

MEDICAL INSURANCE POLICY FOR TOURISTS IN ISRAEL

GROUP POLICY FOR TEL AVIV UNIVERSITY

Edition: January 2014

In this policy and its appendixes, the following terms shall have the meanings given beside them:

- 1.1 **The Insurer:** Harel Insurance Company, Ltd.
- 1.2 **The Policy:** The insurance contract between the policyholder and/or the Insured and the Insurer, including the declaration of the Insured, the Insurance Details Page (the List), the health condition statement and any rider and/or appendix attached to the policy, including these insurance specifications. However, it is clarified that these specifications prevail over any instruction in the other policy documents.
- 1.3 **The Policyholder: Tel Aviv University**
- 1.4 **The Insured:** (a) Students in the New York Program who come for four years of study in the Faculty of Medicine (herein: **Group A**). (b) Overseas students who come to study at the university in other programs, whether short or long, and students in the School of Dentistry (**Group B**).
All the above provided that he (1) is a foreign citizen, (2) is a foreign resident living temporarily in Israel, (3) his age at the beginning date of the insurance is no more than 65 years.
- 1.5 **Relative:** Spouses and/or children of Insured from Group A and B.
- 1.6 **The Insurance Proposal:** The proposal application form, respectively, that the Policyholder submitted with all details included along with a health condition statement and a waiver of medical confidentiality, signed by the Insured.
- 1.7 **Beginning date of the insurance:** 1 May 2016 to 30 April 2017.
- 1.8 **Insurance agreement:** The business agreement to be signed between the Policyholder and the Insurer, of which the Policy constitutes an appendix.
- 1.9 **Insurance fees:** The insurance payments that the Policyholder must pay the Insurer, according to the insurance agreement signed between the Policyholder and the Insurer and the insurance proposal.
- 1.10 **Insurance event:** A factual and/or circumstantial set of events, as defined in each of the chapters or appendixes of the Policy, the existence of which accords the Insured the right to insurance benefits.
- 1.11 **Date of the insurance event:** The date of actual receipt of medical treatment by the Insured.
- 1.12 **Period or insurance period:** The period specified on the Insurance Details Page attached to the Policy or a shorter period that was shortened according to the instructions and terms of the policy.

- 1.12.1 **Maximum period:** Up to 365 days, with an option to extend for a period of up to another 365 days.
- 1.12.2 **Extended period:** An insurance period that has been extended in the framework of the same insurance policy, provided it was approved in advance by the Insurer.
- 1.13 **Insurance card:** A card issued by the Insurer in addition to the Policy, on which the personal details of the Insured are noted, which the Insured will present to any medical institution in order to obtain medical service.
- 1.14 **Insurance Details Page:** A page attached to the Policy that includes the details and terms required in order to adapt the insurance policy of the Insured.
- 1.15 **Limits of Liability table:** The maximum amount for payment of insurance benefits as set forth in the terms of the Policy, including in each chapter or rider attached to the Policy. In order to eliminate doubt and despite what is said in the Policy, a limitation of the insurance amount, if such exists, is relevant exclusively and solely for that chapter or appendix, and will not be a limitation and/or prevention of the maximum amount regarding the Policy or according to several appendixes and/or or chapters.
- 1.16 **The insurance law:** The Insurance Contract Law 5741 – 1981.
- 1.17 **Health law:** The National Insurance Institute Law 5754 – 1994.
- 1.18 **Country of origin:** Any country outside of Israel that constitutes the country of origin of the student.
- 1.19 **Destination country:** The state of Israel, including the occupied territories.
- 1.20 **Medical institution:** A center for provision of medical services, including a hospital, a clinic, a laboratory, a diagnostic center, a pharmacy and the like that is recognized by the qualified authorities in Israel.
- 1.21 **Medical service:** Including surgery, medical tests, medical treatment, an appointment with a doctor, hospitalization, provision of medications, elective treatment, services provided in Israel as specified in the policy. The medical services will be available to the Insured 24 hours a day, 365 days a year.
- 1.22 **Hospital:** A medical institution recognized by the qualified authorities in Israel as a general hospital only, with the exception of an institution that is a sanatorium, recuperation hospital, recovery hospital, or rehabilitation institution.
- 1.23 **General-government hospital in Israel:** A hospital that is defined as a public hospital in the databases of the Ministry of Health.
- 1.24 **Private hospital:** A hospital in Israel that is not a general hospital that is licensed by the Ministry of Health to perform surgery on a private basis.
- 1.25 **Contracted service providers:** A provider of medical services, physician or medical institution that has a contract with the Insurer, the identity of which appears on the

Service Providers list of the Insurer, which will be published and updated from time to time by the Insurer. An Insured who obtains medical services from a contracted service provider will be exempt from payment to the service provider, with the exception of copay as specified in the Copay table, and the service provider and the Insurer will settle accounts directly between them for the service provided to the Insured.

