



NEAR EAST HAYAT

Sigorta, bugün ve yarın

UNIVERSITY
INTERNATIONAL STUDENTS
**HEALTH
INSURANCE**
USER MANUAL



Dear Students,

Group Health Insurance for International Students was created in cooperation with Near East Hayat, Near East University and University of Kyrenia.

The scope of the policy we have prepared to ensure the health of our students has been expanded and its details are presented below. You can find all information about your Health Policy in this User Guide.

In order to benefit from the services we offer in the fastest and most efficient way, we would like to remind you to review the guide and follow the defined processes carefully.

You can forward all your requests/questions directly to our call center at 444 0 634 and get support. You can find this contact number on the back of your "Insured" cards, which we have prepared to facilitate the service you will receive from Near East Hayat's Contracted Health Institutions.

In order to receive fast service from our network of contracted institutions, keep your photo ID card with you along with your insurance card.

We wish you healthy days under the assurance of Near East Hayat.

Near East Hayat Ltd.

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IMPORTANT REMINDERS

The following issues will guide the use of your health insurance.

- Special insured card has been issued for you so that you can use it in the purchase of services from our contracted health institutions. The insured card issued in your name will be valid with your picture identity document. Near East Hayat will pay directly to the institution by obtaining a provision at the contracted health institutions, and the part of your treatment expenses covered by the coverage, excluding your contribution, if any.
- In case of emergency, it is sufficient to call the Emergency 153 line, which can be reached 24 hours a day, to benefit from the ambulance service. The emergency number 153 is also indicated on the back of your card.
- Except for emergency health conditions, our Company must be informed for approval procedures at least 24 hours before hospitalization for inpatient treatments.
- As a result of the medical evaluation made in accordance with the Near East Hayat Risk Acceptance Conditions, some diseases of the person may be excluded from the coverage or limited.



1.SUBJECT AND COVERAGE OF THE INSURANCE

Near East Hayat Ltd. covers medical expenses of the Insured that might arise due to accidents and/or illnesses/sicknesses in the framework of coverages, limits, exceptions, and Network mentioned in policy and according to attached General Conditions of Health Insurance, legal regulations including insurance and health regulations during the academic year "University International Students Health Insurance" contract is in force. The coverages under the Policy are separately valid for persons mentioned in the policy as Insured and persons that are not mentioned in the policy as Insured cannot benefit from coverage of insurance.

2.DEFINITIONS

Insurer

Insurance company established in TRNC licensed to be active in the relevant branch.

Insured

Person(s) whose medical expenses are covered with insurance contract and name written on policy/certificate.

Insurant

The real or legal person that concluded insurance contract and is liable for fulfilling the obligations under the contract including payment of insurance premiums.

Special Terms / General Terms

Document including rules and terms issued by insurer and the public sector as an indispensable part of the policy and product-specific rules and terms.

Illness

Deterioration at mental or physical functions, organs or systems of the insured determined by a doctor, requiring medical examination, treatment or operation.

Sickness

Abnormal psychological or physical condition requiring consultation with a doctor.

Existing Illness / Sickness

All illnesses and sicknesses that emerged before policy start date.

Obligation to Declaration

Obligation of insurant/insured to declare all existing sicknesses/illnesses of the insured and all issues that could affect risk assessment during application for insurance contract by and during the term of insurance contract.

Exception

Leaving risks (illnesses/sicknesses) that emerged before policy start date or during insurance period outside policy coverage a-following assessment of the Insurer.

Healthcare organization

Public or private corporations licensed by TRNC Ministry of Health and hospitals, laboratories, diagnosis centers, polyclinics, physicians' offices, and pharmacies that provide in-patient and/or out-patient diagnosis and treatment services.

a) Contracted Healthcare organization

Healthcare organizations Near East Hayat is contracted together with payroll doctors working at such healthcare organizations and accepting Near East Hayat contract terms.



b) Network

Network refers to contracted healthcare organizations on policy preferred by the Insurant.

Indemnity

Amount of medical expenses approved and/or paid by the Insurer in the scope of the relevant health policy, Special and General Terms of the Policy.

