



*KOÇ UNIVERSITY GROUP
CORPORATE HEALTH INSURANCE USER'S
GUIDE*

(October 1, 2012 - October 1, 2013)



Dear Policyholder,

This document includes general information regarding the use of your Corporate Health Insurance Policy, which was issued by Yapı Kredi Insurance on October 1, 2012. Please contact us at the telephone number below for any questions.

Sincerely,

Yapı Kredi Insurance

***Yapı Kredi Insurance Customer Service Center
Phone: 0 212 336 09 09***

SECTION 1. GENERAL INFORMATION ON INSURANCE PRACTICES

Policy Coverage

Your medical expenses under Corporate Health Insurance will be covered within the policy coverage limit and percentage and in accordance with the special and general conditions of the policy. Therefore, we recommend that you review the coverage information (Section 2) before submitting a medical expense claim.

Healthcare Providers Covered Under Yapı Kredi Insurance

Yapı Kredi Insurance has agreements with approximately 2,350 healthcare providers (hospitals, clinics, diagnosis centers, private physician's offices, and pharmacies) across the country. The current list of contracted healthcare institutions is available at the following website:

<http://www.yksigorta.com.tr>

Healthcare providers are grouped by province on the web site. You can access the contracted healthcare institutions by marking the city you would like to find on the map or selecting the name of the city in the selection box under the map. After selecting the city, you can select the district and type of healthcare institution. Thus, information on the names, addresses, districts, telephones, institutions types and groups will appear on the screen in line with your selected criteria. Our contracted healthcare providers are grouped by institution type, i.e. hospitals, outpatient medical centers, pharmacies, dental center, and optical center. As your policy covers all the healthcare providers covered under Yapı Kredi Insurance, you take advantage of the services provided by any healthcare provider that is covered under this policy. (Moreover, you can also see the location of the related healthcare institution on the map by using the "Show on Map" button.)

The current list of the contracted physicians is available at the following website:

<http://www.yksigorta.com.tr>

You can access the details of Contracted Physicians in the same way with contracted healthcare institutions, by selecting the province on the map or in the selection box. After selecting the city, you can select the district and type of institution you can access information about the names, addresses, districts, telephone numbers, and institutions types and groups of our contracted physicians in line with your selected criteria. (Moreover, you can also see the location of the related healthcare institution on the map by clicking the "Show on the Map" button.)

Code of Practice for Contracted Healthcare Institutions

You, your partner and children are each provided with TELEMED24 cards so that you can benefit from our network of contracted institutions. TELEMED24 cards indicate that you are a Yapı Kredi Insurance policyholder. You cannot receive any healthcare services at contracted healthcare institutions without presenting your TELEMED24 card. Therefore, you must present your TELEMED24 card and a valid photo ID when you want to receive healthcare services at any relevant institution. Furthermore, TELEMED24 cards are also used for receiving online payment approval for the outpatient treatments via the POS devices in the contracted healthcare institutions. At our contracted healthcare institutions, treatment expenses covered by your policy – minus the policyholder's contribution, if any – are directly paid by Yapı Kredi Sigorta.

Except for in cases of emergency, the Disclosure Form, a copy of which is attached (Annex: 1 **Disclosure Form: This form should be filled in by the policyholder who will be undergoing an inpatient treatment or a surgery and the physician who will perform the procedure**), should be filled in *at least 24 hours before your treatment or surgery* at the hospital and sent by the relevant institution to Yapı Kredi Insurance for pre-approval. Concerning the fees of non-contracted physicians for hospitalization, surgery, or minor intervention procedures, there may be an additional amount, which is not covered by Yapı Kredi Insurance due to the constraints explained in Article 2.2.1.

The examination fees for clinical examinations carried out by physicians who have a contract with Yapı Kredi Insurance and own their own offices shall be covered at 100 percent, although there is a contribution to the physician examination coverage. For procedures other than examinations, the provision procedures shall be conducted in keeping with the coverage percentages in your policy.

Code of Practice for Non-Contracted Healthcare Providers

If a policyholder prefers to take advantage of services provided by a non-contracted healthcare provider, he or she shall have the primary responsibility for bearing the full cost of the services they have received. There are maximum limits payable for expenses other than those associated with physician examinations, which are included in the policy coverage and limits for non-contracted healthcare providers. **Turkish Medical Association (TMA*) Minimum Fee Tariff** shall be taken as a basis for calculating your medical expenses. You may learn from the healthcare provider where you receive treatment, whether or not the actual price of the procedure will be covered under the tariff.

The procedure for claiming the cost of expenses incurred at non-contracted healthcare institutions is explained in Section 4.

Emergency Medical and Ambulance Services

You may contact the Alarm Center at any time of the day by using Yapı Kredi Insurance TELEMED24 line (0 212 336 09 11) to take advantage of the ambulance services as detailed in Article 2.2.3 in the shortest time possible.

The Alarm Center also provides 24-hour emergency medical consultancy services.

Important Reminder :

Pursuant to the Law No. 5549 on the Prevention of Laundering Proceeds of Crime and Regulation on the Prevention of Laundering Proceeds of Crime and Financing of Terrorism healthcare expense payments of 20,000 TL or over published in the Official Gazette No. 27119, dated January 9, 2008, insurance companies are legally obligated to establish the identity of the claimant for healthcare expense payments of 20,000 TL or over (www.masak.gov.tr) (Accordingly, the required information and documents should be submitted to our Company before the commencement of any payment and in order to ensure that the identification procedure is carried out in accordance with the aforementioned regulation.)

