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insurance company



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Harel For Your Peace of Mind



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Tour & Care

**Health policy
Medical Insurance
For Tourists In Israel**



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Tour & Care

Health policy Medical Insurance For Tourists In Israel

In consideration of payment of the insurance fees hereunder, the insurer shall indemnify the insured, the tourist, in respect of medical services and/or shall pay directly to the service providers and/or to the medical institution which provided the health services in respect of the insured event – all as defined and detailed in the body of the policy, in the addendum and the schedule page in the course of the insurance period according to the insurer's limits of liability, the conditions, exceptions and exclusions as detailed in this policy.

Chapter A: Definitions and General Conditions

1. Definitions

1.1 The insurer

Harel Insurance Company Ltd.

1.2 The policy owner

A person, member, persons or corporation who enters into ties with the insurer by way of the insurance contract and whose name is stated in the policy as being the policy owner, who is interested in insuring the insured in this policy.

1.3 The insured

The applicant who is not a resident or citizen of the State of Israel, his/her spouse and their children up to the age of 18 whose names appear in the insurance proposal and are registered in the insurance details page who are staying in Israel temporarily and whose age on the date of the commencement of the insurance does not exceed 65 years of age.

1.4 The insurance proposal

The proposal form according to wording which shall be determined by the insurer, whose details have been fully completed including an insurance declaration, a declaration as to the date of commencement and termination of the insurance period and a medical confidentiality waiver document signed by the insured appearing in the proposal as the insured and by the policy owner wherever his/her signature is required.

1.5 The policy

The insurance contract between the insurer, the policy owner and/or the insured including the proposal, schedule page, addenda, date, commencement of the insurance period, date of termination of the insurance period, insurance fees, payment date, etc.

1.6 Insurance fees

The sums which the policy owner or the insured is to pay to the insurer in respect of the insurance cover in terms of this policy, in terms of the policy conditions.

1.7 Insured card

A card which shall be issued by the insurer in addition to the policy in which the personal details of the insured are noted - including his/her photograph for identification purposes and which shall be presented to any insurance institution by the insured in order to receive medical services.

1.8 General-Government hospital

An institution in Israel recognized by the qualified authorities as a general-government hospital and which is used only as a hospital - as opposed to an institution which is a sanatorium and/or a rehabilitation institution.

1.9 Service providers

General-government hospital and/or private hospital which has been pre-authorized by the insurer and in addition, doctors and/or medical institution connected by agreement with the insurer whose names appear in the schedule annexed to this policy **from whom - and from whom alone, the insured shall be entitled to receive the medical services detailed in this policy, all subject to the policy conditions.**

1.10 Medical institution

Hospital or clinic

1.11 Emergency room

A place intended to provide urgent medical attention which is authorized by the qualified authorities in Israel to act as an emergency room.

1.12 Doctor

The holder of a medical qualification certificate according to law to practice as a doctor in Israel.

1.13 The Service Center

Telephone center on behalf of the insurer operating 24 hours a day which provides answers to insureds insofar as relates to the service providers.

1.14 Hospitalization expenses

Medical expenses involving the hospitalization of the insured which were disbursed in the course of the insurance period and for a duration which shall not exceed 90 days, as detailed in the insurance policy.

1.15 Out – patient expenses

Payment in respect of medical treatment, diagnosis examinations, medication which shall be supplied to the insured outside the hospitalization framework in Israel, but not exceeding that which is determined in the insurance policy.

1.16 Health / medical services

All the medical services to which the insured is entitled in terms of the conditions of this policy.

1.17 Preliminary medical services

Services of a general practitioner who is not a specialist and also the services of a specialist physician in family medicine and/or internal medicine and/or in gynecology.

1.18 Insurance event

An event during the insurance period in which the insured requires medical treatment in Israel including in the framework of this policy and such medical treatment as was provided within the insurance period and/or no later than 90 days from the date of the termination of the insurance period - all according to the conditions, exceptions and exclusions detailed in this policy.

1.19 State of medical emergency

Wherein a person is found to be in immediate life endangering circumstances or there is an immediate risk that a person shall sustain irreversible disability should urgent medical treatment not be provided to him - all subject to what is defined in the Patient's Rights Law 1996 at the time of the commencement of the insurance period.

1.20 Existing medical condition

Defect, congenital sickness including hereditary sicknesses and/or state of health and/or medical phenomenon and/or illness whether being treated or not and/or their direct or indirect consequences which were caused and/or became aggravated due to a state of health which existed prior to the date of the commencement of the insurance.

