

**POLICIES VALID IN ALL CONTRACTED HEALTH INSTITUTIONS AND ABROAD  
POLICIES INCLUDING BOTH INPATIENT & OUTPATIENT BENEFITS**

INPATIENT BENEFITS	%	BENEFIT TYPE	STANDART SAĞLIK SİGORTASI	STANDART PLUS SAĞLIK SİGORTASI	ELİT SAĞLIK SİGORTASI	ELİT PLUS SAĞLIK SİGORTASI
			BENEFIT LIMITS	BENEFIT LIMITS	BENEFIT LIMITS	BENEFIT LIMITS
Operation	100		UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Room-Board-Bedside Expenses	100		UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Intensive Care (Max.90 days per case)	100		UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Doctor's Visit (inpatient)	100		UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Prescription (inpatient)	100		UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Diagnostic Analysis (inpatient)	100		UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Chemotherapy	100		UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Radiotherapy	100		UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Dialysis	100		UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
OUTPATIENT BENEFITS	%	BENEFIT TYPE	BENEFIT LIMITS (TL)	BENEFIT LIMITS (TL)	BENEFIT LIMITS (TL)	BENEFIT LIMITS (TL)
Doctor's Visit						
Prescription	80	(Annual Limit)	4.000,00	6.000,00	UNLIMITED	UNLIMITED (Payment Ratio %100)
Diagnostic Analysis						
Physical Therapy						
(*)Menopause	80	(Annual Limit)	1.000,00	1.000,00	1.500,00	2.000,00 ( P.R %100)
Dental treatment due to a traffic accident	80	(Annual Limit)	11.000,00	11.000,00	11.000,00	11.000,00( P.R %100)
Control Mammography	100	(Once a year)	For women over 40			
Psa	100	(Once a year)	For men over 40			
Colonoscopy	100	(Once a year)	For all insureds over 50			
OTHER BENEFITS	%	BENEFIT TYPE	BENEFIT LIMITS (TL)	BENEFIT LIMITS (TL)	BENEFIT LIMITS (TL)	BENEFIT LIMITS (TL)
Minor Medical Treatment	100		UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Home Health Care	100	(Annual Limit)	30.000,00	30.000,00	30.000,00	30.000,00
Rehabilitation	100	(Annual Limit)	40.000,00	40.000,00	40.000,00	40.000,00
Physical Therapy after operation	100	(Annual Limit)	7.000,00	7.000,00	7.000,00	7.000,00
Artificial Limb	100	(Per Case)	35.000,00	35.000,00	35.000,00	35.000,00
Ambulance	100	(Per Case)	3.500,00	3.500,00	3.500,00	3.500,00
Air Ambulance in Turkey	100	(Per Case)	42.000,00	42.000,00	42.000,00	42.000,00
Air Ambulance Abroad	100	(Per Case)	84.000,00	84.000,00	84.000,00	84.000,00
Auxiliary Medical Material	100	(Annual Limit)	2.200,00	2.200,00	2.200,00	2.200,00
Incubator Benefit	100	(Annual Limit)	48.000,00	48.000,00	48.000,00	48.000,00
Specific Medication Coverage	100	(Annual Limit)	-	-	1.000.000,00	-
Check-Up	100		(Paid once a year)			
OPTIONAL BENEFIT BY PAYING ADDITIONAL PREMIUM	%	BENEFIT TYPE	BENEFIT LIMITS (TL)			
(**)Maternity	100	(Annual Limit)	7.000,00 / 10.000,00/ 15.000,00			
Routine Controls	80		Paid from Maternity Benefit (Payment ratio for Elit Plus is %100)			
(***)Earthquake	100		UNLIMITED			

(\*)Expenses are paid for women providing the conditions, for Standart Sağlık and Standart Plus Sağlık up to max. 1.000 TL, deductible from global outpatient benefit (payment ratio % 80), for Elit Sağlık up to max. 1.500 TL (payment ratio %80); For Elit Plus Sağlık up to max. 2.000 TL (payment ratio %100)

(\*\*) In Standard Sağlık, Standard Plus Sağlık, Elite Sağlık and Elite Plus Sağlık products, maternity coverage is optional and can be included in the policy with additional premium.

(\*\*\*) In Standard Sağlık, Standard Plus Sağlık, Elite Sağlık and Elite Plus Sağlık products, earthquake coverage is optional and can be included in the policy with additional premium.

