

The AON logo is displayed in a bold, red, sans-serif font. It is positioned in the upper left corner of the white section of the slide. A solid red vertical bar runs along the left edge of the slide, partially overlapping the white background.

AON

S&P Global

January 1st, 2025

An aerial photograph of a multi-lane highway bridge spanning a body of water. The water is dark blue with visible ripples. A single red car is driving on the bridge. The text 'Employee Benefits Program' is overlaid in white on the bottom right of the image.

**Employee Benefits
Program**



Agenda



INTRODUCTION



**ACCIDENT
PLAN**



**LIFE
PLAN**



**MEDICAL
PLAN**



Q&A

An aerial photograph of a snowy forest. A dark asphalt road winds through the trees, with a small red car driving on it. The trees are covered in snow, and the ground is also blanketed in white. The image is split vertically: the left half is semi-transparent, and the right half is solid. A red vertical bar is on the far left edge.

AON

01



Introduction

Introduction

The objective of this Training is to illustrate and explain the benefits program offered by S&P GLOBAL to its Employees.

Specifically, in the following pages we will look at the following aspects:



The plan

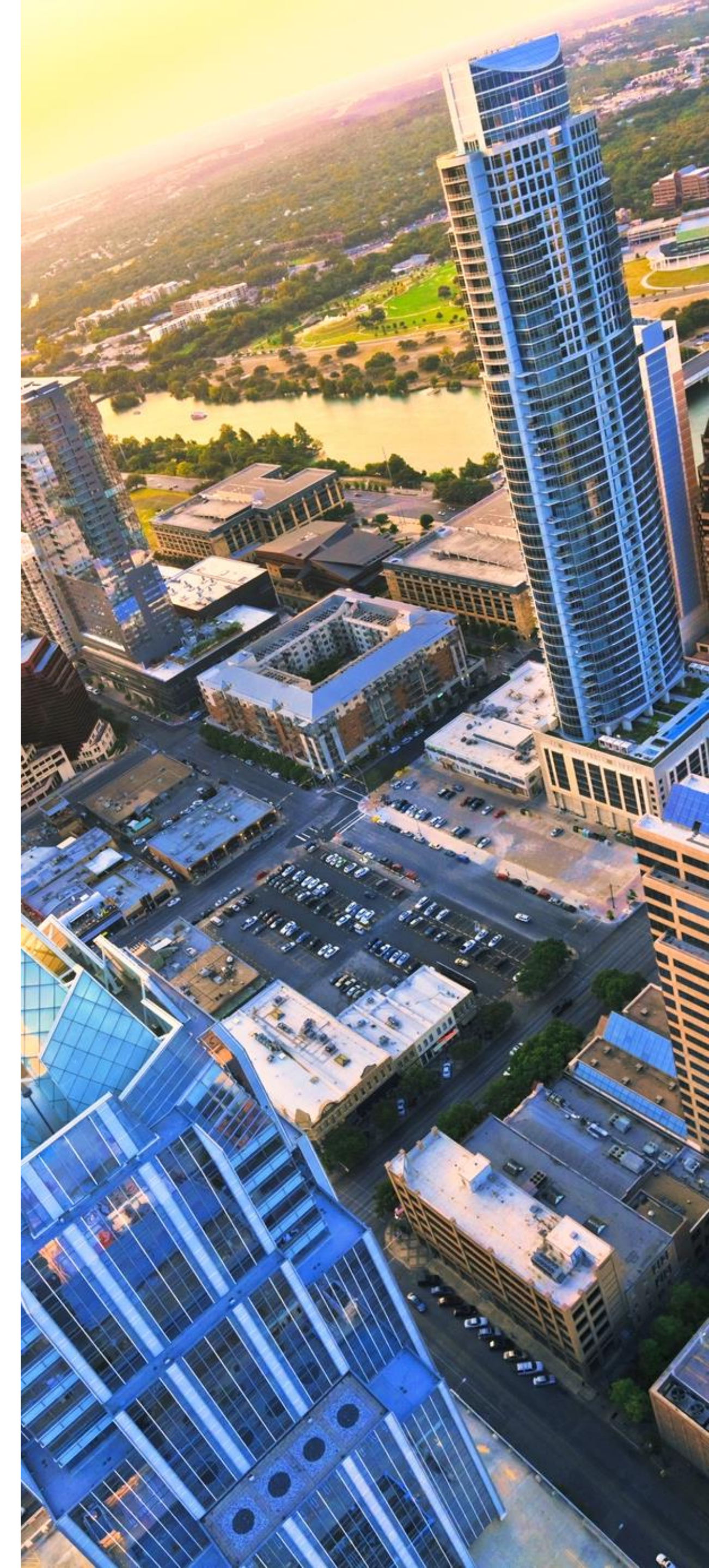


Warranties and insured limits



Claims handling- OneCare

This document is for informational purposes only and in no way replaces contract or policy conditions, exclusions or terms of current policies.



AON

02

Accident Plan

Scope of Coverage

The plan provides **24 hours** coverage for occupational and non occupational accident.

The coverage pays a lump sum both in case of **death and permanent disability**.

Accident means an event due to accidental, violent and external cause, objectively ascertainable that produces bodily injuries which have to result in death or permanent disability (partial or total).



Limitation Period

The right to compensation is prescribed, in 24 months from the date of occurrence, without production of appropriate documentation



Territorial validity


Whole world



Insured Sum

EXECUTIVES	
Death	5 X Gross annual salary
Permanent Disability	6 x Gross annual salary
Deductible	None


EMPLOYEES	
Death	3 X Gross annual salary
Permanent Disability	4 x Gross annual salary
Deductible	3% fixed only on driving accidents



Beneficiaries

In case of permanent disability → the Employee himself/herself

In case of death → the legitimate and/or testamentary heirs.



Compensation is calculated in proportion to the degree of permanent disability.

For the purpose of compensation, the “annual salary” of the injured person is considered to be that received during the 12 months preceding the month in which the injury occurred.

Main Exclusions

Consequential injuries are excluded from insurance:

1. Accidents resulting from **acts of terrorism or war** when the Insured participated in them actively.
2. Accidents suffered by the Insured Person in a state of **sudden illness** or unconsciousness when resulting from an established chronic illness that has resulted in serious and/or permanent disability.
3. Accidents resulting **from the driving of any motor vehicle or vessel**, if the Insured Person is driving without a suitable and valid license or is in a state of **alcohol** or psychotropic drug abuse or has taken hallucinogenic drugs for nontherapeutic use.
4. Attempted or consummated **suicide**, acts **of self-harm**;
5. **AIDS, HIV**; Congenital abnormalities or physical defects that medical literature indicates are among the direct causes of one of the critical illnesses covered by the guarantee;
6. **Failure to consult or disregard professional advice** from a licensed medical specialist;
7. Any **pre-existing condition**;
8. Events caused using **psychotropic drugs** or non-therapeutic use of narcotics and hallucinogens.

What to do in case of a claim

Complete the “**accident report**” form (included in the handbooks) with a clear and concise statement of how the accident occurred and send it to the address indicated in the guides who will forward it to Aon's dedicated Claim specialist.