(*) TMA Minimum Fee Tariff: This is the units list issued to set the minimum fees physicians should charge for examinations/treatments/tests, pursuant to the Law No. 6023 of the Turkish Medical Association Central Council. Fees are calculated by multiplying the units by a coefficient (determined by each provincial chambers of medicine which also updates the lists periodically), and then by adding the VAT. TMA units can be calculated based on reports to be submitted after the completion of each procedure or prior to the procedure by the physician who will carry out the procedure.

SECTION 2. COVERAGE

The details of coverage included in your Corporate Health Insurance are provided below:

2.1. Insurance Coverage Table

COVERAGES			CO-Pay
Hospital Services (In-patient) <i>Surgery</i> <i>Intensive Care</i> <i>Room - Food - Companion</i> <i>Doctor Follow-up</i> <i>Medicine (In Patient)</i>	Annual	15.000	100%
Minor Treatment	Annual	1.000	80%
Diagnostic for Chemotherapy, Radiotherapy, Dialysis	Annual	4.500	100%
Diagnostic for Chemotherapy, Radiotherapy, Dialysis Examinations	Annual	2.400	100%
Croner Anjiography	Annual	15.000	100%
Home Care	Annual - 8 Weeks	From Hospital Services	100%
Artificial Limb	Per Case	4.500	80%
Auxiliary Medical Supplies	Annual	1.200	80%
Road Ambulance (Within Network)	Annual	Unlimited	100%
Out Patient Treatments <i>Medical Visit</i> <i>Prescription Fees</i> <i>Diagnosis Methods</i> <i>Physical Treatment</i>	Annual	1.000	80%

The aforementioned coverage limits shall apply to each family member separately. It is not possible for a family member to benefit from the coverage provided to other family members. Furthermore, medical expenses of a non-policyholder may not be invoiced under the policyholder's name and claimed as medical expense. In case of an abuse of the policy other than the personal expenses incurred by insurance holders themselves, the insuranceholder shall have the right to exclude the family members of the policyholder from the coverage and ask for the refund of payments made for any such medical expense.

2.2. Insurance Coverage Explanations

The types of coverage available and cases that are kept outside the coverage (exemptions) on a personal basis, if any, are specified in the certificates provided to you. The original copy of the **Special Conditions for Corporate Health Insurance**, which is an integral part of the Corporate Health Insurance policy, is available at the relevant department of your company. The following definitions, which are provided as a summary of the terms, are intended for information purposes and cover the policy that is effective from October 1, 2012 through October 1, 2013.

2.2.1- DOMESTIC HOSPITAL SERVICES

2.2.1.1 – Content of Insurance Coverage

- Treatments for which hospitalization is medically required and for which the physician has recommended hospitalization in his/her detailed report or procedures for the diagnosis of an emergency medical condition (symptoms which may lead to life-threatening conditions).
- Hospital room (excluding suites), food, companion, physician, medication, diagnosis methods (analysis, x-ray, etc.), operation room, surgeon, assistant, anesthesiologist, nurse (excluding private nurse), intensive care and all other kinds of consumable expenses incurred during inpatient treatment.
- Operations performed under general or local anesthesia at healthcare facilities that offer inpatient treatment. (Operations that correspond to more than 100 units on the TMA Minimum Fee Tariff)
- Expenses incurred for coronary angiography and ESWL (Extracorporeal Shock Wave Therapy), which is used for breaking up the kidney stones, carried out at healthcare institutions and related anesthetist and physician fees (not covered in the first year of the insurance).
- Prostheses required for surgery (heart valve, hip prosthesis, etc.)
- All types of dental, maxillofacial and oral treatment required as a result of an accident and performed by dental and maxillofacial surgeons, provided that the accident report has been submitted.
- This coverage type does not apply to pre-existing conditions until 6 months after the policy start date, even if the policyholder was unaware of the condition or the condition was not diagnosed prior to the insurance start date.

2.2.1.2 – Insurance Coverage Limit

- All expenses incurred at contracted healthcare institutions included in our TELEMED24 Services network are covered by at **100 percent up to 15,000 Turkish lira**. On the other hand, the fees of physicians who are not on the permanent staff of contracted healthcare institutions shall be limited to a maximum of two times the amount listed on the TMA Minimum Fees Tariff.
- Fees paid to physicians for surgical operations carried out at non-contracted healthcare institutions are limited to those listed on the TMA Minimum Fee Tariff while all other expenses incurred during surgical operations shall be covered within the definition of reasonable expenses. All other expenses (for physician, diagnosis, medications, consumables, room & board, intensive care, companion, etc. in pre-op and post-op periods and in hospitalization without operation) shall be covered up to a 300 Turkish lira daily limit.
- The expenses associated with medical home care services received by the policyholder as of his/her discharge date following an inpatient treatment, are covered at 100 percent up to 15,000 Turkish lira per year (this amount is deducted from the Hospital Services Package limit) without any limit for 8 weeks a year, under the Home Care Coverage, provided that the home care plan prepared by the physician who carried out the inpatient treatment was sent to Yapı Kredi Insurance when the policyholder was being discharged from hospital and that the said plan is approved by Yapı Kredi Insurance.

- Concerning dental and oral injuries caused by accidents, all kinds of dental, maxillofacial and oral surgeries performed by a dentist and maxillofacial surgeon are covered at 100 percent under the Domestic Hospital Services Coverage, provided that the accident report issued by public authorities has been submitted.
- Period of hospitalization covered during a policy year is limited to 180 days; however, period of hospitalization in an intensive care unit is limited to 90 days.
- Expenses associated with the diagnosis of an emergency medical condition that causes a policyholder to be admitted to a hospital (symptoms which may lead to life-threatening conditions), are covered at 80 under the Hospital Services Coverage.
- Inpatient treatment expenses incurred as a result of treatment received abroad shall be covered based on the limits and percentages of the insurance policy as part of the Inpatient Treatment Package.

