



Appendix A – Group Insurance Policy for Tourists in Israel for CTAS

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Chapter A: Definitions and General Terms

1. Definitions

The following terms shall be defined as below wherever they appear in the Policy and in the appendices thereto:

1.1 The Insurer

Harel Insurance Company, Ltd.

1.2 The Policy

This insurance contract, including general terms relating to all chapters of the Policy, including the insurance details page and every appendix and addition attached thereto as well as those which may be added in the future, if added, as agreed upon by the Policy Holder and the Insurer.

1.3 The Policy Holder

Whoever shall come into agreement with the Company under the Policy and whose name is listed in the insurance details page as a "Policy Holder".

1.4 The Insured

An applicant who is not a resident or citizen of the State of Israel, his/her partner and their children, who are staying in Israel temporarily and who joined or shall join the Policy through the Policy Holder.

1.5 The Insurance Proposal

The proposal form as drafted by the Insurer, when filled out in its entirety, including a health declaration, a declaration noting the commencement and expiration dates of the insurance period and a waiver of medical confidentiality, signed by the Insured who is listed in the Proposal as an Insured and by the Policy Holder, in those places requiring his/her signature.

1.6 Insurance Start Date

The date on which the Insured's insurance period begins.

1.7 Joining Date

The date on which the Insured joined this insurance as it appeared in the Insureds' information file that was submitted to the Insurer.

1.8 Insurance Premiums

The sum that the Policy Holder and/or the Insured must pay the Insurer as per the terms of the Policy.

1.9 Insurance Event

A factual and circumstantial array, as defined in any one of the Policy chapters or appendices, the existence of which grants the Insured a right to insurance compensation as per the Policy.

1.10 Period or Insurance Period

The period noted in the Policy and in the insurance details page attached to the Policy or a shorter period, which was shortened in accordance with the provisions of the Policy and the terms thereof.

1.10.1 Maximal Period: up to 90 days with an option to extend the period for an additional 90 days or another insurance period of no less than 90 days at the discretion of the Insurer.

1.10.2 Extended Period: the insurance period that was extended, within the framework of the same Policy and on condition that it was approved in advance by the Insurer.

1.11 Qualification Period

A consecutive period of time, beginning for each Insured from the date on which he/she joined the insurance and expiring at the end of the period noted in any chapter of or appendix attached to the Policy. The qualification period shall apply to every Insured only once for consecutive insurance periods, and shall be applied again any time the Insured is added to the insurance anew, for non-consecutive insurance periods. If an insurance event occurred during the qualification period, it shall be considered an insurance event that occurred prior to the insurance period.

1.12 Waiting Period

A consecutive period of time that begins for each Insured on the date of the insurance event occurrence and expires after the number of days noted as the waiting period in that chapter of or appendix attached to the Policy.

During the waiting period the Insured shall not be entitled to the relevant insurance cover and only if the Insured is in a condition that grants insurance cover upon expiration of the waiting period, his/her entitlement shall begin on that date. The waiting period shall only apply if specifically noted in the relevant chapter and/or appendix.

1.13 Insurance Card

A card that shall be issued by the Insurer in addition to the Policy, featuring the Insured's personal information, and which shall be presented by the Insured to any medical institution in order to receive medical service.

1.14 Index

The Consumer Price Index published by the Central Bureau of Statistics, or in the absence of publication of the aforementioned, an index published by an alternate official body in its stead, or any index dedicated to health services.

1.15 Insurance Year

A period of 12 consecutive months, the first of which begins on the start date of the insurance/the date upon which the Insured joined the Policy.

1.16 Insurance Details Page

A page attached to the Policy which contains the details and terms necessary for adjusting the insurance Policy to the terms of the Insured's insurance contract.

1.17 Limits of Liability Table

The maximal sum of insurance compensation payments as detailed in the terms of the Policy, including in every chapter thereof or appendix that was added to the Policy. For the avoidance of doubt, and despite that which is stated in the Policy,

limitation of the insurance sum, inasmuch as there is such a limitation, is relevant solely to that chapter or appendix and shall not limit and/or prevent the maximal sum under the Policy or according to a number of appendices and/or chapters.

1.18 The Insurance Law

Insurance Contract Law 5741-1981.

1.19 The Health Law

National Health Insurance Law 5754-1994.

1.20 Israel

The State of Israel, including the territories held by Israel.

1.21 Overseas/Abroad

Any place or country outside the State of Israel, including a ship or plane en route to or from Israel except for the territories of the Palestinian Authority and enemy states according to their definition as provided by the Ministry of Foreign Affairs.

1.22 Country of Origin

The country in which the Insured resides on a permanent basis.

1.23 Medical Institution

Including clinics, medical institutes, laboratories, diagnostic centers, pharmacies, etc.

1.24 Medical Service

Surgery, medical tests, physician visits, hospitalization, medications etc, as detailed in the Policy.

1.25 Hospital

A medical institution recognized by the certified authorities in Israel solely as a hospital, with the exception of an institution which is also a sanatorium, recovery facility, convalescence facility, rehabilitation facility.

1.26 General / Public Hospital in Israel

A hospital defined as a public hospital in the Ministry of Health data bases.

