



# Platinum Care

Health Insurance for Scientists, Students and Overseas Visitors  
The Hebrew University of Jerusalem



For your peace of mind |

HAREL  
Insurance & Finance

**Platinum Care**  
**Medical Care Insurance and Private Surgeries**  
**For Foreign Citizens in Israel**

It is hereby declared and agreed that in exchange for insurance premiums, as detailed in the insurance details page, and subject to the terms, provisions, limitations and exclusions detailed hereinafter, and in accordance with the Insured's statements regarding him and/or his children, the Company shall indemnify the Insured and/or pay the service provider(s) directly and/or compensate the Insured – all as per the Company's commitments as per this Policy and each of the insurance appendices thereto, for the total number of insurance events, but not to exceed the maximal insurance sum listed in the insurance details page and/or in any appendix and/or any chapter of this Policy in which such a rate is set.

# Contents

Chapter 1: General Definitions .....	3
Chapter 2: General Terms .....	8
Chapter 3: Company Liability.....	19
Chapter 4: Special Expenses .....	22
Chapter 5: Extensions in Exchange for Additional Premiums .....	27

# Chapter 1: General Definitions

## 1. Definitions for this Chapter:

The following terms will be defined as below wherever they appear in the policy and its appendices:

### 1.1. The Company

Harel Insurance Company, Ltd.

### 1.2. The Policy Holder

The corporation attached to the Insurer through the insurance contract that is the object of this Policy and whose name appears as the Policy Holder.

### 1.3. The Policy

This insurance contract, including general terms relating to all Policy appendices, including the insurance proposal, the insurance details page and every appendix and addition attached thereto.

### 1.4. The Insured

The applicant, who is not a resident or citizen of the State of Israel, his/her partner and their children up to age 85 whose name appears on the proposal and the insurance details page, who is currently staying in the State of Israel and is not subject to the Foreign Workers Law (Prohibition of Illegal Employment and Assurance of Fair Working Conditions) 1991 and the Foreign Workers Order (Prohibition of Unlawful Employment and Assurance of Fair Working Conditions) (Health Services Package for Workers) 2001, and who are not yeshiva students in Israel.

**“The Insured’s Status”** – the Insured’s status in Israel as detailed above.

### 1.5. The Insurance Proposal

The proposal form which constitutes a request to join the Insurance as per this Policy, when filled out in its entirety and signed by the Insured and/or by his/her partner on their behalf and on behalf of their children up to age 85. The proposal shall also include a health declaration filled in and signed by the Insured and his/her partner, as well as a standing bank order and/or other means of payment, including credit card(s), for the payment of insurance premiums.

### 1.6. Insurance Period

The insurance period as noted in the insurance proposal and which shall be identical to and concurrent with the Insured(s) intended period of stay in Israel, not to exceed 6 years for the Insured for the insurance period.

**1.7. Deductible**

Cancelled within the framework of receipt of medical services through Harel's private array.

**1.8. Insurance Premiums**

The sum that the Insured must pay the Company on the basis of this Policy, as per the terms of the Policy and the appendices thereof, as detailed in the insurance details page.

**1.9. Insurance Event**

A case in which the Insured requires a medical service in Israel that is included within the framework of this Policy, when the need for such medical service first arose during the insurance period and after the conclusion of the qualification period, and said service is rendered within the insurance period, all subject to the provisions of the Policy.

**1.10. Qualification Period**

A consecutive period of time, beginning for each Insured on the effective date of the insurance and concluding at the end of the period noted in each appendix attached to the Policy and/or in each chapter of this Policy. The qualification period shall be applied to each Insured only one time for consecutive insurance periods, and shall be reapplied each time the Insured is added to the insurance anew for non-consecutive insurance periods. An insurance event that takes place within the qualification period shall be deemed as an insurance event that took place before the insurance went into effect.

**1.11. Index**

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

**1.12. Dollar**

U.S. dollar as per the representative rate, as published by the Bank of Israel on the date of actual payment.

**1.13. Insurance Year**

An initial period which begins on the effective date of the insurance as specified in the insurance details page.

**1.14. Insurance Details Page**

A page attached to the Policy and which constitutes an inherent part thereof, and includes the policy number, personal details of the Insured(s), the effective date of the insurance, insurance sums and so forth.

**1.15. Insurance Sum**

The maximal sum of insurance compensation as detailed in the terms of the Policy, in any appendix attached to the Policy and/or in the insurance details page.

**1.16. Insurance Law**

The Insurance Contract Law, 1981.

**1.17. Control Regulations**

The Regulations of Insurance Business Control (Insurance Contract Terms) (Provisions regarding Preexisting Medical Conditions), 2004

**1.18. Israel**

The territory of Israel, with the exception of all means of transportation on its way to or from Israel, including the territories under IDF control but excluding the territories controlled by the Palestinian Authority.

**1.19. Overseas/Abroad**

Any place outside of Israel, including any means of transportation on its way to or from Israel.

**1.20. Approved Service Provider**

A hospital or any doctor or expert, laboratories, institutes, pharmacies or any other entity in Israel with whom the Company has an agreement or shall have an agreement, as long as it was party to an agreement with the Company at the time the insurance event occurred.

**1.21. General/Public Hospital:**

A medical institution in Israel recognized by the certified authorities in Israel as a general hospital only, apart from an institution which is also a sanatorium or a convalescent home and/or a rehabilitation facility and private medical services (SHARAP) provided in general hospitals that are approved by the Ministry of Health to provide such private medical services, such as Hadassah Hospital Ein Kerem and Sha'arei Tzedek Hospital in Jerusalem.

**1.22. Private Hospital:**

A hospital in Israel that is not a general hospital with which the Company has an agreement as long as it was party to an agreement with the Company at the time the insurance event occurred and that is approved by the Ministry of Health to perform surgery on a private basis.

