Tourist Health Insurance

AYALON Insurance Company LTD

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In the event that this insurance policy was purchased and it is so stated in the Insurance Policy Particulars Sheet, as provided below, then the insurer shall indemnify the insured for the medical services expenses and/or shall pay the service providers and/or the medical institute that provided the health services for the Insurance Eventand/or shall compensate the insured, subject to the provisions and the restrictions as defined and detailed in the insurance policy, throughout The Insurance Period and within the framework of the liability of the company, in accordance with the terms and conditions of the insurance policy and provisions thereof.

Wherever the male and/or singular language form is used, the meaning shall refer, respectively, to the female and/or the plural form.

In the event of any discrepancy between this translation and the original in the Hebrew, the latter will prevail.

Chapter A - Definitions And General Terms And Conditions

1. Definitions

In this policy, the following terms shall be interpreted as follows:

1.1	**"The Company / The Insurer"**	Ayalon – Insurance Company Ltd.
1.2	**"The Insured"**	those who stay in Israel on a temporary basis, and who are not Israeli citizens, and whose name is specified in the Insurance Policy Particulars Sheet.
1.3	**"The Insurance Policy"**	this insurance agreement, including the proposal, the Insurance Policy Particulars Sheet and any annex or addition attached thereto,
1.4	**"Insurance Proposal"**	a proposal form comprising a request to join this insurance under this insurance policy, where it is complete and includes all the details and executed by The Insured or by his legal guardian. The proposal shall further include a declaration of health executed by The Insured (or the guardian), as well as the means of payment.
1.5	**"Insurance Policy Particulars Sheet"**	a sheet enclosed to The Insurance Policy, which comprises an integral part thereof, which includes, among others, the personal details of The Insured and the conditions required for the adjusting of The Insurance Policy to the terms and conditions of the insurance agreement for The Insured. In the event of a contradiction between the terms and conditions of the insurance policy and the details provided in the Insurance Policy Particulars Sheet, the terms and conditions provided in the Insurance Policy Particulars shall prevail.
1.6	**"Insurance Fees"**	the amounts for the insurance policy, which The Insured and/or the payer is required to pay to The Company, under the terms and conditions of the insurance policy, as detailed in the Insurance Policy Particulars Sheet.
1.7	**"Insurance Event"**	an event where The Insured is in need – within The Insurance Period – for medical treatment in Israel, which is included in this insurance policy, and medical treatment for which is provided within the framework of The Insurance Period and/or within 90 days from the termination of the insurance policy, at most, all in accordance with the terms and conditions, restrictions and exceptions as detailed in this insurance policy.