Provision / e-Provision

Indicates if planned examination, diagnosis, and treatments at healthcare organizations in the Network preferred by Insurant could be covered, result of assessment by insurer.

Coverage

Security that insurer undertakes to give the insured in case risk is realized.

Limit

Amount of annual gross indemnity payable for every coverage in the policy.

Exception

The amount of medical expense subject to indemnity payment undertaken by the insured. Exception could be applied before Insurer's liability begins or in every procedure according to its type.

Percentage of Payment (Company Share)

Refers to the rate defined in policy for every coverage and the insurer is liable to pay.



Patient Share

Refers to the surplus undertaken by the insured after payment mentioned in the policy for every coverage.

Total Policy Premium

Amount of premium after amount of tax is added on Health Net Premium.

The total amount of insurance policy insurant is liable to pay.

Emergency Situation

Medical condition that emerges with a sudden illness or physical injury requiring medical or surgical care that could not be delayed, that give rise to a fair medical opinion about being a serious medical problem, prepared with reference to World Health Organization and Health Service Tariff, illnesses noted in the Emergency list below, requiring reception of service at emergency unit of a hospital.

Emergency List

1. Acute Myocardial Infarction
2. Sudden Paralysis
3. Accidents and Injuries That May Occur Due to a Sudden and External Event
4. Appendicitis
5. Brain Abscess
6. Severe General Condition Disorder; Deterioration of health due to reasons that may pose a danger such as old age, nutritional deficiency, inadequate care, long-term severe illness, etc.
7. Serious Occupational Accident
8. Impact-Related Internal Organ Injury
9. Diabetic and Uremic Coma
10. Hypothermia
11. Pregnancy Poisoning in Case of Diagnosis as Eclampsia

12. Electric Shock
13. Encephalitis (Brain Inflammation)
14. Epilepsy Crisis
15. Bites of Domestic-Wild Animals Requiring Serious Surgical Intervention
16. All Kinds of Internal Organ Bleeding Except for Gynecological Hormonal Bleeding Due to Pregnancy Miscarriage
17. Life-threatening Poisonings
18. Hypertension Crises
19. All kinds of 2nd and 3rd Degree Burns
20. Meningitis
21. Stomach Perforation
22. Renal Colic
23. Nerve Rupture
24. Cold or Heat Stroke
25. Acute Respiratory Problems Caused by the Presence of Foreign Body in the Respiratory Tracts
26. Drowning
27. Inhalation of Irritating Gases
28. Serious Eye Burns from Irritants
29. Traffic Accident
30. Trauma-Related Skin Cuts Requiring All Types of Sutures
31. Massive Bleeding from Trauma
32. Any Situation That Causes Sudden Loss of Consciousness Caused by Trauma and/or Accident
33. All Fractures and Dislocations
34. Limb Amputations
35. Serious Allergies Caused by Snake, Scorpion or Spider Sting

36. High Fever (38 Degrees Centigrade and Above)
37. Falling from Height (Except for attempted suicide)
38. Birth activity started
39. Newborn Comas
40. Vomiting or headaches due to migraine
41. Rape

Important Note: Definitions above are made as guidance. It might usually not be possible for persons without medical information to assess emergency only based on information above or for a health employee based on information given on phone. **Medical examination is the basis for assessment of medical emergen**

