



**Group Health Insurance Policy for Tourists in  
Israel  
For Hebrew University of Jerusalem**

June 2021 Edition

# Health Insurance Policy for Tourists in Israel

## Chapter 1: Definitions

In this policy and its appendixes, the following terms will have the meaning that appears next to them:

- 1.1 The Insurer:** Harel Insurance Company, Ltd.
- 1.2 The Policy:** An insurance contract, including all the general terms referring all the chapters of the policy, including the Insurance Details Page and any rider or appendix attached to it and those that are attached to it in the future, if they are attached with the consent of the Policyholder and the Insurer.
- 1.3 The Policyholder:** Hebrew University in Jerusalem.
- 1.4 The Insured:** **An applicant who is not a resident or a citizen of the State of Israel, his/her spouse and his/her children whose** names are noted on the insurance proposal or in the list received from the Policyholder and whose name/s is/are registered on the Insurance Details Sheet, who are staying in Israel temporarily, all this according to the definitions in the specific policy.
- 1.5 Israel:** The State of Israel, including territories occupied by Israel.
- 1.6 Overseas:** Any place or country outside of the State of Israel, including a ship or plane one its way to or from Israel, with the exception of the areas of the Palestinian Authority.
- 1.7 Country of origin:** The country in which the Insured stays permanently.
- 1.8 The Insurance Proposal:** A proposal form in the wording determined by the Insurer that has been completed with all details, including a health condition statement, declaration of the beginning and end dates of the insurance period and waiver of medical confidentiality, signed by the Insured (or the guardian) specified in the proposal.
- 1.9 Insurance Details Page:** A page that is attached to the Policy and constitutes an integral part thereof and that includes, among other things, the personal details of the Insured and the conditions required in order to adapt the insurance policy to the terms of the Insurance contract with the Insured. In the case of a conflict between the terms of the Policy and the terms specified on the Insurance Details Page, the terms on the Insurance Details Page shall prevail.
- 1.10 Insurance card:** A card issued by the Insurer in addition to the Policy, on which the personal details of the Insured are noted, which will be presented by the Insured to every medical institution in order to obtain medical services.
- 1.11 Date of inclusion:** The date on which the Insured was included in this insurance plan, as it appears in the data file of Insured persons and/or the insurance proposal that were sent to the Insurer.
- 1.12 Automatic inclusion:** Obligatory inclusion by the Policyholder that is made possible because the Policyholder fully finances the cost of the insurance.

- 1.13 Inclusion by consent:** Voluntary inclusion, which requires the prior consent of the Insured of his desire to be included in the insurance (because the Insured has some ownership of the insurance).
- 1.14 Period or insurance period:** The period specified in the Policy and the Insurance Details Page attached to the Policy or a period shorter than that, shortened according to the instructions and terms of the Policy.
- 1.14.1 **Maximum period:** Up to 365 days.
- 1.14.2 It is clarified that renewal of the insurance beyond the period specified on the Insurance Details Page (whether at the end of or during the maximum period) is subject to the approval of the Insurer and completion of a health condition statement. Renewal as said constitutes a new insurance period, with all that signifies, and will be according to the terms and insurance fees existing with the Policyholder (according to the instructions of Section 2.6 below).
- 1.15 Qualification period:** An uninterrupted time period, beginning for every Insured on the date of his inclusion in the insurance and ending at the end of the period specified in each chapter or appendix or section added to the Policy. The qualification period will begin for every Insured one time only in successive insurance periods, and will begin anew every time the Insured is included in insurance anew. An insurance event that occurs during the qualification period is equivalent to an insurance event that occurred before the beginning of the insurance.
- 1.16 Waiting period for the rider for coverage of pregnancy and for coverage of pregnancy and childbirth:** An uninterrupted time period that begins for each Insured on the date of his joining the insurance and ends at the end of the period specified in each chapter or appendix or section added to the Policy. The waiting period will begin for every Insured one time only in successive insurance periods, and will begin anew every time the Insured is included in the insurance anew. Expenses incurred at the end of the waiting period regarding an insurance event that occurred during the period will be covered.
- 1.17 The insurance event:** An event that occurred in Israel during the insurance period in which the Insured required medical care in Israel that is included under this Policy and the medical care is given within the insurance period and/or at the latest within 90 days from the end date of the insurance period, all according to the terms, limitations and exclusions as set forth in detail in this Policy.
- 1.18 Medical emergency:** Circumstances in which the Insured is in immediate life-threatening danger or in which there exists an immediate risk that he will be caused severe irreversible disability if not provided with urgent medical care.
- 1.19 Accident:** A physical injury caused by the application of physical force only, as the result of a sudden, singular and unexpected event, caused directly by an external and visible entity, which constitutes, independently of any other reason, the sole direct and immediate cause of the occurrence of the insurance

event. **To eliminate doubt, verbal violence and/or emotional pressure and/or the accumulation of small repeated injuries over a period of time that lead to disability shall not be considered an “accident.”**

- 1.20 Contracted service providers:** A general-government hospital and/or private hospital that has been approved in advance by the Insurer, as specified on the Insurer’s website, and in addition, physicians and/or a medical institution **that are associated by agreement with the Insurer, from which and solely from which the Insured will be entitled to receive the health services specified in this Policy, all this subject to the terms of the Policy.**
- 1.21 Medical service:** Surgery, medical tests, an appointment with the physician, hospitalization, the supply of medications and the like, all as specified in the Policy.
- 1.22 General-government hospital:** A medical institution in Israel that is recognized by the qualified authorities as a general/government hospital only, with the exception of an institution that is also a sanatorium, a recovery hospital, a recuperation center, a rehabilitation institution.
- 1.23 Day of hospitalization:** A stay of 24 hours in a hospital.
- 1.24 Private hospital:** A hospital in Israel that is not a general hospital and that is authorized by the Ministry of Health to perform surgery on a private basis.
- 1.25 Emergency room:** A place designed to provide urgent medical care that is approved by the qualified authorities in Israel to operate as an emergency room.
- 1.26 Hospitalization expenses:** The payment for hospitalization and medical services provided in a hospital during hospitalization for a period not exceeding 90 days, including payment for the room, operating room, intensive care, anesthetist, treatment by a physician, tests and medications provided as part of the hospitalization.
- 1.27 Medical expenses:** The payment for treatment by a physician, diagnostic tests, medications that are supplied to the Insured not in the framework of hospitalization and not in a sanatorium.
- 1.28 Physician:** A physician who is authorized and approved by the Ministry of Health in Israel to practice medicine.
- 1.29 Specialist physician:** A physician who has received a specialist license in a specific field of medicine who is authorized and approved by the Ministry of Health in Israel.
- 1.30 Anesthetist:** A physician who has received a license as an anesthetist who is authorized and approved by the Ministry of Health in Israel.
- 1.31 Medications basket:** All the medications included in the National Health Insurance Law (Medications in the Basket of Health Services) 5755 – 1995, as modified from time to time.
- 1.32 Prescription:** A medical document signed by a physician that confirms the need for treatment/medication and determines the manner of treatment, dosage, and length of time of the treatment required.