1.8	**"Public General Hospital"**	an institution in Israel, acknowledged by the competent authorities to be a public general hospital, which serves only as a hospital, excluding an institution that further serves as a sanitarium and/or rehabilitation institute.
1.9	**"Overseas / Outside of Israel"**	any place outside of Israel, including any means of transportation on their way from Israel or to Israel.
1.10	**"Israel"**	the areas of Israel, excluding any means of transportation on their way from Israel or to Israel, including the areas under the control of the IDF, but excluding the areas possessed by The Palestinian Authority,
1.11	**"The Insurance Period"**	The Insurance Period as stated in the Insurance Policy Particulars Sheet. The Insurance Period shall not exceed the maximum period, according to the following: Maximum period: From the age of 3 months and through the age of 65 - up to 365 days per a single insurance period.
1.12	**"An Additional Period"**	an extended insurance period, whether within the same insurance policy or within a new insurance policy, in accordance with the provisions of Section 2.7 below.
1.13	**"A Medical Institute"**	a hospital or a clinic, including a medical institute, a lab, a diagnostic center, a pharmacy.
1.14	**"Medical Emergency"**	circumstances under which a person is in immediate danger to his life or there is an immediate danger that it will cause a serious and irreversible disability if he is not given urgent medical treatment.
1.15	**"Prior Medical Condition"**	a set of medical circumstances which The Insured was diagnosed with prior to his joining the insurance, including due to a disease or an accident; in this respect "diagnosed in The Insured" – by way of a documented medical diagnosis, or within a process of a documented medical diagnosis carried out during the six months prior to his joining the insurance.
1.16	**"Service Providers included in the Agreement"**	a General – Governmental Hospital and/or a private hospital which was pre-approved by The Insurer, as well as doctors and/or medical institution that are engaged in an agreement with The Insurer, the name of which is included in the proposal for insurance, and from which alone The Insured shall be entitled to be provided the health services detailed in this insurance policy, all subject to the terms and conditions of the insurance policy.
1.17	**"Health Services Basket"**	within the definition of the terms in the Health Insurance Law.
1.18	**"Physician"**	holder of a medical certificate that is duly authorized to work as a physician in Israel.
1.19	**"General Physician"**	a general Physician, who is not a specialist, as well as a specialist in family medicine and/or internal medicine and/or gynecology.
1.20	**"Health/Medical Services"**	all the medical services to which The Insured is entitled under the terms and conditions of this insurance policy.
1.21	**"Primary Care Services"**	services to be provided by a General Physician.
1.22	**"Emergency Room"**	a place intended for providing emergency medical care, which is approved by the competent authorities in Israel to operate as an emergency room.
1.23	**"Hospital Hospitalization Expenses"**	medical expenses involved in the hospitalization of The Insured in a hospital, which were expended throughout The Insurance Period and for a period that shall not exceed 90 days, as specified in the insurance policy.
1.24	**"Medical expenses not during hospitalization"**	payment for medical care, diagnostic tests, medications, which shall be supplied to The Insured outside of hospitalization in Israel, and which shall not exceed the provisions of the insurance policy.

1.25	**"Medication"**	a chemical or biological substance that is intended for treating the medical condition of The Insured, prevention of worsening of The Insured's medical condition (including prevention of the development of additional medical conditions), or preventing the recurrence of the medical condition of The Insured, as a result of a disease or an accident, and which was approved by the competent authorities in Israel and included in the list of approved medications and/or by the competent authorities in one or more of the acknowledged countries.
1.26	**"Accident"**	physical injury caused due to the use of physical force only, as a result of a sudden, one-time and unexpected event, which was caused directly by an external visible factor, and which comprises the sole, direct and immediate cause for the occurrence of the insurance evet. For the avoidance of doubt, verbal violence and/ or mental pressure and/or accumulation of tiny repeated injuries over a period, which cause disability – shall not be considered an "accident".
1.27	**"Deductible"**	the share of The Insured in an expense for an emergency event, as specified in the Insurance Policy Particulars Sheet. It is hereby clarified that the liability of The Insurer for any payment, shall be solely in respect of the expenses of The Insured in excess of such deductible.
1.28	**"The Payer"**	the person or the corporation engaging with The Insurer in accordance with this insurance policy for the purpose of payment of the premium, and whose name is specified in the Insurance Policy Particulars Sheet and in the proposal.
1.29	**"Insurance Contract Law"**	the Insurance Contract Law, 1981.

2. General Terms And Conditions

2.1 Duty of disclosure

In the event that The Insurer presented to The Insured, prior to the conclusion of the agreement, whether within the insurance proposal form or in any other written form, a question concerning a matter that may affect the willingness of a reasonable insurer to conclude the agreement in general or to conclude it under the terms and condition specified therein (Herein: **"Material Matter"**), then The Insured is required to respond it in full and justly. A comprehensive question, which includes various matters, without differentiating between them, does not require response as provided above, unless it was reasonable upon the conclusion of the agreement.

2.1.1 Concealment of fraudulent intent on the part of The Insured of a matter that he knew to be a Material Matter is tantamount to providing an answer that is not complete and just.

2.1.2 In the event that a Material Matter is not responded completely and justly, then The Company is entitled, within 30 days from the date that it was made aware of that and as long as no Insurance Event has occurred, to annul the insurance policy by giving a written notice to The Insured.

