



**MINISTERO DEGLI AFFARI ESTERI E DELLA COOPERAZIONE INTERNAZIONALE (MAECI)
DIREZIONE GENERALE SISTEMA PAESE
SUMMARY OF INSURANCE POLICIES FOR SCHOLARSHIP OWNERS**

This document is intended to summarize the main terms and conditions of Accident policy n. 2106.31.300607 and Medical Expenses policy n. 2106.30.300022- Soc. Cattolica di Assicurazioni – period 31.12.2016 - 31.12.2017

The insurance coverage is valid for students, both foreign and Italian expat, stateless persons under the laws n° 288/1955 and n° 87/1977 who benefit from scholarships, internships and / or other grants bestowed by the Italian Government for the participation in postgraduate degree programs, PhDs, specialization or training courses in Italy at Universities or Educational Institutions.

The insurance starts at the time of the Student's arrival in Italy and is valid throughout the scholarship term until the insured person returns to his Country.

The insurance is valid for events occurred in Italy as well as those Countries where the insured person goes for a holiday, for training or research courses, provided that they are authorized by MAECI. The coverage is not valid in the country of origin of the insured person including any Countries where he was resident before the scholarship including travels from/to those countries.

The coverage is not valid for people over the age of 55.

Insured Risks	Sum insured/ Insurance Limits per Person
Death as a consequence of a professional or extra professional accident	€ 100.000,00
Permanent Disability (PD) as a consequence of a professional or extra-Professional accident; Permanent Disability by illness contracted during the coverage period occurred during the same period or in the following 12 months	€ 200.000,00
Medical Expenses as a consequence of an accident or illness contracted or occurred during the period for coverage.	Limits per accident/year of insurance: Hospitalization: € 100.000,00 with the following sublimits: - Day Hospital without surgical operation € 50.000,00; - Caesarean, natural delivery and spontaneous abortion € 5.000,00. - Home care outpatient € 5.000,00; - Repatriation of the dead € 12.000,00;

This document represents a summary of the current policies therefore it does not take the place or alter any of the conditions, exclusions or other terms of the actual programs. For more details, please read the original policy n. 2106.31.300607 and n. 2106.30.300022 - Soc. Cattolica di Assicurazione.



MAIN EXCLUSIONS:

Accidents occurred during driving means of locomotion and airplanes. Flight risk as a passenger is covered.

Accidents and disease caused by criminal acts performed by insured.

Accidents caused under the influence of drugs, psycho-drugs and hallucinogens taken voluntarily, excluding the case of medical prescription.

Accidents consequent to drunkenness while driving.

Accidents and disease caused by atomic risks.

Any consequence of surgical operations, medical examinations and medical treatments not required following an accident and/or an illness.

"MEDICAL EXPENSES" INSURANCE

GUARANTEES:

The company reimburses:

HOSPITALIZATION

In case of hospitalization with or without surgery, therapeutic abortion, outpatient surgery, first aid care:

- 1.1 surgeon, assistant, anesthetist fees, including any other participant involved in surgery, operating room, equipment, including prostheses or therapeutic devices applied during surgery;
- 1.2 medical nursing care, treatments, examinations and follow-up diagnosis, physiotherapeutic treatments and medicines concerning the period of hospitalization;
- 1.3 hospital fees;
- 1.4 tests, analysis, visits even when performed outside the hospital during the 120 days previous the hospitalization provided that they are related to illness or accident;
- 1.5 medicines, medical and nursing care, physiotherapy and rehabilitation treatments, purchase and/or hire of sanitary equipment within 120 days after the discharge provided that they are related to illness or accident;
- 1.6 health care to donors necessary for the removal of organs, related tests, medical and nursing care, medicines, hospital fees, organ transportation costs.
- 1.7 board and overnight stay in a health institute or hotel facility for the insured's escort. Limit is € 65,00 per day with the maximum of € 650,00 for insurance year.
- 1.8 Transport to and from the Hospital.

In case of caesarean, natural delivery and spontaneous abortion the only guarantees available are clauses 1.1, 1.2, 1.3 e 1.4 with a limit of € 5.000,00=.

Advance payment

Upon request from the insured, in case of hospitalization for which an advance payment is required, it is foreseen a reimburse up till a maximum of 50% of the sum insured.



HOME CARE OR OUTPATIENT SERVICES

The Insurance Company reimburses medical expenses due to an accident and/or an illness such as:

- medical fees;
- tests and analysis;
- physiotherapy and rehabilitation, medical and nursing care, orthopedic apparatus;
- dental care as a consequence of an accident. Expenses for dentures and orthodontic appliances are excluded.
- pharmaceutical expenses;

MAIN EXCLUSIONS

- pregnancy expenses incurred before the policy inception;
- intoxication from alcohol or hallucinogen abuse and non-therapeutically use of psycho-drugs or narcotics
- plastic surgery for aesthetic purposes;
- acupuncture not performed by a doctor;
- dental care and dentures, except as provided by the outpatient / home care services;
- willful misconduct of the insured;
- accidents and disease caused by atomic risks;
- thermal treatments.

CLAIMS PROCEDURE

The insured or the policyholder shall report the claim to Aon SpA, as insurance broker of the Ministero degli Affari Esteri e della Cooperazione Internazionale, at the address below within 30 days from the event using the attached form.

Claims notification shall include identification details of the insured, date, time and place where the event occurred together with a statement on the cause; a medical certificate and diagnosis must be attached together with a declaration on the scholarship assigned.

In case of a Permanent Disability due to an illness, the insured shall send a claim report and a medical certificate to Aon within 60 days. In case of hospitalization a photocopy of the medical record is also required. Medical care after the injury and /or illness must be documented by sending to Aon SpA all documentation/certificates. After healing the insured shall send a medical certificate of recovery with the indication of eventual permanent disabilities.

The insurance company may ask for further medical documentation and/or request the insured to be submitted to further exams.

In the event of death from an injury or illness, the claim must be sent immediately by fax or telegram. The documentation to be submitted will be requested after the opening of the claim.



MEDICAL EXPENSES

In order to apply for a reimbursement following an accident or illness, the Insured has to send a written request to Aon SpA within 90 days from the date of recovery, filling in the attached form and enclosing all the original invoices, receipts, and any other refundable expense documentation, a diagnosis of illness or accident and prescription drawn up by a doctor has to be attached as well.

Claims as a result of an accident must include the certificate issued from the Emergency Rooms.

In the case of hospitalization, a copy of the medical record has to be sent to Aon SpA.

Important: *the insured or whoever on his behalf must report Aon with his contact details (address, telephone, fax, e-mail) for Aon Spa, upon receipt of the complaint, may provide evidence and indicate the documentation to be produced for the continuation of the claim.*



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CONTACTS

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Claims Office Employee Benefits