**1.23. Surgery**

Any invasive procedure that penetrates through tissue, the purpose of which is the treatment of a disease and/or injury and/or correction

of a defect or deformation experienced by the Insured. Within this framework, invasive procedures including procedures performed by laser, for diagnostic or treatment purposes, as well as endoscopic imaging of internal organs, catheterization, angiography, the shattering of kidney or gall stones via sound waves shall all be considered surgery.

**1.24. Approved Surgeon**

A physician who is licensed and approved by the authorities in Israel as a surgical specialist and who has an agreement with the Company to perform surgery or provide pre-surgical consultation at the time the insurance event occurred.

**1.25. Nurse**

A nurse in Israel who is certified by the Ministry of Health.

**1.26. Medical Emergency**

Circumstances in which a person's life is in immediate danger or in which there is immediate danger that may cause that person severe irrevocable disability, if he/she does not receive urgent medical treatment.

**1.27. Prosthesis**

A device or artificial organ, artificial or natural joint, which is implanted in the Insured's body by means of a surgical procedure.

**1.28. Physician**

A person legally licensed by the authorities in Israel to practice medicine.

**1.29. Dentist**

A doctor who practices dental medicine as legally licensed by the authorities in Israel.

**1.30. Health Law**

The National Health Law, 1994.

**1.31. Preexisting Illness**

A preexisting illness – a set of medical circumstances diagnosed in the Insured prior to his/her joining the insurance, including due to illness or accident (hereinafter: preexisting medical condition). "Diagnosed in the Insured" meaning medical diagnosis via documented medical diagnosis or in the process of documented medical diagnosis within the six months prior to the insurance joining date.

**1.32. Medical Expenses Resulting from Deterioration of a Preexisting Illness**

A sudden and unexpected deterioration of a preexisting illness,

treatment of which was necessary as emergency treatment in Israel. The cover for deterioration of a preexisting illness shall not be medically underwritten. The following shall not be covered within the framework of deterioration of a preexisting illness: cancerous illness, AIDS, organ transplant, dialysis, multiple sclerosis, cystic fibrosis, mental state, hemophilia and any illness requiring blood transfusion, heart surgery, cardiac catheterization, angiography and/or any procedure for opening blocked arteries, pacemaker implant. Let it be clear that if the Insured suffers from a cancerous illness and/or multiple sclerosis his/her acceptance into the insurance on an individual basis shall be reviewed as per the underwriting protocol and the Insurer's special conditions.

### **1.33. Deterioration of a Preexisting Heart Disease**

A sudden and unexpected deterioration of a preexisting heart disease, treatment of which was necessary as emergency treatment in Israel. Let it be emphasized to avoid any doubt that within the framework of the deterioration of a preexisting heart disease the following shall be covered: Cardiac catheterization, angiography and/or any procedure for the opening of blocked arteries, cardiac surgery, pacemaker implant, if such occurred immediately subsequent to a severe and acute cardiac incident which occurred in Israel and on condition that at least 6 months have passed since the Insured experienced a cardiac incident. Let it be emphasized that in any case (even if the aforementioned period has not passed) the Insured shall be entitled to cover for hospitalization expenses up to the maximal sum for a deterioration event, with the exception of expenses incurred for an operating room, surgeon fees and expenses incurred for any surgical and/or invasive intervention whatsoever.

### **1.34. Cardiac Incident**

Heart disease, cardiac surgery of any sort, angiography and/or any procedure for opening blocked arteries, diagnostic cardiac catheterization yielding results that indicate an anomaly, any sort of therapeutic catheterization, heart arrhythmia, temporary or permanent pacemaker installation, hospitalization due to angina pectoris and/or due to any cardiac problem whatsoever.

### **1.35. Limits of Liability Appendix**

Appendix concerning the Company's limits of liability, specifying the medical service, the maximum limit of the Company's liability for the insurance period or for any insured event, the qualification period in regard to each medical service and the sum of the Insured's deductible.



## Chapter 2: General Terms

### 2. General Terms

#### 2.1. Validity of the Policy

This policy shall take effect from the effective date of insurance specified in the insurance details page and after the Company has approved the insurance proposal, including definition of the Insured's status in the State of Israel (paragraph 1.4 of the Definitions chapter), on condition that from the date on which the Insured signed the insurance proposal through the effective date of the insurance no change has occurred in the Insured's state of health. If payment was made to the Company towards the insurance premium before the Company agreed to issue the insurance, said payment shall not be construed as the Company's agreement to issue the insurance.

#### 2.2. Duty of Disclosure

- 2.2.1. If an incomplete or dishonest reply was given to a question regarding a substantive matter, the Company is entitled, within 30 days of discovering such and as long as no insurance event has taken place, to cancel the Policy via written notification to the Insured.
- 2.2.2. Should the Company cancel the policy by virtue of this clause, the Insured is entitled to a refund of the insurance premiums paid to cover the period after said cancellation, after deducting the Company's expenses, unless the Insured acted with intent to deceive.
- 2.2.3. Should an insurance event occur prior to the policy cancellation by virtue of this clause, the Company shall only be obligated to pay pro rated reduced insurance compensation, at the relative rate between the insurance premium that would have been paid under normal circumstances in such an instance and the agreed upon premiums, and the Company is completely exempt in each of the following cases:
  - a. If the reply was given with the intent to deceive
  - b. If a reasonable Insurer would not agree to become party to such a contract, even at higher insurance premiums, if the true situation were known; In such an instance, the Insured is entitled to a refund of the insurance premiums paid to cover the period after the insurance event, after deducting the Company's expenses.

