

Tour & Care
Medical Insurance for Tourists in Israel

UMS – University Medical Services
Comprehensive Health Insurance for Academic
Visitors and Students



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If the policy is purchased and same is noted in the insurance details document, as stated hereunder the insurer shall indemnify the insured, for expenses in respect of medical services and/or shall pay directly to the service providers and/or to the medical institution which provided the health services in respect of the insured event and/or to indemnify the insured, all as defined and detailed in the policy, in the course of the insurance period, according to the insurer's limits of liability, the conditions, exceptions and exclusions as detailed in this policy.

CHAPTER A: DEFINITIONS AND GENERAL CONDITIONS

1. Definitions

- 1.1. **Insured event:** An event in the course of the insurance period in which the insured requires medical treatment in Israel which is included in the framework of this policy and such medical treatment is provided within the insurance period and/or no later than 90 days from the date of the termination of the insurance period – all according to the conditions, exceptions and exclusions detailed in this policy.
- 1.2. **General – government hospital:** An institution in Israel recognized by the authorized authorities as a general/government hospital and which is solely used as a hospital - excluding an institution which is also a sanatorium and/or convalescent home and/or recuperation institute and/or rehabilitation institution.
- 1.3. **The policy owner:** A person or corporation who/which enters into ties with the insurer in the framework of the insurance contract and whose name is stated in the policy as being the policy owner, who is interested in insuring the insured in this policy.
- 1.4. **Insurance fees:** The sums which the policy owner or the insured is to pay to the insurer in respect of the insurance cover in terms of this policy, according to the policy conditions.
- 1.5. **Hospitalization expenses:** Medical expenses involving the hospitalization of the insured which were expended in the course of the insurance period and for a duration not exceeding 90 days, as detailed in the policy.
- 1.6. **Medical expenses, not during hospitalization:** Payment in respect of medical treatment, diagnostic tests, medications which shall be supplied to the insured not in the framework of hospitalization in Israel, and no more than whatsoever specified in the insurance policy.
- 1.7. **Medication:** A chemical or biological substance intended to treat the insured's medical condition and/or for recuperation of the insured and/or to prevent deterioration of the insured's medical condition (including prevention of development of additional medical conditions) and/or to prevent reoccurrence of the insured's medical condition due to illness or an accident, which is confirmed by the authorized authorities in Israel and is included in the list of authorized medications and/or by the authorized authorities in one or more of the recognized countries.
- 1.8. **The insurer:** Harel Insurance Company Ltd.
- 1.9. **The insured:** Whomsoever is temporarily in Israel and is not a resident or citizen of the State of Israel, whose name appears in the insurance details document.
- 1.10. **The policy:** This insurance contract, including the proposal, insurance details document and any addendum, or addition annexed thereto.

- 1.11. **The insurance proposal:** The proposal form according to such wording as shall be determined by the insurer, including a health declaration, a declaration regarding the date of entry into Israel and a letter waiving medical confidentiality signed by the insured and the policy owner, wherever his /her signature is required for this purpose.
- Health declaration:** The insurer's health declaration form and medical confidentiality waiver letter, signed by the insured.
- 1.12. **Insurance details document:** The page annexed to the policy, constituting an integral part thereof, containing the details and conditions required in order to adjust the insurance policy to the insured's insurance contract conditions.
- 1.13. **Deductible:** The insured's share of an expense in respect of an insured event as detailed in the insurance details document. It is hereby clarified that the insurer's liability to make any payment whatsoever shall only be in respect of the insured's expenses in excess of such deductible.
- 1.14. **Emergency room:** A place intended to provide urgent medical attention which is authorized by the authorized authorities in Israel to act as an emergency room.
- 1.15. **Abroad/ outside Israel:** Any place outside Israel including all means of transport to or from Israel.
- 1.16. **Israel:** Israeli areas except for all means of transport to and from Israel including the areas controlled by the IDF, but except for the territories administered by the Palestinian Authority.
- 1.17. **Medical institution:** Hospital or clinic including a medical institute, laboratory, diagnostic center, pharmacy.
- 1.18. **The Service Center:** Telephone center on behalf of the insurer operating 24 hours a day which provides answers to insureds insofar as relates to the service providers.
- 1.19. **State of medical emergency:** Circumstances in which a person is found to be in immediate life endangering circumstances or there is an immediate risk that a person shall sustain irreversible serious disability should urgent medical treatment not be provided to him.
- 1.20. **Previous medical condition:** An array of medical circumstances, diagnosed in the insured prior to the date of his joining the insurance, including due to an illness or accident; for this purpose "diagnosed in the insured" – by way of a documented medical diagnosis, or in a process of documented medical diagnosis, taking place in the course of 6 months preceding the date of joining the insurance.
- 1.21. **Service providers:** General – government hospital and/or private hospital which has been pre-authorized by the insurer and in addition, doctors and/or medical institution connected by agreement with the insurer whose names appear in the schedule annexed to this policy **from whom – and from whom alone, the insured shall be entitled to receive the medical services detailed in this policy, all subject to the policy conditions.**

