Bylaws of Meuchedet Adif

This is a translation from Hebrew to English. The Hebrew version is the binding version.

Bylaws of Meuchedet Adif
The Comprehensive Supplementary Health Insurance Plan

January 2012

Chapter A

Chapter B

Introduction

1.1. “Meuchedet Adif” is a plan for additional health services (hereinafter “Additional Health Services Plan”) for providing medical services and/or assistance in purchasing medical services on a mutual and willing basis. It includes a broad variety of medical services that are not included in the “Basic Health Services Basket” that binds the Health Fund by virtue of the National Health Insurance Law under the conditions, qualifications and subject to the deductible of the insured party, as mentioned and as stipulated in these bylaws.

1.2. The right of the insured party at the Health Fund to receive all of the services, to which he is entitled under the National Health Insurance Law- 1994 will not be affected by the insured party joining or not joining the Additional Health Services Plan of the Health Fund or corporation under its control. As set forth in section 10 and 12 of the National Health Insurance Law:

“(10) (a) A Health Fund may offer its members an Additional Health Services which are not included in the health basket and payments to the Health Fund (hereinafter the Additional Health Services Basket). These Additional Health Services can be offered through the Health Fund or by a wholly controlled subsidiary (hereinafter in this section – the “Health Fund”); The Additional Health Services Plan and any change in it require the approval of the Ministry of Health.

(b) The Additional Health Services Plan shall be offered to members of the Health Fund as an arrangement of mutual common parity only, subject to the following rules:

(1) The services in the plan shall be provided only in the framework of the funds that were collected for this purpose from whoever joined the plan (hereinafter – the Members);

(2) The plan is entitled to change the rights of the members in the plan and the payments of members from time to time;

(c) (1) The Health Fund shall add any member to the plan that wishes to join the plan without any connection to his health or financial situation, and it shall not qualify his right to join or his rights at the time he joins the plan by any condition, except for qualification periods, that shall be determined regarding all the members of the plan regarding providing different services in the plan, provided that such qualification period shall not apply regarding services that were included in the health basket and the payments of the Health Fund regarding anyone that was a member in the Health Fund and who joined the plan no later than one year after the change in the health services basket and payments of the Health Fund;

(2) The Health Fund may determine, with respect to such qualification periods as mentioned in paragraph (1) different provisions regarding transferring from a plan of another Health Fund.

(d) Subject to the provisions in sub- section (c), the Health Fund shall not discriminate between members of the plan, whether when joining it or when providing services in its framework.

(e) The price of the plan shall be uniform for each age group, without any dependency on the number of the member’s membership years in the plan, or his health or financial situation.

(f) ....

(21) (a) The Health Fund shall give anyone for whom it is liable, as mentioned in section 3 (c), all of the health services to which he is entitled according to this law, whether by itself or by service providers, without any discrimination and it shall not qualify the provision of the services included in its health services basket by joining or being a member in other service plans.

(b) The failure to pay or delay in the payment of health insurance premiums shall not exempt the Health Fund from its duty to provide the health services including the health services basket”.

2. Legal Status

2.1. The Additional Health Services Plan – is owned and managed by the Meuchedet Health Fund and it is under its responsibility.

2.2. The management shall be entitled with the approval of the Minister of Health to transfer the rights and obligations imposed on it according to these bylaws to another body/ corporation, all or in part, in any manner and way that it shall see fit, including by way of having another corporation participate, provided that it shall it shall not harm the rights of the members in "Meuchedet Adif" and subject to the provisions of the National Health Insurance Law.

2.3. The Additional Health Services Plan acts by virtue of these bylaws and it is subject to the authority conferred upon the Health Fund by virtue of section 10 of the National Health Insurance Law.

2.4. For the sake of avoiding doubt it shall be mentioned that the Additional Health Services Plan is subject to the provisions of the National Health Insurance Law – 1994. In any event of a contradiction between these bylaws and its appendixes and between the provisions of the National Health Insurance Law, the provisions of the law shall prevail.

3. Definitions and Interpretation

3.1. In these bylaws the following terms shall have the meaning written at their side:

"Family Members" – the children up to the age of 18 of a person who is an insured party in one of the Additional Health Services Plan of the Meuchedet Health Fund, including stepchildren and children that are under guardianship or foster care.

"Insurance Premiums" – monthly payments that a member must pay to the Meuchedet Health Fund each month or once per period that shall be determined for himself and for his family members as a condition to receiving the rights granted to members by virtue of these bylaws.

"Registration Fees" – a one-time payment that applies to each new member of "Meuchedet Adif" as set forth in appendix A of these bylaws.

The "Management" – the management of the Meuchedet Health Fund and/or whoever was authorized to act in its name.

"Total Expense" – the total actual payments by the member or by any third party to the service providers for the total cost of an event for which the member requested financial assistance or otherwise.

The "Authorizing Authority" – the medical or administrative authority in the Health Fund, whose has the authority to confirm that a member is entitled or is not entitled to receive a medical service offered by virtue of these bylaws.

"Agreement" – the contractual engagement made between the Meuchedet Health Fund and any medical supplier for providing medical services to members in the Additional Health Services Plan.

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"Declaration of Health" - A form in which the insured party reports of his health and the health of his family members insured through him.

The "Health Fund – the Meuchedet Health Fund or any other body that acts on its behalf, subject to the approvals required according to law.

The "Fund" – the unit that that operates the plan. The unit acts independently, from a financial and accounting aspect. The unit is under the Health Fund's responsibility and it does not constitute a separate legal entity.

"Deductible" – a payment that the member is required to pay before receiving any service set forth in these bylaws, as a condition for realizing his rights.

The "Plan" – the Additional Health Services Plan "Meuchedet Adif" as set forth in these bylaws and its appendixes.

"Member in the Health Fund" – a resident who is 18 years old, who registered as a member in the Meuchedet Health Fund, provided that his name is included in the National Insurance Institution File, all as required in the provisions in of the National Health Insurance Law.

"Month" – a month according to the Gregorian calendar.

"Month of Membership" – a month in which membership fees were paid for "Meuchedet Adif.

"Abroad" – A state or territory where the laws of the State of Israel do not apply.

"Health Law" – the National Health Insurance Law, 1994 including the regulations or orders that were issued or that shall be issued by their virtue.

"Soldier" – a person who serves with the regular forces of the army, according to the Security Service Law (hereinafter a Soldier serving in Obligatory Duty" or by way of an undertaking to serve in permanent service.

"Double Insurance" – the right of an insured party for the existence of an insurance agreement or indemnification agreement by any third party including from a commercial insurance company, to receive medical service or indemnification for medical service, that is included in the health services basket of "Meuchedet Adif").

"Waiver of Medical Secrecy" – a form in which the insured party declares that he waives medical secrecy in advance regarding his health and the health of his minor family members who are insured through him, and it allows the Health Fund to receive, inter alia, essential information for maintaining continuous medical treatment. The waiver and its validity shall be for future claims in the Additional Health Services Plan only.

"Meuchedet Adif" – the Additional Health Services Plan. The offered health services basket in the framework of this plan as set forth in this chapter B of these bylaws.

"Insured Party" – a person whose entitlement was recognized in the Additional Health Services Plan by virtue of these bylaws.

"Cost of Living Index" – the cost of living index that is published by the Central Bureau of Statistics or any other index which shall take its place.

"The Cost of Health Index" – the index that reflects the cost of health services as defined in the fifth addendum of the National Health Insurance Law.

"Guide of Services" – a booklet that is updated from time to time and which sets forth the medical service providers who are associated with the Health Fund by agreement.

"Authorized Institute" – an institute or service supplier that are associated with the Health Fund by agreement and whose details appear in the Health Fund's guide of medical services.

"Accompanist" – a person over the age of 22 that accompanies an insured party travelling to receive medical assistance abroad by virtue of these bylaws and subject to the recommendation of the professional authority and prior approval of the "Authorizing Authority".

"Entitling Event" – the circumstances for which the insured party is entitled to medical assistance and/or to aid, subject to the terms set forth in these bylaws.

"Implants" – medical equipment that is implanted into a patient during an operation that is performed in him and it remains in the patient's body temporarily or permanently as set forth in section 1 chapter B of these bylaws.

"Medical Services Basket" – various medical tests, treatments, assistance and their scope which the membership is entitled to receive by virtue of these bylaws.

"Basic Health Services Basket" - various medical tests, treatments, assistance and their scope which the membership is entitled to receive by virtue of the Health Law.

"Indemnification" – payment to the insured party that constitutes the Fund's participation in his total expenses for purchasing the medical service to which he is entitled by virtue of these bylaws.

"Membership Year" – 12 months of consecutive membership in the plan, the first of which began on the date the insured party joined the plan and for which membership fees were paid.

The "Additional Health Services Plan" – "Meuchedet Adif" as defined in these bylaws.

"Donator" – a person who is of first degree kinship of the insured party that needs a transplant of an organ who agrees to donate an organ or tissue from his body to the insured party who needs this, out of his own free will, under his full responsibility and according to the law.