2.2.1.3 – Points to Consider

- Except for emergency medical conditions, a disclosure form (Annex. 1) must be filled in by the policyholder and his or her physician and submitted to Yapı Kredi Insurance at least 24 hours prior to any surgical operation or other procedure that requires the policyholder to be hospitalized, in order to learn whether the treatment to be received is covered or not.
- The policyholder must check whether the hospital in which the treatment will be received is a contracted institution and physician to provide the treatment is on the permanent staff of this institution or not. Otherwise, a difference may incur which shall not be covered by Yapı Kredi Insurance due to the constraints defined in Article 2.2.1.2.
- Any inpatient diagnostic procedure, which the policyholder undergoes without any emergency health condition, shall be subject to the diagnostic procedures coverage.
- A notarized translation is required for any proofs of payment issued in a foreign language language other than English.
- The insurer shall cover the expenses incurred by the policyholder abroad after converting the relevant amount in Turkish lira by using the effective exchange rate of CBRT (Central Bank of the Republic of Turkey) on the day of payment. If the currency of the related country does not have its equivalent in CBRT, the payment shall still be made in Turkish lira, based on USD/TL cross rate.

Healthcare expenses incurred as a result of inpatient treatment received abroad shall be covered up to 100 percent with a total annual limit of 15,000 Turkish lira.

2.2.3 – AMBULANCE

Ground Ambulance:

- Expenses associated with land or air ambulance services, provided by the Yapı Kredi Insurance Emergency Call Center (TELEMED24 line) for transportation of the policyholder to the nearest healthcare institution in a life-threatening emergency case caused by an illness or injury, are covered only domestically and as defines in this policy.

- With respect to any emergency health conditions you may encounter, you can contact Yapi Kredi Sigorta Alarm Center Service, which offers round-the-clock service via the below-mentioned phone number, and benefit from the free ambulance service.

TELEMED24 Phone Line 0 212 336 09 11

2.2.5 – PROSTHESIS COVERAGE:

- Expenses associated with any prostheses (eye, hand, arm, leg) required as a result of an accident occurred after the insurance start date are covered at 80 percent with an upper limit of 4,500 Turkish lira per case, provided that the accident report issued by a public institution has been submitted.
- Healthcare expenses that are incurred as a result of treatment received abroad and considered as covered by Prosthesis Coverage, shall be covered based on the limits and percentages of the insurance policy.

2.2.6 – CHEMOTHERAPY, RADIOTHERAPY, AND DIALYSIS COVERAGE:

- Regardless of whether they are received on an inpatient or outpatient basis, chemotherapy, radiotherapy, and dialysis expenses are covered as well as related anesthesiologist and physician fees (they are not covered in the first year of the insurance). (Medications used to prevent complications of treatments such as chemotherapy, radiotherapy, dialysis, etc. are covered under the medications coverage while tests carried out to check up the course of disease are covered under the diagnostic methods coverage.
- Regardless of whether they are received on an inpatient or outpatient basis, chemotherapy, radiotherapy and dialysis expenses as well as related anesthesiologist and physician fees are covered at 80 percent with an annual upper limit of 4,500 Turkish lira.
- Healthcare expenses that are incurred as a result of treatment received abroad and considered as covered by Chemotherapy, Radiotherapy, and Dialysis Coverage, shall be covered based on the limits and percentages of the insurance policy.

2.2.7 – CHEMOTHERAPY, RADIOTHERAPY, AND DIALYSIS TREATMENT COVERAGE:

- Regardless of whether they are received on an inpatient or outpatient basis, chemotherapy, expenses concerning the analyses, X-rays and advanced diagnostic procedures required for the planning and monitoring of chemotherapy and/or radiotherapy and dialysis treatment are covered at 100 percent with an annual upper limit of 2,400 Turkish lira under Chemotherapy, Radiotherapy, and Dialysis Coverage. In the event that the aforementioned expenses exceed this coverage limit, the exceeding amount shall be covered based on the limits and percentages of the insurance policy under the Outpatient Treatment Coverage.
- Healthcare expenses that are incurred as a result of treatment received abroad and considered as covered by Chemotherapy, Radiotherapy, and Dialysis Coverage, shall be covered based on the limits and percentages of the insurance policy.

2.2.8- MINOR SURGICAL INTERVENTION COVERAGE:

- "Surgical Interventions" (treatments applied by making a skin incision) listed in the TMA's Minimum Fee Tariff as small surgeries (100 units included) as well as the procedures stated below shall be covered based on the limit and percentages of the insurance policy under the Minor Surgical Intervention Coverage.

- Fracture reductions, cast applications, removal of foreign bodies, applications of nasal packing and complete lesion excisions, electrocauterization, cryotherapy, nail avulsion, abscess/hematoma drainage, gastric lavage, burn debridement and dressing, cervical cauterization etc. expenses shall be paid under this coverage regardless of whether they were performed on an inpatient or outpatient basis or type of anesthesia used.
- The healthcare expenditures pertaining to short term treatments (observation) shall be considered as being covered under this coverage.
- Expenses and fees associated with materials, medications, operations (preoperative blood analysis is within this coverage) and the surgeon that will be doing the procedure included in the Minor Procedures Coverage are also covered under the same type of coverage.