- 1.26 **Non-contracted service provider:** A medical service provider, physician or medical institution that does not have a contract with the Insurer, the identity of which does not appear on the Service Providers list of the Insurer.
- 1.27 **Service providers list:** A list of the contracted service providers, as published and updated from time to time by the Insurer or the service provider on the Internet, magnetic or other media.
- 1.28 **Medical emergency:** Circumstances in which a person is in immediate life-threatening danger or in which there exists an immediate risk that he will be caused severe irreversible disability if not provided with urgent medical treatment.
- 1.29 **Expenses during hospitalization:** Incurred while the Insured was in a hospital for one or more nights for the purpose of diagnosis and/or for the performance of emergency and/or elective surgery, including staying in the hospital, tests and medicine related to the purpose of the hospitalization.
- 1.30 **Medical expenses:** Expenses actually incurred by the Insured or submitted for payment by the service provider regarding an insurance event.
- 1.31 **Surgery:** An invasive procedure that penetrates tissue, the purpose of which is treatment of an illness and/or injury and/or repair of a defect of the Insured. For this purpose, invasive procedures, including actions using laser rays for diagnosis or treatment, and for viewing internal organs through an endoscope, monitoring, angiogram and blasting kidney stones or gall bladder stones by sound waves will also be considered as surgery.
- 1.32 **Elective treatment:** A medical treatment that is not immediately required for medical reasons, including hospitalization, that was not done based on referral from an emergency room as an emergency event, but by referral from a specialist physician.
- 1.33 **Physician:** A physician who is certified and approved by the qualified authorities to engage in medicine in the country in which he acts as a physician.
- 1.34 **Specialist physician:** A physician who is certified by the state authorities as a specialist in a given field of medicine.
- 1.35 **Prescription medicine:** Medicine that can be purchased only with a medical prescription signed by a physician who confirmed the need for

treatment/medication and determined the manner of treatment, dosage required and period of time of the required treatment.

- 1.36 **Medication:** A chemical or biological substance designed for treatment of a medical condition (including prevention of the development of additional medical conditions) or for prevention of its recurrence, as the result of disease or accident.
- 1.37 **Co-pay:** A monetary amount or percentage of a monetary amount that is to be paid by the Insured or that the Insured actually paid, at the time of receiving medical service or retrospectively, for medical service he received, which will be deducted from the insurance benefits, as specified in the Copay table.
- 1.38 **Copay table:** A table that includes the list of expenses covered for the Insured for each insurance period and a list of the copay amounts.
- 1.39 **Existing medical condition:** A medical condition and/or medical phenomenon and/or illness, whether treated or not, and their consequences, that existed in the Insured prior to the date of joining the Insurance and that is known to the Insured.
- 1.40 **Preexisting medical condition:** A set of medical circumstances that were diagnosed in the Insured prior to the time of joining the insurance, including due to an illness or accident; for this purpose, “diagnosed in the Insured” – by means of documented medical diagnosis or in a documented process of medical diagnosis performed in the six months prior to the time of joining the insurance.
- 1.41 **Restriction due to a preexisting medical condition:** A general restriction in the insurance contract that exempts the Insurer from the responsibility, or reduces the responsibility of the Insured or the scope of coverage regarding an insurance event, a significant cause of which was the regular course of a preexisting medical condition and which the Insured incurred during the period in which the restriction applied.
- 1.42 **Accident:** An unanticipated physical injury caused during the insurance period as a result of a visible external event and that is the sole direct and immediate cause of death or disability of the Insured, with the exception of damage caused by verbal violence.
- 1.43 **Lifelong disability:** Total loss, anatomical or functional, of an organ or limb or part thereof, due to an accident.
- 1.44 **Extreme sports:** Gliding, parachuting, water and snow skiing, mountain climbing, diving with oxygen tanks, bungee jumping, flight in any aircraft other than a civilian aircraft with a certificate of fitness to carry passengers.
- 1.45 **Service call center:** An English-speaking call center that operates 24 hours a day, 365 days a year, as well as a website in the English language or service guide in the English language on behalf of the Insurer, the details of which appear on the insurance entitlement card that every insured person receives, for the purpose of

helping insured persons in all matters related to the medical services and arranging the service between the Insured and the service providers, verifying the entitlement of the Insured to a medical service, coordinating the Insurer's approval and so forth.

1.46 **Dollar:** United States Dollar.