"Insurance Period" – a chapter in which the members was an insured party in the Additional Health Services Plan or consecutively or periodically as set forth in these bylaws and which meets its terms.

"Waiting Period" – a consecutive period of membership in the plan during which the insured party is included in the plan, is obligated to pay membership fees, but he is not entitled to the rights set forth in these bylaws.

"Bylaws" – Bylaws of the Meuchedet Health Fund".

These Bylaws" – Bylaws of the Additional Health Services Plan, "Meuchedet Adif" that is valid at that time.

3.2. Interpretation- in these bylaws:

3.2.1. The male gender includes female and singular also includes plural, except for cases in which it was expressly stated otherwise or that another meaning is implied from the provisions.
3.2.2. The division of these bylaws into parts and chapters, the names and titles of these parts and chapters are for convenience only and they should not be referred to when interpreting these bylaws.
3.2.3. Where an expense sum of an insured party is mentioned in foreign currency, this means an equal amount in New Shekels, according to the representative rate of the foreign currency on the date of payment for the service.

4. Membership in "Meuchedet Adif"

4.1. Each member registered in the Meuchedet Health Fund by virtue of the provisions of the National Health Insurance Law may be accepted as an insured party in the Additional Health Services Plan without any restrictions regarding his age or health and this is by virtue of the provisions in these bylaws.

4.2. The insured party is entitled to add his children registered at the Meuchedet Health Fund to the Additional Health Services Plan. The Health Fund shall add the minors without any restrictions regarding his age or health.

4.3. Whoever were members in "Meuchedet Adif" before the induction of these bylaws, shall be considered as insured parties in this plan, as long as they are members in the Meuchedet Health Plan and they pay the insurance premiums in an orderly fashion.

4.4. If a family member removes his candidacy for the Additional Health Services Plan the other family members are entitled to register/ remain in the plan according to his choice.

4.5. When spouses are separated from each other, each one is entitled to continue their membership in the plan, as an individual insured party, that pays the insurance premium separately.

5. Registration

5.1. An insured party above the age of 18 that wishes to be accepted to "Meuchedet Adif" shall fill out and sign an "Application Form". The date of his signature shall be considered as the date that he joined the plan subject to the provisions in section 5.7 hereafter. Upon joining the plan the insured party shall be required to sign a standing order form for bank payment or to pay the insurance proceedings for the first insurance month.

5.2. The insured party shall sign the application form in his name and the name of his children. The insured party may sign in the name of his spouse.

5.3. An application form to the plan can be submitted in the name of the insured party by another party that

presents a power of attorney on behalf of the insured party.
5.4. An application to add a child or incompetent party shall be submitted by whoever is appointed as his legal guardian.

5.5. The Meuchedet Health Fund shall confirm that it has received the application forms and that it has registered him as a member at the date as mentioned.

5.6. The bylaws of the Additional Health Services Plan shall be attached to the Health Fund's notice as mentioned above, and a copy of the signed application form.

5.7. An insured party that signed an application form shall give it to the authorized party at the Health Fund. The Health Fund shall notify the insured party at the time of his registration or at the latest within 30 days after he was registered that he has joined the plan. If within 30 days after delivering the application forms the insured party did not receive any notice on behalf of the Health Fund as mentioned above, the insured party shall be considered as having joined the plan at the time he signed the application form.

5.8. An insured party must inform the Health Fund branch in the area of his residence routinely and not later than within 30 days, of changes that have occurred to his name, address, family situation and status.

5.9. If a parent has requested to add his child to "Meuchedet Adif" or a guardian over a minor requested to add a Meuchedet insured party under his guardianship to "Meuchedet Adif", he shall submit an application form for him and an undertaking to pay insurance fees.
The minor's membership shall terminate due to the failure to pay insurance premiums in accordance with section 8.
The fund shall add the minor without any restrictions regarding his age or health.

5.10. At the time the member has joined, he may sign a declaration of health and a medical secrecy waiver form. Use of this form shall only be for handling a member's indemnity claim by virtue of these bylaws.

6. The Waiting Period

6.1. During the waiting period set forth in chapter B of these bylaws the insured party and those insured through him shall not have rights to receive medical services by virtue of these bylaws, and he shall not be entitled to receive any indemnification for these services.

6.2. The insured party shall be entitled to receive medical services and/or indemnification by virtue of these bylaws for medical services which he needs after the waiting period.

6.3. Whoever was insured in the Additional Health Services Plan before the time the plan was approved by the Minister of Health shall be required to go through a waiting period as mentioned in the bylaws of the plan which was valid at the time he joined, unless this period was reduced by virtue of these bylaws – in this case the waiting period as mentioned in these bylaws shall apply to him.

6.4. Discharged soldiers who were members in supplementary insurance before they were drafted and who wish to rejoin the insurance after they are discharged from military service may join the plan immediately upon their discharge and they shall be exempt from the waiting period.

6.5. Discharged soldiers who were not insured by Meuchedet Health Fund or those that were insured in the Health Fund but they were not members in the Additional Health Services Plan before they were drafted, shall be entitled to join the Additional Health Services Plan with full rights according to their choice with their discharge from the Israel Defense Forces, without any waiting period. This right is conferred upon soldiers as mentioned provided that they joined the plan within 90 days after they were discharged.

6.6. Whoever has stopped his membership in another Health Fund and has joined the Meuchedet Health Fund after he has completed the waiting period required (in the other Health Fund) all or in part, for the right conferred upon him according to the bylaws of that Health Fund, and in respect to which he has a right to receive medical services and/or indemnification by virtue of these bylaws, he shall be exempt from the waiting period, all or in part, in accordance with the duration of the waiting period which is required in these bylaws for this service. This right is conferred upon such insured party as mentioned provided that he joined the plan within 90 days after joining the Health Fund.

6.7. In order to avoid doubt, the Health Fund shall confirm indemnification to insured parties as mentioned in sections 6.5 and 6.6 above, only for the medical service that was acquired by the member after he joined the Additional Health Services Plan provided that there an indemnification right exists for this service by virtue of these bylaws.

6.8. A member of the Additional Health Services Plan that was incarcerated for a period that exceeds one year and who was taken off from the insured parties list of the Health Fund for this reason, and who has completed the required waiting period by virtue of these by laws, all or in part, before his membership was frozen in the Health Fund, shall be exempt from the waiting period that he had completed, all or in part upon his release and the unfreezing of his membership in the Health Fund, in accordance with the waiting period required in these bylaws, for this service. This is provided that he was not taken off from the plan due to a debt before his membership was frozen and subject to him renewing his payments to the Additional Health Services Plan during the first 90 days after the freeze was cancelled.

6.9. An insured party that joined the Health Fund within a year after he became an oleh for the first time, and joined the plan no later than 90 days after he joined the Health Fund, shall be exempt from any waiting period.

7. Commencement of Membership, Termination or Renewal of Membership

7.1. The commencement of the membership in the Additional Health Services Plan shall begin at the time the insured party signed the application form to join the plan and provided that the membership fees were paid in an orderly fashion as mentioned in section 8 hereafter.

7.2. An insured party interested in terminating his membership in the plan shall inform the Health Fund's office of this and he shall sign there on an appropriate form. The termination of his membership and of those insured through him shall come into effect one month after the insured party's notice of termination of membership as mentioned above. An insured party who is confined to bed or for reasons that are not in his control and cannot come to the Health Fund's offices may terminate his membership in the plan as mentioned above by a legal representative that shall present an identity certificate.

7.3. It is hereby clarified that the termination of membership is not a waiver by the Meuchedet Health Fund of the insured party's financial obligations for the entire period of his membership in the plan.

7.4. The "Authorizing Authority" in the Health Fund may suspend or immediately stop the insured party's members in "Meuchedet Adif" due to the failure to his failure to pay membership fees as set forth in section 8 hereafter and/or in any event of unsuitable conduct, including use of violence against any doctor or employee on behalf of the Health Fund, false reporting or partial reporting regarding an expense that the insured party had, or regarding his rights by virtue of an agreement with any third party and/or any other reason that allows the Health Fund to cancel the membership according to the National Health Law or any other law.

7.4.1. The Health Fund shall notify the insured party of the termination of his membership by a warning letter which shall be sent to him 60 days before the date of membership termination.
7.4.2. The insured party shall be given a right to have a hearing during the warning period.

7.5. The termination of the membership of a member as mentioned in section 7.4 above will not cause the termination of membership of a minor or incompetent party.

7.6. The termination of the membership of a member in the Health Fund shall immediately terminate his membership in the Additional Health Services Plan.

8. Member Payments

8.1. The tariffs of the Additional Health Services Plan "Meuchedet Adif" (hereinafter the "Monthly Payments") set forth in appendix A were determined by the management of the Health Fund subject to the approvals required according to law.

