HAREL
Insurance & Finance

YEDIDIM
Pension Arrangements Insurance Agency Ltd.
A subsidiary of the Harel Insurance & Finance Group

Tour & Care
Medical Insurance for Tourists in Israel

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

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It is clarified that this document was translated from an original document in the Hebrew language and in any case of conflict (direct or indirect) between the said in this translated document and the said in the wording of the original document in Hebrew, the instructions of the original document in Hebrew will prevail.

StudioHarel 42068.5

TOUR & CARE

Medical Insurance for Tourists in Israel

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

If this Policy was purchased and this is noted on the Insurance Details Page, as said below, the Insurer will indemnify the Insured for expenses for medical services and/or will directly pay the service provider and/or medical institution that provides the health services for an insurance event and/or will compensate the insured, all as defined and set forth in detail in the Policy, during the insurance period, within the limits of the liability of the Insurer, according to the terms, exclusions, and exceptions set forth in this Policy.

Chapter A: Definitions and General Terms

1. Definitions

1.1. **The Insurer:** Harel Insurance Company, Ltd.

1.2. **The Insured:** A person staying in the State of Israel temporarily who is not a resident or a citizen of the State of Israel, whose name is noted on the Insurance Details Page.

1.3. **The Policy:** The insurance contract, including the proposal, the Insurance Details Page and any rider or appendix attached to it.

1.4. **The Insurance Proposal:** The proposal form, which constitutes an application to be insured according to this Policy, that has been completed with all details and signed by the Insured or by a legal guardian. The Proposal shall also include the Health Statement completed and signed by the Insured (or the guardian) as well as details of the means of payment.

1.5. **Insurance Details Page:** A page attached to the Policy which constitutes an integral part thereof, which 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.

1.6. **Foreign country:** Any place or country outside of Israel, including any means of transportation traveling to or from Israel.

1.7. **Israel:** The territory of the State of Israel, with the exception of any means of transportation traveling to or from Israel, including territories controlled by the IDF, but excluding the territories held by the Palestinian Authority.

1.8. **Insurance period:** The period of the insurance as specified on the Insurance Details Page. The insurance period shall not exceed the maximum period, according to the following:

1.8.1. **Maximum period:**

For Insured up to the age of 59: 180 days

For Insured between the ages of 60 and 65: 90 days

For Insured between the ages of 66 and 75: 45 days

For Insured between the ages of 76 and 80: 14 days

1.8.2. It is clarified that renewal of the insurance beyond the period specified on the Insurance Details Sheet (whether at the end or during the maximum period) is subject to the approval of the Insurer and completion of a Health Condition Statement. Said renewal constitutes a new insurance period, with all that this implies, and will be according to the terms and insurance fees existing at that time in the Company (according to the instructions of Section 2.10 below).

1.9. **Qualification period:** A period of 48 hours from the beginning of the insurance period as defined in Section 1.8, during which the Insurer will not be liable for an insurance event that occurs, except in the case of an accident, as defined in Section 1.11 below. An insurance event that occurs during the qualification period will be considered in the same way as an insurance event that occurs before the beginning of the insurance**. It is clarified that for every renewal of the insurance period, the qualification period will be counted anew.**

1.10. **Insurance event:** An event that occurs in Israel for which the Insured requires, within the insurance period, medical treatment in Israel that is included in the framework of this Policy and for which the medical treatment is administered within the insurance period and/or at the latest within 90 days from the date of termination of the insurance period, all according to the terms, restrictions, and exclusions specified in this Policy.

1.11. **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 the sole direct and immediate cause of the occurrence of the insurance event. **To eliminate any 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."**

1.12. **Medical institution:** A hospital or clinic, including a medical institute, laboratory, diagnostic centers, pharmacy.

1.13. **General-government hospital:** An institution in Israel that is recognized by the qualified authorities as a general/government hospital and that serves as a hospital only, with the exception of an institution that is also a sanitarium and/or a convalescence home and/or a recuperation center and/or a rehabilitative institution.

1.14. **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.

1.15. **Expenses during hospitalization:** Medical expenses involved in hospitalization of the Insured, which were incurred during the insurance period and for a period not exceeding 90 days as specified in the Policy.

1.16. **Medical expenses not during hospitalization:** Payment for medical treatment, diagnostic tests and/or medications that are supplied to the Insured outside the framework of hospitalization in Israel and not exceeding that determined in the Policy.

1.17. **Physician:** A person who holds a legal certificate of qualification to work as a physician in Israel.

1.18. **Attending physician:** A general physician who is not a specialist, as well as a specialist physician in family medicine and/or internal medicine and/or gynecology.

1.19. **Medical emergency:** Circumstances in which a person is in life-threatening danger or in which there exists an immediate risk that a person will be caused severe irreversible disability if not provided with urgent medical treatment.

1.20. **Pre-existing medical condition:** A set of medical circumstances that were diagnosed in the Insured prior to the date of joining the Insurance, including those due to a disease or accident; for these purposes, "diagnosed in the Insured" - by means of a documented medical diagnosis or in the process of a documented medical diagnosis that took place during the six months prior to the date of joining the Insurance.

1.21. **Medication:** A chemical or biological substance designed for treatment of the medical condition of the Insured, to prevent worsening of the medical condition of the Insured (including prevention of the development of additional medical conditions) or to prevent recurrence of the medical condition of the Insured, as the result of disease or accident, and which has been approved by the qualified authorities in Israel and is included in the list of approved medications and/or by the qualified authorities in one or more of the recognized countries.

1.22. **Contracted service providers:** A general-government hospital and or/private hospital that is approved in advance by the Insurer, as specified on the website of the Insurer, and also physicians and/or a medical institution associated **by agreement with the Insurer, from which and from which exclusively the Insured will be entitled to receive the health services specified in this Policy, all this subject to the terms of the Policy.**

1.23. **Insurance fees:** The amount for this Policy that the Payer and/or the Insured must pay the Company, according to the terms of the Policy, as specified on the Insurance Details Page.

1.24. **The Payer:** The person or corporation that enters into a relationship with the Insurer according to the Policy for the purpose of paying the premium, and the name of which is specified on the Insurance Details Page and the Proposal.

1.25. **Co-pay:** The Insured's share of an expense due to an insurance event 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 will apply only to the expenses of the Insured beyond this co-pay amount

1.26. **Service call center:** A call center on behalf of the Insurer that provides a response to the Insured with regard to service providers, and operates 24 hours a day.

1.27. **Health basket:** As defined in the Health Insurance Law.

1.28. **Health/medical services:** All the medical services to which the Insured is entitled according to the terms of this Policy.

1.29. **Primary health services:** Services provided by an attending physician according to the terms of this Policy.

1.30. **The Insurance Contract Law:** The Insurance Contract Law 5741 - 1981.

2. General Terms

2.1. **Duty of Disclosure:** If, prior to entering into the contract, the Insurer presented to the Insured, whether on the Insurance Proposal form or by any other means in writing, a question regarding a matter that could affect the willingness of a reasonable insurer to enter into a contract, in general, or to enter into the terms included in it (herein: an essential matter), the Insured must answer it in writing with a complete and honest answer. A general question that incorporates different matters, without differentiating among them, does not require an answer as said, unless it was reasonable at the time of entering into the contract.

2.1.1. A deliberate deceptive concealment on the part of the Insured of a matter that he/she knows is an essential matter, shall be equivalent to providing an answer that is incomplete and dishonest.

2.1.2. If an essential matter is answered incompletely and dishonestly, the Insured is entitled, within thirty days of the date on which this became known to it and as long as no insurance event has occurred, to cancel the Policy by written notification of the Insured.

2.1.3. If the Insurer cancels the Policy by force of this section, the Insured is entitled to a refund of the insurance fees that he/she paid for the period after the cancellation, after deduction of the Insurer's expenses, unless the Insured deliberately acted deceptively.

2.1.4. If the insurance event occurred before the Policy was cancelled by force of this section, the Insurer is not liable, with the exception of reduced insurance benefits at a proportional rate, which is the ratio between the insurance fees that would have been paid as customary in the company according to the true condition and the agreed insurance benefits, and the Insurer is completely exempt in any of the following:

2.1.4.1. The answer was deliberately provided fraudulently.

2.1.4.2. The Insurer believes that it would not have entered into the contract, even for higher insurance fees, if it had known the true situation; in this case, the Insured is entitled to a refund of the insurance fees he/she paid for the period after the occurrence of the insurance event with the deduction of the Insurer's costs.

2.1.5. The Insurer is not entitled to the above-said remedies in each of these, unless the incomplete and dishonest answer was provided with the intention of deception:

2.1.5.1. It knew or should have known the true situation at the time of entering into the contract or It caused the answer to be incomplete and dishonest.

2.1.5.2. The fact about which the answer provided was incomplete and dishonest ceased to exist prior to the insurance event, or did not affect its case, the liability of the Insurer or its scope.

2.1.5.3. In the case of insurance benefits of the compensation type, 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 deception.

2.2. **Validity of the Policy:** The entry of this Policy into effect is contingent upon actual payment of the first premium. This term shall not apply if the Insured provided a means of payment from which it is possible to collect the insurance premium. If the Insurer was paid insurance fees before the Insurer gave its agreement to draw up the insurance, the payment shall not be construed as agreement of the Insurer to draw up the insurance. In this case, the Insurer will, within 90 days from the date of receipt of the insurance fees for the first time, send a decision regarding the acceptance or non-acceptance of the applicant for the insurance, and will send him/her, according to the case at hand, an insurance policy including an Insurance Details Page, or a rejection notice stating that the Insured was not accepted for the insurance and is not covered by valid insurance, or a request for completion of data or a counterproposal for insurance. If the Insurer does not, within 90 days from the date of receipt of the insurance fees for the first time, send a rejection notice as said above or a request for completion of data or a counterproposal for insurance, the Insured will be considered to have been accepted for the insurance under the terms specified in the insurance proposal. If the insurance candidate has an insurance event during the period between receipt of the insurance fees for the first time and the Insurer's decision regarding his/her acceptance or non-acceptance to the insurance, and if, according to the instructions of the Insurer's medical underwriting regarding insurance candidates with similar characteristics, the Insurer would have notified the insurance candidate at the end of the underwriting process of his/her acceptance for insurance (were it not for the occurrence of the insurance event), the insurance candidate shall be entitled to coverage under the Policy for the insurance event, subject to all the other instructions and terms of the Policy.

2.3. **Taxes and charges:** The payer or the Insured, according to the case at hand, is required to pay the Insurer the insurance fees and government and other taxes that apply to the Policy or that are charged on insurance fees, on insurance amounts and on any other payments that the Insured is obligated to pay according to the Policy, whether these taxes exist on the date of drawing up the Policy or are imposed at a later date.

2.4. **Statute of limitations:** The period of limitation of a claim for payment of insurance benefits for an insurance event according to this Policy is 5 years from the occurrence of the insurance event.

2.5. **Notices:** The Insured must notify the Insurer of any change of address. A notice that is sent by the Insurer to the last address of the Insured known to it will be considered a notice properly delivered.

2.6. **Changes:** The Insurer shall be entitled to change, from time to time, the list of service providers under agreement.