2.2.8 – OUTPATIENT TREATMENT COVERAGE (Medical examination, Medications, And Diagnostic Methods):

- Expenses incurred under Outpatient Treatment Package (medical examination, medication, and diagnostic methods) are covered within the limit and percentage specified in the policy.

2.2.8.1 – Content of Coverage

- Expenses associated with examinations performed by physicians working at hospitals and clinics with work permits from the Turkish Ministry of Health or who are authorized to open a private office and
- expenses associated with medications licensed by the Turkish Ministry of Health and all preventive vaccines, excluding anti-allergy vaccines are covered.
- Expenses associated with any diagnostic methods which are expressly indicated in the referral note by the physician to be medically necessary for diagnosis and treatment, including biopsy, analysis, x-ray, urography, ultrasonography, EEG, EMG, angiography (excluding coronary angiography and cerebral angiography), tomography, magnetic resonance, nuclear medicine and scintigraphy (gallium, thallium, etc...), endoscopic procedures (gastroscopy, cystoscopy, bronchoscopy, mediastinoscopy, etc.), audio test, polysomnography, probe curettage, fractional curettage, and curettage with dilatation even if for treatment purposes. (Diagnostic procedures performed on an inpatient basis without any emergency health conditions are covered as part of this coverage.)

2.2.8.2 – Coverage Limit

- Expenses for outpatient treatment are covered within the limits specified on the policies.
- Expenses associated with medications licensed by the Turkish Ministry of Health are covered within the limit of each prescription and the coverage percentage stated in the policy, in accordance with the special and general policy conditions, provided that they are certified with a prescription, accompanied with an invoice or cash voucher and a barcode/data matrix.
- Expenses associated with medications for outpatient treatment are covered with a maximum limit of a 30-day dosage for each medication prescribed by the physician. However, medications which are considered by the attending physician as necessary to be used continuously, are covered with a limit of a 90-day dosage and in accordance with the related coverage percentage, provided that the policyholder has submitted the related medical report to and obtained approval from Yapı Kredi Insurance. Medications which are purchased within 14 days following the same prescription date and the dosages of which

remain within the policy term, are covered under the Medications Coverage. Prescriptions issued in a single examination related to the same disease may not be separated.

- Expenses associated with medications for which there is no equivalent in Turkey and that are brought in from abroad, are covered according to the special and general policy terms.
- Expenses associated with erythropoietin medications (such as eprex), which are used to treat deep anemia caused by chemotherapy and dialysis, are also covered under this coverage.
- Expenses associated with all protective vaccines, except for anti-allergy vaccines, are covered under the medication coverage up to the medically obligatory dosage, within the coverage limit and percentage under this coverage.
- Medical expenses incurred at non-contracted healthcare institutions (physician's fee excluded and medications included) are covered based on the TMA Minimum Fee Tariff.
- While expenses associated with medical examinations are covered within the contribution limit defined in the certificates, expenses associated with medical examinations performed by physicians at their own private offices under contract with Yapı Kredi Insurance are covered at 100 percent. Any procedures other than examinations are covered according to the coverage percentage mentioned in the policy.
- Inpatient treatment expenses that are incurred abroad and covered under the Inpatient Treatment Package (medical examination and diagnostic methods,) shall be covered based on the limits and percentages of the insurance policy. (Medication coverage is available only locally.)

2.2.8.3 – Points to Consider

- Medical examination invoices must bear the physician's stamp and area of specialty. Invoices that do not meet the above criteria shall be returned.
- Pursuant to a legal regulation introduced by the Turkish Ministry of Finance, POS slips issued for credit card payments at physicians' private offices have begun to be accepted as "self-employment receipts." Accordingly, Compensation Request Form for Credit Card Payments must be completed by physicians and submitted along with POS slips to Yapı Kredi Insurance for assessment.
- Dental exam costs are not covered.
- Costs of eye exams performed at optical centers are not covered.
- Policyholders must submit original copies of invoices or slips together with price tags and prescriptions when they seek compensation for expenses they have incurred for medication and preventive vaccines.
- Expenses associated with medications prescribed by on-site physicians for the policyholder's spouse and children are not covered.
- Medical expenses associated with tests and diagnostic methods (x-rays, etc.) must be documented by attaching copies of report results to the original invoices.
- Medical expenses associated with the aforementioned inpatient diagnostic procedures, other than those that are considered necessary for inpatient treatment of the policyholder, are also covered under this type of coverage.

- **Check-ups are not covered.** Comprehensive medical exams performed as part of the diagnostic procedures required by the physician for the investigation of a disease but not related to this specific disease, are also considered as check-up. (Coronary Artery Calcium Scoring Test and EBT performed for screening purposes are not covered.)
- Medical expenses incurred at non-contracted healthcare institutions (physician's fee excluded and medications included) shall be limited to the TMA Minimum Fee Tariff.
- According to an opinion of the Turkish Medical Association, exams that are performed within 10 days following the first exam in relation with the diagnosis made at the first exam, are considered as follow-up examinations and should not be charged. Accordingly, medical expenses associated with follow-up examinations invoiced as such are not covered.

2.2.9 – PHYSIOTHERAPY COVERAGE:

- An inpatient or outpatient basis according to the limits and contribution rates specified on the policies. (Coverage applies to expenses incurred abroad as well.)
- Imaging results (MR, tomography, ultrasonography, etc.) indicating the necessity for physiotherapy must be submitted. A detailed medical report (number of sessions required, detailed description of each session, etc.) must also be submitted.