2. Effective Date of the Policy, Manner of Joining and Insurance Structure

- 2.1 This policy will go into effect as of the beginning date of the insurance.
- 2.2 The Insurer undertakes that insofar as the first agreement period or additional periods are not renewed, and the Policyholder chooses a new Insurer to replace the group tourist insurance agreement, the Insurer will work to fulfill all its undertakings according to this agreement, professionally and in good faith, in full cooperation with the new Insurer, for proper and consecutive transfer of the insurance program to the new insurer, all this out with concern for and maintenance of the welfare of the Insured.
- 2.3 Every Insured will receive a personal card indicating his entitlement to insurance, printed with the text customary for the Insurer, as long as this card accords the Insured the option of obtaining all medical services set forth in the Policy. The Insured will be required to present the insurance entitlement card and an identifying document to every contracted service provider.
- 2.4 The Insurer will indemnify the Insured for expenses for medical services actually provided to the Insured or for medical expenses submitted for payment by a service provider during the insurance period, all this subject to the provisions and exclusions of the policy. The Insured will have two tracks for obtaining medical services, by contracted service providers and by non-contracted service providers.
- 2.4.1 **Obtaining medical services through a contracted service provider:** The Insurer will pay the expenses of medical care directly to the service provider, in a manner according to which the Insured will bear only the payments specified in the Copay list, according to the type of service. The Insured will apply for medical service from a service provider the name of which appears on the list of contracted service providers. The payments of the Insurer to the service provider will be made according to arrangements determined between the service provider and the Insurer, and subject to payment of the copay by the Insured as said in the Copay list. It is clarified that the Insured will not be charged any payment to the contracted service provider except for copay as defined in the Copay list.
- 2.4.2 **Obtaining medical services through a non-contracted service provider:** The Insured is entitled according to his discretion to apply for medical service to non-contracted service providers. According to this option, the

Insured will bear the full cost of the medical treatment and will be entitled to a refund from the Insurer, with the deduction of copay as specified in the Copay table for a non-contracted service provider. The refund will be paid within 30 days of the day on which the Insurer has all the documents required to examine its liability, and among these, receipts testifying to the payment made to the service provider. A condition for payment of insurance benefits on this track is completion of all the details on the pre-confirmation forms and claim forms as determined by the Insurer and provision of additional details, all according to the demand of the Insurer and subject to the terms of the Policy. All this is subject to a refund ceiling, which will be the amount that would have been paid to a contracted service provider, and this insofar as the claim is covered. The Insured will provide the service call center with the information regarding his claim, including the diagnosis of the attending physician and the medical documents required by the Insurer in order to examine the claim. The Insured will provide the Insurer with the above information at the stage of receiving the pre-confirmation or after receiving the medical service, depending on the type of service specified in each of the chapters of the Policy. The Insured will present the required documents and a waiver of medical confidentiality, according to which he allows the service provider and/or any other organization and/or institutions to provide any information regarding the medical condition of the Insured.

- 2.5 The Insurer is entitled to obtain an update directly from the personal and/or attending physician of the Insured regarding the nature of the medical treatment required, its scope and its time and to update him regarding the existence of service providers that are suitable for providing the required service subject to the doctor's approval.

3. Manner of Joining the Insurance Plan

- 3.1 After completion of the insurance proposal, which includes a health condition statement and medical underwriting.
- 3.2 It is clarified that a few Insured whose age is over 65 years might be included in the framework of Groups A and B. These Insured will receive identical coverage to the coverage relevant for their respective group, at a special rate determined by the Insurer.

4. Agreement Period

The agreement period will be 36 months, from 1 May 2016 and until 30 April 2019.

5. End of the Insurance Period

The Policyholder and/or the Insured is entitled at any time to cancel the insurance by written notice to the other party. The cancellation will take effect upon receipt of the notice by the Insurer or on a later date as specified in the cancellation notice.

The Insurer is not entitled to cancel the Policy except due to failure to pay a premium or failure of disclosure according to its meaning in the Insurance Contract Law. The cancellation and its consequences will be in accordance with the instructions of the Insurance Contract Law. In order to eliminate doubt, it is clarified that if the cancellation refers to the Policy of a relative or any person who pays the insurance fees directly to the Insurer, the cancellation procedures will be only in reference to that Insured, will be conducted by the Insurer and that person, and will not have any implications on the Policyholder and/or the Policy itself.

If the Policyholder and/or the Insured or the Insurer cancels the insurance before the end of the insurance period, the Insurer will return the proportional insurance fees (pro rata) to the Policyholder.

6. Insurance Fees

6.1 Regarding Insured persons from Group A or B, the insurance fees will be as specified in the agreement.

6.2 The date of payment of the insurance fees will be as specified in the agreement.

6.3 Insurance fees that are not paid on time will be subject to the addition of linkage differences and interest as determined by the Interest and Linkage Law 5721 – 1961 from the date of creation of the delay until actual redemption of the insurance fees by the company.

7. Payment of Insurance Fees

For Group A or Group B (as specified in Section 6.1 above), through the Policyholder.

8. Insurance Benefits

8.1 Payment of the insurance benefits due to the Insured according to the policy will be executed in one of the following two ways:

- (a) To the Insured (in the case that the Insured has passed away – to his legal heirs) (on the conditions specified in the Policy).
- (b) To the service provider – the Company will provide the Insured with a letter of monetary commitment to the service provider, insofar as required and according to the terms of the Policy.