### **2.3. General Exclusions to the Policy**

The Company shall not be responsible and shall not be obligated to pay insurance compensation for an entire insurance event or any part thereof in any of the following cases:

- 2.3.1. The insurance event occurred prior to the effective date of the insurance.
- 2.3.2. The insurance event occurred during the qualification period.
- 2.3.3. The insurance event occurred after the conclusion of the insurance period.
- 2.3.4. Insanity, mental disorders or mental illness and/or mental treatment and/or psychological treatment and/or psychiatric illness, suicide or attempted suicide, self inflicted harm, alcoholism, drug abuse except for medical drugs as prescribed by a physician.
- 2.3.5. Hang gliding, parasailing, parachuting, gliding using any other device used for gliding, skiing, water skiing, scuba diving, jet skiing, bungee jumping, diving including diving with equipment, rafting, mountain climbing, flying in any type of aircraft except as a passenger on a scheduled flight in a civil aircraft licensed to carry passengers, sports activity within the framework of a sports club and/or competitive sports activity, sports activity for pay, boxing, wrestling, and any type of contact fighting, rollerblading, mountain biking, wall climbing, surfing, snowboarding, ice-skating and any extreme sport (except as defined in paragraph 4.7 of Chapter 4) of any type that involves speed and/or height and/or danger and/or adrenalin.
- 2.3.6. A direct or indirect result of AIDS, including mutations and/or variations and/or other similar syndromes.
- 2.3.7. Sexually transmitted diseases.
- 2.3.8. Traffic accident and/or work accident.
- 2.3.9. The insurance event was the direct or indirect result of the Insured's service in the various security forces, including: compulsory or reserve or standing army duty.
- 2.3.10. Passive participation by the Insured in an act of sabotage or terrorism of any type whatsoever and/or in war and/or in warlike activity by hostile forces, standing army or otherwise as long as the Insured is entitled to cover for medical expenses arising from such an event from another entity.

- 2.3.11. Expenses for pregnancy and/or delivery and/or expenses incurred for routine treatment/examinations or prenatal care and/or genetic counseling and/or pregnancy or delivery complications except if the cover was purchased and logged in the schedule and/or the proposal up front and additional insurance premiums were added and in fact paid accordingly.
- 2.3.12. Fertility and/or infertility treatments.
- 2.3.13. Expenses incurred due to complications of pregnancy.
- 2.3.14. Wellness treatment for babies and/or children, well-baby clinics, vaccinations, monitoring or routine examination of children.
- 2.3.15. Treatment of learning difficulties, speech impediments, etc.
- 2.3.16. Organ transplant.
- 2.3.17. The following types of treatments or services: rehabilitation, physiotherapy, mechanotherapy, hydrotherapy, alternative therapy, homeopathy, alternative medications, healing programs, acupuncture, chiropractic, optometry, periodic tests, cosmetic or reconstructive surgery, experimental surgery, gum treatment and/or surgery, dental treatment (with the exception of first aid, which is included within the framework of emergency dental treatment). The cover for physiotherapy shall be subject to the National Health Law.
- 2.3.18. Medical or other devices, glasses and/or contact lenses, hearing aids and any kind of prostheses.
- 2.3.19. Medical expenses incurred due to active participation by the Insured in activities such as: military actions or civil war, police work, subversive or undercover activity, rebellion, disturbances, sabotage, fights, violence, terrorism, strikes and/or illegal activity.
- 2.3.20. Congenital defect or disease, including hereditary diseases, subject to paragraph 4.1 in Chapter 4.
- 2.3.21. An insurance event caused by a nuclear reaction or nuclear meltdown or radioactive contamination.
- 2.3.22. Routine examinations and/or monitoring and/or vaccinations which are not due to an active medical problem.
- 2.3.23. Experimental drugs that have not been approved by the FDA or by any other organization authorized and recognized for approval of drugs in Israel.

- 2.3.24. Experimental medical treatments of any sort and type whatsoever.
- 2.3.25. Treatments, tests and surgery outside of the State of Israel.
- 2.3.26. Deterioration of a preexisting illness and deterioration of a preexisting heart disease shall not include a medical condition for which treatment was anticipated prior to the start of the insurance period.
- 2.3.27. Cancerous illness, multiple sclerosis except if the Insurer approved acceptance thereof in writing.
- 2.3.28. AIDS, organ transplant, dialysis, cystic fibrosis, mental state, hemophilia and any illness requiring blood transfusion. Deterioration of a preexisting heart disease as defined in paragraph 1.33 except if 6 months have passed from the date of the Insured's cardiac incident as defined in paragraph 1.34.
- 2.3.29. Routine treatment and/or medications related and/or stemming from a preexisting illness.

## **2.4. Insurance Compensation**

- 2.4.1. The Company shall be entitled, at its own discretion, to pay insurance compensation or a portion thereof directly to the service provider or to pay it to the Insured against presentation of original receipts. The Insured is entitled to receive from the Company, upon demand, a written financial commitment to the service provider which will allow him/her to receive medical service, as long as his/her entitlement as per this Policy is undisputed.
- 2.4.2. Insurance compensation quoted in foreign currency and paid in Israel shall be paid in NIS according to the representative rate of the foreign currency as published by the Bank of Israel on the date on which payment is prepared by the Company.
- 2.4.3. Should the Insured pass away, the Company shall pay the balance of the insurance compensation to the service provider that the Company committed to pay. In the absence of a commitment toward the medical service provider or if a balance remains after payment is made as per the commitment in question, the Company shall pay the balance to the Insured's estate and/or heirs as per a probate decree and/or an intestate inheritance decree.

- 2.4.4. The Insured shall not be entitled to insurance compensation exceeding the insurance sum and the Company shall pay the Insured and/or the contracted service providers up to that sum.
- 2.4.5. Should the Insured also have a right to compensation or indemnification from a third party due to the insurance event, not by virtue of an insurance contract, said right shall be assigned to the Company upon transfer of the insurance compensation payment to the Insured and at the rate of the compensation paid, without prejudicing the Insured's right to first collect from the third party indemnity exceeding the insurance sum he/she received as per this Policy. If the Insured received compensation or indemnity from a third party which was owed to the Company as per this clause, he/she must transfer said sum to the Company. In any case of settlement, concession or other action taken by the Insured which prejudices the right assigned to the Company, he/she must compensate the Company for such. The Insured undertakes to cooperate in any way necessary in order to realize the Company's said right.
- 2.4.6. If the Insured is entitled to coverage of expenses incurred as per this Policy in full or in part within the framework of another Policy issued by another insurance company, the Company shall pay its proportional share of the costs actually incurred, according to the scope and proportion of the cover to which the Insured is entitled from all the Insurers. The Insured shall notify the Company immediately after any double insurance is issued.

