**Coverage of AK Insurance for Student  
  
\*\*\*** In case of getting examined at Health Center which is located on University Campus, the insurance limits are not spending.  
  
**Information of Contact**

**Weekdays**Serkan Kara, Customer Representative of AON, is going to interested in your questions, problems and indemnity payments of your health insurance.  
  
**Contact Information of Serkan Kara**

**Phone Number:** 0216 636 07 00 – **Extension Number**: 743  
 **Fax: 0216** 692 12 12  
 **E-Mail**: [Serkan.kara@aon.com.tr](mailto:Serkan.kara@aon.com.tr)  
 **Address**:   
AON Risk Hizmetleri   
Saray Mahallesi.Dr. Adnan Büyükdeniz Caddesi  
Akkom Ofis Park No: 2 Kat: 7-8-9, 34768, Ümraniye/İstanbul

Weekends and In Case of Emergency:   
  
You can receive consultancy service on questions/problems about health from Ak Insurance Emergency Health Service, by calling through doctor. **(444 27 27)**

**Ambulance:**In case applying to provision center in emergency cases, ground ambulance provided free transport facility to health institutions**. (44 27 27)**  
 **COVERAGE of HEALTH INSURANCE:   
  
Except in emergency cases, you can go to contracted health care provider only if you take a referral from Health Center.** If you go to uncharted institutions, you should use claim form. (for more details, check the “Compensation Payments”)

**INPATIENT TREATMENT COVERAGE**

The cover for receiving medical treatment at contracted hospitals is 100 % paid and limitless in a year, at uncharted hospitals is 80% paid and limited with 20.000TL- and comprises the following expenses:

\* One single room (a suite is not included), food and companion expenses

\* Medical treatment at intensive care units

\* The balance after deducting, if any, the contribution share from the amount of the equivalent of max. three (3) times the cost of the medical procedure carried out by physicians, according to the Minimum Rate Tariff of the Turkish Physicians Association. For medical procedures not indicated in the Turkish Physicians Association’s Minimum Rate Tariff, one should consult the opinion of the Turkish Physicians Association. Uncharted surgeon fees of contracted institutions and surgeon fees of no contracted institutions are limited with the Turkish Physicians Association\*3 Tariff, they are paid within uncharted in- patient cover limits indicated in the policy and participation rates.

\* Hospital services (surgery, surgery room, anesthesia, medicines, laboratory, radiology etc.)

\* The use of Medical Equipment (such as the heart and lung pump)

\* Intravenous injection of medicine, drug etc.

\* Laboratory tests, x-ray screening, electrocardiogram, computerized (axial) tomography etc. Performed during the medical treatment as an in-patient at the hospital, during the hospitalization process and which are directly connected with the ailment covered under the present insurance.

\* Medical treatments such as physiotherapy, chemotherapy and radiotherapy carried out during the hospitalization process due to the in-patient treatment included in the cover.

\* Physician consultations directly connected with the hospital treatment included in the cover

\* Special nursing services made also necessary by an impartial physician, with the medical information presented to him/her, taking into consideration the Insured’s health status.

\* Organ and tissue transplantation as a receiver, with prior approval by the insurer (cornea, kidney, pancreas, liver, heart and lung only).

\* Coroner angiography

\* Dialysis expenses

\* Mortuary expenses, in case the insured dies during medical treatment after having been hospitalized, due to an illness or a bodily injury included in the scope of the cover.

**OUTPATIENT TREATMENT COVERAGE**

The cover for outpatients will be compensated 60 % paid by insurance and 40%paid by patient, with an annual limit of 2000TL. This insurance includes the following covers:

**Physician’s Examination Coverage: Expenses** for medical examinations to be carried out by doctors having obtained a license to work by the Ministry of Health and/or by doctors authorized to open a private Physician’s Office will be compensated according to the annual limit and participation rate of out- patients indicated in the policy, provided they are duly documented.

Gynecological examinations will be covered, only in case of complaint.

**Coverage for Medicine Under Prescription**: Costs of medicines approved by the Ministry of Health prescribed due to an ailment included in the scope of the cover are paid up to a monthly treatment doses, provided the invoice/the sales’ slip, the medicine cutting are attached with the prescription, in line with the indicated outpatient annual limit and contribution rate.