2.1.3 In the event that The Insurer annulled the insurance policy by virtue of this section, then The Insured shall be entitled to repayment of the insurance fees that he has paid for the period after the annulment, after deducting the expenses of The Company, unless The Insured acted with fraud intent.

2.1.4 In the event that an Insurance Event occurred prior to cancellation of the insurance policy by virtue of this section, then The Insurer is solely liable to pay reduced insurance benefits at a relative rate, equaling the ratio between the insurance fees that would have been paid by The Insurer according to the real situation and the agreed insurance fees, and The Company shall be completely exempt in each of these:

2.1.4.1 The response was given with fraud intent.

2.1.4.2 2.1.4.2. A reasonable insurer would not have engaged in such an agreement, even for higher insurance fees, had it been aware of the real situation; in such case The Insured is entitled to repayment of the insurance fees he paid for the period after the

occurrence of the insurance event, less The Insurer's expenses.

2.1.5 The Insurer is not entitled to any of the aforesaid remedies in any of the following cases, unless the incomplete and unjust response was given with fraud intent:

2.1.5.1 The Insurer was aware or should have been aware of the real situation at the conclusion of the agreement or in the event that he caused the response not to be complete and just.

2.1.5.2 The fact in response for which the incomplete and unjust response was given ceased to exist prior to the occurrence of the insurance event, or did not affect the event, the liability of The Insurer or scope thereof.

2.1.5.3 In the event of insurance benefits of the kind of compensation, The Insurer is not entitled to the aforesaid remedies after three years have passed from the conclusion of the agreement, but in the event that The Insured acted with fraud intent.

2.2 The Validity Of The Insurance Policy

The entering of this insurance policy into effect is subject to payment of the first premium in practice. This term shall not apply in the event that means of payment was received by The Insured from which is it is possible to charge the insurance premium. In the event that The Company was paid insurance fees, prior to the consent of The Insurer to provide the insurance, then such payment shall not be considered as consent of The Insurer to provide the insurance. In such case, The Insurer shall send, within 90 days from the date of first receipt of the insurance fees, a decision regarding the acceptance or unacceptance of the candidate for insurance, and shall send him, as applicable, an insurance policy, including an Insurance Policy Particulars Sheet, or a notice of rejection according to which The Insured is not accepted for insurance and has no effective insurance coverage or request for completion of datum or a counter insurance proposal. In the event that The Insurer failed to send, within 90 days from the first receipt of the insurance fees, a notice of rejection as provided above, or a request for completion of datum or a counter insurance proposal, then The Insured shall be considered to have been joined the insurance under the terms and conditions stipulated in the insurance proposal. In the event that an Insurance Event occurred to the candidate for insurance during the period between the first receipt of insurance fees and the decision of The Insurer concerning his acceptance or unacceptance for insurance, and if according to the provisions of medical underwriting held by The Insurer regarding candidates for insurance with similar characteristics, The Insurer would have notified the candidate for insurance, at the end of the underwriting procedure, of his acceptance for insurance (had the Insurance Event not occurred), then the candidate for insurance would be entitled to coverage within the framework of the insurance policy for the insurance event, all subject to all the other provisions of the insurance policy and terms and conditions thereof.

2.3 Declaration Of Health

The Policyholder shall provide The Insurer a Declaration of Health and a waiver of medical confidentiality.

2.4 Claims

2.4.1 Upon the occurrence of an insurance event, The Insured or The Policyholder shall notify The Insurer of the occurrence, as soon as possible. In cases where an advance approval of The Insurer is required, The Insured and/or The Policyholder shall obtain a written approval.

2.4.2 In the event that the Insurance Event is a hospitalization due to an emergency medical condition, which prevented from The Insured and/or The Policyholder from giving an advance notice to The Insurer as required by the terms and conditions of the insurance policy, then The Insured and/or The Policyholder shall ensure that the notice of directly addressing the hospital be transferred as soon as possible to the service center of The Insurer.

