

Coverage Summary

This brochure is a summary of coverage for guard.me International Health Insurance. Please see the Policy for a full list of benefits, terms and conditions, exclusions, and more.

Annual Policy Maximum	TL 1,000,000	
Inpatient Benefits: Pre-Authorization Required		
	Contracted Network	Uncontracted Network
<ul style="list-style-type: none"> Inpatient Surgery Surgeon Expense (per incident) Hospital Miscellaneous Expenses (plus pre-admission Testing) Chemotherapy, Radiotherapy Room and Board (semi-private room) Intensive Care/Cardiac Care (medically necessary) Extended Care / Inpatient Rehabilitation: Pre-Authorization Required Physiotherapy after surgery (20 Sessions) Dialysis Physician Visit Prescription Drugs Diagnostic X-Ray and Lab 	100% Reimbursement	80% Reimbursement up to 20.000 TL Annual Limit
Outpatient Benefits		
	Contracted Network	Uncontracted Network
<ul style="list-style-type: none"> Physician Visit Prescription Drugs Diagnostic X-Ray and Lab Advanced Diagnostics including Hi-Tech Scans (CT, MRI&PET) Physiotherapy (20 Sessions) Minor Medical Treatment 	100% Reimbursement up to 2.000 TL Annual Limit	80% Reimbursement up to 2.000 TL Annual Limit
Other Benefits		
	Contracted Network	Uncontracted Network
	Reimbursement	Annual Limit
<ul style="list-style-type: none"> Emergency Dental Private Duty Nursing: Pre-Authorization Required Prosthetic Limbs Ambulance Services (per incident) Repatriation of Mortal Remains Emergency Medical Evacuation Repatriation for Medical Treatment Accompaniment Coverage in Home Country Accidental Death & Dismemberment 	100%	1.000 TL 5.000 TL 10.000 TL 500 TL 22.500 TL Unlimited Unlimited 4.500 TL 30.000 TL 30.000 TL

Purpose of the Insurance

The Policy is designed to protect you from acute, unexpected, sudden and unforeseen illnesses and accidental injuries. It does not cover care for wellness medical conditions, extended treatment or pre-existing conditions AND is not a replacement for longer term medical or maintenance needs. If you have a non-emergency situation we recommend the use of your walk-in clinic. Please read your policy for an understanding of the terms and conditions.

Insurance Provider

This insurance is underwritten by Acibadem.

This insurance is distributed by guard.me and administered by GBG Administrative Services.

Period of Cover

The Policy begins on the Effective Date of the Policy and ends at midnight 365 days later for an "annual policy period". Policies of less than 365 days will end on the last day of Policy coverage as listed in your Member certificate.

General Exclusions

- Charges in excess of Usual, Reasonable and Customary allowable charges for any covered procedure.
- Expenses incurred in your Country of Residence over the allowed amount as shown on the Schedule of Benefits.
- Any incurred expenses after medical repatriation has been offered by the company and turned down by the insured Person.
- Non-Emergency treatment that is not pre-authorized according to the policy terms and conditions.
- Charges and Services where claims are not received within 180 days of the date of service
- Claims and costs for medical treatment, occurring before the effective date of coverage (including waiting periods) or after the expiration date of the policy; for Inpatient confinement, any services provided more than 60 days after the expiration date of the policy termination.
- Services, supplies, or treatment including drugs and/or emergency services that are provided by or payment is available from: (a) Workers' Compensation law, Occupational Disease law or similar law concerning job related conditions of any country, (b) the Insured Person, a family member or any enterprise owned partially or completely by the aforementioned persons, (c) another insurance company or government, (d) under the direction of public authorities related to epidemics.
- Services, supplies or treatments, including drugs, that are not scientifically or medically recognized for a specific diagnosis, or that is considered as off label use, experimental or not approved for general use are considered experimental or investigational and therefore not eligible services.

For complete benefit information, please see the Master Policy.