Where chronic illnesses make the use of medicines necessary, insurers should be contacted by presenting the physician’s report. If approved by Insurers, the Insured will obtain necessary medicines from contracted pharmacies for the duration of his medical treatment within the policy period.

**Coverage for Diagnosis Methods: All** kinds of diagnosis methods found appropriate by the physician in order to diagnose an ailment included in the scope of the cover, such as analysis, x-ray, mammography, scintigraphy, ultrasonography, electrocardiogram, echo, interventional diagnosis methods such as MR, tomography, thallium, angiography (coroner angiography excluded) sleep tests, gastroscopy, endoscopy etc. The outpatient medical treatment indicated in the policy is compensated in line with the annual limit and contribution rate.

The Diagnosis Examination Expenses Notification Form completed by the physician should be sent enclosed with invoices concerning diagnosis methods together with a copy of the report indicating the result of analysis.

Hepatitis A and Hepatitis B tests are included in the cover, only when required by the physician, in case there is a clinical complaint and/or if included in the risk group.

**Coverage of Physiotherapy Treatment**: Physiotherapy expenses are included in the outpatient medical treatment cover, within the annual and contribution percentage, provided it has been documented that it is medically necessary.

**SMALL SURGICAL INTERVENTION COVERAGE**

Interventions up to 101 units included in the Minimum Fee Tariff of the Turkish Physicians’ Association as well as all small interventions directed to medical treatment performed under general or local anesthesia or without anesthesia, such as taking under observation, dressing, injection, ear wash, plaster application, oxygen administration, drainage of abscesses, gastric lavage, enema, gavages, pull nails, crushing of kidney stones (ESWL) orthopedic shock treatment (ESWT), nevus uptake, somnoplasty, criotherapy application, skin injury stitches, removal of foreign bodies from the eye together with consumables, excluding diagnosis expenses to be considered within the scope of relating covers, without taking into account whether they were performed at the participation rate of the Small Surgical Intervention indicated in the policy. Where procedures are performed in the scope of small surgical interventions, material, medicines to be used during such initiative, pre-op blood tests and fees of physicians performing the intervention are paid from the subject cover.

Where policies without outpatient cover are concerned, even if small interventions are concerned, expenses for all kinds of diagnostic tests and medicines sold under prescription are excluded from the policy. However, in case the Insured’s health condition requires him to be urgently hospitalized (a health disorder which may endanger his life) or in case of an accident, emergency diagnosis expenses incurred in order to diagnose his health disorder requiring a surgical intervention will be paid from the scope of Small Surgical Intervention Cover.

All kinds of procedures performed in the scope of this cover, disregarding whether they have been performed under local or general anesthesia, none of expenses incurred in order to open the operating theater or concerning the operating theater are paid.

Fees for medical procedures by physicians coming to contracted institutions from outside or those of physicians of non contracted institutions are paid mostly up to three (3) times their amount equivalent to the Turkish Physicians’ Association Minimum Fee Tariff or, if any, the part after deduction of the participation share. The opinion of the Turkish Physicians’ Association will be seeked concerning physicians’ fees for medical procedures which are not indicated in the Turkish Physicians’ Minimum Fee Tariff.

**CHEMOTHERAPY CONTROL TESTS COVERAGE**

Cover for chemotherapy, radiotherapy and dialysis tests: Control tests and control tests concerning chemotherapy made necessary by the physician following an ailment included in the scope of the insurance are paid, within the annual limit and participation percentage ( TL. 3000 and 100 %). When using this cover, the provision system will not be valid. payments will be effected by the insured and requested from the insurance company.

**POST SURGERY PHYSIOTHERAPY COVERAGE**Expenses for physiotherapy provided within two months after a medical treatment having necessitated surgery and emergency care and having the particularity of completing the said medical treatment are covered within limits and participation rates indicated in the policy (TL. 2000 and 100 %) , disregarding whether such therapy has been provided as an in or out-patient.