1.21 Accident

Unanticipated bodily injury caused during the insurance period by apparent violent means which directly caused physical injury to the body of the insured, except for injury as a result of verbal abuse.

1.22 The insurance period

The period noted in the policy and the schedule annexed to the policy or a shorter period thereof which was shortened in accordance with the provisions of the policy and its conditions.

1.22.1 **Maximum period:** Up to age 49-180 days with an option to extend the period for up to an additional 180 days.

1.22.2 **From age 50 to age 65:** 90 days with an option to extend the period for up to an additional 90 days however, not more than 365 days in total.

1.23 Abroad / outside Israel

Any place outside Israel including all means of transport to or from Israel.

1.24 Israel

Israeli areas except for all means of transport to and from Israel including the areas controlled by the IDF, but except for the territories administered by the Palestinian Authorities according to agreements with the Palestinian Authority.

1.25 Probation period

48 hours from the commencement of the insurance period as defined in paragraph 1.22. In the course of this period, the insurer shall not be liable for any insured event except for an accident event as defined in paragraph 1.21 above.

1.26 Deductible

The insured's share of an expense in respect of an insured event. It is hereby clarified that the insurer's liability for payment whatsoever shall only be after the deductible has been paid by the insured and only in respect of expenses of the insured which are in excess of such deductible.

1.27 The Law of Insurance Contracts

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

1.28 Dollar

United States dollar.

2. General Conditions

2.1 Duty of disclosure

The insurance in terms of this policy is effected on the basis of the knowledge and written declarations which were provided to the insurer and the policy owner and/or the insured and annexed to the policy. Their accuracy constitutes a principal condition for the existence of the insurance. In the event of an answer/s or declaration/s which is/are not complete and accurate having been given by the insured and/or the policy owner to the questions relating to the state of health of the insurer, the insurer shall be entitled to cancel the insurance policy or to reject the insured's claim - all subject to the contents of paragraph 7 of the Law of Insurance Contracts 1981.

2.2 Validity of the policy

This policy shall be valid from the date of the commencement of the insurance period stated in the policy but not prior to the date on which all the pre-conditions detailed in the policy and the schedule annexed to the policy have been complied with including payment of the insurance fees as detailed in the schedule annexed to the policy. In a situation when on the day of the commencement

of the insurance, as stated in the policy, has commenced prior to the required documents detailed in the schedule annexed to the policy having been provided to the insurer, it shall be incumbent upon the policy owner and/or the insured to deliver such documents within 14 days from the date of the commencement of the insurance period. In the event of such documents not having been delivered within the said time, the policy will be automatically cancelled. In the event of the policy being cancelled as aforementioned, the policy owner and/or the insured shall return the insured card to the insurer and in such case, the insurance fees which were paid in respect of the period following the date of the return of the insured card to the insurer shall be refunded to the policy owner according to the principles of refunding insurance fees in the event of a reduction of the insurance period by the policy owner and/or insured, as detailed in this policy.

2.3 Medical examination

The company shall be entitled to require the insured to make himself available for a medical examination by a doctor on behalf of the company and at its expense and shall provide every detail and/or medical document which shall be required.

2.4 Taxes and levies

The insured – is obliged to pay to the company, the insurance fees and the government taxes and other levies applying to the policy or which are imposed upon the insurance fees, on the sums insured and on such other payments which the company is obliged to pay in terms of the policy, whether such taxes exist on the date that the policy is arranged or if same are imposed at some date thereafter.

2.5 Prescription

The prescription period of a claim for payment of insurance benefits in respect of an insured event in terms of this policy, is 3 years from the date of the occurrence of the insured event.

2.6 Notices

It is incumbent upon the insured to notify the company by registered mail of any change of address. A notice which shall be sent by it to the last address of the insured known by the company, shall be deemed to be a notice which was properly delivered to him.

2.7 Amendments

The company shall from time to time be entitled to amend the list of service providers in the agreement.

2.8 Place of jurisdiction

The sole and exclusive place of jurisdiction relating to everything connected and emanating from this policy shall only be in the authorized courts in Israel according to the law in Israel and no other court whatsoever shall have any jurisdictional rights. The law which shall apply to claims emanating or connected with this policy, is the Israeli law.