8.2 Payment of insurance benefits to pay for treatment in Israel – will be executed in the currency of the country in which the payment is made or in a currency in which it is possible to execute the payment.

8.3 Insurance benefits will not exceed the amount of the insurance.

8.4 The Insured's right to a refund from a third party is transferred to the Company.

8.5 The Company has joint liability if the Insured is entitled to insurance benefits according to another policy (and according to the proportion between the insurance ceilings, insofar as relevant).

9. **Claims:**

9.1 Payment of insurance benefits under the following conditions:

- (a) Receipt of approval from the Company in advance (on dates determined for this purpose in the Policy) or retroactively (according to the restrictions specified in the Policy).
- (b) The Company is not responsible for the quality of the services in the Policy and damages to the Insured and/or anyone on his behalf.
- (c) The agreement was in effect regarding the Insured.

9.2 The insurance benefits will be paid:

- (a) Within 30 days of the date of approval of the claim;
- (b) In the absence of an original invoice – the payment will be transacted subject to transfer of a reconstruction of the invoice and a declaration of the Insured regarding the reasons for loss of the original receipt.

9.3 Claims regarding insurance events that occurred during the period of the previous policy – will be sent to the Insurer according to the previous policy.

9.4 The Insurer is not liable for insurance benefits if the Insured deliberately did something that could prevent the Insurer from investigating its liability, except insofar as it would be liable if this had not been done.

9.5 **Limitations:** The period of limitation of a claim for payment of insurance benefits for an insurance event according to this policy is three years from the date of occurrence of the insurance event.

9.6 **Waiver of Medical Confidentiality**

9.6.1 The Insured will provide the Insurer with a waiver of medical confidentiality, signed by him, instructing his physicians and/or any organization or medical institution in Israel or overseas or the National Insurance Institute and/or the Ministry of Defense and/or any other government ministry and/or an insurance company and/or a health services provider to provide the Insurer with any reasonable medical information regarding the Insured that they possess (herein: **“Waiver of Confidentiality Form”**).

9.6.2 Issuing of the Waive of Confidentiality Form as said in this section is a precondition for the undertaking of the Insurer according to this Policy.

10. Cancellation of insurance: In the case of delay in payment of the insurance fees, the Policy will be cancelled according to the Insurance Contract Law, 5741 – 1981.

11. Absence of Liability of the Insurer for Acts and/or Omissions of the Physician: The Insurer will not bear any liability for actions and/or omissions of the service providers under contract with the health services and/or their consequences, whether chosen by the Insurer or chosen by the Insured.

12. Changes: The Company will be entitled to change the list of contracted service providers from time to time, subject to notification of the Policyholder 60 days in advance.

13. Place of jurisdiction: The exclusive and sole place of jurisdiction regarding any matter related to and stemming from this Policy is the authorized courts in Israel only, according to Israeli law, and no other court whatsoever shall have any authority. The law that applies to claims arising from and/or related to this Policy is Israeli law.

14. General Exclusions to the Policy

The Company will not be liable and will not be obligated to pay insurance benefits due to an entire insurance event or part thereof in any of the following cases:

- 14.1 An insurance event that occurred prior to the beginning date of the insurance.
- 14.2 Restriction due to a preexisting medical condition:
 - a. A general restriction regarding preexisting medical condition of the Insured will be in effect for an Insured whose age at the beginning of the insurance period is –

Less than 65 years – shall apply for a period not exceeding one year from the beginning of the insurance period;

65 years or more – shall apply for a period not exceeding half a year from the beginning of the insurance period.
 - b. Specific restriction regarding a medical condition – The said in Section 9.2 (a) above notwithstanding, a specific restriction of liability of the Company or of the scope of coverage for a specific medical condition noted on the Insurance Details Page regarding a specific Insured will apply for the period specified on the Insurance Details Page next to that specific medical condition.
 - c. A restriction regarding a preexisting medical condition will not be valid if the Insured notified the Company of his previous health condition and the Company did not, on the Insurance Details Sheet, expressly restrict the specific medical condition mentioned in the notification of the Insured.
 - d. If the Insurer is exempt from liability due to the instructions specified in Regulation 2 and the insurance contract is cancelled, and a reasonable insurer would not have entered into that insurance contract, even for higher insurance fees had it known at the time of drawing up the insurance contract about the preexisting medical condition of the Insured, the Insurer will refund the insurance fees that the Insured paid to the Insured for the period of time up to the cancellation of the insurance contract, after deduction of the proportional part of the insurance fees for insurance coverage for which the Insured was paid insurance benefits; linkage differentials will be added to the insurance fees.
- 14.3 An insurance event that occurred after termination of the insurance period.