- 1.22. **Health services basket:** As defined in the Health Insurance Law.
- 1.23. **Doctor:** The holder of a medical qualification certificate, lawfully certified to practice as a doctor in Israel.
- 1.24. **Attending doctor:** A general doctor who is not an expert as well as an expert in family and/or internal medicine and/or gynecology.
- 1.25. **Health / medical services:** All the medical services to which the insured is entitled in terms of the conditions of this policy.
- 1.26. **Initial medical services:** Services to be provided by an attending doctor as defined above.
- 1.27. **Accident:** Unanticipated bodily injury caused during the insurance period by visible external violent means which constitute the sole, direct and immediate cause of the insured's death or disability, except injury resulting from verbal abuse.
- 1.28. **Eligibility period:** A period of 48 hours from the inception of the insurance period as defined in paragraph 1.29. In the course of this period, the insurer shall not be responsible for an insured event which occurs as defined in paragraph 1.27 above, except for an accident. An insured event occurring in the course of the eligibility period shall be deemed to be an insured event which occurred prior to the inception of the insurance.
- 1.29. **The insurance period:** The period noted in the policy and the insurance details document, or a shorter period, shortened in accordance with the provisions of the policy and its conditions.
- 1.29.1. **Maximum period:** Until the insured reaches the age of 59: 180 days, with an option to extend the period for up to an additional 180 days.
- From age 60 to age 65: 90 days with an extension option for additional periods of 90 days each, however, no more than 365 days in total.
- 1.29.2. **Extended period:** An insurance period which has been extended, whether in the framework of the same insurance policy or in the framework of a new insurance policy in accordance with the provisions of paragraph 2.11 hereunder.
- 1.30. **The Insurance Contract Law:** The Insurance Contract Law 5741-1981.
- 1.31. **Dollar:** United States dollar.

2. General Conditions

- 2.1. **Duty of disclosure:** In the event that the insurer poses a question to the insured before signing the contract – whether in an insurance proposal form or in another written manner – in a matter which may influence the willingness of a reasonable insurer to enter into the contract whatsoever or to enter into the contract under its conditions, (hereinafter "**a material matter**"), the insured is obliged to response thereto in writing with a full and honest answer. An inclusive question involving various matters without

distinction between them, shall not oblige a response as aforementioned, unless same was reasonable upon signing the contract.

- 2.1.1. Concealment with fraudulent intent on the part of the insured, of a matter which the insured knows to be a material matter shall be equivalent to a response which is not full and honest.
- 2.1.2. In the event that the responses given to a question in a material matter which was not full and honest, the company shall be entitled – within 30 days from learning thereof and as long as an insured event has not occurred – to cancel the policy by written notice to the insured.
- 2.1.3. In the event that the company cancels the policy by virtue of this paragraph, the insured will be entitled to a refund of the insurance fees which he paid for the period after the cancellation, less the company's expenses, except if the insured acts with fraudulent intent.
- 2.1.4. In the event that an insured event occurs before the policy being cancelled by virtue of this paragraph, the company shall not be obliged to pay anything other than proportionally reduced insurance benefits, according to the ratio between the insurance fees customarily paid by it according to the true situation and the agreed insurance fees. The company shall be entirely exempt upon any of the following:
 - 2.1.4.1. The response was given with fraudulent intent.
 - 2.1.4.2. A reasonable insurer would not have entered into that contract, not even for higher insurance fees had it been aware of the true situation; in such event the insured will be entitled to a refund of insurance fees paid by it for the purpose after the occurrence of the insured event, less the company expenses.
- 2.1.5. The insurer shall not be entitled to the aforementioned remedies upon each one of the following, unless the response which was not full and honest was given with fraudulent intent:
 - 2.1.5.1. He was aware or should have been aware of the true situation at the time of signing the contract or he caused the response not to be full and honest.
 - 2.1.5.2. The fact in respect of which a response was given, which was not full and honest, ceased existing before the insured event occurred, or did not influence its occurrence, the insurer's liability or the extent thereof.
- 2.2. **Validity of the policy:** This policy becoming valid is conditional of actual payment of the first premium. This condition shall not apply in the event that the insured receives a means of payment from which the insurance premium may be collected. In the event that the insurance fees are not paid to the company before the company grants its consent to arrange the insurance, the payment shall not be deemed to be consent

by the company to arrange the insurance. In such instance, the company will send – within 90 days after initial receipt of the insurance fees – a decision regarding the acceptance or non-acceptance of the insurance candidate, and shall send him as the case may be an insurance policy including an insurance details document or a letter of rejection, in terms of which the insured was not accepted to the insurance and does not possess valid insurance cover or an approach for completion of details, or a counter insurance proposal. In the event that the company fails to send – within 90 days after initial receipt of the insurance fees – a rejection notice as aforementioned, or an approach for completion of details or a counter insurance proposal, the insured shall be deemed to have joined the insurance under the conditions appearing in the insurance proposal.