2.9 Waiver of medical confidentiality

2.9.1 The insured shall deliver to the insurer a waiver of medical confidentiality duly signed by him, instructing his doctors and/or any body or medical institution whether in Israel or abroad and/or the National Insurance Institute and/or the Ministry of Defense and/or any other government office and/or insurance company and/or sick fund to transmit all reasonable medical information relating to the insured and being in their possession (hereinafter 'waiver of confidentiality form'), to the insurer.

2.9.2 **The delivery of the aforementioned waiver of confidentiality form appearing in this paragraph is a pre-condition for the insurer's liability in terms of this policy.**

2.10 An insured event which is covered by more than one insurance company and/or by a third party:

2.10.1 In the event of the insured being covered in respect of an insured event in terms of this policy, also having a right of indemnity from a third party which is not by virtue of the Law of Insurance

Contracts, such right transfers to the insurer from the time that it paid insurance benefits and at the rate of the benefits which it paid and without derogating from the insurer's right to first collect indemnity in excess of the insurance benefits in terms of this insurance policy from the third party. If the insured received an indemnity sum from a third party which was due to the insurer in terms of this paragraph, he shall transmit same to the insurer. In the event of him having arrived at a compromise, waiver or other action which adversely affects the right which was transferred to the insurer he shall compensate it in respect thereof. The insured undertakes to cooperate insofar as shall be required of him for the purpose of exercising the insurer's rights, as aforementioned.

2.10.2 In the event of all or some of insured events having been insured with more than one insurer for an overlapping periods, it is incumbent upon the policy holder and/or the insured to notify the insurer thereof in writing immediately after such double insurance was effected or after his having learnt thereof. The insurer shall be entitled to make the payment of the insurance benefits conditional on the assignment of the insured's right in terms of the other policies to the insurer in respect of the sum of insurance benefits exceeding the pro-rata share of the insurer in the covered expenses which were actually disbursed.

2.10.3 The policy owner and/or the insured is to cooperate with the insurer and to take every action in order to ensure that the insurer receives the sums which were paid by the insurer and which were at the liability of the third party.

2.11 Claims

2.11.1 A notice of every insured event shall be delivered to the insurer within a reasonable time, speedily and as soon as possible whether by dispatch of a letter or a fax. All the details regarding the insured event are to be attached to the notice, which is to be sent to the insurer in order that it may receive all the facts which are required by it.

2.11.2 The policy owner and/or the insured shall attach to the insured event notice form all the relevant medical documents relating to the insured event including diagnoses, anamnesis - history of the event and if payments were effected by the policy owner and/or the insured - only original receipts evidencing that payment was effected.

2.11.3 The policy owner and/or the insured shall cooperate with the insurer prior to, and after the filing of the claim and shall do everything required in order to enable the insurer to clarify its liability to make payment in terms of the policy and its extent.

2.11.4 **The performance referred to in paragraph 2.11 in its entirety by the policy owner and/or the insured, is a pre-condition for the insurer's liability in terms of the policy.**

2.12 Extension of the insurance period

2.12.1 Every extension of the insurance in terms of this policy requires the written consent of the insurer which shall be expressly given for this objective. It is hereby clarified that upon termination of the insurance period as defined in the policy, the policy shall not be extended automatically and the insurance may not be extended by virtue of silence or any other action by the insurer except for its consent as aforementioned in this paragraph, even if the insured proposed extended same to the insurer in some manner and time whatsoever.

2.12.2 In the event of the insurer agreeing to extend the insurance period - the insurer shall notify the insured of its consent. The insurer having failed to notify its consent to extend the insurance same shall be deemed to be **a refusal to extend same.**

2.12.3 Calculation of the insurance fees for the additional period shall be made in accordance with the number of extension days according to the insurance fee tariff which shall be valid at the insurer at the date of the commencement of the extension.

2.12.4 The insurer shall be entitled to amend the insurance fees at the date of the commencement of every extension of this policy. In order to obviate any doubt any extension of the insurance period shall be in accordance with that determined in the definition chapter paragraph 1.22 above 'the insurance period'.

2.13 Cancellation of the insurance

2.13.1 If the insurance fees were not paid regularly and as determined in the policy and were also not paid within 15 days after the insurer demanded in writing that the policy owner and/or the insured pay same, the insurer shall be entitled to notify the policy owner and/or the insured in writing that if the arrears sum is not settled prior thereto, the policy shall be cancelled after 21 additional days have elapsed.