3. COVERAGE TABLE

UNIVERSITY STUDENTS HEALTH INSURANCE		
	CONTRACTED NETWORK	
	ANNUAL LIMIT	PARTICIPATION%
INPATIENT TREATMENT		
OPERATION	UNLIMITED	0
HOSPITAL ROOM-FOOD-ATTENDANT	UNLIMITED	0
INTENSIVE CARE	UNLIMITED	0
TREATMENT OF NON-SURGICAL	UNLIMITED	0
CHEMOTHERAPY, RADIOTHERAPY, DIALYSIS	UNLIMITED	0
DENTAL TREATMENT DUE TO TRAFFIC ACCIDENT	20.000 TRY	0
MINOR SURGERY AND MEDICAL OBSERVATION	UNLIMITED	0
PRE/POST OPERATIVE EXAMINATION	UNLIMITED	0
POSTOPERATIVE PHYSICAL THERAPY REHABILATATION (MAX 20 SESSION)	UNLIMITED	0
HOME CARE&TREATMENT	UNLIMITED	0
MEDICAL EQUIPMENT	10.000 TRY	0
AMBULANCE(LAND)	UNLIMITED	0
ARTIFICIAL DEVICES	20.000 TRY	0
OUTPATIENT TREATMENT		
DOCTOR EXAMINATION	UNLIMITED	20
MEDICINE	UNLIMITED	20
ADVANCED DIAGNOSTIC METHODS	UNLIMITED	20
X-RAY AND LABORATORY EXAMINATIONS	UNLIMITED	20
THERAPY AND REHABILITATION(MAX.20 SESSIONS)	UNLIMITED	20
ADDITIONAL COVERAGES		
PSYCHOLOGICAL COUNSELING	2 TIMES A YEAR	0
RETURN OF THE FUNERAL TO THE COUNTRY OF RESIDENCE	UNLIMITED	0

4. DEFINITION AND CONTENT OF COVERAGE

4.1 In-Patient Treatment

Insured persons can use in-patient treatment coverages described in the within network, geographical coverage, insurance coverage, coverage limits, exceptions, payment percentages (shares) mentioned in the policy/certificate.

Operation, Non-Operative Treatment, Intensive Care, Chemotherapy, Radiotherapy, Dialysis Treatment and Tests, Dental Treatment Following Traffic Accident, Minor Operation and Medical Observation Treatment, Pre/Post-Operative Tests, Post-Operative Physical Treatment and Rehabilitation, Home Care and Treatment, Medical Equipment and Ambulance expenses are covered by "In-Patient Treatment" limit and share.

Regarding operative or non-operative in-patient treatment of insured persons detailed below, physician (such as operator, assistant, anesthesiologist), operation room, standard room, intensive care, food, attendant, all medical materials used during operation, medicine and examination (tests, x-ray, etc.) related medical expenses in hospital admission period are covered in "In-Patient Treatment and Operations" according to limits, exceptions, and percentage of payment mentioned in policy. In case "In-Patient Treatment and Operations" coverage is preferred to be unlimited, hospital admission period in insurance year is limited to 180 days. Stay in normal rooms is accepted as 1 and stay in intensive care is accepted as 2 days to deduce from the total admission period of 180 days.

4.1.1. Operation

Expenses of treatments medically described as operation and documented by physician to be possible with surgical operation, implant pumps, cardiac pace makers, ICD (intra cardiac device), plastic surgery due to breast cancer and accidents, prosthesis expenses following breast cancer treatment, ESWT / ESWL (shockwave treatment) expenses, Hydatidiform Mole and Ectopic Pregnancy operation expenses are covered in "Operation" coverage.

In case one or more surgical operations are conducted during the same session, the procedure unit with the highest value in Health Service Tariff is taken into consideration to determine coverage (Operation or Minor Operation).

In case more than one surgical operations are made during the same session with the same or different incision and in case there is a treatment out of coverage among them, the total invoice (including physician fees) is rated according to Health Service Tariff to determine payable amount. Procedure out of coverage is rated according to Health Service Tariff and the calculated unpaid part is determined as patient's share.

4.1.2. Hospital Room-Food-Attendant

In case insured persons have in-patient treatment, in every case that requires admission to healthcare organization, room-food-attendant expenses for every full day is payable according to policy limits and special and general terms. In case of admission at qualified rooms other than standard room, payment for bed, food and attendant expenses is made as much as single-person private room expense of the admitted hospital. The difference is paid by the insured.

4.1.3. Intensive Care

In case when treatment of insured must continue in intensive care unit, provides for expenses of the admissions.

4.1.4. Treatment of None-Surgical

In case non-operative treatment must be made by admission to hospital or intensive care unit, based on doctor and/or hospital reports of treatment, expenses of treatments made by admission into hospital for at least 24 hours covered according to "In-Patient Treatments" coverage limit and payment percentage.