- Upon receipt Aon will in turn forward specific acknowledgement letter detailing the documentation or clarifications necessary for proper handling:
- medical certificates on the course of injury and/or first aid
- definitive medical certificate and/or medico-legal report (in case of definitive recovery)
- copy of complete medical records (in case of hospitalization)
- copy of the driver's license (in case of a traffic accident as a driver).

The insurance company reserves the right to request any other documentation to support the claim.

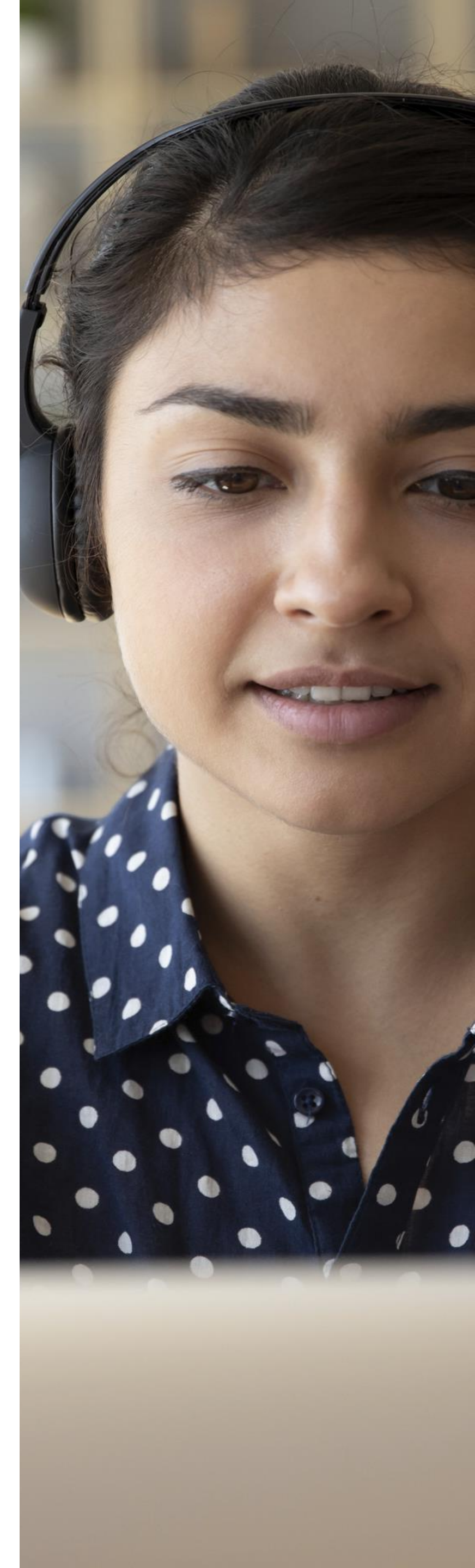


Claim specialist

Gloria Lorenzi

gloria.lorenzi@aon.it

Tel +39 02 45434086



AON

03



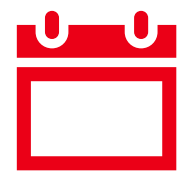
Life plan

Scope of coverage

The insurance provides for the payment of a lump sum to claimants in the event of:

- **Death due to illness**

As this is a company cover, the indemnity is only payable if the insured is still employed at the time of death



Limitation Period

The right to compensation is prescribed, in 24 months from the date of occurrence, without production of appropriate documentation



Territorial validity

Whole world



Exclusions and Insured sum



Insured sum:
2 x base salary
Free cover limit* → 600.000€



Beneficiaries

Testamentary heirs or, in the absence of a will, legal heirs.

Main exclusions:

Deaths resulting directly or indirectly from:

- **Fraud** on the part of the Policyholder or Beneficiary
- Active participation of the insured in **malicious acts**
- Active participation by the insured in **acts of war**, declared or undeclared, civil war, acts of **terrorism**. Revolution, popular uprising or any military operation; coverage is excluded if the insured did not actively participate in acts of war, declared or undeclared, and the death occurs after 14 days from the beginning of the hostilities if and insofar as the insured was already in the territory of the event; the existence of a war situation and similar in a country at the time of the insured's arrival implies the exclusion of insurance coverage.
- **Flight accidents** if the insured person is travelling in an aircraft that is **not authorized to fly** or with a pilot who does not hold a suitable license, and in any case if he/she is travelling as a crew member;
- **Suicide**, if it occurs in the first year of the insurance taking effect;
- Non-therapeutic **use of drugs or drug abuse** or acute or chronic **alcoholism**.

What to do in case of a claim

Contact the dedicated claim specialist (address given in the manuals) who will ask for the relevant documentation for capital settlement, which generically could be as follows:

- Certificate of death issued by municipality;
- Medical certificate on the cause of death;
- Original family status;
- Notarized affidavit showing the legal heirs.
- The full particulars, age, marital status and capacity to act of each of them must be indicated
- Separation judgment, if any;
- If applicable, certificate of non-pregnancy of the widow.



Claim specialist

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04. 

Medical Plan

Scope of Coverage

The health plan reimburses health care expenses incurred as a result of **ACCIDENT and SICKNESS**:

- **Accident:** event caused by an external, violent and fortuitous force resulting in ascertainable bodily injury
- **Sickness:** alteration of health condition not dependent on accident due to established or suspected cause

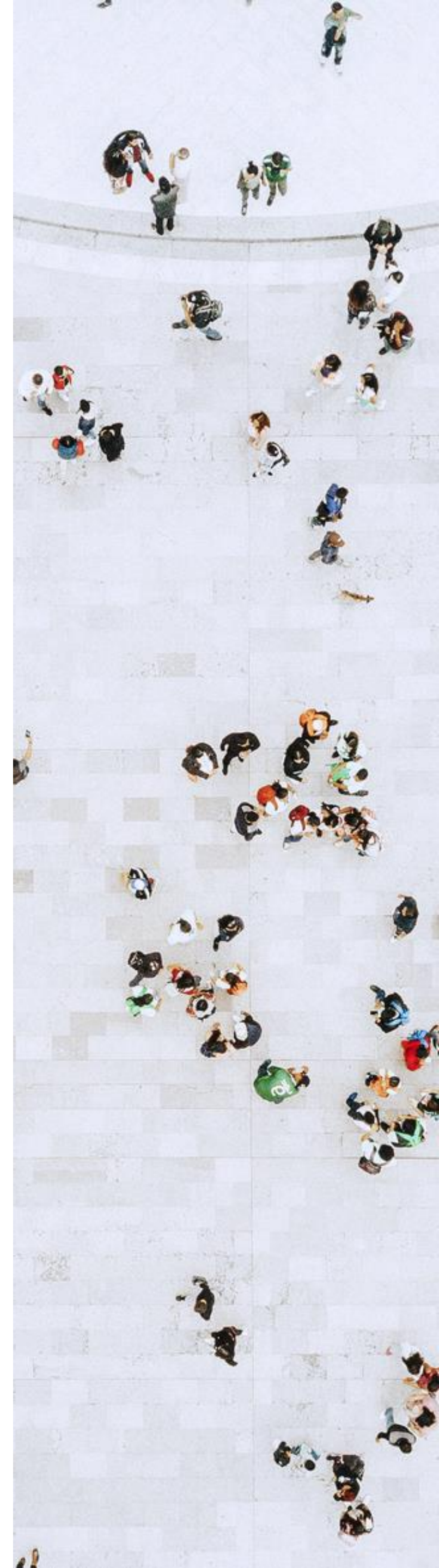
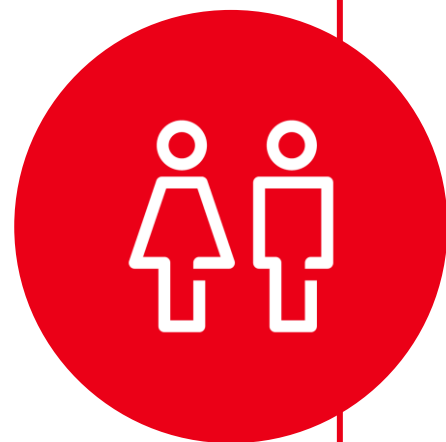
BENEFICIARIES