## BENEFITS ABROAD (NOT VALID FOR ECO PLANS)

BENEFITS	PAYMENT RATIO	BENEFIT TYPE	STANDART, STANDART PLUS, ELİT AND ELİT PLUS BENEFIT LIMITS (TL)
MINOR OPERATION	100	(PER OPERATION)	7.200,00
MEDIUM OPERATION	100	(PER OPERATION)	18.000,00
MAJOR OPERATION	100	(PER OPERATION)	36.000,00
SPECIAL OPERATION	100	(PER OPERATION)	72.000,00
EXTRA SPECIAL OPERATION	100	(PER OPERATION)	180.000,00
EXTRA MAJOR OPERATION	100	(PER OPERATION)	360.000,00
ROOM-BOARD-BEDSIDE EXPENSES	100	(DAILY LIMIT)	2.100,00
INTENSIVE CARE	100	(DAILY LIMIT)	4.200,00
	100	(PER CASE)	378.000,00
DOCTOR'S VISIT	100	(DAILY LIMIT)	745,00
PRESCRIPTION (INPATIENT)	100	(ANNUAL LIMIT)	7.200,00
DIAGNOSTIC ANALYSIS (INPATIENT)	100	(ANNUAL LIMIT)	10.800,00
CHEMOTHERAPY	100	(ANNUAL LIMIT)	160.000,00
RADIOTHERAPY	100	(ANNUAL LIMIT)	140.000,00
DIALYSIS	100	(ANNUAL LIMIT)	74.000,00

Standart, Standart Plus, Elit, Elit Plus are valid abroad within the same benefit limits.

## ELİT , ELİT PLUS OUTPATIENT BENEFITS ABROAD

TEMİNATLAR	ELİT SAĞLIK PAYMENT RATIO (%)	ELİT PLUS SAĞLIK PAYMENT RATIO (%)	BENEFIT TYPE	BENEFITS LIMITS (TL)
DOCTOR'S VISIT				
PRESCRIPTION (OUTPATIENT)	80	100	(ANNUAL LIMIT)	15.500,00
DIAGNOSTIC ANALYSIS (OUTPATIENT)				
PHYSICAL THERAPY	80	100	(PER SESSION)	480,00
	80	100	(ANNUAL LIMIT)	2.880,00

POLICIES WHICH ARE NOT VALID ABROAD, IN "A" CLASS HOSPITALS AND AT UNCONTACTED HEALTH INSTITUTIONS EXCEPT EMERGENCY SITUATIONS  
POLICIES INCLUDING BOTH INPATIENT & OUTPATIENT BENEFITS

INPATIENT BENEFITS	%	BENEFIT TYPE	STANDART SAĞLIK SİGORTASI ECO	STANDART PLUS SAĞLIK SİGORTASI ECO	ELİT SAĞLIK SİGORTASI ECO	ELİT PLUS SAĞLIK SİGORTASI ECO
			BENEFIT LIMITS	BENEFIT LIMITS	BENEFIT LIMITS	BENEFIT LIMITS
Operation	100		UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Room-Board-Bedside Expenses	100		UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Intensive Care (Max.90 days per case)	100		UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Doctor's Visit (inpatient)	100		UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Prescription (inpatient)	100		UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Diagnostic Analysis (inpatient)	100		UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Chemotherapy	100		UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Radiotherapy	100		UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Dialysis	100		UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
OUTPATIENT BENEFITS	%	BENEFIT TYPE	BENEFIT LIMITS (TL)	BENEFIT LIMITS (TL)	BENEFIT LIMITS (TL)	BENEFIT LIMITS (TL)
Doctor's Visit	80	(Annual Limit)	4.000,00	6.000,00	UNLIMITED	UNLIMITED (Payment Ratio %100)
Prescription						
Diagnostic Analysis						
Physical Therapy						
(*)Menopause	80	(Annual Limit)	1.000,00	1.000,00	1.500,00	2.000,00 ( P.R %100)
Dental treatment due to a traffic accident	80	(Annual Limit)	11.000,00	11.000,00	11.000,00	11.000,00( P.R %100)
Control Mammography	100	(Once a year)	For women over 40			
Psa	100	(Once a year)	For men over 40			
Colonoscopy	100	(Once a year)	For all insureds over 50			
OTHER BENEFITS	%	BENEFIT TYPE	BENEFIT LIMITS (TL)	BENEFIT LIMITS (TL)	BENEFIT LIMITS (TL)	BENEFIT LIMITS (TL)
Minor Medical Treatment	100		UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Home Health Care	100	(Annual Limit)	30.000,00	30.000,00	30.000,00	30.000,00
Rehabilitation	100	(Annual Limit)	40.000,00	40.000,00	40.000,00	40.000,00
Physical Therapy after operation	100	(Annual Limit)	7.000,00	7.000,00	7.000,00	7.000,00
Artificial Limb	100	(Per Case)	35.000,00	35.000,00	35.000,00	35.000,00
Ambulance	100	(Per Case)	3.500,00	3.500,00	3.500,00	3.500,00
Air Ambulance in Turkey	100	(Per Case)	42.000,00	42.000,00	42.000,00	42.000,00
Auxiliary Medical Material	100	(Annual Limit)	2.200,00	2.200,00	2.200,00	2.200,00
Incubator Benefit	(**)	(Annual Limit)	47.000,00	47.000,00	47.000,00	47.000,00
(**)Emergency Services	100	(Annual Limit)	48.000,00	48.000,00	48.000,00	48.000,00
Specific Medication Coverage	100	(Annual Limit)	-	-	1.000.000,00	-
Check-Up	100		(Paid once a year)			
OPTIONAL BENEFIT BY PAYING ADDITIONAL PREMIUM	%	BENEFIT TYPE	BENEFIT LIMITS (TL)			
(***)Maternity	100	(Annual Limit)	7.000,00 / 10.000,00/ 15.000,00			
Routine Controls	80		Paid from Maternity Benefit (Payment ratio for Elit Plus is %100)			
(****)Earthquake	100		UNLIMITED			