2.13.2 If the insurance policy was cancelled prior to the termination of the insurance period, the insurer shall refund the pro-rata insurance fees less 'handling fees': the insurer's expenses in producing the insurance policy, stamps and any other expense ancillary to the production of the policy, on the express condition that no claim has been filed in terms of this policy.

2.13.3 Nothing contained in this paragraph above shall derogate from the insurer's right to cancel the policy according to the provisions of the duty to disclose chapter above and/or according to any other material condition referred to in the policy and/or in accordance with the provisions of the Law of Insurance Contracts.

2.14 Non liability of the insurer for the acts and/or omissions of the doctor - the insurer shall have no liability whatsoever for the acts and/or omissions of the service providers in connection with the health services and/or their results, whether same were selected by the insurer or by the insured.

2.15 Amendment of the insurance fees and insurance conditions

2.15.1 The insurance fees in terms of this insurance policy shall be determined in accordance with the age of the insured at the commencement of each insurance period and shall be noted in the insurance details page.

2.15.2 The insurer shall be entitled to amend the insurance fees and the conditions of this policy for all the insureds in this policy. Such amendment shall be valid on condition that the Commissioner of Capital Market, Insurance and Savings confirmed such amendment and same shall become valid 30 days after the insurer having notified the insured thereof in writing.

2.15.3 An amendment to the insurance fees aforementioned in paragraph 2.15.2 above, shall apply to insureds in the program and shall not be deemed to be an amendment applying to the state of health of the insured (if such a change applies) during the period preceding the aforementioned amendment.

2.15.4 As detailed in the policy, the insurance fees shall be paid at the commencement of the insurance period.

2.16 Insurance benefits

2.16.1 The insurer at its discretion, shall be entitled to pay the insurance benefits or a portion thereof directly to the service providers or to pay same to the insured against original receipts. At his demand and provided that his entitlement in terms of the policy is undisputed, the insured is entitled to receive a monetary letter of undertaking from the insurer to the service providers which will enable him to receive medical service.

2.16.2 Insurance benefits stated in foreign currency and payable in Israel shall be paid in New Israel shekels in accordance with the representative rate of the aforementioned foreign currency which was published by the Bank of Israel on the day that the payment was arranged by the insured.

- 2.16.3 On the death of the insured the insurer shall pay the balance of the insurance benefits to the medical service supplier which it undertook to pay. In the absence of an undertaking vis-a-vis the medical service provider or if a balance remained after the payment was effected in terms of the said undertaking, the balance shall be paid to the estate and/or heirs of the insured in accordance with the probate of a will and/or according to a succession order.
- 2.16.4 The insured shall not be entitled to insurance benefits exceeding the sum insured and the insurer shall pay up to the level of such sum to the insured and/or to contracted service providers.
- 2.16.5 In the event of the insured also having a right of indemnity vis-a-vis a third party which is not by virtue of an insurance contract in respect of an insured event, such right transfers to the insurer from the time that it paid insurance benefits to the insured and that the rate of the benefits that it paid and without derogating from the insured's rights to first collect indemnification from the third party in excess of the insurance benefits which he received in terms of this policy. In the event of the insured having received indemnity from a third party which was due to the insured in terms of this paragraph, he is to transfer same to the insurer. In any event of a compromise, waiver or any action by the insured which adversely affects the right which was transferred to the insurer, the insured shall compensate the insurer in respect thereof. The insured undertakes to cooperate insofar as shall be required of him, for the purpose of implementing the insurer's rights, as aforementioned.
- 2.16.6 In the event of the insured being entitled to cover for the expenses disbursed in terms of this insurance fully or partly in the framework of another policy with another insurance company, the insurer shall pay its pro-rata share for the expenses which were actually disbursed in accordance with the extent and the proportionate cover to which the insured is entitled from all the insurers. It is incumbent upon the insured to notify the company immediately after having double insurance was effected.

Chapter B: Undertaking by the Insurer

The insurer shall pay expenses at the time of hospitalization, as follows:

3.1 General - Government hospital expenses in Israel

- 3.1.1 The insured having been hospitalized, the insurer shall pay for hospital expenses which shall cover a period not exceeding 90 days.
- a. Hospitalization expenses including x-rays, medication, doctors, surgeon, intensive care and anesthetist, catheterization, general services including nursing services and regular hospital services (**hereinafter 'hospitalization expenses'**).
 - b. It is hereby clarified that the insurer shall only pay hospitalization expenses to general - government hospitals and shall not indemnify the insured and/or the service provider in respect of hospitalization expenses in the event of the insured having been hospitalized in private hospitals and/or having received and/or paid in respect of private medical services in the course of his aforementioned hospitalization unless the insured received advance written authorization from the insurer. The insurer's authorization for hospitalization in a private hospital is at its sole discretion.