2.4.3 In the event that The Insured has not approached The Insurer for the receipt of the advance approval, then the insurance benefits shall be reduced to the amount that The Insurer would have paid had it been provided an advance notice.

2.4.4 The Insured shall provide The Insurer a waiver of medical confidentiality, instructing all his physicians and/or any medical entity or institution, whether in Israel or overseas, to transfer to The Insurer any medical information that is in their possession, and which relates to The Insured.

2.4.5 The Insured or The Policyholder, as the case may be, shall provide The Insurer details concerning the claim, as well as medical or other documents required by The Insurer for the purpose of inquiring his liability.

2.4.6. The documents may be provided digitally too, at least by e-mail, a test message or by means of the personal account of The Insurer with The Company

2.5 A Medical Examination

The Insurer shall be entitled to require The Insured, in a reasonable manner under the circumstances, 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.

It shall be clarified that The Insured shall, at any time, be entitled to request to exhaust all the rights that are granted thereto by virtue of the insurance policy in court.

2.6 Annulment Of The Insurance

2.6.1 In the event that The Insured and/or The Payer has/have failed to pay the insurance fees regularly, then The Insurer is entitled to annul the insurance policy in accordance with the Insurance Contract Law.

2.6.2. In such event as described in Section 2.6.1 above, The Insurer is entitled to annul the insurance policy in accordance with the provisions of the Insurance Contract Law.

2.6.3. In the event that insurance policy is annulled before the end of The Insurance Period, then The Insurer shall repay the proportion of the insurance fees for such period during which The Insured is no longer insured, subject to its liability under the Insurance Contract Law, and in the case of annulment within less than two months from the date of commencement of the insurance, the proportional insurance fees shall be deducted handling fees amounting to two months' insurance fees for this insurance policy. In this section "processing fees" – expenses of The Insured relating to the issuance of the insurance policy, issuance of The Insured's card and any other expense related to the process of issuance of the insurance policy.

2.6.4. The Insured shall be entitled to annul the insurance policy by a written notice to The Insurer at any time.

2.7 Additional Period For Extending The Insurance Period

2.7.1 The Insured shall be entitled to approach The Insurer with the request to extend The Insurance Period for an additional period. The extension of The Insurance Period shall be subject to the approval of The Insurer and completion of a new declaration of health in advance and in writing. It is hereby clarified that upon expiration of The Insurance Period, as defined within the insurance policy, the insurance policy shall not be automatically extended.

2.7.2. The Insurer shall be entitled to amend the insurance fees at the date of commencement of extension of this insurance policy. The calculation of the insurance fees for an additional insurance period shall be carried out in accordance with the number of extension days according to the insurance fees tariff which will be in effect and practiced by The Insurer at the date of commencement of the extension and in accordance with the stipulation in the definitions chapter of "Insurance Periods" section.

2.8 Changes

The Insured shall be entitled to change from time to time the list of Service Providers included in the Agreement.

2.9 Taxes And Levies

The Payer or The Insured, as the case may be, shall be bound to pay The Insurer the insurance fees and the governmental and other taxes that apply to this insurance policy or such imposed to the Insurance fees and to all other payments that The Insured is bound to pay according to the insurance policy, whether such taxes exist at the date of preparing the insurance policy or imposed at a later date thereafter.

2.10. Changes In The Insurance Fees And The Terms And Conditions Of The Insurance

2.10.1 The insurance fees according to this insurance policy shall be determined in accordance with

the age of The Insured and the required insurance period at the date of the purchase of the insurance policy, as stated in the Insurance Policy Particulars Sheet.

2.10.2 The Insurer is entitled to change the insurance fees and the terms and conditions of this insurance policy. Such change shall be effective provided that the Commissioner of the Capital Market, Insurance and Saving has approved the change, and it is entered into effect 30 days after The Insurer notified The Insured in writing accordingly.

2.10.3 The change of the insurance fees as provided in Section 2.10.2 above, shall not take into account the change in the condition of The Insured (if any such change has occurred), throughout the period that preceded such change.