## **2.5. Payment of Insurance Premiums**

- 2.5.1. The premium payment date shall be at the beginning of each month as per the specific payment date set by the Company.
- 2.5.2. If premium payments are executed via standing order to the bank (check or credit card service), crediting of the Company by the bank or the credit company shall constitute payment of the insurance premium.
- 2.5.3. Linkage differences and interest shall be added to any insurance premiums not paid on time, as per the Interest and Linkage Ruling Law of 1961, from the initial arrears date through the date on which actual payment is received by the Company.

## **2.6. Changes to Insurance Premiums and Insurance Terms**

- 2.6.1. Insurance premiums as per this Policy shall be determined according to the age of the Insured at the start of each insurance period and noted in the insurance details page.
- 2.6.2. The Company shall be entitled to change the insurance premium and the terms of this Policy for all those insured under this policy. Any such change shall be valid on condition that the Supervisor of Capital Markets, Insurance and Savings approved the change and it shall come into effect 60 days after the Company notifies the Insured of such in writing.
- 2.6.3. Any change to the insurance premium as per the above paragraph 2.6.2 shall affect all those insured under the plan and shall not take into consideration any change in the Insured's health (if such change has occurred) during the period preceding the said change.

## **2.7. Claims**

The Company shall pay the Insured insurance compensation as per this Policy or shall transfer said compensation directly to approved service providers, at its own discretion, if the following have been carried out:

- 2.7.1. The Insured notified the Company of the insurance event in advance and received confirmation from the Company of its liability as per this Policy. Receipt of the Company's confirmation of the insurance event and its liability there for is a substantive condition of the Company's liability. If an insurance event occurred and due to a state of medical emergency the Insured was not able to notify the Company in advance, the Company shall pay insurance compensation following an inquiry and subsequent confirmation of its liability.
- 2.7.2. The Insured signed a waiver of medical confidentiality and provided the Company with all reasonable details and original medical documents and others required by the Company in order to investigate his/her claim, including undergoing medical examination by a physician working on behalf of the Company and at the Company's expense.
- 2.7.3. The Insured submitted to the Company original receipts confirming actual payment was made.
- 2.7.4. The Company shall be entitled to conduct any reasonable investigation at its own expense and to have the Insured

examined by one or more physicians working on its behalf, as it deems necessary.

- 2.7.5. The Company is not responsible for the quality of the medical and/or other services provided to the Insured within the framework of this insurance. The Company is not liable for any damage caused directly or indirectly to the Insured and/or any other person due to the Insured's selection and/or referral by the Company to providers of medical and/or other services and/or due to an act or oversight of same.
- 2.7.6. Execution of the above stated in this section by the Insured is a precondition for the Company's liability according to the Policy.

## **2.8. Linkage**

- 2.8.1. The set insurance sums, insurance compensation and deductible sums, if any, that must be paid as per the terms of this Policy by the Company and/or the Policy Holder and/or the Insured, as the case may be, in NIS shall be linked to the known index as of the first of the month in which actual payment is made.
- 2.8.2. The linkage calculation shall be the ratio between the known index as of the first of the month in which actual payment is made by the Company regarding the insurance sum in the case of an insurance event or by the Policy Holder and/or the Insured regarding payment of premiums, and the index on the effective date of the insurance as it appears in the insurance details page.
- 2.8.3. Set insurance sums, insurance compensation and deductible sums which are listed in U.S. dollars shall be paid by the Company and/or by the Insured and/or by the Policy Holder according to the representative rate of the dollar as known on the date of payment.

## **2.9. Cancellation of the Policy**

- 2.9.1. Cancellation by the Company – this policy cannot be cancelled by the Company, except under the following circumstances:
  - a. The Insured does not or did not pay the insurance premium as required. In such case the insurance shall be cancelled as provided in the Insurance Law.
  - b. The Insured concealed a substantive issue from the Company, as determined in the Insurance Law.

2.9.2. It shall hereby be clarified that the Insured's status as defined in above paragraph 1.4 of Chapter 1 constitutes a substantive matter for the purposes of this Policy. To alleviate any doubt, the Insured must notify the Company of any change in his/her status within 7 days of the occurrence of that change, whether within the insurance period or upon his/her request to extend the insurance period.

If the Insured intentionally did something which hindered the Company or prevented it from investigating its liability, the Company shall not owe insurance compensation unless said compensation would have been owed even if the act in question had not been performed.

2.9.3. Cancellation by the Insured

a. The Insured is entitled to cancel the policy at any time, by notifying the Company of such in writing.

b. Cancellation of the Policy by the Insured means cancellation regarding all of the Insureds appearing in the insurance details page.

2.9.4. If the Policy was cancelled as per the above paragraph 2.9.3, the Insured's partner shall be entitled to continue the insurance on condition that he/she notifies the Company of such in writing within the insurance period.

2.9.5. If the Policy was cancelled prior to the end of the insurance period, the Company shall reimburse the Insured for the insurance premiums as follows: via "General Health Services" – up to 7 days retroactively. Via "Harel Private Array" - up to 3 months retroactively and on condition the no claims were paid during that time.

## **2.10. Consecutive Extension of the Insurance Period**

2.10.1. Consecutive Extension of the Insurance Period - Any extension of the insurance as per this Policy requires written consent from the Company. It is hereby clarified that at the end of each year of insurance as defined in the proposal, the insurance shall not be extended automatically, and the insurance shall not be extendable based upon of the Company's silence or any action of the Company except its agreement as stated in this paragraph.