4.1.5. Chemotherapy, Radiotherapy, Dialysis

Chemotherapy and/or radiotherapy and dialysis treatment expenses (hospital, medicine, physician fees) with Treatment and Examinations conducted for Malign Diseases are covered with "Chemotherapy, Radiotherapy, Dialysis" coverage limit and payment percentage mentioned in the policy. Expenses of laboratory examinations, x-rays, and advanced diagnosis methods required for treatment planning, control and follow-up of complications during chemotherapy, radiotherapy, and dialysis treatments regardless of in-patient or out-patient delivery of care are covered with "Chemotherapy, Radiotherapy, Dialysis Examinations" coverage limit and payment percentage mentioned in the policy. In case limit of "Chemotherapy, Radiotherapy, Dialysis Examinations" coverage is exceeded, such examination expenses are covered from Out-Patient Treatment Coverage if such coverage is in the policy.

4.1.6. Dental Treatment Due to Traffic Accident

In cases when accident report issued by official institutions (legal, administrative authorities) is presented, regarding orthodontic injuries of the insured, expenses of all dental and gingival treatments by dentists and maxillofacial surgeons are covered with "Dental Treatment Following Traffic Accident" limit and payment percentage mentioned in policy.

4.1.7. Minor Surgery and Medical Observation

Surgical operations mentioned in Health Service Tariff as minor operations (treatments applied with a skin incision) together with interventions in skin incisions, fracture reductions, cast applications, removal of foreign objects, nasal packing, cryo- and electrocautery procedures and full lesion excision and biopsy procedures are covered with Minor Operation coverage and payment percentage mentioned in the policy regardless of being in-patient or out-patient care or the type of anesthesia applied. Applications of these procedures on or above 150 units according to Health Service Tariff are covered from "Operation" coverage.

Equipment/medicine, operation room, examination, x-ray, laboratory, advanced diagnosis expenses used during intervention and physician's fees are covered from "Minor Operation" coverage in cases when Minor Operations fall under definition of "Emergency" and treatment or procedure is in policy coverage.

In case more than one surgical operations are made during the same session, coverage (Operation or Minor Operation) is determined based on the unit with the highest value on Health Service Tariff. In case more than one surgical operations are made during the same session with the same or different incision and in case there is a treatment out of coverage among them, the total invoice (including physician fees)

are rated according to Health Service Tariff to determine payable amount. Procedure out of coverage is rated according to Health Service Tariff and the calculated unpaid part is determined as patient's share.

Medical expenses of non-operative treatments (observation/short-stay) shorter than 24 hours are covered according to limits and payment percentage of "Medical Observation" mentioned in the policy regardless of in-patient or out-patient delivery of care and the unit of procedure in Health Service Tariff. In case equipment, medicine used in such procedures together with physician fees fall under definition of "Emergency" and the treatment or procedure applied in covered by the policy, expenses of the relevant examination are covered in the scope of "Medical Observation" coverage. Medical expenses of pain treatments applied for spine and disc illnesses are covered from "Medical Observation" coverage with Health Service Tariff unit regardless of in-patient or out-patient delivery of care.

4.1.8. Pre/Post Operative Examination

X-ray, laboratory examinations, and procedures related with advanced diagnosis methods made together with prescriptions given at the stage of hospital check-out at most 60 days before operation (check-in) or at most 60 days after check-out related with the same illness covered with operation coverage are covered from "Pre/Post-Operative Examination" coverage limit and payment percentage mentioned in policy. In case required documents and invoices related to this medical expenses are delivered

to Insurer post operation, the relevant expenses are paid in the scope of “pay-later”. In case policy has Out-Patient Treatment Coverage, the medical expenses are primarily covered from Out-Patient coverage.

4.1.9. Postoperative Physical Therapy and Rehabilitation

In case of operation or intensive care check-in of insured due to an accident or illness covered from Operation, Non-Operative Treatment coverages, physical therapy expenses that start in 60 days and that are complementary of treatment are covered with “Physical Therapy and Rehabilitation Post Operation” coverage limit and payment percentage in policy regardless of in-patient or out-patient delivery of care. Physical therapy and rehabilitation expenses covered in a policy year are limited with the number of sessions mentioned in policy.



