for an additional year.

7. PRIVATE RENEWAL

- 7.1** Upon the expiration date of the contract or the expiration of individual coverage due to circumstances related to the individual beneficiary (e.g., retirement, early termination of the employment relationship with the University, children exceeding 26 years of age), all beneficiaries, in the first case, or the individual beneficiary, in the second case, may voluntarily renew their coverage at their own expense, with a written request to Insieme Salute.

The request for continuation must be submitted without interruption and must be sent via email to Insieme Salute within 30 days from the end of coverage. The new private enrollment conditions will be communicated to the beneficiaries by Insieme Salute. The coverage may be renewed privately without any age limit.

8. AFFILIATED FACILITIES

8.1 Insieme Salute has a network of healthcare and dental facilities that are part of direct agreements (hereinafter referred to as "network") and indirect agreements throughout the national territory. The list of contracted facilities is continuously updated. By accessing the reserved area of the website www.insiemesalute.org, it is possible to find the most up-to-date list. For further information on the affiliated facilities, the beneficiary can contact Insieme Salute's telephone or email support service.

9. DIRECT ASSISTANCE SYSTEM

9.1 Direct assistance means that beneficiaries are entitled to access healthcare services at facilities directly affiliated with Insieme Salute without having to advance any payment, except for any amounts explicitly stated as being at their own expense, to be paid at the time of admission at the facility, as outlined in this Regulation.

9.2 In order to access the services under the direct care system through affiliated facilities, the beneficiary shall follow the procedure below:

a) Acceptance request procedure

This refers to the communication through which Insieme Salute commits to the affiliated facility to cover the costs of the services booked, as outlined in this Regulation.

- The beneficiary books the service at the affiliated healthcare facility.

PLEASE NOTE: At the time of booking, please ensure that the doctor providing the service is directly affiliated with Insieme Salute. If not, the healthcare facility will not be able to accept Insieme Salute's coverage, and the beneficiary will be required to pay the full amount for the service.

- The beneficiary communicates the details of the booking to Insieme Salute:
 - Name of the beneficiary
 - Chosen affiliated facility
 - Service to be provided
 - Date and time of the service
 - Diagnosis (if any)

The communication of the above details must be made:

- By phone, contacting the following number: 02.50021947
 - Or by entering the required information through a specific procedure on the reserved area of the Insieme Salute website.
- Insieme Salute sends the acceptance of the service request to both the affiliated facility and the beneficiary.

PLEASE NOTE: The communication must be made at least 3 working days prior to the scheduled date for the service. Insieme Salute commits to notifying the outcome of the request within 24 hours before the scheduled service date.

- Alternatively, Insieme Salute provides the beneficiary with a booking service, also available in English, for services offered at the facilities directly affiliated with Insieme Salute. This service can be accessed via the online platform or by calling the following number: 02.50021947.c

10. REIMBURSEMENTS

- 10.1** Reimbursements and indemnities must be requested directly from Insieme Salute by uploading the documents in electronic format through the reserved area of the Cosmo platform of Insieme Salute. There is no need to send original or paper copies. Alternatively, reimbursements can be requested via fax at 02.37052072, by traditional mail to Insieme Salute – 20146 Milan – Viale San Gimignano, 30/32, or delivered in person at the Insieme Salute offices located at Viale San Gimignano, 30/32, Milan.
- 10.2** Payments will be made within 30 calendar days from the receipt of complete documentation via bank transfer to the beneficiary's account.
- 10.3** Insieme Salute reimbursements are supplementary to any reimbursements due from the Local Health Unit, mutual benefit institutions, or insurance companies, for which a proper request must be made by the beneficiaries.
- 10.4** Upon the first reimbursement request, the beneficiary must communicate their bank account details to Insieme Salute through the reserved web area or the APP for reimbursement purposes.
- 10.5** The right to request reimbursements and indemnities expires 365 days after the date on which the services were provided.

11. DOCUMENTATION AND CHECKS

Insieme Salute reserves the right to request any documentation necessary to provide assistance in accordance with this Regulation. The Beneficiary must allow any medical checks requested by Insieme Salute in relation to assistance requests.

12. ELECTRONIC HEALTH CARD

The beneficiary can only access the preferential conditions agreed upon with the affiliated facilities by presenting the valid Health Card issued by Insieme Salute. The card is a personal document, non-transferable, and must be shown together with an identification document. The card can be downloaded and printed from the reserved area of the Insieme Salute website or displayed on a smartphone using the Insieme Salute mobile application.

SERVICES

The assistance is provided in the case of illness, injury, pregnancy, and prevention, according to the methods and limitations specified in this Regulation.

13. OUTPATIENT SERVICES

13.1 *TICKET (sharing of expenses with the NHS)*

Beneficiaries are entitled to a 100% reimbursement of the ticket (including the additional "Regional fee") paid to public or private healthcare facilities accredited with the National Health Service for: specialized visits, laboratory tests (blood tests, urine, feces, Pap test, etc.), instrumental and advanced diagnostics (x-ray, ultrasounds, tomography, electrocardiograms of every kind, endoscopies, CT scan, MRIs, nuclear medicine, moc, PET etc.), physiotherapy and rehabilitation therapies, outpatient surgery, emergency services, day hospital, day surgery, dental services, orthodontics.

Tickets paid for services aimed at prevention are also reimbursable.
There are no reimbursement limits, minimums, or deductibles.

How to access the service

- The beneficiary can request reimbursement by sending Insieme Salute a copy of the ticket in their name, showing the date, the service provider, the details of the performed services, and the amount. The document must clearly indicate that it is a ticket.
A medical prescription is not required to access the assistance.

13.2 PRIVATE ADVANCED DIAGNOSTICS

The beneficiary is entitled to coverage for advanced diagnostic services performed privately in all of the following areas:

- Instrumental and imaging diagnostics (e.g., CT, PET, MRI, X-rays, ultrasounds, angiographies, arteriographies, phlebographies, endoscopies, orthopantomographies, bone densitometry, etc.);
- Cytological, histological, biopsy, and immunohistochemical exams;
- Radiology;
- Vascular diagnostics (e.g., Doppler, echodoppler, color Doppler, etc.);
- Cardiology (e.g., ECG, Holter monitoring, stress tests, etc.);
- Nuclear medicine (e.g., scintigraphy, PET);
- Neurology (e.g., EEG, polysomnography, etc.);
- Ophthalmology (e.g., campimetry, fluorescein angiography, electromyography);
- Otolaryngology
- Pulmonology.

Annual Limit

Private advanced diagnostic services are covered up to a maximum of €7,000 per year per person, increased to €9,000 for cancer treatments, dialysis, pre-transplant therapies, and neuro-rehabilitation

How to access the service

- The service is provided *directly* through the network with a €25 deductible for each service. A medical prescription containing the diagnostic question or the condition necessitating the service is required to activate the coverage.
- The service is provided directly, with no deductible, at the locations of LILT – Italian League for the Fight Against Cancer in the Provinces of Milan, Monza, and Brianza.
- Assistance is provided on a reimbursement basis at any non-affiliated healthcare facility, with the application of a 10% deductible and a minimum non-reimbursable amount of €40 for each examination.

The beneficiary can request reimbursement by sending Insieme Salute a copy of the invoice, receipt, or other expenditure document addressed to them, containing the date, the service provider, the details of the healthcare services performed, the amount for each service, and a copy of the medical prescription containing the diagnostic query or condition that required the service.

13.3 PRIVATE SPECIALIST VISITS

Each beneficiary is entitled to 20 private specialist visits per year from the following list: algological, allergological, andrological, anesthesiological, angiological, cardiac surgery, cardiological, plastic surgery, general surgery, maxillofacial surgery, dermatological, diabetic, dietetic, hematological, endocrinological, hepatological, physiatric, phoniatic, gastroenterological, gynecological, gnathological, internal medicine, nuclear medicine, nephrological, neurosurgical, neurological, ophthalmological, oncological, orthopedic, obstetric, otolaryngological, pediatric, pneumological, proctological, rheumatological, breast, traumatological, and urological.