2.2.10 – MEDICAL SUPPLIES :

- Except for those defined under the Domestic Hospital Services Coverage, expenses associated with any kind of prosthesis, prosthesis repair, orthopedic sole pad, splint, corset, neck support, knee-guard, sling, wheel chair, holter device, and cochlear implant shall be covered at **80 percent with an annual limit of 1,200 Turkish lira** under the Medical Equipment Coverage. (Coverage applies to expenses incurred abroad as well.)

SECTION 3. HEALTHCARE EXPENSES NOT COVERED

The following cases, treatments, and expenses are not covered under this policy:

1. The cases specified in Article 2/a, b, c, d, e, f, g, h of the Health Insurance General Terms are excluded from the coverage. Expenses associated with any treatment required as a result of earthquakes, floods, volcanic eruptions, and landslides, which are defined as exceptions in the Paragraph (a) of Article 3 shall be covered within the policy limits based on a deductible amount of 1,000 Turkish lira.
2. Officially declared epidemics and quarantines.
3. Expenses associated with abortion, infertility, sterility, miscarriage research and all exams and treatments aiming at enabling conception (in vitro fertilization, follicle follow up, circlage, microinjection, tuboplasty, etc.), hysterosalpingography (HSG), spermogram, adhesiolysis and all examinations and treatments (penile prosthesis included) regarding impotence and sexual dysfunctions and all family planning methods (pill, condom, etc.).
4. Treatment of AIDS, AIDS-related diseases and sexually transmitted diseases.
5. Expenses associated with child care, all types of consumables for children such as baby formula, oral feeding products, diapers, nursing bottle, pacifier, etc. and all types of expenses associated with circumcision (Phimosis).

6. Any plastic and cosmetic procedures (except for those cases that occurred within the policy term and were caused by an accident covered), other interventions performed in the same session with a plastic procedure, telangiectasia, treatments of skin hemangioma, gynecomastia, gender reassignment surgeries and treatments, operations for refraction defects (myopia, etc.) and expenses associated with medications used before and after such operations, strabismus, amblyopia, voice and speech therapies, superficial varicosis treatment (sclerotherapy), anti-allergy vaccines, non-routine vaccines and medications intended to reinforce the immune system, acupuncture, ayurveda, hydrotherapy, Jacuzzi, hypnosis, aromatherapy, vaccines and injections for cosmetic purposes, products preventing skin dehydration and perspiration, spa cures, mud baths, natural health cures, examination/treatment/medication expenses associated with hair loss, examination and treatment expenses associated with obesity and inanition (including medications, dietician, and fat mass measurement tests), anorexia, examination and treatment expenses associated with smoking cessation, diet, gyms, weight loss resorts, all examinations, testing, and treatment expenses incurred in aesthetic, beauty and pedicure centers, expenses associated with contact lenses and ophthalmologic examinations in optical centers.

7. Expenses associated with materials and devices for overall and personal hygiene; cosmetic products that are not medicinal; alcohol, cologne, all types of soap-shampoo-hair solution, toothpaste, hydrophilic cotton, thermometer, finger stick tests and cartridges for diabetes, ice pack, hot water bag, etc.), adjuvant medical supplies, artificial sweetener, spectacle glass and frame, contact lens, lens solutions, moisturizing products.

8. All kinds of expenses that may be incurred as a result of alcohol poisoning, alcoholism, conditions and accidents that occur due to alcohol abuse, abuse of heroine, morphine or similar drugs and deprivation syndrome.

9. Expenses associated with surgery or treatment required by disability or disease that was present before the policy even though it was notified to the insurer during the insurance procedure as well as all expenses associated with recurrences and complications; all complications of surgeries performed prior to becoming an insurance-holder (incisional hernia, adhesion, recurrences, etc.), periodically persistent diseases, motor and mental development disorder, growth or development retardation, congenital abnormalities, genetic disorders, genetic diseases and genetic tests.

(Except for the privileges granted to children who have been included in the policy as defined in the Article 5 of Special Terms and the part on Acceptance for Insurance Yapı Kredi Sigorta Baby as well as the insurance holders who received Renewal Guarantee as defined in the Article 8 of the Special Terms, all congenital (natal) diseases even if they develop at a later age.)

10. Expenses associated with any kind of auxiliary and externally-used medical equipment not specified under the Medical Equipment Coverage: hearing aids, sleep apnea devices (including CPAP and sleeping room); examinations and treatment for snoring caused by any other reason than sleep apnea; fees of the donor and the donated organ in organ transplants as well as expenses associated with blood donors.

11. Expenses associated with studies and treatments for all types of psychological and mental diseases, psychotherapy, psychiatrist and psychologist as well as consulting services, all psychiatric medicines and complications related to the use of these medicines and psychiatric hospital stays, intelligence tests and similar studies, geriatric and psychosocial disorders (nocturia, etc.).

12. Expenses associated with services and treatment at institutions offering long-term care such as sanatorium, preventorium, nursing home, rehabilitation centers, etc. and medical hospitalizations related to diseases such as dementia, Alzheimer's and Parkinson's diseases.

13. Private nurse fees, administrative costs incurred at healthcare institutions such as telephone bills, extra charges for suites, materials not required for the treatment, etc.

14. Expenses associated with check-ups, issuance of medical certificates and medical reports (Coronary Artery Calcium Scoring Test and ET performed for scanning purposes).

15. Expenses incurred before, during and after dental implantations, even if the policyholder has dental treatment coverage, as well as expenses associated with orthodontic and orthodontics-related treatments and coatings made of precious metals.