In the event that the insurance candidate is involved in an insured event during the period, between the initial receipt of the insurance fees and the company's decision regarding his acceptance or non-acceptance to the insurance, and in accordance with the provisions of the company's existing medical underwriting provisions regarding insurance candidates having similar characteristics, the company would have informed the insurance candidate at the end of the underwriting process of his acceptance to the insurance (had the insured event not occurred), the insurance candidate will be entitled to cover in the framework of the policy in respect of the insured event and this, subject to all the other policy provisions and conditions.

- 2.3. **Taxes and levies:** The insured is obliged to pay to the company, the insurance fees and other government taxes applying to the policy or which are imposed upon the insurance fees, on the sums insured and all the other payments which the company is obliged to pay in terms of the policy, whether such taxes exist on the date of arranging the policy or if same are imposed any time thereafter.
- 2.4. **Prescription:** The prescription period of a claim for payment of insurance benefits in respect of an insured event in terms of this policy, is 3 years from the date of the occurrence of the insured event.
- 2.5. **Notices:** It is incumbent upon the insured to notify the company by post of any change of address. A notice sent by the company to the last address of the insured known to it, shall be deemed to be a notice which was properly delivered to him.
- 2.6. **Amendments:** The company shall from time to time be entitled to amend the list of service providers in the agreement.
- 2.7. **Place of jurisdiction:** The sole and exclusive place of jurisdiction relating to everything connected and emanating from this policy shall only be in the authorized courts in Israel according to the law in Israel and no other court whatsoever shall have any jurisdictional rights. The law which shall apply to claims emanating and/or connected with this policy, is the Israeli law.
- 2.8. **Health declaration:** The insured shall provide the insurer with a health declaration and waiver of medical confidentiality.

2.9. Claims and insurance benefits:

- 2.9.1. A notice of any insured event shall be delivered to the insurer within a reasonable time, speedily and as soon as possible. All the details regarding the insured event are to be attached to the notice, which is to be sent to the insurer in order for it to obtain all the facts which are required by it.
- 2.9.2. The policy owner and/or the insured shall attach to the notice form in respect of the insured event, all the relevant medical documents relating to the insured event including diagnoses, anamnesis - history of the event and if payments were affected by the policy owner and/or the insured – original receipts regarding execution of the payment, or in the absence of an original receipt, against a copy together with an explanation to whom the original receipt was sent, and confirmation by such entity in respect of the sum paid by the subscriber for these documents, or together with an explanation to whom the original documents were sent and details of the reason of the inability to produce same.
- 2.9.3. The policy owner and the insured shall cooperate with the insurer prior to, and after the filing of the claim and shall do everything required in order to enable the insurer to clarify its liability to make payment in terms of the policy and its extent.
- 2.9.4. The insurer at its discretion, shall be entitled to pay the insurance benefits or part thereof directly to the service providers or to pay same to the insured against original receipts (or in the absence of an original receipt, against a copy together with an explanation to whom the original receipt was sent, and confirmation by such entity in respect of the sum paid by the subscriber for these documents, or together with an explanation to whom the original documents were sent and details of the reason of the inability to produce same). At his demand and provided that his entitlement in terms of the policy is undisputed, the insured shall be entitled to receive a letter of monetary undertaking from the insurer to the service providers which will enable him to receive medical service.
- 2.9.5. Insurance benefits due to the insured in respect of a refund of expenses paid in Israeli currency, shall be paid in Israeli currency and linked to the Consumer Price Index as and from the date of payment by the insured and until the date of payment of the insurance benefits. Insurance benefits by virtue of this policy will be paid in Israeli currency according to the following breakdown:

For the purpose of examining the limit of liability, the insurance benefits due to the insured in respect of a refund of expenses paid in Israeli currency will be calculated in accordance with the dollar value of each payment, in accordance with to the exchange rate known at the time of execution of payment of insurance benefits, according to which the insured paid the insurance benefits.

For the purpose of this paragraph "index" – the Consumer Price Index published by the Central Bureau of Statistics, or in the absence of such a publication, an index published by another official entity replacing it, or any index whatsoever specified for health services.

