



HEALTHCARE TOURISM COMPLICATION INSURANCE SPECIAL CONDITIONS

Dear Insured,

By maintaining our innovation in the field of Private Health Insurance, we offer you, with the assurance of Demir Sağlık ve Hayat Sigorta, the opportunity to obtain fastest and most reliable healthcare service in most modern healthcare institutions, at the most economical conditions.

We hope that this booklet, containing Demir Sağlık ve Hayat Sigorta Special Conditions, will keep you informed during the entire term of your insurance and with the expectation that our collaboration will last long years, we offer our respects.

Demir Sağlık ve Hayat Sigorta A.Ş

“Take Good Care of Life”

This booklet is an integral part of Demir Sağlık ve Hayat Health Insurance. Date of Publication: 25/10/2024

DEMİR SAĞLIK VE HAYAT SİGORTA A.Ş.

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These special conditions, are valid for all Healthcare Tourism Complication Insurance Policies, prepared as of October 25, 2024.

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1- SUBJECT OF INSURANCE

The subject of this insurance, in addition to Health Insurance General Conditions, is the reimbursement of expenses, arising from complications, which may arise from surgeries, procedures and interventions, performed in hospitals and clinics in Türkiye, which are accredited for healthcare tourism, for an insured, who is domiciled abroad and who has traveled to Türkiye for healthcare tourism.

This product may be purchased by choosing an advance policy commencement date of up to 180 days. Policy coverage commences on selected commencement date and expires 180 days (365 days in dental implant and plastic surgery plans) thereafter. For validity of coverages, performed surgeries, procedures, interventions and possible complications must occur during the term of this policy.

Policy may be issued for persons between the ages of 0 and 75.

Insurance coverage is only valid for persons specified in the insurance policy and other persons may not enjoy the coverage.

This product comprises coverage structures, which vary depending on plan and product. Coverages, provided with this policy, are limited to those, specified on policy and in the certificate.

This policy does not include daily care pay and daily disability pay. In this policy, there are no transfers or protection of rights, earned on transfer from other insurance companies.

In this policy, there is no lifetime renewal guarantee practice.

In this policy, there are no provisions for death.

For issues, which are not addressed in Special Conditions, Private Health Insurances Regulation, which has taken effect on April 23, 2014 on publication in the Official Gazette, dated October 23, 2013 and numbered 28800, and Health Insurances General Conditions and provisions, are applicable.

2- DEFINITIONS

Waiting Time: The time period, starting on the date of initial insurance of the Insured within the framework of this policy, during which certain medical conditions, specified in waiting time section of the Insurance Contract, are not covered or if any, applied by the insurance companies on the health condition of the prospective insured.

Termination Date: The date of termination of policy on request by the Insured and/or non-performance of obligations, specified in the general and special conditions of insurance documentation, by the insured/insurance provider.

General Conditions: Written rules, set by Republic of Türkiye, Ministry of Treasury and Finance, Directorate General of Insurance, which must be observed by all Insurance companies in health insurances.

Illness: Is the deterioration of the health of insured, diagnosed by a Physician, requiring medical and/or surgical intervention.

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Hospital: Is the inpatient treatment institutions, which are authorized by Ministry of Health in Türkiye and comparable authorities abroad to admit and treat and when necessary, to perform surgery on patients in accordance with laws and regulations.

Exclusions: Are the expenses, defined in Health Insurance General Conditions and policy special conditions and/or which are not covered in the specific policy of insured and which are not reimbursed by insurance company.

Acceptable Indemnification: All claim, specified in insurance general and special conditions, which are included in coverage.

Date of Registry: The date, on which the Insured is covered under the first policy, which is renewed without interruption (00.00 noon Türkiye time), month and year.

Complications: Are possible medically known undesired conditions, following a medical procedure or surgery. Complications, related to each procedure and surgery, are notified to insured/patient before procedure/surgery and consent is obtained. Health problems, which may occur in the insured and which are not related to surgery or procedure, are not complications.

Reimbursement rate: Provided that the covered expenditures do not exceed the annual limit or per case or per illness limit, means the percentage (%) rate of reimbursement for each expenditure by the Insurer, after deduction of exemption, if any.