2.10.2. The Insured is entitled to request an extension of the insurance period (hereinafter: "Extension Request"). The extension request must be sent to the Company via



registered post no later than 30 days prior to the end of the insurance period.

- 2.10.3. If the Company agrees to extend the insurance period – it shall notify the Insured of said agreement. If the Company agreed to extend the insurance period, the Insured's insurance continuity shall be maintained, provided that the extension request was sent at the time specified in paragraph 2.10.2 above.
- 2.10.4. If the Company did not give notice of its agreement to extend the insurance, this shall be deemed as its refusal to grant an extension.
- 2.10.5. Calculation of the insurance premium for the additional period shall be executed according to the number of days of extension, according to the Company's valid insurance premium rate on the effective date of the extension.
- 2.10.6. The Company shall be entitled to change the insurance premium at the beginning of each extension of this Policy.

## **2.11. Insurance Event Covered by More than One Insurance Company and/or by a Third Party**

- 2.11.1. If at the time of occurrence of the insurance event covered by this Policy the Insured also had a right to indemnification from a third party, which was not by virtue of the Insurance Contract Law, this right shall be assigned to the Company upon the Company's payment of insurance compensation and in the proportion of the compensation paid thereby, without prejudice to the right of the Insured to first collect compensation from the third party beyond the insurance compensation as per this Policy. If the Insured receives compensation that was due to the Company according to this paragraph from the third party, the Insured must transfer that sum to the Company. If the Insured reaches a compromise, concession or other act that prejudices the right that was assigned to the Company, he/she must compensate the Company accordingly. The Insured undertakes to cooperate in any way requested of him/her for the purpose of realizing the Company's said right.
- 2.11.2. If all or some of the insurance events were insured by more than one Insurer for overlapping periods, the Insured must notify the Company of such in writing immediately after the dual insurance is executed or after he/she is informed thereof. The Company shall be entitled to make payment of insurance compensation conditional upon assignment

of the rights of the Insured according to the other policies to the Company with regard to the amount of insurance compensation that exceeds the Company's relative portion of the covered expenses actually incurred

2.11.3. The Insured must cooperate with the Company and take every measure to enable the Company to receive sums that were paid by the Company for which the third party was liable.

### **2.12. Waiver of Medical Confidentiality**

The Insured shall provide the Company with a Waiver of Medical Confidentiality form, signed by him/her instructing his/her physicians and/or any medical organization or institution, whether in Israel or abroad and/or the National Insurance Institute and/or the Ministry of Defense and/or any other government ministry and/or insurance company and/or health fund (HMO) to provide the Company with any reasonable medical information that is in their possession and which concerns the Company.

### **2.13. Medical Examination**

The Company shall be entitled to require that the Insured undergo medical examination by a physician working on behalf of the Company, at the Company's expense, and provide every detail and/or medical document required of him/her.

### **2.14. Taxes and Levies**

The Insured must pay the Company the insurance premiums and the taxes, governmental and otherwise, that apply to the Policy or which are imposed upon the insurance premium, the insurance sums and any other payments the Company is required to pay as per this Policy, whether said taxes exist on the date the Policy is drawn up or are imposed at a later date.

### **2.15. Limitations**

The period of limitations for claiming insurance compensation due to an insurance event as per this Policy is three years from the date of the insurance occurrence.

### **2.16. The Insurance Law**

The provisions of the Insurance Contract Law of 1981 shall apply to this policy.

### **2.17. Notification**

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

**2.18. Changes**

The Company shall be entitled to make changes to the list of approved service providers from time to time.

**2.19. Jurisdiction**

The sole place of jurisdiction for all matters related to and derived from this Policy shall be the authorized courts in the State of Israel, according to the laws of Israel, and no other court shall have authority of jurisdiction. The law that shall be applied to claims related to and/or derived from this Policy is the law of the State of Israel.

## **Chapter 3: Company Liability**

### Medical Expenses Incurred Only in Public and General Hospitals in Israel

#### **3. Definitions for this Chapter:**

##### **3.1. Expenses Incurred in General/Public Hospitals in Israel**

- 3.1.1. If an Insured is hospitalized, the Company shall pay for hospital expenses covering a period that shall not exceed 90 days, as follows:
  - a. Expenses for hospitalization, x-rays, medication, doctors' fees, surgeons' fees, intensive care, anesthesiologist, catheterization, angioplasty, pacemaker, general services, including nurses' services and regular hospital services (hereinafter: "Hospitalization Expenses").
  - b. It is hereby clarified that the Company shall pay hospitalization expenses only to public and/or government hospitals, and it shall not indemnify the Insured and/or the service provider for hospitalization expenses if the Insured was hospitalized in a private hospital, unless the Insured received prior written authorization from the Company. The Company's authorization for hospitalization in a private hospital shall be subject to its sole discretion.

##### **3.2. Emergency Room Expenses in any General Hospital in Israel, Solely in the Following Instances:**

- 3.2.1. Doctor's referral
- 3.2.2. Any new fracture
- 3.2.3. Severe shoulder or elbow dislocation
- 3.2.4. Any injury necessitating suturing or other means of closure
- 3.2.5. Aspiration of a foreign body into the trachea
- 3.2.6. Penetration of a foreign body into the eye
- 3.2.7. Babies up to two months of age with a fever of more than 38.5°C
- 3.2.8. Snakebite
- 3.2.9. Ambulance evacuation to an emergency room from the street or another public place due to a sudden event
- 3.2.10. Company authorization
- 3.2.11. If the emergency room visit concludes in non-elective hospitalization

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

**3.3. Non-hospitalization Medical Expenses Incurred through Approved Service Providers**

The Company shall pay the service provider directly for the Insured's non-hospitalization medical expenses incurred as follows:

