

FONDO ASSISTENZA NAZIONALE INTEGRATIVA MARITTIMI



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

Administrative

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** take precedence over the general and/or specific conditions of the insurance policies signed and currently in force.

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[Childbirth reimbursement and birth grant](#)

[Reimbursement for private hospitalization and grant for prosthetics](#)

[Reimbursements and grants for public hospitalizations with or without surgery](#)

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[Reimbursements for specialist services](#)

[Reimbursements for ocular prosthetics](#)

[Reimbursements for dental services](#)

[Death insurance policy](#)

LEGEND

DEDUCTIBLE: a predetermined amount that, in case of an accident, the Insured bears.

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

BAND TO: band A plus grants for dental care

ACTIVE MEMBERS: members on active duty with presentation of a statement from the Institution or employer

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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

PHYSIO: Physiotherapy

DENTAL: dental care

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2 Includes visits, diagnostic assessments, laboratory tests, co-pays, and outpatient procedures.

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

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

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

8 Maximum of 90 days per calendar year.

* As provided by the general and/or specific conditions of the insurance policy signed by the Fund.

	CATEGORY	AGE	DEDUCTIBLE/ CO-PAYMENT
Administrative	AD	SERV	€ 1.403,00
	A	SERV	€ 1.033,00
	B	SERV	€ 594,00

REIMBURSEMENTS FOR PRIVATE HOSPITALIZATIONS WITH OR WITHOUT SURGERY		
AD-A: -/15% B: € 258,00/25%	AD-A: -/15% B: € 258,00/25%	AD-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

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Administrative	AD	SERV	€ 1.403,00
	A	SERV	€ 1.033,00
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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

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	CATEGORY	AGE	DEDUCTIBLE/ CO-PAYMENT QUOTAS
Administrative	AD	SERV	€ 1.403,00
	A	SERV	€ 1.033,00
	B	SERV	€ 594,00

REIMBURSEMENT FOR PRIVATE HOSPITALIZATION AND GRANT FOR PROSTHESIS		
AD-A: -/15% B: € 258,00/25%	NO	NO
MAXIMUM LIMIT	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

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Administrative	AD	SERV	€ 1.403,00
	A	SERV	€ 1.033,00
	B	SERV	€ 594,00

REIMBURSEMENTS FOR PUBLIC HOSPITALIZATIONS
WITH OR WITHOUT SURGERY

AD-A: giorni 2 B: giorni 3	NO
DAILY ALLOWANCE	GRANT
€ 90,00/g ⁶	€ 50,00/g ⁸
€ 90,00/g ⁶	€ 50,00/g ⁸
€ 46,00/g ⁷	€ 50,00/g ⁸

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Administrative	AD	SERV	€ 1.403,00
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	B	SERV	€ 594,00

PHYSIOTHERAPY REIMBURSEMENTS POST-HOSPITALIZATION ¹	PHYSIO ³
AD-A: - B: 25%	no
MAXIMUM LIMIT	GRANT
€ 5.000,00	€ 850,00
€ 5.000,00	€ 850,00
€ 5.000,00	€ 750,00

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	CATEGORY	AGE	DEDUCTIBLE/ CO-PAYMENT	REIMBURSEMENTS SPECIALIZED SERVICES ²	
			QUOTAS		MAXIMUM LIMIT
Administrative	AD	SERV	€ 1.403,00	€ 36,00/20%	
	A	SERV	€ 1.033,00		€ 2.325,00
	B	SERV	€ 594,00		€ 2.325,00
					€ 1.033,00

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	CATEGORY	AGE	DEDUCTIBLE/ CO-PAYMENT	REIMBURSEMENTS FOR OCULAR PROSTHETICS	
			QUOTAS	AD-A: € 36,00/- B: € 25,00/20%	MAXIMUM LIMIT
Administrative	AD	SERV	€ 1.403,00		€ 359,00
	A	SERV	€ 1.033,00		€ 359,00
	B	SERV	€ 594,00		€ 281,00

LEGEND

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BAND TO: band A plus grants for dental care

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	CATEGORY	AGE	DEDUCTIBLE/ CO-PAYMENT	DENTAL ⁴	NO	GRANT
			QUOTAS			
Administrative	AD	SERV	€ 1.403,00			€ 700,00
	A	SERV	€ 1.033,00			no
	B	SERV	€ 594,00			no

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	CATEGORY	AGE	DEDUCTIBLE/ CO-PAYMENT	TEMPORARY LIFE INSURANCE POLICY* March 2024	
			QUOTAS	UP TO 68 YEARS DEATH AT WORK	CAPITAL
Administrative	AD	SERV	€ 1.403,00		
	A	SERV	€ 1.033,00		€ 46.000,00
	B	SERV	€ 594,00		€ 20.000,00

LEGEND

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