- 14.4 **Suicide or attempted suicide, self-injury, alcoholism, use of weapons due to active participation of the Insured in criminal activity, drug use with the exception of use of medical drugs according to the instructions of a physician.**
- 14.5 **A road accident or work accident.**
- 14.6 **Pregnancy, childbirth and surgery or treatments related to infertility and fertility, including any medication, treatment or procedure that increases, improves or repairs impotence or sexual dysfunction, sterilization or reversal of sterilization.**
- 14.7 **Organ or limb transplant.**
- 14.8 **The following types of treatments or services: alternative medicine treatments, including chiropractic and physical therapy, unless ordered by a physician following an accident.**
- 14.9 **Treatment or surgery for cosmetic purposes, with the exception of such reconstructive surgery related to or following treatment that was covered under the terms of the Policy.**
- 14.10 **Healing, therapy, services or medical supply that are not medically necessary.**
- 14.11 **Elective treatment, unless required by a contracted service provider and except for elective treatment for which the service call center gave its approval in advance.**
- 14.12 **Treatments that are not recognized by medical science and/or medical treatments and/or tests based on medical technologies that are not approved by the authorized authorities in Israel on the date of occurrence of the insurance event.**
- 14.13 **Experimental medical treatments of any type whatsoever.**
- 14.14 **Charges for travel and/or accommodation, with the exception of ambulance expenses, medical emergency evacuation expenses.**
- 14.15 **Riding and/or use of a motorcycle as a driver and/or passenger with a driver without a motorcycle driving license suitable for the type of motorcycle involved in the accident event.**
- 14.16 **Active participation of the Insured in car and/or motorcycle race/s (including snow motorbikes) and/or another vehicle, including sailing vessels and/or driving/traveling in any vehicle on a race track whether during a race or not.**

- 14.17 **Psychological therapy.**
- 14.18 **An accident caused as a result of sports or arts or competitive activities regarding which the Insured was given monetary income.**
- 14.19 **Charges caused as a direct result of deliberate criminal acts by the Insured.**
- 14.20 **Treatments performed overseas, unless there is explicit coverage for them according to these specifications.**
- 14.21 **Treatments required due to an existing condition.**
- 14.22 **Consequential damage of any type.**
- 14.23 **Dental and gum treatments, including gum surgery and including diseases originating in disturbances of the gums and teeth, and except for emergency treatment as specified in the Policy.**
- 14.24 **Treatment that was not approved by a physician.**
- 14.25 **Surgery or treatments done for the purpose of research, experimentation and investigation.**
- 14.26 **Weight adjustment or surgical treatment of obesity, including jaw wiring and any type of gastric partitioning or gastric bypass surgery, with the exception of consultation with a dietician for oncology patients, chronic kidney patients, diabetes patients or gestational diabetes, a cardiac patient, anorexia patient and at the recommendation of a specialist physician in the relevant field and up to 3 consultations in each Insurance year.**
- 14.27 **Adjustment of the body in order to improve the psychological, mental, emotional wellbeing of a person, such as sex-change surgery.**
- 14.28 **Repair of an inborn defect and/or deficiency. Surgery related directly or indirectly to the purpose of beauty and/or esthetics, including surgery to repair shortsightedness or gastric partitioning, with the exception of reconstructive breast surgery after mastectomy and only if the mastectomy was performed during the insurance period.**
- 14.29 **Surgery due to an injury that occurred during professional sports activity for pay and/or in the framework of a sports association.**
- 14.30 **Transplant of organs/limbs in Israel or overseas, and/or special treatments overseas.**

14.31 **Surgery related to teeth and/or gums.**

15. Insurance law: The instructions of the Insurance Contract Law 5741 – 1981 will apply to this Policy.

16. Notices: The Policyholder/Insured must notify the Company of any change of address in a registered letter. A notice that is sent by the Insurer to the last address of the Insured known to it shall be considered a notice properly delivered.

1. The Undertaking of the Insurer: The Insurer will pay the expenses during hospitalization as follows:

Level of the medical service – The Insurer undertakes to provide the Insured according to this Policy with the medical services for which the Insured is entitled to coverage of expenses, according to medical judgement, of reasonable quality, within a reasonable amount of time and at a reasonable distance from the place of residence or place of the insurance event, as customarily accepted in the state of Israel.

1.1 Expenses in a general–government hospital in Israel:

1.1.1 If the Insured is hospitalized, the Insurer will pay for these hospital expenses covering a period not exceeding 90 days.

Expenses for hospitalization – Hospitalization of the Insured in a general-government hospital in Israel (except for a case in which the Insured is entitled to surgery by means of a private surgeon) and coverage of all expenses for treatment of the Insured during the hospitalization, including hospitalization in an intensive care unit or operating room, or in any other ward or unit of the hospital, as demanded by the hospital, including but not only, physician/s' fees, dressings, sutures, casts or medical supplies required for the treatment, medications during hospitalization, medical aids required during hospitalization or surgery, radiation, chemotherapy, dialysis, laboratory tests, provision of blood and its components, giving oxygen and other gases, anesthetics, rehabilitative treatment of the Insured provided as a direct continuation of hospitalization of the Insured and the like (herein: **"hospitalization expenses"**).