How to access the service

- The service is provided *directly* within the network with a €15 deductible for each visit. A medical prescription containing the diagnostic query or condition that necessitated the service is required to activate the coverage.
- The service is provided *directly*, without a deductible, at the locations of LILT – Italian League for the Fight Against Cancer in the Provinces of Milan, Monza, and Brianza.
- Assistance is provided on a reimbursement basis at any non-affiliated healthcare facility with a 20% excess and a non-reimbursable minimum of €40 per visit, and a maximum reimbursement of €120 per visit.

The Beneficiary may request reimbursement by submitting to Insieme Salute a copy of the invoice, fee note, or other expense document issued in their name, indicating the date, the healthcare provider, the details of the services rendered, the amount for each service, and a copy of the medical prescription specifying the diagnostic query or the condition that made the service necessary.

14. HOSPITALIZATION AREA

In case of hospitalization in a public or private Italian facility, with or without surgery, the insured person will be entitled to a compensation of €60 for each day of hospitalization. The day of admission and the day of discharge will be considered, for all purposes, as a single day of hospitalization.

This coverage also applies to day-hospital stays for chemotherapy, radiotherapy, and dialysis.

Hospitalization is covered in a hospital, clinic, university institution, or nursing home authorized by the competent authorities to provide the assistance.

How to access the service

- The beneficiary can request the daily compensation by sending the hospital discharge form, highlighting the admission date, discharge date, and detailed medical diagnosis.

15. TEMPORARY LOSS OF SELF-SUFFICIENCY BENEFITS

The benefits referred to in articles 15.1 and 15.2 are provided in the case of a temporary loss of self-sufficiency caused by illness or injury. Temporary loss of self-sufficiency refers to the total, temporary, and clinically verified inability to perform at least three of the following basic daily living activities independently: eating, washing, dressing and undressing, maintaining continence, using sanitary facilities properly, and moving.

15.1 HOSPITAL OVERNIGHT AND DAYTIME CARE

The insured person admitted to a hospital or care facility in Italy, excluding long-term care units, is entitled to receive surveillance and assistance services that, by law, employment contract, or internal regulation, are not part of the duties of the healthcare and paramedical staff at the care facility.

Care is provided in the case of hospitalization due to illness or injury, for a maximum of 100 hours per year per person.

Daytime care is provided in minimum shifts of three consecutive hours. Overnight care is provided in minimum shifts of eight consecutive hours.

Assistance services are performed by qualified personnel from organizations authorized by Insieme Salute.

How to access the service

- Assistance is provided directly through the booking procedure.
- Hospital coverage is provided exclusively for admissions to authorized institutions such as hospitals or nursing homes in Italy. It always excludes assistance for admission to nursing homes or the like, and in the long-term care wards.
- Assistance is provided only if authorized by the healthcare staff responsible for the ward where the person to be assisted is hospitalized. The written authorization must be presented to the personnel who will provide assistance to the patient. Assistance cannot be provided without such authorization.

15.2 OVERNIGHT AND DAYTIME CARE AFTER HOSPITALIZATION

The beneficiary who, due to illness or injury, requires home care after hospitalization can request it within 15 days of discharge and receive surveillance or assistance services by contacting the Insieme Salute booking service.

Coverage is provided for a maximum of 60 hours per year per person.

Daycare is provided in minimum shifts of three consecutive hours. Overnight care is provided in minimum shifts of eight consecutive hours. The coverage is valid throughout Italy.

The duties of the personnel responsible for providing home care include all actions necessary to provide relief and care to the insured in their home. The service also includes maintaining the minimum necessary hygiene conditions within the home, as part of the care for the beneficiary.

Examples of home care services, include, without limitation:

general supervision, including accompaniment; providing companionship; personal hygiene assistance, including lifting from bed or chair and repositioning; assisting the patient with external relations and running various errands, excluding the use of the operator's own vehicle for transporting the patient; shopping and performing urgent errands (e.g., post office, bank, etc.); preparing and serving meals.

Also included are the socio-healthcare interventions – given at the patient's home by doctors, nurses and/or professionals with the qualifications of O.SS /Nurse Assistants - such as:

generic care related to the Client's needs in daily life activities in a more or less predictable context; control of the vital parameters and the water saturation; preparation, distribution and administration of medicine orally, topical, ophthalmic, auricular, nasal, rectal, vaginal and aerosol pathways; preparation and administration of medicine via intradermal, subcutaneous, intramuscular and intravenous procedures (in a venous site already in place); care and surveillance of patients with nasogastric devices or PEG already in place including administering care of wounds and therapy; care for and monitoring of patients with colostomy and urostomy bags; taking biological fluid samples for diagnostic purposes and use of reagents (uric acid, glycaemia, etc.); setting of dry and wet dressings ; care and monitoring the users during oxygen therapy; buccopharyngeal aspiration; care and supervision of users wearing orthopedic equipment; dressings with bandages and support stockings even in cases of post-surgery and amputation, pain evaluation, care and surveillance of diabetic patients, excluding pedicures.

The following requests to the A.S.A. and/or O.S.S. Assistant are excluded:

- to act on behalf of the beneficiary or replace them in financial operations;
- to carry out tasks that may place the Assistant in situations of responsibility beyond their competence.

How to access the service

- Assistance is provided directly through the booking procedure.

16. DENTAL AND ORTHODONTIC PRIVATE SERVICES

16.1 ACCESS TO THE NETWORK: DISCOUNTED RATES AND FIRST FREE VISIT

Beneficiaries can access the network of affiliated dental facilities with the application of agreed and controlled rates for the services provided.

The beneficiary is entitled to a free initial visit at the affiliated dental facilities, which includes the creation of a treatment plan and cost estimate.

How to access the service

- The service is provided directly.

16.2 TARTARABLATION

The beneficiary is entitled to assistance for up to two tartar removals per year, per person, as detailed below:

How to access the service

- The service is provided directly through the network for up to two tartar removals per year, per person, without deductibles to be paid by the beneficiary;
- The service is reimbursed for non-affiliated facilities for up to one tartar removal per year, per person, reimbursed up to a maximum of €30.

The beneficiary may request reimbursement by submitting a copy of the receipt to Insieme Salute. The invoice must specify the type of service performed.

16.3 ENDOSSEOUS IMPLANTS, ROOT CANAL TREATMENTS, EXTRACTIONS, AND CROWNS

The beneficiary is entitled to one endosseous implant per year, per person, as specified below:

- Direct assistance within the network up to a maximum of €450 per year, per person.
- Reimbursement assistance at non-contracted structures up to a maximum of €350 per year, per person.

If the same treatment plan involves multiple endosseous implants, the following additional implants are covered, including extractions, root canal treatments, and related crowns, if required, within the maximum amounts specified in the table below (the services must be part of a single treatment plan):

- 2nd implant: €450 + root canal treatment €50 + extraction €50 + crown €100
- 3rd implant: €600 + root canal treatment €50 + extraction €50 + crown €300
- 4th implant: €750 + root canal treatment €50 + extraction €50 + crown €400

In case of endosseous implants required due to a traumatic event certified by the emergency room, the annual maximum per person is increased to €4,000, with reimbursement of €1,000 per endosseous implant. In this case, the emergency room documentation must be sent to Insieme Salute within 3 days of the event.