1.27 Private Hospital

A hospital in Israel that is not a general hospital which is approved by the Ministry of Health to perform surgery on a private basis.

1.28 Emergency Room

A place designed to provide urgent medical care that is approved by the certified authorities in Israel to function as an emergency room.

1.29 Hospitalization Expenses in a hospital:

Medical expenses resulting from the Insured's hospitalization which were incurred during the insurance period and for a period not exceeding 30 days as detailed in the Policy.

1.30 Contract Service Provider

A medical institution, laboratory, physician, hospital, medical center, diagnostic center, pharmacy, etc. that has an agreement with the Insurer and is noted from time to time in the Insurer's insurance details page, which is updated and published by the Insurer from time to time. An Insured who received medical service from a contract provider shall be exempt from paying the provider directly, except for the deductible and the accounting between the provider and the insurer for the service provided to the Insured shall be executed directly between them.

1.31 Non-Contract Service Provider

A medical institution, laboratory, physician, hospital, medical center, diagnostic center, pharmacy, etc. which are not under agreement with the Insurer.

1.32 Disclosure

The insurance as per this Policy was drafted on the basis of the information and written declarations submitted to the Insurer by the policy holder and/or the Insured, and which are attached to the Policy. The veracity thereof constitutes a fundamental condition for the existence of the insurance. If the Insured and/or the policy holder provided incomplete or dishonest responses or declarations in response to questions regarding the Insured's health condition, the Insurer shall be entitled to cancel the insurance Policy or reject the Insured's claim, all subject to that which is stated in paragraphs 6, 7, 8 of the Insurance Contract Law 5741-1981.

1.33 Medical Emergency

Circumstances in which the Insured's life is in immediate danger or there is immediate danger that severe permanent disability will be caused to the Insured if urgent medical treatment is not provided.

1.34 Hospitalization Expenses

Payment for hospitalization and medical services provided in a hospital during hospitalization, including payment for the room, operating room, intensive care, anesthesiologist, physician care, tests and medications provided within the framework of hospitalization.

1.35 Medical Expenses

Payment for physician care, diagnostic tests and medication, devices provided temporarily due to accident (such as: crutches, walker), provided to the Insured while he/she was not hospitalized or in a sanitarium,

1.36 Surgery

As per the definition in the Insurance Circular: an invasive procedure that penetrates through the tissue for the purpose of treating a disease and/or injury and/or repair of a flaw or deformation in the Insured. Within this framework invasive procedures involving laser treatments for diagnostic or treatment purposes shall be considered surgery, as well as examination of internal organs through endoscopy, catheterization, angiography and the crushing of gall or kidney stones with sound waves.

1.37 Elective Surgery

As per the definition in the Insurance Circular: surgery the need for which was anticipated and for which the insured was not admitted to the hospital through the emergency room as an urgent case, rather the Insured was referred for the surgery by a specialist from a clinic (including hospital outpatient clinics).

- 1.38 Physician**
A physician who was certified and approved by the certified authorities to practice medicine in the state/country in which he/she operates as a physician.
- 1.39 Specialist**
A physician who is licensed as a specialist in a specific field of medicine by the Ministry of Health in Israel, or by the legally certified authorities in the relevant country in which the service is provided.
- 1.40 Anesthesiologist**
A physician who was certified and approved by the certified authorities in Israel and abroad as an anesthesiologist.
- 1.41 First Aid Services**
General medical treatment not provided by a specialist as well as services provided by a specialist in the field of family medicine, and/or internal medicine and/or gynecology.
- 1.42 Customary Payment**
The actual payment, including guarantee or deposit, for the provision of medical service, and which was determined in the second or third addition to the Health Insurance Law, as it is at the time of the start of the insurance period and as defined hereinafter, or in a notice regarding the terms and payments issued by the State to the individual at the time determined by the Health Insurance Law or in the health fund proposal paragraph 8 (a1) of the Health Insurance Law that was approved as per paragraph 8 (a2) of that same law, as it is at the time of the start of the insurance period, and if there were other payments for the same service as per the above provisions – upon the higher.
- 1.43 Medications Basket**
All the medications included in the National Health Insurance Order (medications in the health care services basket) of 1995, and the changes made thereto from time to time.
- 1.44 Prescription:** A medical document signed by a physician who approved the need for treatment/medication, determined the manner of that treatment, the required dosage and the length of time for which the treatment shall be required.
- 1.45 Medication:** As defined in the supervision contract: a chemical or biological substance that is meant to treat a medical condition, prevent the worsening thereof (including prevention of the development of additional medical conditions) or prevent the recurrence thereof, as the result of a disease or accident.
- 1.46 Deductible:** The Insured's portion of the expense incurred due to the insurance event. It is hereby clarified that the Company's liability for any payment whatsoever as per a chapter of or an appendix attached to the Policy, shall only be after the

deductible is paid by the Insured and only as related to the Insured's expenses beyond said deductible.