**ARTIFICIAL LIMB COVERAGE**

Expenses incurred for hand, arm, leg prosthesis used to replace functions of the limb lost during the period of insurance following sickness or accident, without aesthetic purpose as well as breast prosthesis following cancer surgery are met under the annual limit and participation rate indicated in the policy, provided their necessity is documented with a physician’s report.

**COVERAGE FOR AUXILIARY MEDICAL MATERIAL**

Transportable medical material used only as an integral part of the insured’s treatment, following an illness or an accident occurring after the inception date of the insurance, in order to provide personal, external support to the body, consisting of braces, elastic bandages, corsets, surgical stockings, collars, knee pads, wristbands, insoles and sitting wheels are paid according to special and general conditions of the policy, in line with the annual limit.

**COVERAGE FOR EMERGENCY HEALTH SERVICES:**

**Medical Consultation:** The insured may obtain counsel for his/her health problems from doctors in charge, by calling AK Insurance Emergency Health Services.

**Road and Aircraft Ambulance: In** case of emergencies where the Insured cannot be treated in situ, he/she should contact the Provision Centre, who will provide a road ambulance to transport him/her to the Medical Board free of charge. If the Insured’s health status makes it impossible to transport him/her with a road ambulance, Emergency Health Services will see to it, upon his physician’s approval, to transport him/her with an air ambulance.

**Free of Charge Medicines and Material:** In case no specific material is used during an emergency medical treatment, consumables and medicines are also covered, free of charge.

**9. EXCEPTIONS:**These exceptions that were written are the standard exceptions and it’s valid for all the patients who have insurance.   
The personal (**generally up to patient’s medical past**) exceptions are all mentioned at the certificate of the insured patient’s insurance. (**Certificate of Group Health Insurance**). These medical situations are not insured by AK Insurance; if these bills will be paid by AK Insurance, AK Insurance has the right to ask to recourse the money which the insurance does not support.

**STANDARD EXCLUSIONS**

1- Congenital (already existing when born) sicknesses and/or congenital body structure disorders.

2- Fasting cures and weight gain cures or programs

3- HIV and related complications

4- Mental illnesses, psychological disorders requiring mental healing.

5- Alzheimer’s disease and ailments related to dementia due to aging.

6- All conditions arising from alcoholism, the use of alcohol, drugs, hallucinogen and other addictions or abuse.

7- Riding motorcycle (purposefully motocross), mountaineering, scuba diving, piloting and gliding, parachutist, para panting, delta wing piloting and all circumstances arising from dangerous activities not limited with such.

8- Acupuncture, homeopathy, hydrotherapy, ayurveda, mesotherapy and similar alternative methods of medical treatment, thermal cures

9- All procedures carried out without being bound to a certain symptom and/or sickness (such as check-up)

10- Cosmetics and medical treatments not performed by a medical doctor

11- All medical examinations and procedures related with teeth and gingival,

12- Where organ transplantations are concerned, donor’s expenses, the organ’s fee and the organ’s transportation expenses

14- All kinds of plastic surgery, unless made necessary during the Insurance Period as a result of accidental bodily injury.

15- Treatment of the refractive error of the eye and all related conditions.

16, Methods of birth control

17- Sterility, sterilization

18- Procedures aiming to diagnose and cure allergies without hospitalization

19- In case the medical necessity has not been documented with a doctor’s report, the nasal septum deviation and concha hypertrophy,

20- Even if included in a physician’s prescription, all drugs which are not qualified as a medicine

21- Cost of medicines purchased without prescription, invoice and cutting as well as non-invoiced expenses.

22- Transportation expenses incurred by the Insured when claiming for compensation

23- Expenses incurred for the preparation of documents requested by the Insurer

24- All kinds of vaccinations, immunization programs and other preventive medical practices, except for tetanus and rabies vaccinations made in case of contagion.

25- All kinds of circumcision related expenses, even if made medically necessary.

26- All kinds of expenses arising from maternity, aborts, normal birth and birth with caesarean section and/or expenses concerning all kinds of complications arising therefrom are excluded from the cover.

**10.COMPENSATION PAYMENTS**

\* In case the Insured is faced with any health problem, he/she must first contact the University’s Health Center.