8.2. The monthly payments are determined subject to the age of the insured party and his family status registered in the Health Fund (individual/family). A member that passes from one age group to a higher age group shall pay according to the acceptable tariff regarding the new age group. The Health Fund is entitled to determine a family tariff, which shall be updated from time to time. The family tariff by which the family of the insured shall be charged shall be determined according to the highest age of the two spouses.

8.3. The Meuchedet Health Fund may require a new member to the plan to pay "registration fees" subject to the approvals required for this by virtue of the National Health Insurance Law. The registration fees shall not be returned to the insured party if he has cancelled his membership in the plan.

8.4. An insured party must pay the required monthly payments for him and for his children each month or once per period, as set forth in the payment schedule in appendix A of these bylaws. This is all from the records of the plan by standing order in his bank account.

8.5. A deduction of the monthly payments in an orderly fashion by collecting them from the employer – constitutes fulfillment of the aforesaid in section 8.4 above. However, the form of this collection does not exempt the insured party from personal liability in any event in which membership fees were not paid by the employer.

8.6. The payments of the insured parties shall be updated once every 2 months, in accordance with the increase of the consumer price index, or in the cost of health index, whichever is higher.

8.7. The Health Fund is entitled at the approval of the Minister of Health to change the rights of the insured parties in the Additional Health Services Plan from time to time and their payments.

8.8. Monthly payments that were paid in a delay for months that passed- shall be paid with additional linkage to the cost of living index.

8.9. The rights of an insured party that owes money for not arranging monthly payments for him and his family members for a period of four months shall be frozen and a warning shall be sent to him that clarifies that if he does not pay his debt within 60 days after sending the letter – his membership in the plan shall be stopped.
8.9.1. If the insured party paid his entire debt during the warning period with additional linkage differences as mentioned above, he shall be entitled to continue his membership in the plan with full rights. He shall be entitled for the freeze period only to indemnification, insofar as such right exists by virtue of these articles.
8.9.2. If the insured party did not settle his entire debt during the warning period, his membership in the plan shall be terminated at the end of the warning period subject to the right of hearing as set forth in section 7.4.2 above. The Health Fund shall be entitled to sue the unpaid debt from the insured party, including its expenses in collecting the debt.

8.10. Failure to collect the monthly payments from the bank account of the insured party for reasons dependent on the bank or any third party – does not release the insured party from his liability to arrange the monthly payments at the offices of the Health Fund.

8.11. If as a result of an error that was committed in good faith the insured party continued to be charged in his bank account by the Health Fund, whose membership in the plan was cancelled at the initiation of the Health Fund or at his initiative for the reasons set forth in these bylaws, all of the sums that were collected from him by error shall be returned to the insured party, with additional linkage to the cost of living index. The insured party and his family members shall not have any rights by virtue of these bylaws for the period after his membership was terminated, even if membership fees were paid for this period as mentioned above.

9. Health Fund's Liability to Pay and Indemnification from Third Party – "Double Insurance"

9.1. In any event the insured party shall be indemnified by virtue of an agreement for a service that is included in these bylaws, the Fund shall be liable for the relative share in respect to all the plans or policies that cover this event.

9.2. When submitting a request for indemnification/service by virtue of these bylaws each insured party must inform the "Authorizing Authority if there is any other indemnification undertaking towards him by any third party including if he has any private insurance policies in a commercial insurance company and/ or if there is any other "supplementary insurance" that covers this medical service, all or in part ("Double Insurance"). This notice shall be by affidavit and it shall be signed by him when requesting the service or indemnification. Furthermore, the insured party is required to indicate who the "damaging party" was (if such exists) who caused the event for which the insured party needed the medical services and he must provide all the details that are known to him regarding the damaging party.

9.3. In any event as mentioned in sections 9.1- 9.2 above the Health Fund shall provide the medical service to the insured party. The Health Fund shall stipulate that as a condition to providing the medical service or indemnification as mentioned in these bylaws, the insured party must sign an irrevocable power of attorney empowering the Health Fund to claim and collect, in the name of the insured party, from the insurance company and/or any third party, indemnification of the financial compensation that it incurred as a result of providing the medical assistance, under the limits of the indemnification ceiling which members are entitled to by virtue of any agreement/contact.

9.4. If the insured party received direct payment from any third party including an insurance company as indemnification for his expenses that he had incurred for the "insurance event" in respect to which "Double Insurance" exists, the insured party must inform the Health Fund of this and immediately transfer its share to the Health Fund for the expenses that it incurred for the event.

9.5. If the insured party and/or his spouse refused to sign a power of attorney as mentioned in section 9.3 above, or if he did not return money to the Health Fund, or if it was proven after the fact that he concealed information as mentioned above, he shall not be entitled to the rights conferred upon him by virtue of these bylaws. At the same time the Health Fund may take any legal means against him which are available to the Health Fund including the provisions in section 7.4 hereafter.

10. Exceptions to Entitlement

10.1. Without derogating from any of the provisions of these bylaws, the plan shall not be required to give medical assistance/ aid and/or coverage or indemnification for the medical expenses incurred by the insured party for an "entitling event" that is included in the "services basket" of these bylaws, in any one or more of these cases:

10.1.1. If the service which the insured party requests according to these bylaws is connected to additional compensation of the member by virtue of the Victims of Road Accidents Compensation Law, the Security Services Law, the Police Law – Handicapped and those tragically killed, the Prisons Services Law – Handicapped and those tragically killed, the Compensation Law to those Harmed by Acts of Hostility, the National Insurance Law (Injured at Work), the Handicapped Compensation and Rehabilitation Law, the Victims of Nazi Persecution Law, the Victims of War against the Nazis Law, the Compensation Law for Prisoners of Zion and their Families that entitle those harmed to medical assistance, and any other law that entitles to medical assistance for an injury. If the entitlement is denied according to that law, the insured party shall be entitled to medical services according to these bylaws. Notwithstanding the aforesaid, the entitled insured parties by virtue of the Victims of Road Accidents Compensation Law and the National Insurance Law (Injured at Work) shall be entitled to the services included in chapter B of these bylaws, sections 1 and 6.
10.1.2. If the insured party or anyone on his behalf acted with the intention to commit fraud, gave the Health Fund erroneous facts, or concealed facts/ findings concerning the medical service required and for the insured party's entitlement by virtue of these bylaws.
10.1.3. If the "entitling event" occurred as a result of activities in a dangerous sport – skydiving, gliding, scuba diving, hand to hand combat or other sport activities of any type in which the insurance obligation is imposed on the insured party, or on any sports association and for which no insurance plan was purchased by the sports association or the insured party, the Health Fund shall condition the assistance provided by virtue of these bylaws by signing the insured party on a power of attorney as set forth in section 9.3 above.
10.1.4. The insured party shall not be entitled to medical service and/or indemnification for medical service which was provided to the insured party before the commencement of the period of his entitlement according to these bylaws or after the end of that period.

11. Deductible/ the Participation of the Health Fund

In order to keep the "insurance premiums" relatively low, the Health Fund decided to adopt the principle of having the insured party's participate in the expense.

11.1. A fundamental condition for receiving the medical service as set forth in chapter B of these bylaws is the deductible of the insured party at the time of purchasing medical assistance or aid by virtue of these bylaws.

11.2. The insured party has no right of indemnification for sums which were paid by him as a "deductible".

11.3. In any place in these bylaws where it says "the Health Fund's or Fund's participation or the insured party's expenses" this means the expenses that the insured actually paid, for purchasing any medical service, which he is entitled to receive by virtue of these bylaws.

11.4. In determining the amount of indemnification that the insured party is entitled to, the deductible which he is required to pay by virtue of these bylaws shall be taken into account.

11.5. In order to avoid doubt, the insured party is entitlement to indemnification for a medical service according to these bylaws only if he purchased and received a medical service that is among those services in respect to which it was expressly stipulated in these bylaws that the insured party is entitled to indemnification for their purchase, and provided that the insured party met the terms set forth in these bylaws as a condition to receive the indemnification.

11.6. The Health Fund's participation in the insured party's expenses, which has been approved by the Authorizing Authority in the Health Fund shall be paid against delivering receipts and original tax invoices to the Authorizing Authority.

12. The Authorizing Authority

12.1. The Authorizing Authority shall check the application forms as mentioned in section 5 above. The Authorizing Authority is entitled to receive details and medical documents from the insured party himself, from his treating doctors, or from any other medical institution where the insured party was treated for handling the claim that was filed on behalf of the insured party.

12.2. The Authorizing Authority is authorized to review each request of the insured party, to authorize it or to reject it, subject to the terms, qualifications, restrictions and deductible of the insured party, as mentioned and as stipulated in these bylaws.

12.3. The Authorizing Authority shall discuss any request of the insured party based on what is said in these bylaws only, and it shall notify the insured party of his rights accordingly within 60 days after his request. In urgent cases, the answer shall be given within a shorter time and in a manner that the insured party's health shall not be harmed.