The coverage is extended to Insured family:

- Employee;
- Cohabiting more uxorio;
- Cohabiting and non-cohabiting tax dependent children of the employee and the cohabiting partner.

Persons in temporary pre-adoptive foster care with an express order of direct assignment from the Tutelary Judge to the Employee shall be considered equivalent to children.

Included in the cover without any age limit are children who are fiscally dependent according to the relevant laws in force, and who, due to physical or mental infirmity, are absolutely and permanently unable to devote themselves to gainful employment.



Main Exclusions:

- Routine **checks and/or check-ups**, except as provided for in section "Preventive Medicine"
- Treatment of intoxications resulting from **alcohol abuse**, use of hallucinogens, nontherapeutic use of psychotropic drugs or narcotics
- **Benefits for aesthetic purposes** (except for reconstructive plastic surgery necessitated by an indemnifiable neoplasm or accident), slimming and phytotherapeutic;
- **Physical defects** or congenital malformations pre-existing at the commencement of cover(the exclusion does not apply to births under contract, if the cover includes them)
- Therapeutic and/or **surgical** services aimed **at sex change**
- **H.I.V.** seropositivity
- **Accidents resulting from being drunk** or under the influence of hallucinogens, narcotics or psychotropic drugs taken for non-therapeutic purposes
- Admissions made necessary solely by the Insured Person's state of **non-self-sufficiency and/or long-term care**
- Non-therapeutic **voluntary abortion**
- Accidents occurring during the practice **of air sports in general**, participation in motor races - other than pure regularity races - and related trials, as well as from the practice of motoring and motorcycling during free access to circuits;
- Refractive surgery and excimer laser treatments unless they are performed :
 - In the case of anisometropia greater than three dioptries
 - In the case of visual impairment of 5 dioptries or more in each eye

Eexecutives

Warranties	Limits Year/Family
<p>Hospitalization with or without Surgical Intervention:</p> <ul style="list-style-type: none"> • Fees of health professionals (medical and non-medical); • Surgery room fees and surgery materials, including endoprotheses and the like applied during surgery; • Inpatient fees; • Accompanying person's fee (in case there is no hospital availability, in hotel facility with limit of € 50 daily max 30 days); • Medical and nursing services, medical-specialist consultations, physiotherapy and rehabilitation treatments, medicines, vaccines examinations and diagnostic tests; • Expenses incurred in the 90 days preceding and 90 days following hospitalization, surgery or caesarean section are included, provided they are related to the event under consideration; specialist visits and diagnostic tests 	<p>1.000.000 € in Network € 500.000 out of Network</p>
<p>Childbirth</p>	<p>€ 7.000</p>
<p>Oncologic care</p>	<p>€ 6.000</p>
<p>High diagnostic & Pregnancy Exams listed in the handbooks</p>	<p>€ 7.000</p>
<p>Specialistics fees</p>	<p>€ 2.500</p>
<p>Preventive care (for employees only) Laboratory examinations (venous sampling, ALT, AST, gamma GT, blood glucose, total cholesterol, HDL, triglycerides, urea, creatinine, partial prothrombin time, PTP, total prothrombin time PTT, ESR, urine examination) ; Chest x-ray ;PSA for men ; Pap test and mammogram for women.</p>	<p>Once a year, either directly or reimbursed. (100% reimbursement)</p>
<p>Dental Care</p>	<p>€ 3.000</p>
<p>Lenses Including contact lenses but excluding frames following change in vision certified by an oculist/optometrist.</p>	<p>€ 1.000 per person</p>
<p>Psychotherapeutic Care</p>	<p>€ 500</p>

Middle Managers/White Collars

Warranties	Limits Year/Family
<p>Hospitalization with or without Surgical Intervention:</p> <ul style="list-style-type: none"> • Fees of health professionals (medical and non-medical); • Surgery room fees and surgery materials, including endoprotheses and the like applied during surgery; • Inpatient fees; • Accompanying person's fee (in case there is no hospital availability, in hotel facility with limit of € 50 daily max 30 days); • Medical and nursing services, medical-specialist consultations, physiotherapy and rehabilitation treatments, medicines, vaccines examinations and diagnostic tests; • Expenses incurred in the 90 days preceding and 90 days following hospitalization, surgery or caesarean section are included, provided they are related to the event under consideration; specialist visits and diagnostic tests 	<p>1.000.000 € in Network € 500.000 out of Network</p>
<p>Childbirth</p>	<p>€ 7.000</p>
<p>Oncologic care</p>	<p>€ 6.000</p>
<p>High diagnostic & Pregnancy Exams listed in the handbooks</p>	<p>€ 5.000</p>
<p>Specialistics fees</p>	<p>€ 1.800</p>
<p>Preventive care (for employees only) Laboratory examinations (venous sampling, ALT, AST, gamma GT, blood glucose, total cholesterol, HDL, triglycerides, urea, creatinine, partial prothrombin time, PTP, total prothrombin time PTT, ESR, urine examination) ; Chest x-ray ;PSA for men ; Pap test and mammogram for women.</p>	<p>Once a year, either directly or reimbursed. (100% reimbursement)</p>
<p>Dental Care</p>	<p>€ 2.000</p>
<p>Lenses Including contact lenses but excluding frames following change in vision certified by an oculist/optometrist.</p>	<p>€ 500 per person</p>
<p>Psychotherapeutic Care</p>	<p>€ 500</p>

Required Documentation

Hospitalization

expenses for hospitalization must be submitted with complete medical records and are reportable all expenses related to hospitalization prior to 90 days the date of acceptance and after 90 days the date of discharge. Hospitalization for check-up is not under warranty. The benefit is convertible to per diem where ALL EXPENSES DURING Hospitalization are paid by the NHS and in overnight care;

Specialist visits

performed by specialist doctors. prescribed by a doctor (including general practitioner, the conduit doctor p.e.) with indication of the pathology certain and/or presumed; if the pathology certain/presumed is shown on the invoice issued by the specialist;

Lenses

Submit prescription indicating verified change in vision from ophthalmologist or optometrist. Lenses/contact lenses are reimbursable only upon visus change or first prescription. You must indicate the cost breakdown between lenses and frames on the expense statement.