How to access the service

- To activate the assistance, the interested party must notify Insieme Salute in advance of the start of treatment and request authorization via email at assistenza.unimi@insiemesalute.org, attaching to the request the cost estimate, with the stamp and signature of the dentist, detailing the services to be performed. The request must also include the pre-treatment orthopantomography indicating the date of execution; this date must not be more than 30 days earlier than the date of the cost estimate and must not precede the date of enrollment with Insieme Salute. In the case of a traumatic event, the interested party must also send a copy of the discharge letter from the emergency room indicating the reasons for the trauma.
- Insieme Salute - within 3 working days - will provide authorization for the treatment or a reasoned denial, or will request any missing documentation.
- To obtain reimbursement after the treatment, the beneficiary must submit a copy of the receipt detailing all performed procedures and the tooth treated, the final orthopantomography, as well as a copy of the implant passport and the certificate of conformity for the definitive prosthesis.

16.4 ORTHOPANTOMOGRAPHY(FULL PANORAMIC RADIOGRAPHY)

The beneficiary is entitled to free assistance for the two orthopantomographies performed before and after the endosseous implant performed within the network and assisted by Insieme Salute.

How to access the service

- The service is provided directly in the network, without deductibles borne by the beneficiary.

16.5 FILLINGS

The beneficiary is entitled to assistance for fillings performed within the network, with no limits on the number or maximum reimbursement.

How to access the service

- The service is provided directly in the network, without deductibles borne by the beneficiary.

- To activate the assistance, the interested party must notify Insieme Salute in advance of the start of treatment and request authorization, attaching to the request the cost estimate, with the stamp and signature of the medical doctor dentist, detailing the services to be performed.
- Insieme Salute - within 3 working days - will provide authorization for the treatment or a reasoned denial, or will request any missing documentation.

16.6 ORTHODONTIC TREATMENTS (FIXED AND REMOVABLE)

The Beneficiary is entitled to assistance for orthodontic treatments.

How to access the service

- The service is provided directly in the network up to a maximum of €500 per year per person.
- The service is provided on a reimbursement basis at non-contracted facilities up to a maximum of €350 per year per person.
- To activate the service, the beneficiary must notify Insieme Salute in advance of the beginning of the treatment and request authorization via email at the address assistenza.unimi@insiemesalute.org. The request must include an orthodontic report, with the stamp and signature of the orthodontist, containing a detailed description of the treatment to be performed and the expected duration of the treatment.
- Insieme Salute - within 3 working days - will provide authorization for the treatment or a reasoned denial, or will request any missing documentation.
The authorization will cover a maximum of one year of treatment (12 months from the start of treatment). If the treatment extends beyond the first year of authorized care, a new authorization must be requested at the end of the first year, including a written report, with the stamp and signature of the orthodontist, detailing the progress of the treatment.
- To obtain reimbursement at the end of the treatment, the beneficiary must submit a copy of the payment document indicating the treatment performed. If the treatment lasts longer than a year, the document must specify the year of treatment (e.g., 1st year, 2nd year, etc.).

16.7 PROSTHETIC TREATMENTS

The Beneficiary is entitled to assistance for a total removable prosthesis (both arches) with a reimbursement of €500 per arch.

How to access the service

- The service is provided directly in the network;
- To activate the assistance, the interested party must notify Insieme Salute in advance of the start of treatment and request authorization via email at assistenza.unimi@insiemesalute.org, attaching to the request the cost estimate, with the stamp and signature of the medical doctor dentist, detailing the services to be performed. The request must also include the pre-treatment orthopantomography indicating the date of execution; this date must not be more than 30 days earlier than the date of the cost estimate and must not precede the date of enrollment with Insieme Salute.
- Insieme Salute - within 3 working days - will provide authorization for the treatment or a reasoned denial, or will request any missing documentation. Insieme Salute will send the related acceptance notice to the dental practice.
- The service can be covered only once.

16.8 DENTAL SURGERY

The Beneficiary is entitled to coverage for the following oral surgical procedures, up to a maximum of €1,000 per year per person, with no deductibles or co-payments: adamantinoma; follicular cysts; radicular cysts; mandibular/maxillary bone neoplasms; maxillary osteitis; odontoma.

How to access the service

- The service is provided on a reimbursement basis at affiliated facilities.
- To access the service, the beneficiary must notify Insieme Salute in advance of the scheduled date of the surgery and request authorisation by email at assistenza.unimi@insiemesalute.org, attaching a copy of the medical report including the diagnosis and indication for the surgery, as well as the orthopantomography or other diagnostic imaging, complete with the relevant report.
- To obtain reimbursement, the beneficiary must submit a copy of the expense sheet with details of all the services performed and the post-operative orthopantomogram or other diagnostic imaging.

16.9 COVERAGE LIMITS

- For all services referred to in this article 16, coverage will only be granted if the start of treatment, its completion, and the issuance of the final invoice all take place during the Beneficiary's enrollment period with Insieme Salute.
- Deposit payment invoices are not eligible for reimbursement.
- Any type of bite splints is excluded from coverage.

17. LENSES AND EYEGLASSES

The Beneficiary is entitled to reimbursement for expenses incurred in the purchase of lenses and eyeglasses for vision defects, whether for near or distance vision, in the event of changes in vision.

The reimbursement is granted up to a maximum of €120 per year per person. Reimbursement is available once every 12 months. Once the benefit has been granted, it may be requested again only after 12 months have passed since the date of the last reimbursed invoice.

How to access the service

- To obtain reimbursement, the beneficiary must submit:
 - a copy of the invoice issued by the optician, duly made out in the name of the beneficiary. The invoice must indicate the type of lenses purchased (single vision, bifocal, progressive, etc.), the visual defect correction values (Sphere, Axis, Cylinder, and any additions), and a detailed breakdown of the amounts spent for ophthalmic lenses and any frames.
 - a prescription from an ophthalmologist or a certificate from an optometrist optician, indicating the change in vision and the defect to be corrected, expressed with values such as sphere, axis, and cylinder. Prescriptions with generic terms such as "myopia", "astigmatism", etc., will not be accepted. The prescription must not be dated more than 12 months before the lens purchase date;
 - a certificate of conformity of the lenses issued by the optician, pursuant to Legislative Decree No. 46 of 24/02/1997 (not required for contact lenses).

Graduated photochromic lenses (prescription sunglasses) are reimbursable.

Reimbursement is not available for the purchase of frames alone.

Sunglasses and underwater goggles are excluded from reimbursement.

The Beneficiary is entitled to access the discounted rates available to members of Insieme Salute at all Grandvision and Salmoiraghi&Viganò stores. To access the discounts, it is necessary to register on the dedicated platform, accessible through the reserved area of Insieme Salute (section "Benefits for Members").

18. MATERNITY PACKAGE

The beneficiary is entitled to coverage for the following pregnancy-related services: control ultrasounds, double marker test/nuchal translucency, fetal DNA test, amniocentesis, chorionic villus sampling, blood tests for pregnancy monitoring, specialist gynecological and obstetric control visits on pregnancy progress, and one postnatal gynecological check-up.

The services are covered up to a maximum of €600 per year and per person.

How to access the service

- Services are reimbursed at 100% if performed through the National Health Service (health service ticket).
- Services are provided directly, without deductibles or co-payments, if carried out at affiliated facilities.
- Services are reimbursed at 100% if carried out privately at non-affiliated facilities.
- To request reimbursement, it is necessary to send a copy of the invoice containing the beneficiary's name, the date, the provider of the service, the details of the healthcare services performed, and the amount for each service. On the occasion of the first request, a copy of the certificate confirming the state of pregnancy must be sent.

19. ORTHOPEDIC AND ACOUSTIC PROSTHESES

The beneficiary is entitled to reimbursement for orthopedic and acoustic prostheses, including hearing aids.

The reimbursement is provided up to a maximum of €1,000 per year and per person.