- 2.9.6. Payment of insurance benefits which are due to the insured, in respect of a refund of expenses paid in a currency which is not an Israeli currency – shall be converted from the currency in which same were paid into US dollars and from dollars into Israeli currency in accordance with the known rate at the time of payment of insurance benefits, of the type of exchange rate according to which the insured paid the insurance fees.
 - 2.9.7. **The insured shall not be entitled to insurance benefits in excess of the limits of liability. The total insurance benefits paid, for the purpose of examining the limit of liability, shall be calculated in accordance with the dollar value of each payment – according to the exchange rate type, according to which the insurance paid the insurance fees, known at the time of execution of the payment.**
 - 2.9.8. On the death of the insured, the insurer shall pay to the service supplier, the balance of the insurance benefits which it undertook to pay. In the absence of an undertaking vis-a-vis the medical service provider or if a balance remained after the payment was effected in terms of the said undertaking, the balance shall be paid to the estate and/or heirs of the insured in accordance with a will probate order and/or according to a succession order.
 - 2.9.9. The insured shall not be entitled to insurance benefits exceeding the sum insured and the insurer shall pay, up to the level of such sum to the insured and/or to contracted service providers.
 - 2.9.10. In the event of the insured being entitled to cover for the expenses expended in terms of this insurance fully or partly in the framework of another policy with another insurance company, the insurer shall pay its pro-rata share for the expenses which were actually expended in accordance with the extent and the proportionate cover to which the insured is entitled from all the insurers. It is incumbent upon the insured to notify the company immediately after double insurance was effected.
 - 2.9.11. In the event that the insurance deliberately commits an act which may prevent the company from clarifying its liability or hindering it, the company shall not be obliged to pay insurance benefits, except to the extent it would have had to pay had such act not been perpetrated.
- 2.10. **Medical examination:** The insurer will be entitled to reasonably demand that the insured undergo medical examination by a doctor on behalf of the insurer and at its expense.

2.11. Extension of the insurance period:

- 2.11.1. The insured will be entitled to approach the insurer in order to extend the insurance period by another period. Extension of the insurance period shall be subject to the insurer's advance written authorization. It is hereby clarified that at the end of the insurance period as defined in the policy, the insurance shall not be automatically extended.
- 2.11.2. The insurer shall be entitled to amend the insurance fees upon inception of the extension of this policy. Calculation of the insurance fees for the additional insurance period shall be performed in accordance with the number of extension days, according to the insurer's insurance fees tariff valid upon inception of the extension and in accordance with whatsoever set down in the "insurance period" paragraph in the definitions chapter.

2.12. Cancellation of the insurance:

- 2.12.1. If the insurance fees were not paid regularly and as determined in the policy and were also not paid within 15 days after the insurer demanded in writing that the policy owner pay same, the insurer shall be entitled to notify the policy owner in writing that if the arrears sum is not settled prior thereto, the policy shall be cancelled after 21 additional days have elapsed.
 - 2.12.2. If the insurance policy is cancelled prior to termination of the insurance period, the insurer shall refund part of the insurance fees in respect of the period when the insured is no longer insured, subject to its duties in accordance with the provisions of the Insurance Contract Law.
 - 2.12.3. For the purpose of paragraph 2.12.2: the pro-rata insurance fees will be refunded, less handling fees. For the purpose of this paragraph, 'handling fees'- the insurer's expenses for issuing the insurance policy, expenses for issuing the insured's card and any other expense ancillary to the policy issue process, which shall be no less than insurance fees for 2 months in terms of this policy.
 - 2.12.4. Nothing contained in this paragraph above shall derogate from the insurer's right to cancel the policy in the event that the insurance fees are not paid regularly as stated in paragraph 2.12.1 above, or in the event that the insured concealed from the company a material fact as noted in paragraph 2.1 above, as set down in the Insurance Contract Law.
 - 2.12.5. The policy owner and/or the insured will be entitled to cancel the policy by written notice to the company at any time.
- 2.13. Non liability of the insurer for the acts and/or omissions of the service providers – the insurer shall bear no liability whatsoever for the quality and/or acts and/or omissions of the service providers in connection with the health services and/or their results.

2.14. Amendment of the insurance fees and insurance conditions:

- 2.14.1. The insurance fees under this policy shall be determined in accordance with the age of the insured at the time of purchasing the policy as noted in the insurance details document, which shall be paid at the beginning of the insurance period.
- 2.14.2. The insurer shall be entitled to amend the insurance fees and the conditions of this policy for all the insureds in this policy. Such amendment shall be valid on condition that the Commissioner of Capital Market, Insurance and Savings confirmed such amendment and same shall become valid 30 days after the insurer having notified the insured thereof in writing.
- 2.14.3. An amendment to the insurance fees as noted in paragraph 2.14.2 above, shall apply to all insureds in the plan and shall not take into account a change in the state of health of the insured (if such a change occurred) during the period preceding the aforementioned amendment.