No visus change prescribed by non-optometrist optician.

Dental Care

dental expenses are recognized without the need for a prescription; however, they must be itemized with individual amounts per service

Laboratory tests, diagnostic examinations

must be prescribed by a physician (including attending physician) and accompanied by a prescription indicating certain and/or presumed pathology. The prescription for blood tests should be detailed and contain the pathology certain and/or presumed;

Physiotherapy

Requires a prescription from a medical specialist such as an orthopedist/physiologist or from the general practitioner, and the service must be performed by the registered physiotherapist in a licensed medical center.

Psychotherapy

Requires a prescription from a medical specialist or the general practitioner.

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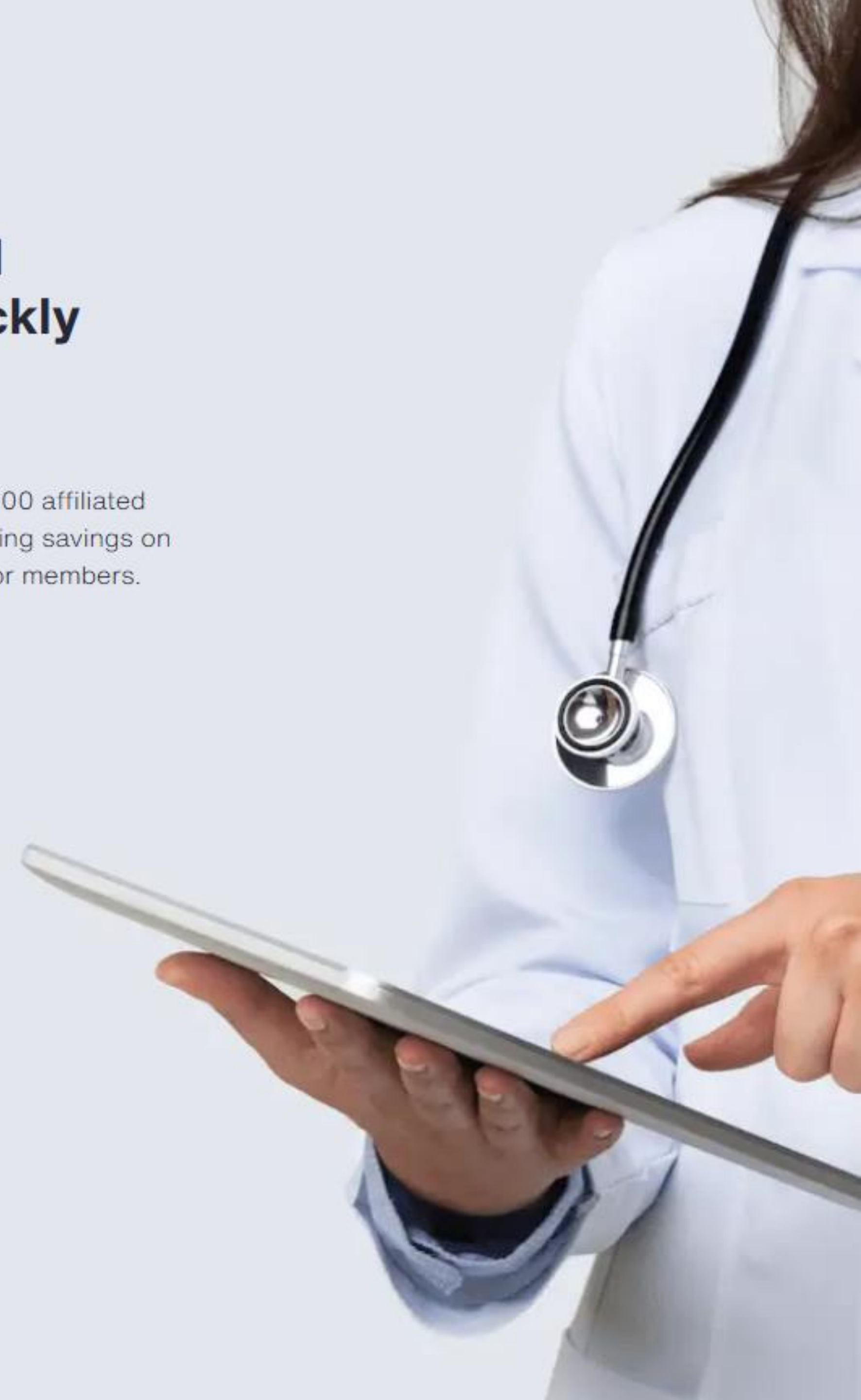
OneCARE 2.0 portal

one CARE

Manage your medical expenses refund quickly and intuitively.

A healthcare network comprising over 11,000 affiliated facilities across the national territory, offering savings on medical services through reserved rates for members.

[Affiliated providers](#)



OneCare - Registration

The Insured via the ONEcare® portal, www.onecare.aon.it will be directed to the Registration/Login page.

1. If the user is not already registered, he/she can do so by using the 'REGISTER' function, entering his/her personal data and sending the registration request. **It is necessary to enter the e-mail address communicated at the service activation request.**
2. Subsequently, the assisted person will receive a communication containing the **Ticket Number** that must be entered on the 'Account Activation' page, which can be accessed directly from the link indicated in the e-mail
3. You will then receive two e-mails: in the first one the username and in the second one the password.
4. After entering temporary credentials, you will be prompted to change your password.
5. Please also note that a guide with instructions for registration is available on the portal.



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Sign in

Do you already have an account? [Login](#)

Privacy disclaimer

I have read the [Privacy Policy](#) provided pursuant to articles. 13 and 14 of the European Regulation EU 2016/679 ("GDPR").

Firstname *	Lastname *
<input type="text" value="Firstname"/>	<input type="text" value="Lastname"/>
Date of birth *	Fiscal code *
<input type="text" value="mm/dd/yyyy"/> 	<input type="text" value="Fiscal code"/>
Email * 	Confirm Email *
<input type="text"/>	<input type="text"/>