In case treatment is applied on more than one part of the body, every body part is accepted as 1 session. In case of extended hospital admissions based on physical therapy only, expenses other than physical therapy are not covered.

4.1.10. Home Care and Treatment

Following in-patient treatment, based on insurer's approval of the medical treatment plan requested by treating physician to be applied at home and provided that it is up to 8 weeks in a policy year, medical home care service expenses and medical equipment rents required by physician's report are covered with "Home Care and Treatment" coverage and payment percentage.

4.1.11. Medical Equipment

Portable, personal medical equipment used to support the body from outside as a part of treatment applied due to an accident or illness emerged during insurance period consisting of air splint, elastic bandage, orthopedic boots, insole, binder, compression socks, neck collar, knee brace, wrist guards, elbow pad, sling, sitting cushion, aerochamber, nebulizer, rom walker, walker, crutch, plaster shoe, urostomy bag, colostomy bag, wheelchair (in case of physician's report documenting permanent disability), and hearing device (except for device maintenance and consumables) together with burn wound and injury coverings are covered with "Medical Equipment" coverage limit and payment percentage mentioned in policy.

4.1.12. Ambulance (Land)

Insured persons can benefit from "Ambulance" coverage in case of life threatening emergencies, for intervention in place and/or transfer to the nearest healthcare organization at regions where this service could be provided by calling "Alo 153".

4.1.13. Artificial Devices

Prostheses worn in insurance period to replace an organ lost due to an accident or illness that take place during insurance period together with maintenance of these prostheses and in body implants; PCA, cochlear implants, insulin pumps are covered with "Artificial Limb" coverage limit and payment percentage in the policy based on physician's report proving necessity and Insurer's approval.

4.2. OUT-PATIENT TREATMENT

4.2.1 Doctor Examination

Expenses related to medical examination of insured for diagnosis and treatment due to an accident, illness or sickness are covered within limits described in policy/certificate.

Insured persons could benefit from this coverage within network, geographical coverage, insurance coverage, coverage limits, exceptions, payment percentages (shares) mentioned in the policy/certificate.

4.2.2 Medicine

Expenses related to the medicine deemed necessary by the doctor for the treatment of the insured are covered within the "Outpatient Treatments" coverage limit and payment percentages, with a maximum 60-day dose for each medicine item, if they are used within the policy period, within the Special Conditions of the Policy. In case there is a difference of more than 10 days between the prescription date and the receipt (invoice/receipt) date of the medicine, the prescription expenses are out of coverage. Expenses of medicines, which are vital for treatment and are not equivalent in the TRNC, are covered within the scope of the relevant coverage, provided that their use is within the policy period and in case the Insurer approves.

Rabies and Tetanus vaccines are in coverage for all age groups.

Vaccines mentioned above are covered within the "Outpatient Treatments" coverage limit payment percentages specified in the policy within the scope of "Medicine" coverage

4.2.3 Advanced Diagnostic Methods

Computed tomography, stress ECG, Holter, doppler ultrasonographic examinations, MRI, nuclear medicine, all kinds of biopsies, which are considered medically necessary for diagnosis and treatment and specified by the doctor in the examination request, methods such as smear-smear, punch or needle biopsy, curettages performed for diagnostic purposes are covered in the scope of the "Outpatient Treatments" coverage limit with the payment percentages. Liver, kidney, brain, mediastinoscopy lung biopsies and, if the lesion is completely removed, excisional biopsies are covered within the scope of Surgery or Minor Surgery Coverage, taking into account the Health Service Tariff unit. Expenses related to angiography (Coronary Angiography is covered within the scope of Surgery coverage) and endoscopic examinations such as gastroscopy, colonoscopy, cystoscopy, bronchoscopy (including necessary drugs and medical supplies for biopsy) are also covered under the "Advanced Diagnostic Methods" coverage. Medication, anesthesia, doctor's fee expenses required by the application of these diagnostic methods are covered by this coverage, regardless of whether they are outpatient or inpatient. Other expenses related to diagnostic methods not mentioned above are covered under the "X-Ray and Laboratory Tests" guarantee.

