

FONDO ASSISTENZA NAZIONALE INTEGRATIVA MARITTIMI



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

**Com.ti - D.M. - Ca.Co. - cruise ships, cargo,
and ferries over 3000 TSL
(CCNL section 3)**

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.

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

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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.

SUP CATEGORY: superior category for Captains/Chief Engineers. The CCNL provides for the payment of the fee of €1,503.00/year: 2/3 borne by the Shipowner and 1/3 borne by the Captain and/or Chief Engineer.

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

REIMBURSEMENTS: benefits provided indirectly through specific insurance contracts signed

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

1 Benefits provided directly through specific insurance contracts signed, within 150 days from hospitalization. Only members up to 65 years old are entitled to physiotherapy treatments post-prosthesis surgery.

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

3 Reimbursements for health recovery services for temporarily disabled individuals.

4 Reimbursements for dental care services.

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 calendar year.

8 The maximum of € 206,000.00 is single and includes both hospitalisation (with or without surgery) and major surgery in private facilities

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

SEAFARERS	CATEGORY	AGE	DEDUCTIBLE/ CO-PAYMENT
Com.ti - D.M. - Ca.Co - 1° Uff.le (CCNL)	SUP	SERV	€ 1.503,00

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 ⁸	DAY HOSPITAL MAXIMUM LIMIT ⁶	MAXIMUM COVERAGE FOR MAJOR SURGERIES IN PRIVATE FACILITIES ⁸
€ 206.000,00	€ 3.000,00	€ 206.000,00

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				CHILDBIRTH REIMBURSEMENT AND BIRTH GRANT	
SEAFARERS	CATEGORY	AGE	DEDUCTIBLE/ CO-PAYMENT	NO	NO
			QUOTAS	NATURAL CHILDBIRTH IN A PRIVATE FACILITY	GRANT
Com.ti - D.M. - Ca.Co. - 1° Uff.le (CCNL)	SUP	SERV	€ 1.503,00	€ 1.550,00	€ 1.000,00

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SEAFARERS	CATEGORY	AGE	DEDUCTIBLE/ CO-PAYMENT
Com.ti - D.M. - Ca.Co. - 1° Uff.le (CCNL)	SUP	SERV	€ 1.503,00

REIMBURSEMENT FOR PRIVATE HOSPITALIZATION FOR PROSTHESIS
SUP-A: -/15% B: €258,00/25%
MAXIMUM LIMIT UP TO 65 YEARS
€ 30.000,00

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Com.ti - D.M. - Ca.Co - 1° Uff.le (CCNL)	SUP	SERV	€ 1.503,00

REIMBURSEMENTS AND GRANTS FOR PUBLIC HOSPITALIZATIONS WITH OR WITHOUT SURGERY	
SUP-A: giorni 2; B: giorni 3.	NO
DAILY ALLOWANCE	GRANT
€ 90,00/g ⁶	€ 50,00/g ⁷

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SEAFARERS	CATEGORY	AGE	DEDUCTIBLE/ CO-PAYMENT	PHYSIOTHERAPY REIMBURSEMENTS POST-HOSPITALIZATION ¹	PHYSIO ³
			QUOTAS	SUP-A: - B: 25%	NO
Com.ti - D.M. - Ca.Co - 1° Uff.le (CCNL)	SUP	SERV	€ 1.503,00	MAXIMUM LIMIT	MAXIMUM LIMIT
				€ 5.000,00	€ 850,00

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				REIMBURSEMENTS SPECIALIZED SERVICES ²	
SEAFARERS	CATEGORY	AGE	DEDUCTIBLE/ CO-PAYMENT	QUOTAS	MAXIMUM LIMIT
Com.ti - D.M. - Ca.Co - 1° Uff.le (CCNL)	SUP	SERV	€ 1.503,00	€ 36,00/20%	€ 2.325,00

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SEAFARERS			DEDUCTIBLE/ CO-PAYMENT	REIMBURSEMENTS FOR OCULAR PROSTHETICS	
CATEGORY	AGE	QUOTAS		SUP-A: € 36,00/- B: € 25,00/20%	MAXIMUM LIMIT
Com.ti - D.M. - Ca.Co - 1° Uff.le (CCNL)	SUP	SERV	€ 1.503,00		€ 359,00

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SEAFARERS				DEDUCTIBLE/ CO-PAYMENT		DENTAL ⁴	
CATEGORY	AGE	QUOTAS		NO	MAXIMUM LIMIT		
Com.ti - D.M. - Ca.Co - 1° Uff.le (CCNL)	SUP	SERV	€ 1.503,00		€ 700,00		

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