2.7. **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.

2.8. **Health Statement:**

The Insured shall provide the Insurer with a health statement and waiver of medical confidentiality.

Claims and Insurance Benefits:

2.8.1. A notice of any insurance event shall be delivered to the Insurer within a reasonable amount of time, as quickly and as early as possible. The notice shall be accompanied by the details of the insurance event, which will be sent to the Insurer in order to obtain all the facts it requires.

2.8.2. The Insured shall attach to the form for 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.

2.8.3. The Company shall be entitled at any time to examine the medical condition of the Insured in any reasonable way it sees fit, and the Insured undertakes to undergo medical examinations as required by the Company and at its expense, provided that the examination is reasonable under the circumstances and at the expense of the Insurer. It is clarified that this does not detract from the ability of the Insured to fully utilize all the rights accorded him/her by force of the Policy at any time in court.

2.8.4. The Insured will cooperate with the Insurer before and after submission of the claim and will do all that is necessary to enable the Insurer to inquire about its obligation to pay according to the Policy and its scope.

2.8.5. The Insurer shall be entitled, at its discretion, to pay insurance benefits or part thereof directly to the service providers, or to pay them to the Insured against receipts. The Insured is entitled to receive from the Insurer a letter of monetary commitment to service providers that will enable him/her to receive medical service, as long as there is no disagreement regarding his/her entitlement according to the Policy.

2.8.6. The insurance benefits to which the Insured is entitled as reimbursement of expenses that were paid in Israeli currency - shall be paid in Israeli currency and linked to the Consumer Price Index from the date they were paid by the Insured until the date of payment of the insurance benefits. The insurance benefits by force of this Policy shall be paid in Israeli currency.

2.8.7. **The Insured shall not be entitled to insurance benefits that exceed the limit of liability.**

2.8.8. If the Insured has died, the Insurer will pay the balance of insurance benefits to the medical service provider that it undertook to pay. In the absence of a commitment to a service provider or if a balance remains after payment according to the said undertaking, it will pay the balance to the estate or the heirs of the Insured, according to a will probate order and/or according to an inheritance order.

2.8.9. The Insured shall not be entitled to insurance benefits that exceed the insurance amount, and the Insurer shall pay the Insured and/or the service providers under agreement up to this amount.

2.8.10. If the Insured is entitled to coverage of expenses paid according to this insurance in full or in part in the framework of another policy with another insurance company, the Insurer shall pay its proportionate part of the actual expenditures, according to the scope and ratio of the coverage to which the Insured is entitled from all the insurers. The Insured must notify the Insurer immediately upon the creation of multiple insurance.

2.8.11. If the Insured deliberately does something that could prevent the Insurer from clarifying its obligation or burdening it, the Insurer will not be obligated to pay insurance benefits except to the extent that it would have been obligated to do so if this had not been done.

2.9. Medical examination: The Insurer shall be entitled to demand of the Insured, in a reasonable manner, to undergo medical examinations by a physician on behalf of the Insurer and at the expense of the Insurer or by a physician on behalf of the Insured.

2.10. Renewal of the Insurance:

The maximum insurance period as set forth in Section 1.8 above, or during its course, the Insured is entitled to contact the Insurer and request to renew the insurance period for an additional period. Renewal of the insurance period will be subject to the approval of the Insurer, on the terms and for the insurance fees existing at that time, and subject to completion of a new Health Condition Statement in advance and in writing. It is hereby clarified that at the end of the insurance period, as defined in the Policy on the Insurance Details Sheet, the insurance will not be extended automatically.

2.11. Cancellation of insurance:

2.11.1. In the case that the Insured and/or the payer does/do not pay or did not pay the insurance fees as arranged, the Insurer is entitled to cancel the Policy according to the instructions of the Insurance Contract Law.

2.11.2. In the case described in Section 2.1.2 above, the Insurer is entitled to cancel the Policy according to the Insurance Contract Law.

2.11.3. If the insurance policy is canceled before the end of the Insurance period, the Insured will return the portion of the insurance fees in regard of the period in which the Insured is no longer insured, subject to its obligation according to the instructions of the Insurance Contract Law.

2.11.4. The Insured is entitled to cancel the Policy by notifying the Insurer at any time.

2.12. **Absence of Insurer liability for acts and/or failures of service providers - The Insurer shall not have any responsibility** for the quality of medical and/or other services provided to the Insured under this insurance. The Insurer is not responsible for any damage caused the Insured and/or any other person directly or indirectly due to the choice of the Insured and/or his referral by the Insurer to medical and/or other medical services and/or for professional negligence of the service providers.

2.13. **Changes in insurance fees and insurance terms:**

2.13.1. The insurance fees according to this Policy shall be determined according to the age of the Insured on the date of purchase of the Policy, as specified on the Personal Details Page.

2.13.2. The Insurer shall be entitled to change the insurance fees and the conditions of this Policy. This change shall be valid on the condition that the Commissioner of Capital Markets, Insurance and Savings has approved the change and it shall become effective 30 days after the Insurer notifies the Insured of this in writing.

2.13.3. A change in the insurance fees as said in Section 2.13.2 above shall not take into consideration a change in the health condition of the Insured (if such a change occurred) during the period preceding the said change.

2.14. **Linkage (Insurance Fees, Amounts Insured):**

The insurance fees and the amounts insured cited 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 January 2025.

Chapter B: Undertaking of the Insurer

The Insurer shall pay the Insured at a service provider under agreement as follows:

3. Expenses during hospitalization and expenses not during hospitalization as follows:

3.1. **Expenses in a general-government hospital in Israel:**

If the Insured is hospitalized in a general-government hospital in Israel, the Insurer shall pay for these expenses for a period not exceeding 90 days:

3.1.1. **Expenses for hospitalization, including X-rays, medication, physicians, surgeon, intensive care, anesthetist, catheterization, general services, including nursing services (herein: "hospitalization expenses").**

3.1.2. It is hereby clarified that the Insurer shall 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 shall not indemnify the Insured and/or the service provider with regard to hospitalization expenses insofar as the Insured was hospitalized in a private hospital and/or received and/or paid for private medical services during his/her said hospitalization.**

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

3.2.1. Referral by a physician.

3.2.2. A new fracture.

3.2.3. Dislocation of a shoulder or elbow.

3.2.4. An injury requiring stitching by means of sutures or other means of stitching.

3.2.5. Aspiration of a foreign object into the trachea.

3.2.6. Penetration of a foreign object into an eye.

3.2.7. Infants up to the age of two months with a fever of over 38.5 degrees Celsius.

3.2.8. Snake bite.

3.2.9. Transportation by ambulance to an emergency room from the street or another public space due to a sudden event.

3.2.10. Approval by the Insurer.

3.2.11. 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.

3.3. **Medical expenses that are not in the framework of hospitalization, provided by a service provider under agreement:**

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

3.3.1. **Medical treatment/consultation:** Medical treatment/consultation solely by a service provider under agreement, with a co-pay as specified on the Insurance Details Page.

3.3.2. **Laboratory tests, X-rays, bandaging:** Tests provided to the Insured solely by a laboratory and/or clinics that are service providers under agreement.

3.3.3. **First aid:** First aid provided to the Insured by a first aid station of Magen David Adom solely in cases of emergency.

3.3.4. **Medications:** Up to 700 NIS for the entire insurance period. **This amount shall be paid for medications that are prescribed by a physician under agreement** and that are purchased at pharmacies that are service providers under agreement, with the deduction of the co-pay amounts as specified on the Personal Details Page.

3.3.5. **Ambulance expenses: The Insurer shall 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 insurance period and on the condition that the Insured is not entitled to coverage of this expense by any another entity.**

3.3.6. **Emergency dental treatment:** Up to 700 NIS for the entire insurance period. The Insured shall be entitled to receive the emergency services and first aid dental care listed below only, for emergency dental treatment provided solely by dental clinics that are service providers under agreement, solely as first aid treatment, if the treatment is required due to an accident and/or a sudden outbreak of pain, as listed in the following:

3.3.6.1. Extensive caries, temporary filling.

3.3.6.2. Open space in a tooth, temporary filling.

3.3.6.3. Exposed neck of tooth, material to prevent sensitivity.

3.3.6.4. Acute inflammation, extraction of nerve or embalming material.

3.3.6.5. Abscess originating in a tooth, drainage of abscess and/or treatment by closure.

3.3.6.6. Compacted food, treatment of gums.

3.3.6.7. Inflammation under the crown, rinsing and/or drug treatment.

3.3.6.8. Pain following extraction, pain relief.

3.3.6.9. Pressure sores under an existing prosthesis, release of pressure sores.

3.3.6.10. Treatment to relieve or end pain.

3.3.6.11. Examination and X-ray of painful teeth.

3.3.6.12. Provision of an appropriate prescription for pain relief in the case that treatment is not possible at the time.

3.4. **Expenses of transporting a corpse:**

In the case of the death of the Insured, the Insurer shall pay for the expenses of transporting the corpse from Israel to the Insured's country of origin, up to a maximum amount of 18,000 NIS, **solely if the expense is not paid by any other entity.**

3.5. **To eliminate doubt:** The duty of the Insured in regard of medical expenses in Israel, with regard to an insurance event that occurred within the insurance period **and for which** the treatment was not completed before the end of the insurance period, will continue for an additional period of 30 days after the end of the insurance period, as specified in Section 4.31 in the general exclusions to the Policy.

It is clarified that coverage provided by the Insurer according to this Section 3.5 above does not constitute extension or renewal of the insurance period (as defined in Section 2.10 above).

It is clarified that the undertaking of the Insurer in this Chapter (Chapter B) will not exceed the total amount of NIS 350,000 for the entire insurance period. (The limit of liability does not accumulate if the insurance period is extended.)

4. General Exclusions to the Policy

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

4.1. An insurance event that occurred prior to the date of commencement of the insurance.

4.2. An insurance event that occurred during the qualification period.

4.3. A preexisting medical condition: an insurance event substantially caused by the normal course of a preexisting medical condition that occurred to the Insured during the period in which a restriction applies.

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

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

4.3.2. 65 years or more - shall apply for a period not exceeding half a year from the beginning of the insurance period.

4.4. An insurance event that occurred after the end of the insurance period.

4.5. Psychotherapy and/or psychological treatments and/or psychiatric treatments, suicide or attempted suicide, self-injury whether or not intentional, alcoholism, drug use with the exception of use of medical drugs according to a physician's instructions.

4.6. Participation of the Insured in extreme sports according to the list that appears on the Company website, unless the Rider for Cancellation of the Exclusion of Extreme Sports as said in Chapter C, Section 7 was purchased. 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 by those that engage in them. The list of the fields of extreme sports shall be updated from time to time according to the list that appears on the Company website, www.harel-group.co.il (Tourist Insurance tab).

4.7. 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 includes the payment of wages.

4.8. Sexually transmitted diseases.

4.9. A road accident, as defined by the Road Accident Victims Compensation Law 5735 - 1975.

4.10. National Insurance Law (Consolidated Version) 5755 - 1995.

4.11. The insurance event was caused or is the outcome of the service of the Insured in a type security force, with the exception of an army and including the police force, as well as 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.