4.2.4 X-Ray and Laboratory Examination

Expenses related to laboratory tests such as blood, urine and diagnostic methods such as X-ray (including mammography and contrast graph), ultrasound, ECG, EEG, and EMG medically required for diagnosis and treatment and specified on examination request of the doctor are covered with "Outpatient Treatment"

coverage limits and payment percentages. Medicine, anesthetics, doctor's fees are in the scope of this coverage regardless of whether they are outpatient or inpatient

4.2.5 Therapy and Rehabilitation (Max.20 Sessions)

Expenses related to Physical Therapy and Rehabilitation are covered within the scope of the "Physical Therapy" coverage limit and payment percentages specified in the policy, provided that it is preferred. Expenses related to Physical Therapy and Rehabilitation, for which a treatment plan is prepared by the physical therapist and approved by the Insurer, are covered within the "Outpatient Treatments" coverage limit and payment percentages, regardless of whether they are outpatient or inpatient.

Physical therapy and rehabilitation expenses to be covered during the policy year are limited to the number of sessions specified in the policy. However, if the outpatient treatment coverage is chosen to be unlimited, each transaction in the Non-Contracted Institutions is also limited to the "Health Service Tariff". In case the treatment is applied to more than one body area, each area is evaluated as 1 session.



4.3 ADDITIONAL COVERAGES

4.3.1. Psychological Counseling

On the www.evimdekipsikolog.com platform, whenever the consultants are online, a session can be created instantly with the "Start Session Now" button or at a later date and time with the "Make an Appointment" button.

Evimdeki Psychologist live support team can be reached between 08.30 in the morning and 04.00 at night from the "Write to Us" section at the bottom right of the www.evimdekipsikolog.com home page or by calling 0 850 304 59 72.

Appointment cancellation, suspension, postponement, etc. from the live support team. You can get support on issues such as procedures, information about product usage, details, guidance and consultant selection. Our insured people will be able to receive this service via video call, phone call or text message over the internet.

4.3.2. Return of the Funeral to The Country of Residence

In the event of the death of the insured, Near East Hayat, Near East Hospital and Dorana Tourism take the necessary measures for the transfer of the body to the permanent residence address or the return of the student to his/her country and carries out the transfer in accordance with international conditions.

Burial, cremation or funeral costs are not included in the policy coverage.



5. WAITING PERIOD AND GUARANTEE PROCEEDINGS

5.1 Waiting Times in Treatments

5.1 Waiting Times in Treatments

Expenses related to all treatments, complications related to the following illnesses / sicknesses, all physical therapy and rehabilitation regardless of in-patient or out-patient delivery of care are covered 12 months after becoming part of insurance coverage.

Gall bladder and / or bile tract illnesses

All types of hernia

Spine and disc illnesses

Dermoid cyst

Anorectal illnesses (example: hemorrhoid, fissure),

Uterus and ovary illnesses

Tonsil and adenoid illnesses

Nasal polyposis

Head sinus illnesses

Knee, shoulder, hip, elbow joint illnesses and lesions (example: meniscus, ligament injuries and chondral fractures),

Hydrocele

Thyroid gland illnesses

However,

- Illnesses that existed before policy start date and illnesses related to exceptions mentioned in policy,
- Congenital disorders, genetic illnesses are outside policy coverage unless an exception mentioned in Cases Out of Coverage and Exceptions article.

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6. CASES OUT OF COVERAGE AND EXCEPTIONS

The cases below are outside policy coverage and are covered by the Insured. Also the Insurer can make arrangements under Cases Out of Coverage on whether or not covering technological developments and newly introduced treatment methods based on their vital importance and existence of alternative treatment methods.