- 3.3.1. **Medical treatment/consultation:** Medical treatment/consultation provided solely by an authorized service provider, subject to the deductible specified in the insurance details page.
- 3.3.2. **Lab tests, x-rays, bandaging:** Tests provided to the Insured solely by a laboratory and/or clinic that is an authorized service provider.
- 3.3.3. **First aid:** First aid administered to the Insured by a Magen David Adom first-aid station, only in case of emergency.
- 3.3.4. **Medication:** Full cover for medication prescribed by a physician which belongs to the Health Services Package and was purchased from an approved service provider.
- 3.3.5. **Expenses for One Ambulance Transfer:** during the entire insurance period and only in case of emergency after which the insured is hospitalized, on condition that the expense is not paid by any other party.
- 3.3.6. **Emergency Dental Treatment:** The Insured shall be entitled to receive only the emergency dental services and first-aid treatment specified below, for emergency dental treatment provided solely by dental clinics which are approved service providers and solely as first-aid treatment, if the treatment is required due to accident and/or the sudden onset of pain, as detailed below:
  - a. Extensive caries, temporary filling
  - b. Open cavity in tooth, temporary filling
  - c. Exposed tooth neck, anti-sensitivity medication
  - d. Severe inflammation, root canal or endodontic sealant
  - e. Dentally induced abscess, draining of abscess and/or treatment of occlusion
  - f. Food compaction, gum treatment
  - g. Pericoronitis, irrigation and/or medicinal treatment
  - h. Pain following an extraction, pain alleviation

- i. Pressure sores underneath an existing prosthesis, alleviation of pressure sores
- j. For any other treatment stemming from a toothache, treatment shall be provided for the alleviation or elimination of the pain
- k. Examination and x-ray of painful teeth
- l. Issue of a prescription for suitable painkillers if the tooth cannot be treated at that time.

**The Company's liability shall not exceed the sum of \$120,000 US, of which cover for the deterioration of a preexisting illness is limited to a total of \$25,000.**

## Chapter 4: Special Expenses

### 4. Definitions for this Chapter:

- 4.1. **Deterioration of a preexisting illness and deterioration of a preexisting heart disease-** as these are defined in paragraph 1.32 Deterioration of a Preexisting illness and paragraph 1.33 Deterioration of a Preexisting Heart Disease shall be up to a total sum of \$25,000 with no medical underwriting.
- 4.2. **Medical expenses incurred in Israel as the result of an emergency psychiatric event-** first experienced by the Insured during his/her stay in Israel.
- 4.3. **Expenses for transfer overseas:**
  - 4.3.1. Expenses incurred for transporting the Insured back to his/her homeland – in case of a medical event that occurred within the insurance period the Insurer shall bear the expenses for transporting the Insured back to his/her homeland as well as those of an accompanying person up to a total sum of \$12,000, all under the explicit condition that a physician working on behalf of the Insurer determined that there is a medical need for such transfer and also on condition that there is no threat to the Insured's life.
  - 4.3.2. In the case of a psychiatric event, the abovementioned expenses for the Insured and an accompanying person shall be limited to a total sum of \$3,000 and under the conditions outlined in the above paragraph 4.3.1.
- 4.4. **Emergency flight for a close family member** – in case of an accident event experienced by the Insured as the result of which he/she requires 24-hour a day assistance (and with the Insurer's prior consent) or if the Insured is hospitalized in Israel due to an event requiring an invasive surgical procedure and his/her hospitalization extends beyond 10 days, the Insurer shall pay the expenses incurred for the purchase of a tourist class air ticket to Israel for one single close family member, up to a total sum of \$2,000.
- 4.5. **Medical expenses overseas** – in case of an accident event that first takes places in Israel, the Insured shall be entitled to continue treatment overseas, subject to the following cumulative terms and up to a total sum of \$10,000:
  - 4.5.1. Medical treatment shall be administered as a direct and immediate continuation of the event which occurred within the insurance period.

- 4.5.2. The insured is not entitled to cover for these expenses from any other party.
- 4.5.3. The Insured is entitled to receive the required type of treatment overseas as per the terms of this Policy.
- 4.5.4. The Insured and/or anyone on his/her behalf addressed the Insurer to receive written authorization there from to perform the treatment.
- 4.5.5. The cover for Chapter 4 shall be conditioned upon the fact that the Insured is not entitled to cover for these expenses from any other party.
- 4.6. **Expenses for aerial evacuation and rescue from the event location in Israel to a nearby hospital**- the Insurer shall bear the abovementioned expenses, not to exceed \$50,000, under the following cumulative terms:
  - 4.6.1. It is not feasible to evacuate the Insured via land.
  - 4.6.2. There was an immediate and emergency need for the evacuation otherwise the Insured's life would have been in danger.
  - 4.6.3. The Insurer and/or anyone on its behalf authorized the evacuation in advance.
  - 4.6.4. The cover for Chapter 5 shall be conditioned upon the fact that the Insured is not entitled to cover for these expenses from any other party.
- 4.7. **Extreme sports activity as follows:** large and small SUV's, all-terrain vehicles on condition that the Insured is in possession of a valid drivers license, riding on donkeys, camels and horses, bicycles, water sports including: kayaking, "banana" floats, inner tubes, pedal boats, tornado boats, swimming pools and bathing in the sea, rappelling, zip lines, rope parks, paintball, bow and arrow.
- 4.8. **Transporting a dead body** – full cover.
- 4.9. **Personal Accident** – compensation for death / loss of limbs as the result of an accident to Insureds who have not yet reached age 18 and/or who have reached age 65 shall not be covered under this chapter.