4.12. 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, and only if the Insured is not entitled to coverage from any other entity of the medical expenses that arise from such an event.

4.13. Expenses of pregnancy and/or childbirth and/or ectopic pregnancy and/or expenses due to treatments/routine ongoing tests or monitoring prior to pregnancy and/or genetic counseling and/or complications of pregnancy, including bed rest during pregnancy, and/or childbirth.

4.14. Fertility or infertility treatments.

4.15. Expenses of treatment of a premature infant or infant that has been born.

4.16. Social services care of infants and/or children, well-child clinics, supervision or routine testing of children.

4.17. Child development treatments, including learning disabilities, speech, occupational therapy, etc.

4.18. Periodic tests, routine and/or follow-up tests - that are not due to an active medical problem, cosmetic or restorative surgery, experimental surgery, inoculations, gum therapy and/or surgery, dental treatments (with the exception of first aid included in the framework of emergency dental treatment).

4.19. Organ transplant.

4.20. Rehabilitation, physical therapy, mechanical therapy, hydrotherapy, alternative therapy, homeopathy, alternative medications, healing programs, acupuncture, chiropractic, optometry.

4.21. Medical aids, with the exception of medical aids provided on loan due to an accident event.

4.22. Spectacles and/or contact lenses, hearing aids and prostheses of any kind.

4.23. Medical expenses that stem from active participation of the Insured in activities: civil war, underground or camouflaged activity, rebellion, riots, sabotage, fights, violence, terrorism, 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 for driving or flying a plane, or sports activity that requires a license), or resistance to arrest.

4.24. An insurance event caused by nuclear fission or nuclear fusion or radioactive contamination.

4.25. Experimental medication - a medication that has not been approved by the qualified authorities in Israel nor by the qualified authorities in recognized countries for the treatment of the medical indications that the Insured requires.

4.26. Experimental medical treatments of any type or kind.

4.27. Treatments, tests and surgery outside the State of Israel.

4.28. Consequential damage of any kind.

4.29. Actions of any kind because of which the Insured is obligated to pay compensation to a third party according to the Civil Wrongs Ordinance.

4.30. Emergency room expenses - with the exception of that stated in Section 3.2.

4.31. The Insurer shall not pay and shall not be liable for an insurance event that occurred during the insurance period the treatment of which continues after the insurance period, except in the following cases:

4.31.1. Hospitalization that began within the insurance period defined in Section 1.8.

4.31.2. Medical expenses not during hospitalization during a period of up to 30 days as defined in Chapter B.

4.32. Hospitalization expenses and/or expenses not during hospitalization that could have been deferred until the return of the Insured to his/her country of origin, as determined by a specialist in the field.

4.33. The Insured is medically fit, according to the opinion of a specialist in the field, to return to his/her country of origin for the purpose of receiving medical care.

4.34. Medical services provided to the Insured not by means of service providers under agreement with the Insurer.

Chapter C: Riders to the Policy for Additional Insurance Fees

To eliminate doubt, all the definitions, restrictions and general conditions in the Policy also apply to the riders included in this chapter below.

It is hereby clarified that the undertaking of the Insurer according to any of the riders below shall apply on the condition that the basic insurance and the relevant rider were in effect at the time of the occurrence of the insurance event, as set forth in this rider.

5. Rider for Medical Air Transport

If this rider was purchased and this is specified on the List Page, upon occurrence of an insurance event, the Insurer shall compensate the Insured, subject to the terms set forth in this rider below and subject to the general conditions, definitions and exclusions listed in the basic **Tour & Care** policy ("the Policy") to which this rider is attached.

5.1. Definitions

Medical air transport:

Air transport on a regular aircraft service and/or a special aircraft, accompanied by a medical team suited medically to the condition of the Insured being transported from Israel to a foreign country, on the terms set forth below. **This is on the condition that a physician on behalf of the Insurer, in coordination with the attending physician in Israel, determine that there is liable to be need for medical intervention in the course of the flight and on the additional condition that the medical transport is possible and required from a medical point of view.**

5.2. The undertaking of the Insurer

Medical air transport - The Insurer will enable medical air transport as defined above, **on the condition that this is a case of an event because of which the Insured was entitled to reimbursement of medical expenses under the basic Tour & Care policy and will transport the Insured to a foreign country.**

The means of transfer shall 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 the possibilities for treatment. **The liability of the Insurer according to this rider is conditional upon performance of the medical air transport by means of the Insurer and/or an entity acting solely on its behalf.**

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

The total maximum undertaking of the Insurer according to this rider shall not exceed NIS 35,000.

5.3. Cancellation of the Rider

The rider will cease to be effective upon the occurrence of one of the following, the earlier among them:

5.3.1. Upon cancellation, for any reason whatsoever, of the TOUR AND CARE Basic Policy to which this rider is attached.

5.3.2. Upon cessation of payment of the insurance fees in regard of the Basic Policy and/or in regard of this rider, subject to the instructions of the Basic Policy and subject to the Insurance Contract Law.

5.3.3. At the end of the insurance period of the TOUR AND CARE Basic Policy.

5.4. Miscellaneous:

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

6. Rider for Personal Accidents - Compensation for Death or Disability, Burns or Fractures or Hospitalization as a Result of an Accident in Israel Only (for Insured from age 18 to age 70 only)

If this rider was purchased and this is specified on the List Page, upon occurrence of an insurance event, the Insurer will compensate the Insured, subject to the terms set forth in this rider below and subject to the general conditions, definitions and exclusions listed in the basic **TOUR & CARE** policy ("the Policy") to which this rider is attached.

6.1. **Additional definitions for this chapter:**

6.1.1. Accident:

A sudden event that occurred in Israel that was not planned by the Insured and that caused the occurrence of an insurance event that is covered in this Rider, with the exception of an insurance event caused as the direct result of an illness.

6.1.2. Disability:

Permanent medical disability

6.1.3. Total disability:

Total loss of one of the bodily limbs due to its severance from the body or total loss of its ability to function.

6.1.4. Non-total disability:

Injury to one of the bodily limbs without its severance from the body or without total loss of its ability to function.

6.2. **The undertaking of the Insurer:**

In regard to the insurance events specific below, on the condition that they occurred due to an accident **in Israel,** insurance benefits will be paid as follows:

6.2.1. **Death due to accident -** An accident that occurred in Israel and led as a direct result to the death of the Insured, and only if the case of death did not occur more than 3 years after the time of the accident. In this event, a one-time compensation will be paid at the level of the full insurance amount of NIS 50,000 as set forth in the Table of Limits of Liability. The insurance benefits in regard of the death of the Insured will be paid to the legal heirs of the Insured.

6.2.2. **Disability due to accident -** In the occurrence of total disability or non-total disability that occurred as a direct result of an accident that occurred in Israel, insurance benefits will be paid according to the following details:

6.2.2.1. In the occurrence of an insurance event of disability in one of the bodily limbs, the Company will pay the Insured insurance benefits calculated as a direct product of the rate of the qualifying disability determined for the Insured as set forth in Section 6.2.2.2 below times the full insurance amount for this coverage as set forth in the Table of Limits of Liability, whether referring to a single insurance event or more.

6.2.2.2. The rate of disability entitling one to compensation will be determined by a specialist physical according exclusively to the instructions of Regulation 11 of the National Insurance Regulations (Determining the Degree of Disability for Work Injuries), 1956.

Example: If, according to Regulation 11 as abovesaid, a specialist physician determines for the Insured total disability of the leg at the rate of 40%, and the maximum insurance amount specified on the Table of Limits of Liability for disability due to an accident is NIS 50,000, the insurance benefits will be calculated in this event thus: 40% x 50,000 = NIS 20,000.

6.2.2.3. A disability that exists (or that was determined) before the beginning of the insurance will be deducted from the rate of disability entitling payment according to this Section 6.

6.2.2.4. **Special exclusions to insurance coverage for total disability due to an accident:**

6.2.2.4.1. **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 informed of the specific risk by which the disability was caused prior to the medical or surgical treatment (for example, by means of consent to treatment).**

6.2.2.4.2. **The Insured will not be entitled to receive insurance benefits for mental disability, this unless an accident occurred that led to physical disability (total or non-total) at a rate of over 15%, and in addition to that, mental disability was also caused.**

The full amount of insurance according to this Section 6.2.2 is NIS 50,000.

6.2.3. **Fractures due to an accident in Israel**

Additional definitions for this Section:

Fracture - Injury to the integrity of the bone, with or without change in the original form except for a spontaneous fracture and as long as the existence of the injury is proven in an X-ray or CT or MRI only. To eliminate doubt, a bone scan and/or any other examination, except for those specified in this Section, will not constitute proof of the existence of a fracture.

Arm - Either of the two upper limbs of the human (not including hand and wrist). All the bones of one arm will be considered as one bone.

Hand - The finger bones, the metacarpal. All the bones of the hand will be considered as one bone.

Wrist - All the bones of the wrist (carpus) will be considered as one bone.

Shoulder - Each of the bones of the shoulder of the person, which will be considered as one bone.

Leg - Each of two of the lower limbs on the human body used for walking (not including fractures of the ankle, tarsus, metatarsal bones and foot bones). All the bones of one leg will be considered as one bone.

Foot - The tarsus bones, metacarpals, and all the toes, which will be considered as one bone. Not including the talus dome.

Ankle - A joint composed of the distal part of the shin bones and the talus bone. All the fractures in the distal shin bones that are in the joint (including hammers) will be considered as one bone.

Skull - All the bones of the skull and the face (not including the nose bones and teeth), which will be considered as one bone.

Pelvis - All the pelvic bones, which will be considered as one bone.

Chest - The ribs, chest bone and clavicle, which will be considered as one bone.

Vertebral arch - The traverse process, the spinous process and the laminae will be considered as the vertebral arch. Several fractures in one vertebra or several vertebrae will be considered as one fracture for the purpose of the insurance plan.

Vertebral body - Any fracture in a vertebra that is not in the vertebral arch will be considered as a vertebral body. Several fractures in one vertebra or several vertebrae will be considered as one fracture for the purpose of the insurance plan.

6.2.3.1. Fracture due to an accident in Israel:

In the occurrence of an accident in Israel, which within three months from the date of its occurrence caused a fracture to the Insured in the limbs specified in the table only, the Company will pay the Insured insurance benefits at the rate specified in the following table regarding the limb in which the fracture occurred, out of the maximum insurance amount of NIS 4,000 for coverage of fractures due to an accident as specified in the Table of Limits of Liability:

Limb in which the accident-caused fracture occurred	% of insurance amount
Vertebra - vertebral body (except for coccyx)	100%
Pelvis	100%
Skull	35%
Chest	35%
Shoulder	35%
Arm	35%
Leg	35%
Vertebra - vertebral arch (except for coccyx)	35%
Wrist	10%

Ankle	10%
Coccyx	10%
Hand	3%
Foot and one or more toes	3%
Nose	3%

To eliminate doubt, it is clarified that there will be no entitlement to receive insurance benefits in regard of fractures the origin of which is not an accident, including the following fractures:

- Pathological fractures - due to a morbid process located under a bone, such as a growth, a cyst, contamination and the like.
- Stress fractures and/or walking fractures - due to repeated and recurrent processes of compression and/or tension.
- Insufficiency fractures - bone atrophy and decline in its mechanical strength due to diseases such as osteoporosis, rickets, disorder in the process of creating and building bone.
- A spontaneous fracture.

