

RECIPROCA INTEGRATIVE HEALTH POLICY 2025

IMPORTANT:

The procedure to request a reimbursement is as follows:

- Undergo the medical service;

Submit to us within 45 days of payment:

- A duly completed reimbursement request form;
- A copy of the prior prescription from the attending physician containing the suspected or confirmed pathology;
- A copy of the Invoice/Receipt of the payment made;
- If a ticket is involved, preferably also send a copy of the booking form.

Channels for requesting reimbursement of services:

- **Reserved Area** on reciprocasms.it: You can upload the required documents for reimbursement and check the status of your requests.
- **App**: You can upload the required documents for reimbursement and check the status of your requests.
- **Email**: Send an email to segreteria@reciprocasms.it. If you do not receive a confirmation of receipt within two business days, it means the submission was unsuccessful.
- **Registered Mail**: Reciproca Società di Mutuo Soccorso, Via Fiume 7 – 50123 Florence (FI).

Remember to always submit the medical prescription containing the suspected or confirmed pathology.

Mu.Sa. and Reciproca Network of Affiliated Healthcare Facilities (specialist visits and diagnostic tests under private practice with only a co-payment)

The procedure to access affiliated facilities is as follows:

1. Check the list of affiliated facilities on www.consorziomusa.it and reciprocasms.it.
2. Select the facility of interest, contact it identifying yourself as a Reciproca Consorzio Musa member, and schedule an appointment.
3. Simultaneously, send a request for service authorization to segreteria@reciprocasms.it, including the name of the facility, date and time of the appointment, type of service, and

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Via A. Gramsci, 54/S
42124 Reggio Emilia
0522.378610
info@coopselios.com

Sede Piacenza

Largo Erfurt, 7
29122 Piacenza
0523.593193
infopc@coopselios.com

Sede Milano

Via G. Quarenghi, 26
20151 Milano
02.30083000
infomi@coopselios.com

Sede La Spezia

Via Lunigiana 229/B
19123 La Spezia
0187.715615
infosp@coopselios.com

attaching the medical prescription containing the suspected or confirmed pathology, at least **5 business days** before the appointment. This ensures Reciproca has enough time to authorize the facility to provide the requested service.

4. The service is considered authorized when you receive an email with a copy of the authorization.

Remember to always carry the medical prescription containing the suspected or confirmed pathology.

1. HOSPITALIZATION (Coverage limit: € 20.000)

- Hospitalization in a healthcare institution for major surgery (**see list of major surgical procedures**): Coverage limit **€6,000**
- Hospitalization allowance for major surgeries (**see list of major surgical procedures**): **€45.00/night, max 20 nights**
- Hospitalization allowance for standard surgeries (max 10 hospitalizations/year): **€30.00/night, max 7 nights**
- Therapeutic treatments (radiotherapy, chemotherapy, dialysis, etc.): **€26.00/day, max 30 days**

2. Advanced Diagnostics (Coverage limit: € 6.000)

- **Affiliated facility (NO ticket)**: Fully covered (€35.00); authorization required.
- **Non-affiliated facility (NO ticket)**: 75% reimbursement with a minimum non-reimbursable amount of **€60.00 per diagnostic test**.
- **National Health Service (ticket)**: 100% reimbursement.

3. Specialist Visits (Coverage limit: € 700.00)

- **Affiliated facility (NO ticket)**: Fully covered (€30.00); authorization required.
- **Non-affiliated facility (NO ticket)**: 80% reimbursement with a minimum non-reimbursable amount of **€60.00 per diagnostic test**.
- **National Health Service (ticket)**: 100% reimbursement.

4. Tickets for Diagnostic Tests, Blood Tests, and Emergency Room (Coverage limit: € 1.000)

- **National Health Service (ticket)**: 100% reimbursement.

5. Maternity, Pregnancy, and Assisted Reproduction (Coverage limit: € 850.00)

- **Affiliated facility (NO ticket):** Fully covered (€40.00); authorization required.
 - **Non-affiliated facility (NO ticket):** NOT COVERED.
 - **National Health Service (ticket):** 100% reimbursement.
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6. Dental Care

6.1 Preventive Dental Care Package (once per year)

- **Affiliated facility (NO ticket):** Fully covered; authorization required.
- **Non-affiliated facility (NO ticket):** €50.00 reimbursement if no affiliated private facility is available in the member's province.
- **National Health Service (ticket):** 100% reimbursement.

6.2 Tooth Extractions

- **Affiliated facility (NO ticket):** Up to 2 teeth per year, with 50% co-payment, max €50.00 per extraction.
- **Non-affiliated facility (NO ticket):** NOT COVERED.
- **National Health Service (ticket):** 100% reimbursement, max 2 teeth per year.

6.3 Fillings

- **Affiliated facility (NO ticket):** Up to 2 fillings per year, with 50% co-payment, max €50.00 per filling.
- **Non-affiliated facility (NO ticket):** NOT COVERED.
- **National Health Service (ticket):** 100% reimbursement, max 2 fillings per year.

6.4 Dental Implants

- **Affiliated facility (NO ticket):** Up to 2 implants per year, with 50% co-payment, max €350.00 per implant.
- **Non-affiliated facility (NO ticket):** NOT COVERED.
- **National Health Service (ticket):** 100% reimbursement, max 2 implants per year.

6.5 Dental Care in Case of Injury (Coverage limit: €1,000)

- **Affiliated facility (NO ticket): 50% of the cost covered.**
- **Non-affiliated facility (NO ticket): NOT COVERED.**
- **National Health Service (ticket): 100% reimbursement.**

6.6 Dental Tickets (Coverage limit: € 100.00)

- **Fully reimbursed.**

7. Lenses (Coverage limit: € 50.00)

- **€50.00 every 2 years with vision changes.** In case of a change of at least **1.5 diopters (spherical or cylindrical) in one eye**, reimbursement may be granted after **12 months**.

8. Rehabilitation and Conservative Therapy Following Injury (Coverage limit: €450.00)

- **Affiliated facility (NO ticket): €35.00 per therapy cycle.**
- **Non-affiliated facility (NO ticket): €50.00 per therapy cycle.**
- **National Health Service (ticket): 100% reimbursement.**

9. Social-Health Assistance: Home Hospitalization Following a Hospital Stay or Injury Confirmed by the Emergency Room (Coverage limit: € 5.000)

- **Affiliated facility (NO ticket): 30% of expenses covered.**
- **Non-affiliated facility (NO ticket): 45% of expenses covered.**
- **National Health Service (ticket): 100% reimbursement.**