How to access the service

- Assistance is provided in a reimbursable form at any facility, with a 20% deductible and a minimum non-compensable amount of €70 per invoice.
- To request reimbursement, it is necessary to send a copy of the invoice containing the beneficiary's name, the date, the provider of the service, the details of the healthcare services performed, and the amount for each service.

20. PHYSIOTHERAPY AND REHABILITATION TREATMENTS

The beneficiary is entitled to a cycle (up to 12 sessions) of physiotherapy per year following hospitalization and/or injury certified by Emergency Room access.

How to access the service

- The service is provided on a reimbursement basis at affiliated facilities.
- To request reimbursement, the beneficiary must send:
 - A copy of the hospital discharge letter or Emergency Room report certifying the injury.
 - A copy of the medical prescription from a general practitioner or specialist whose specialization is relevant to the condition to be treated, containing the indication of the treatments to be performed (e.g., physiotherapy, ultrasound, laser, tecartherapy, electrotherapy, shockwave therapy, etc.).
 - A copy of the invoice containing the beneficiary's name, the date, the provider of the service, the details of the healthcare services performed, and the amount for each service.

Limitations

The services must be performed by licensed medical or paramedical personnel qualified in rehabilitation therapy,

and their qualifications must be proven by the expense document.

The services must be performed and invoiced within 6 months of discharge or the injury certified by the Emergency Room.

Services performed at gyms, sports clubs, beauty studios, health hotels, medical hotels, wellness centers, even if they have an associated medical center, are not covered.

21. PEDIATRIC PACKAGE

Beneficiaries aged between 0 and 14 years are entitled to the following services.

21.1 PEDIATRIC DENTAL PREVENTION PACKAGE

The beneficiary from 0 up to (but not including) 14 years of age at the time of service delivery is entitled to the following pediatric dental prevention services:

- Pediatric dental visits with teaching of proper home oral hygiene maneuvers and nutritional advice to reduce risk (without annual maximums);
- Tartar removal (without annual maximums);
- Tooth groove sealing (without annual maximums);
- Fluoride prophylaxis (1 year/person);
- Orthopantomographies (without annual maximums).

How to access the service

- The services are available directly in-network without any deductible for the beneficiary.

21.2 SPECIFIC PEDIATRIC PACKAGES

Each beneficiary, depending on the case and age, can benefit from one of the following pediatric packages each year, to be performed at affiliated facilities, directly, without any deductible for the beneficiary.

FROM 0 TO 3 MONTHS

NEONATAL HIP ULTRASOUND

FROM 3 MONTHS TO 2 YEARS

OTORHINOLARYNGOLOGICAL VISIT WITH AUDIOMETRIC TEST

FROM 2 TO 4 YEARS OCULAR SCREENING

OCULAR VISIT

TONOMETRY

FUNDUS OCULI

FROM 2 TO 4 YEARS CELIAC SCREENING

COMPLETE BLOOD COUNT WITH FORMULA

ANTI-ENDOMYSIAL ANTIBODIES (EMA)

ANTI-TRANSGLUTAMINASE ANTIBODIES

FROM 12 TO 14 YEARS

ENDOCRINOLOGICAL VISIT

ORTHOPEDIC VISIT

How to access the service

- The services are available directly on the network without any deductible for the beneficiary.

22. CUSTOMIZED EARLY DIAGNOSIS AND PREVENTION PROGRAMS - CHECKUP DIARY

22.1 CHECKUP DIARY

Every adult beneficiary can access, for free and according to recommended frequencies, all early diagnosis and prevention services provided by their personal "Checkup Diary," which can be activated through the Insieme Salute platform under Services – Prevention Guide - Know and Prevent.

How to access the service

- The services recommended and scheduled by the Checkup Diary, are provided directly on the network or with reimbursement of the health service ticket (SSN), with no annual maximums and no deductible for the beneficiary.
- To access the services, it is necessary to activate the "Checkup Diary" and follow the described procedure.

22.2 ONCOLOGICAL PREVENTION

a) Activation of the "Checkup Diary" The beneficiary must access the Insieme Salute platform (Services – Prevention Guide – Know and Prevent) and fill out the first online self-profiling questionnaire, entering the required data (age, last checkups done, habits, and lifestyle, etc.). Upon completion, a personalized early diagnosis and oncological prevention program is generated, detailing the checkups and tests and the recommended periodicity based on gender, age, and lifestyle. By clicking the "Activate Diary" button, the checkups are automatically scheduled according to the recommended frequencies.

b) Booking of oncological prevention services provided by the "Checkup Diary" The beneficiary receives a notification email as the date for the recommended service approaches. The beneficiary can access the "Checkup Diary" and book the service by following the specific procedure. After the service is performed, the "Diary" automatically updates and reschedules the service according to the recommended frequencies.

22.3 METABOLIC SYNDROME PREVENTION

Every beneficiary aged 35-69 years, excluding pregnant women for whom the test is not indicative, can access a free online questionnaire for self-assessment of metabolic syndrome risk through the Insieme Salute platform. It will be possible to respond to the questionnaire to assess the risk of metabolic syndrome after completing the oncological prevention questionnaire and activating the Checkup Diary (article 22.2).

For the correct completion of the questionnaire to assess the risk of metabolic syndrome, it is necessary to measure waist circumference, measure blood pressure, and have undergone the following blood tests in the previous three months: triglycerides, HDL cholesterol, and glucose.

By answering the questionnaire, the beneficiary immediately receives an assessment of their metabolic syndrome risk:

- Absence of metabolic syndrome;
- Confirmed presence of metabolic syndrome if at least three of the five criteria set by the National Cholesterol Education Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III - ATP III) are present;
- Presence of criteria that could expose to the risk of developing metabolic syndrome in the near future if preventive measures and lifestyle changes are not implemented.

In the presence of confirmed metabolic syndrome or high risk, guidance on the useful services to be performed will be provided. The recommended services will be listed in the Checkup Diary and will be assisted as provided in article 22.1.

22.4 CARDIOVASCULAR PREVENTION

Every beneficiary aged 35-69 years, excluding pregnant women for whom the test is not indicative, can access a free online questionnaire for self-assessment of cardiovascular risk through the Insieme Salute platform. It will be possible to respond to the questionnaire to assess cardiovascular risk after completing the oncological prevention questionnaire and activating the Checkup Diary (article 22.2).

For the correct completion of the questionnaire for assessing cardiovascular risk, it is necessary to measure blood pressure and have undergone the following blood tests in the previous three months: total cholesterol, HDL cholesterol, LDL cholesterol, and glucose.

By answering the questionnaire, the beneficiary immediately receives a measurement of cardiovascular risk expressed as the probability of experiencing a first cardiovascular event in the next 10 years, with a discriminant probability of around 20%, as determined by the Heart Project of the Higher Institute of Health (Istituto Superiore di Sanità).

If the cardiovascular risk exceeds 20%, guidance on the services to be performed will be given. The recommended services will be listed in the Checkup Diary and will be assisted as provided in article 22.1.

22.5 SERVICES PROVIDED BY PREVENTION PROGRAMS

The oncological prevention services provided by the Checkup Diary and proposed based on gender, age, lifestyle, and scheduled according to the guidelines of the Ministry of Health, the European Commission, and the Higher Institute of Health (Istituto Superiore di Sanità) include: gynecological visit; transvaginal ultrasound; dermatological visit for mole control; PAP Test or HPV Test; breast examination; search for occult blood in stool; mammography; otolaryngological visit; urological visit.

The early diagnosis services proposed in the cardiovascular prevention and metabolic syndrome programs are recognized as effective and appropriate according to current guidelines: complete blood count, ESR, glucose, urea, creatinine, total cholesterol, HDL cholesterol, LDL cholesterol, ALT/AST, triglycerides, gamma GT, PTT, PT, homocysteine; urine test; basic electrocardiogram and cardiological visit.