- 1.33 Medication:** A chemical or biological substance designed for treatment, prevention of deterioration (including prevention of the development of additional medical conditions) or prevention of its recurrence, as the result of disease or accident.
- 1.34 Pre-existing medical condition:** A set of medical circumstances that were diagnosed in the Insured prior to the date of inclusion in the Insurance, including those due to a disease or accident. In this matter, “diagnosed in the Insured” means by means of a documented medical diagnosis or a documented process of medical diagnosis that took place during the six months prior to the date of inclusion in the Insurance.
- 1.35 Restriction due to pre-existing medical condition:** A general exclusion in the Policy that exempts the Insurer of its liability, or reduces the liability of the Insurer or the scope of coverage regarding an insurance event of which a significant cause was the regular course of a pre-existing medical condition and which the Insured incurred during the period to which the restriction applies.
- 1.36 Health Condition Statement:** The Health Condition Statement and Waiver of Medical Confidentiality form of the Insured, signed by the Insured.
- 1.37 Claim:** A request from the Insured or from the Policyholder on behalf of the Insured for payment for services according to this Policy and/or for receipt of insurance benefits and/or for provision of a commitment to pay for services as said in this Policy.
- 1.38 Service call center:** A telephone call center on behalf of the Insurer that provides a response to those Insured in all matters related to service providers, and which operates 24 hours a day.
- 1.39 Insurance fees:** The amount that the Policyholder and/or the Insured must pay the Insurer for this Policy.
- 1.40 Limits of Liability Table:** The maximum amount for payment of insurance benefits as set forth in detail in the terms of the Policy, including in each chapter or rider or section added to the Policy. To eliminate doubt and the instructions of the Policy notwithstanding, the limit of the insurance amount, if it exists, is relevant solely and exclusively for the chapter or rider or section alone, and will not limit or preclude the maximum amount for the Policy or according to several riders and/or chapters and/or sections.
- 1.41 Co-pay:** The Insured's portion of an expense regarding an insurance event, as specified in the Limits of Liability Table, with the addition of linkage, all this as specified on the Insurance Details Page. It is hereby clarified that the duty of the Insurer to make any payment according to a chapter or rider or section attached to the Policy will be according to the amount of co-pay **by the Insured and only regarding expenses of the Insured beyond this co-pay.**
- 1.42 The Insurance Law:** The Insurance Contract Law 5741 – 1981.
- 1.43 The Health Law:** The National Health Insurance Law 5754 – 1994.
- 1.44 Index:** The Consumer Price Index published by the Central Bureau of Statistics, or, in the absence of such publication, the index published by another official

organization that replaces it, or any index designated specifically for health services.

## 2. Chapter 2: Effective Dates of the Policy, Manner of Inclusion and Insurance Structure

### 2.1 Effective Dates of the Policy

- 2.1.1 This Policy will become effective as of the beginning date of the Insurance.
- 2.1.2 The Insurer undertakes that in the case that the first agreement period or additional agreement periods are not renewed, and the Policyholder chooses a new insurer to replace it for the group tourist insurance agreement, the Insurer will act to fulfill all its undertakings according to this Agreement, professionally and in good faith, in full cooperation with the new insurer, for a proper and continuous transfer of the insurance program to the new insurer, and all this with care and concern for the wellbeing of those Insured.

### 2.2 Manner of Inclusion:

- 2.2.1 **Agreement by consent:** After completion of the Inclusion Form, which includes a Health Condition Statement and medical underwriting.
- 2.2.2 An Insured that removes himself from the Insurance and asks to join and insurance plan with the Insurer after the date of his removal will be included after completion of a Health Condition Statement, which will determine the terms for his acceptance for the insurance and according to the customary insurance policy and insurance fees of the Insurer at that time.

### 2.3 Insurance Structure:

	<b>Manner of payment</b>	<b>Manner of Joining the Policy</b>
The Insured	Together by the Policyholder/by means of personal collection	<b>Inclusion by consent</b>
Spouse, child, close relative	Together by the Policyholder/by means of personal collection	<b>Inclusion by consent</b>

### 2.4 Agreement Period:

**The agreement period will be according to that determined in the agreement signed between the parties.**

## **2.5 End of the Insurance Period:**

Termination of the insurance will become effective on the ending date of the Insurance Period or at the end of the month in which the Insurance Period reached its end, the earlier of the two under the following circumstances:

- 2.5.1 On the date of termination of the stay of the Insured in Israel.
- 2.5.2 At the time of return of the Insured to his country of origin.
- 2.5.3 At the time of death of the Insured.
- 2.5.4 At the time of completion of his stay in Israel on behalf of the Policyholder.

## **2.6 Renewal of the Insurance Period**

2.6.1 At the end of the maximum insurance period as determined in Section 1.14 above, or during the period, the Insured may ask the Insurer to renew the insurance period for an additional period. Renewal of the insurance period will be subject to approval of the Insurer, on the terms and for the insurance fees existing at the time. It is hereby clarified that at the end of the insurance period, as defined in the Policy on the Insurance Details Page, the insurance will not be extended automatically.

## **2.7 Insurance Fees**

- 2.7.1 The insurance fees will be as set forth in the agreement between the Insurer and the Policyholder.  
The premium will be determined according to age groups and all this according to the scope/levels of coverage that he joined
- 2.7.2 The date of payment of the insurance fees will be on the first of every month to the date determined for payment by the Insurer. In the case of personal collection – on the date of issue.
- 2.7.3 To insurance fees that are not paid on time, linkage differences and interest, as set forth in the Adjudication of Interest and Linkage Law, 5721 – 1961, will be added from the day of onset of the delay until actual redemption of the insurance fees by the Insurer.

## **2.8 Manner of Payment of Insurance Fees**

The payment will be made according to one of the following options: by means of the Policyholder, by personal collection, or in a combined manner, as agreed in the agreement.



## **2.9 Insurance benefits:**

- 2.9.1 Payment of insurance benefits due to the Insured according to the Policy will be made in one of the following two manners:
  - 2.9.1.1. To the service provider – The Insurer will grant the Insured a letter of financial commitment for the service provider, insofar as required and according to the terms of the Policy.
  - 2.9.1.2. To the Insured (in the case in which the Insured is deceased – to his legal heirs) – based on the terms set forth in the Policy.
- 2.9.2 The date of payment of insurance benefits will be from the date of approval of the claim in the offices of the Insurer.
- 2.9.3 Insurance benefits will not surpass the insurance amount.
- 2.9.4 The right of the Insured to indemnification regarding a third party is transferred to the Insurer.

## **2.10 Claims**

- 2.10.1 Payment of insurance benefits if the following conditions hold:
  - 2.10.1.1. Receipt of prior approval from the Insurer (on the dates determined for this purpose in the Policy) or retrospectively (according to the restrictions set forth in the Policy).
  - 2.10.1.2. It is not necessary to obtain prior approval from the Insurer – according to the circumstances set forth in the Policy.
  - 2.10.1.3. Signature of the Insured on a Waiver of Confidentiality and submission of the required details and documents.
  - 2.10.1.4. The Insurer is permitted to conduct an inquiry and perform a medical examination of the Insured, as long as the examination is reasonable under the given circumstances and at the expense of the Insurer, and the Insured undertakes to undergo medical examinations as required by the Company and at its expense as said. It is clarified that this does not detract from the ability of the Insured to exhaust all the rights accorded him by force of the Policy at any time in court. The Insurer will be entitled to demand that the Insured provide every detail and/or medical document that is demanded by it or by a physician on behalf of the Insurer, and if they are not in the possession of the Insured, he must help the Insured, to the best of his ability, to obtain them.  
  
The Insurer is not responsible for the quality of the services in the Policy and damages to the Insured and/or anyone on his behalf.