- 1.47 Exclusion due to Pre-existing Medical Condition:** A general exclusion in the Policy which exempts the Company from its liability, or reduces the Insurer's liability or the scope of cover due to an insurance event for which the usual progression of a pre-existing medical condition was a substantive cause, and which occurred to the Insured during the period in which the exclusion was applicable.
- 1.48 Pre-existing Medical Condition:** A series of medical circumstances diagnosed in the Insured prior to his/her joining the insurance, including due to illness or accident. "Diagnosed in the Insured" meaning a documented medical diagnosis or in the process of a documented medical diagnosis within the six months preceding the date on which the Insured joined the Insurance.
- 1.49 Health Declaration:** The Insurer's health declaration and waiver of medical confidentiality form, signed by the Insured.
- 1.50 Hospitalization Day:** A 24-hour stay at the hospital.
- 1.51 Automatic Addition:** Obligatory addition by the Policy Holder that is allowed because the Policy Holder pays the full cost of the insurance.
- 1.52 Accident:** Physical injury caused solely due to physical force, as the result of a sudden, unique and unforeseen event caused directly by an external visible cause which, regardless of any other cause, constitutes the sole and direct cause of the insurance event.
For the avoidance of doubt, verbal abuse and/or mental pressure and/or accumulation of repeated micro traumas over a period of time which cause disability shall not be considered "an accident".
- 1.53 Claim:** An application by the Insured or by the Policy Holder on behalf of the Insured submitted to the Insurer for payment of services as per this Policy, and/or for the receipt of insurance compensation and/or provision of a letter of undertaking to pay for the aforementioned services as stated in this Policy.
- 1.54 Service Center:** A telephone service operated by the Insurer which provides Insureds with a solution regarding anything related to service providers, and which operates 24 hours per day.
- 1.55 Dollar:** US dollar.

2. Joining

The Policy Holder shall add the Insureds to the Policy automatically, in accordance with the list of Insureds that shall be submitted to the Insurer by the Policy Holder. The insurance premiums for these Insureds shall be paid all together by the Policy Holder directly to the Insurer.

3. Term of Agreement

3.1 The agreement between the Policy Holder and the Insurer is valid from **1.11.2015**, to **31.10.2016**.

3.2 Extending the Insurance Period:

3.2.1 The agreement shall be extended automatically for an additional year, under the terms detailed in this agreement, unless one of the parties delivers a 30 days' prior and written notice stating that the agreement will not be extended.

3.2.2 The Insurer shall not be permitted to cancel the Policy during the insurance period, and subject to any law, except in cases in which the Insured or the Policy Holder does not pay or did not pay the insurance premiums as scheduled. In this case the insurance shall be cancelled in accordance with the provisions of the Insurance Contract Law 5741-1981.

3.2.3 If the agreement is terminated and there are Insureds for whom their insurance period within the framework of the Policy has not yet expired, the Policy shall continue to cover these Insureds until the expiration of their insurance period and the obligations of the Insurance Holder by virtue of this agreement with regard to these Insureds (including payment of insurance premiums) shall continue to apply during this period.

4. Expiration of the Insurance Period

Interrupting the Insurance Period: interruption of the insurance shall become valid on the insurance expiration date or at the end of the month in which the insurance period expires, upon the earlier as well as in the following cases:

4.1 At the end of the stay in Israel.

4.2 When the Insured returns to the country of origin.

4.3 Upon the death of the Insured.

5. Insurance Premiums:

5.1 The insurance premiums shall be as specified in the agreement.

5.2 Insurance premiums shall be paid in NIS as per the dollar exchange rate as published on the premium charge date.

5.3 The insurance premium payment date shall be as stated in the agreement with the Policy Holder.

5.4 Insurance premiums which are not paid on time shall accrue linkage differences and interest as determined in the Adjudication of Interest and Linkage Law, 5721-1961

calculated from the date in which the default was created through the date on which the insurance premiums are actually paid to the Company.

5.5 Insurance premium manner of payment:

Payment shall be made by the Policy Holder or through individual collection from the Insured.

5.6 Adjusting the insurance premiums and/or the terms of the insurance:

Twelve months from the start date of the insurance period, the Company shall be entitled to adjust the insurance premium and/or the terms of the insurance for all or some of the Insureds, in accordance with the provisions of the agreement between the Policy Holder and the Insurer and between the others in accordance with the business results including the premiums and/or claims and/or exposure data, etc.

6. Insurance Compensation:

6.1 Payment of insurance compensation owed to the Insured as per the Policy – shall be implemented in one of the following two ways:

6.1.1 To the Insured – in exchange for original receipts or certified copies thereof (as per the terms detailed in the Policy) or in the absence of original confirmation, in exchange for copies accompanied by an explanation as to the recipient of the original documents and a detailed explanation as to why he/she is unable to provide them (in cases when the Insured passed away, to his/her legal heirs).

6.1.2 To the service provider – the Company shall issue a financial letter of undertaking to the service provider, inasmuch as required and in accordance with the terms of the Policy.

6.2 The Insured shall not be entitled to insurance compensation in excess of the sum stated in each chapter, as relevant.

6.3 The Insured shall bear the taxes that apply to the insurance compensation and the currency exchange fees.

6.4 The payment date means the day on which the check is issued by the Insurer and a period of delay of up to seven days from the issue date until receipt thereof by the Insured, for which no linkage differences or exchange rate adjustments shall be charged.

7. Claims

7.1 Insurance compensation payments shall be executed subject to the following conditions:

7.1.1 Receipt of advance approval from the Company, on the dates determined for such in the Policy or retroactively in accordance with the limitations set in the Policy, with the exception of the circumstances for which there is no need to receive Company approval in advance, as detailed in the Policy.

