POLICIES WHICH ARE VALID IN ALL CONRACTED HEALTH INSTITUTIONS AND ABROAD

POLICIES INCLUDING INPATIENT BENEFITS & MODERN DIAGNOSTIC METHODS

INPATIENT BENEFITS	%	BENEFIT TYPE	HESAPLI MAKSİ SAĞLIK	HESAPLI PLUS SAĞLIK	HESAPLI SAĞLIK
			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
Chemotheraphy	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**	**-**
Diagnostic Analysis (Outpatient)	**80**	**-**	**UNLIMITED**	**-**	**-**
Home Health Care	100	(Annual Limit)	25.000,00	25.000,00	25.000,00
Rehabilitation	100	(Annual Limit)	35.000,00	35.000,00	35.000,00
Physical Theraphy after operation	100	(Annual Limit)	6.500,00	6.500,00	6.500,00
Artificial Limb	100	(Per case)	30.000,00	30.000,00	30.000,00
Ambulance	100	(Per case)	3.000,00	3.000,00	3.000,00
Air Ambulance in Turkey	100	(Per case)	40.000,00	40.000,00	40.000,00
Air Ambulance Abroad	100	(Per case)	80.000,00	80.000,00	80.000,00
Auxilary Medical Material	100	(Annual Limit)	2.000,00	2.000,00	2.000,00
Control Mammograhy	100	(Once a year)	For women over 40		
Psa	100	(Once a year)	For men over 40		
(*) Optional benefit by paying additional premium					
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.

HESAPLI MAKSİ , HESAPLI PLUS AND HESAPLI SAĞLIK BENEFIT LIMITS ABROAD (NOT VALID FOR ECO PLANS)

BENEFITS	PAYMENT RATIO	BENEFIT TYPE	BENEFIT LIMITS		
			HESAPLI MAKSİ SAĞLIK	HESAPLI PLUS SAĞLIK	HESAPLI SAĞLIK
MINOR OPERATION	100	(PER OPERATION)	5.200,00	5.200,00	5.200,00
MEDIUM OPERATION	100	(PER OPERATION)	13.000,00	13.000,00	13.000,00
MAJOR OPERATION	100	(PER OPERATION)	26.000,00	26.000,00	26.000,00
SPECIAL OPERATION	100	(PER OPERATION)	52.000,00	52.000,00	52.000,00
EXTRA SPECIAL OPERATION	100	(PER OPERATION)	130.000,00	130.000,00	130.000,00
EXTRA MAJOR OPERATION	100	(PER OPERATION)	260.000,00	260.000,00	260.000,00
ROOM-BOARD-BEDSIDE EXPENSES	100	(DAILY LIMIT)	1.500,00	1.500,00	1.500,00
INTENSIVE CARE	100	(DAILY LIMIT)	2.850,00	2.850,00	2.850,00
	100	(PER CASE)	256.500,00	256.500,00	256.500,00
DOCTOR'S VISIT	100	(DAILY LIMIT)	530,00	530,00	530,00
PRESCRIPTION (INPATIENT)	100	(ANNUAL LIMIT)	4.950,00	4.950,00	4.950,00
DIAGNOSTIC ANALYSIS (INPATIENT)	100	(ANNUAL LIMIT)	7.600,00	7.600,00	7.600,00
CHEMOTHERAPHY	100	(ANNUAL LIMIT)	124.500,00	124.500,00	124.500,00
RADIOTHERAPHY	100	(ANNUAL LIMIT)	102.000,00	102.000,00	102.000,00
DIALYSIS	100	(ANNUAL LIMIT)	52.000,00	52.000,00	52.000,00
DIAGNOSTIC (OUTPATIENT)	80	(ANNUAL LIMIT)	**10.000,00**	**(Not Paid)**	**(Not Paid)**
MODERN DIAGNOSTIC METHODS	80	(ANNUAL LIMIT)	**(Paid from diagnostic benefit)**	**7.800,00**	**(Not Paid)**

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

POLICIES WHICH ARE NOT VALID ABROAD, IN "A" CLASS HOSPITALS AND AT UNCONTACTED HEALTH ISTITUTIONS 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 MAKSİ SAĞLIK ECO	HESAPLU PLUS SAĞLIK ECO	HESAPLI SAĞLIK ECO
			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
Chemotheraphy	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)	25.000,00	25.000,00	25.000,00
Rehabilitation	100	(Annual Limit)	35.000,00	35.000,00	35.000,00
Physical Theraphy after operation	100	(Annual Limit)	6.500,00	6.500,00	6.500,00
Artificial Limb	100	(Per case)	30.000,00	30.000,00	30.000,00
Ambulance	100	(Per case)	3.000,00	3.000,00	3.000,00
Air Ambulance in Turkey	100	(Per case)	40.000,00	40.000,00	40.000,00
Auxilary Medical Material	100	(Annual Limit)	2.000,00	2.000,00	2.000,00
**Emergency Services	**	(Annual Limit)	2.000,00	2.000,00	2.000,00
Control Mammograhy	100	(Once a year)	For women over 40		
Psa	100	(Once a year)	For men over 40		
(*) Optional benefit by paying additional premium					
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.

(**) 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 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.