1. Cases Out of Coverage regulated in General Terms of Health Insurance,

2. All examinations, test, and treatment conducted at Uncontracted Healthcare Organizations and Healthcare Organizations Abroad,

3. All medical expenses made regarding existing illnesses/sicknesses existing before policy start date (whether or not diagnosed and/or treated),

4. Even if determined after policy start date:

The following conditions are outside policy coverage and are covered by the Insured.

a) Congenital anomalies and diseases

b) Genetic illnesses and all genetic illness / case studies, examinations related to screening,

c) Growth and development disorders,

d) Inguinal hernia, umbilical cord cyst, hydrocele before age 18,

e) Existing disabilities and their complications,

f) All spinal curvature (such as kyphosis, scoliosis)

g) Keratoconus,

h) Pes planus, Halluks Valgus

i) Nasal septal deviation, conchae, nasal valve failure,

j) Diagnosis, treatment, complication and control expenses regarding obesity.

5. All health expenses related to addiction to alcohol, drug, stimulant, hallucinogen, and such materials or poisoning, illness and accidents due to use of such materials,

- 6.** Examinations, tests, treatments and preparations related to quitting smoking (such as nicotine patches, gum, electronic cigarettes)
- 7.** All health expenses related to accidents that take place while the insured drives vehicles without the required license,
- 8.** Examination, tests and treatments at lens and optic centers,
- 9.** Examination, tests and treatments at centers selling hearing devices,
- 10.** Expenses related to tests conducted for control and screening purposes without any illness / sickness,
- 11.** Expenses such as examination, tests and treatments related to obesity and emacia tion, diet and dietician expenses, body / mass measurement tests, tests to determine body fat percentage, food intolerance tests, herbal weight loss supplements, bra and herbal fibers, artificial sweeteners,
- 12.** Regarding the following eye diseases:
 - a) Treatment and complication expenses including all tests, medicine and equipment related to optic refractive errors (such as myopia, hypermetropia, and astigmatism) including corrective lenses for refractive errors (such as multifocal lens),
 - b) Test and treatment expenses related to cross-eye, diplopia, amblyopia (such as strabotomy, orthoptic treatments),
- 13.** Voice and speaking therapies,
- 14.** All circumcision expenses and phimosis treatment
- 15.** All expenses related to illnesses and / or disabilities that might take place in extreme sports (such as mountaineering, parachute jump, rodeo, paragliding, glider, street luge, base jumping, kiteboarding,

kitesurfing, underwater sports, cave diving, mountain biking, motorcycle and autosports) together with all expenses related to illnesses and / or sicknesses that might take place during competitions and / or exercises as professional player,

16. Officially declared epidemics and quarantine,

17. All expenses related to collection and saving umbilical cord blood,

18. Stem cell and embryo cloning, transfer and treatments,

19. All expenses related to coverages not included in the policy,

20. Charges of prescribed medicines to use at home,

21. Physical therapy procedures,

22. Materials and apparatus for general and personal hygiene, non-pharmaceutical cosmetic products, all kinds of soap, shampoo, hair solution, preparations to prevent dandruff and hair loss, oral and dental care apparatus, thermometer and body temperature measurement probes, ice bladder, hot water bottle. or gels, heating blankets, diapers, feeding bottles, milking pumps and apparatus, and pacifiers,

23. Diagnosis, examination, treatment and complication expenses related to diseases related to the HIV virus (AIDS),

24. All kinds of circumcision expenses and phimosis treatment,

25. Expenses for birth control methods and all kinds of procedures related to infertility,

26. In organ, tissue transplantation and blood transfusion processes, examination, medication, intervention, surgery and complication expenses, organ and tissue costs, preservation and transfer expenses for the donor/donor candidate (donor),

27. Medical Equipment and Artificial Limb Expenses of all kinds of medical supplies and artificial limbs not specified in the coverage definitions,

28. Expenses related to stem cell and embryo cloning, transplantation, treatments using these methods, and storage and transfer (except for bone marrow transplants performed with the diagnosis of cancer),

29. Any expenses related to guarantees or guarantees not included in the policy,

30. All kinds of expenses, the details of which are stated below, that are not directly related to health care,

a) All kinds of transportation and accommodation expenses and customs costs of medicines imported from abroad, even if they are incurred during the diagnosis and treatment process of the insured,

b) Expenses not directly related to diagnosis and treatment, such as telephone, internet, television, cafeteria, minibar,