1.1.2 **Outpatient hospitalization** – of the Insured without remaining for the night, in an outpatient unit of a general/public hospital in Israel (except for the case in which the Insured is entitled to surgery by a private surgeon) and/or a medical institution, for the purpose of diagnosis and/or medical treatment and/or surgery, arising from a health condition of the Insured that does not require medical hospitalization in a hospital and/or intensive care ward.

1.1.3 It is hereby clarified that the Insurer will pay hospitalization expenses to general-government hospitals and will not indemnify the Insured and/or the

service provider for hospitalization expenses insofar as the Insured was hospitalized in a private hospital and/or received and/or paid for private medical services during his/her said hospitalization, unless the Insured received the Insurer's prior written approval. Approval of the Insurer for hospitalization in a private hospital is according to its exclusive judgement.

1.2 Emergency room expenses in any of the general-government hospitals in Israel, solely in the cases listed below:

- 1.2.1 Referral by a physician.
- 1.2.2 Any new fracture.
- 1.2.3 Dislocation of a shoulder or elbow.
- 1.2.4 An injury requiring stitching by means of sutures or other means of stitching.
- 1.2.5 Aspiration of a foreign object into the trachea.
- 1.2.6 Penetration of a foreign object into an eye.
- 1.2.7 Infants up to the age of two months with a fever of over 38.5 degrees Celsius.
- 1.2.8 Snake bite.
- 1.2.9 Evacuation by ambulance to an emergency room due to a medical emergency.
- 1.2.10 Approval of the Company.
- 1.2.11 The emergency inquiry ends in non-elective hospitalization.

The Insurer will be permitted to demand at any time that the Insured return to his country of origin for the purpose of receiving medical care and on the condition that his return is possible from a medical point of view.

1.3 Medical expenses that are not in the framework of hospitalization, provided by a contracted service provider:

The Insurer will pay the service providers directly for medical expenses incurred by the Insured outside the framework of hospitalization, as follows:

- 1.3.1 **Medical treatment/consultation:** Visit of the Insured to a family doctor, pediatrician and/or specialist physician for the purpose of diagnosis and/or consultation and/or treatment arising from a state of illness of the Insured.
- 1.3.2 **Laboratory tests, X-rays, bandaging:** Including blood, urine, stool tests, gastroenterology, EG, EMG, audiometric ergonomic tests, X-rays, ultrasound,

nuclear medicine, CT and echocardiogram, for which the Insured was referred by a physician or a hospital.

- 1.3.3 **Medications:** Medications prescribed by a physician that are purchased at pharmacies that are contracted service providers, with the deduction of the co-pay amounts as specified on the Insurance Details Page. This amount is not cumulative.

Purchase of medicine – Actual purchase of a prescription medication approved by the certified authorities in the destination country for use by the Insured, in order to treat a condition of illness of the Insured as diagnosed by a physician and when the need for its use was determined explicitly by medical approval on behalf of a physician and in an official prescription on behalf of it, showing the need to supply the medication. It is clarified that the list of medications to which the Insured will be entitled will not be less than the list of medications included in the health basket according to the Health Law. In order to eliminate doubt, it is clarified that the Insured will not bear payments for experimental medications and/or those that have not been approved by the certified authorities or for medications that are not prescription medications.

- 1.3.4 **Ambulance expenses:** Transportation of the Insured by ambulance to an emergency room or from a hospital in which the Insured is hospitalized to another hospital, for medical circumstances stemming from his health condition, which do not allow for his reaching an emergency room by means of transportation other than an ambulance, and provided that the transfer ends with hospitalization or provided that he was referred by the service provider.

- 1.3.5 **Travel in a taxi in the case of an emergency:** Travel of the Insured in a taxi to an emergency room due to medical circumstances stemming from the health condition of the Insured for which the emergency room visit ended in hospitalization, and provided he was referred by the service provider.

- 1.3.6 **Medical emergency evacuation:** Emergency air transport as the result of a condition of illness of the Insured to a hospital or to the airport nearest to the hospital to which the Insured is evacuated or transported, or to the country of origin, depending on the case, according to the judgement of the Insurer,

including essential emergency ground transportation prior to and following the air transportation.

- 1.3.7 **Medical flight:** Air transportation on a regular airline and/or special aircraft accompanied by a medical team that is medically suited to the condition of the Insured being transported from Israel to the country of origin overseas, provided that the physician of the Insurer has determined that there is liable to be a need for medical intervention in the course of the flight and on the additional condition that the medical transport is possible and required from a medical point of view. The Insurer will bear the expenses of the Insured regarding the medical flight as defined above. In the case of an insurance event according to this Policy (an event regarding which the Insured is entitled to a refund of hospitalization expenses) and will transport the Insured to the country of origin for continuation of treatment. The means of transport will be determined exclusively by a physician on behalf of the Insurer, after receiving precise information about the medical condition of the Insured and the possibility of treatment the Insured in the place where he became ill or was injured. The liability of the Insurer according to this section is conditional upon prior approval on behalf of the Insurer and execution of said flight by means of the Insurer and/or someone on his behalf, exclusively.
- 1.3.8 **Emergency dental treatment:** The Insured will be entitled to receive dental emergency services and dental first aid.
- 1.3.9 **Transportation of a corpse:** In the case of the death of the Insured, expenses of transporting the corpse of the Insured from Israel to the Insured's country of origin, up to a maximum amount of 5,000 dollars, and provided that the expense is not paid by any other entity.