The services provided by the prevention programs may be updated based on the developments of guidelines and future research.

22.6 ANNUAL UPDATE OF PREVENTION CAMPAIGNS

Every 12 months, the beneficiary can re-fill the oncological, cardiovascular, and metabolic syndrome prevention questionnaires through the online platform of Insieme Salute (Services – Prevention Guide), updating data related to residence, weight, lifestyle, and checkups performed. The Checkup Diary updates the frequencies and recommended services based on the updated data.

23. EXCLUSIONS FROM HEALTH COVERAGE

23.1 PREEXISTING PATHOLOGIES

Members cannot be assisted for malformations, physical defects, and diseases, as well as sequelae and morbid manifestations that are etiopathogenically related to these preexisting pathologies (hereinafter "preexistences"), nor for ongoing pregnancies as of the start date of the coverage, except as provided in the subsequent article 23.2.

23.2 Staff with full university contribution

Insieme Salute ensures assistance for preexisting pathologies, as well as ongoing pregnancies as of the start date of the coverage, for staff registered with a contribution fully borne by the University.

Health coverage does not apply, unless otherwise specified in this Regulation, for:

- Treatments and/or interventions for the removal or correction of physical defects or malformations preexisting at the time of the contract;
- Treatment of mental illnesses and psychiatric disorders in general, including neurotic behaviors;
- Medical services for aesthetic purposes (except for reconstructive plastic surgery necessitated by accidents or demolitive interventions occurring during the contract's operation);
- Hospital stays during which only examinations or physical therapies are performed, which, due to their technical nature, can also be performed on an outpatient basis;
- Examinations for infertility and medical practices aimed at artificial fertilization;
- Hospital stays caused by the need of the assisted person to have third-party assistance to perform basic acts of daily life and long-term care stays. Long-term care stays are those determined by physical conditions of the assisted person that no longer allow medical treatment to provide a cure and require a stay in a care institution for maintenance care or physiotherapy;
- Procedures for the replacement of any type of orthopedic prostheses;
- Treatment of diseases resulting from the abuse of alcohol and psychotropic drugs, as well as the non-therapeutic use of narcotics or hallucinogens;
- Injuries resulting from the practice of extreme and dangerous sports, such as air sports, motor sports, auto racing, free-climbing, rafting, and extreme mountaineering, as well as participation in related races and training sessions, whether official or not;
- Injuries caused by intentional actions committed by the assisted person;
- Direct or indirect consequences of the transmutation of the atom, radiation caused by the artificial acceleration of atomic particles, and exposure to ionizing radiation;
- Consequences of war, insurrections, seismic movements, and volcanic eruptions;
- Therapies not recognized by official medicine;
- Services not expressly provided in this regulation are not covered.

24. INFORMATION AND SUPPORT SERVICES

24.1 TELEPHONE ASSISTANCE, VIA EMAIL, AND AT THE OFFICES

Beneficiaries can request any type of information about the service by contacting Insieme Salute's telephone support at the dedicated number 02.50021947. Telephone assistance is also available in English. The service is active all year round from Monday to Friday, excluding holidays, from 9:00 AM to 1:00 PM and from 2:00 PM to 6:00 PM. Insieme Salute does not use external call centers; beneficiaries can contact the operators of the Mutual directly. Information can also be requested, in English as well, by writing to the email address: assistenza.unimi@insiemesalute.org.

Beneficiaries can also request any type of information by visiting the Insieme Salute offices from Monday to Friday, excluding holidays, from 9:00 AM to 1:00 PM and from 2:00 PM to 6:00 PM (Friday until 5:00 PM).

24.2 ONLINE PLATFORM VIA WEB APP AND MOBILE APP

Beneficiaries can access, after registration, the online portal of Insieme Salute (Cosmo) via the web app from the website www.insiemesalute.org (Reserved Area) or Insieme Salute mobile APP also in English.

Through the platform, beneficiaries can:

- Check their care profile and consult the related regulations;
- Verify and modify personal data (addresses, phone numbers, bank details);
- Print the Insieme Salute card;
- Submit reimbursement requests;
- Check the status of submitted reimbursement requests and view the images of the documents sent (also by a family member after completing a specific release form);
- Consult all the healthcare services assisted by Insieme Salute in the last two years;
- Monitor the dates, amounts, and reasons for transfers made by Insieme Salute;

- Download, store, and print documents and correspondence related to their account;
- Request a reservation for direct form assistance;
- Send a complaint;
- Book a video consultation;
- Request a direct form assistance intake;
- Search for the nearest directly affiliated facilities.

Through the Web App, it is also possible to request assistance, even in English, via chat active on weekdays from 9:00 AM to 1:00 PM and from 2:00 PM to 6:00 PM.

24.3 ASSISTANCE VIA ONLINE COUNTER

Insieme Salute provides an online counter accessible through the Insieme Salute platform, from the "Contacts" page. The service is active every weekday during office hours and allows easy remote appointment scheduling on the Microsoft Teams platform with an Insieme Salute operator. Operators can thus provide real-time remote assistance, being able to share the screen and simplify the explanation of IT procedures (e.g., activation of the Checkup Diary, reservation procedure, and intake, etc.).

24.4 PERSONAL ASSISTANT

Beneficiaries can request to be always followed by the same operator in particularly delicate cases where they are facing unforeseen issues (for example, injury, diagnosis of cancer, loss of self-sufficiency, significant dental expenses), are about to undergo a series of examinations (for example, for pregnancy) or want to know the services dedicated to specific categories of beneficiaries like children (pediatric packages, pediatric visits and examinations, etc.). The beneficiary is therefore guided in the use of services by a personal assistant who will inform them about all the relevant assistance available and manage all their cases and requests for assistance.

24.5 MESSAGING SERVICES

Insieme Salute will send an SMS to beneficiaries who have also communicated their mobile phone number through the online platform to:

- Notify the receipt of the reimbursement request by the beneficiary;
- Notify the settlement of a reimbursement.

24.6 FISCAL DOCUMENTS

Every year, in time for the tax declaration, Insieme Salute makes available to beneficiaries, through the reserved area, documents useful for fiscal deductions. The summary of reimbursements made during the year shows the date of the service performed, the type of service, the amount of the expense incurred, the amount of the reimbursement issued by Insieme Salute, and the possible amount of the reimbursement that remained at the beneficiary's expense.



società di mutuo soccorso ets
Milano - Viale San Gimignano, 30/32

ADDENDUM TO THE INTEGRATED HEALTHCARE REGULATION FOR THE STAFF OF THE UNIVERSITY OF MILAN

This Addendum to the Integrated Healthcare Regulation for the Personnel of the University of Milan sets out the procedures governing the activation and use of the coverage provided under the supplementary package, as agreed between the University of Milan (hereinafter, the “University” or the “Ateneo”), with registered office at Via Festa del Perdono 7, 20122 Milan, Tax Code 80012650158, and the mutual benefit society Insieme Salute (hereinafter, “Insieme Salute” or the “Mutua”), with registered office at Viale San Gimignano 30/32, 20146 Milan, Tax Code 11352100157.

The services governed under this Addendum are in addition to those established in the Integrated Healthcare Regulation for the Personnel of the University of Milan.

This Addendum shall enter into force on 1 April 2025 and shall remain in effect until 31 March 2028, unless extended.

GENERAL RULES

1. PERSONNEL ENTITLED TO ACTIVATE THE SUPPLEMENTARY PACKAGE

1.1 The following beneficiaries in active service shall be entitled to activate the supplementary package, with no age restrictions:

- a) PTAB/CEL (foreign language instructors and collaborators, technical, administrative, and library staff under fixed-term or permanent contracts), executives, research technologists, and incoming seconded personnel;
- b) Teaching and Research Staff: Research Fellows, Associate Professors, and Full Professors;
- c) Research grant holders, PhD Students, and Postgraduate Students: holders of research grants, PhD Students with scholarships awarded by the University, and Postgraduate Students with scholarships awarded by the University.

