

COVER PLAN

NAME OF THE COVER	TYPE OF COVER	SUM INSURED		COMPANY'S PAYMENT PERCENTAGE	
		Contract (3)	non-Contract	Contract (3)	non-Contract
INPATIENT TREATMENT (1)					
Medical Inpatient Treatment	ANNUAL	UNLIMITED	20.000 ₺	100%	80%
Surgical Inpatient Treatment	ANNUAL			100%	80%
Surgeon	ANNUAL			100%	80%
Room/Meal/Attendant (180 days annually)	ANNUAL			100%	80%
Intensive Care (90 days)	ANNUAL			100%	80%
Chemotherapy/Radiotherapy	ANNUAL			100%	80%
Dialysis	ANNUAL			100%	80%
Home Care (45 days)	ANNUAL			100%	80%
Minor Procedures	ANNUAL			100%	80%
Contract Land Ambulance (4)	ANNUAL			100%	80%
Prosthesis	ANNUAL			10.000 ₺	
OUTPATIENT TREATMENT (2)					
Physician's Examination	ANNUAL	2.000 ₺	2.000 ₺	60%	60%
Drugs					
Imaging					
Lab Services					
Modern Diagnostic Methods					
Auxiliary Medical Supplies					
Physical Therapy (Session-based Outpatient Treatment Procedures)	ANNUAL / 15 SESSIONS				

(1) Inpatient Treatment refers to circumstances where the insured person must be hospitalized for diagnosis and treatment of a health condition and observation of the condition of the insured person over the time.

(2) Outpatient Treatment refers to circumstances where hospitalization of the insured person is not necessary for diagnosis and treatment of the health condition of the insured person and includes physician's examination, drugs, lab and imaging services, etc.

(3) The Orange Policy is valid for the type B institutions.

(4) Cover for non-contract land ambulance is limited with the same charge for contract land ambulance for the same distance.

TTB: Minimum Fee Tariff of the Turkish Medical Association

Fee of a non-contract physician at a contract/non-contract health care institution shall be limited with the fee stated in the TTB.