2.11 Notices

The Policyholder is required to notify The Insurer of any change in his address in writing. A notice sent by The Insurer to the last address of The Policyholder known thereto, shall be considered a notice duly delivered.

2.12 The Insurer's Absence Of Liability For The Actions And/Or Omissions Of The Service Providers

The Insurer shall have no liability whatsoever for the nature of the medical and/or other services provided to The Insured within the framework of this insurance policy. The Insurer is not liable for any damage that may be caused to The Insured and/or to any person other than him, whether directly or indirectly, due to the choice of The Insured and/or his referring by The Insurer to medical and/or other service providers and/or due to professional negligence of the service providers.

2.13 Limitation

The limitation period of a claim for the payment of insurance benefits for an Insurance Event according to this insurance policy is 3 years from the date of occurrence of the insurance event. In the event that the cause of the claim is disability caused to The Insured due to an accident, then the limitation period shall be counted from the date on which The Insured has become entitled to claim insurance benefits under the terms and conditions of the insurance agreement.

2.14 Jurisdiction

The exclusive and sovereign jurisdiction in all respects related to and deriving from this insurance policy shall be the competent courts in Israel, in accordance with the Israeli law, and no other court whatsoever shall have any jurisdiction.

The Israeli law shall apply to claims deriving from and/or related to this insurance policy.

Chapter B - Undertakings Of The Insurer

The Insurer shall pay The Insured for the service provider's services included in the agreement, as follows:

3. Expenses during hospitalization and expenses outside of hospitalization, as provided below:

3.1. Expenses of Governmental – General Hospital in Israel

In the event that The Insured is hospitalized in a governmental – general hospital in Israel, then The Insurer shall pay for these expenses for a period that shall not exceed 90 days:

3.1.1. Hospitalization expenses, including roentgen imaging, medications, physicians, surgent, intensive care, anesthesia, catheterization, general services including nursing services (Herein: "Hospitalization Expenses").

3.1.2. It is hereby clarified that The Insurer shall pay the Hospitalization Expenses to a Governmental – General Hospital or to a hospital acknowledged by the competent authorities in Israel as a public hospital. **In any case, The Insurer shall not indemnify The Insured and/or the service provider for Hospitalization Expenses in the event that The Insured has been hospitalized in a private hospital and/or received and/or paid for private medical services throughout such hospitalization.**

3.2. Emergency room expenses in any one of the Governmental – General Hospitals in Israel, solely in the cases listed below:

3.2.1. Physician's referral.

3.2.2. Any new fracture.

3.2.3. Discharge of shoulder or elbow.

3.2.4. An injury requiring fusion by sewing or alternative fusion.

3.2.5. Exhaustion of a foreign body to the respiratory system.

3.2.6. Penetration of a foreign body into the eye.

3.2.7. Infants up to the age of two months with a temperature higher than 38.5 °C;

3.2.8. Snake bite.

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

3.2.10. Approval of The Insurer.

3.2.11. The emergency room process ended in non-elective hospitalization.

The Insured shall not be entitled to indemnification from The Insurer for emergency room expenses deriving from any factor other than those provided in the section above.

3.3. Medical expenses other than hospitalization at a Service Providers included in the Agreement

The Insurer shall pay directly to the service providers in respect of the medical expenses that The Insured will incur without hospitalization, as follows:

3.3.1. **Medical treatment/consulting:** medical treatment/consulting only by a Service Providers included in the Agreement, and subject to payment of deductibles as provided in the Insurance Policy Particulars Sheet.

3.3.2. **Lab examination, roentgen imaging, bandaging:** examinations to be provided to The Insured by a lab and/or clinics that are the Service Providers included in the Agreement only.

3.3.3. **First aid:** first aid that shall be given to The Insured by a first-aid station of Magen David Adom in an emergency event only.