6.2.3.2. Special exclusions to insurance coverage for total disability due to an accident:

It is hereby clarified that if as a result of an accident several fractures were caused in the same limb - for example several fracture in an arm or a fracture in several fingers on the same hand, the Insured will be entitled to payment of only one of the insurance benefits (according to the rate of the insurance amount in regard of a fracture in one limb only out of the insurance amount in regard of this coverage as specified on the Insurance Details Page), for that limb, as though only one fracture was caused.

6.2.3.2.1. In the case that a fracture occurred in more than one limb as a result of the same accident, the insurance amounts in regard of fractures in the different limbs as said in the table above will be added together, and as long as the total amount of insurance benefits for all of the fractures does not exceed the insurance amount specified in the Table of Limits of Liability for that Insured in regard of this coverage.

6.2.3.2.2. The Company will not be liable and the Insured will not be entitled to receive insurance benefits for fractures caused the Insured by or as a result of a disease or a prolonged gradual process.

6.2.4. Burns as a result of accident in Israel

Additional definitions for this section:

Burn - A wound/burn of the body skin caused by contact with fire or with a boiling substance.

Second-degree burn - A burn the injury of which spreads beyond the outer layer of skin (epidermis), causing blisters.

Third-degree burn - A burn the outcome of which is destruction of the full depth of the skin.

6.2.4.1. Burns - In the occurrence of an accident in Israel that caused a second-degree or third-degree burn, the Company will pay the beneficiary insurance benefits that will be paid at the rate of the maximum insurance amount for burns in the amount of NIS 4,000 as specified in the Table of Limits of Liability as detailed in the following:

Extent of burn relative to area of overall cover of the body of the Insured	Second-degree burn	Third-degree burn
28%-100%	50%	100%
20%-27%	40%	80%
10%-19%	30%	60%
4.5%-9%	10%	20%

For example: If a second-degree burn on a burn area of 30% is determined for the Insured and the maximum insurance amount specified on the Insurance Detail Page for a burn is NIS 4,000, the Insured will in this case receive: 50% x 4,000 = NIS 2,000.

To eliminate doubt, a burn of an extent less than 4.5% does not entitle one to insurance benefits in the framework of the coverage of this Rider.

Calculation of the area of the burn will be made according to the accepted methods: the rule of nines method or a percentage of the body surface area (bsa).

It is clarified that diagnosis and determination of the severity of the burn and its extent according to this section will be done by a specialist surgeon or plastic surgeon who examined the Insured.

6.2.4.2. Double compensation in an insurance event involving this insurance coverage in the case of a burn to the face of the Insured - In the occurrence of a burn that entitles compensation according to the said in Section 6.2.4.1 above, in which the Insured is burned in his face, the Insured will be entitled to additional compensation beyond the said in Section 6.2.4.1 above, at the level of compensation set forth in detail in Section 6.2.4.1 above.

6.2.5. **Daily compensation for hospitalization in a hospital in Israel due to an accident in Israel**

Additional definitions for this section:

Waiting period - A period of 2 days starting on the first day the Insured is hospitalized in regard of which the Insured will not be entitled to receive any daily compensation.

Hospitalization period - A continuous period in which the Insured is hospitalized in Israel only and that begins on the day after the end of the waiting period, and ends with the discharge of the Insured from hospitalization in Israel or at the end of 6 weeks, the earlier of the two.

6.2.5.1. Hospitalization in a hospital in Israel due to an accident in Israel

In the case of occurrence of an accident in Israel as a result of which the Insured is hospitalized in a hospital in Israel, the Company will pay the Insured a daily compensation amount of NIS 100 per day, this for the period of hospitalization in a hospital in Israel as defined in Section 1.13 above.

6.2.5.2. In any case, **the Insured will not be entitled to receive insurance benefits in regard of a hospitalization period in Israel due to accident that exceeds 42 days.**

6.2.5.3. To eliminate doubt, it is hereby clarified that the compensation is paid only for days of hospitalization in Israel as a direct continuation of an accident covered according to this Policy and not in regard of further hospitalization in Israel.

6.3. **Additional exclusions to this Rider for Personal Accident Insurance, <u>in addition</u> to the exclusions existing in the basic policy:**

In addition to the special exclusions specified in the details of coverage in this Rider and in addition to the exclusions existing in the basic policy, the Insurer will not pay insurance benefits according to this Rider for a claim/s deriving from or associated directly or indirectly by or due to or as a result of one or more of the following events/circumstances:

6.3.1. Sports activity in the framework of a sports association registered according to the Sports Law 1988 and/or competitive sports activity and/or sports activity in a professional form (which constitutes the main occupation or that is accompanied by monetary remuneration).

6.3.2. Participation of the Insured in extreme sports according to the list that appears on the Insurer's website, and this even if the Rider for Extreme Sports as said in Section 7 above was purchased **(it is clarified that Rider 7, insofar as purchased, does not apply to the coverage in Rider 6 that is coverage for personal accidents)**. In this matter, extreme sports refers to fields of sport that are considered dangerous and that include/require, among other things, high levels of difficulty and/or physical effort on the part of those who engage in them. The list of fields of extreme sports will be updated from time to time according to the list that appears on the website of the Insurer www.harel-group.co.il.

6.3.3. Winter sports activity.

6.3.4. Riding in a two-wheeled vehicle, whether as a driver or as a passenger, even if the driver held a suitable and valid driver's license at the time of the accident.

6.3.5. Riding an electric bicycle and/or electric scooter and/or Segway and or other transportation vehicle with an electric motor, whether as a driver or as a passenger.

6.3.6. Earthquake, volcanic eruption, nuclear fission, nuclear fusion, radioactive contamination.

6.3.7. If the damage was caused as the result of a hostile act as defined in the Benefits for Casualties of Hostile Acts Law of 1970.

6.3.8. Attempted suicide (whether the Insured is sane or not), insanity, an insurance event that is a poor mental state that is not at the level of mental illness, physical harm that the Insured caused himself deliberately.

6.4. Insurance benefits in regard of any insurance event that is not the death of the Insured will be paid to the Insured.

6.5. Subject to the instructions of the Insurance Law, the Company will be permitted to deduct from any payment made by force of this chapter to the payer, to the Insured and/or to a beneficiary any debt due it in regard of this section.

6.6. Cancellation of the rider:

The effective period of this Rider will expire upon the occurrence of one of the following events, the earliest among them:

6.6.1. When the basic TOUR AND CARE Policy to which this rider is attached is cancelled or its insurance period ends.

6.6.2. Upon cessation of payment of insurance fees in keeping with the said in the section on policy cancellation, the general terms of the Policy and subject to the instructions of the Insurance Contract Law.

6.6.3. Death of the Insured.

6.7. Miscellaneous:

This Rider is subject to all the terms of the basic TOUR AND CARE Policy, including the exclusions attached to it and it constitutes an integral part thereof.

7. Rider for Cancellation of the Exclusion of Extreme Sports - Cancellation of the Exclusion Set Forth in Section 4.6 of Chapter 4 for the Basic Policy Only

If this Rider is purchased and this is noted on the List Page, upon the occurrence of an insurance event, the Insurer will pay the Insured at a contracted service provider, subject to the terms set forth in this Rider blow and subject to the rules, definitions and exclusions set for the basic **TOUR AND CARE** Policy **("the Policy")** to which this Rider is attached.

7.1. **Undertaking of the Insurer:**

Despite the said in Exclusion 4.6 to Chapter B above, upon the occurrence of an insurance event as defined in Chapter B above, coverage will be provided according to the undertaking of the Insurer as defined in Chapter B, for an insurance event caused due to participation of the Insured in extreme sports activity, in an amateur manner **(that is not his main occupation)**, according to the list that appears on the Company website www.harel-group.co.il (Tourists tab).

7.2. **It is clarified that the coverage according to this Rider applies to the basic policy only; in no case will it apply to any of the riders in the Policy. Accordingly, coverage by force of this Rider will not be provided for any other coverage that exists in the riders of the Policy according to Chapter C above. Accordingly, it is clarified that purchase of this Rider for Cancellation of the Exclusion of Extreme Sports does not constitute purchase of coverage of the Rider for Extreme Sports for the Rider for Personal Accident Insurance and the Rider for Personal Accidents, as said, will not cover any insurance event caused as the result of extreme sports.**

7.3. It is clarified that insofar as the relevant field or type of extreme sport requires a license and/or permit for engagement in it, the Insured will be entitled to insurance coverage in regard of an insurance event caused as the result of that field/type of extreme sport only if he held a license or permit as said that was valid at the time of occurrence of the insurance event.

7.4. **Cancellation of the Rider:**

The effective period of this Rider will expire upon the occurrence of one of the following events, the earliest of them:

7.4.1. When the basic **TOUR AND CARE** Policy to which this rider is attached is cancelled for any reason.

7.4.2. Upon cessation of payment of insurance fees in regard of the basic policy and/or in regard of this Rider, subject to the instructions basic policy and subject of the Insurance Contract Law.

7.4.3. At the end of the insurance period of the basic **TOUR AND CARE** policy.

7.5. **Miscellaneous:**

This Rider is subject to all the terms of the basic **TOUR AND CARE** Policy, including the exclusions attached to it and it constitutes an integral part thereof.

Chapter D: Service Letters for Additional Insurance Fees

To eliminate doubt, all the definitions, exclusions and general terms in the Policy also apply to the service letters included in this chapter.

It is clarified that the undertaking of the Insured according to any of the service letters below will apply on condition that the basic insurance policy and the relevant service letter were in effect at the time of occurrence of the insurance event.

8. Service Letter - Personal Accompanying Physician

If this Service Letter was purchased and this is noted on the List Page, **upon occurrence of a medical event that occurred in Israel only (and not prior to his arrival in Israel)**, the Subscriber will be entitled to the services set forth in detail below, subject to the general terms, definitions and exclusions set forth in the basic **TOUR AND CARE** policy **("the Policy")** to which this Service Letter is attached.

a. **Definitions**

In this Service Letter, the terms listed below will have the meaning said next to them.

1. **"The Company" -** Harel Insurance Company Ltd.
2. **"Subscriber" -** A person entitled to receive the services borne in this Service Letter on which his/her name and identity number or passport number are specified on the Insurance Details Page as a subscriber in this service plan.
3. **"Insurance Details Page" -** A page attached to the Policy that includes the details associated with the Service Letter and which constitutes an integral part thereof.
4. **"Subscription fees" -** The amount in regard of this Service Letter which the subscriber must pay the Company, according to the terms of this Service Letter, as specified on the Insurance Details Page.
5. **"Child" -** A child up to the age of 21 whose name and identity number or passport number are specified on the Insurance Details Page as a Subscriber.
6. **"The Provider" -** The body with which the Company created a relationship for the purpose of providing the services as specified in this Service Letter, the details of which are specified on the Insurance Details Page.
7. **"Physician" -** A person authorized by the qualified authorities in Israel as a physician and whose name is included on the list of physicians according to Regulation 34 of the Regulations for Physicians - 1973.
8. **"Specialist physician" -** A physician who has been approved by the qualified authorities in Israel for the title of specialist in a certain medical field according to Regulation 2 of the Regulations for Physicians (Approval of the Title of Specialist and Examinations) - 1973, and whose name is included in the list of specialists published according to Regulation 34 of the said Regulations, and who engages and works in the field in Israel.
9. **"Main selector" -** The person responsible for approving the entitlement of the Subscriber for service, according to medical conditions as specified in the service plan.