(\*)Expenses are paid for women providing the conditions, for Standart Sağlık Eco and Standart Plus Sağlık Eco up to max. 1.000 TL, deductible from global outpatient benefit (payment ratio % 80), for Elit Sağlık Eco up to max. 1.500 TL (payment ratio %80); For Elit Plus Sağlık Eco up to max. 2.000 TL (payment ratio %100)

(\*\*\*) In Standard Sağlık Eco, Standard Plus Sağlık Eco, Elite Sağlık Eco and Elite Plus Sağlık Eco products, maternity coverage is optional and can be included in the policy with additional premium.

(\*\*\*\*) In Standard Sağlık Eco, Standard Plus Sağlık Eco, Elite Sağlık Eco and Elite Plus Sağlık Eco products, earthquake coverage is optional and can be included in the policy with additional premium.

### POLICIES WHICH ARE VALID IN ALL CONTRACTED HEALTH INSTITUTIONS AND ABROAD

#### POLICIES INCLUDING INPATIENT BENEFITS & MODERN DIAGNOSTIC METHODS

INPATIENT BENEFITS	%	BENEFIT TYPE	HESAPLI MAKSİ SAĞLIK SİGORTASI	HESAPLI PLUS SAĞLIK SİGORTASI	HESAPLI SAĞLIK SİGORTASI
			BENEFIT LIMITS	BENEFIT LIMITS	BENEFIT LIMITS
Operation	100		UNLIMITED	UNLIMITED	UNLIMITED
Room-Board-Bedside Expenses	100		UNLIMITED	UNLIMITED	UNLIMITED
Intensive Care (Max.90 days per case)	100		UNLIMITED	UNLIMITED	UNLIMITED
Doctor's Visit (inpatient)	100		UNLIMITED	UNLIMITED	UNLIMITED
Prescription (inpatient)	100		UNLIMITED	UNLIMITED	UNLIMITED
Diagnostic Analysis (inpatient)	100		UNLIMITED	UNLIMITED	UNLIMITED
Chemotherapy	100		UNLIMITED	UNLIMITED	UNLIMITED
Radiotherapy	100		UNLIMITED	UNLIMITED	UNLIMITED
Dialysis	100		UNLIMITED	UNLIMITED	UNLIMITED
OTHER BENEFITS	%	BENEFIT TYPE	BENEFIT LIMITS	BENEFIT LIMITS	BENEFIT LIMITS
Minor Medical Treatment	100		UNLIMITED	UNLIMITED	UNLIMITED
Modern Diagnostic Methods	80		(Paid from diagnostic analysis benefit)	UNLIMITED	-
Diagnostic Analysis (Outpatient)	80		UNLIMITED	-	-
Home Health Care	100	(Annual Limit)	30.000,00	30.000,00	30.000,00
Rehabilitation	100	(Annual Limit)	40.000,00	40.000,00	40.000,00
Physical Therapy after operation	100	(Annual Limit)	7.000,00	7.000,00	7.000,00
Artificial Limb	100	(Per case)	35.000,00	35.000,00	35.000,00
Ambulance	100	(Per case)	3.500,00	3.500,00	3.500,00
Air Ambulance in Turkey	100	(Per case)	42.000,00	42.000,00	42.000,00
Air Ambulance Abroad	100	(Per case)	84.000,00	84.000,00	84.000,00
Auxiliary Medical Material	100	(Annual Limit)	2.200,00	2.200,00	2.200,00
Dental Treatment Due to a Traffic Accident	80	(Annual Limit)	5.000,00	5.000,00	5.000,00
Control Mammography	100	(Once a year)	For women over 40	For women over 40	For women over 40
Psa	100	(Once a year)	For men over 40	For men over 40	For men over 40
OPTIONAL BENEFIT BY PAYING ADDITIONAL PREMIUM	%	BENEFIT TYPE	BENEFIT LIMITS (TL)		
(*)Check-Up	100		(Paid once a year)		