CHAPTER B: INSURER'S UNDERTAKINGS

The insurer shall pay the insured as follows:

3. Expenses during hospitalization and expenses not during hospitalization as detailed hereunder:

3.1. General - government hospital expenses in Israel:

In the event that the insured is hospitalized in a general – government hospital in Israel, the insurer shall pay for these expenses as follows, first aid provider which shall not exceed 90 days:

3.1.1. Expenses for the hospitalization, including x-rays, medication, doctors, surgeon, intensive care, an anesthetist, catheterization, general services including nursing services (hereinafter 'hospitalization expenses').

3.1.2. It is hereby clarified that the insurer shall pay hospitalization expenses to a general - government hospital. The insurer shall not indemnify the insured and/or the service provider in respect of hospitalization expenses in the event of the insured having been hospitalized in a private hospital and/or having received and/or paid in respect of private medical services in the course of his hospitalization as aforementioned.

3.2. Emergency room expenses in each one of the general – government hospitals in Israel in the following instances only:

3.2.1. Referral by a doctor.

3.2.2. Any new fracture.

3.2.3. Severe dislocation of the shoulder or elbow.

3.2.4. Injury requiring knitting/ mending by stitches or by other mending means.

3.2.5. Inhalation of a foreign body into the trachea.

3.2.6. Penetration of a foreign body into an eye.

3.2.7. Babies up to the age of 2 months with temperature in excess of 38.5o Centigrade

3.2.8. Snake bite.

3.2.9. Evacuation to the emergency room by ambulance from the street or other public place due to a sudden occurrence.

3.2.10. Authorization of the company.

3.2.11. The emergency room treatment terminated by non-elective hospitalization.

The insured shall not be entitled to indemnification from the company in respect of emergency room expenses emanating from any other factor except for those appearing in this paragraph above.

3.3. **Medical expenses which are not in the framework of hospitalization with a contracted service provider:**

The insurer shall pay the service providers directly in respect of medical expenses which were incurred by the insured outside the hospitalization framework as follows:

- 3.3.1. **Medical consultation / treatment:** medical advice/treatment only by a contracted service provider and subject to a deductible, as detailed in the insurance details document.
- 3.3.2. **Laboratory tests, x-rays, bandaging:** tests provided to the insured only by a laboratory and/or clinics which are contracted service providers.
- 3.3.3. **First aid:** first aid which is provided to the insured only by a Magen David Adom first aid station in the event of emergency.
- 3.3.4. **Medication/s:** up to \$200 for the entire insurance period. This sum shall be paid for medications prescribed by a contracted doctor and purchased from pharmacies which are contracted service providers, less the deductible sums specified in the insurance details document. This sum is not accumulative between insurance periods.

In order to obviate doubt the insurer's liability in respect of medical expenses not in the framework of hospitalization, relating to an insured event which occurred within the insurance period and whose treatment was not completed prior to the termination of the insurance period shall continue for an additional period of 90 days after termination of the insurance period.

- 3.3.5. **Expenses for transfer by ambulance:** in the event of a medical emergency followed by hospitalization of the insured, the insurer shall pay the expenses for transfer by ambulance once only during the entire insurance period and on condition that the insured is not entitled to cover of such expense by any other factor whatsoever.
- 3.3.6. **Emergency dental treatment:** up to a sum of \$200 for the entire insurance period. The insured shall be entitled to receive the dental emergency services and first aid detailed hereunder only, for emergency dental treatment which is provided only by dental clinics, being contracted service providers, only as first aid treatment if such treatment was required following an accident and/or a sudden flare-up of pain as detailed hereunder:
 - A. Extensive dental caries - temporary filling.
 - B. Open dental cavity - temporary filling.
 - C. Exposed tooth neck - material to prevent sensitivity.
 - D. Severe infection/ inflammation - extraction of nerve or embalming material.
 - E. Abscess at the source of the tooth - draining the abscess and/or treating and occlusion.
 - F. Compression of food - treatment of gums.

- G. Sub-coronal inflammation - cleansing and/or treatment by medication.
 - H. Post extraction pain - palliatives.
 - I. Pressure sores under existing denture - release of the pressure sores.
 - J. Any other treatment emanating from dental pain - treatment for relief or termination of the pain.
 - K. Examination and x-ray of painful teeth.
 - L. Providing a suitable prescription to relieve the pain in the event of inability to attend to the tooth at that time.
- 3.4. **Expenses for transfer of a corpse:** in the event of the death of the insured, the insurer shall pay the expenses for the transfer of the corpse from Israel to the insured's country of origin up to a maximum sum of \$5,000 and **provided that such expense is not payable by any other factor whatsoever.**

The insurers undertaking in this chapter (chapter B) shall not exceed an inclusive sum of US \$100,000 for the entire insurance period.