7.1.2 The Insured shall notify the Insurer immediately upon the occurrence of the insurance event and submit all documents thereto as soon as possible, including a signed waiver of medical confidentiality and the original documentation or, in the absence of the original documentation, in exchange for copies accompanied by an explanation as to the recipient of the original

- documents and a detailed explanation as to why he/she is unable to provide them and the relevant details.
- 7.1.3** The Company is entitled to conduct an investigation and a medical examination of the Insured.
- 7.1.4** The Company is not responsible for the quality of the services in the Policy and for damages to the Insured and/or anyone on his/her behalf as detailed in Section A of the exclusions chapter in paragraph 8.40.
- 7.1.5** The agreement with the Policy Holder was valid with regard to the Insured.
- 7.2** The Insured shall cooperate with the Insurer before and after submitting the claim and shall do everything necessary in order to allow the Insurer to investigate its liability for payment as per the Policy and the scope thereof.
- 7.3** Payment of the insurance compensation shall be executed:
- 7.3.1** within 30 days of the date on which the claim is approved;
- 7.3.2** in accordance with that stated in paragraph 6 above;
- 7.3.3** in the absence of original documentation, in exchange for copies accompanied by an explanation as to the recipient of the original documents and a detailed explanation as to why he/she is unable to provide them. Insurance events that occurred during the previous insurance period – shall be the responsibility of the Insurer in the previous Policy.
- 7.4** The Insurer shall not owe insurance compensation if the Insured intentionally did something to prevent the Insurer from investigating its liability unless it would have owed such payment had such action not been taken.
- 7.5** **Medical examination:** the Company shall be entitled to demand that the Insured make him/herself available for medical examination by a physician on behalf of the Company and at the expense thereof, and provide any necessary detail and/or medical document.
- 7.6** **Taxes and levies:** the Insured shall bear the taxes that apply to the insurance compensation.
- 7.7** **Statute of limitations:** the statute of limitations for payment of insurance compensation for a claim due to an insurance event as per this Policy is three years from the date on which the insurance event occurred.
- 7.8** **Changes:** from time to time the Company shall be entitled to change the list of service providers under agreement, subject to chapter B paragraph 3.1.
- 7.9** **Jurisdiction:** the competent courts in Israel shall have the exclusive and sole jurisdiction for anything related to this Policy solely in accordance with Israeli law and no other court whatsoever shall have any jurisdiction. The law that shall apply to claims arising from and/or related to the Policy shall be Israeli law.
- 7.10** **Waiver of medical confidentiality:**
- 7.10.1** The Insured shall submit a signed waiver of medical confidentiality to the Insurer, instructing his/her physicians and/or any medical institution whether in Israel or broad and/or the National Insurance Institute and/or the Ministry

of Defense and/or any other government ministry and/or insurance company and/or health fund to submit to the Insurer any reasonable medical information pertaining to the Insured in its possession (hereinafter: "Waiver of Medical Confidentiality Form").

7.10.2 The submission of a waiver of medical confidentiality form as per this paragraph constitutes a precondition for the Insurer's liability as per this Policy.

7.11 An Insurance Event covered by more than one insurance company and/or by a third party:

7.11.1 If at the time of the occurrence of the insurance event covered by this Policy the Insured also had a right to indemnification from a third party, which was not by virtue of the Insurance Contract Law, this right shall be assigned to the Company upon the Company's payment of insurance compensation and in the proportion of the compensation paid thereby, without prejudice to the right of the Insured to first collect indemnification from the third party beyond the insurance compensation as per this Policy. If the Insured received indemnification from the third party that was due to the Company according to this paragraph, the Insured shall be obligated to transfer that sum to the Company. If the Insured reached a settlement, waived or performed another act that prejudices the right that was assigned to the Company, he/she shall be obligated to compensate the Company accordingly. The Insured undertakes to cooperate in any way requested of him/her for the purpose of realizing the Company's said right.

7.11.2 The Policy Holder and/or the Insured shall be obligated to cooperate with the Insurer and take any action in order to allow the Insurer to receive the sums that were paid by the Insurer and for which the third party was liable.

7.12 Cancellation of the Insurance:

In case of default in payment of insurance premiums, cancellation of the Policy shall be executed in accordance with the provisions of the Insurance Contract Law 5741-1981.

7.13 Lack of the Insurer's liability for the acts and/or omissions of the physician: the Insurer shall bear no liability for the acts and/or omissions of the service providers as related to the health care services and/or the consequences thereof, whether they were selected by the Insurer or by the Insured.