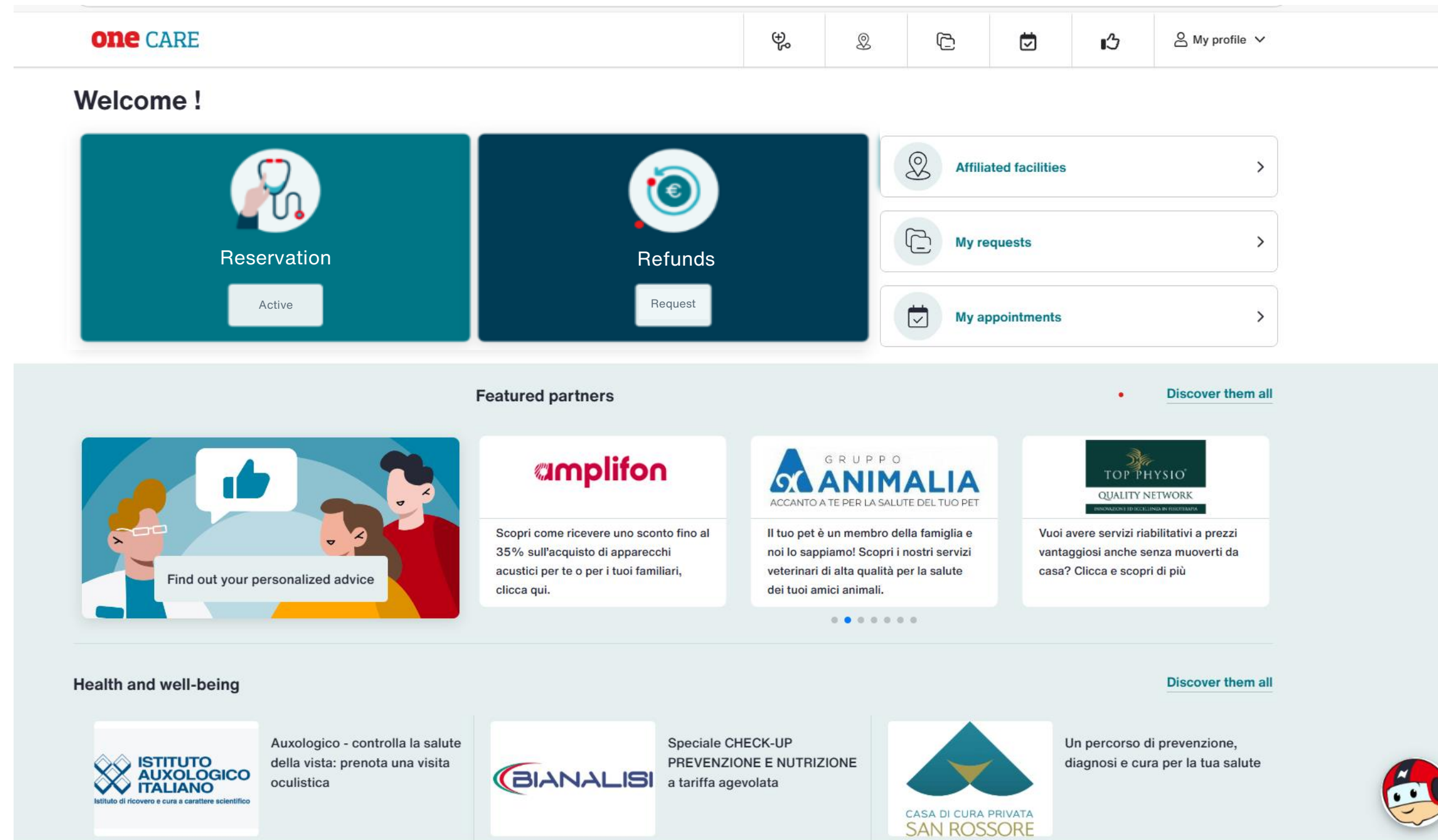
Sign in



If the system does not find an insured user with matching data in the registry, an e-mail must be sent to registrazione.onecare@aon.it requesting support for registration.

OneCare - Overview

The homepage provides access to a number of functionalities:



- **Benefit request services:** request a medical service by choosing from affiliated facilities
- **Reimbursement Request Service:** enter a reimbursement request for a medical service
- **Affiliated facilities:** consult the map of affiliated facilities
- **My requests:** consult the **status of personal claims** for benefits or reimbursement
- **Upcoming appointments:** see the list of bookings made
- **Chosen for you:** see suggestions for featured services and facilities
- News: see the news
- In the **Profile menu**, other management and consultation functions are available, including "My Personal Details", "My Family Members" and the "Health Plan".

OneCare - My Profile

From the homepage in the top right-hand corner, you can access the profile menu which contains, among others: 'my personal details' and 'my health plan':

My personal data

From this session you can check, enter and, if necessary, modify your personal data: First name, surname, tax code, date of birth, gender, address, contact details and bank details.

Head of family personal data

Attention, it is essential that all data is correct in order to manage your requests

Firstname	Lastname
[Redacted]	[Redacted]
Fiscal code	Date of birth
[Redacted]	[Redacted]
Gender	
[Redacted]	

Address

Search for your address to be able to change it

[Don't find your address? Enter it manually](#)

Address *	City *
[Redacted]	[Redacted]

My health plan

A list of active and expired health plans is displayed and can be filtered by year. For each health plan in your insurance cover, you can consult the relevant options and corresponding areas, each with its own limits.

For each selected area, the relevant limits values will be displayed:

- Residual;
- Bound;
- Consumed.

My Health Plan

The displayed maximums refer to the entire family unit or a single person as described inside your Health Plan that you are invited to consult.

Filter by year: 2024

Health Plan **5010**

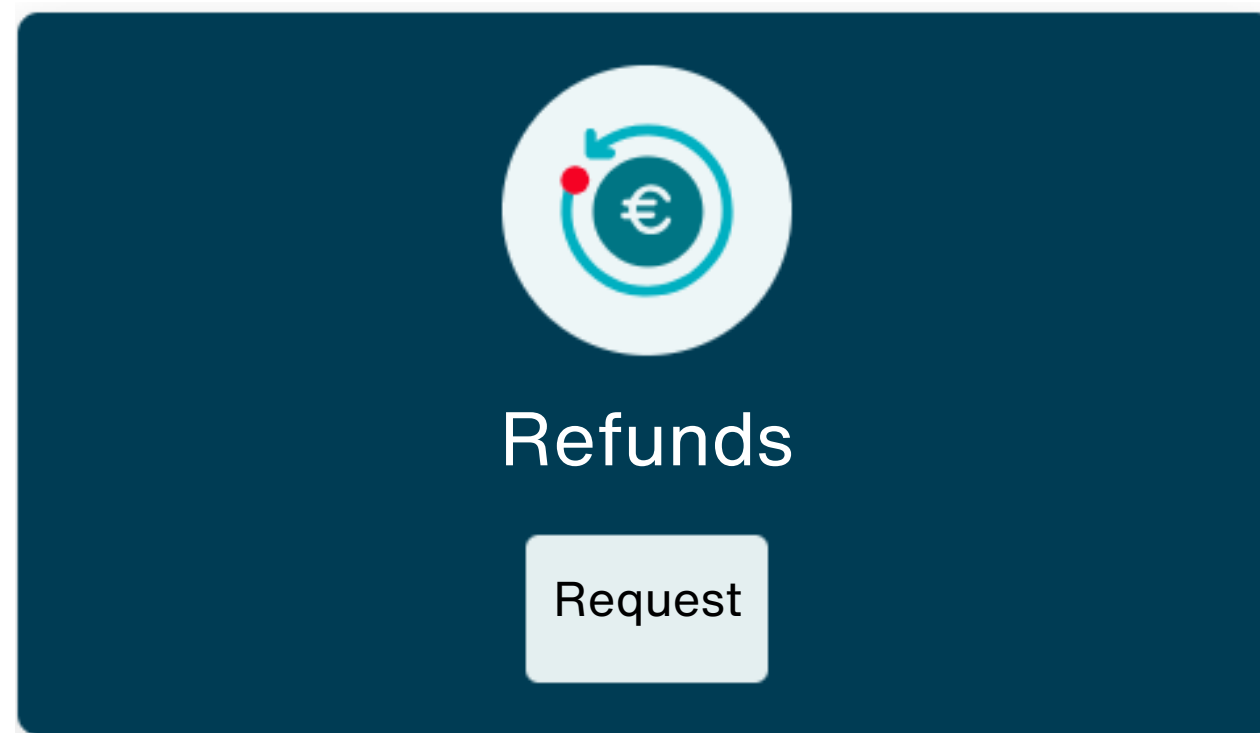
Options: [Redacted] Validity: 01/01/2024 - 31/12/2024