13. Committee of Appeals

An insured party that disagrees with a decision which was given in respect to him by the Authorizing Authority may, according to his choice, make a written appeal of the decision to the committee of appeal of the Additional Health Services Plan.

13.1. The "Committee of Appeals" shall be appointed by the Health Fund's management and it shall consist of three people: a jurist – the chairman, and two public representatives who are members of the Health Fund's management and/or the supervising committee.

13.2. The appeal to the committee shall be made in writing, with a medical opinion and medical documents or others that support the request. It is possible to deliver the appeal in any of the Health Fund's branches for submitting it to the committee.

13.3. Decisions of the committee shall be adopted by a majority of votes of the committee members.

13.4. In order to avoid doubt, it is hereby clarified that nothing in the provisions in this section can deny the insured party's entitlement to submit a lawsuit at the Labor Court instead of submitting an appeal to the committee of appeals.

14. General Terms

14.1. At the time the need shall arise for a medical service included in these bylaws, the insured party must turn to a branch of the Health Fund at the place of his residence, whether by himself or by his attorney, for clarifying his rights and delivering all the medical information and the documents required for handling his request.

14.2. The Health Fund may conduct any test or investigation for clarifying his duty according to these bylaws, all as it shall see fit and provided that the test process shall not delay the medical treatment of the insured party in a manner that could harm his health.

14.3. The Health Fund shall be entitled to stipulate that the insured party must furnish documents and proof to its satisfaction including illness summaries, original bills from service providers and original receipts to prove each payment that the insured party paid in actual fact for services that he purchased for this medical service as a condition to any payment to the insured party by virtue of its liability under these bylaws.

14.4. If the insured party has been found entitled to indemnification and he passed away before receiving the indemnification due to him and no beneficiary was mentioned, the Health Fund shall pay to the heirs or to the estate administrator who were lawfully determined, the sums to which the insured party was entitled to receive for receiving the medical assistance, subject to the provisions in these articles.

14.5. The medical assistance by virtue of these bylaws shall be given within the boundaries of the State of Israel only, unless it is otherwise stipulated in these bylaws.

14.6. In order to avoid doubt it is hereby clarified and agreed that if the insured party chooses the treating

doctor or any other medical service provider at his own initiation, without receiving a referral and prior written approval on behalf of the Health Fund, he does this at his own accord, at his own expense and, subject to the provisions of these bylaws, under the insured party's full responsibility. The Health Fund is not responsible for the quality of the medical treatment and its results and for any bodily harm and/or mental harm that shall be incurred by the insured party as a result of this treatment or service.

15. General

15.1. All the "Medical Services" set forth in chapter B of these bylaws are given to the insured parties in the plan as long as they are included in the "Basic Health Services Basket" that requires the Health Fund by virtue of the "National Health Insurance Law". A medical service included in the plan and which shall be added in the future to the health services basket that is required by virtue of the law, shall derogate from the plan and the Health Fund shall not be required to provide it in the framework of the Additional Health Services Plan.

15.2. The Health Fund is entitled to update, to add or to derogate from the provisions of these bylaws and/ or to terminate the plan provided that the adding, derogation or termination of the plan were approved as required in the National Health Insurance Law, and it was announced to the insured parties.

15.3. The management shall not be bound by any promise, publication, declaration and undertaking that were not given by it and or under its initiation.

15.4. A notice that was sent to the insured party by the Health Fund to his last address known according to the records of the Health Fund, shall be considered as a notice that was lawfully given to him.

16. Insured Party Staying Abroad for a Continuous Period

16.1. The insured party or any of his family members that leave the country and stay abroad shall not be entitled to coverage/ indemnification by the Health Fund for the medical assistance that they shall receive, when necessary, when abroad.

16.2. During the period of their stay abroad they must take out for themselves and at their expense health insurance by a commercial insurance company, with as wide insurance rights as possible subject to their health.

16.3. Maintaining the rights of insured parties by virtue of these bylaws is conditioned upon the orderly payment of insurance premiums throughout the entire period they are abroad.

17. Applicability

These bylaws shall apply from the date they are published and it shall apply to all the insured parties entitled to medical assistance by virtue of these bylaws. The medical services basket of "Meuchedet Adif" sets forth the tests, treatments, surgeries and assistance to which the insured parties are entitled, and it defines the terms of entitlement and the manner of supplying the service in respect to each matter included in the basket.

Chapter B – The Medical Services Basket – "Meuchedet Adif"

2. Diagnosing and Treating Male and Female Fertility Problems

Waiting period: 24 months after joining the plan.

2.1. Definitions

In this chapter the following terms shall have the meaning next to them:
"IVF" –In Vitro Fertilization which is made up of the following stages:
Stage A – Diagnosis (clinical, laboratory and by imaging means), hormonal treatment and follicle monitoring) by ultra sound.
Stage B – Retrieval of eggs, fertilizing them with the semen of the spouse/ donor and implanting them in the insured party's uterus or of the uterus of the "bearing mother" (or freezing those that were not implanted). Furthermore, laboratory monitoring and by ultra sound of the development of the embryo, until proof of pregnancy clinically or chemically (as defined hereafter).
Stage C – Implanting embryos from the frozen batch (if the woman did not become pregnant at stage B, including monitoring of hormones and monitoring by ultra sound, as mentioned in stage B above.
"Clinical Pregnancy" – pregnancy with an increasing level of hormones in the blood and evidence in the ultra sound of the existence of a gestational sac inside the uterus.
"Chemical Pregnancy"- a high level of hormones in the blood that returns to normal, without evidence in ultra sound of the existence of a gestational sac.
"Married Couple" – a man and women who are registered as a married couple in their identity certificates.
"Single Parent Family" – a woman who is not married (single, divorced, widowed) who wishes to bring a child into this world, according to the rules, terms and qualifications set forth in these bylaws.
"Self Genetic Material" – eggs of a woman or sperm of a man from a self source (not from a donor).
"Genetic Material from a Donor" – eggs of a woman and/or sperm of a man that are taken from a donor.
"Child" – a live newborn who was born to a married couple (as defined in this section) from the current marriage and from self genetic material (that belongs to the both spouses) or from genetic material from a donor or a newborn that was born to a single parent family from self genetic material or from a donor.
"Recognized Department" – a department in a hospital or clinic that the general manager of the Ministry of Health recognized, in a notice in the "official gazette" under the terms that he determined, as authorized to perform medical actions connected to in vitro fertilization.
"Authorized Institute" – an institute or service provider that is associated with the Health Fund and whose details appear in the medical services guide of the Health Fund.
"One Attempt" – any attempt when at least stage a + b were completed as set forth above, or any attempt in which stage c only was performed.

2.2. General

2.2.1. Parties insured by the plan, who are a married couple or single parent family, who have been found by the professional authority as being entitled to receive in vitro fertilization treatments by virtue of the National Health Insurance Law shall be entitled to receive these treatments in the framework of a private hospital, who is

associated with the Health Fund in an agreement. This is for diagnosing and treating their fertility problems, in order to achieve pregnancy provided that the couple has no previous children from their current marriage. The entitlement is conditioned upon a deductible in the amount of 15% of the cost of the treatment up to a ceiling of the deductible in the amount of 1,938 NIS for each attempt.
2.2.2. The insured party is entitled to receive conservative treatments and/or surgical treatments in a private hospital as mentioned above only up to a ceiling of 10 I.V.F. attempts for each child, in order to bring up to two children into this world. In order to avoid doubt, it is emphasized that the entitlement is on the basis of the medical criteria that were determined by virtue of the National Health Insurance Law.
2.2.3. The insured parties of "Meuchedet Adif" who are a couple or single parent family who already have two healthy children are entitled to receive financial participation of the plan in the amount of 50% of the cost of each treatment / I.V.F. attempt the purpose of which is the birth of another child, all of these in the framework of 10 attempts for each child provided that each "attempt" was approved in advance by the Authorizing Authority in the Health Fund.
2.2.4. Approvals as mentioned in sections 2.2.2 and 2.2.3 above shall be given up to a ceiling in the amount of 72,663 NIS for each I.V.F. attempts that were approved.

2.3. Conditions for Entitlement

2.3.1. Diagnosing and treatment fertility problems as defined in this chapter shall be given to the insured parties of "Meuchedet Adif" in respect to which all of the following exist:

2.3.1.1. The treatment or diagnosis is performed to the insured party that is a member in the Meuchedet Health Fund.

2.3.1.2. The waiting period has passed (24 months).

2.3.1.3. A detailed professional opinion is given for the reasons for the fertility problem and a positive recommendation of an expert of gynecologist or endocrinologist that the insured party needs a diagnosis and/or treatment of a fertility problem including I.V.F.

2.3.1.4. An advance approval was given by the "Authorizing Authority" in the Health Fund based on the opinion of a top consultant on behalf of the Health Fund in the field of fertility problems.

2.3.1.5. The entitled insured party by virtue of section 2.2.3 above is not yet 43 years old, when the treatment in question is with self genetic material or from a sperm donation, or she is not yet 48 years old when treatment in question is with a donation of eggs.