8. General Exclusions to the Policy

The Company shall not be liable and shall not be obligated to pay insurance compensation for an insurance event in its entirety or for any part thereof in any of the following instances:

8.1 The insurance event occurred prior to the effective date of the insurance.

8.2 The insurance event occurred during the qualification period, with the exception of an accident event.

- 8.3 During the waiting period.**
- 8.4 Limitations due to a pre-existing medical condition:**
- 8.4.1 A general limitation regarding the Insured's previous medical condition shall be valid for an Insured whose age at the start of the insurance period was:**
- 8.4.1.1 less than 65 years of age – shall be valid for a period not to exceed one year from the start of the insurance period**
- 8.4.1.2 over 65 years of age - shall be valid for a period not to exceed six months from the start of the insurance period**
- 8.4.2 A specific limitation regarding a medical condition – despite the above stated in paragraph 8.4.1, a specific limitation regarding the Company's liability or the scope of the cover due to a specific medical condition that was detailed in the insurance details page with regard to a specific Insured, shall be valid for the period noted in the insurance details page as related to that specific medical condition.**
- 8.4.3 A specific limitation due to a previous medical condition shall not be valid if the Insured notified the Company of the previous medical condition and the Company did not explicitly exclude that specific medical condition as noted by the Insured in his/her notification.**
- 8.4.4 The Insurer shall be exempted from its liability as per the provisions in regulation 2 and the insurance contract shall be voided, if a reasonable Insurer would not have entered into that insurance contract, even in exchange for higher insurance premiums, had the Insurer been aware of the Insured's pre-existing medical condition at the time the agreement was concluded, the Insurer shall refund to the Insured the insurance premiums that the Insured paid for the period of time up to the cancellation of the insurance period, less the relative portion of the insurance premiums for insurance cover due to which insurance compensation was paid to the Insured; linkage differences shall be added to the insurance premiums.**
- 8.5 If the insurance event occurred after the expiration of the insurance period.**
- 8.6 Insanity, mental disorders and/or mental illness and/or mental treatment and/or psychological treatment and/or psychiatric disorders, suicide or attempted suicide, self-inflicted harm, use of a weapon, drug abuse other than medical drugs as prescribed by a physician.**
- 8.7 Hang gliding, skydiving, paragliding with parachutes or any other device used to glide, skiing, water skiing, jet skiing, bungee jumping, scuba diving, rafting, mountain climbing, rappelling, flying in any sort of aircraft except for flying as a passenger on a regular service flight in a civil airplane certified as suitable to transport passenger, sports activity within the framework of a sports club and/or competitive sports activity, sports activity for pay, boxing, wrestling, and any type of contact fighting, rollerblading, mountain biking, wall climbing, surfing, snowboarding, ice-skating and any type of extreme – sports that are considered to be especially dangerous and entail high levels of difficulty and**

physical and mental effort. Extreme sport shall include one or more of the following elements: speed height and danger. The list of extreme sports shall be updated from time to time as per the list that appears on the company website – www.harel-ins.co.il.

- 8.8 Rehabilitative treatments or hospitalizations, rehabilitation, preventative treatments, mental diseases and psychiatric disorders.
- 8.9 Psychological services, treatment in the Dead Sea provided to psoriasis patients, genetic tests, long-term care hospitalization or long term care services, treatment of infertility problems, sexual dysfunction.
- 8.10 A direct or indirect result of Acquired Immunodeficiency Syndrome (AIDS), including mutations and/or variations and/or other similar syndromes. Organ transplant, hemophilia and/or a disease that requires blood transfusion treatments, dialysis, CF, MS, stroke, CVA or TIA.
- 8.11 Sexually transmitted diseases.
- 8.12 Road accident and/or occupational accident.
- 8.13 The Insurance Event was caused or is the direct result of the service of the Insured in the different security forces including: in a regular army or military reserve duty or standing army.
- 8.14 Passive participation of the Insured in hostile or terrorist activities of any kind and/or in war and/or a belligerent act of regular or irregular hostile forces provided that the Insured is entitled to receive coverage for medical expenses arising out of such event from any other entity.
- 8.15 Pregnancy and/or birth expenses and/or expenses in respect of routine treatments/tests or prenatal monitoring and/or genetic consultation and/or complications of pregnancy and/or birth.
- 8.16 Fertility treatments and/or IVF and/or sterility and/or male and/or female fertility.
- 8.17 Expenses for high-risk pregnancy.
- 8.18 Welfare services provided to babies and/or children, family health center, vaccinations, supervision or routine examinations of children, unless an extension was purchased in return for additional insurance premiums.
- 8.19 Treatment of learning disabilities, speech impediments etc.
- 8.20 Organ transplantation.
- 8.21 The following types of treatments or services: rehabilitation, physiotherapy, mechanical therapy, hydrotherapy, alternative therapy, homeopathy, alternative drugs, curing programs, acupuncture, chiropractic, optometry, periodic checkups, cosmetic or reconstructive surgeries, periodontic care and/or surgery, dental care (except for first aid included in the emergency dental care).
- 8.22 Medical or other accessories, glasses and/or contact lenses, hearing aids and prostheses of any kind.
- 8.23 Medical expenses deriving from active participation of the Insured in activities such as: military activities or a civil war, police work, undercover or underground activities, rebellion, riots, sabotage, fights, violence, terrorism and/or illegal actions.
- 8.24 A congenital defect or disease including hereditary diseases.
- 8.25 The Insurance Event was caused by nuclear fission or fusion, or radioactive contamination.
- 8.26 Routine examinations and/or monitoring and/or vaccinations that are not provided due to an active medical problem.
- 8.27 Trial drugs that were not approved by the FDA and the approval of any other entity that is certified and recognized as certifying medications in Israel.
- 8.28 Experimental medical treatments of any kind.