3.3.4. **Medication/s:** up to NIS 800 for the entire insurance period. The said amount shall be paid for medications prescribed by a physician included in the agreement, which were purchased from pharmacies of the Service Providers included in the Agreement, by deducting the deductibles – as specified in the Insurance Policy Particulars Sheet.

3.3.5. **Transfer by ambulance expenses:** The Insurer shall pay transfer expenses by ambulance in the event of a medical emergency, after which The Insured is hospitalized, only once for the entire insurance period, and provided that The Insured is not entitled to cover this expense by any other party.

3.3.6. **Dental emergency treatment:** up to an amount of NIS 800 for the entire insurance period. The insured shall be entitled to receive the emergency services and first aid in dentistry listed below only for emergency dental treatment provided by dental clinics that are Service Providers included in the Agreement, only as first aid treatment if the treatment is required due to an accident and/or sudden onset of pain, as detailed below:

3.3.6.1. Extensive dental caries, temporary filling.

3.3.6.2. Tooth cavity, temporary filling.

3.3.6.3. Exposed neck of tooth, substance for preventing sensitivity.

3.3.6.4. Severe inflammation, uprooting of a nerve or embalming material.

3.3.6.5. Dental abscess, abscess drainage and/or treating malocclusion.

3.3.6.6. Compression of food, treating the gums.

3.3.6.7. Peri-coronitis, washing and/or medication.

3.3.6.8. Pain after uprooting, pain relief.

3.3.6.9. Pressure damages under existing prosthesis, release of pressure injuries.

3.3.6.10. Treatment for soothing tooth pain or treatment for ceasing the pain.

3.3.6.11. Examination and imaging of the painful teeth.

3.3.6.12. Providing suitable prescription to release the pain in the event that treatment is not given to the tooth at the time.

3.4. EXPENSES OF TRANSPORTATION OF CORPSE

In the event of the death of The Insured, The Insurer shall bear the expenses of transporting his corpse from Israel to his country of origin, up to a maximum amount of NIS 20,000, **provided that the expense is not paid by any other entity.**

For the avoidance of doubt, the liability of The Insurer for the medical expenses, in respect of an Insurance Event that has occurred throughout The Insurance Period, and handling of which was not complete prior to the termination of The Insurance Period, shall continue for an additional period of 90 days after the termination of The Insurance Period.

The undertaking of The Insurer under Chapter B shall not exceed a total of NIS 400,000 for the entire insurance period (the limit of liability is not cumulative should The Insurance Periods be extended).

4. General Exceptions To The Insurance Policy

The Insurer shall not be liable and shall not be required to pay insurance benefits for an Insurance Event in full or in part, in any of the following cases:

4.1. The Insurance Event has occurred prior to the commencement of the insurance.

4.2. The Insurance Event has occurred throughout the training period.

4.3. A Prior Medical Condition: an Insurance Event for which a material factor was the normal course of a previous medical condition, and which occurred to The Insured during the period in which the restriction applies.

A restriction of Prior Medical Condition, in respect of an insured whose age at the commencement date of the insurance is:

4.3.1. Less than 65 years – shall be in effect for a period that shall not exceed one year from the date of commencement of the insurance.

4.3.2. 65 year or more – shall be in effect for a period that shall not exceed six months from the date of commencement of the insurance.

4.4. An Insurance Event that has occurred after the termination of The Insurance Period.

4.5. Mental treatments and/or psychological treatments and/or psychiatric treatments, suicide or an attempt to commit suicide, self-injury – whether knowingly or not, alcoholism, drug abuse excluding using drugs prescribed by a Physician's order.

4.6. Participation of The Insured in extreme sports according to the list provided on The Company's website. In this regard, extreme sports refer to sports that are considered dangerous and which include/require, among others, those who are engaged in such extreme sports high levels of difficulty and/or physical exertion. The list of extreme sports will be updated from time to time, according to the list appearing on The Company's website - www.ayalon-ins.co.il.

4.7. Amateur sport within the framework of a sports association registered under the Sports Law, 1988, and/or professional sports activity (which is his main occupation or has a monetary remuneration).