10. **"Personal physician manager" -** A physician with a specialist title in internal medicine or another relevant specialization according to the decision of the Provider, with whom the Provider formed a relationship to provide the services specified in this service plan.
11. **"Nurse" -** A nurse authorized by the qualified authorities in Israel with whom the Provider formed a relationship to provide the services specified in this Service Letter.
12. **"Service coordinator" -** A person who underwent suitable training for the role of service coordinator. The service coordinator maintains ongoing communication with the Subscriber in all matters related to the service as specified in this service plan.
13. **"Medical condition" -** A set of medical circumstances that exist in the body of the Subscriber, due to an illness or accident.
14. **"Medical event" -** A medical condition described in this service plan which occurred and was diagnosed in Israel only during the insurance period, at the time that the Subscriber staying continually in Israel, the existence of which entitles the Subscriber to the right to receive the service as described and specified in this service plan. **It is clarified that a medical condition that is immediately life-threatening, requires transfer to an emergency room and/or urgent surgery will not be covered.**
15. **"Medical accompaniment" -** An examination of the wholeness of the process of medical treatment of the Subscriber.
16. **"Diagnosis" -** A final conclusion given in Israel by a specialist physician in Israel that refers to a certain medical condition, concluded after taking anamnesis (details provided by the Subscriber about his medical condition), medical history, medical examination and other tests to the extent necessary.
17. **"Actue medical condition" -** A medical condition with symptoms that appear suddenly, swiftly and in intensity and that is diagnosed in the course of the stay of the Subscriber in Israel. **This is with the exception of an emergency condition or urgent medical event that requires transfer to an emergency room.**
18. **"The service period" -** According to medical need **and up to 30 consecutive days,** as long as the Subscriber stays in Israel continually, from the day of opening the call of the service and payment of co-pay fees as specified in the different chapters of the service.
19. **"Service Call Center" -** A telephone service that will activate the Provider for the Subscribers, to receive services according to this Service Letter.

    The telephone number of the Service Call Center of the Provider for Harel Subscribers is: *5226.
20. **"The determining date" -** The date of the entry into effect of this Service Letter for a Subscriber, as it appears on the Insurance Details Page.
21. **"The qualification period" -** A continual period of time that begins for each Subscriber from the determining date and ends at the end of 48 hours. The qualification period will apply for every Subscriber once during a continual insurance period, and will apply anew each time the Subscriber is added anew to the service plan in nonconsecutive periods. **The Provider will not provider**

service as specified in this service plan before the end of the qualification period, with the exception of services required due to an accident.

22. "Co-pay" - Amounts that the Subscriber undertakes to bear himself in order to receive services according to this Service Letter, as specified in the different chapters of the service. The co-pay will be paid by the Subscriber directly to the Provider as determined by the Provider.
23. "Urgent medical event" - A significant change in the health condition of the Subscriber that requires transfer to an emergency room and/or hospitalization.
24. "Insurance year" - A period of any 12 consecutive months, the first of which begins on the beginning date of the insurance as said on the Insurance Details Page.

b. Details of the Services

The service includes:

Medical accompaniment -

1. The appointment of a specialist physician who will serve as a personal medical manager. The personal medical manager will operate a paramedical staff including a nurse and/or service coordinator, at his discretion.
2. Coordination and review of the medical file (intake) including initial evaluation of the medical event by the personal medical manager.
3. A personal virtual medical meeting, or, as necessary, an in-person medical meeting in the offices of the Company with the personal medical manager. Additional personal meetings will be set according to medical need and according to the discretion of the personal medical manager. The number of meetings will not exceed 4 meetings, unless there is significant medical need that justifies additional meetings.
4. Referral of the medical file for additional consultation according to need and the decision of the personal medical manager to a specialist physician in the relevant field in Israel, for the purpose of giving the Subscriber an additional medical opinion.
5. Provision of objective information during the said meetings in support of the medical decision-making process, which will be noted in the summary medical report as specified in Section 11 below.
6. A telephone conversation to coordinate with the medical parties treating the Subscriber.
7. Referral of the Subscriber according to medical need to a recommended specialist physician to receive actual medical treatment, assistance in arranging these medical sessions.
8. Supervision of a medical event by a service coordinator and/or the medical and paramedical staff.
9. Advice to a Subscriber during and/or after hospitalization according to need and in coordination with the exclusive discretion of the personal medical manager.
10. Supervision and virtual consultation by a nurse according to the needs of the medical event and according to the discretion of the personal medical manager.
11. Summary of all the medical documents into a summary medical report by the personal medical manager, including recommendations for further medical

treatment and follow-ups, within 7 days from the date of completion of the service period in regard of the medical event.

12. A service call center through which a call for service for Subscribers and examination of their belonging to the service plan, as well as ongoing handling of requests of the patients will be opened. The center will operate 24/7 for urgent events including receipt of notification of significant change in the health condition of the Subscriber and as part of this, transfer of the Subscriber to a hospital and/or hospitalization.

For every medical event the Subscriber will pay co-pay of NIS 450. The Subscriber will be entitled to receive services as specified in this service plan for a period determined according to the medical need and that does not exceed 30 days from the date of approval of entitlement by the Main Selector as specified in Chapter C below.

It will be possible to extend the said service period, by approval of the personal medical manager and subject to approval of the Provider in events in which there is a medical need that necessitates extension of the period. Extension of the period will be considered as extension of that medical event and the Subscriber will be charged additional co-pay in coordination with the Subscriber.

In any case, the Subscriber will not be entitled to receive service according to this Service Letter for more than one medical event during the insurance period. If during the service period an additional medical event and/or complication of the existing medical event is discovered, the event will be considered as one medical event.

It is clarified that in any event the Provider and/or the Company are not obligated according to this Service Plan to provide the Subscriber with any actual medical service or finance said medical service, whether required or recommended by the personal medical manager or not, with the exception of the services specified in this Section above.

C. **Manner of Receiving the Services:**

1. It is clarified that the conditions for receiving the services are that the Subscriber holds a **TOUR AND CARE** policy of the Company that is in effect, the qualification period in the service plan has ended, the Subscriber did not receive service during the insurance period in which he requested the service, the Provider confirmed that the medical event is included in this service plan and payment of co-pay by the Subscriber has been executed.
2. In any matter associated with receipt of the services according to this Service Letter, the Subscriber must contact the service call center of the Provider.
3. If the Subscriber requires service according to this Service Letter, he or his representative will contact the service call center by telephone, identify himself or give the name of the Subscriber, his passport/identity card number, his address, a telephone number where he can be reached and additional details insofar as requested of him. According to the guidance of the service representative, the Subscriber will send **all the medical documents in Hebrew and on behalf of a specialist physician in Israel only** that are relevant to the medical event and insofar as those specified in the following exist: hospitalization summaries, results and interpretation of tests, illness summaries, medical consultations, treatments, laboratory tests, imagery tests, pathological results and/or any

other medical documents, all in Hebrew. **Receipt of these documents is a precondition for the provision of service as specified in this service plan**. In addition, the personal medical manager is permitted to occasionally request of the Subscriber copies of additional medical documents.

4. The Main Selector will examine the medical event according to the service plan based on the medical documents received from the Subscriber and will assign the Subscriber a personal medical manager and a service coordinator.
5. Notice of the approval/non-approval of entitlement for service will be sent to the Subscriber no later than 3 work days from the date of receipt by the Provider of all the medical documents that are relevant to the event.
6. Only after approval of entitlement for service will the charge of co-pay be made in practice.
7. **The Subscriber must pay the co-pay for the purpose of receiving service.**
8. **Duration of the service -** In regard of a medical event that is approved, the Subscriber will be entitled to service as specified in this service plan for a period **that does not exceed 30 days** from the day of approval of the event by the Main Selector. If the personal medical manager determined that there is medical need to extend the service for an additional period of 30 days, this will be enabled, subject to the approval of the Provider and **additional identical payment** of the co-pay.
9. The service call center will be active all days of the year, 24 hours a day, with the exception of Yom Kippur Eve, from 2 PM to two hours after the end of the Yom Kippur fast.
10. For a personal in-person meeting with the personal medical manager, the Subscriber will come to the place on his own and at his expense or the meeting will be held online, according to the Subscriber's choice.
11. The Provider undertakes that the service will be provided by professional parties that are suitable and relevant to the type of service referred to in this Service Letter, with an appropriate geographical spread and that it will maintain efficient and accessible communication with the Subscriber, as defined in Section C and all its subsections.
12. **The service will be provided in the territory of the State of Israel only, while the Subscriber is staying physically in Israel - with the exception of the Gaza Strip and/or territories controlled and/or administered by the Palestinian Authority.**
13. **In spite of the said in this service plan, the Provider is exempt from providing the services according to this Service Letter in the event of a war situation or general call-up, pandemic, earthquake, strike and any other force majeure that do not enable the provision of the services.**
14. **It is clarified that the services include assistance and guidance as relevant, and they do not include coverage of any expenses entailed in receiving them. It is also clarified that the services do not include the performance of actions on behalf of the Subscriber with any parties whatsoever nor consultation (with or without him) with any authorities whatsoever in exercising rights.**

d. Entitlement to Receive Services:

A Subscriber will be entitled to receive this service if he meets one of the following criteria and on condition that the diagnostic process and inquiry prior to contacting the service according to the Service Letter, in all the events in Section 1 below, included inquiry/consultation with the specialist physician in Israel in a specialization associated with the medical problem:

1. A medical event <u>that occurred and was diagnosed in Israel only</u>, with a diagnosis in one of the following categories:

   The Subscriber will be entitled to receive service if his medical condition responds to the following medical conditions and according to the preset terms specified next to the disease, if specified:

   1.1. Cancer

   1.1.1. The presence of a growth of malignant cells growing uncontrollably and penetrating and spreading into the surrounding tissue and/or other tissues.

   1.1.2. A medical event that does not include one of these:

   a. Skin diseases of the type: hyperkeratosis, basal cell carcinoma with the exception of recurrent BCC that recurs or has spread to other organs.

   b. Cancerous diseases in the presence of AIDS.

   1.2. Acute liver diseases -

   1.2.1. A group of different states of illness that affect the liver and cause damage to it of different levels (cellular, tissue, structural or functional). A liver disease because of which service will be given under this Service Letter can be of an acute nature.

   A medical event that is not a liver disease as a result of alcoholism or drug use of any type.