- 8.29** Treatments, examinations and surgeries outside the State of Israel.
- 8.30** Consequential loss that is the expenses deriving from loss and waste of time of any kind, cancellation of transaction including delay, postponement, bankruptcy, loss of workdays and wages, sick days, loss of enjoyment, mental anguish, pain and suffering, long-term care assistance etc.
- 8.31** The Insurer shall not pay for an Insurance Event and/or claim and/or expense and/or damage to a third party.
- 8.32** ER expenses – except for as provided in clause 1.4.
- 8.33** The Insurer shall not pay and shall not be held liable for an Insurance Event that occurred during the Insurance Period and treatment in respect whereof lasted after expiration of the Insurance Period except for the following events:
8.33.1 Hospitalization in a hospital that started during the Insurance Period.
8.33.2 Medical expenses not during hospitalization for a period of up to 30 days as specified in Chapter B.
- 8.34** Expenses for hospitalization in a hospital and/or for expenses not during hospitalization that could have been postponed until the Insured returned to his country of origin.
- 8.35** Medical services that were provided to the Insured not through the contract service providers with the Insurer unless the Insurer delivered its prior and written consent.
- 8.36** Riding and/or using a motorbike as a driver and/or passenger with a driver who does not have a driver's license that is not suited to the motorbike involved in the accident.
- 8.37** Travelling expenses in a taxi, visas, commissions, charges, taxes, telephone conversations, faxes, legal expenses and attorney fees, interest, bank expenses, fines etc.
- 8.38** All kinds of mental diseases.
- 8.39** An Insurance Event that occurred in an interval between two insurance periods shall not be covered. Each Insurance Event that occurred during the additional period after an interval shall be covered only if it occurred after a Qualification Period as specified in the Policy extension terms.
- 8.40** The Insurer shall not be held liable for any acts and/or omissions of service providers in connection with the health services and/or their outcomes whether selected by the Insurer and whether selected by the Insured. In addition, the Insurer shall not be held liable in any event the Insured refrained from seeking and/or receiving medical assistance.
- 8.41** Abduction of the Insured.
- 8.42** The active participation of the Insured in car and/or motorbike races (including snow bikes) and/or any other vehicle including a vessel and/or driving and/or riding in any vehicle on a racetrack whether or not as part of a race.
- 8.43** A maritime or aerial accident in which the medical service expenses apply to the injuring party and/or another insurer.
- 8.44** Charges caused due to an illegal act of the Insured.
- 8.45** A congenital defect and/or deformity including hereditary diseases that were diagnosed in the Insured prior to joining the insurance.
- 8.46** Routine checks and/or monitoring and/or examinations that are not provided due to an active medical problem.
- 8.47** Screening tests or medical inquiries, vaccinations, trial drugs and experimental treatments.
- 8.48** Treatment that was not approved by a physician.
- 8.49** Medical service provided or given by a person who resides habitually in the house of the Insured, unless the Insurer granted its prior and written approval.

- 8.50** The following medical accessories: orthopedic shoes, arch supports, back supports.
- 8.51** Wigs for an oncological patient receiving chemotherapy following which he suffers from hair loss.
- 8.52** Treating and curing hair loss, hair transplants or hair growth medications, whether or not prescribed by a physician.
- 8.53** Treatment of sleeping disorders unless recommended by a specialist neurologist.
- 8.54** Surgeries or treatment provided for research, trial and study purposes.
- 8.55** Weight adjustment or treatment of obesity by surgery including jaw wiring and any form of bariatric surgery or intestinal bypass except for a consultation with a dietician for an oncological patient, a chronic pulmonary patient, diabetes patient or gestational diabetes, cardiac patient, anorexia patients and following recommendation of a specialist in the relevant field.
- 8.56** Sex change operation.
- 8.57** Any medication or treatment encouraging or preventing pregnancy, including infertility treatment, vasectomy or vasectomy reversal.
- 8.58** Radial corneal incision surgery when the principal purpose is to correct hyperopia, hyperopia or astigmatism.
- 8.59** Bris, except for medical reasons.
- 8.60** Acne surgeries.

9. The Insurance Law

The provisions of the Insurance Contract Law 5741-1981 shall apply to this Policy.

10. Notification

The Policy Holder/Insured is obligated to notify the Company of any change of address via registered letter. Notification sent by the Company to the Policy Holder/Insured's last known address shall be considered to be properly delivered.

11. Changes

The Company shall be entitled to make changes to the list of Contract Service Providers from time to time.