(\*) Provided that they are only performed at the health institutions specified on our website to the policies of the insured having this benefit. The expenses shall be covered once a year at 100% payment ratio. This benefit is available for the insured who is 14 (included) and over. Check-up benefit is optional and can be included in the policy with additional premium.

## HESAPLI MAKSi, HESAPLI PLUS AND HESAPLI SAĐLIK BENEFIT LIMITS ABROAD (NOT VALID FOR ECO PLANS)

BENEFITS	PAYMENT RATIO (%)	BENEFIT TYPE	BENEFIT LIMITS		
			HESAPLI MAKSi SAĐLIK SİGORTASI	HESAPLI PLUS SAĐLIK SİGORTASI	HESAPLI SAĐLIK SİGORTASI
MINOR OPERATION	100	(PER OPERATION)	6.240,00	6.240,00	6.240,00
MEDIUM OPERATION	100	(PER OPERATION)	15.600,00	15.600,00	15.600,00
MAJOR OPERATION	100	(PER OPERATION)	31.200,00	31.200,00	31.200,00
SPECIAL OPERATION	100	(PER OPERATION)	62.400,00	62.400,00	62.400,00
EXTRA SPECIAL OPERATION	100	(PER OPERATION)	156.000,00	156.000,00	156.000,00
EXTRA MAJOR OPERATION	100	(PER OPERATION)	312.000,00	312.000,00	312.000,00
ROOM-BOARD-BEDSIDE EXPENSES	100	(DAILY LIMIT)	1.800,00	1.800,00	1.800,00
INTENSIVE CARE	100	(DAILY LIMIT)	3.420,00	3.420,00	3.420,00
DOCTOR'S VISIT	100	(PER CASE)	307.800,00	307.800,00	307.800,00
PRESCRIPTION (INPATIENT)	100	(DAILY LIMIT)	636,00	636,00	636,00
DIAGNOSTIC ANALYSIS (INPATIENT)	100	(ANNUAL LIMIT)	5.900,00	5.900,00	5.900,00
CHEMOTHERAPY	100	(ANNUAL LIMIT)	9.100,00	9.100,00	9.100,00
RADIOTHERAPY	100	(ANNUAL LIMIT)	149.000,00	149.000,00	149.000,00
DIALYSIS	100	(ANNUAL LIMIT)	122.000,00	122.000,00	122.000,00
<b>DIAGNOSTIC (OUTPATIENT)</b>	80	(ANNUAL LIMIT)	<b>62.000,00</b>	<b>(Not Paid)</b>	<b>(Not Paid)</b>
<b>MODERN DIAGNOSTIC METHODS</b>	80	(ANNUAL LIMIT)	<b>(Paid from diagnostic benefit)</b>	<b>9.300,00</b>	<b>(Not Paid)</b>

The limited benefits for Hesaplı Maksi, Hesaplı Plus and Hesaplı Sađlık, are valid abroad within the same benefit limits.