Individuals on unpaid leave are excluded from active service.

The procedures for activating the supplementary package and the related costs borne by the University or the beneficiary are set out in articles 1.2, 1.3, 1.4, and 1.5 below.

1.2 The supplementary package shall be automatically activated for the beneficiaries referred to in points a) and b) above whose employment income does not exceed €60,000.00 (CU – Certificazione Unica issued by University), based on the list provided by the University.

All related costs shall be fully borne by the University.

1.3 The supplementary package may be voluntarily activated by the beneficiaries referred to in points a) and b) above whose employment income is from €60,000.01 (CU – Certificazione Unica issued by University), based on the list provided by the University.

All related costs shall be fully borne by the beneficiary.

- 1.4** The supplementary package may be voluntarily activated by the beneficiaries referred to in point c) above, regardless of their employment income (CU – Certificazione Unica issued by University), based on the list provided by the University.

All related costs shall be fully borne by the beneficiary.

- 1.5** The supplementary package cannot be activated for family members of the staff. The services and benefits included in the package shall therefore not be available to family members, except where otherwise specified for psychological support services, work-life balance services and h24 telephone services, which are automatically extended to and accessible to the beneficiary's household.

2. COVERAGE ACTIVATION PROCEDURES

2.1 Beneficiaries whose supplementary package is fully borne by the University

For PTAB/CEL staff and Teaching and Research Staff with employment income up to €60,000.00 (CU – Certificazione Unica issued by University), with no age limits, the supplementary package is automatically activated upon enrollment with Insieme Salute through transmission of the relevant list by the University.

2.2 Beneficiaries whose supplementary package is borne by the staff member concerned

PTAB/CEL staff and Teaching and Research Staff with employment income from €60,000.01 (CU – Certificazione Unica issued by University), as well as Research Fellows, PhD Students with scholarships, and Postgraduate Students with scholarships — regardless of employment income (CU – Certificazione Unica issued by University) — may request activation of the supplementary package, with no age limits, by following the online procedure made available by the University. The University shall transmit to Insieme Salute the list of beneficiaries who have voluntarily activated the supplementary package.

Activation shall occur at the same time as enrollment with Insieme Salute. No activation shall be permitted during the year.

3. COMMENCEMENT, EXPIRY, WITHDRAWAL AND VALIDITY

- 3.1** The coverage provided under the supplementary package shall commence and expire in line with the integrated healthcare coverage provided under the basic package. Coverage for University personnel and for the voluntary enrollment of their family members shall take effect from 00:00 on 1 April 2025 (except for enrollments during the year governed under article 3 of the Regulation) and shall expire at 24:00 on 31 March 2028, unless extended (see article 6.1 of the Regulation).
- 3.2** There are no grounds for early termination or cancellation of the supplementary package during the year. The supplementary package may only be terminated in conjunction with the exercise of the annual cancellation right provided under article 6.2 of the Integrated Healthcare Regulation.

4. CONTRIBUTIONS FOR THE SUPPLEMENTARY PACKAGE

- 4.1** For the full range of services included in the supplementary package, the annual gross per capita contribution per beneficiary is €100 per year per person.
- 4.2** Contributions, whether borne by the University or by the beneficiary, shall be paid by the University to Insieme Salute.

SERVICES

5. PSYCHOLOGICAL SUPPORT SERVICES

The following psychological support services are provided free of charge to each adult beneficiary, with no annual limits and in complete anonymity.

No medical prescription is required.

No prior authorization or intake request from Insieme Salute is necessary.

The service is also available to adult family members registered with Insieme Salute.

To access or book a service, follow the procedure set out in the following section **HOW TO ACCESS TELEPHONE COUNSELLING AND VIDEO SESSIONS WITH A PSYCHOLOGIST**".

By accessing the service, the beneficiary may use the following psychological support services:

5.1 WELLBEING HELPLINE – FREE PSYCHOLOGICAL PHONE COUNSELLING

The beneficiary may contact the free and anonymous psychological phone support service at any time via a toll-free number available 24 hours a day, 7 days a week, all year round.

The purpose of the psychological support service is to provide the beneficiary, through a qualified psychologist, with impartial and confidential guidance on personal or professional matters whenever the need arises.

Phone-based counselling offers professional, unconditional, and neutral listening support, aimed at enhancing the beneficiary's ability to cope with situations of distress resulting from, including but not limited to:

- Personal issues: bereavement, illness, injury, divorce, interpersonal conflict, anxiety, addiction, family difficulties, lack of a social support network, eating disorders, learning disorders, postpartum difficulties, and motherhood;
- work-related issues concerning the organizational context (role clarity, internal communication, contradictory demands), control (uncertainty about the future, decision-making autonomy, work-life balance), recognition (career prospects, acknowledgment of efforts and results achieved), relationships (with colleagues, with superiors, including respect, harassment, and intimidation), or work activities (mental workload, physical or environmental discomfort, workload intensity, need to adapt, and the meaning and usefulness of one's work).

5.2 REMOTE PSYCHOLOGICAL SUPPORT SESSIONS (FREE OF CHARGE)

During the initial call, the psychologist welcomes the beneficiary's request, identifies the psychological issues underlying the reported problem, explores the individual's expectations, and explains how the service operates. If necessary, the beneficiary may continue with videoconference-based counselling sessions.

The first consultations are aimed at conducting an in-depth analysis of the beneficiary's request and needs. Based on the identified needs, personalized counselling pathways are defined and shared with the beneficiary. These pathways are designed to achieve specific objectives and to enhance the beneficiary's perception of well-being in relation to the issue presented. The consultation process concludes once these objectives have been achieved; therefore, the overall duration depends on the individual's needs.

The consultations are subject to professional confidentiality in accordance with the psychologists' code of ethics. Each session shall last no longer than one hour.

During the first call, the beneficiary may choose a pseudonym, which will be requested at each call to ensure continuity of dialogue with the psychologist.

5.3 HOW TO ACCESS TELEPHONE COUNSELLING AND VIDEO PSYCHOLOGICAL SESSIONS

To access the service, follow the procedure below:

- access the Insieme Salute online platform through the reserved area of the website www.insiemesalute.org.

- from the “Services” menu, select “Family Services” → “Psychological Support.” The service information page includes a description of the service, the toll-free number, and the credentials required to access the dedicated portal.
- to use the service, call the dedicated toll-free number or access the dedicated portal.

Additionally, through the dedicated portal, the beneficiary may:

- **Book video consultations**

Beneficiaries may book and attend video consultations with a psychologist of their choice.

The beneficiary has access to a brief profile of each psychologist (including a photograph, specializations, and availability) and can schedule an appointment with the selected professional.

Each video consultation shall last no longer than one hour

- **Use the real-time chat service**

Beneficiaries may exchange real-time messages with psychologists, describe their concerns, and receive support and suggestions.

The chat service is available Monday through Friday, from 9:00 a.m. to 7:00 p.m.

- **Request written consultations via contact form**

Beneficiaries may also submit a written request by filling out a contact form, where they can explain their situation or raise a concern.

A qualified professional will provide a written response within 48 working hours.

6. ADDITIONAL REIMBURSEMENT LIMIT FOR LENSES AND GLASSES

This benefit is reserved for the employee/beneficiary.

Beneficiaries who have activated the supplementary package are entitled to reimbursement for the purchase of lenses and glasses up to a maximum of €200 per person per year, instead of the €120 limit set out in article 17 of the Regulation.

This benefit is provided under the same terms and conditions established in article 17 of the Regulation.