16. Surgical or medical treatments related to the following health conditions are not covered in the first year of the policy:

Any kind of organ transplantation (except for those performed as a result of an accident) and related complications, all kinds of cysts (epidermal, subcutaneous, renal, vaginal, etc.), anorectal diseases (hemorrhoids, fissures, fistulas, pilonidal sinuses, etc.), GIS hemorrhages, diverticular disorders, sphincterotomy, all kinds of hernia, spinal and disk diseases (disk hernias, facet denervation, nerve blockage, etc.), hygroma, hallux valgus, trigger finger, joint disorders (meniscus, ligament lesions (such as ligament disorders in shoulders, elbows, ankle joints, etc.)), diseases and surgeries in uterus, ovaries, and tubes, bartholin cyst, endometriosis, cystoectocoele, dialysis, kidney and urinary tract surgeries and stones (ESWL), bladder disorders, breast diseases and surgeries, sinusitis and sinus surgery, tonsillectomy, adenoiditis, hearing surgery (thympanoplasty, ear tube installation, stapedectomy, etc.), sleep apnea surgery, cataract, glaucoma, keratoplasty, prostate surgeries (including TUR), varicosis, paralysis, thyroid and parathyroid gland diseases, gallbladder, bile stones and bile duct disorders, liver diseases, hydatid cysts, surgical interventions related to pancreas and spleen diseases (except for those caused by an accident), cardiovascular diseases (including coronary angiography, by-pass, angioplasty, aortic dissection, aneurysm), all kinds of chronic disease [hypertension, ulcer, inflammatory bowel diseases (ulcerative colitis, crohn's disease), COPD, asthma, diabetes, epilepsy, multiple sclerosis, Parkinson, Hepatitis B, sarcoidosis, nephrite, all rheumatic diseases and connective tissue diseases, etc.], invasive procedures for diagnosis and treatment purposes (angiography, ERCP, etc.), arthroscopic and laparoscopic interventions, chemotherapy, radiotherapy, other expenses associated with tumor and cancer treatment and family planning expenses.

17. Expenses associated with deviation and concha surgery are not covered by Yapı Kredi Insurance for those policyholders who were insured as of March 1, 2002. On the other hand, provided that the policyholder has been provided with a renewal guarantee and that he or she has completed an uninterrupted insurance period of at least three years with Yapı Kredi Insurance by the date of commencement of the health condition, expenses associated with deviation and concha surgery are covered Yapı Kredi Insurance.

18. Expenses associated with emergency ambulance services and all kind of air ambulance services received from a source other than the Insurer.

19. Expenses incurred by the policyholder during the claims procedure, in relation with the transportation, mailing, accommodation, and preparation of documents required by the Insurer.

20. All expenses associated with mountaineering and climbing, canoeing, sky surfing, parachuting, hang-gliding (Delta plane), hot-air balloons, motorcycle and automobile sports, civil aviation, horse riding, water sports, scuba diving and all related competitions and all other sports done by licensed individuals.

21. Expenses associated with alternative medicine methods; all examinations and treatments performed at alternative medicine centers; treatments that are not scientifically-proven; experimental treatments and treatments that are judged by the American Food and Drug Administration to be in the experimental stage.

22. Payments required to be made as a result of legal obligations related to injuries and diseases sustained in the course of professional employment (occupational accidents and diseases) as well as payments that may be made by another insurance provider or third person.

23. Expenses associated with physician or institutional malpractice.
24. Expenses incurred during overseas stays of over three months within a policy term (one year), even if the policyholder has International Hospital Services Coverage.
25. Expenses for which the Disclosure Form has not been submitted by the healthcare provider to the Insurer within 24 hours following hospitalization, as well as expenses for which the approval of the Insurer has not been obtained again after the fifteenth day for any inpatient treatment exceeding fifteen days.
26. Expenses associated with medications that are not licensed by the Turkish Ministry of Health.
27. Expenses associated with surgical correction of a varicocele and scoliosis in policyholders who have been insured for the first time by Yapı Kredi Insurance with an Application Form issued after July 1, 2003.
28. Expenses associated with hospitalization periods exceeding 180 days and intensive care unit (ICU) stays exceeding 90 days within an insurance year.
29. Expenses associated with analyses of kidney and gallstones.
30. Expenses associated with new treatment methods that have replaced the existing ones but not become common and/or whose success has not yet been proven, as well as any related materials. Expenses associated with the use of surgical robots in robot-assisted surgical operations (e.g. Da Vinci) and all other materials used during these specific methods. Expenses associated with new biomedical engineering methods including genetic and biotechnology-based treatments and procedures.
31. Expenses associated with premature babies (incubator care, etc.) as well as delivery (routine healthcare costs incurred during the baby's stay at the hospital).
32. Daily allowance for incapacity identified for earnings that the policyholder could not earn due to the fact that he or she was not able to work and expenses associated with care services and identified daily care allowance in the event that the policyholder becomes in need of care.

SECTION 4. NON-CONTRACTED INSTITUTIONS

The medical expenses incurred for treatment received at non-contracted healthcare institutions within the policy coverage are covered only upon the submittal of the relevant documents to Yapı Kredi Insurance according to the following procedure:

- The documents for healthcare expenses incurred at non-contracted institutions must be consigned to Yapı Kredi Sigorta as attached to the release form of which a copy is provided in Annex 2 along with the below-listed documents.
- Expenses that are not covered or returned by Yapı Kredi Insurance due to missing documentation, shall be sent back to the policyholder.
- If proofs of payments are issued in a foreign language other than English, notarized translations are required.
- For the payment of healthcare expenses incurred by policyholders, Republic of Turkey Citizenship Number/Foreigner Identity Card Number or the Tax Identity Number need to be communicated.