   1.3. Kidney diseases -

   A group of different states of illness that affect the kidney and cause damage at different levels (cellular, tissue, structural or functional). Under this Service Letter, service will be provided for an event of a kidney disease of an acute nature only.

   1.4. Gastroenterological diseases -

   A group of states of illness that affect the functioning of the digestive system. Under this Service Letter, service will be provided for illness that involves the stomach, the intestines and accompanying organs, including the esophagus, liver, gall bladder and pancreas, a gastroenterological disease that is not of an urgent nature.

   The process of inquiry before referral to service based on this Service Letter must including inquiry/consultation with a specialist physician in Israel in the specialization associated with the medical problem.

1.5. Heart diseases and vascular diseases -

Diseases of the heart and blood vessels that damage the cardiac system (heart diseases, coronary diseases), blood vessels, including arteries, veins and lymphatic vessels. The subscriber will be entitled to service as specified in this service plan after inquiry/consultation with a specialist physician in Israel in the relevant field.

1.6. Neurological diseases and invasive procedures of the central and peripheral nervous system -

A group of different states of illness that affect the nervous system and cause injury of different levels (cellular, tissue, structural, electrical conduction or functional).

1.7. Orthopedic diseases -

A group of different states of illness or injury to bones, joints, muscles and/or tendons that cause pain that is not controlled by drug therapy and physical therapy for at least 3 days. The process of inquiry before referral to service based on this Service Letter must include inquiry/consultation with a specialist physician in Israel in the field of specialization associated with the medical problem.

1.8. Blood disorders (hematological diseases) -

A group of different states of illness that affect different levels and components of the blood (cellular and humoral) and cause injury to it of different forms. The process of inquiry before referral to service based on this Service Letter must include inquiry/consultation with a specialist physician in Israel in the field of specialization associated with the medical problem.

1.9. Rheumatological diseases -

A group of different states of illness that affect the joint system and cause injury of different levels (segmental, joint or functional). The process of inquiry before referral to service based on this Service Letter must include inquiry/consultation with a specialist physician in Israel in the field of specialization associated with the medical problem.

1.10. Diseases and invasive procedure of the ears, nose and throat (ENT) -

1.10.1. A group of different states of illness that affect and cause injury of different levels to the nose and sinus cavity, the ears, the mouth, the pharynx and throat, the area of the head, neck and base of the skull.

1.10.2. A medical event that does not include one of these:

a. Surgery to insert tubes in the ears

b. Surgery for snoring

1.11. Diseases in the field of gynecology -

1.11.1. A group of states of illness in the field of women's health that involve the female reproductive system. Under this service plan, service will be provided in regard of an event of a gynecological disease of an acute or chronic nature. The process of inquiry before referral to service based on this Service Letter must include inquiry/consultation with a specialist physician in Israel in the field of specialization associated with the medical problem.

1.11.2. A medical problem that does not include one of these:

Pregnancy, childbirth, fertility and infertility programs of the man or women with the exception of a medical event of 3 or more recurrent consecutive miscarriages.

1.12. Laung diseases -

A group of different states of illness that cause lung injury of different forms and affect the different lung functions (volumes, flows and others). The process of inquiry before turning to service based on this Service Letter must include inquiry/consultation with a specialist physician in a field of specialization associated with the medical problem.

1.13. Infectious diseases -

A group of different states of illness caused by different pathogens (viruses, bacteria, parasites and others) with a prolonged course of **at least 10 days** (from the beginning of inquiry). A medical event will include an infectious disease with a course of **at least 10 days** and/or a complication of an existing/previous infectious disease.

1.14. Medical event in hospitalization of more than 3 consecutive days -

1.14.1. Medical conditions in the framework of hospitalization of at least 3 consecutive days in which there is no clear diagnosis and/or there is controversy regarding the method of treatment (conservative/surgical or other).

1.14.2. A medical event does not include any of these:

Medical conditions that at the time of referral to service the Subscriber is hospitalized in a full-time nursing and/or terminal condition.

1.15. General Exclusions:

In addition to the general exclusions in the basic policy, which apply in full to this Service Letter, the Provider will not be obligated to provide service based on this Service Letter in the following medical conditions:

1.15.1. A medication condition that is immediately life-threatening, required transport to an emergency room and/or urgent surgery.

1.15.2. Organ implant in Israel or abroad.

1.15.3. Medical conditions and/or diseases that are not specified in Chapter D above.

1.15.4. Medical conditions and/or procedures associated with fertility and/or infertility.

1.15.5. Patients that were diagnosed abroad before their arrival in Israel or a medical problem that was diagnosed prior to joining this Service Letter and/or a diagnosis that is due to a congenital defect.

1.15.6. Psychiatric illnesses or mental illnesses.

1.15.7. Conditions associated directly and/or indirectly with the objective of beauty and/or aesthetics and included in this, overweight, with the exception of breast reconstruction surgery after a mastectomy.

1.15.8. Medical conditions in the field of dentistry and maxillofacial medicine.

1.15.9. Drug therapy for prevention of AIDS.

1.15.10. Fibromyalgia.

1.15.11. Neuropathy.

1.15.12. Chronic fatigue syndrome.

1.15.13. Total, irreversible blindness.

1.15.14. Stroke (CVA).

1.15.15. Veins and varicose veins in legs.

1.15.16. Any treatment and/or hospitalization in intensive care.

1.15.17. Severe burns when the Subscriber is hospitalized in a medical institution.

1.15.18. Allergies.

1.15.19. Events that are treated in the framework of primary medicine.

1.15.20. Patients who are in the course of hospitalization of less that 3 consecutive days.

e. Limitation

The Company will not be liable in regard of expenses covered by the Subscriber for treatment that deviates from the services specified in the Service Letter.

f. The effective dates of the Service Letter

1. In the matter of the effective dates of the Service Letter, the instructions regarding the effective dates, termination, and change of the insurance policy to which it is attached will apply, as they are set forth in the general terms of the Policy and according to the instructions of the law. The abovesaid notwithstanding, and the instructions regarding the effective dates of the Policy determined in the said general terms notwithstanding, the Insurance Company will be permitted to terminate the Service Letter if it decides to terminate or not to renew it, as relevant, for all the Subscribers in the case of cessation of the relationship between the Insurer and the Provider of the service if the Insurance Company did not reach an arrangement with an alternative service provider, and this subject to approval of the Commissioner of Capital Market, Insurance and Savings. In this case, the Subscribers will be given advance notice of 60 days, which will be sent to the Subscribers by the Insurance Company and/or the Service Provider.
2. It is clarified that the Subscriber is entitled to terminate the Service Letter at any time. The termination will be in effect from date of receipt at the company of the Subscriber's notice. Insofar as the Subscriber paid a premium in regard of the service plan for the period after the termination, the relative portion of the payment made for the period after termination of the service plan will be refunded to the Subscriber.
3. In addition to the said in the general terms of the Policy to which this Service Letter is attached, **the effective dates of the Service Letter regarding each of the Subscribers will expire automatically on the earlier date among the following:**
    3.1. When the basic TOUR AND CARE policy to which this rider is attached is terminated, for any reason whatsoever.
    3.2. Upon cessation of payment of the insurance fees in regard of the basic policy and/or in regard of this Service Letter, subject to the instructions of the basic policy and subject to the Insurance Contract Law.
    3.3. At the end of the insurance period of the basic TOUR AND CARE policy.
4. In the case of termination and/or ending and/or expiration of the agreement between the Company and the Provider regarding provision of the services covered in this Service Letter, the Provider is obligated to complete the provision of services covered by this Service Letter to Subscribers who are in the course of a period of service and no longer than one month of service including the period of advance notice to Subscribers on termination of the Service.
5. It is clarified that on the date of its expiration, termination or ending of the effective period of this Service Letter, for any reason whatsoever, any right of the Subscriber to receive the services covered in this Service Letter will expire.

    If a Subscriber who began receiving service covered by the service plan before the end of its effective period but did not complete it, his right will expire after completion of the service.

g. Terms of linkage

1. All the payments according to this Service Letter, including the Subscriber fees and co-pay, are linked to the index according to the terms set forth in the general terms of the insurance policy to which this Service Letter is attached.
2. The amount of Subscriber fees specified on the Insurance Details Page and the co-pay are linked to the base index and will be linked to the index monthly, where the base index is the index published on 15 January 2025.

h. Miscellaneous

1. All the payments according to this Service Letter include VAT by law. If a change occurs in the rate of VAT, these payments will be updated accordingly.
2. Notices sent to the Subscriber according to his last address provided in writing to the Insurer will be considered as a notice delivered to the Subscribers.
3. The Subscriber and the Company undertake to notify of any change in their address.
4. This Service Ketter is subject to all the terms of the basic TOUR AND CARE policy, including exclusions, to which it was attached and it constitutes an integral part thereof.

9. Service Letter - Online Medical Consultation by Video Call

If this Service Letter was purchased and this is noted on the List Page, the Subscriber will be entitled to the services set forth in detail below, subject to the general terms, definitions and exclusions set forth in the basic TOUR AND CARE policy **("the Policy")** to which this Service Letter is attached. **The service provided according to this Service Letter is provided by a Service Provider, which is not the Company, according to the terms and limitations set forth in detail below.**

1. The Service

   This service enables the Subscriber to receive on-line medical consultation by video call, **by means of a smartphone, computer or tablet,** with a physician in the field of family medicine and pediatrics and with a specialist physician in the fields set forth in the following. **Provision of the service is subject to suitable technological equipment of the Subscriber as defined below, and will be provided subject to the terms specified in this Service Letter.**

2. Definitions

   In this Service Letter, the terms listed below will have the meaning said next to them.

   2.1. **"The Provider's website" - The address of the website is** virtualclinic.bikurofe.co.il and is subject to change and/or update at any time.

   2.2. **"The Company" -** Harel Insurance Company Ltd.

   2.3. **"The Policy" -** The Policy to which this Service letter is attached.

   2.4. **"Subscriber" -** A person entitled to receive the services borne in this Service Letter on which his/her name and identity number or passport number are specified on the Insurance Details Page as a subscriber in this service plan.

   2.5. **"Insurance Details Page" -** A page attached to the Policy and which constitutes an integral part thereof that includes the details associated with the Service Letter.

   2.6. **"Subscription fees" -** The amount in regard of this Service Letter which the Subscriber must pay the Company, according to the terms of this Service Letter, as specified on the Insurance Details Page.

   2.7. **"Child" -** A child up to the age of 21 whose name and identity number or passport number are specified as a Subscriber on the Insurance Details Page.

   2.8. **"The Provider" -** The body with which the Company created a relationship for the purpose of providing the services as specified in this Service Letter.

   2.9. **"Hospital" -** a medical institution that is recognized by the qualified authorities in Israel as a general hospital only, except for an institution that is a sanitarium, convalescent home, recovery center or rehabilitation institution.

   2.10. **"Urgent medicine center/emergency room" -** A department adjacent to the hospital and which is an integral part thereof, which is recognized as an emergency room by the qualified authorities.

   2.11. **"Physician" -** A person authorized by the qualified authorities in Israel as a physician and who holds a license from the Ministry of Health to engage in medicine.