To eliminate doubt, the undertaking of the Insurer for medical expenses that are not in framework of hospitalization, with regard to an insurance event that occurred within the insurance period and the treatment of which was not completed before the end of the insurance period, shall continue for an additional period of 90 days after the end of the insurance period.

The undertaking of the Insurer for this Policy will not exceed a total amount of 100,000 dollars for the entire insurance period.

2. Extended Coverage for Surgery – Private Hospitals

2.1 Additional Definitions for this Chapter:

2.1.1 **Surgery:** Any invasive procedure that penetrates tissue, the purpose of which is treatment of an illness and/or injury and/or repair of a defect or distortion of the Insured. For this purpose, invasive procedures, including actions using laser rays for diagnosis or treatment, and for viewing internal organs through an endoscope, monitoring, angiogram and blasting kidney stones or gall bladder stones by sound waves will also be considered as surgery.

2.1.2 **Contracted surgeon:** A physician qualified and licensed by the certified authorities in Israel as a specialist surgeon and who is under agreement with the Company solely for the purpose of performing surgery and pre-surgery consultation at the time of occurrence of the insurance event.

2.1.3 **Another surgeon:** A physician qualified and licensed by the certified authorities in Israel as a specialist surgeon who is not a contracted surgeon, who is referred to solely for the purpose of surgery.

2.1.4 **Nurse:** A male or female nurse in Israel who holds a certificate of qualification from the Ministry of Health.

2.2 **Insurance event:** An insurance event is a health condition of the Insured that requires the performance of surgery that will be performed by a contracted surgeon or other surgeon.

2.3 **The undertaking of the Company according to this chapter:** The Company will pay for the actual expenses listed below, provided that the maximum sum that the Company pays directly to the Insured does not exceed the amount paid to the contracted service provider, and up to the limit of liability for this chapter.

2.3.1 Surgeon's fee in a private hospital:

A contracted surgeon's fee will be paid in full – directly to the contracted surgeon.

Another surgeon – Payment to the Insured according to the type of surgery performed by another surgeon, at the level of the amount actually paid by him, up to the ceiling of the amount determined for contracted surgeons of the Company for the surgery that was performed.

2.3.2 Pre-surgery consultation.

2.3.3 Additional pre-surgery consultation.

2.3.4 Coverage of hospitalization expenses in a private hospital in the case of surgery: The Company will cover hospitalization expenses in a room of two to three beds in a private hospital for a period not exceeding 20 days, up to the set ceiling amount for the Company's contracted service providers.

2.3.5 Operating room expenses in a hospital: up to the set ceiling amount for the Company's contracted service providers.

2.3.6 Expenses for pathological testing: up to the set ceiling amount for the Company's contracted service providers.

2.3.7 Prosthesis: Up to the set ceiling amount for the Company's contracted service providers.

2.3.8 Wages of a private nurse during surgery.

2.3.9 Ambulance transportation services to the hospital and between hospitals in Israel: Payment of a portion of the expenses to the Insured.

2.4 **Precondition for the liability of the Company:** The Company will pay the insurance benefits only provided that it gave the Insured its approval in advance for performance of the surgery by a contracted surgeon or another surgeon in a private hospital or a contracted hospital and for the date of performance of the surgery, and all this subject to the general terms.

2.5 **Changes, waivers or deviations from the terms of the policy:**

2.5.1 This chapter is subject to all terms of this Policy.

2.5.2 Any change and/or waiver and/or deviation from the said in the other chapters of the policy will be binding in the matter of this chapter only if it is included explicitly in this chapter.

- 2.5.3 In the case of a conflict between the said in this chapter and the said in other chapters of the Policy and/or the said in the general terms of the policy, the instructions of this chapter shall apply.

The limit of liability for Chapter 2 is up to the amount of \$3,000.

3. Expenses for Transportation Overseas

The expenses of transporting the Insured back to the country of origin – in the case of a serious illness or major surgery that the Insured must undergo, the Insurer will be permitted request the approval of the Policyholder, fully according to the discretion of the Policyholder, to return the Insured to the country of origin for the purpose of receiving the treatment. A condition for receiving the said service is that the treatment in the country of origin will significantly reduce the cost of the treatment and/or that there is a prolonged recovery period that will preclude the return of the student to the study program within a reasonable time, and that there is adequate expertise for the required medical treatment in the country of origin. If the Policyholder agrees to the return of the Insured, the Insurer will fully fund the flight of the Insured and one accompanying person to the country of origin and will guarantee the receipt of medical treatment in the country of origin.