2.4. Tests and Treatments

2.4.1. Tests the purpose of which is to determine the causes for the fertility problem such as: clinical tests, laboratory tests, routine sperm tests, sperm tests using an electronic microscope (under the approval of the Medical Administration only), sperm production process tests, imaging tests, D & C and invasive tests of the abdominal cavity and uterus, as well as conservative treatment or invasive treatment: artificial insemination, surgical treatment, in vitro fertilization, including micromanipulation treatments of the egg before it is fertilized or of a fertilized egg, all of these shall be given to the members of the Health Fund in the framework of public hospitals financed by the Health Fund and without any deductible provided that a top consultant of the Health Fund determined that there is a medical need and that there are reasonable chances that the treatment will succeed.
2.4.2. These tests and treatments will be provided to the members of "Meuchedet Adif" as mentioned in section 2.4.1 above, also within the framework of private hospitals, with a deductible of the insured party which shall not exceed 15% of their cost all within the terms of entitlement as set forth in sections 2.2 and 2.3 above.
2.4.3. Such tests and treatments for bringing a third child into this world and more shall be provided to the members of "Meuchedet Adif" only, in the framework of up to 10 attempts for each child provided that they

were approved by the Authorizing Authority and with a deductible of the insured party which shall not exceed 50% of the cost.

2.5. The Supply of Drugs

The members of "Meuchedet Adif" which are found to be entitled to fertility treatments according to these bylaws are entitled to Drugs as set forth hereafter:
2.5.1. Drugs for the treatment of fertility problems that are included in the Drug Registry of the Health Fund shall be provided to those entitled in the framework of fertilization attempts that were approve subject to the provisions of the law.
2.5.2. Drugs that are not included in the Drug Registry shall be provided to the members of "Meuchedet Adif" as mentioned above with a deductible of up to 50% of the price of these drugs for the consumer provided that these drugs are included in appendix D of these bylaws.
2.5.3. I.V.F. drugs (from stage A) for the birth of a third child and thereafter shall be provided to the members of Meuchedet Adif with a deductible of 50% of their price to the consumer.
2.5.4. The entitlement to drugs as mentioned above is conditioned upon the recommendation of an expert in obstetrics and gynecology which the Health Fund is associated with and who has the authority to prescribe the drugs on its behalf and provided that the drugs shall be supplied through pharmacies of the Health Fund or by its main drug dispensary.

2.6. In Vitro Fertilization (I.V.F)

2.6.1. I.V.F treatments are given by virtue of these bylaws to all members of the Health Fund who are entitled to this, to have up to two children, and to the insured parties of "Meuchedet Adif" to have a third child and more, and this is under the terms and rules set forth hereafter:

Number of children	Type of insurance	Number of attempts	Deductible at public hospital	Deductible at private hospital
For the first 2 children	Members of the Health Fund that are not insured at "Meuchedet Adif"	According to the decision of the professional authority	None	Are not entitled to the Health Fund's participation in hospitalization at a private hospital
	Members of "Meuchedet Adif"	At a public hospital – according to the decision of the professional authority	None	Up to 15% of the cost of each attempt
For the third child and thereafter	Insured parties at "Meuchedet Adif"	10 attempts for each child (according to the approval of the professional authority)	50% of the cost of each attempt	50% of the cost of each attempt

2.6.2. Since I.V.F is performed at the recommendation and order of a "recognized department" in accordance with the request of the insured party and at his consent, no direct or vicarious liability shall be imposed on the

Health Fund for performing the I.V.F and its consequences, including complications during the pregnancy and/or birth and/or for birth defects of the fetus. The treatment for such complications as mentioned above shall be paid by the Health Fund in accordance with the provisions of the National Health Insurance Law, however this is without derogating from the aforesaid regarding the Health Fund's exemption from liability.
2.6.3. The Health Fund shall finance the I.V.F that is performed only at a "recognized department" of the hospitals within the borders of the State of Israel which the Health Fund is associated with by an agreement and subject to the terms set forth in these bylaws.

2.7. Freezing Genetic Material

2.7.1. In the framework of I.V.F attempts that were approved by virtue of these bylaws, the Health Fund shall participate in the expense of freezing fertilized eggs and implanting them back into the insured party from the frozen batch (stage C) if the insured party did not become pregnant in stage B of the I.V.F process.
2.7.2. All members of the Health Fund are entitled to full financial coverage of the Health Fund for freezing fertilized eggs for one year only. Insured parties at "Meuchedet Adif" are entitled to another period of two years of a deductible of 50% of the "self cost".
2.7.3. An insured party that is an oncology patient or who suffers from fertility problems shall be entitled to enter the sperm saving plan for a period of five years in the framework of public service providers connected with the Health Fund in an agreement.
2.7.4. The participation of the plan as mentioned in sections 2.7.2 and 2.7.3 above shall be paid directly to the hospital as mentioned above.
2.7.5. In order to avoid doubt, the aforesaid is subject to the treatment being performed at hospitals which the Health Fund is associated with, subject to the regulations of the Ministry of Health in this matter of the sole liability of the insured party and the executing professional.

2.8. Treatments of Fertility Problems with an Egg Donation, Performed Abroad

2.8.1. Insured parties at "Meuchedet Adif" that have no more than one child shall be entitled to indemnification up to a ceiling of 8,477 NIS for treatment that requires the donation of an egg, in the framework of fertilization treatments that were approved by the Health Fund under the terms and qualifications in chapter 2 of the bylaws.
2.8.2. The refund mentioned above shall refer to treatments performed abroad, that include the cost for obtaining the egg and returning the fertilized egg to the uterus.
2.8.3. This assistance shall be approved for up to two fertilization cycles with an egg donation to the insured party, and it is subject to the prior approval of the medical administration at the Health Fund.

3. Drugs that are not Included in the Health Fund's "Drug Basket"

Waiting period: 6 months after joining the plan.

3.1. Entitlement by virtue of membership at "Meuchedt Adif"

3.1.1. The insured parties at "Meuchedet Adif" are entitled to a discount when purchasing essential drugs that are not approved for supply in the formwork of its Drugs Registry, at the recommendation of the professional authority of a public hospital or of the Health Fund, on a prescription of the Health Fund provided that these drugs are included in appendix D of these bylaws and according to the supply terms set forth in this appendix.
3.1.2. The Health Fund may set a condition for the discount as set forth in section 3.1.1 above that the drug must be purchased through a pharmacy of the Health Fund and/or pharmacy that is associated with it by agreement

all as set forth in appendix D of these bylaws.
3.1.3. If the purchase of a drug is limited to a certain site and it was purchased by the insured party at another site, and a drug that was purchased by the insured party according to a prescription that is not a prescription of the Health Fund does not entitle the insured party to a discount or any refund.

4. Psychological Consultations and Treatment

Waiting period: 6 months after joining the plan.

4.1. General

The insured parties of "Meuchedet Adif" are entitled to psychological consultations and treatment through independent psychologists which the Fund is associated with by agreement, subject to the terms set forth hereafter.

4.1.1. The treatment was approved in advance by a person in charge on behalf of the Health Fund (hereinafter, the professional authority). The professional authority shall determine the type of preferred treatment and its scope, it shall refer the insured party to the caregiver who is associated to the Health Fund by agreement and which meets criteria for treating the insured party in the most optimal manner provided that the scope of the treatment shall not exceed 36 treatments.
4.1.2. The insured party shall be required to pay a deductible as follows:
For the first 12 treatments – 121 NIS per treatment.
For 13- 24 treatments – 145 NIS per treatment.
For 25- 36 treatments – 170 NIS per treatment.
4.2. Terms for providing the service:
4.2.1. The insured party shall pay the treating psychologist the deductible as set forth above in consideration for each treatment which was approved as mentioned in section 4.1.1.
4.2.2. The balance of the sum shall be paid to the caregiver by the Fund.
4.2.3. An insured party who is interested to continue treatment at the same caregiver at a scope that exceeds that scope approved by the professional authority – shall pay the caregiver directly the sum of 235 NIS per treatment and this is for a period that shall not exceed on year after the approval of the professional authority became effective. If the treatment continues beyond this period the cost of the treatment shall be agreed upon between the insured party and the caregiver, however in a sum that shall not exceed 303 NIS per meeting.
4.2.4. If the insured party received psychological consultation/ treatment from any professional that is not associated with the Health Fund by agreement, without any advance coordination with the "professional authority" he is not entitled to any indemnification from the Health Fund from his expenses.
4.2.5. The psychological treatment given by virtue of this regulation is not for mental diseases/ disorders which due to their complexity and level of seriousness require treatment in psychiatric hospitals, or at mental health care stations or clinic, all according to the professional discretion of the Authorizing Authority at the Health Fund.

5. Medical Assistance Abroad

Waiting period: 24 months after joining the plan.

