

FONDO ASSISTENZA NAZIONALE INTEGRATIVA MARITTIMI



**Isritto all'Anagrafe dei Fondi Sanitari
presso il Ministero della Salute**

Seafarers

YEAR 2024

NEW CATEGORIES: REIMBURSEMENTS/GRANTS

Expense reimbursements and grants apply exclusively to the current year and to the members of the Member's household (parents, children, spouse) or cohabiting partner.

For expense reimbursements, the Member must submit all the documentation required by the Insurance Company. In case of incomplete and/or non-compliant documentation, the Insurance Company reserves the right not to proceed with the reimbursements.

For grants, the Member must submit all the documentation required by the Fund.

This summary table, regarding expense reimbursements, should **NOT be considered** as taking precedence over the general and/or specific conditions of the insurance policies signed and currently in force.

CLICKABLE INDEX

[Reimbursements for Private Hospitalization with or without Surgery](#)

[Childbirth Reimbursement and Birth Grant](#)

[Reimbursement for Private Hospitalization and Grant for Prosthetics](#)

[Reimbursements and Grants for Public Hospitalization with or without Surgery](#)

[Reimbursements for Physiotherapy Services](#)

[Reimbursements for Specialist Services](#)

[Reimbursements for Ocular Prosthetics](#)

[Death Insurance Policy](#)

[Reimbursements for Dental Services](#)

LEGEND

DEDUCTIBLE: a predetermined amount that the Insured bears in case of a claim

CO-PAYMENT: the portion of the damage, expressed as a percentage, deducted from the amount of the compensation that remains the responsibility of the Insured.

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GRANT: social and/or welfare benefits at the exclusive and non-reviewable discretion of Fanimar within the limits of available resources

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DENTAL: dental care

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4 The day hospital maximum is subtracted from the maximum for private hospitalizations.

5 Maximum of 90 days per year with a limit of €2,700.00 per hospitalization.

6 Maximum of 90 days per year with a limit of €1,380.00 per hospitalization.

7 Maximum of 90 days per year with a limit of €2,010.00 per hospitalization.

8 Maximum of 90 days per calendar year.

9 Maximum of 90 days per calendar year.

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SEAFARERS	CATEGORY	AGE	DEDUCTIBLE/ CO-PAYMENT
Com.ti - D.M. - Ca.Co. - 1° Uff.le 2° / 3° Uff.le - Sottoufficiali e comuni	AD	SERV	€ 1.503,00
Com.ti - D.M. - Ca.Co - 1° Uff.le	A	SERV	€ 1.033,00
	B	SERV	€ 594,00
2°/3° Uff.le	A	SERV	€ 1.033,00
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Sottoufficiali e comuni	A	SERV	€ 1.033,00
	B	SERV	€ 594,00

REIMBURSEMENTS FOR PRIVATE HOSPITALIZATIONS WITH OR WITHOUT SURGERY

SUP-A: -/15% B: €258,00/25%	SUP-A: -/15% B: €258,00/25%	SUP-A: -/15%
MAXIMUM COVERAGE FOR HOSPITALIZATIONS IN PRIVATE FACILITIES	DAY HOSPITAL MAXIMUM LIMIT ⁶	MAXIMUM COVERAGE FOR MAJOR SURGERIES IN PRIVATE FACILITIES
€ 52.000,00	€ 3.000,00	€ 104.000,00
€ 52.000,00	€ 3.000,00	€ 104.000,00
€ 31.000,00	€ 2.000,00	no
€ 52.000,00	€ 3.000,00	€ 104.000,00
€ 31.000,00	€ 2.000,00	no
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€ 31.000,00	€ 2.000,00	no

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Com.ti - D.M. - Ca.Co - 1° Uff.le	A	SERV	€ 1.033,00
	B	SERV	€ 594,00
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CHILDBIRTH REIMBURSEMENT AND BIRTH GRANT	
NO	NO
NATURAL CHILDBIRTH IN A PRIVATE FACILITY	GRANT
€ 1.550,00	€ 2.000,00
€ 1.550,00	€ 2.000,00
no	€ 2.000,00
€ 1.550,00	€ 2.000,00
no	€ 2.000,00
€ 1.550,00	€ 2.000,00
no	€ 2.000,00

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REIMBURSEMENT FOR PRIVATE HOSPITALIZATION AND GRANT FOR PROSTHETICS		
SUP-A: -/15% B: €258,00/25%	NO	NO
MAXIMUM LIMIT UP TO 65 YEARS	GRANT UP TO 65 YEARS OF AGE	GRANT AFTER 65 YEARS OF AGE
€ 7.800,00	€ 3.000,00	€ 4.000,00
€ 7.800,00	€ 3.000,00	€ 4.000,00
€ 4.650,00	€ 2.000,00	€ 4.000,00
€ 7.800,00	€ 3.000,00	€ 4.000,00
€ 4.650,00	€ 2.000,00	€ 4.000,00
€ 7.800,00	€ 3.000,00	€ 4.000,00
€ 4.650,00	€ 2.000,00	€ 4.000,00

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REIMBURSEMENTS AND GRANTS
FOR PUBLIC HOSPITALIZATIONS
WITH OR WITHOUT SURGERY

SUP-A: giorni 2; B: giorni 3.	NO
DAILY ALLOWANCE	GRANT
€ 90,00/g ⁵	€ 50,00/g ⁸
€ 90,00/g ⁵	€ 50,00/g ⁸
€ 46,00/g ⁶	€ 50,00/g ⁸
€ 67,00/g ⁷	€ 50,00/g ⁸
€ 46,00/g ⁶	€ 50,00/g ⁸
€ 67,00/g ⁷	€ 50,00/g ⁸
€ 46,00/g ⁶	€ 50,00/g ⁸

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PHYSIOTHERAPY REIMBURSEMENTS POST-HOSPITALIZATION ¹	PHYSIO ³	PHYSIO ³
SUP-A: - B: 25%	NO	NO
MAXIMUM LIMIT	GRANT	ONE-TIME GRANT
€ 5.000,00	€ 850,00	€ 400,00
€ 5.000,00	€ 850,00	€ 400,00
€ 5.000,00	€ 750,00	€ 400,00
€ 5.000,00	€ 850,00	€ 400,00
€ 5.000,00	€ 750,00	€ 400,00
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REIMBURSEMENTS
SPECIALIST SERVICES²

€ 36,00/20%

MAXIMUM LIMIT

€ 2.325,00

€ 2.325,00

€ 1.033,00

€ 2.325,00

€ 1.033,00

€ 2.325,00

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	B	SERV	€ 594,00
Petty Officers and Leadings	A	SERV	€ 1.033,00
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REIMBURSEMENTS FOR
OCULAR PROSTHETICS

SUP-A: € 36,00/-
B: € 25,00/20%

MAXIMUM LIMIT

€ 359,00

€ 359,00

€ 281,00

€ 359,00

€ 281,00

€ 359,00

€ 281,00

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**TEMPORARY LIFE
INSURANCE POLICY***
March 2024

**UP TO 68 YEARS
DEATH AT WORK**

CAPITAL

€ 46.000,00

€ 46.000,00

€ 20.000,00

€ 46.000,00

€ 20.000,00

€ 46.000,00

€ 20.000,00

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Com.ti - D.M. - Ca.Co - 1° Uff.le	A	SERV	€ 1.033,00				no
	B	SERV	€ 594,00				no
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