\*In any case, all expenses incurred for diagnosis, medical treatments and surgical interventions performed at the **International Hospital**,**Alman Hastanesi** (German Hospital), the **American Hospital**, the **Florence Nightingale Hospital** and **connected clinics** are excluded from the scope of the Group Health Insurance. However, in emergency cases where there is danger of life, these institutions will be also included in the scope of contracted institutions statute. After the first intervention has been carried out, if there is any danger/disadvantage in transporting the patient to a contracted institution, the treatment will continue at the same hospital, after the danger/inconveniency has disappeared.

\* The Insured will be able to take advantage of services provided by Contracted Institutions other than those mentioned in the above paragraph, **if his/her case is one excluded from the scope of services comprised in the University’s Health Center and the Center sends him/her there.** In case one takes advantage of services provided by a Contracted Institution without obtaining a Dispatch Note, treatment expenses which had to be paid to the Contracted Institution will be collected from the Insured.

\* If the Insured applies to a health establishment, private clinic and/or diagnosis unit as an out- patient with a Referral Paper, his/her physician has to complete a claim for **compensation form**. **Documents without** Referral Forms **are not processed**. The forward note is valid for 15 days.\* Where the Insured obtains a Referral Paper from the Health Center of the Sabancı University he has contacted in order to be diagnosed and receive medical treatment, if the health establishment, the private clinic and/or diagnosis unit are contracted institutions, as long as he presents his identity card, he will not be charged for any sum included in the limits of coverage. The Insurer agrees to include this institution providing services at Sabancı University Health Centre in the scope of a contracted institution, w.e.f. the date the present Agreement becomes effectual.

\* If the Insured obtains a Referral Paper from the Health Center and applies to a non-contracted institution for diagnosis and/or treatment purpose, payment will be effected directly by the insured to that institution.

\* Where payment has been effected by the Insured, it is compulsory that he presents documents showing the sum of the health expenses (those indicated in Article 11), in order to receive payment within the scope of the present Agreement and limits.

\* It will be possible to effect payments by presenting the originals of invoices related to health expenses. Photostat copies of invoices and prescriptions will not be accepted. Where the use of medicines will be necessary in case of chronic diseases, Insurers should be contacted with the physician’s report. In case of approval by the Insurers, the Insured will obtain necessary medicines from the contracted drugstore, during his medical treatment in the course of the policy period. Medicines requested and approved during this period of treatment will be paid within the contribution rate and annual limit, by presenting the medicine cuttings, the cash slip/the invoice.

\* Where outpatient treatment is concerned, the physician’s branch (specialization) should be indicated on the doctor’s bill or freelance invoice, the claim for compensation form to be completed by the physician should indicate the reason for application and the procedure carried out. Freelance invoices where the doctor’s identity and branch (specialization) have not been indicated or expenses lacking the invoice & the claim compensation form will not be considered as a valid document within the scope of this agreement.

\* Payment of expenses incurred for medical examination, analysis etc., issued in the form of cash register slip may be effected only after writing the name of the patient on the reverse side and appending the stamp of the institution providing the said services.

\* The Insured will first complete Aksigorta Entry Form obtained from Sabancı University Health Center internal web page and then forward Aksigorta documents concerning health expenses. Payments of all health expenses transmitted to Insurers by Sabancı University Students will be effected in Turkish Lira and latest within 5 work days to the insured’s banking account.

\* In case documents concerning any health period are not transmitted to Insurers within 60 days effectual from the date of the occurrence, such expenses will not be compensated.

\* Where documents related to health expenses are not complete and/or contain errors, such expenses will not be paid. Such situation will be informed to the Insured by Insurers. It is the Insured’s responsibility to transmit Aksigorta complete and correct documents.

\* Payments to be effected according to this Schedule will be paid to the student in gross.

**11.DOCUMENTS NECESSARY FOR COMPENSATION PAYMENTS**

The following documents should be presented when receiving compensation:

**1- WHEN RECEIVING COMPENSATION FOR INPATIENT TREATMENT AND SMALL SURGICAL INTERVENTIONS:**

- The approval Form

- The hospital invoice, breaking down expenditures as well as invoices concerning expenditures included in the scope of the cover.