**The Insurer's total liability under this Chapter shall not exceed a maximal sum of \$10,000 per Insured, with the Insured being entitled thereto one time only.**

- 4.9.1. In this Chapter –
  - 4.9.1.1. **"Accident"**: unexpected bodily harm caused during the insurance period by external visible means and



which constitutes the sole, direct and immediate cause of the Insured's death or loss of limbs, except for harm caused as the result of verbal violence and except if the harm resulted from a hostile act as defined in the Compensation for Victims of Hostile Acts Law, 1970.

- 4.9.1.2. **“Loss of Limbs”**: complete anatomical or functional loss of a limb or organ or a portion thereof, due to an accident that occurred and was caused within 6 months of the occurrence.
- 4.9.1.3. **“Death of an Insured”**: death of an Insured due to the accident, caused within 6 months of the occurrence.
- 4.9.2. If the Insured, within the insurance period, suffered bodily harm as the direct result of an accident, the following insurance compensation shall be paid:
  - 4.9.2.1. In case of the death of an Insured, who was between the ages of 18 and 65 at the time of his/her death, the beneficiary listed in the proposal or the legal heirs of the Insured or the executors of his/her estate or of his/her will, if no beneficiary is listed, shall be paid a total sum of \$10,000.
  - 4.9.2.2. In case of loss of limbs: the Insured shall be paid a percentage of the sum listed in above paragraph 4.9.2.1.

Body Organ	Percentage	Body 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%	10%
Foot	50%	Ring finger	10%	8%
Big toe	5%	Pinky finger	12%	10%
Toe	3%	Knuckle	1/3 of the above percentage	

- 4.9.2.3. The percentages appearing in the above table relate to 100% loss of the organ in question. Other loss of organs shall be calculated based on comparison with the above table. Disability preexisting the accident shall be taken into account when determining disability rate.
- 4.9.2.4. Regarding a left-handed person, calculations shall be executed as per the above listed for the right limbs.

#### **4.10. Exclusions to the Personal Accident Chapter**

Without diminishing from the stated in the General Exclusions to the Policy section (paragraph 2.3) the Insurer shall not pay insurance compensation as per this Policy if the death or loss of limbs was caused directly or indirectly by or due to:

- 4.10.1. Earthquake, volcanic eruption, nuclear fission, nuclear meltdown, radioactive contamination.
  - 4.10.2. Active participation of the Insured in military action, police work, subversive activity, rebellion, revolt, disturbances, sabotage, terrorism, strikes, illegal activity.
  - 4.10.3. Passive participation of the Insured in acts of sabotage of terrorism of any sort whatsoever and/or war and/or military action by hostile forces, regular service or non-regular service.
  - 4.10.4. The flying of any sort of aircraft by the Insured, except if flying as a passenger on a civilian aircraft licensed to carry passengers as subject to the Insurer's liability in Israel only.
  - 4.10.5. Intentional self-inflicted injury or suicide or attempted suicide, whether the Insured is sane or not.
  - 4.10.6. Use of explosives.
  - 4.10.7. Intentional self-endangerment except for self defense and the rescuing of others.
  - 4.10.8. Intoxication, drunkenness drug abuse by the Insured.
  - 4.10.9. Death or loss of limbs as the result of surgery, including simple surgery.
- 4.11. Physical Therapy Treatments – outpatient physical therapy due to an accident event that occurred in Israel, up to the maximal rate set by the Ministry of Health (NIS 121 per treatment).
  - 4.12. Travel Insurance – the Policy Holder shall notify the Insurance Company of any Insured who travels outside of Israel for brief periods so that we may extend and issue a new Policy for the Insured. The Platinum

Care Insurance Policy in The name of The Hebrew University of Jerusalem including the policy extensions constitutes the travel insurance policy.

## Chapter 5: Extensions in Exchange for Additional Premiums

### 5. Pregnancy and Delivery

#### 5.1. 5.1 Preconditions for Company liability – two Options:

- 5.1.1. If the Insured chose one of the Options upon joining the insurance and paid additional premiums.
- 5.1.2. If the Insured passed a 3-month qualification period.
- 5.1.3. If all the medical services were provided by Insurer-approved medicine.

#### 5.2. Option A:

##### 5.2.1. Medical Expenses during Pregnancy:

Medical expenses incurred during hospitalization in a general/public hospital in Israel as determined in the chapter on definitions for the Policy: if the Insured requires hospitalization in Israel due to sudden deterioration and/or pathology and/or abortion (if continuing the pregnancy would have endangered the life of the Insured or that of the fetus) the Insured shall be entitled as per this Policy to medical expenses incurred during hospitalization up to the total sum listed in the Limits of Liability Chart for this Option.

##### 5.2.2. Medical Expenses Unrelated to Hospitalization:

- 5.2.2.1. Expenses related to ultrasound exams (up to 8 exams throughout the entire pregnancy)
- 5.2.2.2. AFP test
- 5.2.2.3. Fetal screening (week 20-22)
- 5.2.2.4. Gestational diabetes test (week 24-28)
- 5.2.2.5. If the Insured requires additional tests due to pregnancy related risks or pathology the Company shall bear the expense of these additional tests up to a total sum of \$1,000.
  - 5.2.2.5.1. Payment to service providers and/or indemnification of the Insured is conditioned upon receipt of prior approval from the Company to perform the abovementioned tests. The Company's prior approval to perform the tests is a substantive precondition to the Company's liability.

**Cover for medical expenses during hospitalization and medical expenses unrelated to hospitalization as detailed above is only up to a maximal sum of \$5,000.**

- 5.2.3. Exclusions, in addition to the exclusions listed in each chapter of the Policy:
  - 5.2.3.1. Ectopic pregnancy, high risk pregnancy, miscarriage, delivery (including early delivery, care for the newborn or fetus or preemie)
  - 5.2.3.2. An Insured who is under age 18 and/or over age 44
  - 5.2.3.3. High risk pregnancy
  - 5.2.3.4. 3D ultrasound
  - 5.2.3.5. Early fetal screening
  - 5.2.3.6. Pregnancy that began during the qualification period
  - 5.2.3.7. Pregnancy achieved through fertilization treatment
  - 5.2.3.8. Non-execution of standard tests and/or lab tests related to the pregnancy and the development thereof

**5.3. Option B:**

**5.3.1. Medical Expenses during Pregnancy:**

Medical expenses incurred during hospitalization in a general/public hospital in Israel as determined in the chapter on definitions for the Policy: if the Insured requires hospitalization in Israel due to sudden deterioration and/or pathology and/or abortion (if continuing the pregnancy would have endangered the life of the Insured or that of the fetus) the Insured shall be entitled as per this Policy to medical expenses incurred during hospitalization up to the total sum listed in the Limits of Liability Chart for this Option.