Policy Commencement Date: The effective date of Policy, on first issue and on each subsequent renewals. (00.00 Midnight Türkiye Time)

Policy Expiry Date: The date of expiry of validity of policy. (00.00 Midnight Türkiye Time)

Insurance Policy: Document, evidencing private health insurance.

Certificate/Coverage Table: A document, issued in the name of the persons, insured under this healthcare tourism insurance contract, containing information for persons, policy number, commencement and expiry dates, selected coverage information, payment rate and if any, exclusions.

Insurer: Is the policy-issuing Insurance Company, which is registered and has an operational authorization. (in these Special Conditions, it is Demir Sağlık ve Hayat Sigorta A.Ş.)

Insurance Holder: Real or legal entity, who has filed an application for this insurance contract, whose application was accepted by insurer and acts on his/her own behalf and on behalf of persons to be insured, and who is obliged to fulfill contractual obligations, including payment of premiums.

Insured: Are the persons, designated in health insurance application by the Insurance Holder.

Issuance Date: The date of issuance of policy.

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Coverage Limit: Is the coverage limit, allocated by the Insurer to the insured, specified on certificate, for healthcare expenditures, which occur in policy term, in accordance with special and general conditions of policy.

Physician: Is the specialist, who is legally authorized to examine the patient, to diagnose and to intervene, when necessary, for diagnosis and treatment.

Inpatient Treatment: Conditions, which require hospitalization for medical and/or surgical intervention, treatment or monitoring.

Annual Total Coverage: The scope of healthcare expenditures, to be assumed by the insured under the conditions of this insurance contract, with the exception of exclusions, waiting time, limits and exemptions, is the amount of maximum expenditures, which may be used by the insured from annual coverage, during the term of insurance contract.

3- COVERAGES AND RULES OF IMPLEMENTATION

Healthcare Tourism Complication Insurance Policy consists of different products and plans. Your policy may not contain all of the coverages, specified below. Only the coverages, specified in your policy and certificate, will be applicable. Please check coverages, limits and if any, exclusions in your certificate and policy.

A- INPATIENT TREATMENT COVERAGE

The medical complications, arising following surgery, intervention and medical applications on insured, performed in a healthcare institution within the territory of Republic of Türkiye, which has Healthcare Tourism Accreditation Certificate, reimbursed according to coverage limits for the treatments, specified in the policy and certificates.

Dissatisfactions, arising from personal preferences are excluded in plastic surgeries and dental treatments.

The coverage is only valid for the surgery or intervention, specified in the policy and complication, arising from another medical treatment or application, outside of related policy plan, are excluded from coverage.

The expenses, required for treatment of complication with revision surgery are covered and rehabilitation/physical therapy expenses, which may be required following surgery/intervention, are excluded.

Tests and pharmaceuticals for medical procedure are also reimbursed under this coverage. Diagnostic procedures, beyond diagnosis, required by medical procedure and standard pre-operative tests and pharmaceuticals, which are unrelated to surgery, are excluded.

Pre- and post-surgery/procedure supportive treatments (installation of an IV line, supportive pharmaceutical treatments, blood glucose level and blood pressure regulation) and additional examinations and follow-up tests, planned/required for other health problems, which are not connected to surgery, are excluded from this policy.

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B- FLIGHT TICKET COVERAGE

The price of economy class flight ticket, paid by the insured for treatment of complication, arising as a result of a treatment, applied to insured in Türkiye, or revision of surgery, is reimbursed subject to limit and exclusions in the policy. Flight ticket coverage has an exemption of EUR 100. Flight ticket coverage limit and exemption amount may vary depending on plans. Please check your certificate. Coverage is indicated on certificate and/or policy.

C- ACCOMMODATION COVERAGE

Accommodation expenses, paid by the insured for treatment of complication, arising as a result of a treatment, applied to insured in Türkiye, or revision of surgery, before and after the treatment in Türkiye, outside of healthcare institution, are reimbursed under this coverage, subject to an upper limit of EUR 100 per day and limited to the coverage, specified on the policy or certificate. For surgical plans, accommodation expenses are subject to an exemption of EUR 200/2 days and in other plans EUR 100/1 day and the coverage will be applicable after expiry of this exemption term. Optional accommodation without medical necessity, is excluded from coverage. Necessity of accommodation is determined by a physician report. Accommodation coverage limit and exemption amount may vary depending on plans. Please check your certificate. Coverage is indicated on certificate and/or policy.