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

- 3.2.1 Referral by a doctor.
- 3.2.2 Any new fracture.
- 3.2.3 Severe dislocation of the shoulder or elbow.
- 3.2.4 Injury requiring knitting/ mending by stitches or by other mending means.

- 3.2.5 Inhalation of a foreign body into the trachea.
- 3.2.6 Penetration of a foreign body into an eye.
- 3.2.7 Babies up to the age of 2 months with temperature in excess of 38.5o Centigrade.
- 3.2.8 Snake bite.
- 3.2.9 Removal to the emergency room by ambulance from the street or other public place due to a sudden occurrence.
- 3.2.10 Authorization of the company.
- 3.2.11 The emergency treatment terminated by non-elective hospitalization.

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

3.3 Out patient expenses with a contracted service giver

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

- 3.3.1 **Medical advice/ attention**
Medical advice /attention by only a contracted service provider and having a deductible, as detailed in the insurance details page.
- 3.3.2 **Laboratory examination, x-rays, bandaging**
Only examinations which are provided to the insured by a laboratory and/or clinics which are contracted service providers.
- 3.3.3 **First aid**
Only first aid which is provided to an insured by a Magen David Adom first aid station in the event of emergency.

3.3.4 Medication

Up to \$200 for the entire insurance period. This sum shall be paid for medication which shall be prescribed by a doctor and which was purchased by a contracted service provider pharmacy less the deductible sums specified in the insurance details page. This sum is not accumulative.

In order to obviate doubt the insurer's liability in respect of out patient expenses in a in relation to an insurance event which occurred within the insurance period and whose treatment was not completed prior to the termination of the insurance period shall continue for an additional period of 90 days after termination of the insurance period.

3.3.5 Expenses for transfer by ambulance

In the event of a medical emergency followed by hospitalization of the insured, the insurer shall pay the expenses for transfer by ambulance once only during the entire insurance period and on condition that the insured is not entitled to cover of such expense by any other factor whatsoever.

3.3.6 Emergency dental treatment

Up to a sum of \$200 for the entire insurance period. The insured shall only be entitled to receive the dental emergency services and first aid detailed hereunder for emergency dental treatment which is provided by dental clinics, being contracted service providers as first aid treatment only if such treatment was required following an accident and/or a sudden flare-up of pain as detailed hereunder:

- a. Extensive tooth decay, temporary filling.
- b. Open dental cavity, temporary filling.
- c. Exposed tooth neck - material to prevent sensitivity.
- d. Severe infection/ inflammation, extraction of nerve or preserving material.

- e. Abscess, draining the abscess or attending to occlusion and/or treating an occlusion.
- f. Compression of food, treatment of gums.
- g. Sub-coronal inflammation, cleansing and/or treatment by medication.
- h. Post extraction pain, palliatives.
- i. Pressure sores under existing denture, release of the pressure sores.
- j. Any other treatment emanating from dental pain, treatment for relief or termination of the pain.
- k. Examination and x-ray of painful teeth.
- l. Providing a suitable prescription to relieve the pain in the event of inability to attend to the tooth at that time.

3.4 Special expenses

Transfer of corpse: in the event of the death of the insured, the expenses for the transfer of the corpse from Israel to the insured's country of origin up to a maximum sum of \$5,000 and provided that such expense is not payable by any other factor whatsoever.