4.8. Sexual disease.

4.9. A road accident as defined in the Compensation to Victims of Road Accidents Law, 1975.

4.10. A work accident as defined in the National Insurance Law [Consolidated Version], 1995.

4.11. The Insurance Event is caused or is a result of the service of The Insured in various security forces, excluding military and including police, as well as an Insurance Event during the military service which directly derives from a military activity, including military or pre-military training/ exercise of any kind.

4.12. Passive participation by The Insured in any act of sabotage or terrorism and/or war and/or war action by hostile, regular or irregular forces, provided that The Insured is not entitled to the coverage of the medical expenses resulting from such an event from any other entity.

4.13. Expenses of pregnancy and/or birth and/or pregnancy outside the womb and/or expenses relating to treatments/regular examinations or pre-pregnancy follow-up and/or genetic consultation and/ or pregnancy complications including pregnancy and/or birth.

4.14. Fertility and/or impotence treatments.

4.15. Expenses for the treatment of a premature baby and/or infant.

4.16. Well-being treatments for infants and/or children, infant clinics, vaccinations, supervision or routine testing of children.

4.17. Treatments for child development, including learning and speech disabilities, occupational therapy, etc.

4.18. Periodic tests, routine tests and/or follow-up - that are not due to an active medical problem, cosmetic surgery or reconstructive surgery, experimental surgeries, vaccinations, curing and/ or periodontal surgery, dental care (except for first aid, which is included in emergency dental care).

4.19. Organ transplant.

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

4.21. Medical accessories, except for medical accessories that were given on loan due to an accidental event.

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

4.23. Medical expenses arising from The Insured's active participation in activities of: civil war, underground or under cover activity, rebellion, riots, sabotage, fights, violence, terrorism, crime, misdemeanor, drug trafficking, activity without a valid license that corresponds to the same activity, if required (i.e. driver's or flight license, or sports activity requiring a license), or opposition to arrest.

4.24. An Insurance Event caused by nuclear fission, nuclear fusion, and radioactive contamination.

4.25. An experimental drug - a drug that has not been approved by the competent authorities in Israel and not by the competent authorities in the recognized countries for the treatment of the medical indication required of The Insured.

4.26. Experimental medical treatments of any kind.

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

4.28. Consequential damages of any kind.

4.29. Actions of any kind for which the Insured is required to pay compensation to a third party in accordance with the Torts Ordinance.

4.30. Emergency Room Expenses - except as provided in Section 3.2 above.

4.31. The Insurer shall not pay and shall not be liable for an Insurance Event that occurred during The Insurance Period and the treatment for which continues after the end of The Insurance Period, except in the following cases:

4.31.1. Hospitalization that began within The Insurance Period as defined in section 1.11 above.

4.31.2. Medical expenses not during hospitalization for a period of up to 90 days as defined in Chapter B.

4.32. Expenses for hospital hospitalization and/or for non-hospitalization expenses that could have been postponed until The Insured's return to his country of origin, as determined by a specialist Physician in the field.

4.33. The Insured is medically qualified, according to the opinion of a specialist Physician in the field, to return to his country of origin for the purpose of receiving medical treatment.

4.34. Medical services provided to The Insured other than through the Service Providers included in the Agreement with The Insurer.

A Table Of The Limits Of Liability For The Insurance Policy

Main points of coverage	Limits of liability
The limit of liability for the policy	**NIS 400,000**
Medical expenses during hospitalization	**Up to 90 days**
Medical expenses not during hospitalization	**Full coverage**
Consultations with a physician	Included in the limits of liability
Lab tests, bandaging, and roentgen imaging	Included in the limits of liability
First aid at the Magen David Adom station	Included in the limits of liability
Medications	NIS 800
Ambulance transfer costs	Included in the limits of liability
Emergency Dental Care	NIS 800
Transferring a corpse	NIS 20,000

Only the full terms and exclusions of the insurance policy shall bind The Insurer.