D- INTERVENTION IN NATIVE COUNTRY COVERAGE

This may be obtained as an optional additional coverage in some plans.

Minor procedures and medical treatments, related to early complications of the medical procedure/surgery, such as discharge/infection in wound, which will not require the insured to return to Türkiye, will be reimbursed under this coverage up to the limits, specified in policy and certificate.

For reimbursement of these expenses in the native country, the insured must deliver the originals of medical report and invoice and the bank account information for payment (SWIFT, IBAN), via mail.

After evaluation, payments, related to covered expenses will be made to the bank account of the insured subject to coverage limits. In claim payments, SWIFT and money transfer expenses are deducted from the coverage limits.

E- COMPANION EXPENSES COVERAGE

May be purchased optionally only in Surgical and Cardiovascular Surgery plans. Related coverages and limits are not applicable to the initial surgery/procedure in Türkiye.

When the policy coverages become applicable for the secondary procedure on the insured, the transportation and accommodation expenses for one companion, who will travel to Türkiye with the insured, will be reimbursed, subject to coverage limits and exemptions, specified on policy.

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Companion expenses in the hospital invoice, during the stay in hospital, are excluded.

F- TRAVEL POLICY COVERAGE

This is included in all plans. Health, ambulance, medical consultancy and transfer of remains expenses, specified in the certificate and policy, are considered within the framework of coverage limits and travel health insurance special conditions (furnished separately in the annex).

G- PERSONAL ACCIDENT COVERAGE

Coverage limit, specified on certificate and/or policy, is paid to legal heirs or if specified on policy, beneficiaries in case of death of insured as a result of accident. Personal Accident General Conditions are applicable to claim and indemnification practices.

H- LEGAL PROTECTION

In case the insured requires to obtain legal consultancy for any reason during his/her stay within the territory of Republic of Türkiye, legal consultancy fee is covered within the framework of the coverage limit, specified in policy and/or certificate.

J- REPLACEMENT OF TRAVEL DOCUMENTS

Provided that the loss or theft of passport or equivalent travel documents within the territory of Republic of Türkiye, is proven with a record, prepared by competent authorities, the expenses for replacement of lost/stolen documents, are covered subject to the coverage limits, specified in policy and/or certificate.

K- THIRD PERSON FINANCIAL LIABILITY

Subject to the following conditions, the insurance company shall pay indemnification up to the coverage upper limit, specified in policy, for accidental death, injury or damage to property, caused by the insured during his/her stay within they territory of Republic of Türkiye.

- The insured shall promptly file a written application before the insurance company, detailing the accident, which may possibly yield a claim.
- The insured must promptly notify all kinds of letters, correspondences and legal notifications immediately on receipt.
- Insured must not make any payments or promises of payment without knowledge of the insurance company and must not even hold negotiations for payment of damages.
- If it deems necessary, the insurance company is entitled to replace the insured and to respond to the indemnification claims and to legally defend the same.

D- HOSPITAL DAILY PAY, DAILY CARE PAY AND DAILY DISABILITY PAY

This policy does not include hospital daily indemnification, daily care pay and daily disability pay.

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4- WAITING TIMES

In this policy, there are no waiting times for complications, arising as a result of a surgery, procedure, or plastic procedure, performed subsequent to the policy commencement date.

5- STANDARD EXCLUSIONS

1. Claims, related to coverages, which are not specified in the policy or certificate,
2. Revision surgeries, due to a surgery/procedure, performed before insurance commencement date or even if a policy has been obtained for medical interventions, secondary complications, which may occur as a result of such revision surgery/procedure.
3. Early complications, developed within 7 days after the discharge of the insured following medical procedure or surgery,
4. Healthcare expenses, caused by medical malpractice,
5. Expenses, related to complications, which are not included in the informed consent form, signed by the patient prior to medical procedure,
6. Minor complications, which develop following the return of the insured to the country of residence and which require minor procedure (infection in wound, discharge, etc.) (in case purchased as an optional coverage),
7. Genetic diseases and genetic studies and treatments.
8. Expenses, related to complications for a treatment, other than a surgery/procedure specified in policy plan.
9. Diagnostic and pharmaceutical expenses, other than the pre-op tests and diagnosis procedures, required by surgery/procedure, medical treatment,
10. Rehabilitation and physical therapy expenses, which may be required following surgery to treat complications,
11. Secondary procedures, to be applied to eliminate dissatisfactions, arising from personal preferences in plastic surgeries and dental treatments,
12. Medical admissions without any medical procedure/surgery and intervention, and subsequent inpatient treatments, constituting extension of the same and their complications
13. In cases, requiring surgical or medical procedures, accommodation and other expenses for companion in healthcare institution, and other expenses and transportation and hotel accommodation expenses (in case purchased as an optional coverage),
14. All pharmaceuticals, which were not used during hospitalization even if prescribed by a physician,

