

Appendix 1 to the daily health point essential certificate

Schedule of Benefits under Medical Treatment within Hospitals belonging to the ACIBADEM chain in Turkey, and accompanying services

Sum Insured per person (all sections combined)	100,000 USD
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"Paid in full" below means that relevant expenses shall be paid or reimbursed within the individual Sum Insured, under conditions that such expenses are Usual, Customary and Reasonable, and relevant Treatment is Medically Necessary.

Amounts below mean limits of possible reimbursement of actual costs paid / expenses incurred under relevant items, under condition that such costs/expenses are Usual, Customary and Reasonable, and relevant Treatment is Medically Necessary.

Number of visits/days/nights means that the reimbursement shall be based on the actual number of visits/days/nights, but no more than for the number of visits/days/nights indicated below

Explanation of definitions used in this Schedule of Benefits is provided in the International Medical Insurance Terms and Conditions.

HOSPITALISATION

Planned and emergency In-patient Treatment (including day-patient), except for dental Treatments

Accommodation and meals	Semi-private room
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If the room of the level specified in the Schedule of Benefits is not available at the time of admission, then the Usual, Customary and Reasonable expenses for the lower level accommodation conditions shall be paid for/reimbursed. The Insured Person is allowed to select any of the available categories of more comfortable rooms, however, the reimbursement will be limited to an amount corresponding to the accommodation in room level specified in the Schedule of Benefits, while the difference in the accommodation cost must be paid at Insured Person's own expense.

In-Patient Treatment in Hospital

Costs and fees of attending Doctor, Surgeon and anaesthetist, other medical staff involved - for Treatment, consultations, development of Treatment plan, Surgery and medical manipulations, conservative Treatment or monitoring as well as other Medically Necessary services, Day-Care Treatment	paid in full
Operating theatre, emergency room, recovery room, intensive care unit (ICU), coronary care unit, high dependency unit	paid in full
Diagnostic tests, laboratory and instrumental tests, electrocardiograms; medical imaging (X-Rays, CT, MRI, PET)	paid in full
Drugs, dressings, medical materials (bandages/surgical dressings, casts, plaster, etc.)	paid in full

Inpatient Treatment in a psychiatric clinic or unit, subject to 11 months Waiting Period since entry into force of the insurance cover under the Contract in respect of the Insured Person concerned	15 nights
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Reconstructive Surgery	paid in full
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Internal Prosthetic Devices and aids	paid in full
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Transplantation of kidney, heart, liver, bone marrow and stem cell treatment	paid in full
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POST-HOSPITAL PHYSIOTHERAPY TREATMENT

if prescribed by the Doctor in connection with and immediately following the inpatient Treatment	20 visits
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ONCOLOGY TREATMENT

Consultations, tests, radiotherapy or chemotherapy, take-home Drugs received as an In-patient or as an Out-patient at a Hospital (subject to 6 months Waiting Period since entry into force of the insurance cover under the Contract in respect of the Insured Person concerned)	paid in full
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Sum Insured per person (all sections combined)		100,000 USD
OUT-PATIENT CARE (except for ONCOLOGY TREATMENT and Dental Treatments)		
Treatments and consultations received from Doctors and from Hospitals Fees of GPs, Family Doctor, Specialist, also in case of visiting patient at home Prescription Drugs & dressings X-rays, diagnostic and pathology tests, instrumental tests, electrocardiograms Hi-tech scans (CT, MRI & PET)		2,000 20% co-pay
TRANSPORTATION-FOR-TREATMENT ASSISTANCE IF MEDICALLY NECESSARY (please note this is applicable only if the Treatment is carried in ACIBADEM chain in Turkey)		
LOCAL ROAD AMBULANCE if arranged by the Assistance Service		paid in full
REGULAR AIRLINES' FLIGHT TICKETS & MEDICAL ESCORT if arranged by the Assistance Service In medical conditions when the patient must be accompanied by a doctor or by a nurse, during the trip to or from ACIBADEM		5,000
Companion & Related Costs if medically necessary when hospitalized at ACIBADEM Companion Flight ticket Hotel accommodation limit for companion Taxi / transportation costs of companion visiting the Insured Person hospitalised, per day Hotel accommodation limit for Insured Person upon the end of Hospitalisation		3,500 Economy 14 nights 150 5 nights
Repatriation or Burial locally		15,000
Coronavirus SARS CoV2 (COVID-19) tests and Treatment (Epidemic or pandemic exclusions are not applicable for COVID-19)		
<ul style="list-style-type: none"> • PCR virus detecting test for COVID-19 if prescribed by the Doctor in case of confirmed symptoms; • treatment of COVID-19 infection, including Hospitalization, medication and local transportation costs; and • of any resulting complications. Exclusions: <ul style="list-style-type: none"> • COVID-19 or any respiratory disease, the symptoms of which are manifested within the first 21 days since Insurance Start Date; • medical evacuation related to COVID-19; • rapid antibody testing (e.g. population screening tests for use by health authorities to monitor herd immunity); • tests undergone by the Insured Person in order to meet the requirements of the authorities applicable to people entering a country from another country; • tests undergone by the Insured Person without Doctor's prescription. 		paid in full, but subject to the relevant limits established in other sections of Schedule of Benefits