

**GROUP HEALTH PLAN BENEFIT TABLE  
STAFF**

BENEFITS		CONTRACTED HEALTHY SERVICES PROVIDERS			100% PAYABLE INSTITUTIONS APPLICATION			DOMESTIC PAYMENT INSTITUTIONS			ABROAD TREATMENT BENEFITS		
	BENEFIT TYPE	CO-PARTICIPATION OF THE INSURED	BENEFIT LIMITS	UPPER LIMIT OF GUARANTEE	CO-PARTICIPATION OF THE INSURED	BENEFIT LIMITS	UPPER LIMIT OF GUARANTEE	CO-PARTICIPATION OF THE INSURED	BENEFIT LIMITS	UPPER LIMIT OF GUARANTEE	CO-PARTICIPATION OF THE INSURED	BENEFIT LIMITS	UPPER LIMIT OF GUARANTEE
<b>IN-PATIENT TREATMENT BENEFITS</b>													
<b>Surgery</b>	Annual	0%		Unlimited	0%		Unlimited	0%		Unlimited	0%		Unlimited
<b>Robotic Surgery Difference Coverage</b>	Per Case	0%	Unlimited		0%	Unlimited		0%	Unlimited		0%	Unlimited	
<b>Physician (Hospital Treatment)</b>	Per Case	0%		Unlimited	0%		Unlimited	0%	TTB*2		0%	Unlimited	
<b>Hospital Treatment</b>	Annual	0%		Unlimited	0%		Unlimited	0%			0%		
<b>Specific Artificial Limb</b>	Per Case	0%	75,000 TL		0%	75,000 TL		0%	75,000 TL		0%	75,000 TL	
<b>Chemotherapy</b>	Annual	0%		Unlimited	0%		Unlimited	0%			0%	Unlimited	
<b>Radiotherapy</b>	Annual	0%		Unlimited	0%		Unlimited	0%			0%	Unlimited	
<b>Dialysis</b>	Annual	0%		Unlimited	0%		Unlimited	0%			0%	Unlimited	
<b>Angioplasty</b>	Annual	0%		Unlimited	0%		Unlimited	0%			0%	Unlimited	
<b>Coronary Angiography</b>	Annual	0%		Unlimited	0%		Unlimited	0%			0%	Unlimited	
<b>Cancer Examination</b>	Annual	0%	5,000 TL		0%	5,000 TL		0%	5,000 TL		0%	5,000 TL	
<b>Minor Intervention</b>	Annual	0%		Unlimited	0%		Unlimited	0%			0%	Unlimited	
<b>Session Treatment</b>	Annual	0%		Unlimited	0%		Unlimited	0%			0%	Unlimited	
<b>Room-Dining (Normal Room)*</b>	Annual	0%		Unlimited	0%		Unlimited	0%			0%	Unlimited	
<b>Companion</b>	Annual	0%	180 Days		0%	180 Days		0%	180 Days		0%	180 Days	
<b>Out-of-Hospital Treatment * / Home Care Service (2 months from the date of discharge)</b>	Annual	0%	50,000 TL		0%	50,000 TL		0%	50,000 TL		0%	50,000 TL	
<b>Room-Dining (Intensive care)*</b>	Per Case	0%	90 Days		0%	90 Days		0%	90 Days		0%	90 Days	
<b>Land Ambulance</b>	Per Case	0%	10,000 TL	Unlimited	0%	10,000 TL	Unlimited	0%	10,000 TL	Unlimited	0%	10,000 TL	
<b>Physical Therapy After Surgery</b>	Annual	0%	25,000 TL		0%	25,000 TL		0%	25,000 TL		0%	25,000 TL	
<b>Dental Treatment Due To Traffic Accident</b>	Annual	0%		Unlimited	0%		Unlimited	0%	DTB		0%	Unlimited	
<b>Overseas Medicine / Material</b>	Annual	-	-	-	0%	-	-	0%	-	-	0%	-	-
<b>Domestic Air Ambulance (With Insurance Company Approval)</b>	Per Case	0%	50,000 TL		0%	50,000 TL		0%	50,000 TL		0%	50,000 TL	
<b>Overseas Air Ambulance (With Insurance Company Approval)</b>	Per Case	0%	125,000 TL		0%	125,000 TL		0%	125,000 TL		0%	125,000 TL	
<b>Overseas Medicine / Material</b>	Annual	-	-	-	0%	-	-	0%	-	-	0%	-	500,000 TL
<b>Rehabilitation</b>	Annual	0%	50,000 TL		0%	50,000 TL		0%	50,000 TL		0%	50,000 TL	
<b>OUT-PATIENT TREATMENT BENEFITS</b>													
<b>Doctor Examination</b>	Annual	30%			0%			30%			30%		
<b>Unattended Doctor NW</b>	Annual	0%			0%			-			-		
<b>Prescription Medicine</b>	Annual	30%			0%			30%			30%		
<b>Non-Prescription Medicine</b>	Annual	30%			30%			30%			30%		
<b>SSI Pharmaceutical Difference</b>	Annual	10%		Unlimited	0%		Unlimited			Unlimited			
<b>Monitoring</b>	Annual	30%			0%			30%			30%		
<b>Laboratory</b>	Annual	30%			0%			30%			30%		
<b>Modern Diagnosis</b>	Annual	30%			0%			30%			30%		
<b>Physiotherapy</b>	Annual	30%	25,000 TL		0%	25,000 TL		30%	25,000 TL		30%	25,000 TL	
<b>ADDITIONAL BENEFITS</b>													
<b>Maternity (Birth)</b>	Annual	0%		15,000 TL	0%		15,000 TL	0%		15,000 TL	0%		15,000 TL
<b>Maternity (Routine Control)</b>	Annual	0%			0%			0%			0%		
<b>Auxiliary Medical Material</b>	Annual	30%			30%		10,000 TL	30%		10,000 TL	30%		10,000 TL
<b>Mammography and PSA over the Age of 40</b>	Annual	0%	Once a Year in Determined Institutions		-	out-of-scope	-	-	out-of-scope	-	-	out-of-scope	out-of-scope
<b>Hearing aid</b>	Annual	30%		15,000 TL	30%		55,000 TL	30%		55,000 TL	30%		15,000 TL
<b>Dental Wellness Coverage</b>	Annual	0%		Once a year in institutions in SenCard Dental Network	-	out-of-scope	-	-	out-of-scope	-	-	out-of-scope	out-of-scope