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15. Private nurse expenses, suite room charge.
16. Alternative medicine methods, examination and treatment expenditures in alternative medicine centers, all procedures in anti-aging centers, treatments, which are not scientifically proven, experimental treatments and medical materials, pharmaceuticals and treatments, deemed in experimental phase by the United States Food and Drug Administration (FDA) and procedures, not specified in TTB/HUV (Turkish Medical Association),
17. Complications, arising from treatments and procedures, performed in institutions and establishments, which are not accredited for Healthcare Tourism, in unlicensed institutions and by persons without a medical diploma.
18. Complications, which arise more than 6 months (12 months for dental implant and plastic surgery plans) after a procedure or surgery, performed in compliance with policy plan.
19. Expenses for procedures for revision of complications, performed outside of the healthcare institution, where original surgery, medical procedure or plastic procedure are performed after the commencement date of policy
20. In case of death of insured as a result of treatment or medical intervention, received in Türkiye, the portion of the transportation and internment expenses exceeding the travel coverage under this policy.
21. As a result of a second opinion assessment of the insurer, by a neutral physician, in case it is determined that the health problem was not a standard complication and was caused by incompliance of patient/insured, no reimbursement is made.
22. Claim of death following death of the insured following medical procedure/surgery

6- CLAIM PRACTICES

Amount of acceptable claim under coverages, granted to insured during the term of policy, will be reimbursed under related coverage, defined in certificate, in line with coverage limit and payment rate. Even in case of multiple complications, related to the same surgical procedure or intervention under the same plan and in case the insured has to travel to Türkiye for several times, total payable reimbursement may not exceed the total coverage limit, written on the policy.

This policy is not subject to preliminary approval with provision.

There are no coverages in this policy for death of natural causes.

The amount of healthcare expenses, made by the insured, are paid to the credit card or account of the person, to whom hospital invoice is issued, at the end of 10-day examination and assessment period after delivery of the following documents and additional documents, which may be required under the plan, to the Insurer.

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In case of development of complications, the surgery/procedure to be performed must be performed in the institution, which had performed the initial surgery/procedure.

No expenses, related to initial surgery/procedure (early complications, prolongation of hospitalization due to other health problems, removal of stitches), performed during the term of policy, are not covered.

Invoice for the healthcare expenses must have been issued in the name of the insured. The payment is made to the person, in whose name the invoice is issued. In case the insured requests payment in the name of another person, an instruction letter with physical signature must be delivered to the Insurance Company, together with supporting documents.

In order to consider a deterioration in health status, developed following a surgery or procedure, as a complication, international medical literature is considered. Malpractice is excluded. In suspicious cases, the insurer may request a second opinion (from an academician physician or a physician from TMA professional society) and consider the case.

While additional documents may be requested on the basis of policy plans, in all reimbursement claims for all plans;

- Letter of authorization, to enable insurer to obtain medical documents
- Initial surgery report
- Consent form, signed by the insured/patient before the initial surgery, specifying possible complications,
- Declaration of insured concerning complication (the commencement date, complaints, etc.)
- Medical report, explaining complication treatment, if any, surgery report
- Originals of invoices, showing expenses for healthcare institution, hotel and transportation costs, document, showing flight ticket destination and dates.
- The photocopies of stamp page of passport, showing dates of entry to and exit from Türkiye and the first page, showing identity information.

In claim payments to be made to the bank account of the insured, in case related bank account is outside Republic of Türkiye, SWIFT fee is deducted from the claim amount.

Demir Sağlık ve Hayat Sigorta A.Ş., may obtain a second opinion, when necessary, from an independent expert in the assessment of reimbursement claims of insured. Demir Sağlık ve Hayat AŞ is the ultimate decision maker for reimbursements of complication claims.