4. Extreme Sports as Part of a Group Activity According to the Program, as Set Forth Below:

4.1 Additional definitions for this paragraph

Extreme sports: Gliding, parachuting, water and snow skiing, mountain climbing, diving with oxygen tanks, bungee jumping, flight in any aircraft other than a civilian aircraft with a certificate of fitness to carry passengers.

- 4.2 **The undertaking of the Insurer:** The Insurer will pay the Insured hospitalization expenses, medical expenses and insurance benefits covered in the basic policy and that result from the participation of the Insured in extreme sports.

4.3 Additional exclusions to Chapter 4 in addition to the exclusions in the basic policy

The Insured will not pay for claim/s arising from or related to:

- 4.3.1 **Winter sports, winter skiing and/or snowboarding and/or snow sledding and/or snow biking.**
- 4.3.2 **An insured who was pregnant at the time of this activity.**
- 4.3.3 **The participation of the Insured in extreme sports that involve wages and/or an amateur sport that involves wages.**

5. Death or Lifelong Total Disability due to an Accident Event of the Insured

5.1 Definitions in addition to the definitions chapter

Death: Death of the Insured as the result of an accident.

5.2 If the Insured is caused death or loss of limbs or organs in Israel, the direct reason of which is an accident as defined in the Policy, insurance benefits will be paid as follows:

Compensation in the case of the Insured over the age of 18 – up to the amount of \$10,000.

In the case of loss of an organ/s or limb/s: If the Insured over the age of 18 and up to (including) the age of 67 at the time of the insurance event is caused loss of an organ/s or limb/s, as defined in the definitions chapter, he will be entitled to a percentage of \$10,000. An Insured who at the time of the insurance event had not yet reached the age of 18 will be entitled to half of the above-said compensation, as specified in the Limits of Liability table of the Policy.

Organ		Organ	Right	Left
One eye	30%	Arm	75%	65%
Two eyes	100%	Forearm	65%	55%
One ear	20%	Hand	60%	50%
Two ears	50%	Thumb	25%	20%
Leg (above the knee)	60%	Index finger	15%	12%
Thigh	70%	Middle finger	12%	8%
Foot	50%	Ring finger	10%	8%
Big toe	5%	Pinkie finger	12%	10%
Other toe	3%	Knuckle	one-third of the percentage listed above	

The percentages noted in this table refer to 100% loss of the said organ. It is clarified that there is no coverage for loss of an organ or limb that is not specified in the above table. Loss of an organ or limb that occurred prior to the accident event will be taken into account for the purpose of determining the percentage of loss of the organ, and will be deducted from it. A left limb of a left-handed person will be considered as a right limb according to the above table. It is clarified that there is no coverage for “plastic disability” or any disability that is not functional.

Table of Limits of Liability for the Policy

Main Areas of Coverage	Limits of Liability	Copay (contracted provider)	Copay (non-contracted provider)
Medical expenses during hospitalization and not during hospitalization	\$100,000	None	
Medical expenses during hospitalization			
Surgery/major surgery	Included in the limits of liability	None	No copay, but coverage limited up to \$3,000
Days of hospitalization	90 days		
Medical expenses not during hospitalization			
Treatment, consultation with physician	Included in the limits of liability	No copay	\$35
Laboratory tests, bandaging, X-rays	Included in the limits of liability		\$50
Visit to emergency room	Included in the limits of liability	No copay	No copay
Medications	Included in the limits of liability	No copay	\$25
Medical evacuation expenses	Included in the limits of liability	No copay	No copay
Expenses for ambulance transport, provided the Insured was then hospitalized or the transport was done with a physician's referral	Included in the limits of liability	No copay	No copay
Travel in a taxi in an emergency, provided the Insured was then hospitalized	Included in the limits of liability	No copay	No copay
Emergency dental treatment	Included in the limits of liability	No copay	\$150
Medical air transportation	Included in the limits of liability	No copay	No coverage
Any other medical treatment that is not excluded according to the Policy	Included in the limits of liability	\$25	\$100
Transportation of a corpse	\$5,000		
Part B: Riders			
Private surgery	\$3,000	None	No copay
Expenses of transportation overseas	Included in the limits of liability	No copay	No coverage
Extreme sports	Included in the limits of liability	No copay	No coverage
Death or lifelong total disability due to an accident event (up to age 18, half the amount)	\$10,000	No copay	No coverage

In this policy no qualification and/or waiting period will apply.

Non-emergency dental treatment – Although these treatments are excluded from the Policy, an Insured who receives such treatments from a contracted provider will at that time be granted a discount of 25% from the cost of the treatment. This benefit will not be granted with a service provider that is not contracted with the Insurer.