4. General exclusions to the policy

The insurer shall not be liable and shall not be obliged to pay insurance benefits in respect of all or part of an insured event for any one of the following events:

- 4.1. The insured event occurred prior to the date of inception of the insurance.
- 4.2. The insured event occurred during the Eligibility period.
- 4.3. An existing medical condition: an insured event whose real cause was in the normal course of a previous medical condition, suffered by the insured in the course of period when the exception applies.
An exception in respect of a previous medical condition, in respect of an insured whose age upon inception of the insurance period is:
 - (1) Less than 65 years – shall be valid for a period not exceeding one year from the inception of the insurance period.
 - (2) 65 years or over – shall be valid for a period not exceeding one and a half years from the inception of the insurance period.
- 4.4. The insured event occurred after termination of the insurance period.
- 4.5. Insanity, mental disturbances and/or mental illnesses and/or emotional treatments and/or psychological treatments and/or psychiatric disturbances, suicide or an attempt thereat, self-injury whether intentional or otherwise, alcoholism, use of drugs, except for the use of medical drugs according to the instructions of a doctor.
- 4.6. The insured taking part in extreme sports according to the list appearing on the company site. For this purpose "extreme sport" – sports considered exceptionally dangerous, involving high degrees of difficulty and/or physical effort by those engaged in them. The list of extreme sports will be updated from time to time according to the list appearing on the company site www.harel-ins.co.il under the tourist insurance chapter.

- 4.7. Sports activities in the framework of a sports association and/or competitive sports activities, sports activities which involve payment.
- 4.8. Any direct or indirect result of the AIDS syndrome (acquired immune deficiency syndrome) including mutations and/or variations and/or any other similar syndrome.
- 4.9. Sexual diseases.
- 4.10. A road accident as defined in the Road Accident Victims Compensation Law 5735 – 1975.
- 4.11. Work accident as defined in the National Insurance Institute Law (Combined Version) 5751 – 1995.
- 4.12. An insured event which was caused or results from the insured serving in the various security forces, including regular army, reserve duty, permanent forces or police.
- 4.13. Passive participation by the insured in an act of sabotage or terror or terror of any type whatsoever and/or war and/or act of war by hostile regular or irregular forces and provided that the insured is not entitled to cover of the medical expenses emanating from such an event from any other factor whatsoever.
- 4.14. Expenses in respect of pregnancy and/or birth and/or extra uterine pregnancy and/or expenses in respect of regular current tests/ examinations or pre-pregnancy follow-ups and/or genetic counseling and/or pregnancy complications and/or birth complications including pregnancy preservation and/or child birth.
- 4.15. Fertility and/or sterility treatments.
- 4.16. Expenses for the treatment of a premature and/or a newly born baby.
- 4.17. Welfare treatment of babies and/or children, baby care clinic, vaccinations, supervision or routine examination of children.
- 4.18. Child development treatments including study and speech defects, occupational therapy, etc.
- 4.19. Periodic examinations, routine examinations and/or follow-up tests – which do not result from an active medical problem, cosmetic or rehabilitative surgery, experimental surgery, inoculations, gum surgery and/or treatment, dental treatment (except for first aid included in the framework of the emergency dental treatment).
- 4.20. Organ transplant
- 4.21. Rehabilitation, physiotherapy, mechanical therapy, hydro therapy, alternative therapy, homeopathy, alternative medication, medicinal programs, acupuncture, chiropractic, optometry.
- 4.22. Medical accessories except for medical accessories which were given on loan due to an accidental event.
- 4.23. Spectacles and/or contact lenses, hearing aids and prostheses of any kind whatsoever.

- 4.24. Medical expenses emanating from active participation by the insured in activities such as : civil war, subversive or undercover activities, revolt, commotion, sabotage, brawling, violence, terror, strikes and/or unlawful activities.
- 4.25. Congenital defect or sickness including hereditary disease.
- 4.26. An insured event caused by nuclear fusion or nuclear fission or radioactive contamination.
- 4.27. Experimental medication which has not received the authorization by the authorized authorities in Israel nor by the authorized authorities in the recognized countries for treatment of the medical indication required by the insured.
- 4.28. Experimental medical treatments of any type and kind whatsoever.
- 4.29. Treatments, examinations and surgery outside the State of Israel.
- 4.30. Consequential damage of any type whatsoever.
- 4.31. Activities of any kind whatsoever in respect of which the insured is obliged to pay compensation to a third party in accordance with the Torts Ordinance.
- 4.32. Emergency room expenses – except as determined in paragraph 3.2.
- 4.33. The insurer shall not pay and shall not be liable for any insured event which occurred in the course of the insurance period whose treatment continued after termination of the insurance period - except for the following instances:
 - A. Hospitalization which commenced within the insurance period as defined in paragraph 1.29.
 - B. Medical expenses not during hospitalization for a duration of a period of up to 90 days as defined in chapter B.
- 4.34. Expenses in respect of hospitalization and/or expenses not during hospitalization which could have been postponed until the insured returned to his country of origin, as determined by a specialist doctor in the sphere.
- 4.35. The insured is medically fit to return to his country of origin in order to obtain the medical treatment. This, according to an opinion of a specialist doctor in the sphere.
- 4.36. Medical services which were provided to the insured by the service providers not contracted with the insurer.