7. MEDICALLY ASSISTED PROCREATION

This benefit is reserved for the employee/beneficiary.

The beneficiary is entitled to reimbursement of 70% of the expenses related to Medically Assisted Procreation procedures carried out in compliance with Italian law (Law No. 40/2004 and subsequent rulings of the Constitutional Court).

Reimbursement is available once per year, up to a maximum of €1,500 per person per year.

Expenses are eligible for reimbursement if they relate to medical or surgical procedures involving Medically Assisted Procreation, at any level:

- Level I: intrauterine insemination (IUI), intrauterine fertilisation;
- Level II: oocyte retrieval, in vitro fertilisation and embryo transfer with sedation or local anaesthesia;
- Level III: oocyte retrieval, in vitro fertilisation and embryo transfer under general anaesthesia.

Expenses incurred for pre-cycle ovarian stimulation are also eligible for reimbursement.

How to access the service

- The service is provided in the form of reimbursement and may be used at any facility, including those located abroad.
- To obtain reimbursement, it is mandatory to request prior written authorisation from Insieme Salute by sending, before starting the treatment, a cost estimate and the relevant medical documentation to: assistenza.unimi@insiemesalute.org. Treatments that have not been authorised in advance in writing by Insieme Salute will not be reimbursed.

- Reimbursement requests for pre-authorised treatments must be submitted after the cycle has been completed.
- To request reimbursement, the following documents must be submitted:
 - payment receipts and/or invoices issued in the beneficiary's name, including details of the service provided, the date, the amount, and the healthcare provider;
 - a certificate issued by the healthcare facility indicating the date of embryo transfer or intrauterine insemination, or the clinical reason that led to the cancellation of the Medically Assisted Procreation cycle.

8. WORK–LIFE BALANCE SERVICES

8.1 SERVICE FOR THE SELECTION AND HIRING OF LIVE-IN CAREGIVERS OR HOURLY CARE WORKERS (OSS AND ASA)

In case of need, either for themselves or for a family member (even if not enrolled), the beneficiary may access a service for the selection and hiring of a caregiver or qualified care worker. The individual enters into an agreement with an agency, which will handle the selection of appropriate personnel based on specific needs, the employment contract, all administrative formalities, and the replacement of the caregiver in case of leave, illness, or incompatibility with the person receiving care.

The cost of the service shall be borne by the beneficiary at a discounted rate.

How to access the service

- The service may be requested via the Insieme Salute platform under the “Services” section.

8.2 ASSISTED TRANSPORT SERVICE

In case of need, either for themselves or for a family member, the beneficiary may access a service for the accompaniment of people with disabilities, reduced mobility, or temporary motor difficulties — including elderly persons — from their home to their destination (medical appointments, theatre, airport, holiday location), with the option to borrow a wheelchair or other portable aids. Upon advance booking, support to overcome architectural barriers may also be provided using a specialised stair-climbing chair.

The cost of the service shall be borne by the beneficiary at a discounted rate.

How to access the service

- The service may be requested via the Insieme Salute platform under the “Services” section.

8.3 CAREGIVER COUNSELLING AND GUIDANCE SERVICE

The beneficiary may access a counselling service to address situations of non-self-sufficiency or significant vulnerability due to age or health conditions affecting a child or parent, even if not enrolled with Insieme Salute.

Through a one-hour interview, a specialised consultant will collect the necessary information regarding the needs of the non-self-sufficient person.

Following the interview, the beneficiary will receive a written report containing practical guidance for addressing the identified issues, such as — by way of example — arranging for hourly in-home care, applying for public services or subsidies, or accessing rehabilitation services.

The report will also include suggestions for relevant facilities and services (nursing homes, rehabilitation centres, respite accommodation, home care assistants, etc.), which the beneficiary may contact at their discretion.

The cost of any paid services shall be borne by the beneficiary at a discounted rate.

How to access the service

- The service may be requested via the Insieme Salute platform under the “Services” section.

8.4 SERVICE FOR THE SOURCING, SELECTION, AND HIRING OF BABYSITTERS

The beneficiary may access a service for the search and selection of babysitters, carried out by specialised operators, as well as support in managing all aspects of employment (contract, INPS notifications, payslips, insurance, etc.), and childcare services during weddings, birthday parties, baptisms, first communions, and similar events.

In addition, the beneficiary will be given access to a free online portal where they may independently search and select a babysitting service suited to their needs.

The cost of any paid services shall be borne by the beneficiary at a discounted rate.

How to access the service

- The service may be requested via the Insieme Salute platform under the “Services” section.

8.5 “FIND A HOME CARE ASSISTANT” SERVICE

In case of need, either for themselves or for a family member, the beneficiary may contact Insieme Salute to request the selection of qualified personnel for social-health and in-home care services.

Based on the type of request, Insieme Salute will arrange for the dispatch of qualified OSS (social-health workers) or OSA (social-care workers) to the beneficiary’s home.

The personnel selection service is free of charge.

The services provided will be billed at the preferential rates agreed with Insieme Salute and shall remain at the beneficiary’s expense (unless covered under specific provisions of the Regulation).

How to access the service

- The service may be requested via the Insieme Salute platform under the “Services” section.

8.6 SUPPORT FOR ADMINISTRATIVE PROCEDURES

The beneficiary may access assistance for the management of the following administrative matters, including:

- Verification and update of insurance and contribution records for pension purposes;
- Estimated calculation and simulation of pension amount and start date;
- Accreditation of notional contributions (e.g. illness, injury, maternity, military service, unemployment);
- Redemption and transfer of contribution periods for pension consolidation;
- Various pension types: old-age, disability, early retirement, incapacity, survivors’ pensions, recalculations, supplements, supplementary pensions, “Quota 100”, etc.;
- Social Allowance;
- Social APE (early retirement);
- Requests for survivors’ pension arrears;
- Authorisation to receive family allowance;
- Request for Family Unit Allowance (ANF);
- Verification and recovery of contribution periods accrued abroad;
- Application for foreign pension benefits;
- Civil disability applications, attendance allowance, frequency allowance at INPS offices;
- Unemployment applications (Italian NASpl and repatriation, DIS-COLL, etc.);
- Applications for baby bonuses, birth grants, nursery school vouchers, mandatory and optional maternity leave;
- Applications for leave under Law 104/1992 and extraordinary leave;
- Advice on exemptions from co-payments and access to healthcare;
- ICRIC (hospitalisation reporting for civil disability);
- RED (income declarations);

- ISEE (economic situation indicator);
- ICLAV (work-related disability).

The cost of the service shall be borne by the beneficiary at a discounted rate.

How to access the service

- The service may be requested via the Insieme Salute platform under the “Services” section.

8.7 INDIVIDUAL LEGAL COUNSELLING FOR THE PROTECTION OF VULNERABLE PERSONS

In the event of cognitive decline affecting the beneficiary or a family member, the beneficiary may access an information desk to receive general guidance on the legal protection of vulnerable individuals and the role of the legal guardian (e.g. Who is the legal guardian? When is it appropriate to request one? Who can request it and how?).

The service also includes support in identifying a suitable person to take on the role of Guardian or Legal Representative, as well as guidance on the procedure for activating the relevant legal protections.

The cost of the service shall be borne by the beneficiary at a discounted rate.

How to access the service

- The service may be requested via the Insieme Salute platform under the “Services” section.

9.24/7 TELEPHONE SWITCHBOARD SERVICES

The Beneficiary will be able to use a telephone exchange, operational 24 hours a day every day of the year, which will provide the services specified below. The Center can be contacted at the toll-free number 800 - 40 73 29 from Italy or +39 02 - 24 12 83 45 from abroad.