- 2.10.1.5. The Insured shall attach to the form of notice of an insurance event all the relevant medical documents regarding the insurance event, including diagnoses, a history of the event (anamnesis) and, if payments were made by the payer and/or by the Insured – receipts of payment. The Insured may submit the documents, among other ways, by e-mail, text message or a personal online account.
- 2.10.2 The Insurer is not liable for insurance benefits if the Insured deliberately did something that could prevent the Insurer from investigating its liability except to the extent that it would have been liable for them had the Insured not done that thing.
- 2.10.3 **Period of limitation:** The period of limitation of a claim for payment of insurance benefits in regard of an insurance event according to this Policy is five years from the occurrence of the insurance event.
- 2.10.4 **Waiver of medical confidentiality:**
- The Insured will provide the Insurer with a waiver of medical confidentiality, signed by him, that instructs his physicians and/or any entity or medical institution, whether in Israel or abroad and/or the National Insurance Institute and/or the Ministry of Defense and/or any other government office and/or insurance company and/or HMO (*kupat holim*) to provide the Insurer with all reasonable medical information regarding the Insured that they hold (herein: **Waiver of Confidentiality form**).
- 2.10.5 **An insurance event covered by more than one insurance company and/or by a third party:**
- 2.10.5.1. If, with regard to an insurance event covered by this Policy, the Insured also had the right to indemnification from a third person, not by force of the Insurance Contract Law, this right will be transferred to the Insurer from the time of its payment of insurance benefits and at the rate of benefits it paid, and without detracting from the right of the Insured to first collect from the third party indemnification beyond the insurance benefits according to this Policy. If the Insured receives an indemnification amount from a third party that would have been due the Insurer according to this section, he must transfer it to the Insurer. If he reached a compromise, waiver, or other action that harms the right that was transferred to the Insurer, he must compensate it

for that. The Insured undertakes to cooperate as much as required of him to fulfill the said right of the Insurer.

2.10.5.2. The Policyholder and/or the Insurer must cooperate with the Insurer and perform any act in order to enable the Insurer to obtain the amounts that the Insurer paid for which a third party was liable.

## **2.11 Duty of Disclosure:**

2.11.1 If, prior to entering into the contract, the Insurer presented the Insured, either on the insurance proposal form or in another written form, a question regarding a matter that could influence the willingness of a reasonable insurer to enter into the contract at all or to enter into it on the terms is contains (herein: an essential matter), the Insured must answer it fully and honestly in writing.

2.11.1.1. A broad question that incorporates different matters, without distinguishing among them, does not require an answer as said, unless it was reasonable at the time of entering into the contract.

2.11.1.2. Concealment with the intention of fraud on the part of the Insured of a matter that he knew was an essential matter, is legally equivalent to giving an answer that is not full and honest.

2.11.2 If an answer that is not full and honest is given to a question on an essential matter, the Insurer is entitled, within thirty days of becoming aware of this and as long as no insurance event has taken place, to cancel the Policy by written notice to the Insured.

2.11.3 If the Insurer cancels the Policy by force of this section, the Insured is entitled to a refund of the insurance fees he paid for the period after the cancellation, after deduction of the Insurer's expenses, unless the Insured acted with the intention of fraud.

2.11.4 If an insurance event occurs before the Policy is cancelled by force of this section, the Insurer is not liable except for insurance benefits reduced by a relative rate, which is the ratio between the insurance fees that would have been paid as accepted in the Company according to the true situation and the insurance fees agreed upon, and the Insurer is completely exempt in each of the following:

2.11.4.1. The answer was given with the intention of fraud.

2.11.4.2. A reasonable insurer would not have entered into the contract, even for higher insurance fees, had it known the true situation; in this case, the Insured is entitled to a refund of the insurance fees he paid for the period after the occurrence of the insurance event, with the deduction of the Insurer's expenses.

2.11.5 The Insurer is not entitled to the above-said remedies in any of the following, unless the answer that was not full and honest was given with the intention of fraud:

2.11.5.1. It knew or should have known the true situation at the time of entering into the contract or it caused the answer to not be full and honest.

2.11.5.2. The fact regarding which an answer that was not full and honest was given ceased to exist before occurrence of the insurance event, or did not affect its occurrence, the liability of the Insurer or its scope.

2.11.5.3. Insofar that the matter is one of compensation-type insurance benefits, the Insurer is not entitled to the above-said remedies if three years have passed since entering into the contract, unless the Insured acted with the intention of fraud.

**2.12 Absence of Insurer Liability for Actions and/or Omissions of the Physician:** The Insurer will not bear any responsibility for actions and/or omissions of the service providers under contract with the health services and/or their outcomes, whether they were chosen by the Insurer or chosen by the Insured.

**2.13 Cancellation of insurance:**

In the case of delay in payment of insurance fees, cancellation of the Policy will be carried out according to the instructions of the Insurance Contract Law, 5741-1981.

If the insurance Policy is cancelled before the end of the insurance period, the Insurer will refund part of the insurance fees for the period that the Insured is no longer insured, subject to its duty according to the Insurance Contract Law.

**2.14 The Insurance Law:**

The instructions of the Insurance Contract Law, 5741-1981 will apply to this Policy.

## **2.15 Notices:**

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

**2.16 Changes:** The Insurer will be permitted to change the list of contracted service providers from time to time.

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

**2.18 Linkage:** The insurance fees and insurance benefits specified in New Israeli Shekels will be linked to the consumer price index published by the Central Bureau of Statistics and will be linked to the index monthly, where the base index is the index published in April 2021.

## **2.19 General Exclusions to the Policy**

**The Insurer shall not be liable and shall not be obligated to pay insurance benefits in regard of an entire insurance event or part thereof in any of the following cases:**

**2.19.1 The insurance event occurred prior to the beginning date of the insurance or after the end of the insurance period.**

**2.19.2 A preexisting medical condition: as defined in Section 1.34 in the Definitions chapter.**

**A restriction because of a preexisting medical condition concerning an insured whose age at the beginning of the insurance period is –**

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

**65 years or more – shall apply for a period not exceeding half a year from the beginning of the insurance period.**

**2.19.2.1. Specific restriction regarding medical condition**

**The said in Section 2.19.2 notwithstanding, a specific restriction of the liability of the Insurer or of the scope of coverage regarding a specific medical condition listed on the Insurance Details Page for a certain Insured will be valid for the period specified on the Insurance Details Page next to that specific medical condition.**

**A restriction regarding a preexisting medical condition will not be valid if the Insured notified the Insurer of the preexisting medical condition and the Insurer did not**