Chapter B: The Insurer's Liability

The Insurer shall pay for hospitalization expenses as follows:

- 1.1 Level of the Medical Service** – the Insurer is obligated to grant the Insured as per this Policy those medical services to which **the Insured is entitled to cover of his/her expenses, as per medical discretion, at a reasonable level, within a reasonable period of time, and within a reasonable distance from his/her home or the location at which the insurance event occurred, as customary in the State of Israel.**
- 1.2 Insurance Card** – the Insurer shall issue a card to the Policy Holder for each Insured that includes identifying details of the Insured as well as the phone number of the Insurer's call center. This card, accompanied by a passport or official document bearing a photo of the Insured, shall serve as a means of identifying the Insured and checking his/her entitlement to receive the service.
- 1.3 Expenses Incurred in General/Public Hospitals in Israel:**
 - 1.3.1** If an Insured is hospitalized, the Insurer shall pay for hospital expenses covering a period that shall not exceed 90 days.
 - 1.3.1.1** Expenses for hospitalization, including x-rays, medication, physicians, surgeons, intensive care, anesthesiologist, catheterization, general services, including nurses' services and regular hospital services (hereinafter: "Hospitalization Expenses").
 - 1.3.1.2** It is hereby clarified that the Insurer shall pay hospitalization expenses to public and/or government hospitals, and it shall not indemnify the Insured and/or the service provider for hospitalization expenses if the Insured was hospitalized in a private hospital and/or received and/or paid for private medical services during his hospitalization as specified above, unless the Insured received prior written authorization from the Insurer. The Insurer's authorization for hospitalization in a private hospital shall be subject to its sole discretion.
- 1.4 Emergency Room expenses at any General-Public Hospital in Israel, only in the following instances:**
 - 1.4.1** Doctor's referral;
 - 1.4.2** Any new fracture;
 - 1.4.3** Severe shoulder or elbow dislocation;
 - 1.4.4** Any injury necessitating suturing or other means of closure;
 - 1.4.5** Aspiration of a foreign body into the trachea;
 - 1.4.6** Penetration of a foreign body into the eye;

- 1.4.7 Babies up to two months of age with a fever of more than 38.5°C;
- 1.4.8 Snakebite;
- 1.4.9 Ambulance evacuation to an emergency room from the street or other public place due to a sudden event;
- 1.4.10 Company authorization;
- 1.4.11 Emergency room visit concluded in non-elective hospitalization;

The Insurer shall be entitled to demand at any time that the Insured return to his/her country of origin for the purpose of receiving his/her medical treatment on condition that his/her return is medically feasible.

The Insured shall not be entitled to indemnity from the Company for emergency room expenses stemming from any cause other than those stated above in this paragraph.

1.5 Hospitalization medical expenses incurred not during hospitalization with a Contract Service Provider:

The Insurer shall pay the service provider directly for the Insured's medical expenses incurred not within the framework of hospitalization, as follows:

- 1.5.1 **Medical treatment/consultation:** medical treatment/consultation provided only by a Contract Service Provider.
- 1.5.2 **Lab tests, x-rays, bandaging:** tests provided to the Insured by a laboratory and/or clinic that is only a Contract Service Provider.
- 1.5.3 **First aid:** First aid administered to the Insured by a Magen David Adom first-aid station, only in case of emergency.
- 1.5.4 **Medication:** the Insurer shall pay for medication that was prescribed by a physician and was purchased from a pharmacy that is a Contract Service Provider up to the sum listed in the limits of liability table. This sum is not cumulative.

For the avoidance of doubt, the liability of the Insurer for the medical expenses incurred not in the course of hospitalization with respect to an Insurance Event that occurred during the Insurance Period and whose processing was not completed prior to expiration of the Insurance Period shall extend for an additional period of 90 days after expiration of the Insurance Period.

- 1.5.5 **Ambulance Transport Expenses:** the Insurer shall pay ambulance transport expenses in case of medical emergency after which the Insured is hospitalized, only once during the entire insurance period and on condition that the Insured is not entitled to cover for this expense by any other entity.
- 1.5.6 **Emergency Dental Treatment:** the Insured shall be entitled to receive emergency dental services and first-aid treatment for emergency dental treatment only as detailed in the terms of the Policy up to the sum listed in the limits of liability table.

1.6 Special Expenses:

Transporting a body: in case of the Insured's death, expenses incurred for transporting his/her body from Israel to the Insured's country of origin, up to the sum listed in the limits of liability table, as long as the expense is not being paid by any other entity.

The Insurer's liability under this chapter (Chapter B) shall not exceed the overall total sum of 100,000 USD for the entire Insurance Period.

Chapter C: Extensions

Special extensions for the Policy AGAINST ADDITIONAL PREMIUMS

2. Extension for worsening of an existing disease

Notwithstanding the above mentioned in Part A Chapter 8 section 8.4 coverage will be provided for the worsening of a preexisting condition – sudden and unexpected worsening of a preexisting condition as abovementioned, the treatment of which was necessary as emergency treatment in Israel. **Within the worsening framework coverage will not be provided for a malignant disease, Human immunodeficiency virus infection (AIDS), heart surgery, heart catheterization, angiography (balloon) and/or any procedure to open a blockage in the heart blood vessels, organ/s transplant, heart pacer transplant, dialysis, M.S and C.F.**

The Insurer will pay or indemnify the Insured for a health event which is not an accident, for all payments set and specified in Part B to the terms of this insurance and thus despite the fact that the Insured is receiving medical treatment which includes chronic medicinal treatment and/or treatment of an active disease, upon his arrival or during the 18 months preceding his arrival in Israel and thus subject to the terms defined in the coverage of the worsening of a preexisting condition and the worsening of an existing heart condition.

For the removal of doubt, scope of benefits for the worsening of a preexisting disease as abovementioned shall be up to the sum of USD 15,000.