In all these cases, requiring surgical or medical procedures, accommodation and other expenses for companion in healthcare institution and other expenses and transportation and hotel accommodation expenses, are not reimbursed. (In case an

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additional companion plan is purchased, transportation (flight) and hotel accommodation costs of the companion are reimbursed within coverage limits).

Dental Plan:

Reimbursable complications in dental plan are the ones, which develop after tooth extraction, surgical tooth extraction, root canal operation, implant operation, prosthetic tooth application and periodontology applications. Orthodontic treatments are excluded from coverage.

In prosthetic tooth application, problems, such as undesired color or form of prosthesis, will not be deemed as complication and no reimbursement will be made.

In surgical tooth extraction, complications, such as delayed hemorrhage, gingiva infection, leaving a part of tooth; in implant applications, ill-fitting implant, loose implant, dislodged implant and inflicting damage on jaw bone, are excluded from coverage.

No claims will be paid in the absence of a treatment plan and panoramic X-ray, prepared before the treatment and a recent panoramic X-ray, taken at the end of the treatment and on development of complications.

In case the dental plan involves a treatment process, which, according to treatment plan, will last for more than 6 months, the second policy, which will be issued 6 months later, must be obtained within the 30 days after the date of initial policy. In this case, the coverage term is considered as 12 months. In long-term treatment planning in case a second policy is issued more than 30 days after the date of initial policy, they are not considered as complementary policies.

Dental Implant Plan:

In this plan, coverage limits and policy term are modified compared to standard dental plan. Other conditions and applications are identical with the dental plan. Policy covers complications, which may occur within 12 months following the date of issue.

Eye Plan:

Eye plan covers complications, which may develop subsequent to corrective procedures, such as excimer laser and lasik, cataract surgery, ptosis surgery, glaucoma surgery and retina detachment surgery.

Flap dislocation in excimer laser surgeries, keratitis, development of epithelia under flap, more than 0.75 degrees visual impairment in the examination, performed 60 days after surgery;

In cataract surgeries; hemorrhage, perforation of eye, tearing of lens capsule, loss of transparency of cornea layer, burns at incision site, cataract parts remaining in the eye, infection, retina detachment, edema in yellow spot, disturbance and pain in the eye, droopy eyelids, glaucoma and/or double vision; more than 1 degree visual impairment in the examination, performed 60 days after surgery, opacification of rear capsule;

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In ptosis surgery, relapse of droopy eyelid,

In retina detachment surgery, relapse of detachment, intraocular hemorrhage, formation of cataract and glaucoma;

In glaucoma surgery, conjunctival tearing, scleral flap damage, loss of vitreous, loss of central visual field, decompression retinopathy, infection, bleb leakage, supracoroidal hemorrhage, uveitis, are included in coverage.

Hair Transplantation Plan:

In hair transplantation plan, complications, arising as a result of patient's non-compliance with the recommendations of physician (early hair combined and brushing, failure to comply with hair washing procedure, failure to apply necessary care) and failure of hair transplantation, are excluded from coverage.

Despite compliance with all these recommendations, non-retention of hair follicles or treatments for infection in the skin and repetition of hair transplant, are included in coverage. For reimbursement of claims, it must be determined with a physician report that recommendations were followed following hair transplantation.

In the revision transplantation, any number of transplantations over the number of initial transplantation, are excluded.

Orthopedy, Gynecology, General Surgery, ENT, Chest Surgery, Pediatric Surgery, Invasive Procedures Plan:

In all surgical procedures, the complications, given in informed consent form, signed by patient, are under the coverage. (Except death).

As invasive procedures, coronary angiography, balloon angioplasty, stent application, colonoscopic or gastroscopic removal of polyps, are covered. ERCP applications are excluded.

In coronary invasive procedures, only the restenosis following stent application, stent displacement may be deemed as complications.

Among gynecological procedures, complications following caesarean section (other than early complications, such as hemorrhage and uterus rupture), are covered.

Plastic Surgery Plan:

In plastic surgeries revision requests due to failure to comply with personal liking, will not be reimbursed. However, failure of surgery (nasal tip drop after rhinoplasty; remaining deviation; nasal septum perforation; asymmetry in breast surgery, dropping, implant perforation and capsular contracture) are under coverage.

Botox applications are not covered. Secondary procedures, related to possible complications, are covered for a term of 12 months after policy commencement date.