- Detailed report of the surgical intervention

- Observation file (if necessary)

- Pathological report (if necessary)

- If diagnosis methods are applied, a report showing the result

**2 – IN CASE OF PAYMENTS CONCERNING THE COVER FOR MEDICAL EXAMINATION**

- The invoice concerning the doctor’s fee or the freelance receipt.

**3- WITH REGARD TO PAYMENTS RELATING TO THE MEDICINE COVER**

- The doctor’s prescription

- Medicine cuttings

- The invoice/cash slip concerning medicine expenses

**4- WHEN PAYING COMPENSATION RELATED TO THE COVERAGE FOR DIAGNOSIS METHODS:**

- The forward slip or report issued by the physician – The invoice concerning expenses included in the cover

- The report showing the result of diagnosis methods.

Insurers will require, if necessary, a detailed doctor’s report concerning the ailment representing the subject of compensation.

12. WHERE VALID COVERAGES OF EMERGENCY CAISES

1. Acute myocardial infarct (cardiac crisis, rhythm failures documented with reports)
2. Appendicitis
3. Meningitis
4. Sudden paralysis
5. Drowning in water
6. Falls from high places
7. Severe work accidents
8. Limb breakage
9. Electrocution
10. Freezing, freezing to death
11. Cold shock
12. Heath shock
13. Inhalalation of irritating gases
14. Nerve rupture following impact
15. Severe allergy tableaux resulting from snake, scorpion and spider bites
16. Domestic-wild animal bites requiring serious surgical intervention
17. All kinds of 2nd and 3rd degree burns
18. Severe eye burning resulting from irritants
19. Medicine and other drug poisoning endangering life
20. All fractures and dislocations
21. Acute respiratory problems arising from foreign bodies in the respiratory tract
22. All kinds of conditions giving raise to sudden loss of consciousness following trauma and/or accidents
23. Stomach perforation
24. Injuries to internal organs due to stroke
25. Encephalitis (brain inflammation)
26. Brain abscess
27. Decompression sickness (divers sickness)
28. Heavy bleeding resulting from trauma
29. All kinds of internal organ bleedings (those resulting from pregnancy miscarriage, gynecological hormonal bleedings excluded)
30. To be shot, to be stabbed, quarrels (to commit crimes and attempts to commit crimes excluded)
31. Epilepsy crisis
32. Poisoning of Pregnancy
33. Skin cuts following trauma requiring all types of sutures
34. Accidents and injuries which may occur suddenly and following an external event
35. Hypertension crisis
36. High temperature (39.5 and over)
37. Diabetic and uremic coma
38. Renal colic
39. Severe failure of the general condition
40. Traffic accident

**GROUP HEALTH INSURANCE AGREEMENT – STUDENTS**

|  |  |  |
| --- | --- | --- |
| **COVERS** | **With Contract** | **Without Contract** |
| **IN PATIENT TREATMENT** | **100%** | **80%** |
| Surgical intervention  Hospital room, food and companion  Intensive Care  Follow up by physician  Medicines (as in- patient)  Diagnosis (as in - patient)   Coroner angiography   Home Nursing up to 8 weeks   Small Surgical Intervention  Non-contracted hospital -   Local road- and air ambulance  Chemotherapy  Radiotherapy  Dialysis | **Limitless** | **20.000** |
| **Limitless** | **20.000** |
| Chemotherapy Radiotherapy Dialysis Examinations/Tests | **TL3.000** | **TL3.000** |
| Post Surgical Intervention Physiotherapy | **TL 2.000** | **TL 2.000** |
| Contracted &Non-contracted Family Planning | **-** | **-** |
| Artificial limb | **-** | **-** |
| **OUT PATIENT TREATMENT** | **60%** | **60%** |
| Medical Examination  Medicines  Diagnosis (out -patient)  Physiotherapy | **TL 2.000** | **TL 2.000** |
| Auxiliary Medical Material | Annual 80 %, TL600 | Annual 80 %, TL600 |