3. Medical expenses abroad up to the amount of \$10,000 – in the event of an accidental event that first occurred in Israel the Insured shall be entitled to continuation of treatment abroad subject to fulfillment of the following conditions cumulatively:

The medical treatments are provided in direct and immediate continuation of an event that occurred during the Insurance Period.

The Insured is not entitled to coverage of these expenses from any other entity.

The Insured is entitled to the type of treatments required abroad in accordance with the terms set forth in the Policy.

The Insured and/or anyone acting on his behalf approached the Insurer to obtain its prior and written approval to perform the treatment.

4. Medical expenses in Israel as a result of an emergency psychiatric event – up to the amount of \$2,000.

5. Aerial evacuation and rescue expenses from the place of the event in Israel to a nearby hospital – the Insurer shall incur the aforesaid expenses up to an amount of \$10,000 upon fulfillment of the following conditions cumulatively:

The Insured cannot be transported by land.

There was an urgent and immediate need to transport the Insured otherwise the life of the Insured was in danger.

The Insurer and/or anyone acting on its behalf approved the evacuation in advance.

6. Coverage of transfer expenses abroad

Expenses of transferring the Insured back to the country of origin – in the event of a medical event that had occurred during the insurance period the Insurer shall pay for the expenses of transferring the Insured back to his country of origin and as well the expenses of an accompanying individual and thus up to the sum of USD 5,000 and all subject to the explicit condition that a physician on behalf of the Insurer has determined that there is a medical need for the abovementioned transfer and with the additional condition that the Insured's life is not at risk.

Expenses as abovementioned in the event of a psychiatric event for the Insured and an accompanying individual shall be limited to the sum of USD 1,500 and all subject to the terms specified in the policy.

7. Emergency flights to a close relative – in the event of an accidental event and the Insured requires assistance 24 hours a day (upon obtaining the prior approval of the Insurer) or in the event the Insured was hospitalized in Israel due to an event that necessitates an invasive surgical procedure and his hospitalization exceeds 10 days, the Insurer shall pay to one close relative only the cost of purchase of a flight ticket to Israel in economy class up to the amount of \$1,000.

8. Physical therapy coverage - Physical therapy coverage subject to a physician's instructions and with the Insurer's prior consent, will be paid to the Insured up to the sum of USD 500.

9. Sports activity extreme/hobby as part of a group activity subject to the plan as specified hereunder - provided that this coverage was purchased against additional premiums:

Additional definitions for Part A section 1 definitions:

9.1.1 Extreme sports – sports which are considered especially dangerous and which require from their participants high levels of difficulty, physical and mental effort. Extreme sports will normally include one or more of the following components: speed, height and danger. The list of extreme sorts will be updated from time to time in accordance with the list appearing on the Company website – www.harel-group.co.il

9.1.2 Hobby sport: any sport which is one of the types of sports specified hereunder done as part of a sports association provided that there is no salary involved. "Sports activity" means: dance, martial arts of various kinds including boxing, wrestling, judo, gymnastics, floor / instrument gymnastics, weight lifting, athletics, tennis, ping pong, ball classes, swimming, sailing (except for sailing a speed boat), fencing, ice hockey, archery.

Insurer's undertaking: Insurer will pay to the Insured hospitalization expenses, medical expenses and Insurance Benefits covered by the basic Policy and emanating from the Insured's participation in an extreme or hobby sports activity as defined above, performed in abroad only.

Additional exclusions to extreme / hobby sports activity as part of a group activity in addition to the exclusions appearing in the basic Policy:

The Insurer will not pay for a claim emanating from or relating to:

9.2.1 Winter sports, winter ski and/or snowboard and/or sledding and/or snow bikes.

9.2.2 An Insured that is pregnant during this activity.

9.2.3 Insured's participation in extreme sports for a fee and/or hobby sports for a fee.

The maximal undertaking of the Insurer subject to this Chapter shall not exceed the sum of USD 10,000 in the Policy less the deductible.

Limits of Liability Table

Chapter B	Limits of Liability
Limit of Liability for the Policy	\$100,000
Medical Expenses during hospitalization and not during hospitalization	Included in the Limits of Liability
Medical Expenses during hospitalization	Up to 90 days of hospitalization
Medical expenses not during hospitalization	Included in the Limits of Liability
Consultation by a physician	Included in the Limits of Liability
Lab test, bandaging, x-rays	Included in the Limits of Liability
First aid at a Magen David Adom station	Included in the Limits of Liability
Medication	Included in the Limits of Liability
Ambulance transport expenses	Included in the Limits of Liability
Emergency dental treatment	\$300 for the insurance period
Transport of a body	\$10,000
Chapter C – Extensions for no additional premium	Limits of Liability
Worsening of an existing disease	\$15,000
Medical expenses abroad	\$10,000
Medical expenses in Israel as a result of a psychiatric emergency event	\$2,000
Aerial evacuation and rescue from the place of the event to a nearby hospital in Israel	\$10,000
Transport expenses abroad	\$5,000
Transport expenses abroad due to a psychiatric event	\$1,500
Emergency flights to a close relative	\$1,000
Physical therapy	\$500
Extreme sports	\$10,000

The Policy does not include a qualification period and deductible amounts.

Only the complete Terms and Exclusions of the Policy shall obligate the Insurer