Cardiovascular Surgery Plan:

Possible complications, reported in medical literature for peripheral vascular surgery, varicose veins surgery, heart valve replacement, valvuloplasty, coronary arterial

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bypass surgery, major vessel replacement surgery/procedures, performed in a healthcare institution in Türkiye, will be covered.

7- GEOGRAPHICAL BORDERS OF INSURANCE

This policy is only valid in case the treatments for complications of surgeries, interventions and medical treatments, performed in Türkiye after policy commencement date, are performed within the territory of Republic of Türkiye.

8- DEMİR SAĞLIK AND HAYAT SİGORTA A.Ş., RISK ACCEPTANCE ASSESSMENT

No risk acceptance assessment is made for acceptance to this policy.

9- POLICY RENEWAL

No renewal is made for this policy. (Except, extension policy for Dental Plan)

10- LIFETIME RENEWAL GUARANTEE

In this policy, there is no lifetime renewal guarantee practice in policy

11- INSURANCE TERM AND PREMIUMS

The policy is valid for 6 months (12 months for Implant and Plastic Surgery Plans) starting from the date of commencement. Policy coverages commence at 0:00 Türkiye time on the commencement date of policy and ends at 0:00 Türkiye time on the policy expiry date.

Premiums do not change according to age and gender.

The coverages commence with the payment of all of the policy premiums and the issuance of policy.

12- AUTHORITY TO ACCEPT FOR INSURANCE AND CONTROL

These insurance coverages are valid for complications for surgeries and procedures to be performed in clinics and hospitals in Türkiye, accredited for healthcare tourism, on persons, who are domiciled abroad and who come to Türkiye for healthcare tourism.

This insurance provides coverage for persons between the ages of 0 and 75.

In case of a claim, the insurer is entitled to subject the insured to a control examination and/or to obtain a second opinion. As a result of a second opinion assessment of the insurer by a neutral physician, in case it is determined that the health problem was not a standard complication and was caused by incompliance of patient/insured or in case the reported complication is not considered as a complication in medical literature or in case it is not specified in the consent form, obtained from patient/insured prior to the procedure, no claim payment will be made.

13- TRANSITION PROCEDURES, VESTED RIGHTS

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In admission to this policy, no transfer or right transfer from a health insurance is allowed. In case the insured wishes to purchase another health insurance product of Demir Sağlık ve Hayat Sigorta A.Ş., standard risk acceptance procedure is performed.

14- CHANGE OF PLAN

Policy plan to be obtained by the insured for medical/plastic surgeries and procedures, is fixed. In case a therapy, beyond the medical treatments, given in the purchased plan, will be administered, related plan will be canceled and policy is issued from appropriate plan. There is no interplan transfer.

15- REQUESTS OF CANCELLATION OR WITHDRAWAL FROM POLICY AS A RESULT OF NON-PAYMENT OF PREMIUMS OR REQUEST OF INSURANCE PROVIDER

Provided that the effective date is specified in writing, the insurance holder is entitled to request cancellation of this policy from the insurer. However, in case a medical treatment has been administered in Türkiye after the issuance of policy or in case 30 days have passed after preparation of policy, policy is not canceled and no premiums are refunded.

If claims have been reimbursed under the policy, policy can not be canceled and premiums cannot be refunded.

16- DEATH OF INSURANCE PROVIDER OR INSURED

In case of death of insurance holder and/or insured, the insurer will take action according to following:

In case of death of insurance holder/insured, the policy becomes void. In case the insured has passed away before arriving in Türkiye for medical treatment, the policy is canceled and the premium is paid to legal heirs of insured.

In case the insured has passed away following medical treatment in Türkiye, policy cannot be canceled and no premiums may be refunded.

No reimbursement will be made as a result of death of insured after treatment.

17- TREATMENTS AFTER EXPIRY OF INSURANCE TERM

On case the complications for surgeries or medical procedure, performed in Türkiye, occur after the expiry of insurance term, they will be excluded.

18- RIGHT TO RECOURSE

The insurer reserves the right to recourse to the related healthcare institution or the person or institutions, who have treated the insured, for all reimbursements for treatment, transportation or accommodation of insured, in case health problems following surgery or medical procedure, are caused by medical malpractice.