- expressly restrict the specific medical condition mentioned in the notice of the Insured on the Insurance Details Page.
- 2.19.2.2. If the Insurer is relieved of its liability due to the instructions set forth in Section 2.19.2 and the insurance contract is cancelled, and a reasonable Insurer would not have entered into that insurance contract, even for higher insurance fees, had it known of the preexisting medical condition of the Insured at the time of entering into the insurance contract, the Insurer will refund the insurance fees that the Insured paid for the period of time until cancellation of the insurance contract, with deduction of the relative portion of the insurance fees for insurance coverage for which insurance benefits were paid to the Insured; linkage differences will be added to the insurance fees.
- 2.19.2.3. If the Insured purchased insurance for worsening of an existing disease for additional insurance fees recorded on the proposal form, this exclusion will be cancelled and instead, the coverages and exclusions for Chapter 4, Section 4.1 shall apply.
- 2.19.3 **Psychotherapy and/or psychological treatments – with the exception of the said in Section 4.11, and/or psychiatric disorders, suicide or attempted suicide, self-injury.**
- 2.19.4 **Alcoholism, drug use, with the exception of use of medical drugs according to a physician’s instructions.**
- 2.19.5 **Use of weapons.**
- 2.19.6 **Rehabilitative treatments or hospitalization, rehabilitation.**
- 2.19.7 **Transplant of an organ/s or limb/s, a malignant disease, hemophilia and/or a disease that requires blood transfusions, dialysis, C.F., M.S., stroke, C.V.A. or T.I.A.**
- 2.19.8 **Sexually transmitted diseases, treatment of problems of impotence, sexual functioning disorders.**
- 2.19.9 **Treatments at the Dead Sea given to psoriasis patients, genetic testing, nursing care hospitalization or nursing care services.**
- 2.19.10 **a. Expenses of pregnancy and/or childbirth and/or expenses due to treatments/routine ongoing tests and/or complications of pregnancy and/or childbirth, with the exception of that said in Section 4.2.**  
**b. Monitoring prior to pregnancy and/or genetic counseling, expenses due to bedrest for high-risk pregnancy.**
- 2.19.11 **Fertility treatments and/or insemination and/or infertility, male and/or female fertility.**
- 2.19.12 **Wellbeing treatment of infants and/or children, well-baby clinic, vaccinations, monitoring or routine tests of children.**

- 2.19.13 Treatment of learning disabilities, speech, etc.
- 2.19.14 The following types of treatments or services: physical therapy with the exception of that said in Section 4.8, mechanical therapy, hydrotherapy, alternative therapy, homeopathy, alternative medications, healing programs, acupuncture, chiropractic, optometry, periodic testing, cosmetic or restorative surgery, experimental surgery, healing and/or gum surgery (with the exception of first aid, included in the framework of emergency dental treatment).
- 2.19.15 Medical or other aids, glasses and/or contact lenses, hearing aids and prostheses of any type whatsoever.
- 2.19.16 Experimental medical treatments of any type or kind, scanning tests, preventative treatments.
- 2.19.17 Treatments, tests and surgery outside the State of Israel.
- 2.19.18 Routine tests and/or monitoring and/or vaccinations that are not due to an active medical problem.
- 2.19.19 Experimental medications that have not been approved by the FDA and approved by any other qualified authorities recognized for authorizing medications in Israel.
- 2.19.20 Emergency room expenses – with the exception of that stated in Section 3.3.
- 2.19.21 Hospitalization expenses and/or expenses not during hospitalization that could have been deferred until the return of the Insured to his country of origin.
- 2.19.22 Medical services provided to the Insured not by means of contracted service providers of the Insurer, unless with the express written approval of the Insurer.
- 2.19.23 Treatment not approved by a physician.
- 2.19.24 The Insurer will not have any liability whatsoever for actions or omissions of service providers associated with the health providers and/or their consequences, whether chosen by the Insurer or chosen by the Insured. In addition, the Insurer will not be liable for any case in which the Insured was denied and/or the Insured was prevented from requesting and/or prevented from receiving medical assistance.
- 2.19.25 The Insurer will not pay and will not be liable for an insurance event that occurred during the insurance period and the treatment of which continued after the end insurance period, except in the following cases:
  - 2.19.25.1. Hospitalization that began within the insurance period.
  - 2.19.25.2. Medical expenses not during hospitalization during a period of up to 90 days as defined in Chapter 3.
- 2.19.26 Participation of the Insured in extreme sports according to the list that appears on the Company website. For this matter, “extreme sport” is – fields of sport considered to be especially dangerous and that

require high levels of difficulty and/or physical effort of those that engage in them. The list of the fields of extreme sports will be updated from time to time according to the list that appears on the Company website, [www.harel-group.co.il](http://www.harel-group.co.il) (Tourist Insurance tab). If the Insured purchased coverage for extreme sports for additional insurance fees that were listed on the proposal form, this exclusion will be cancelled and instead, the coverages and exclusions in Section 4.7, Extreme Sports will apply.

- 2.19.27 Sports activity in the framework of a sports association registered according to the Sports Law 5748 – 1988 and/or professional sports and/or competitive sports activity that entails the payment of wages.
- 2.19.28 Active participation of the Insured in a race/races of cars and/or motorcycles (including snow bikes) and/or any other vehicle, including a sailing vessel and/or driving/traveling in any vehicle on a race track, whether as part of a race or not.
- 2.19.29 A road accident and/or a work accident.
- 2.19.30 A sea, vehicle or air accident in which the medical service expenses apply to the person at fault and/or another Insurer.
- 2.19.31 Riding and/or use of a motorcycle as a driver and/or passenger with a driver who does not have a motorcycle driving license suitable for the type of motorcycle involved in the accident event.
- 2.19.32 The insurance event was caused or is the outcome of the service of the Insured in any type of security force, with the exception of an army and including the police forces, and an insurance event during military service that stems directly from activity of a military nature, including military or pre-military exercises/training of any type.
- 2.19.33 Passive participation of the Insured in an act of sabotage or terrorism of any type and/or in war and/or in a belligerent action of hostile forces, organized or not organized, on condition that the Insured is entitled to coverage of the medical expenses due to such an event from any other entity.
- 2.19.34 Medical expenses due to active participation of the Insured in activities such as: military actions or civil war, police work, underground or camouflaged activity, rebellion, riots, sabotage, fights, violence, terrorism, commitment of a crime, a misdemeanor, drug trade, activity without a valid license suitable for that activity as required (that is, a license for driving or flying a plane, or sports activity for with a license is required), or resisting arrest.
- 2.19.35 An insurance event caused by nuclear fission or nuclear fusion or radioactive contamination.
- 2.19.36 Consequential damage that is expenses arising from the loss and waste of time for any reason whatsoever, cancellation of a deal including suspension, delay, bankruptcy, loss of workdays and wages,



**sick leave, loss of pleasure, emotional anguish, pain and suffering, nursing care assistance and so forth.**

**2.19.37 The Insurer will not pay in the case of an insurance event and/or claim and/or expenses and/or damage to a third party.**

**2.19.38 Expenses of traveling in taxis, permits, commission, charges, taxes, phone calls, faxes, legal expenses and fees, interest, bank expenses, fines, and so forth.**

**2.19.39 Kidnapping of the Insured.**

**2.19.40 Charges caused due to violations of the law by the Insured.**

## Chapter 3: Undertaking of the Insurer

### 3.1 General:

- 3.1.1 **Level of medical service:** The Insurer undertakes to provide the Insured according to this Policy with the medical services to which the Insured is entitled to coverage of expenses according to medical judgement, of reasonable quality, within a reasonable time, and at a reasonable distance from his place of residence or from the location of the insurance event, as customary in the state of Israel.
- 3.1.2 **Insurance card:** The Insurer will issue every Insured a card that includes identifying details of the Insured as well as the phone number of the service call center of the Insurer or of the service provider. This card together with a passport or official photo ID of the Insured will serve as means of identification of the Insured and examination of his eligibility at the time of receiving the service.