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

Chapter C: General Exceptions to the Policy

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

- 4.1 **The insurance event occurred prior to the date of commencement of the insurance.**
- 4.2 **The insurance event occurred during the probation period.**
- 4.3 **The insurance event occurred during the waiting period.**
- 4.4 **An existing medical condition.**
- 4.5 **The insurance event occurred after termination of the insurance period.**
- 4.6 **Insanity, mental disturbances and/or mental illnesses and/or emotional treatments and/or psychological treatments and/or psychiatric disturbances, suicide or an attempt thereat, self injury whether intentional or otherwise, alcoholism, use of drugs except for the use of medical drugs according to the instructions of a doctor.**
- 4.7 **Aerial gliding, paragliding, parachuting, paragliding using parachutes, or any other apparatus used for paragliding/gliding, skiing, water-skiing, jet-ski, bungee, diving including diving with the use of instruments, rafting, mountaineering, rappelling, flight using any aircraft whatsoever except flight as a traveler in a regular air service in civil aircraft which is in possession of a certificate of entitlement to transport passengers, sporting activities in the framework of a sporting club and/or competitive sporting activities, sporting activities including payment, boxing, wrestling and all types of martial arts, roller blades, mountain bikes, wall climbing, wave surfing, snowboard, ice skating and any other extreme sport of any type and kind entailing speed and/or height and/or risk and/or adrenalin.**

- 4.8 Any direct or indirect result of HIV syndrome (Aids) including mutations and/or variations and/or any other similar syndrome.
- 4.9 Sexual diseases.
- 4.10 A road accident as defined in the Law for Compensation of Road Accident Victims 1974.
- 4.11 Work accident as defined in the National Insurance Institute law (integrated version 1995).
- 4.12 An insurance event which was caused or is as a result of the insured serving in the various security services including regular army or reserve duty or permanent force.
- 4.13 Passive participation in an act of terrorism or terror of any type whatsoever and/or war and/or act of war by hostile regular or irregular forces and provided that the insured is not entitled to cover of the medical expenses emanating from such an event from any other factor whatsoever.
- 4.14 Pregnancy expenses and/or birth expenses and/or extra uterine pregnancy and/or expenses in respect of regular current treatments/ examinations or pre pregnant follow-ups and/or genetic counseling and/or pregnancy complication and/or birth complications.
- 4.15 Fertility treatments and/or sterility treatments.
- 4.16 Expenses in respect of preserving a pregnancy.
- 4.17 Expenses for the treatment of a premature and/or a newly born baby.
- 4.18 Welfare treatment of babies and/or children, baby care clinic, vaccinations, supervision or routine examination of children.

- 4.19 Treatment of study defects, speech, etc.
- 4.20 Organ transplant.
- 4.21 The following types of treatments or services: rehabilitation, physiotherapy, mechanical therapy, hydro therapy, alternative therapy, homeopathy, routine examinations, cosmetic or rehabilitative surgery, experimental surgery, healing and/or gum surgery, dental treatment (except for first aid which is included in the framework of emergency dental treatment).
- 4.22 Medical accessories except for medical accessories which were given on loan due to an accidental event.
- 4.23 Spectacles and/or contact lenses, hearing aids and prostheses of any kind whatsoever.
- 4.24 Medical expenses emanating from active participation by the insured in activities such as: military activities or civil war, military work, underground activities, covert activities, revolt, commotion, sabotage, brawling, violence, terror, strikes and/or unlawful activities.
- 4.25 Defect or sickness from birth including hereditary disease.
- 4.26 An insured event was caused by nuclear splitting or nuclear fission or radioactive contamination.
- 4.27 Routine examination and/or follow-up and/or inoculations which are not due to an active medical problem.
- 4.28 Experimental medication which has not received the authorization of the FDA and any other factor which is authorized and recognized as the authority authorizing use of medication in Israel.
- 4.29 Experimental medical treatments of any type and kind whatsoever.

4.30 **Treatments, examinations and surgery outside the State of Israel.**

4.31 **Consequential damage of any kind whatsoever.**

4.32 **Activities of any kind whatsoever in respect of which the insured is obliged to pay compensation to a third party in accordance with the Torts Ordinance.**

4.33 **Emergency room expenses - except as determined in paragraph 3.2.**

4.34 **The insurer shall not pay and shall not be liable for any insurance event which occurred in the course of the insurance period whose treatment continued after termination of the insurance period - except for the following instances:**

a. **Hospitalization which commenced within the insurance period as defined in paragraph 1.22.**

b. **Out patient expenses for a duration of a period of up to 90 days as defined in chapter B.**

4.35 **Expenses in respect of hospitalization and/or in respect of whilst not hospitalized which could have been postponed until the insured returned to his country of origin.**

4.36 **The insurer shall at all times be entitled to require the insured to return to the country of his origin for the purpose of receiving the medical treatment or for the purpose of receiving medical treatment on condition that his return is possible from a medical point of view.**

4.37 **Medical services which were provided to the insured by service providers who are not contracted with the insurer unless expressly authorized in writing by the insurer.**