19- PRECAUTIONS AND INFORMATION

In case you cause any actions, aiming to provide unfair benefits to you or any third person in the insurance relationship, in which you have the title of

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Insured/Beneficiary/Right Owner, incomplete indemnification or no indemnification cases may be in question and action will be taken in accordance with Regulation concerning Rules and Procedures for Determination, Reporting, Recording of Incorrect Insurance Applications, and Countering these Applications," published in the Official Gazette, dated April 30, 2011 and numbered 27920.

In accordance with Private Health Insurances regulation, published by Ministry of Treasury and Finance, in the Official Gazette, dated October 23, 2013 and numbered 28800, Demir Sağlık ve Hayat Sigorta A.Ş. shares insurance records and other health and personal information concerning the insured with Ministry of Treasury and Finance and SBGM (Insurance Information and Supervision Center), at the scope, proposed in other legislations and laws.

This policy has been issued on the basis of special conditions and clauses and the declaration of insured. The entire of premium must be paid as soon as the policy is issued and, in any case, in exchange for delivery of policy. In case the premium is not paid in entirety, even if the policy is delivered, the liability of insurer will not commence and the insurance becomes in default in case left unpaid until the end of day on the date of delivery.

20- APPROVAL CONCERNING COMMUNICATION AUTHORIZATIONS

I hereby agree and declare that information, promotion and marketing information, comprising data, audio and video contents, to be sent by Demir Sağlık ve Hayat Sigorta A.Ş., and its agencies, directly or via SMS, image, animation, short message, MMS, containing multimedia objects, telephone, fax, automatic callers and similar channels, and I am entitled to refuse all kinds of message deliveries, such as data, audio, video, etc., at any time entirely or on the basis of product and channel and product.

21- INFORMATION AND EXPLICIT CONSENT FOR PROCESSING OF PERSONAL DATA

1. General Information concerning Law concerning Protection of Personal Data

Personal Data Protection Law, numbered 6698 (hereinafter will be referred to as "KVKK), has been published in Official Gazette, dated April 7, 2016 and numbered 29677.

2. Information as Data Controller

- As data controller, Demir Sağlık ve Hayat Sigorta Anonim Şirketi, may process, record, store, classify, update and disclose/transfer your personal data and special personal data to 3rd persons, as required for processing purposes, in line with KVKK, to the extent required by legislation and within the framework, given below.
- In order to provide health insurance and life insurance products and services within the framework of all national and international legislation, in particular Turkish Commercial Code, numbered 6102 and Insurance Law, numbered 5684, to fulfill obligations within the scope of activities as an insurer and to provide establishment,

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conduction and development of necessary procedure, to perform current and future insurance contracts, to record all necessary information, including identity, contact, address and health data, to determine the owner and relevance of all kinds of works and transactions to be performed, to prepare all kinds of records and documents, to constitute a basis for works and transactions to be performed in physical or electronic medium, to fulfill information storage, reporting and providing obligations, imposed by all judicial and administrative authorities (such as Ministry of Treasury and Finance, Financial Crimes Investigation Board (“MASAK”), Insurance Information and Monitoring Center (SBGM), Judicial Authorities), in accordance with national and international legislation, and to provide security in line with legitimate interests, our company processes your personal data and special personal data. For performance of obligations by our company before the preparation of insurance policy and after the establishment of contract, and within the scope of claim payments, both in order to make risk measurement and to assess claims, our company must process personal data and health-related special personal data of the party to insurance contract/insured/right owner under insurance contract. In order to allow the exercise of rights by our company, the insurance Provider, the insured and right owners under the insurance contract and to protect legitimate interests, our company is obliged to provide, assess and share the health-related personal data of insurance provider/insured/right owners, with in particular agencies and brokers, and also intermediaries, reinsurers, assistance forms, contracted institutions and 3rd persons, rendering services, in particular support services, and to store personal data as long as permitted by legislation.

Health information is processed in accordance with statutory provisions of KVKK and Data Protection Policy of our Company, via partially automatic, automatic or non-automatic means, in physical or electronic medium, in order to perform our activities as an insurer. Your explicit consents, related to your personal data and/or special personal data, will be obtained by us with this contract or by the employees of General Directorate/Regional Directorate, by our agencies, brokers, websites, internet applications and call centers, in verbal, written or electronic format, according to your preferences.