CONTACT DETAILS:

Head office: Harel House 3 Abba Hillel Street
P.O. Box 1951 Ramat Gan 5211802

For details approach the Harel Client Service Center *2735 or your insurance agent.

Extension to the TOUR AND CARE Policy

Medical Air Transportation from Israel to Another Country

If this extension has been purchased and is noted on the registration sheet, in the case of an insurance event, the Company will provide service to the Insured, subject to the general terms, definitions and exclusions of the basic TOUR AND CARE policy to which this extension is attached.

It is hereby clarified that the liability of the Company according to this extension shall apply subject to the condition that the basic insurance policy and this extension were valid at the time of occurrence of the insurance event, as defined in this extension.

1. Definitions

Medical air transportation

Air transportation on regular airline service or a special plane, escorted by appropriate medical staff for the condition of the Insured being transported from Israel to another country under the following terms, **on the condition that a physician on behalf of the Insurer in consultation with the attending physician in Israel have determined that the need for medical intervention is liable to arise during the flight and on the additional condition that the medical air transportation is medically feasible and necessary.**

2. Obligation of the Insurer

Medical air transportation – The Insurer shall enable medical air transportation as defined above, **on the condition that the relevant event is one for which the Insured person would be entitled to a refund of medical expenses under the basic TOUR AND CARE policy**, and it will transport the Insured to a different country.

The means of transportation will be determined by a physician on behalf of the Insurer, in consultation with the attending physical in Israel, after receiving precise information about the medical condition of the Insured and the possibilities for treatment. The liability of the Insurer according to this extension is subject to the medical air transportation being implemented by the Insurer and/or a party on its behalf.

It is hereby clarified and emphasized that the obligation of the Insurer according to this extension is to arrange the said medical air transportation, in any way or manner, insofar as this is possible under the circumstances of the time and place in which the Insured person is located.

The total maximum liability of the Insurer according to this extension shall not exceed \$10,000.

3. Termination of the Extension

The validity of this extension shall end upon occurrence of one of the following cases, whichever occurs earlier:

- 3.1. When the basic TOUR AND CARE policy to which this extension is attached is terminated, for any reason whatsoever.
- 3.2. Upon cessation of payment of insurance fees for the basic policy and/or for this extension, subject to the instructions of the basic policy and to the Insurance Law–1981.

4. Miscellaneous

This extension is subject to all the terms, including the exclusions, of the basic TOUR AND CARE policy, to which it is attached and of which it constitutes an integral part.

Death or Loss of Limbs Due to an Accident of the Insured

Personal Accident Insurance in Israel Only

If this extension has been purchased and is noted on the registration sheet, in the case of an insurance event, the Company will indemnify or compensate the Insured, subject to the general terms, definitions and exclusions of the basic TOUR AND CARE policy ("the Policy") to which this extension is attached.

It is hereby clarified that the liability of the Company according to this extension shall apply on the condition that the basic insurance policy and this extension were valid at the time of occurrence of the insurance event, as defined in this extension.

1. Definitions

In this extension

1.1. Accident:

Bodily harm caused by the use of physical force only, as a result of a sudden, single and unexpected event, caused directly by an external, visible cause that constitutes the sole direct and immediate reason for the occurrence of the insurance event. **To eliminate any doubt, verbal violence and/or mental stress and/or stroke and/or the accumulation of minor repeated injuries over a period that causes disability shall not be considered as an "accident."**

1.2. Loss of limbs:

Total anatomical or functional loss of a limb or part thereof due to an accident that occurred in Israel during the Insurance Period.

2. Obligation of the Insurer

If the Insured incurs, in Israel during the Insurance Period, death or loss of limbs directly due to an accident, the following insurance compensation will be paid:

2.1. **Death of the Insured** – In the case of death of the Insured within 6 months of the date of the accident, the beneficiaries, and if no beneficiaries are named – the legal heirs of the Insured or the managers of his/her estate according to the Inheritance Order and/or an order to carry out a will, will be paid insurance compensation according to the total stated in the Limits of Liability Table of the policy, **and on the condition that the Insured is over (and including) 18 years** and up to (and including) 75 years of age on the day of occurrence of the accident.