2.12. **"Specialist physician" -** A physician who has a medical specialist degree that was issued by the Ministry of Health in the State of Israel and whose name is included in the list of specialists, according to Regulation 34 of the Regulations for Physicians - 1973, and with whom the Service Provider established a contractual relationship to provide the service.

2.13. **"Consulting physician" -** A family physician (as defined below), urgent medicine department physician, pediatrician (as defined below) or specialist physician in internal medicine on behalf of the Provider, for the purpose of providing the service according to this Service Letter.

2.14. **"Family physician" -** A special physician as defined above with a specialization in family medicine, who serves as a family physician in one of the health funds or hospitals in Israel.

2.15. **"Pediatrician" -** A specialist physician as defined above with a specialization in pediatrics, who serves as a pediatrician in one of the health funds or hospitals in Israel.

2.16. **"Service Call Center" or "Call Center" -** A telephone service that will activate the Provider for the Subscribers, to receive services according to this Service Letter, during the operating hours specified regarding the said services.

The telephone number of the Service Call Center of the Provider for Harel Subscribers is: 1-800-260-660

2.17. **"The determining date" -** The date of the entry into effect of this Service Letter for a Subscriber, as it appears on the Insurance Details Page.

2.18. **"Co-pay" -** Amounts that the Subscriber undertakes to bear himself in order to receive services according to this Service Letter, as specified in this Service Letter. The co-pay will be paid by the Subscriber directly to the Provider. It is clarified that the co-pay is paid separately in regard of every Subscriber and in regard of the service for which it is specified that there is co-pay as specified in Section 3 below.

2.19. **"Service Provider" -** A physician, specialist physician, primary medicine clinic and any other party that provides service that is specified in this Service Letter, and that the Provider is associated with by a contract in effect on the date of request of the Subscriber to the Service Call Center for the purpose of receiving the service or on the date of receiving the service in practice, depending on the matter at hand.

2.20. **"Service period" -** A period that will begin on the determining date and end on the date of termination of the Service Letter for the Subscriber for any reason whatsoever, according to and subject to the said in this Service Letter.

3. Details of the Services

The services included in this Service Letter as specified in detail in the following, and these services alone:

3.1. **Online medical consultation for primary medicine with a specialist physician in the fields of family medicine and pediatrics.**

3.1.1. The Subscriber will be entitled to online medical consultation with a consultant physician in primary medicine. **It is expressly clarified that the said services in this section are online services only, by means of a video call, without in-person meeting with the Service Provider,** and they will be provided according to the professional judgement of the consultant physician and subject to the professional judgement of the physician regarding the possibility of providing them in the framework of online service and without any examination of the Subscriber or meeting him in person. To eliminate doubt, it is clarified that in no event will the online consultation with the Service Provider be prevented, and if according to the physician it is not possible to provide the service without a physical examination of the Subscriber, the physician will inform the Subscriber of this himself.

3.1.2. The number of online medical consultations that the Subscriber is entitled to realize in the course of the Service Period is unlimited.

3.1.3. The online medical consultations are without co-pay.

3.1.4. **The service according to this section will be provided at the following times: Sunday-Thursday from 6PM to 7AM, Friday from 2 PM to Sunday 7 AM. With the exception of Yom Kippur, between 2 PM on Yom Kippur Eve to two hours after the time of the end of the Yom Kippur fast.**

3.1.5. The online medical consultation according to this section will last **up to 30 minutes** from the time of receipt of a referral, that is - approval of the request for service on the Provider's website of the Call Center, provided that the referral is received in the framework of the specified operating hours as set forth in Section 3.1.4 above.

3.1.6. The consultant physician will provide the Subscriber with medical information and guidance, to the extent that they are needed according to his exclusive judgement, and among other things, will carry out (insofar as needed) the following actions:

3.1.6.1. Obtain a medical anamnesis (medical history) from the Subscriber or from the parents of the child Subscriber.

3.1.6.2. Provide a medical prescription to purchase primary medications according to the professional judgement of the specialist physician. The prescription will be sent by e-mail or another electronic means that is reasonably available for use by the physician. The prescription will be signed digitally for purchase in the Super-Pharm chains.

3.1.6.3. Provide a referral to an emergency room by e-mail.

3.1.6.4. Provide a recommendation for referral of the Subscriber for further treatment according to the professional judgment and recommendations of the consultant physician.

3.1.6.5. Send a summary of the consultation to the Subscriber by e-mail.

3.1.6.6. **The service does not include providing an opinion for the purpose of legal proceedings.**

3.2. **Specialist medicine - Online medical consultation by a specialist physician in the field of dermatology, orthopedics and cardiology**

3.2.1. The Subscriber will be entitled to online medical consultation with a specialist physician **within 24 hours** of the time of receipt of approval of the request for the service, from a list of service providers found on the Provider's website.

3.2.2. The service will be provided in events that enable, based on their circumstance, the provision of online medical consultations, according to the judgement of the specialist physician, in the following medical fields:

dermatology, orthopedics and cardiology.

3.2.3. The specialist physician will be entitled, based on his judgement, to inform the Subscriber that the circumstances do not enable the provision of online medical consultation. The said in Section 3.1.1 above in the matter of the judgement of the doctor will also apply to the matter of online medical consultation by a specialist physician in this section.

3.2.4. At the end of the consultation, the Subscriber will receive a medical opinion of the specialist physician, including a summary of consultation and recommendations for further treatment. To the extent necessary, the opinion will include one of the following: a prescription for the purpose of purchasing medication, a referral to a hospital or a primary medicine clinic.

3.2.5. The Subscriber will transfer the relevant medical documents (imagery, tests, etc.) **up to one hour** prior to the medical consultation with the specialist. The documents may be transferred by e-mail or by another electronic means that is reasonable available for use by the specialist physician. It is clarified that transfer of the documents is a key auxiliary tool for the effectiveness of the online medical consultation.

3.2.6. A Subscriber who is interested will be entitled to receive information-collection service prior to online medical consultation with specialists, with a co-pay of NIS 90. In this case, a new time will be set for consultation with the specialist physician. **The collection of the information will be carried out by advance arrangement with the Service Call Center in places from which collection can be made.**

3.2.7. **For every online medical consultation according to this section, the Subscriber will pay the Provider directly a co-pay of NIS 100.**

3.3. The services according to Sections 3.1-3.2 above will be provided by Service Providers, as this term is defined in the definitions above, and providing that the Subscriber contacted the website of the Provider or the Service Call Center prior to receiving the service. The Subscriber is not entitled to compensation or any other payment if he received any of the services other than by means of the Call Center of the Provider's website and/or not from the Service Provider.

3.3.1. It is clarified that the medical information and/or medical consultations that are provided under this Service Letter are services provided based on the information provided by the Subscriber and/or the parents of a child Subscriber and based on this information alone.

3.3.2. It is clarified that in any event of an urgent problem, medical emergency situation, or state of distress, the Subscriber must immediately be transported to receive medical treatment with another party, including urgent medical services. It is also clarified that online consultation does not constitute a process of examination and/or full medical consultation by a medical team, as needed.

3.3.3. It is clarified that the Service Provider has full and exclusive medical discretion to refer the Insured to another service provider in the Service Provider's system.

4. Manner of Receiving the Services:

4.1. A Subscriber who is entitled to receive service based on this Service Letter will turn to the website of the Provider and carry out initial registration, including ID/passport number, address, telephone number and other details related to the provision of the service and the medical condition in regard of which the Subscriber requires service, to the extent requested. Alternatively, the Subscriber can call the Service Call Center, which will guide him on how to obtain the service.

4.2. The Service Call Center will be active 24/7 and subject to the hours of the service provision specified in Section 3.1.4 above.

4.3. Five minutes before the online medical consultation according to Section 3 above (the relevant sections), the Subscriber will receive an alert regarding the consultation by SMS text message, on the website or by e-mail. In addition, the Subscriber will receive a reminder of the time of the consultation according to Section 3.2 above, one hour before the consultation that was scheduled.

4.4. At the time of the consultation, the Subscriber will connect to the Provider's website by means of a link by e-mail or a link to a telephone and will receive the Service.

4.5. The Subscriber is entitled to cancel his appointment to receive the service by requesting a cancellation on the Provider's website or notifying the Call Center of this **prior to the planned time** of the online consultation. To eliminate doubt, it is clarified that if the Subscriber did not notify of cancellation before the planned time as said, he will be considered to have carried out the ordered Service for all intents and purposes, including the matter of co-pay regarding service that entails payment of co-pay as specified in the Service Letter above.

4.6. The Provider undertakes that the Service will be provided by appropriate and relevant professional parties for the type of service referred to in this Service Letter, in a good geographical spread that it will maintain efficient and accessible communication with the Subscriber, as defined in Section 3 above.

5. Limitations and Reservations

In addition to the general exclusions in the basic policy, which apply in full to this Service Letter as well, the Provider will not be bound to provide service based on this Service Letter in the following events:

5.1. The Company and/or the Provider are not liable for damage to the ability to provide the Services or a significant portion thereof due to war or general call-up, terror attack, epidemic, earthquake, strike and any other force majeure that does not enable the provision of the Services.

5.2. The said in this Service Letter notwithstanding, the Provider is exempt from providing the services based on this Service Letter in the event of a state of war or general call-up, terror attack, epidemic, earthquake, strike and any other force majeure that does not enable the provision of the Services.

5.3. Without prejudice to the above-said, the Company and/or the Provider will not be liable for damage caused due to a failure in communication that stems from external factors, and the quality of the communication at the Subscriber's end.

5.4. It is clarified that the transfer of medical information by the Subscriber to the Service Provider does not constitute receipt of medical information by the Company.

5.5. It is clarified that the service of a specialist physician as specified in Section 3.2 above is to the list of specializations specified in this Section only.

5.6. The Service based on this Service Letter does not include provision of a professional medical opinion for legal and/or other purposes that are not purely medical.

6. Limitations

The Company will not be liable for expenses in each of the following matters:

6.1. Expenses incurred by the Subscriber for service that deviates from the service specified in this Service Letter.

6.2. Expenses incurred by the Subscriber for services by another service performer that is not the contracted service performer or Service Provider, as defined above.

7. Effective Dates of the Service Letter

7.1. This Service Letter will take effect starting on the determining date. In the matter of the effective dates of the Service Letter, the instructions regarding its effective dates, cancellation and changes of the insurance policy to which it is attached will apply, as they are set forth in the general terms of the Policy and according to the instructions of the law. The abovesaid notwithstanding, and the instructions regarding the effective dates of the Policy set forth in the general terms as said notwithstanding, the Insurance Company will be entitled to terminate the Service Letter if it decides to cancel it or not to renew it, as relevant, for all the Subscribers in the event of termination of the relationship between the Insurer and the Service Provider if the Insurance Company did not reach an arrangement with an alternative service provider, and this subject to the approval of the Insurance Commissioner. In this case, the Subscribers will be given advance notice of 60 days, which will be sent to the Subscribers by the Insurance Company and/or the Service Provider.