**POLICIES WHICH ARE NOT VALID ABROAD, IN "A" CLASS HOSPITALS AND AT UNCONTACTED HEALTH INSTITUTIONS EXCEPT EMERGENCY SITUATIONS**

**POLICIES INCLUDING INPATIENT BENEFITS & DIAGNOSTIC METHODS, POLICIES INCLUDING INPATIENT BENEFITS & MODERN DIAGNOSTIC METHODS AND ONLY INPATIENT BENEFITS**

INPATIENT BENEFITS	%	BENEFIT TYPE	HESAPLI MAKSI SAĞLIK SİGORTASI ECO	HESAPLI PLUS SAĞLIK SİGORTASI ECO	HESAPLI SAĞLIK SİGORTASI ECO
			BENEFIT LIMITS (TL)	BENEFIT LIMITS (TL)	BENEFIT LIMITS (TL)
Operation	100		UNLIMITED	UNLIMITED	UNLIMITED
Room-Board-Bedside Expenses	100		UNLIMITED	UNLIMITED	UNLIMITED
Intensive Care (Max.90 days per case)	100		UNLIMITED	UNLIMITED	UNLIMITED
Doctor's Visit (inpatient)	100		UNLIMITED	UNLIMITED	UNLIMITED
Prescription (inpatient)	100		UNLIMITED	UNLIMITED	UNLIMITED
Diagnostic Analysis (inpatient)	100		UNLIMITED	UNLIMITED	UNLIMITED
Chemotherapy	100		UNLIMITED	UNLIMITED	UNLIMITED
Radiotherapy	100		UNLIMITED	UNLIMITED	UNLIMITED
Dialysis	100		UNLIMITED	UNLIMITED	UNLIMITED
OTHER BENEFITS	%	BENEFIT TYPE	BENEFIT LIMITS (TL)	BENEFIT LIMITS (TL)	BENEFIT LIMITS (TL)
Minor Medical Treatment	100		UNLIMITED	UNLIMITED	UNLIMITED
Modern Diagnostic Methods	80		(Paid from diagnostic analysis benefit.)	UNLIMITED	-
Diagnosis (Outpatient)	80		UNLIMITED	-	-
Home Health Care	100	(Annual Limit)	30.000,00	30.000,00	30.000,00
Rehabilitation	100	(Annual Limit)	40.000,00	40.000,00	40.000,00
Physical Therapy after operation	100	(Annual Limit)	7.000,00	7.000,00	7.000,00
Artificial Limb	100	(Per case)	35.000,00	35.000,00	35.000,00
Ambulance	100	(Per case)	3.500,00	3.500,00	3.500,00
Air Ambulance in Turkey	100	(Per case)	42.000,00	42.000,00	42.000,00
Auxiliary Medical Material	100	(Annual Limit)	2.200,00	2.200,00	2.200,00
Dental Treatment Due to a Traffic Accident	80	(Annual Limit)	5.000,00	5.000,00	5.000,00
(**)Emergency Services	**	(Annual Limit)	47.000,00	47.000,00	47.000,00
Control Mammography	100	(Once a year)	For women over 40	For women over 40	For women over 40
Psa	100	(Once a year)	For men over 40	For men over 40	For men over 40
OPTIONAL BENEFIT BY PAYING ADDITIONAL PREMIUM	%	BENEFIT TYPE	BENEFIT LIMITS (TL)		
(*)Check-Up	100		(Paid once a year)		

(\*) Provided that they are only performed at the health institutions specified on our website to the policies of the insured having this benefit. The expenses shall be covered once a year at 100% payment ratio. This benefit is available for the insured who is 14 (included) and over. Check-up benefit is optional and can be included in the policy with additional premium.

(\*\*) At non-contracted health care providers in Eco Plan, the costs of treatment in the specified emergency cases are only within the scope of the policy benefits of the treatment, within the limits and payment rates specified in the benefit table in the limited benefits and in the unlimited benefits with the payment rates of the related benefits in the table. The benefit will be paid within the "limit". Drowning , traffic

# ANADOLU SİGORTA

Kaybetmek yok.

accident, high-falls, dismemberment, electrical shock, frostbite, cold stroke, heat stroke, severe burns, severe eye injuries, poisoning, anaphylactic reactions, bone fractures, myocardial infarction, acute severe arrhythmia, hypertensive crisis, stroke, acute paralysis, acute abdomen, diabetic and urea coma, acute massive hemorrhages, acute kidney failure, meningitis, encephalitis, brain abscess, asthma attack, renal colic, acute respiratory problems, high fever (39 degrees and above), any condition that causes loss of consciousness, severe general condition disorder, migraine and / or vomiting, loss of consciousness, serious work accidents , acute gastroenteritis in the presence of convulsions or dehydration, newborn coma.