2.2. **Loss of Limb/s** – In the case that the Insured, above the age of 18 and up to (and including) age 75 at the time of the accident, incurs the loss of an limb/s (as defined in Paragraph 1.2 above), he/she will be entitled to the amount specified in the Limits of Liability Table of the policy. For example: In the case that the Insured incurs the loss of a leg (above the knee) **and the maximum insurance amount specified is \$10,000, the Insured will receive 60% x 10,000 = \$6000.**

An Insured who at the time of occurrence of the insurance event has not yet reached the age of 18 years will be entitled to half the compensation specified in the Limits of Liability Table of the policy.

Existing disability of the Insured prior to the accident event (according to medical documentation) shall be deducted according to the rate of the existing disability from the rate of loss of the limb for which the Insured is entitled to compensation according to this section.

Limb		Limb	Right	Left
One eye	30%	Upper arm	75%	65%
Both eyes	100%	Forearm	65%	55%
One ear	20%	Palm	60%	50%
Both ears	50%	Thumb	25%	20%
Leg (above the knee)	60%	Index finger	15%	12%
Thigh	70%	Middle finger	12%	10%
Foot	50%	Ring finger	10%	8%
Big toe	5%	Baby finger	12%	10%
Other toe	3%	Knuckle	1/3 of the above %	1/3 of the above %

The percentages listed in the table above refer to 100% loss of the said limb.

A left limb of a left-handed person will be calculated as a right limb according to the above table.

Limbs that are not listed in the above table – In the case of loss of any limb/s (as defined in Paragraph 1.2 above), the amount of compensation will be determined medically by a medical expert in the field and will be paid as a percentage of the maximum insurance amount specified in the Limits of Liability Table of the policy. For example: if the Insured loses an limb as defined in Paragraph 1.2 above, the limb is not listed in the table above, the doctor determines that this is a 10% disability, and the maximum insurance amount listed is \$10,000, the Insured will in this case receive: $10\% \times 10,000 = \$1,000$.

2.3. The total maximum liability of the Insurer under this extension shall not exceed \$10,000.

3. Exclusions

The Insurer will not pay insurance compensation according to this extension if the death and/or loss of limbs were caused directly or indirectly by or because of:

3.1. An existing disability of the Insured prior to the accident event (according to medical documentation) will be deducted; the percentage of the pre-existing disability will be subtracted from the rate for loss of a limb to which the Insured is entitled according to the section.

3.2. Plastic disability.

3.3. An earthquake, volcanic eruption, nuclear fission, nuclear meltdown, radioactive contamination.

3.4. Active participation of the Insured in military, police, insurgent activity, a revolution, a rebellion, riots, an uprising, sabotage, terrorism, a strike, an illegal activity.

3.5. Passive participation of the Insured in sabotage or terrorism of any kind and/or in war and/or hostile activity of regular or irregular hostile forces.

- 3.6. Transportation of the Insured in any air vehicle, with the exception of transportation of the Insured as a passenger in a civilian air vehicle with a certificate of fitness for transporting passengers, subject to the liability of the Insurer in Israel only.
 - 3.7. Intentional self-injury or suicide or attempt to do so, regardless of whether the Insured is sane or not.
 - 3.8. Sports activity as part of the Sports Association and/or competitive sports activity and/or professional sports activity (which constitutes a primary occupation or involves monetary payment).
 - 3.9. Participation of the Insured in adventure sports according to the list that appears on the Company website. In this matter, adventure sports refers to fields of sport that are considered dangerous and include/require, among other things, high levels of difficulty and/or physical effort on the part of those that engage in them. The list of adventure sports field shall be updated from time to time according to the list that appears on the Company website: www.harel-ins.co.il.
 - 3.10. Use of explosives.
 - 3.11. Mental illness, intentional self-endangerment, with the exception of self-defense and saving lives.
 - 3.12. Alcoholism or drug use by the Insured.
 - 3.13. Death or disability as the result of medical or surgical treatment.
 - 3.14. **A work accident as defined in the National Insurance Institute Law.**
 - 3.15. **An injury caused as the result of a hostile act as defined in the Compensation for Victims of Hostilities Law – 1970.**
 - 3.16. **A road accident as defined in the Road Accident Victims Law – 1975.**
4. **Termination of the Extension**
The validity of this extension shall terminate upon occurrence of one of the following cases, whichever occurs earlier:
- 4.1. Upon termination of the basic TOUR AND CARE policy to which this extension is attached, for any reason whatsoever.
 - 4.2. Upon cessation of payment of insurance according to the paragraph on termination of the policy in the general terms of the policy and subject to the instructions of the Insurance Contract Law – 1981.
5. **Miscellaneous**
This extension is subject to all the terms, including the exclusions, of the basic TOUR AND CARE policy to which it is attached and of which it constitutes an integral part.

Representative Agent Contact Center

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