9. Any services, supplies, treatments including drugs and/or emergency air services; (a) not ordered by a Physician, (b) not medically necessary, not recommended or approved by a physician, (c) not rendered under the scope of the Physician's licensing, (d) medical and dental services that do not meet professionally recognized standards or are determined by Insurer to be unnecessary for proper treatment.
10. Telephonic consultations, missed appointments, or "after hours" expenses.
11. Health check-ups, inoculations, visits, and tests necessary for administrative purposes (e.g., determining insurability, employment, school or sport related physical examinations, travel etc.).
12. Immunizations and/or vaccinations
13. Over-the-counter (OTC) drugs, supplies or medical devices, which do not require a Physician prescription, even if recommended by a Physician.
14. Services and supplies related to visual therapy, Radial keratotomy procedures, Lasik, or eye surgery to correct refractive error or deficiencies.
15. Rest cures, custodial care, home-like care, assistance with activities of daily living (ADL), milieu therapy for rest and/or observation; whether or not prescribed by a Physician. Any admission to a nursing home, home for the aged, long term care or rehabilitation facility, sanatorium, spa, hydro clinic or similar facilities that do not meet the policy definition of a hospital.
16. Elective and or cosmetic surgery, procedures, treatments, technologies, drugs, devices, items and supplies that are not medically necessary treatment of a covered accidental injury or illness or disease, and that may only be provided for the purpose of improving, altering, enhancing, or beautification unless required due to the treatment of an injury, deformity, or illness that compromises functionality and that first occurred while the insured was covered under this policy. This also includes any surgical treatment for nasal or septal deformity that was not induced by trauma.
17. Any medical complications arising directly or indirectly as a result of a non-authorized elective or cosmetic procedure.
18. Medical expenses resulting from a motor vehicle accident which is payable under any other valid and collectible insurance.
19. Sleep studies and other treatments relating to sleep apnea including restless leg syndrome.
20. Weight related treatment; any expense, service or treatment for obesity, weight control, or any form of food supplement. This includes expenses related to or associated with treatment of morbid or non-morbid obesity, including, but not limited to, gastric bypass, gastric balloons, gastric stapling, jejunal ileal bypass, and any other procedures or complications arising there from.
21. Organ transplant and related procedures including but not limited to; (a) donor search expense, (b) supportive services, (c) all expenses of cryopreservation and the implantation of living cells on a deceased person or in conjunction with infertility or reproductive treatments.
22. Genetic counseling, screening, testing or treatment.
23. Pregnancy, childbirth/delivery, any charges related to pregnancy, elective abortions; any voluntarily induced termination of pregnancy, unless the mother's life is in imminent danger.
24. Conditions related to Sex or Gender issues and Sexually Transmitted Diseases. Any expense for gender reassignment, sexual dysfunction including but not limited to impotence, inadequacies, disorders related to sexually transmitted human papillomavirus (HPV) and any other sexually transmitted diseases.
25. Treatment of any injury arising directly or indirectly from alcohol or drug abuse or addiction. This includes but is not limited to treatment for any injuries caused by, contributed to or resulting from the Insured's use of alcohol, illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purposed prescribed by the Insured's Doctor.
26. Treatment for any conditions as a result of self-inflicted illnesses or injuries, suicide or attempted suicide, while sane or insane, or emergency air services for the same.
27. Injuries and/or illnesses resulting or arising from or occurring during the commission or perpetration of a violation of law by an Insured Person.
28. Eyeglasses; contact lenses; sunglasses.
29. Prosthesis and corrective devices which are not medically required intra-operatively or equivalent appliances; except prosthesis or Durable Medical Equipment used as an integral part of treatment prescribed by a physician, meeting the covered categories of Durable Medical Equipment or prosthesis and approved in advance by GBG Assist.
30. Routine podiatry or other foot treatment not resulting from an illness or injury. Orthopedic shoes or other supportive devices for the feet.
31. Health care services associated with conditions as a result of travel, following the receipt of advice against travel because of health reasons from any health care provider.
32. Hearing Aids, Hearing Devices and Bone Anchored Hearing Aids.
33. Exceptional Risks; (a) treatment as a consequence of injury sustained while participating in or training for professional sports; (b) treatment as a consequence of injury sustained while participating in, or training for, or as a consequence of: war (declared or not), acts of terrorism, acts of foreign enemy hostilities, civil war, rebellion, revolution or insurrection; (c) chemical contamination; (d) contamination by radioactivity from any nuclear material or from the combustion of nuclear fuel (e) treatment for any loss or expense of nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with self-exposure to peril or bodily injury, except in an endeavor to save human life.
34. Hazardous Activities includes any activity that exposes the participant to any foreseeable danger or risk. Examples of hazardous activities include but are not limited to aviation sports, rafting or canoeing involving white water rapids in excess of grade 5, tests of velocity, scuba diving at a depth of more than thirty metres, bungee jumping, and participation in any extreme sport.
35. Except for accidental injury to sound, natural teeth as the result of a traffic accident dental Care is excluded from coverage; treatment, services or supplies related to (a) the teeth; and (b) the gums other than tumors; and (c) any other associated structures; (d) the prevention or correction of teeth irregularities and malocclusion of jaws by wire appliances, braces, or other mechanical aids; and (e) dental implants, regardless of cause.
36. Treatment services or supplies as the result of prognathism, retrognathism, micrognathism, or any treatment, services, or supplies to reposition the maxilla (upper jaw), mandible (lower jaw), or both maxilla and mandible. This includes treatment for Temporomandibular Malocclusion Joint Disorders.
37. This Policy will not cover any services received by any parties or in any countries where otherwise prohibited by the US/UN/EU law and sanctions.
38. Benefits for enrolling solely for the purpose of obtaining medical treatment, while on a waitlist for a specific treatment, or while traveling against the advice of a Physician.
39. Coverage is excluded for treatment and services related to infectious diseases declared to be an outbreak, epidemic, or public emergency by the World Health Organization (WHO), Center for Disease Control and Prevention (CDC), or any other Government or Government Agency or ruling body of the country where the outbreak or epidemic has occurred in.