**5.3.2. Medical Expenses Unrelated to Hospitalization:**

- 5.3.2.1. Expenses related to ultrasound exams (up to 8 exams throughout the entire pregnancy)
- 5.3.2.2. AFP test
- 5.3.2.3. Fetal screening (week 20-22)
- 5.3.2.4. Gestational diabetes test (week 24-28)
- 5.3.2.5. If the Insured requires additional tests due to pregnancy related risks or pathology the Company shall bear the expense of these additional tests up to a total sum of \$1,000.
  - 5.3.2.5.1. Payment to service providers and/or indemnification of the Insured is

conditioned upon receipt of prior approval from the Company to perform the abovementioned tests. The Company's prior approval to perform the tests is a substantive precondition to the Company's liability.

### **5.3.3. Delivery Expenses:**

The Company shall bear the Insured's expenses incurred due to regular delivery and/or Caesarian section as per the terms of this appendix up to 3 days of hospitalization in case of regular delivery and up to 5 days of hospitalization in case of complication during delivery as per the physician's written instruction.

**Cover for medical expenses during hospitalization and medical expenses unrelated to hospitalization as detailed above including medical expenses related to delivery/early delivery and including expenses related to treatment and/or hospitalization of the newborn or the fetus or the preemie, the Insurer's total liability is up to a total sum of \$35,000, of which:**

**Up to \$10,000 for pregnancy and delivery**

**Up to \$25,000 and no more than 30 days of hospitalization (the sooner of the two) in case of treatment and/or hospitalization of the newborn or preemie.**

### **5.3.4. Exclusions, in addition to the exclusions listed in each chapter of the Policy:**

- 5.3.4.1. An Insured who is under age 18 and/or over age 44
- 5.3.4.2. High risk pregnancy
- 5.3.4.3. 3D ultrasound
- 5.3.4.4. Early fetal screening
- 5.3.4.5. Pregnancy that began during the qualification period
- 5.3.4.6. Pregnancy achieved through fertilization treatment
- 5.3.4.7. Multiple fetus pregnancy
- 5.3.4.8. Non-execution of standard tests and/or lab tests related to the pregnancy and the development thereof

## Limits of Liability Chart

Platinum Care Policy in the name of The Hebrew University of  
Jerusalem

Cover Summary	Limits of Liability	Qualification Period
Medical Expenses in Israel during Hospitalization	Included in the Limits of Liability	
Medical Expenses during Hospitalization in public and general hospitals in Israel	Up to 120 days of hospitalization	
Deterioration of a Preexisting Illness – sudden and unexpected turn for the worse (excluding regular treatment)	\$25,000	
Medical Expenses unrelated to Hospitalization, including: family physician, specialist, lab tests, imaging services	Included in the Limits of Liability	
Physical Therapy treatments – due to an event that occurred during the insurance period	Included in the Limits of Liability	
Medication included in the Health Services Package (excluding treatment of a preexisting illness)	Included in the Limits of Liability	
Emergency Room – in case of emergency (Chapter 3 paragraph 3.2)	Included in the Limits of Liability	
Emergency Dental Treatment	\$300	
Psychiatry – resulting from an emergency event in Israel	\$5,000	
Medical flight to the homeland including an accompanying person	\$12,000	
Medical flight to the homeland resulting from a psychiatric event	\$3,000	
Emergency flight for a close family member	\$2,000	

Cover Summary	Limits of Liability	Qualification Period
Medical Expenses Overseas (continued treatment) in case of an accident event that first occurred in Israel	\$10,000	
Aerial / Land Evacuation and Rescue from the event site to a nearby hospital	\$50,000	
Personal Accidents	\$10,000	
Expenses for Transporting a Body to the homeland	Included in the Limits of Liability	
<p>The Insurer's total Liability for the Policy shall not exceed \$120,000, of which:  The cover for deterioration of a preexisting illness and for deterioration of a preexisting heart disease up to \$25,000</p>		

Cover Summary	Limits of Liability	Qualification Period
Extensions in Exchange for Additional Premiums:		
Pregnancy (Option A)		3 Months
Medical Expenses during Hospitalization in public hospitals in Israel	\$5,000	
Medical Expenses unrelated to Hospitalization: physician visits, lab tests, ultrasound, expenses incurred due to special risks during pregnancy	Included in the Limits of Liability	
Pregnancy (Option B)		3 Months
Medical Expenses during Hospitalization in public hospitals in Israel	Included in the Limits of Liability	
Medical Expenses unrelated to Hospitalization: physician visits, lab tests, ultrasound, expenses incurred due to special risks during pregnancy	Included in the Limits of Liability	



Cover Summary	Limits of Liability	Qualification Period
Delivery – Expenses due to regular delivery / Caesarian section	Regular Delivery – up to 3 days of hospitalization Complication during Delivery – up to 5 days of hospitalization	
Treatment of a preemie up to a maximum hospitalization of 30 days	\$25,000	
<p>Total Liability for the Extensions in Exchange for Additional Premiums chapter:  Option A – Pregnancy up to a total sum of \$5,000  Option B – Pregnancy and delivery up to a total of \$35,000 of which a total of \$25,000 for treatment of a preemie up to a maximum hospitalization of 30 days</p>		

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

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