### 3.2 The Insurer will pay the Insured expenses as follows:

Expenses during hospitalization and expenses not during hospitalization as specified below:

#### 3.2.1 Expenses in general-government hospital in Israel:

- 3.2.1.1. If the Insured is hospitalized in a general-government hospital in Israel, the Insurer will pay for expenses as follows for a period not exceeding 120 days:
- 3.2.1.2. Hospitalization expenses, including x-rays, medications, physicians, surgeon, intensive care, an anesthetist, general hospital services (herein: "**hospitalization expenses**").
- 3.2.1.3. It is hereby clarified that the Insurer will pay hospitalization expenses to general-government hospitals or to a hospital recognized by the certified authorities in Israel as a public hospital. **And in any case, the Insurer will not indemnify the Insured and/or the service provider for hospitalization expenses if the Insured was hospitalized in a private hospital and/or received and/or paid for private medical services during his/her said hospitalization, unless the Insured received written approval from the Insurer in advance.**
- Approval of the Insurer for hospitalization in a private hospital is at the sole discretion of the Insurer.**

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

- 3.3.1 Referral by a physician.
- 3.3.2 A new fracture.
- 3.3.3 Dislocation of a shoulder or elbow.
- 3.3.4 An injury requiring stitching by means of sutures or other means of stitching.

- 3.3.5 Aspiration of a foreign object into the trachea.
- 3.3.6 Penetration of a foreign object into an eye.
- 3.3.7 Infants up to the age of two months with a fever of over 38.5 degrees Celsius.
- 3.3.8 Snake bite.
- 3.3.9 Transportation by ambulance to an emergency room from the street or another public space due to a medical emergency.
- 3.3.10 Approval by the Insurer.
- 3.3.11 The emergency inquiry ends in non-elective hospitalization.

**The Insured shall not be entitled to indemnification from the Insurer for emergency room expenses that arise from any factor other than that said in this section above.**

**3.4 Medical expenses not during hospitalization, provided by a contracted service provider:**

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

- 3.4.1 **Medical treatment/consultation:** Medical treatment/consultation solely by a contracted service provider.
- 3.4.2 **Laboratory tests, X-rays, bandaging:** Tests provided to the Insured solely by a laboratory and/or clinics.
- 3.4.3 **First aid:** First aid provided to the Insured by a first aid station of Magen David Adom or a contracted service provider solely in cases of emergency.
- 3.4.4 **Medications:** The Insurer will pay for medications included in the medications basket on condition that they are prescribed by a physician and are purchased at pharmacies contracted by the Insurer up to the amount of the limit of liability in the Policy and up to the amount specified in the Limits of Liability table in the Policy.
- 3.4.5 **Ambulance transport expenses:** The Insurer will pay the expenses of transportation by ambulance in the case of a medical emergency after which the Insured is hospitalized, one time only during the entire insurance period and provided that the Insured is not entitled to coverage of this expense by any another entity.
- 3.4.6 **Emergency dental treatment:** The Insurer will pay the expenses of emergency and first aid dental care up to the amount of **NIS 1,400** and up to the amount specified in the Limits of Liability table in the Policy.

**3.5 To eliminate doubt, the liability of the Insurer for medical expenses in Israel, with regard to an insurance event that occurs within the insurance period and the treatment of which is not completed by the end of the insurance period, will continue for an additional period of 90 days after the end of the insurance period as specified in Section 2.19.25.2 of the General Exclusions to the Policy. It is clarified that coverage given by the Insured according to this Section 3.5**

**does not constitute an extension or renewal of insurance as defined in Section 2.6 above.**

### **3.6 Special expenses**

**Transportation of mortal remains:** In the case of the death of the Insured, the expenses of transporting the corpse from Israel to the Insured's country of origin, up to a maximum amount of the limit of liability in the Policy and up to the amount specified in the Limits of Liability table of the Policy provided that the expense is not paid by any other entity.

**The Insurer will be entitled at any time to demand that the Insured return to his country of origin for the purpose of receiving medical treatment, provided that his return is possible from a medical point of view.**

**It is clarified that the undertaking of the Insurer for Chapter 3 shall not exceed a total amount of NIS 525,000 for the entire insurance period.**

### **Riders: Subject to the Conditions Specified in the Rider and Subject to the General Conditions, Definitions and Exclusions Specified in the Policy**

#### **4.1 Worsening of a preexisting medical condition**

Worsening of a preexisting medical condition is a sudden and unexpected change for the worse of a preexisting medical condition the treatment of which was necessary in Israel as emergency treatment **and which was stabilized with medication for 6 months prior to the arrival of the Insured in Israel. In the context of the worsening, there will not be coverage for a malignant disease, heart surgery/ies, catheterization, angiography (balloon) and/or any procedure to open a blockage of blood vessels in the heart, organ or limb transplant, implantation of a pacemaker, dialysis, MS and CF.**

##### **Undertaking of the Insurer:**

The Insurer will pay medical expenses during hospitalization and not during hospitalization due to worsening of an existing illness, subject to the cumulative conditions below, up to the amount of **NIS 105,000** and up to the amount specified in the Limits of Liability table in the Policy:

- 4.1.1 **The Insured suffered the worsening during the insurance period, as defined in Section 1.14.**
- 4.1.2 **The Insured was stabilized with medication due to the existing illness for a period of no less than 6 months prior to his arrival in Israel.**
- 4.1.3 **The Insured was not hospitalized for the illness during a period of 6 months prior to his arrival in Israel.**

#### **4.2 Pregnancy**

##### **4.2.1 Preconditions for the Insurer's liability for pregnancy and childbirth:**

The Insurer will be liable for medical expenses associated with pregnancy and childbirth of the Insured as set forth below, provided that the following conditions exist, cumulatively, regarding the Insured:

- 4.2.1.1. The Insured is insured under this Policy with the Insurer.
- 4.2.1.2. A waiting period of 3 months has passed since the beginning date of the insurance.
- 4.2.1.3. **No coverage will be provided for childbirth expenses according to the instructions of the National Insurance Law, 5755 – 1995.**

#### 4.2.2 Expenses during pregnancy

**Medical expenses during hospitalization in a hospital in Israel:** If the Insured needs hospitalization in a hospital in Israel because of sudden worsening and/or pathology during pregnancy and/or hospitalization expenses to terminate a pregnancy if continuation of the pregnancy endangers the life of the pregnant Insured woman or the life of the fetus, her entitlement to hospitalization according to Chapter 3 above and the expenses incurred by the Insurer due to this hospitalization will be part of the ceiling amount of insurance specified in the Limits of Liability table below.

#### 4.2.3 Non-hospitalization expenses:

4.2.3.1. Expenses for regular monitoring.

4.2.3.2. Expenses for ultrasound tests.

4.2.3.3. Expenses for regular laboratory tests.

4.2.3.4. If the Insured woman requires additional tests due to special risks or due to pathology of the pregnancy, the Insurer will bear the cost of these additional tests.

**Precondition for liability of the Insurer** is receipt of prior approval from the Insurer to perform these tests. A physician's examination will entail copay by the Insured woman. Absence of a request by the Insured to the Insurer for prior approval by the Insurer may cause reduction in the amount of insurance benefits up to the amount that the Insurer would have paid if it had been given prior notice.

#### 4.2.4 Expenses of childbirth:

The Insurer will bear the expenses of the Insured for a regular childbirth and/or a Caesarian section according to the provisions of this Policy up to 3 days of hospitalization in the case of regular childbirth and up to 7 days of hospitalization in the case of a complication during childbirth according to the written instructions of a physician.

If the newborn is ill or suffers a defect, the scope of coverage for the newborn and/or infant up to 21 days only.