31. In surgeries performed with the Robotic Surgery method (such as Da Vinci), the cost of using the robot and all kinds of materials used specifically for this method,

32. All kinds of apparatus used for sleep disorders, sleep apnea and snoring examinations (polysomnography, sleep EEG) and treatments, and sleep apnea treatment,

33. Expenses for the following non-medicinal preparations;



a) Medicines that are not licensed by the TRNC Ministry of Health, preparations that support nutrition or increase immunity, medical formulas, preparations that are not included in the definition of medicine or do not contain active ingredients,

b) All kinds of medicinal teas, those containing plants and plant elements prepared in drug form and fractions such as herbal extract distillate,

34. Vaccination expenses for all kinds of allergic diseases,

35. Expenses such as examinations, tests and treatments related to obesity and extreme thinness, diet and dietitian expenses, body / mass measurement tests, body fat ratio determination tests, food intolerance tests, herbal weight loss aids, bran and plant fibers, artificial sweeteners,

7. USE OF CONTRACTED HEALTH INSTITUTIONS

7.1 Waiting Period for Treatments

Before receiving service at Contracted Health Institutions, provision must be obtained from the relevant institution. Within the scope of the network, "direct payment" is provided for health expenses incurred by provision, within the coverage limits and payment percentages.

7.2 Compensation of Health Expenses Based on Health Institutions

Health expenses incurred in Contracted Health Institutions within the Network preferred in the policy; It is covered directly in the payment process with the Contracted Institution's coverage limit and payment percentage specified in the policy.

8. ACCESS TO AND SHARING OF INFORMATION

Near East Hayat is authorized to make investigations in the framework of insurance law, insurance regulations, healthcare law together with all relevant legal regulations, before all healthcare institutions and organizations, other insurance companies and Public Institutions and Organizations, to procure information and/or documents and to make shares.

8.1. Failure to Fulfil Obligation and Responsibility

The fact that Insurer accepted expenses related to existing illness / sickness at provision / e-provision stage that provide ease of use to the advantage of insured(s) cannot be assessed by insured(s) as an earned right of coverage and indemnity. Insurer has the right to reclaim healthcare expense payments and exclude the insured from policy in case of determination of persons out of coverage use / made to use coverages, attempts at malfeasance to cover expenses of persons out of coverage and such similar malicious activities unlimited with those mentioned.

8.2. Insured / Insurant Notifications

Insurer sends written or electronic notification to insurant before end date of contract period & end date of contract and on renewal; also to insurant/insured on whether the contract is renewed and in case there is renewal stipulation in the product to the insured on renewal stipulation. While making this notification, the insurer takes current contact information on company records as basis.

However, in case at least one of these contact information is changed or informed with deficiency/error, unless insured makes immediate

written notification to Insurer through insurant, the insurer is deemed to have fulfilled its notification obligation.

9. CONTINUING TREATMENTS AT THE END OF INSURANCE PERIOD

In case the policy is renewed by Near East Hayat for the treatments covered by "Inpatient Treatment and Surgery and Home Care and Treatment", the portion of the medical expenses incurred until 12:00 on the renewal date is covered. The health expenses of the transactions made on and after that date are covered from the old policy coverage, and the new policy coverage is covered. However, for policies that are not renewed or that have an exception for the related sickness coverage period for these treatments, it cannot exceed 10 days from the policy expiry date.

10. START AND END OF INSURANCE

Unless decided otherwise, insurance starts and ends at 12:00 p.m. in TRNC time on days noted as start and end dates in the policy.

11. GEOGRAPHICAL SCOPE

It is valid only in TRNC, with the terms and conditions specified in the coverage table in the policy/certificate.

Important Note: This policy has been prepared according to the definitions and special conditions written above. In case of any incomprehension, the General Health Insurance conditions in the Group Health Policy are referred to.



b **NEAR EAST HAYAT**

Sigorta, bugün ve yarın

UNIVERSITY
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**HEALTH
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USER MANUAL

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