9.1 Telephone medical consultation

If the Beneficiaries need medical advice, they can contact the Organizational Institute which will organize a telephone consultation with their doctors. The service is free and does not provide diagnoses or prescriptions. The service is provided 24 hours a day, 7 days a week. The Organizational Institute does not replace the medical emergency service or the national 112 (formerly 118) service for emergencies.

9.2 Sending a doctor to Italy

If, following an accident or illness and following a medical consultation, the Beneficiary needs a doctor at his or her residence and is unable to find one, the Organizational Institute, having ascertained the need for the service, will send, at its own expense, one of its own affiliated doctors. In the event that one of the affiliated doctors is unable to intervene personally, the Organizational Institute will organize the transfer by ambulance to the nearest suitable medical center. The service is provided from 8pm to 8am on weekdays or 24 hours a day on holidays, for a maximum of 3 times per membership year.

9.3 Sending a pediatrician to Italy

If, following an accident or illness and following a medical consultation, the Beneficiary needs a pediatrician at his residence and is unable to find one, the Organizational Institute, having ascertained the need for the service, will send, at its own expense, one of its affiliated pediatricians. In the event that one of the affiliated pediatricians is unable to intervene personally, the Organizational Institute will send a general practitioner or organize the transfer by ambulance to the nearest suitable medical center. The service is provided from 8pm to 8am on weekdays or 24 hours a day on holidays, for a maximum of 3 times per membership year.

9.4 Ambulance for transport to hospital in Italy, except primary emergency transport

If the Beneficiary, following an accident or illness, requires ambulance transport for hospitalization, from the place where he/she is located in Italy to a nearest hospital center, the Organizational Institute will, upon request of the Beneficiary, send the ambulance and bear the costs of the overall journey (outward/return), for a maximum of 3 times per membership year. Transport for ongoing therapies does not qualify for the benefit.

9.5 Monitoring of hospital admission

Following hospitalization due to injury and/or illness and upon request of the Beneficiary, the doctors of the Organizational Institute will establish the necessary contacts with the attending doctors on site in order to follow the clinical evolution of the patient's pathology, informing the patient's family members of the evolution of the same. The service is provided subject to the written authorization of the Beneficiary issued to the inpatient department, in compliance with European Regulation 2016/679 (data protection) and the relevant internal adaptation legislation.

9.6 Delivery of medicines to the residence

If the Beneficiary who is not self-sufficient, following an accident or illness, requires, according to a medical prescription, medicinal specialties (provided they are marketed in Italy) for the appropriate treatment, the Organizational Institute will look for and deliver the medicines to the residence. The costs of purchasing the medicines remain the responsibility of the Beneficiary. The service is provided for a maximum of 3 times per membership year.

9.7 Nurse search in Italy

If, following an accident and/or illness, the Beneficiary needs to be assisted by specialized personnel (nursing or care), the Organizational Institute will look for them. The availability of specialized personnel is guaranteed 24 hours a day and the related costs remain the responsibility of the Beneficiary. The service is provided with 24 hours notice.

9.8 House needs shopping service in Italy

If the Beneficiary is unable to go out independently following an immobilizing injury, he or she may request the Organizational Institute, in the first two weeks of convalescence, to deliver food or basic necessities to his or her residence, for a maximum of two bags upon request and once a week. The costs relating to what is purchased on his or her behalf are borne by the Beneficiary. The service is provided for a maximum of 3 times a year.

9.9 Medical transfer

If the Beneficiary is hospitalized at a medical facility due to an accident or illness, and his/her condition is such that the doctors appointed by the Organizational Structure, in agreement with the treating doctors on site or, in their absence, with a doctor sent by the Organizational Structure, determine that a transfer to a medical facility near his/her place of residence in Italy is necessary to ensure appropriate care, the Organizational Structure shall arrange the repatriation and shall:

- organize the patient's transfer using the most appropriate methods of transport: air ambulance; commercial flight (including stretcher service); ambulance; train/sleeper train.

The Beneficiary may be transferred by air ambulance from any European country (geographical Europe). From all other countries, the transfer shall take place exclusively by commercial flight, with stretcher service if needed;

- provide, if necessary, medical and/or nursing personnel to assist the patient during the transfer.

All costs related to the organization and transport of the patient, including the fees of any medical and/or nursing personnel sent on site and accompanying the patient, shall be borne by the Organizational Structure up to a maximum of €15,000.00 (VAT included) per claim.

The repatriation shall not be carried out in the following cases: infectious diseases and any medical condition for which transport would violate public health regulations;

accidents and illnesses that do not prevent the Beneficiary from continuing to travel or that, in the opinion of the doctors, do not require medical repatriation and can be treated locally.

9.10 Assistance to beneficiary's family members

In the event of hospitalization or medical return of the Beneficiary and if the other beneficiaries intend to remain on site to assist him, the Organizational Institute will bear the costs of returning to the residence or overnight stay on site and breakfast for the Beneficiary, for a maximum duration of two nights and up to a maximum amount of €210.00 (VAT included) per event.

9.11 Assistance for children under 14

In the case of hospitalization or medical transfer of the Beneficiary, the Organizational Institute will appoint a trusted person to assist minors under 14 years of age who are left alone during their stay or during their return to the residence, for a maximum of 15 days and 2 hours a day.

9.12 Travel expenses of a family member

In the event of hospitalization of the Beneficiary following an accident or illness and if, in the absence of a relative on site, he/she requests to be joined by a family member, the Organizational Institute will organize the travel of the family member by providing a return ticket, by train (1st class), if the journey exceeds six hours, by plane (economy class), and will bear the related costs. The family member's living expenses (room and board) and any other expenses other than those indicated above are excluded.

9.13 Delivery of urgent messages

If the Beneficiary, following an accident or illness, is objectively unable to send urgent messages to family members resident in Italy if necessary, the Organizational Institute will forward these messages.

9.14 Sending medicines abroad

If the Beneficiary needs medicines regularly prescribed by a doctor, which cannot be found locally and as long as they are marketed in Italy, the Organizational Institute will procure and send them by the quickest means and in compliance with local regulations which regulate the transport of medicines. .

The Organizational Institute will bear the costs relating to the procurement and shipping of the medicines, while the cost of the same will be borne by the Beneficiary. Alternatively, the Organizational Institute may provide the name of an equivalent, locally manufactured medicine.

9.15 Early return

If the traveling Beneficiaries must return to their residence early due to the death of: spouse, parents, children, brothers and sisters, in-laws, the Organizational Institute will organize the return trip to the place of residence in Italy, and the Beneficiary will be provided with a train ticket (1st class) or, if the train journey exceeds six hours, a plane ticket (economy class). The Organizational Institute will always be entitled to request from the Beneficiary the documentation proving the event that gave rise to the service.

9.16 Health and pharmaceutical information

The Beneficiary may request from the Organizational Institute:

- addresses of hospitals, clinics, specialized centers in the capital/region of residence of the Beneficiary;
- addresses of the competent offices for carrying out procedures and requesting documents;
- information on healthcare abroad, EU and non-EU countries.

You may also request from the Organizational Structure, for medicines marketed in Italy, information on:

- their composition;
- equivalences of pharmaceutical products on the market;
- dosages recommended by pharmaceutical companies;
- contraindications

9.17 Tropical medicine information

The Beneficiary may request from the Organizational Institute information relating to the country in the tropical zone to which he intends to go, such as:

- compulsory vaccinations;
- health risks;
- food and beverages;
- useful medicines when travelling;
- climate and temperatures;
- local health services.

9.18 LIMITATIONS RELATING TO H24 TELEPHONE SERVICES

Services (excluding Telephone medical consultation and Infocenter services) are provided up to a maximum of three times during the period of validity of the coverage.

The maximum duration of coverage for each period of continuous stay abroad during the year of validity of the guarantee is 60 days.