**4.2.5 Special exclusions to Section 4.2 – in addition to the existing exclusions in the Policy:**

**In addition to the above-said, the Insurer will not be liable for payment of insurance benefits according to this section in the following cases:**

- 4.2.5.1. The Insured was pregnant in the qualification period.**
- 4.2.5.2. Medical treatment and/or treatment of any type that is related to the infant born and/or the fetus and/or the premature infant born, whether it is born by regular childbirth or by Caesarian section or by early childbirth.**
- 4.2.5.3. Expense of bedrest for high-risk pregnancy.**
- 4.2.5.4. Fertility or infertility treatments.**

**The liability of the Insurer in Section 4.2 (including all its subsection) will not deviate from the overall amount of NIS 525,000 for pregnancy and no more than two pregnancies during the entire Insurance period. To eliminate doubt, if the Insured extended the insurance period continually, the extended period constitutes an integral part of the original insurance period.**

**4.3 Medical expenses overseas**

**Up to the amount of NIS 35,000 and up to the amount specified in the Limits of Liability table of the Policy.**

In the case of an accident event that occurred for the first time in Israel, the Insured will be entitled to continued treatment overseas subject to the following provisions, cumulatively:

- 4.3.1 The medical treatments are provided as a direct and immediate continuation of an event that occurred during the insurance period.**
- 4.3.2 The Insured is not entitled to coverage of these expense by any other entity.**
- 4.3.3 The Insured is entitled to the type of treatments required according to the provisions of the Policy.**
- 4.3.4 The Insured and/or someone on his behalf applied to the Insurer in advance to receive its written approval to perform the treatment.**

#### **4.4 Medical expenses in Israel as a result of an emergency psychiatric event**

The Insurer will bear medical expenses in Israel as the result of an emergency psychiatric event up to the amount of NIS 17,500 and up to the amount specified in the Limits of Liability table in the Policy.

#### **4.5 Expenses of air evacuation and rescue from the location of the event in Israel to a nearby hospital**

**The Insurer will bear such expenses up to the amount of NIS 175,000 and no more than the total specified in the Limits of Liability table in the Policy, on the following conditions, cumulatively:**

- 4.5.1 It is not possible to transport the Insured by land rescue.
- 4.5.2 There is an immediate urgent need to perform the evacuation without which the life of the Insured would be in danger.
- 4.5.3 The Insurer and/or someone on its behalf approved the evacuation in advance.

#### **4.6 Emergency flight of a close relative**

In the case of an accident event in which the Insured is in a condition that he requires assistance 24 hours a day (approved by the Insurer in advance) or in the case that the Insured is hospitalized in Israel due to an event that requires invasive surgery and whose hospitalization exceeds 7 days, the Insurer will pay one close relative only the cost of purchasing a ticket to travel to Israel in tourist class, up to the amount of NIS 7,000 and up to the amount specified on the Limits of Liability table.

#### **4.7 Extreme sports activity as part of group activity according to the program, as set forth in detail below:**

##### **4.7.1 Additional Definitions for Section 4.7:**

**Extreme sports:** Fields of sport that include/require of those that engage in them, among other things, high levels of difficulty and/or physical effort. **The list of the fields of extreme sports will be updated from time to time according to the list that appears on the Company website, [www.harel-group.co.il](http://www.harel-group.co.il)**

- 4.7.2 **The undertaking of the Insurer:** The Insurer will pay the Insured hospitalization expenses, medical expenses and insurance benefits covered in the Basic Policy and that arise from participation of the



Insured in extreme sports activity as defined above, carried out in Israel only.

**4.7.3 Additional exclusions to Section 4.7 in addition to the existing exclusions in the Policy. The Insurer will not pay for claims that arise from or related to:**

**4.7.3.1. Winter sports, winter skiing and/or snowboarding and/or snow sleds and/or snow bikes.**

**4.7.3.2. A claim that arises from and/or is related to the Insured woman being pregnant.**

**4.7.3.3. Participation of the Insured in extreme sports for which wages are paid.**

**The maximum liability of the Insurer according to Section 4.7 will not exceed the maximum amount of the limit of liability in the Policy and up to the amount specified in the Limits of Liability table of the Policy.**

**4.8 Physical therapy:**

The Insurer will pay the Insured, for injuries that occur during the insurance period and are covered by the Policy, according to the instructions of a physician and with prior approval of the Insurer, expenses for physical therapy. The coverage will be provided by a contracted provider of the Insurer. **The maximum undertaking according to this section will not exceed the maximum amount of the medical expenses in Section 3 – and up to 12 physical therapy sessions a year and up to the amount specified in the Limits of Liability table in the Policy.**

Therapy sessions performed by a provider that is not contracted and with the advance approval of the Insurer will be covered up to a maximum of 12 physical therapy sessions a year and up to the amount of **NIS 150** a session.

**4.9 Medical flight**

In the case of an insurance event, the Insurer will pay the insured expenses for medical flight subject to the terms and definitions set forth below.

**4.9.1 Definition: Medical flight**

Flight on a regular airline and/or a special plane accompanied by a medical team suited medically to the condition of the Insured, transported from Israel overseas, on the conditions specified in the following, **on the condition that a physician on behalf of the Insurer in**

**coordination with the attending physician in Israel determined that there is liable to arise a need for medical intervention during the flight and on the additional condition that the medical flight is medically possible and necessary.**

**4.9.2 The undertaking of the Insurer:**

**The Insurer will allow a medical flight as defined above, and, on the condition that it is in regard to an event for which the Insured would be entitled to a refund of medical expenses in the Basic Policy, will transport the Insured overseas.**

The means of transport will be determined by a physician on behalf of the Insurer in coordination with the attending physician in Israel, after receiving information about the medical condition of the Insured and treatment possibilities. **The liability of the Insurer according to this rider is on the condition that the medical flight is executed through the Insurer and/or someone on its behalf only.**

**4.9.3** If the medical flight is approved by the insurance company and there is need for an escort (that is not a member of a medical team), the Insurer will bear the expenses of an escort in tourist class up to the amount specified on the Limits of Liability table of the Policy for this section.

**It is clarified and emphasized that the undertaking of the Insurer according to this section is to arrange the medical flight as said, in any way or manner, insofar as this is at all possible under the circumstances of the time and place in which the Insured is located.**

**The total maximum liability of the Insurer will not exceed the amount of NIS 42,000 and up to the amount specified in the Limits of Liability table in the Policy.**

**These expenses in the case of a psychiatric event of the Insured and an escort will be limited to NIS 10,500 and up to the amount specified in the Limits of Liability table in the Policy, and all this according to the terms set forth in Section 4.9 above.**

In the occurrence of an insurance event, the Insurer will pay the Insured expenses for a medical flight subject to the terms and definitions set forth below.

**4.10 Death or permanent disability due to an accident event (in Israel only) – from age 18 to age 75**

#### 4.10.1 Definitions:

In this section –

4.10.1.1. **Accident:** A sudden event that occurred in Israel that was not planned by the Insured and that caused him to be subject to an insurance event that is covered in this section, **except for an insurance event caused as the direct result of an illness.**

4.10.1.2. **Disability** – Permanent medical disability.

4.10.1.3. **Permanent disability** – Total loss of a body organ due to its detachment from the body or total loss of its ability to function.