Area: [Redacted]

Residue	Bound	Consumed
€840,00	€160,00	€160,00

[Health Plan](#)

OneCare - Claim 1/3



Under *Claim a Reimbursement* you can enter reimbursements for yourself and your household:

1. Be in possession of the required documentation: invoices/medical documentation
2. It is essential that all data are complete
3. Select the patient who performed the service for which reimbursement is sought

Richiedi un rimborso

Richiedi qui un rimborso per una spesa sanitaria sostenuta.

Prima di cominciare assicurati:

- Di possedere la documentazione necessaria ad evadere la pratica
- Di possedere la prescrizione se richiesta
- Per le prestazioni odontoiatriche è necessario che in fattura sia indicato il dettaglio delle prestazioni eseguite.

All'interno del tuo Profilo puoi modificare le informative ed i consensi in qualsiasi momento

Dati profilo

Attenzione, è indispensabile che tutti i dati siano corretti per poter liquidare la pratica

Nome	Cognome
██████████	██████████
Codice Fiscale	Data di nascita
██████████	██████████
IBAN	Indirizzo
██████████	██████████

Policy holder

Select the patient that will perform the medical service

LUIGI ██████████

SIMONA ██████████

MIRIAM ██████████

OneCare - Claim 2/3

In the case of services **other than hospitalisation**, the list of documents to be uploaded is displayed:

- **Document of expenditure (mandatory)**
- Medical prescription (if required)
- Other documents

Prima Prestazione
Carica qui tutti i documenti richiesti.

È un ricovero?
 Si No

Documento di spesa *
Fattura, scontrino, ricevuta... [+ Inserisci](#)

Prescrizioni [+ Inserisci](#)

Altri Documenti [+ Inserisci](#)

*Documenti obbligatori

In the case of **Admission**, the list of documents to be uploaded is displayed, which are:

- **Medical record (compulsory) in the case of both daily allowance and paid hospitalisation**
- **Document of expenditure (mandatory) only in the case of paid hospitalisation**
- Medical prescription
- Other documents

Prima Prestazione
Carica qui tutti i documenti richiesti.

È un ricovero?
 Si No

È una diaria?
 Si No

Cartella Clinica* [+ Inserisci](#)

Documento di spesa
Fattura, scontrino, ricevuta... [+ Inserisci](#)

Prescrizioni [+ Inserisci](#)

Altri Documenti [+ Inserisci](#)

*Documenti obbligatori



It will be possible to enter:

- a single PDF file (even of several pages)
- or a single TIFF image type file (also of several pages)
- or more than one image type file JPEG, PNG, BMP

OneCare - Claim 3/3

Richieste di rimborso

PRIMA PRESTAZIONE

 Modifica

Ricovero	Data documento di spesa
No	15/10/22
Tipologia	Prestazione effettuata
Cure specialistiche	Laserterapia

DOCUMENTO DI SPESA

Ente emittente
Clinica Sant'Agostino - Via Larga 9 20122 Milano MI

Numero	Data
123455	12/10/22


Importo totale	Importo bollo
€ 122,00	€ 2,00


Note: Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip.

Documento allegato

Richiesta di rimborso Salva bozza

Assistito
Mario Rossi 

Richieste di rimborso
Prima prestazione 
Data documento di spesa
15/10/22

Seconda prestazione 
Data inizio ricovero
15/10/22
Data fine ricovero
18/10/22

- After attaching the documents, the system will automatically recognise the invoice data.
- A check should be made on the correctness of the data entered.
- It is possible to enter several benefits within the same claim
- **A mini-summary of what has already been entered is always shown on the left of the page, with the possibility of editing it at any time (by clicking on the pencil icon).**
- If, after checking the data, you wish to change something, you can click on the edit button next to the section containing the data to be changed and you will be taken to the specific page where you can implement the change.
- If everything turns out to be correct, the request can be sent.
- If the request has been entered correctly, the message "successful submission" will appear

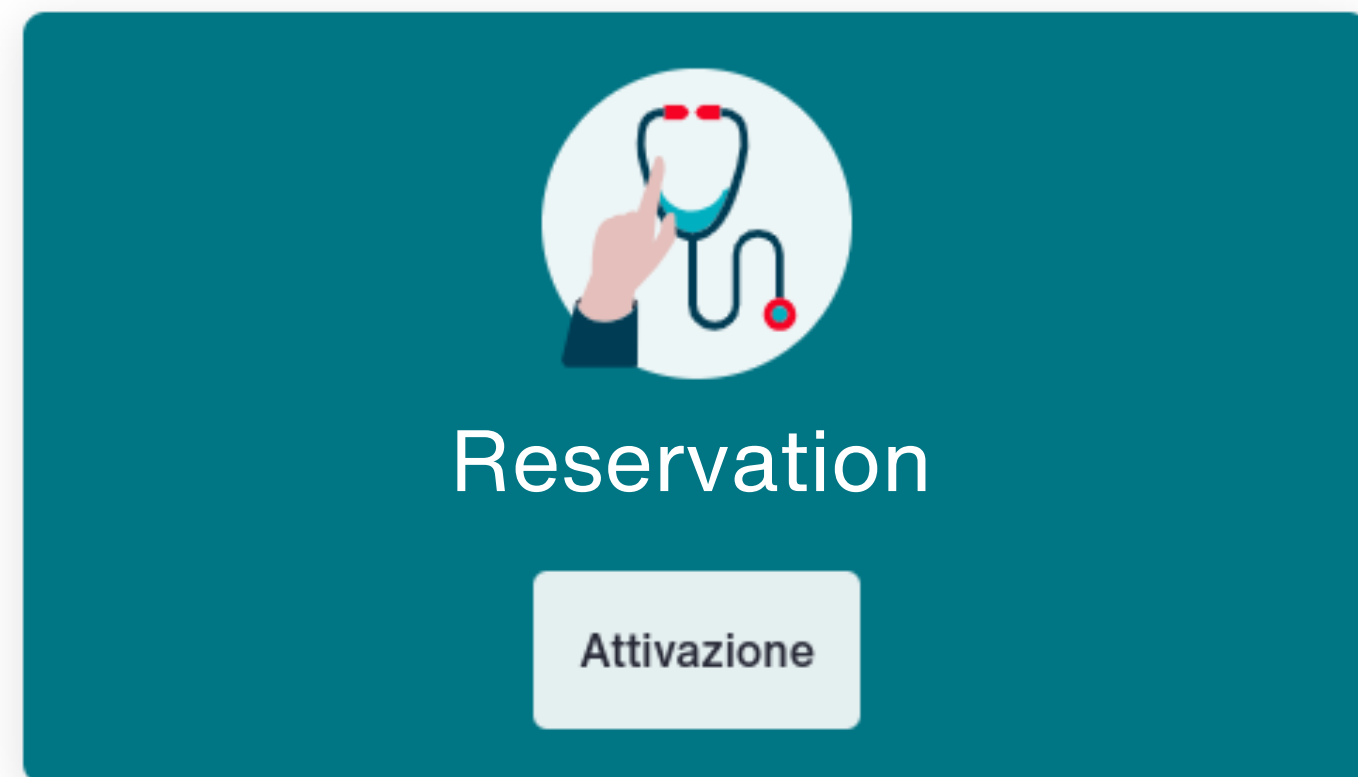


La tua richiesta è stata inviata con successo!