5.1. General

An insured party at "Meuchedet Adif" shall be entitled to the Health Fund's participation in the costs for purchasing health services abroad in the following cases and as set forth hereafter.
In this chapter, the medical costs include: hospitalization at a general hospital and/or ambulatory care,

including remuneration for doctors, nurses, medical tests, laboratory services, drugs, costs for operation room, anesthesiologist, recovery room, intensive care, as well as any tax and any levy that shall be paid in foreign currency, in the country where the treatment is given for the medical costs.

5.2. Additional Assistance for Performing Transplants and Live Saving Surgery Abroad in those cases entitled to this according to the Bylaws of the Ministry of Health

An insured party of Meuchedet Adif shall be entitled to the Health Fund's participation in the purchase of health services abroad for an entitling event (including medical flight of the insured party), in the event that the requested service is a live saving service which the insured party is entitled to receive in the foreign country by virtue of the National Health Insurance Law and the regulations enacted by its virtue (the National Health Insurance Regulations of Health Services in Foreign Countries – 1995) – hereinafter in this chapter: "The Ministry of Health Regulations" provided that the insured party received a prior written approval from the Health Fund to perform the surgery abroad. And this is all as set forth hereafter:

5.2.1. If the entitling event as mentioned in section 5.2 above is the transplant of an organ which the liver, heart or lungs, the insured party shall be entitled to perform the transplant only at the medical center abroad that is associated with the Health Fund by agreement and this is in the framework of the agreements the Health Fund has at that time and in the framework of the activities performed at that same medical center. In this case the Health Fund shall pay the total cost of the transplant to the above mentioned medical center directly. A list of the medical centers abroad with which the Health Fund is associated by agreement shall be published as appendix C of these bylaws and it shall be updated from time to time.

5.2.2. If the entitling event as mentioned in section 5.2 above was a life saving treatment or surgery that cannot be performed in Israel (except for the transplant of organs), the Health Fund's participation shall be limited to a ceiling of its self cost at a hospital in the agreement and not more than 100,000 U.S. Dollars beyond the base sum to which he is entitled by virtue of the Ministry of Health Regulations.

5.2.3. The status of the donator and the Fund's liability towards him

5.2.3.1. The Health Fund shall bear the costs of the donor's hospitalization and medical treatment (as defined in these bylaws), in the framework of the transplant surgery as mentioned in section 5.2.1 above. Furthermore the Health Fund shall cover the "accompanying costs" of the donor before and after his hospitalization, as required and stipulated in these bylaws.

5.2.3.2. In order to avoid doubt the Health Fund shall bear only the costs of removing the organ and taking tissue from the donor's body. This fact shall not create any liability on behalf of the Health Fund towards the donor and/or towards his heir and this is in the event of complications, bodily harm or death of the donor during or after the surgery/ treatment, or any other reason.

5.2.3.3. The Health Fund shall cover the costs of the donor's hospitalization as mentioned in section 5.2.3.2 above and his accompanying costs as mentioned in these bylaws, as long as the donor stays abroad for the relevant medical treatment. Upon his return to Israel the insuring Health Fund and/or the donor himself shall pay for the continuation of the treatment (if necessary) subject to the provisions of the National Health Insurance Law.

5.3. Treatments Abroad that are not Included in the Ministry of Health Regulations

5.3.1. The insured parties of "Meuchedet Adif" are entitled to other health services abroad, beyond those which were determined by the Ministry of Health by virtue of the Ministry of Health Regulations, as defined in this chapter, provided that their request was approved in advance and in writing by the approving authority, after it was convinced that this illness requires medical treatment which cannot be performed in Israel and which there is no alternative treatment in Israel for. "Alternative Treatment" is the medical treatment that may be performed in Israel which according to acceptable medical criteria is intended for achieving the same medical

result that is achieved by another medical treatment that cannot be performed in Israel and provided that it does not involve more serious bodily consequences for the patient.
The treatments included in this section are intended for one of these four:

5.3.1.1. To prevent the complete loss of the ability to hear and see.

5.3.1.2. To save an organ.

5.3.1.3. Kidney transplant.

5.3.1.4. Special medical conditions in which according to the decision of the Authorizing Authority at the Health Fund it is necessary to perform the medical treatment abroad.

5.3.2. The Health Fund shall cover the medical costs of the insured party for treatment that was approved as mentioned in section 5.3.1.1 above up to a maximum ceiling of 85,000 Dollars; for treatment that was approved as mentioned in section 5.3.1.2 above up to a maximum ceiling of 35,000 Dollars; for treatment that was approved as mentioned in section 5.3.1.3 above up to a maximum ceiling of 90,000 Dollars; and for section 5.3.1.4 the insured party shall be entitled to indemnification in the amount of the costs for performing similar treatment in a public hospital in Israel according to the tariff of the Ministry of Health. In this case the insured party shall not be entitled to payment of accompanying costs as set forth in section 5.8 hereafter.

5.4. The Health Fund shall be entitled according to its discretion at the time the insured party is directed to a medical center associated with it in an agreement, to pay the medical costs which were approved by virtue of this regulations, all or in party, directly to the medical center abroad, in accordance with the approved indemnification ceiling by virtue of these bylaws or to pay them to the insured party in their value in shekels on the date of payment, on the basis of the representative rate as set forth in chapter A section 3.2.3 of the bylaws, provided that the insured party paid the actual medical costs and gave the Health Fund the relevant medical documents and the original receipts that confirm actual payment by the insured party.

5.4.1. In any event that the Health Fund chose to pay its part directly to the medical center abroad, the Health Fund shall give a financial undertaking to the service provider abroad as mentioned above, subject to the approved indemnification ceiling by virtue of these bylaws.
5.4.2. The Health Fund's participation in payment to the service provider abroad shall be paid by the Health Fund in the currency of the country where the services were given and they shall be converted into dollar value for calculating the entitlement of the insured party.

5.5. If the insured party refused to hospitalized at a "hospital in the agreement" as mentioned in section 5.4 above and he was hospitalized in another hospital abroad:

5.5.1. For an event as set forth in sections 5.2.1, 5.2.2 he shall not be entitled to indemnification according to these bylaws except for his entitlement stipulated in the law.
5.5.2. For an event as set forth in sections 5.3.1.4- 5.3.1.1 above, the Health Fund shall indemnify him for the costs that were paid by him for the medical treatment on the basis of its "self cost" in the "hospital in the agreement" and provided that the indemnification sum shall not exceed the indemnification ceiling to which he is entitled by virtue of the provisions in these bylaws.

5.6. If the medical center abroad that is associated with the Health Fund is not prepared for providing the medical service required according to sections 5.2.1, 5.2.2 and 5.3.1.1 – 5.3.1.4 after the insured party shall receive the approval for this from the Authorizing Authority in the Health Fund, the insured party shall be entitled to be hospitalized in another hospital abroad and to receive a refund from the Health Fund for the costs that were paid by him for the treatment subject to the following indemnification ceilings:

5.6.1. For the insurance event described in section 5.2.1 the indemnification ceiling shall be the sum of 250,000 Dollars beyond the base sum to which he is entitled by virtue of the law.
5.6.2. For an insurance event described in section 5.2.2 the indemnification ceiling shall be the sum of 100,000 Dollars beyond the base sum.
5.6.3. For the insurance event described in sections 5.3.1.1 – 5.3.1.4 the indemnification ceiling shall be as mentioned in section 5.5.2.
This indemnification is subject to receiving an approval before the hospitalization and performing the surgery or treatment from the Authorizing Authority in the Health Fund.

5.7. In order to avoid doubt the actual payment of the Health Fund for treatment abroad if by issuing an undertaking or indemnification, cannot in itself be deemed as accepting professional liability for the treatment performed abroad.

5.8. "Accompanying Costs" for Receiving Medical Assistance Abroad

5.8.1. The Indemnification Ceiling

5.8.1.1. An insured party of "Meuchedet Adif" whose request to receive medical treatment abroad was approved by virtue of the Ministry of Health Regulations or by virtue of these bylaws shall be entitled to indemnification for any entitling event (except for a case included in section 5.3.1.4) up to a ceiling of 10,000 Dollars per entitling event for "accompanying costs" as defined hereafter and according to the terms written below and provided that the total sum of accompanying and medical costs for this entitling event shall not exceed the ceilings that were determined in these bylaws.

5.8.1.2. This sum mentioned above constitutes a maximum ceiling for the accompanying costs that the insured party had for each entitling event that was approved by virtue of the provisions of chapter 5 of these bylaws. If the insured party has exhausted the entire indemnification sum mentioned above whether during one trip abroad or a number of trips for the same entitling event (repeated medical treatment, follow up tests etc...) he shall not be entitled to additional indemnification for this same entitling event even if his costs were higher than the approved ceiling amount.

5.8.2. "Accompanying Costs" – definition:
Real costs that are not for purchasing medical tests and treatments or drugs, which the insured party paid for receiving the medical treatment abroad, and this is only after receiving the medical treatment abroad was approved for him by virtue of these bylaws by the Authorizing Authority at the Health Fund subject to the provisions of section 5.8.3 hereafter.