#### 4.10.2 Undertaking of the Insurer:

In the case of death or permanent disability, incurred by the Insured in Israel as a direct and definitive consequence of an accident that occurs during the insurance period, insurance benefits will be paid as follows:

4.10.2.1. **Death of the Insured:** In the case of death of the Insured **due to an accident**, the beneficiaries will be paid insurance benefits in the amount of NIS 52,500 according to the amount specified in the Limits of Liability table of the Policy and **provided that the Insured is over the age of 18 years (inclusive)** and up to the age of 75 (inclusive) on the date of occurrence of the accident. The insurance benefits in regard of the death of the Insured will be paid to the beneficiary, provided that the beneficiary remains alive thirty days after the death of the Insured. In the case of death of the beneficiary prior to the death of the Insured and/or during the above period, the insurance benefits in regard of the death of the Insured will be paid to the estate of the Insured and in the case that the estate of the Insured is due in its entirety to the beneficiary that died – the insurance benefits will be paid to the legal heirs of the beneficiary.

4.10.2.2. **Permanent disability:** In the case of permanent disability as a consequence of an accident incurred by the Insured, the Company will pay the Insured insurance benefits that will be calculated as a direct product of the entitling rate of disability determined for the Insured as set forth below times the full insurance amount specified on the Limits of Liability table of the Policy in regard of this coverage, whether it is a single

insurance event or more, and provided that Insured is over age 18 (inclusive) and up to age 75 (inclusive) at the time of occurrence of the accident.

The rate of disability entitling compensation will be determined by a specialist physician according to the instructions of Regulation 11 only of the National Insurance Regulations (Determination of Level of Disability for Work Injuries), 5716 – 1956.

**Example:**

Say a specialist physician determines for the Insured according to Regulation 11 as said above, permanent disability of the leg at the rate of 40%, and the maximum insurance amount for disability due to accident is NIS 50,000. This insurance benefits will be calculated in this case as follows:

$$40\% \times 50,000 = 20,000.$$

**4.10.2.3. It is clarified that a disability that exists (or was determined) prior to the beginning date of the insurance will be deducted from the rate of the disability entitling payment according to this section.**

**4.10.3 Special exclusions to insurance coverage of permanent disability due to an accident**

**4.10.3.1. The Insured will not be entitled to receive insurance benefits if his disability was caused due to medical or surgical treatment, as long as the Insured was aware of the specific risk from which the disability was caused prior to the medical or surgical treatment (for example by agreement to the treatment).**

**4.10.3.2. The Insured will not be entitled to receive insurance benefits in regard of mental disability. This is unless an accident occurred that led to physical disability (permanent or not permanent) of more than 15% disability and mental disability was also caused in addition to that.**

**The maximum undertaking of the Insurer according to this section will not exceed NIS 52,500.**

#### **4.10.4 Restrictions and exclusions to the liability of the Company**

**In addition to the special exclusions specified in the details of the coverage, the Insurer will not pay insurance benefits according to this section if the death and/or permanent disability were caused directly or indirectly by or due to or as a consequence of one or more of the following events/circumstances:**

- 4.10.4.1. An earthquake, volcanic eruption, nuclear fission, nuclear fusion, radioactive contamination.**
- 4.10.4.2. Active participation of the Insured in a police or underground action, or an insurance event in the course of military service that stems directly from activity of a military nature, including military or pre-military exercises/training of any type whatsoever, rebellion, revolt, disturbances, riots.**
- 4.10.4.3. Commitment of a crime, a misdemeanor, drug trade, activity without a valid license that is suitable for that activity insofar as required (that is, a license to drive or fly a plane, or sports activity for which a license is required), or resistance to arrest.**
- 4.10.4.4. The participation of the Insured in an act of sabotage or terrorism of any type whatsoever and/or in war and/or in an act of war of regular or irregular hostile forces.**
- 4.10.4.5. Flight of the Insured in an aircraft, with the exception of flight of the Insured as a passenger on a civilian aircraft holding a certificate of fitness to carry passengers, subject to the liability of the Insurer in Israel alone.**
- 4.10.4.6. Intentional self-injury or suicide or attempt to do so, whether the Insured is sane or not.**
- 4.10.4.7. Sports activity of the Insured in the framework of a registered sports association according to the Sports Law 5748 – 1988 and/or competitive sports activity and/or professional sports (that constitutes his main occupation and/or that involves monetary payment).**
- 4.10.4.8. Participation of the Insured in extreme sports according to the list that appears in the Insurer's website. For this purpose, "extreme sports" refers to fields of sports**

considered to be dangerous and that include/require, among other things, high levels of difficulty and/or physical effort of those who engage in them. The list of extreme sports fields will be updated from time to time according to the list that appears on the Insurer's website [www.harel-group.co.il](http://www.harel-group.co.il) (Tourists tab).

- 4.10.4.9. **Use of explosives.**
- 4.10.4.10. **Deliberate self-endangerment, with the exception of self-defense and rescuing life.**
- 4.10.4.11. **Alcoholism or drug use by the Insured.**
- 4.10.4.12. **A work accident as defined in the National Insurance Act.**
- 4.10.4.13. **If the damage is caused as the result of a hostile act as defined in the Compensation for Victims of Hostile Acts Law, 5730 – 1970.**
- 4.10.4.14. **A road accident as defined in the Road Accident Victims Compensation Law, 5735 – 1975.**
- 4.10.4.15. **Riding an electric bicycle and/or an electric scooter and/or Segway and/or other means of transportation with an electric motor.**

**4.11 Rider for annual routine tests for insured who are exposed to radioactive materials or x rays as part of their studies or their work for the Policyholder**

The tests required for coverage: examination by an occupational physician, examination by an eye doctor, blood count, blood test – biochemical, general urine test, nurse examination.

**The total undertaking according to this section will not exceed the maximum amount of medical expenses in Chapter 3 – NIS 525,000 and up to the amount specified in the Limits of Liability table.**

**4.12 Rider for psychological treatment**

The Insured will be entitled during an insurance period of one year to up to 12 sessions of psychological treatment. The number of sessions will be proportionate to the number of months of the insurance period. **Coverage will not be provided for a number of sessions that exceeds the number of months in the insurance period.** For example – in an insurance period of 6 months, he

will be entitled to a refund for 6 sessions. The Insurer will refund against receipts in the amount of up to NIS 200 per session.

<b>Table of Limits of Liability for the Policy</b>	
<b>The Coverage</b>	<b>Limits of Liability</b>
<b>Chapter 3: The limit of liability for medical expenses during hospitalization and not during hospitalization</b>	<b>NIS 525,000</b>
<b>Medical expenses during hospitalization</b>	<b>Up to 120 days of hospitalization</b>
<b>Medical expenses not during hospitalization</b>	
<b>Treatment, consultation with physician/specialist physician</b>	<b>Included in the limits of liability</b>
<b>Laboratory tests, bandaging, X-rays</b>	<b>Included in the limits of liability</b>
<b>First aid at a Magen David Adom station or service points according to the contracted providers</b>	<b>Included in the limits of liability</b>
<b>Medications</b>	<b>Included in the limits of liability</b>
<b>Expenses for transport by ambulance</b>	<b>Included in the limits of liability</b>
<b>Emergency dental treatment</b>	<b>NIS 1,400</b>
<b>Transportation of mortal remains</b>	<b>Included in the limits of liability</b>
<b>Chapter 4: Riders</b>	
<b>4.1 Worsening of a preexisting medical condition</b>	<b>NIS 105,000</b>
<b>4.2 Pregnancy - waiting period of 3 months</b>	<b>Included in the limits of liability for Chapter 3</b>
<b>4.3 Medical expenses overseas</b>	<b>NIS 35,000</b>
<b>4.4 Medical expenses in Israel as a result of an emergency psychiatric event</b>	<b>NIS 17,500</b>
<b>4.5 Air evacuation and rescue from the location of the event to a nearby hospital in Israel</b>	<b>NIS 175,000</b>
<b>4.6 Emergency flight of a close relative</b>	<b>NIS 7,000</b>
<b>4.7 Extreme sports</b>	<b>Included in the limits of liability for Chapter 3</b>
<b>4.8 Physical therapy Up to 12 sessions a year Therapy with a service provider not contracted up to 12 sessions a year</b>	<b>Included in the limits of liability for Chapter 3 Refund of NIS 150 per session</b>
<b>4.9 Medical flight Expenses of transportation overseas as the result of psychiatric event</b>	<b>NIS 42,000 NIS 10,500</b>
<b>4.10 Death or permanent disability due to an accident event (in Israel only) – from age 18 to age 75</b>	<b>NIS 52,500</b>