Riceverai una email di conferma del corretto inserimento della richiesta di rimborso.

[Nuova richiesta di rimborso](#)

OneCare - Direct Payment 1/6



Through the ONEnet® Network, the Insured Person may access the affiliated facilities, subject to authorisation by the Onecare Operations Centre, without having to pay any amount in advance for the service, with the exception of any fees payable by the Insured Person in accordance with the policy conditions.

Before requesting authorisation from our Onecare® Operations Centre, the patient must book the service directly with the Health Facility of the ONEnet® Network. The list of affiliated facilities can be consulted on the Onecare® portal.

The patient must then complete the procedure by providing Aon with the information about the service booked by entering the appointment data and the required documentation via the **ONEcare® Portal**.

A minimum of **2 working days'** notice is required in the case of out-patient services, **5 working days'** notice in the case of in-patient services.

For out-patient services, medical documentation indicating the prescribed service and **diagnosis** is always required, except in cases where coverage does not provide for this (e.g. Dental Treatment)

In the case of **in-patient** services, in addition to the **medical prescription** indicating the intervention and pathology for which the request is made, the facility's **cost estimate** and the **name of the primary caregiver** must be attached.

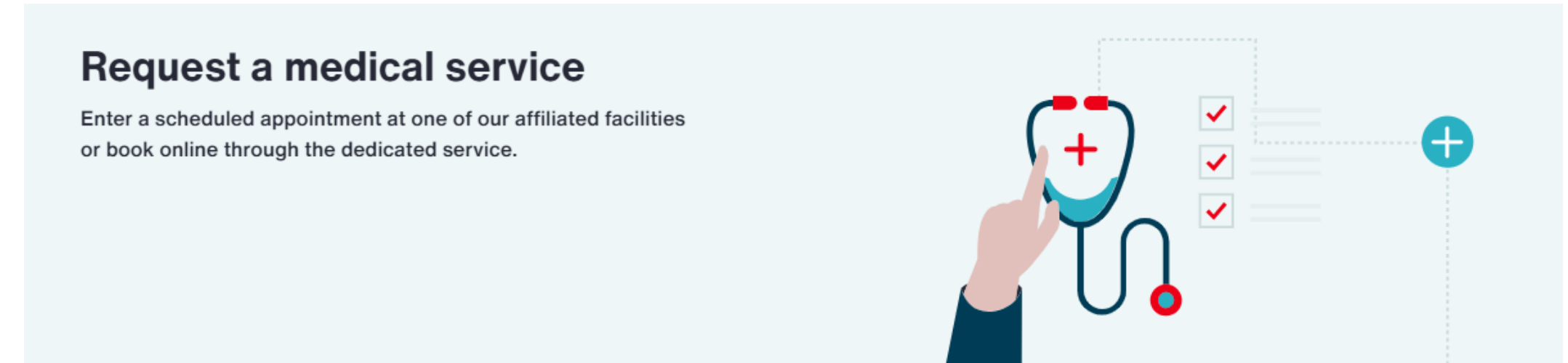
OneCare - Direct Payment 2/6

Request a medical service



In the *direct service* section, it is possible to activate a direct service file:

1. Be in possession of medical documentation, if required.
2. That all personal data are complete
3. Select the recipient of the service



Before you begin, remember that:

- to check that both the Facility and the Doctor you choose are affiliated with OneNet, especially for specialist visits or outpatient procedures.
- to contact the Affiliated Health Care Facility to book the service and identify yourself as an Aon patient.
- for outpatient services, to enter the request at least 2 business days before the date of the service
- for inpatient services, to enter the request at least 5 business days before the date of inpatient admission

Do you have an urgent hospitalization?

Remember that for urgent hospitalizations, it is mandatory to upload the emergency certificate.

I have an urgent hospitalization

Cancel **Start now**

Policy holder

Select the patient that will perform the medical service

- LUIGI [REDACTED]
- SIMONA [REDACTED]
- MIRIAM [REDACTED]

OneCare - Direct Payment 3/6

1.Reservation YES - NO

If you *already have a reservation*, by answering **YES** to the question '*do you already have a reservation*' you can directly select the Facility at which you will have to perform the service. You will then be able to view the OneNet contracted services at the chosen facility and complete the insertion of the data necessary for the activation of the direct agreement

If you **have not made a booking**, you must make your choice of facility/physician and book an appointment by consulting the **OneNet** network before completing your request

[← Back](#)

Do you have a reservation?

indicate whether you have already made a reservation at a facility

[← Back](#)

Do you have a reservation?

indicate whether you have already made a reservation at a facility

OneCare - Direct Payment 4/6

2. Structure/Doctor Search Criteria

You can choose different search criteria with which you want to find the facility/professional at which to perform the services:

1. Search by Treatment

Prestazione **Struttura** **Medico**

Tipo di prestazione

Tipologia
Q VISITA SPECIALISTICA

Tipo prestazione (branca)
Q ALLERGOLOGIA

Procedi

2. Search by Structure

Prestazione **Struttura** **Medico**

Struttura

Q Ricerca avanzata

Q santa

- Studi Dentistici Specialistici Srl Santa Maria Delle Mole
VIA GIOVANNI PRATI 41C 00040 SANTA MARIA DELLE MOLE RM
- Della Santa Carlo Alba
CORSO TORINO 12 12051 ALBA CN
- Centro Medico Santagostino Repubblica
VIA PANFILO CASTALDI 6 20124 MILANO MI
- Ospedale Santa Maria - Gvm
VIA DE FERRARIS 18 70124 BARI BA

3. Search by Doctor

Prestazione **Struttura** **Medico**

Medico

Q Ricerca avanzata

Q fipssi

- Oliviero Rossi - Casa Di Cura Villa Donatello Sesto Fiorentino
VIA ATTILIO RAGIONIERI 101 50019 SESTO FIORENTINO FI
- Elisabetta Maria Cristina Rossi - Ieo - Istituto Europeo Di Oncologia Srl
VIA RIPAMONTI 435 20141 MILANO MI
- Renato Gianrossi - Synlab Baluardo Genova Montallegro
VIA MONTALLEGRO 48 16128 GENOVA GE
- Bruno Giuseppe Rossi - Auxologico Meda Po

Or via the **advanced search on the map**: it is possible to set up filters by geographic address (by default, the one entered in one's own registry is displayed), by facility/physician name where applicable.