- All requests for compensation must be accompanied with original invoice for all coverage types. No payments will be made against a copy of the invoice. All proofs of payment (invoices, receipts, etc.) must be issued for the total amount of expense. Invoices may not be split.

The medical expenses shall be covered only upon the submittal of the following documents to Yapı Kredi Insurance.

4.1. Documents Required for Expenses Covered under the Hospital Services Coverage

- Medical report indicating the reason for hospitalization and the treatment administered, and result report for the examinations and tests performed for diagnosis before hospitalization.
- Detailed hospital bill
- Detailed operative report; pathology report of biopsy findings
- Paranasal sinus tomography before sinusitis surgery; second of a physician opinion if necessary
- Results of gastroscopy, pathology and 24-hour pH monitoring before gastroscopic surgery
- An epicrisis (discharge report) and medical examination and treatment reports, as well as laparoscopic/arthroscopic/endoscopic surgery video if required and available.
- In any judicial case (traffic accidents included), clinical records, all documents issued by judicial authorities (traffic accident report, judicial report, judicial record, breath test report, etc.), policyholder's statement and copy of the driver's license
- Detailed medical report detailing the planning and implementation of chemotherapy and/or radiotherapy for cancer
- Pro forma invoices for medical equipment and prostheses.

4.2. Documents Required for Medical Examination Expenses

- Invoice or self-employment receipt indicating the physician's fee (documents must bear the physician's stamp and the physician's area of specialty must also be clearly indicated)
- Pursuant to a legal regulation introduced by the Turkish Ministry of Finance, POS slips issued for credit card payments at physicians' private offices have begun to be accepted as "self-employment receipts." Accordingly, Compensation Request Form for Credit Card Payments (Annex 3) must be completed by the concerned physician and submitted along with the POS slip to Yapı Kredi Insurance for assessment.
- In ultrasonographic examinations performed by clinicians, the ultrasonography output or ultrasonography report
- Medical records and detailed medical report, if necessary

4.3. Documents Required for Medication Expenses

- Original copy of the related physician's prescription
- Original copy of the cash voucher or invoice, indicating the relevant medication expenses

- Barcode/data matrix code of the relevant medications (they should be clipped in such a way that the names of medications can be read)
- Medical Report for medicines that are routinely used
- Medical report if considered necessary.

4.4. Documents Required for Expenses Associated with Diagnostic Methods

- Referral note or medical report written by the physician indicating the name of the disease diagnosed or suspected
- Original copy of the invoice indicating the related expenses
- Medical examination results and related reports
- Medical report as required (indicating the reason why the studies were requested) and medical record

4.5. Documents Required for Expenses Associated with Physiotherapy

- Analysis (MR, tomography, ultrasonography, etc.) results showing the necessity of the treatment
- Detailed medical report indicating the number of physiotherapy sessions required and details of each session.
- X-rays indicating the results of the treatment, if necessary

Annex 1: Notification Form (front page)



NOTIFICATION FORM

To be completed before or during hospitalization and communicated to Yapı Kredi Sigorta A.Ş. within latest 24 hours and before discharge.

THE INSURED'S

NAME : POLICY NO. :

SURNAME : TELEMED24 CARD NO. :
 BIRTH DATE : / / HOSPITAL :
 GENDER : Female Male DATE OF HOSPITALIZATION: / /

TO BE COMPLETED BY THE INSURED

1- What are your complaints leading you to apply to the hospital / medical doctor?

2- How long have you been complaining about the health problems identified?
 (Please indicate intensive periods, if any)
 Period of Complaint: Day: Month: Year:

3- Is there any past diagnostic or therapeutic methods applied or any application to medical doctor due to these complaints? (Please indicate the name of health care organization or medical doctor applied for examination, diagnosis and therapy, if any.)

4- The medical doctor who has undertaken the therapy / surgical intervention is
 Staff member Not staff member A medical doctor of contracted consulting office
 (Please indicate the name of the medical doctor:)

If the medical doctor is not a staff member, the operation fee of the medical doctor may not exceed the general level effective in the region where the service is offered and the limit defined in the special conditions of policy.

5- Date of and organization at which the surgical intervention is to be / has been carried out?

The expenses within the coverage incurred at health care organizations included in the TELEMED 24 service network of Yapı Kredi Sigorta in Turkey shall be covered within the limits indicated in the policy. **However, the operation fee of medical doctors who are not staff members of the health care organizations included in the Telemed 24 service network may not exceed the general level effective in the region where the service is offered and the limit defined in the special conditions of policy.**

I hereby declare and certify that I did not conceal any matter in this form I completed for hospitalization that should be known by Yapı Kredi Sigorta A.Ş. nor made any misleading or incomplete statement, Yapı Kredi Sigorta A.Ş. assumes no responsibility in case of disputes that may arise otherwise, Yapı Kredi Sigorta A.Ş. reserves its right request any information and copies of records pertaining to my health condition and history from the medical doctor who undertook the therapy, health care organization and third persons as well as to obtain any additional information on the therapy applied to me.