<b>4.11 Annual routine tests for Insured who are exposed to radioactive materials or x rays</b>	<b>Included in the limits of liability for Chapter 3</b>
<b>4.12 Psychological treatment</b>	<b>Return of up to NIS 200 per session and up to 12 sessions a year. The number of sessions will be calculated proportionate to the insurance period.</b>

**It is clarified that the limits of liability are not cumulative if the insurance period is extended.  
The Insurer is bound only by the full terms and exclusions of the Policy.**

## Due Disclosure

Harel  
For your peace of mind **Insurance and Finance**

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### Summary of the Insurance Terms - Group Insurance Policy for Tourists in Israel

6/2021 Edition

Summary of Insurance Terms	
Name of Insurance Plan	Group Health Insurance Policy for Tourists in Israel for Hebrew University of Jerusalem
Type of Insurance	Group health insurance for tourists in Israel
Insurance period	The period specified on the Insurance Details Sheet and not exceeding the maximum period specified in <b>Section 1.14</b> of the Policy.
Description of insurance	Coverage by a contracted service provider for hospitalization expenses and expenses not during hospitalization as specified in the terms of the Policy, including expenses for emergency room, tests, emergency and first aid dental treatment and more. In return for additional insurance fees, the coverage will also include additional riders, as specified in the terms of the Policy.
The policy does not cover the Insured for the following events (exclusions in the Policy)	In the cases specified in <b>Section 2.19</b> of the Policy. And also in the other cases specified in <b>Section 4.2.5, Section 4.7.3, Section 4.10.3 and Section 4.10.4</b> .  You may contact the Company to receive detailed information.
Co-pay	None.

Summary Description of the Coverages in the Policy			
Name of coverage	Description of coverage	Maximum amount that can be claimed	
Healthcare services	<b>Section 3</b> of the Policy – Payment of part of expenses due to medical care during hospitalization and not during hospitalization, including consultation, tests, medications and emergency and first aid dental treatment from contracted service providers.	<b>Section 3</b> – Up to NIS 525,000 and up to 120 days in the case of hospitalization For medications – the limit of liability for Chapter 3 For emergency dental treatment – up to NIS 1,400 Transportation of mortal remains – the limit of liability for Chapter 3	
Rider for <b>worsening of a preexisting medical condition</b>	<b>Section 4.1</b> of the Policy – The Insurer will pay medical expenses during hospitalization and not during hospitalization due to worsening of a preexisting illness medical condition, provided that the Insured was stabilized with medication due to the existing illness and was not hospitalized in its regard for a period of no less than 6 months prior to his arrival in Israel.	<b>Section 4.1</b> of the Policy – up to NIS 105,000	
Rider for <b>pregnancy</b>	<b>Section 4.2</b> of the Policy – Coverage will be provided for medical expenses associated with pregnancy and childbirth	<b>Section 4.2</b> of the Policy – compensation up to the limit of liability of Chapter 3 and up to two pregnancies during each insurance period.	Waiting period of 3 months
Rider for <b>medical expenses overseas</b>	<b>Section 4.3</b> of the Policy – In the case of an accident event that occurred for the first time in Israel, the Insured will be entitled to continued treatment overseas.	<b>Section 4.3</b> of the Policy – up to the amount of NIS 35,000	
Rider for <b>medical expenses in Israel as a result of an emergency psychiatric event</b>	<b>Section 4.4</b> of the Policy – The Insurer will bear medical expenses in Israel as a result of an emergency psychiatric event.	<b>Section 4.4.</b> of the Policy – up to the amount of NIS 17,500	

Rider for <b>expenses of air evacuation and rescue from the location of the event in Israel to a nearby hospital</b>	<b>Section 4.5</b> of the Policy – Expenses of air evacuation and rescue from the location of the event in Israel to a nearby hospital.	<b>Section 4.5</b> of the Policy – up to the amount of NIS 17,500
Rider for <b>emergency flight of a close relative</b>	<b>Section 4.6</b> of the Policy – in the case of an accident event in which the Insured is in a condition that he requires assistance 24 hours a day or in the case of hospitalization of the Insured that requires invasive surgery and the hospitalization exceeds 7 days, the Insurer will pay a one close relative the cost of purchasing a ticket to travel to Israel.	<b>Section 4.6</b> of the Policy – up to the amount of NIS 7,000
Rider for <b>extreme sports</b>	<b>Section 4.7</b> of the Policy – extreme sports as part of group activity	<b>Section 4.7</b> is included in the limit of liability for Chapter 3
Rider for <b>physical therapy</b>	<b>Section 4.8</b> of the Policy – According to the instructions of a physician and with the prior approval of the Insurer, expenses in regard of physical therapy sessions.	<b>Section 4.8</b> of the Policy Up to 12 sessions a year – included in the limit of liability for chapter 3 with a service provider that is not contracted, up to 12 sessions a year and up to NIS 150 per session
Rider for <b>medical flight</b>	<b>Section 4.9</b> of the Policy – entitlement for partial payment of the cost of medical flight from Israel overseas in the case of a medical event of the Insured for which he would be entitled to a refund of medical expenses.	<b>Section 4.9</b> of the Policy – Up to the amount of NIS 42,000 In the case of a psychiatric event, up to the amount of NIS 10,500
Rider for death or permanent disability due to an accident event (in Israel only) – from age 18 to age 75	<b>Section 4.10</b> of the Policy – One-time compensation in the case that the Insured incurs death – over age 18 and up to age 75 and in the case of permanent disability up to age 75, the direct cause of which is an accident (as defined in the Policy)	<b>Section 4.10</b> of the Policy – Compensation up to the amount of NIS 52,000. In the case of permanent disability, as the direct product of the rate of disability entitling to NIS 52,500
<b>Routine tests for Insured who are exposed to radioactive materials or x rays</b>	<b>Section 4.11</b> – Routine tests for Insured who are exposed to radioactive materials or x rays	Section 4.11 –f Included in the limit of liability for Chapter 3

<b>Psychological treatment</b>	<b>Section 4.12</b> of the Policy – Psychological treatment	<b>Section 4.12</b> – Refund of up to NIS 200 per session and up to 12 sessions a year. The number of sessions will be calculated in proportion to the insurance period
<b>Notes</b>	<b>In the case of indemnity, the Insurance Company will pay the actual expenses, and this up to the ceiling specified in the Policy. Note that if you have identical coverage under another policy, you will not be entitled to a double refund beyond the level of the actual expenses and subject to the terms of the Policy.</b>	

**The complete and binding terms are the terms specified in the Policy.**