Each search returns 50 results and the distance to the *address* in the *Address* field is set to 5km. Both the displayed results and the set distance can be increased up to 200km.

one CARE

Cerca per **Indirizzo** Strutture Medici Q Via Desiderio da Settignano, 30, 20149 MI

Distanza 15 km Prenotabile online

Ordina per **Più vicini**

20 Risultati trovati

- Casa Di Cura Columbus**
Prestazioni Specialistiche Ambulatoriali
Via Buonarroti 48 , 20145 MILANO MI
Trova nella mappa
Distanza dalla struttura: 0 km
02480801
Seleziona
- Centro Medico Santagostino - Vincenzo Foppa**
Prestazioni Specialistiche Ambulatoriali
Via Vincenzo Foppa 7, 20123 MILANO MI

OneCare - Direct Payment 5/6

3.Appointment data and documentation

Step 1: Once the facility/physician has been chosen using one of the search criteria described, the appointment data must be entered.

Prestazione

Tipologia
VISITA SPECIALISTICA

Tipo prestazione (branca)
ALLERGOLOGIA

Inserisci nome prestazione di dettaglio

Vuol prenotare con un medico specifico?

ANTONIO ANANIA	Prenotabile online
ALDO DOMENICO MORALE	Prenotabile online

Data e ora appuntamento

Inserisci la data e l'ora della prenotazione.
La data dell'appuntamento deve essere compresa all'interno del periodo di validità del tuo Piano Sanitario.

Data*

Ora

15	30
16	31
17	32
18	33

Step 2: Attach the required documents according to the service entered

Carica documenti

Carica qui tutti i documenti necessari ad evadere la pratica ed evitare future richieste di integrazione documentazione con un inevitabile allungamento dei tempi di autorizzazione pratica.

	Prescrizione	+ Inserisci
	Referto	+ Inserisci
	Altri Documenti	+ Inserisci

Note

Aggiungi qui eventuali comunicazioni che reputi utili comunicare a ONE CARE per evadere la pratica

OneCare - Direct Payment 6/6

4. Confirmation of appointment

From the summary it is possible to edit any data entered during the entry process, using the *Edit* link.

At the bottom of the overview you can activate a booking reminder by selecting how many hours in advance you want to be notified by e-mail with the reminder.



Riepilogo
Controlla i dati inseriti prima di procedere con l'invio della richiesta

Dati anagrafici [Modifica](#)

Assistito
WALTER POZZI

Prestazione [Modifica](#)

Prenotazione
Sì
Ricovero
No

Dettagli prenotazione [Modifica](#)

Struttura
I MONACI SRL
Prestazione
VISITA ALLERGOLOGICA
Data e ora appuntamento
26/06/2024 - 16:02

Documenti [Modifica](#)

Non sono stati caricati documenti

Imposta promemoria

Desideri essere avvisato qualche giorno prima dell'appuntamento? Attiva il promemoria indicando quando vorresti ricevere la notifica.

Attiva promemoria

Quando
1 giorno prima

Indietro [Invia richiesta di prestazione](#)

Ti mancano alcune informazioni? [Salva e riprendi più tardi](#)

By clicking on *Send booking request*, a confirmation page will be displayed if the booking is successful.

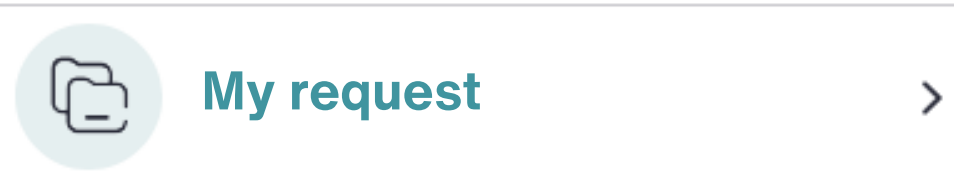
La tua richiesta è stata inviata con successo!

Riceverai una email di conferma del corretto inserimento della richiesta di prestazione.

[Aggiungi](#)

[Richiedi un'altra prestazione](#) [Vai alle tue richieste](#)

OneCare - My requests



From the 'My Requests' section, you can monitor the status of your requests at any time:

Drafts 1

	Assistito LUIGI TORRE	Prestazioni 1	Inserita il 15/05/2024		Riprendi
--	--------------------------	------------------	---------------------------	--	-----------------

Completabile entro il 29/05/2024

Draft Requests Contains all requests saved as drafts via the **'Save Draft'** functionality. A draft can be deleted or retrieved for completion.

Requests in drafts are kept for 14 days

Requests to be managed Contains all requests for which action is required on the part of the user in order to continue the claim or direct service request process. In order to manage the request it is necessary to expand the box with the arrow at the top right and click on the status of the request detail. This will take you to the detail page where you will find the necessary information to unlock the file (e.g. uploading additional documentation).

Richieste da gestire 2

È necessario una tua attività per procedere con l'elaborazione della richiesta.

Pratica	Data creazione	Prestazioni
279750	13/05/2024	1

Fattura n.	Data	Assistito	Importo totale	Bollo	Altro ente	Liquidato
697	28/09/2023	[REDACTED]	€112.00	€2.00	-	-

SOSPESA >

Pratica	Data creazione	Prestazioni
278904	11/05/2024	1

Reimbursement/Benefit Claims Each claim may contain several rows, each of which represents the service for which reimbursement has been requested and for which an expense or hospitalisation document has been submitted.

Selecting the status displays the detailed information of the request.

	Pratica 279091	Data creazione 13/05/2024	Prestazioni 1	IN LAVORAZIONE
--	-------------------	------------------------------	------------------	-----------------------

Fattura n.	Data	Assistito	Importo totale	Bollo	Altro ente	Liquidato
25B	21/02/2024	[REDACTED]	€200.00	-	-	-

INSERITA >

	Pratica TT-1798495	Data creazione 23/05/2024	Prestazioni 1	APERTA
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Data	Assistito	Prestazione
31/05/2024	[REDACTED]	Profilassi / Ablazione semplice tartaro

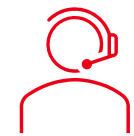
PRENOTAZIONE CONFERMATA >



**If you need
support**

OneCare - Contact

For any needs, problems or requests for information and assistance, the Customer Care service is available from Monday to Friday from 9 a.m. to 6 p.m.



Telephone number: 02.45422617



E-mail support requests: info.onecare.isa@aon.it

Direct payments: prenotazioni.onecare@aon.it



NOA: LiveChat! active during working hours (Monday to Friday from 09:00 to 18:00) and ChatBot active 24h/24h

one CARE® www.onecare.aon.it to register you must provide:

- ✓ Name
- ✓ Surname
- ✓ Tax code
- ✓ Email
- ✓ Date of Birth

The Insured's claim against its insurers is time-barred in two years from the date of the claim.

Q&A