The Insured's / Sponsor's
 Name / Surname : Address :
 Tax Identity Number :
 Tax Office : Phone :
 Signature : Date : / /

Annex.2 Release (front page)



CORPORATE HEALTH INSURANCE RELEASE

Card Number :
 Group Name :
 Policy Number :
 Policyholder's Name Surname :

INPATIENT TREATMENT COVERAGE	COVERAGE %	INVOICE AMOUNT		PAYMENT AMOUNT	
HOSPITAL SERVICES (SURGERY-HOSPITALIZATION-MINOR INTERVENTION)					
OUTPATIENT TREATMENT COVERAGE					
PHYSICIAN EXAMINATION					
MEDICATION					
DIAGNOSIS METHODS					
PHYSICAL THERAPY					
		TOTAL			

I, the undersigned, declare and acknowledge that the above mentioned Turkish Lira Kurus, which is the indemnity of the expenses under coverage according to my Corporate Health Insurance policy's conditions and limits, is paid in cash and in full to me/the person whose signature is below or to the account number (*) registered at your Company by Yapı Kredi Sigorta A.S.

I accept, declare and acknowledge that, with this payment, the aforesaid damage is completely indemnified and I release Yapı Kredi Sigorta A.S.' liability from all kinds of rights, debts and actions unconditionally, and that I transferred my right of recourse against 3rd parties, who are responsible to indemnify the above mentioned damage, to Yapı Kredi Sigorta A.S.

(*) In case the indemnity will be put into account, this release will be valid on the condition that the medical expense is put into the account.

Indemnatee's

Name Surname :

Bank Name :

IBAN : TR

Signature :

Branch Name/Code:.....

Date : ... / / 20...

Please read the "Important Reminder" at the back while filling in the form.

Annex.2 Release (back page)

IMPORTANT REMINDERS

- **HOSPITAL SERVICES COVERAGE:**

Do not forget to send the medical report indicating the reason for hospitalization, surgery or the intervention, invoice breakdown, discharge report, observation file, test results and the pathology report if any pathological procedures performed together with the invoice in the procedures for diagnosis of the emergency case (symptoms which may be life-threatening) which leads to hospitalization, surgery, minor intervention in a non-contracted healthcare institution or which causes you to apply to a hospital. The invoices which incur in non-contracted healthcare institutions and which are evaluated under hospital services coverage are paid according to the maximum TTB Minimum Fee Tariff. Procedures for the diagnosis of and emergency case are defrayed as 80%.

For the hospitalization, surgery and minor interventions at contracted healthcare institutions the physician's fee of a non-contracted physician is defrayed according to the limits defined in the special conditions of the policy.

- **PHYSICIAN EXAMINATION COVERAGE:**

Please be careful that the invoices of the examinations in physician's office are issued for the patient's name and that the invoices bear the stamp and the specialty of the physician.

According to the Turkish Medical Association, the examinations done within 10 days related to the diagnosis at the first examination are control examinations and these should not be charged. Therefore, control examination expenses invoiced in this manner are not defrayed.

Expenses of the examinations with ultrasound by the clinical specialty physicians are defrayed under this coverage within its limits on the condition that there is the original copy of the ultrasound printout or the physician's report.

- **MEDICATION COVERAGE:**

Do not forget to send the current dated physician's prescription, the drug tags and the receipt or the invoice regarding the medications in medication expenses.

Depending on the ingredients of the medication physician's report may be required.

It is necessary to send a detailed physician's report and a current dated prescription indicating how the medication will be administered for the medications to be used continuously. For the continuous consumptions the payment is done with the copy of this prescription.

- **DIAGNOSIS METHODS COVERAGE**:**

The physician's referral letter and related result reports should be delivered with the invoice of diagnosis methods.

A medical record and a physician's report regarding the reasons for requesting the examinations may be requested when necessary.

Any inpatient diagnosis procedures without any emergency medical condition are evaluated under this coverage.

- **PHYSICAL THERAPY COVERAGE**:**

Do not forget to send the imaging results (MR, tomography, ultrasound, etc.) that require Physical Therapy and a detailed physician's report (how many sessions of physical therapy are required, detailed explanation of the treatment that is needed to be done in one session) with the invoice for physical therapy procedures.

If the procedure performed is out of coverage according to the special and general conditions of the policy, in case there are missing information or in case additional information is required, the invoice and the documents attached will be returned to your Company with the Medical Expense Return Form.

* In policies with EKO product, the expenses incur in Type B healthcare institutions are evaluated based on Turkish Medical Association Minimum Fee Tariff.

** Invoices of the procedures performed in non-contracted healthcare institutions are evaluated based on Turkish Medical Association Minimum Fee Tariff.

Annex 3: Physician Examination Fee Claim Form for the Payments Made by Credit Card



PHYSICIAN EXAMINATION FEE CLAIM FORM FOR THE PAYMENTS MADE BY CREDIT CARD

Dear Insured,

Based on the legal arrangement, an Obligation was imposed on the Physicians to keep and use a POS device the features of which is different from the other POS devices for credit card usage in their private consulting rooms.

Due to this practice change, the following form is to be completed by the concerning physician and communicated together with the POS slip to Yapı Kredi Sigorta in order for the relevant document to be evaluated by Yapı Kredi Sigorta.

Please be informed and have healthy days.

Best Regards,

YAPI KREDİ SİGORTA A.Ş.

Examination Date:	/ /
Pos Confirmation No*	

CARD HOLDER'S	
Name and Last Name:	

OF THE INSURED UNDER TREATMENT		
Name and Last Name:		
TELEMED24 Card No:		
Complaint/Early Diagnosis		
	Operation Description	Price Breakdown
Operation Made		

OF THE PHYSICIAN PERFORMING THE TREATMENT	
Specialty	
Name and Last Name:	
Seal and Signature:	

Yapı Kredi Sigorta thank to the valued physician for his/her valuable help.

* The number on the slip printed by POS device will be written.