5.8.3. The accompanying costs that entitle to indemnification

5.8.3.1. The flight costs from Israel to the country of treatment and back by a regular commercial flight of a civil airline in tourist class of one accompanist and if there is a medical need that was approved by the "Authorizing Authority" also of the donor and/or accompanying doctor (hereinafter the "Accompanists"). In order to eliminate doubt the Health Fund shall not be responsible for paying additional costs that arise from excess baggage of the insured party and/or the accompanists.

5.8.3.2. The land transfer costs of the insured in the most inexpensive transportation vehicle that is suitable for the insured party's medical condition (including transferring him by a local ambulance if needed), from the airport of the treating country to the hospital and back.

5.8.3.3. The essential per diem costs only according to the Health Fund's discretion, of the insured party and of the accompanists whose accompaniment was approved by the Health Fund, during the time they are abroad (before, during and after hospitalization) as required from the insured party's health according to

the Health Fund's discretion only, and the total costs according to this section shall not exceed 30% of the maximum indemnification ceiling as set forth in section 5.8.1.1 above.

5.8.3.4. The Health Fund's indemnification for the accompanying doctor's remuneration shall be calculated on the basis of daily remuneration, as acceptable regarding a senior physician at a public hospital in Israel and this is up to a four day stay abroad.

5.8.3.5. In the event of death of the insured party or of the donor as a result of the treatment which they received for the "entitling event" the fund shall cover the costs of flying the corpse to Israel subject to the indemnification ceiling determines in this regulation provided that the indemnification in this section shall not exceed 30% of the indemnification balance as set forth in section 5.8.1.1 above which was not used up to that time. It is hereby clarified that the Health Fund shall not cover any cost that is connected to transferring and treating the corpse in Israel.

5.8.3.6. The indemnification amounts for the "accompanying costs" as mentioned above shall be paid in Israel to the insured party and to the accompanying doctor in New Israeli Shekels, in the value of foreign currency that was paid abroad, on the basis of the representative rate of the foreign currency on the date of payment.

5.9. Travel Insurance

5.9.1. It is hereby clarified that the insured party and the accompanists must purchase travel insurance for themselves that covers the entire period of their stay abroad, to insure themselves by medical and luggage insurance which are not included in the Health Fund's liabilities according to these bylaws.

5.9.2. The premiums of these insurances shall be paid by the insured party and the accompanists, and the Health Fund shall not be required to pay cover any of these costs, whether partial or full.

6. Additional Opinion

Waiting period: 6 months after joining the plan.

6.1. Additional Medical Opinion – In Israel

6.1.1. An insured party is entitled to receive another medical opinion within the borders of the State of Israel.

6.1.2. An insured party that requests another medical opinion in Israel shall be entitled as follows:

6.1.2.1. When the consultant doctor is not associated by agreement with the Health Fund according to the provisions hereafter, and the insured party turned to him under his own initiative and expense, the insured party shall be indemnified by 85% of the costs for purchasing the "additional opinion" provided that the indemnification shall not exceed 555 NIS and provided that the opinion was given by a person who is a "medical specialist".

In this section a "medical specialist" – whoever is included in the list of the consultant specialists.

This list includes the doctors that were recognized up to the 28th of June 2009 to which medical specialists shall be added in accordance with the decision of the committee for recognizing medical specialists for this section, in accordance with the committee's procedures as approved by the Ministry of Health.

The committee is also authorized to remove doctors from the list.

The list shall not include doctors that are bound be agreement with the Meuchedet Health Fund to provide medical services that are offered to all the insured parties by virtue of the basket that was define din the National Health Insurance Law, except for top consultants of the medical administration at the Health Fund.

The list shall be available to the insured parties at branches of the Health Fund.

6.1.2.2. The aforesaid shall be performed at the approval of the "Authorizing Authority" in consideration for delivering original receipts and medical documents.

6.1.3. Exceptions

6.1.3.1. An insured party is entitled to receive service/ indemnification as mentioned in section 6.1.2.1 above for three additional medical opinions in total during one calendar year.

6.1.3.2. The medical treatment which the professional authority recommended as mentioned in section 6.1.2.1 above shall be given subject to an approval on behalf of the professional authority at the Health Fund.

6.1.3.3. If the insured party received an opinion and recommendation for treatment that is not acceptable to the senior professional authority in this field in the Health Fund and decided to perform the treatment in spite of this, the insured party shall bear the costs of the treatment and he is responsible for its results.

6.2. Another Opinion Abroad

6.2.1. An insured party shall be entitled to consult with a senior consultant – from one of the medical centers abroad which is associated with the Health Fund by agreement, provided that he consulted prior to this with a senior consultant in this field on behalf of the Health Fund and he received an advance approval from the Authorizing Authority in the Health Fund for this. And this is all providing that the need for consultation arises from one of the following:

6.2.1.1. There is a recommendation from an oncologist consultant on behalf of the Health Fund.

6.2.1.2. There is a concern that there is a need for open heart surgery or brain surgery.

6.2.1.3. There is a need for a transplant of one of the following organs: heart, bone marrow, lungs.

6.2.1.4. A disease (not as a result of an accident) that requires amputation.

6.2.2. An insured party who was recognized as being entitled to receive another opinion abroad by virtue of these bylaws is entitled to receive another opinion from one of the medical centers abroad with which the Health Fund is associated by agreement, with a deductible that shall not exceed 50 Dollars. The entitlement is for one opinion per year.

6.2.3. If it is impossible to obtain a medical opinion from one of the medical centers abroad with whom the Health Fund is associated by agreement, and the insured party was recognized as entitled to obtain another opinion abroad by virtue of these bylaws, the insured party shall be entitled to indemnification in the amount of 75% of his real costs for receiving the opinion from another medical center and up to a ceiling of 800 Dollars.

6.2.4. The indemnification shall be given for the costs collected by the consultant doctor and for the costs of sending the medical material abroad.

6.2.5. The aforesaid shall be given provided that the doctor giving the additional opinion is a recognized senior specialist and he is well known in the requested field and subject to an approval of the professional authority at the Health Fund.

7.Vaccinations

Waiting period: 6 months after joining the plan

7.1. An insured party who is not in the risk group and who is interested in receiving a vaccine may receive vaccines as set forth hereafter:

7.1.1. Vaccine against type A or type B hepatitis infection of the liver.

7.1.2. Vaccine against influenza.

7.1.3. Pneomovax Vaccine

7.2. The Indemnification

7.2.1. The vaccines set forth in section 7.1.1 – 7.1.3 above shall be provided to the insured parties of "Meuchedet Adif", through the Health Fund's pharmacies by paying a minimal fee as defined hereafter. In this section, "minimal fee" is the sum of the minimal deductible which is customary at the Meuchedet Health Fund at the time of purchasing drugs in the services basket and the drugs defined in the National Health Insurance Law, as it is updated from time to time. The deductible shall be determined in accordance with the rules of the collection plan at the Health Fund as they apply with respect to drugs in the basic basket. These vaccines shall be supplied in pharmacies of the Health Fund only.
7.2.2.If any of the vaccines mentioned in section 7.1.1 above cannot be supplied through a pharmacy of the Health Fund, the insured party shall be entitled to indemnification in the amount of 40% of the price for the consumer.

8. Vaccinations and Drugs for those Traveling Abroad

Waiting Period: no waiting period is required.

8.1. An insured party shall be entitled to the Fund's participation in payment for vaccines and preventive drugs that are needed by him when traveling abroad to a site which requires receiving immunization according to the instructions of the Ministry of Health, to prevent contagion of diseases existing in that same country.

8.2. The receivers of vaccines before traveling abroad as mentioned in section 8.1 above are entitled to indemnification in the amount of 75% of the cost of the vaccine.

8.3. Furthermore an insured party is entitled to a refund of the cost for one medical consultation that is given in the framework of the travelers' clinic before receiving the vaccines and not more than 35 Dollars.

9. Recuperation after Complex Surgery

Waiting period: 3 months after joining the plan

9.1. An insured party to which brain surgery has been performed, abdominal surgery, transplanting organs or other surgery (except for cosmetic plastic surgery and obstetric surgeries) that requires hospitalization of more than 10 consecutive days shall be entitled to indemnification of all the cost up to a ceiling of 65 U.S. Dollars for each day of recuperation in an institution designated for this, for a period that shall not exceed 7 consecutive days after the surgery.

9.2. After a severe myocardial infarction the insured party is entitled to 7 recuperation days (including recuperation days that were approved by virtue of the National Health Insurance Law) in an institution which is associated by agreement with the Health Fund designated for recuperation and rehabilitation of heart patients. The deductible of such insured party as mentioned shall be limited to 242 NIS per day for each additional day of recuperation beyond the entitlement of the basic basket.