55,000 EURO %100  
55,000-132,000  
EUR0%/70

The guarantees given as a limit are valid both at home and abroad within the same limit and payed rates 5.500 euros must pay 70%.

This policy complies with the minimum coverage structure set out in the Circular on Private Health Insurances to be Made for Visa and Residence Permit Requests dated 16.06.2021 and numbered 2021/8.

\*The Wellness Dental package is provided, provided that it is valid in the institutions included in the SenCard Dental Network.

Comprehensive Inspection, Vitality Control, Tartar Cleaning, Polishing/Tooth Polish PACKAGE DESCRIPTION; There is "1" usage right for each of the transactions in the package. In order to benefit from the Dental Treatment Package Guarantees, please apply to the Healthy Living Center at 0850 203 86 09.

\*The limits expressed in TTB in the coverage table are determined by taking into account the list of the Medical Practices Database (HUV) on the official website of the Turkish Medical Association (TTB) where the current TTB transaction units and General Principles are included in the calculation of the amount that can be paid.

There is no insured participation fee in the examination fees performed by our contracted physicians in the Unattended Doctor Network.

100% Payable Institutions Application: Insured persons can apply to the institutions designated by the insurance company only with the identification number of the TC as in other contracted institutions. It is mandatory to use SGK for the examination and treatment procedures performed in these institutions. The difference amount, will be evaluated within the scope of the special and identical conditions of the policy and will be paid 100% by the insurance company provided that it does not exceed the guarantee limits. The insured will not pay an additional participation except for the participation share SGK. No provision shall be given for examinations not covered by SGK. Payment covered by the guarantees, will be evaluated within the scope of overpayment regarding the participation fee specified for "provisioned institutions" in the policy guarantee table. For the evaluation process of the insurance company, it is necessary to submit the invoice to the insurer's insurance company and the documents required for evaluation.

Transactions carried out in hand-paid institutions, which are specified as "Institutions that Cannot Be Reimbursed" on www.sencard.com.tr, are not covered