- In order to determine the information of owner of transaction, in accordance with Law concerning Regulation of Electronic Trade, numbered 6563, Law concerning Protection of Consumers, numbered 6502 and Regulation concerning Service Provider and Intermediate Service Providers in Electronic Commerce, published in the Official Gazette, dated August 26, 2015 and numbered 29457, and Proximity Sale Regulation, published in the Official Gazette, dated November 27, 2014 and numbered 29188, and other related legislation, processed by recording identity, contact, address and other relevant information.
- Your personal data and special personal data, submitted to our Company, are processed in order to enable you to benefit from products, offers, advantages and campaigns, which are suitable for you in line with your needs and requests and in order to provide you information, including sales and to provide all kinds of communication with you and within this framework, your personal data and special personal data are processed for the purpose of delivery of information, promotion

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and marketing information, comprising data, audio and video contents, to be sent by the Company or agencies and brokers, providing services on behalf of the Company, directly or via SMS, image, animation, short message, MMS, containing multimedia objects, telephone, fax, automatic callers and similar channels.

- Preparation of all kinds of records and documents, which will constitute grounds for transaction in payment methods, electronic contract or printed medium, which are mandatory in Banking and Electronic Payment fields, and provision of information storage, reporting and information provision, proposed in line with legislation and by other authorities, are the obligations of data controller.

3. The Purpose of Sharing of your Personal Data and Transmitted Locations

Your personal data and special personal data, shared with our Company, are shared with

- Our business partners, reinsurers, contracted lawyers, and service provider firms, which provide, in particular, support services, our agencies and brokers, in order to fulfill our obligations, assumed under insurance contract,
- Your health-related personal data and your personal data, may be shared with persons and institutions, who provide expert opinion concerning the health status of prospective insured and make assessments, in the stage of policy preparation,
- In reimbursement applications, with provision service institutions, who examine and approve the healthcare transaction, to be made within the country or abroad,
- With institutions, evaluating or determining reports, containing disability or working ability loss levels,
- With other 3rd persons and contracted institutions, providing healthcare assistance services,
- With service intermediates and reinsurers in foreign countries under Reinsurance Agreements (in countries, accredited by Personal Data Board and with sufficient protection of personal data),
- In case of death or disability, with actuaries to conduct an actuarial calculation
- With institutions and establishments, related to presented services, such as parcel couriers, and other insurance companies,
- Program partner institutions, domestic/foreign institutions, from whom we procure services to conduct our operations and/or services as Data Processor
- Providing obligations, imposed by all judicial and administrative authorities (such as Ministry of Treasury and Finance, MASAK, SBGM, Judicial Authorities), in accordance with national and international legislation.

4. In accordance with KVKK, Personal Data Subject, by filing an application before our Company, is entitled to

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- Learn whether personal data and special personal data belonging to him/her is processed or not,
- If personal data and special personal data, belonging to him/her is processed, request information concerning the same,
- Learn the purpose of processing of personal data and special personal data and whether they are used in accordance with purpose,
- To know the third persons in Türkiye or abroad, to whom the data is transmitted,
- In case the personal data and special personal data is processed incompletely or inaccurately, to request revision of the same,
- Within the framework of conditions, proposed in Article 7 of KVKK, to request deletion or destruction of personal data and special personal data,
- In case of revision, deletion, destruction of personal data, to request notification of such transactions to third persons, to whom the data is transmitted,
- To file an objection against a unfavorable result due to analysis of processed data exclusively using automatic systems,
- In case the of damage due to processing of personal data and special personal data in violation of law to request indemnification.
- Personal Data Subjects may deliver their questions, opinions or requests to our Company via any one of the communication channels, given in Information Text and contact information, given in official website of the company.

5. Explicit Consent

- I hereby give my explicit consent for processing of my special personal data, including my recent and past health data, and my personal data by Demir Sağlık ve Hayat Sigorta A.Ş., the acquisition of the same from all healthcare providers, public or private at the conditions, given above, the recording of this information on the data registry systems of your Company, and by classifying in these systems, to store the same for the time, proposed in legislation, the transfer of the same to persons, institutions and establishments, specified in this Information and Explicit Consent form, the disclosure and transfer of the same to all kinds of regulatory and supervisory public and private institutions and establishments, in particular, Ministry of Treasury and Finance, SBGM and MASAK and judicial authorities.