7.2. It is clarified that the Subscriber is entitled to terminate the Service Letter at any time. The termination will be effective from the date of receipt by the Company of the notice from the Subscriber. Insofar as the Subscriber paid a premium in regard of the Service Letter regarding the period after the termination, the Subscriber will be refunded the relative portion of the payment he paid in regard of the period after termination of the Service Letter.

7.3. The effective period of the Service Letter regarding each of the Subscribers will expire automatically in the following events:

7.3.1. At the time of termination of the Insurance Policy to which the Service Letter is attached, as said in Section 7.2 above.

7.3.2. If the subscription fees were not paid on time - on time according to the specifications of Section 8 below.

7.3.3. In the case of termination and/or cessation of the contract between the Company and the Provider, in accordance with the said in Section 7.1 above.

7.4. To eliminate any doubt, it is clarified that at the time of expiration of this Service Letter, its termination or the end of its period of effect, for any reason whatsoever, the entitlement of the Subscriber to receive services according to this Service Letter will end. The said notwithstanding, a Subscriber who requested service prior to the date of expiration of the Service Letter will be entitled to continue to receive the Service for which the request was made.

7.5. If this Service Letter is terminated for any reason whatsoever, the Company will stop collecting subscription fees in regard of this Service Letter from the Subscriber, as of the date on which the Service Letter is terminated.

7.6. In any case of termination of the Service Letter, the subscription fees that were paid regarding the period prior to the termination of the Service Letter will not be refunded.

7.7. The Company is entitled at any time to make changes in this Service Letter, and the said change will enter into effect 30 days after notifying the Subscriber of this in writing. In this case, the Subscriber will be entitled to continue subject to the change made in the Service Letter or to notify of his wish to stop the subscription according to the Service Letter by written notification of the Company.

8. Terms of Linkage and Subscription Fees

8.1. The rate of the subscription fees is set forth on the Insurance Details Page.

8.2. All the payments according to this Service Letter, including the subscription fees and co-pay, are linked to the index. "The index" means the Consumer Price Index, including fruits and vegetables, that is published periodically by the Central Board of Statistics and also includes that index if it is published by any other official body or institution that replaces it, whether or not it is based on the same data on which the existing index is based. If the index is replaced by a different index that is published by another body or institution as said that does not determine the ratio between the other index and the replaced index, the said ratio will be determined by the Central Board of Statistics.

8.3. Base index - The ---- index published on 15 January 2025.

8.4. "The new index" means the known index on the day of payment.

8.5. The amount of subscription fees set on the Insurance Details Page and co-pay are linked to the base index and will be updated once a month.

8.6. Failure to pay the subscription fees in full:

If the subscription fees or part of them are not paid on time and are also not paid within 15 days after the Company demands that the Subscriber pay them, the Company is entitled to notify the Subscriber in writing that the service will be terminated within 31 additional days if the amount in arrears is not paid before that.

9. Miscellaneous

9.1. All the payments according to this Service Letter include VAT by law. If a change occurs in the rate of VAT, these payments will be updated accordingly.

9.2. If several subscribers are listed for a Service Letter, notices sent to the Scriber, according to his last address provided in writing to the Insurer, will be considered as a notification delivered to all the Subscribers in the Service Letter.

9.3. The Subscriber and the Company undertake to notify of any change in their address.

9.4. This Service Letter is addressed to men and women alike.

9.5. The right to receive the Service is personal, and the Subscriber is not entitled to transfer it to anyone else.

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

10. Place of Jurisdiction

In any disagreement that arises between the parties with this Service Letter, only the authorized court in Israel will be authorized to discuss it and the applicable law is the laws of the State of Israel alone.

Table of Limits of Liability for the Policy

Main Areas of Coverage	Limits o Liability
Limit of liability for policy	NIS 350,000
Medical expenses during hospitalization	Up to 90 days
Medical expenses not during hospitalization	
Treatment, consultation with physician	Included in the limits of liability
Laboratory tests, bandaging, X-rays	Included in the limits of liability
First aid at a Magen David Adom station	Included in the limits of liability
Medications	NIS 700
Expenses for transport by ambulance	Included in the limits of liability
Emergency dental treatment	NIS 700
Transportation of a corpse	NIS 18,000
Chapters C and D: Riders and Letters of Service for Additional Insurance Fees	
Medical air transportation	NIS 35,000
Personal Accidents in Israel 1. Death due to accident 2. Disability due to accident 3. Fracture due to accident 4. Burns 5. Hospitalization due to accident	Compensation in the amount of: 1. Death due to accident: Compensation in a full and one-time insurance amount of NIS 50,000 2. Disability due to accident: Compensation calculated according to the rate of disability multiplied by the full insurance amount 3. Fracture due to accident: According to the table of compensation in Section 6.2.3 below and up to NIS 4,000 4. Burns: According to the table of compensation in Section 6.2.4 below and up to NIS 4,000 5. Hospitalization due to accident: Daily compensation in the amount of NIS 100 per day starting on the third day and up to 42 days
Cancellation of the Exclusion of Extreme Sports - Cancellation of the Exclusion Set Forth in Section 4.6 of Chapter B for the Basic Policy Only	Included in the Limits of Liability
Letter of Service - Personal Accompanying Physician	
Letter of Service - Online Medical Consultation by Video Call	

It is clarified that the limits of liability do not accumulate if the insurance period is extended.
The Insurer is bound solely by the full terms and exclusions of the Policy.

Full Disclosure

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TOUR&CARE - Summary of the Insurance Terms
Medical Insurance for Tourists in Israel

06/2025 Edition

Summary of Insurance Terms	
Name of Insurance Plan	TOUR&CARE
Type of Insurance	Medical insurance for tourists in Israel
Insurance period	The period specified on the Insurance Details Sheet and not exceeding the maximum period specified in **Section 1.8** 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 dental treatment and more. In addition, if purchased for additional insurance fees, the coverage will include expenses of medical flight , personal accident insurance, cancellation of the exclusion of extreme sports, a personal accompanying physician and on-line medical consultation.
The policy does not cover the Insured for the following events (exclusions in the Policy)	An insurance event due to a preexisting medical condition and the other events specified in **Section 4** of the Policy, in Section 6.3 of personal accident insurance, in Section 1.15 of Chapter 4 of the service letter for an accompanying physician, and in Section 5 of the service letter for online medical consultation. You may ask the Company for detailed information regarding this matter.
How long after the beginning date of insurance can a claim be made and benefits be received (qualification period)[1]	As specified in **Section 1.9** of the terms of the Policy - 48 hours.

Summary of Insurance Terms	
Co-pay	According to the details on the Insurance Details Sheet, as defined in **Section 1.25** of the Policy. NIS 450 as specified at the end of Chapter D in the Service Letter for a Personal Accompany Physician, NIS 100 as specified in Sections 3.2.6-3.2.7 - in the Service Letter for Online Medical Consultation and the amount of NIS 90 for data collection service.
Cost of the insurance	According to that noted for the Insured on the Insurance Details Page. The price of the insurance will not change during the insurance period, with the exception of the possibility of updating the premium with the approval of the Capital Market Commissioner, and with the exception of changes that arise from linkage to the consumer price index. Important note: The price of the insurance is liable to change in accordance with your medical condition or due to a discount.

[1]Qualification period - A period beginning on the beginning date of the insurance. If an insurance event occurs during this period, the Insured (or beneficiary) will not be entitled to insurance benefits.

Summary Description of Coverage in the Policy		
Name of coverage	Description of coverage	Maximum amount of a claim
Chapter B - Healthcare services	**Section 3** of the Policy - Payment of part of expenses due to medical treatment during hospitalization and not during hospitalization, including consultation, tests, medications and emergency dental treatment with contracted service providers.	**Section 3** - Up to NIS 350,000 and up to 90 days in the case of hospitalization For medications - up to NIS 700 For emergency dental treatment - up to NIS 700. Co-pay for treatments as specified on the Insurance Details Page as defined in Section 1.25 of the Policy.
Chapter C and D - Riders and Additions to the Policy for Additional Insurance Fees		
Medical flight (rider in return for additional insurance fees)	**Section 5** of the Policy - Entitlement to payment of part of the cost of a medical flight from Israel abroad, in the case of a medical event for which the Insured is entitled to a refund for medical expenses under the Policy.	**Section 5** of the Policy - Up to the amount of 35,000 NIS.
Personal Accident Insurance (rider in return for additional insurance fees)	**Section 6** of the Policy - one-time payment in the case of death or disability burns or fracturs or hospitalization as the result of an accident that occurred in Israel only.	**Section 6** of the Policy - 1. Death due to accident: Compensation in a full and one-time insurance amount of NIS 50,000 2. Disability due to accident: Compensation calculated according to the rate of disability multiplied by the full insurance amount. 3. Fractures due to accident: According to the table of compensation in Section 6.2.3 below and up to NIS 4,000. 4. Burns: According to the table of compensation in Section 6.2.4 below and up to NIS 4,000 5. Hospitalization due to accident: Daily compensation in the amount of NIS 100 per day starting on the third day and up to 42 days.

Name of coverage	Description of coverage	Maximum amount of a claim
Cancellation of the Exclusion of Extreme Sports - Cancellation of the Exclusion 4.6 of Chapter B of the Policy (rider in return for additional insurance fees)	Section 7 - Coverage for health services as specified in Chapter B of the Policy, in an event cause due to participation of the Insured in extreme sports activity, as an amateur. It is clarified that purchase of this Rider for Cancellation of the Exclusion of Extreme Sports does not constitute purchase of coverage of the Rider for Extreme Sports to the Rider for Personal Accidents	As said in Chapter B above.
Service Letter-Personal Accompanying Physician	Section 8 - In the medical situations specified in Section C of the Service Letter, **in the occurrence of a medical event that occurred in Israel only (and not prior to his arrival in Israel),** the Insured will be entitled to medical consultation and accompaniment including-assignment of a specialist physician who will serve as a personal medical manager, coordination of the medical file, accompaniment by a nurse as needed and more.	In the last section of Section d of the service letter - copy in the amount of NIS 450 for each medical event.

Name of coverage	Description of coverage	Maximum amount of a claim
Service Letter - Online Medical Consultation by Video Call	Section 9 - Online medical consultation in primary medicine with the specialist physician in the field of family medicine and pediatrics. The service according to this section will be provided at the following times: Sunday-Thursday from 6 PM to 7 AM, Friday from 2 PM to Sunday 7 AM. With the exception of Yom Kippur, between 2 PM on Yom Kippur Eve to two hours after the time of the end of the Yom Kippur fast. In addition, online medical consultation with a specialist physician within 24 hours of receiving approval to receive the service in the following fields only: dermatology, orthopedics and cardiology.	Copay of NIS 100 for online medical consultation according to this section. And copay of NIS 90 for service of data collection in preparation for online medical consultation.
The above amounts are according to the index published on 15 January 2025		
Notes	"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 in 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."	

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

Representative Agent Contact Center

▶ Yedidim Insurance Agency

The Overseas Division for Students and Visitors

12 Hahilazon St. 8th floor Ramat-Gan 5252267

Tel: 03-6386216

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HAREL Insurance & Finance

YEDIDIM Pension Arrangements Insurance Agency Ltd. A subsidiary of the Harel Insurance & Finance Group