9.3. The entitlement of the insured party as mentioned in sections 9.1 and 9.2 above is subject to the need for convalescence being recognized in advance by the approving authority of the Health Fund, and that the insured party's leaving for convalescence commences immediately after his release from the hospital or close to his release (up to 14 days after his release).

9.4. The insured party is required to present before the Authorizing Authority the letter of release from the hospital and original receipts that set forth the name of the person in the institution, the number of convalescence days and the cost for the insured party.

10. Monitoring Pregnant Women at High Risk

Waiting period: 6 months after joining the plan.

10.1. An insured party that is in the advanced months of pregnancy and according to her treating doctor of the Health Fund or public hospital is at high risk due to her health and/or due to the health of her fetus, is entitled to have a home monitor for monitoring her pregnancy.

10.2. The time period for connecting the insured party to the monitor shall be determined by the professional authority on behalf of the Health Fund, for a period that shall not exceed three months.

10.3. The insured party must pay a deductible in the amount of 54 NIS per month. In order to avoid doubt a "month" for the purpose of this section shall be also be considered as any part of a month in which the monitor was in the insured party's possession.

10.4. If the insured party purchased a home monitor, without the advance approval of the "Authorizing Authority" she shall be entitled to indemnification for her costs in the amount of the self cost of the Health Fund if the "Authorizing Authority" was convinced that there was a justification for this purchase not through the Health Fund.

11. Complex Nursing Hospitalization

Waiting period: 12 months after joining the plan.

11.1. An insured party who was hospitalized in a hospital and his hospitalization was defined as "complex nursing", shall be exempt for the first 60 days of his hospitalization from paying any deductible, and the Fund shall bear the total cost of his hospitalization.

11.2. From the 61st day of his hospitalization the insured party shall be required to pay a deductible subject to the provisions of the National Health Insurance Law.

11.3. If the insured party went from being a "complex nursing" patient into a "regular nursing" patient the Health Fund shall be exempt from any participation in payment for his hospitalization.

12. Dentistry and Periodontia

Waiting period: no waiting period is required.

12.1. The insured parties of "Meuchedet Adif" shall be entitled to services in the field of dentistry as set forth hereafter:

12.1.1. A free dental check-up once per year by a dentist at the dental clinic of the Health Fund.
12.1.2. Free emergency treatments and first aid that include: examination and x-ray of the hurting tooth, temporary filling, prescribing appropriate prescription of painkillers, urgent dental extraction, drainage of abscesses of the infected tooth and temporary fitting of crowns that fell provided that all of the above are performed at the dental clinics of the Health Fund.

12.1.3. Removing plaque and oral hygiene instruction at a discount of 50% and not more than twice a year provided that the above are provided at dental clinics of the Health Fund.
12.1.4. An additional discount of up to 20% (subject to the type of treatment) from the Health Fund's tariff for its insured parties for conservative dental treatments (filling and root canal), ordinary and surgical dental extractions, gum scraping and gum surgery and extending crowns, orthodontia and dental prosthetics (crowns and bridges – not including laboratory costs) provided that the treatment is performed in the dental clinics of the Health Fund. The treatment tariffs shall be available to the members at the dental clinics of the Health Fund.
12.1.5. The supply of drugs at the expense of the Health Fund that are connected to dental treatment subject to the terms of supply as set forth in appendix D of these bylaws.

13. Alternative Medicine

Waiting period: no waiting period is required

13.1. An insured party who suffers from a medical problem that cannot be cured with conventional medical methods shall be entitled to a discount of between 25% - 40% of the customary rate in the alternative medicine clinics of the Health Fund for the required treatment (in this section "treatment" is an active treatment to solve an acute problems and not routine maintenance treatment). The amount of the discount depends on the type of treatment – the tariff shall be available to the insured parties at these same clinics and this is subject to the following terms:

13.2. Terms for receiving the treatment

13.2.1. The doctor at the alternative medicine clinic of the Health Fund found that it is possible to help the insured party and determined the type of treatment required and its scope. If the insured party chooses to continue treatment beyond the scope which the doctor determined as mentioned, or beyond the total quota of 36 treatments per year (whichever is higher) the insured party shall be charge the cost of the treatment according to the customary tariff for members of the Health Fund who are not insured by the plan.

13.2.2. In order to avoid doubt it is hereby clarified that the insured party is not entitled to indemnification for treatments that he received in the field of "alternative medicine" outside of the Health Fund's clinics.

13.2.3. The Health Fund shall provide in each of the designated clinics the various treatments that exist in that same client and it is not required to provide in each of its clinics all the existing treatments existing in the field of alternative medicine.

13.2.4. The professional authority in the Health Fund may refer an insured party to another clinic of the Health Fund for receiving the required treatment, if the required treatment is not supplies at the regional clinic where he was referred to.

13.2.5. Beyond the entitlement to biofeedback treatments for training the pelvic floor muscles in the framework of the quota of the basic basket, the insured party shall be entitled to receive in the Health Fund's clinics that deal with this, up to 15 additional biofeedback treatments and this is with a deductible of 50 NIS for each meeting.

13.3. The following are the conventional methods of treatment in the alternative medicine clinics of the Health Fund:

Acupuncture, shiatsu, reflexology, twina, chiropractics, osteopathy, biofeedback, hypnosis, homeopathy, Paula method, Alexander method, Feldenkrais method, bedwetting treatment.

14. Early Detection of Fetal Birth Defects

Waiting period: 3 months after joining the plan

14.1. Amniocentesis for pregnant women

14.1.1. Pregnant women who are insured at "Meuchedet Adif" and became pregnant when they are less than 35 years old are entitled to either an amniocentesis or a chorionic villus sampling, according to the insured party's choice; at the expense of the Fund in institutes that are associated with the Health Fund by agreement, even if there are no risk factors, as set forth in the National Health Insurance Law provided that they were given a recommendation on behalf of a gynecologist of the Health Fund.

14.1.2. The examinations mentioned above are performed with a "deductible" of the insured party in the amount of 606 NIS per examination. An insured party that was referred by the Health Fund to perform an examination at an external institute shall be entitled to indemnification in the amount of 75% of the cost and up to a ceiling of 1,233 NIS.

14.1.3. The examinations mentioned above shall be performed at the Health Fund's expense also for married couples in which the husband is a member of another Health Fund, except for cases where the reason for performing the examination is hereditary and/or a flaw in the husband's chromosomal structure who is a member of another Health Fund. In these cases the examination shall not be performed at the expense of the Fund.

14.2. Obstetric Ultrasonography

14.2.1. Insured parties of "Meuchedet Adif" are entitled, according to request, to have an extended obstetric ultrasonography performed instead of the basic ultrasonography which is approved for all insured parties of the Health Fund, during the second trimester of pregnancy (week 20- 25). The ultrasonography shall be given once in each pregnancy in clinics and institutes that are associated with the Health Fund by agreement, with the insured party's deductible of 121 NIS per examination and provided that there is a recommendation for this on behalf of a gynecologist of the Health Fund.

14.2.2. Insured parties of the company at "Meuchedet Adif" are entitled to have an early ultrasonography performed at the Health Fund's institutes during the first trimester of pregnancy, with a deductible of only 121 NIS. Exercising this entitlement according to this section shall cancel the insured party's right to receive the service by virtue of the provision in section 14.2.1 of these bylaws.

14.3. Exceptions

14.3.1. The Health Fund is not responsible for the failure to detect birth defects following the performance of the examinations set forth in section 14.1 and 14.2 above and this is as a result of the existing limitations in early detecting of some of the birth defects by the tools existing in the health system.

14.3.2. If a pregnant insured party chose to receive medical assistance as mentioned in sections 14.1 and 14.2 above and she did this at her own accord, responsibility and expense, without receiving in advance the approval of the Authorizing Authority, she shall not be entitled to any indemnification from the Health Fund for the costs that were incurred by her in this matter.

15. The Purchase of Implants and Medical Devices

Waiting Period: for implants – 12 months and for other medical devices as set forth hereafter – 3 months, all after the date of joining the plan.

15.1. The insured parties of "Meuchedet Adif" are entitled to its participation in payment for purchasing "implants" and/or medical devices as set forth in appendix E of these bylaws provided that there is a recommendation for this on behalf of the doctors of the Health Fund.

15.2. Insured parties at "Meuchedet Adif" are entitled to indemnification for purchasing "implants" when hospitalized at a private hospital for performing surgery that requires implanting an implant as mentioned in section 1.6 of chapter B of these bylaws.

15.2.1. For the sake of avoiding doubt it shall be said that the supply of implants for implanting them during the hospitalization of an insured party in a private hospital is not included in the tariff agreed upon between the Health Fund and the hospital.

15.2.2. In any event, the implant shall be purchased at the expense of the insured party. The Fund shall indemnify the insured party in accordance with these bylaws.

15.3. The Health Fund shall indemnify the insured party only for purchasing implants and/or an essential medical device which is included in the "list of approved medical devices" as set forth in appendix E of these bylaws and according to the model of the device/ implant which was approved by the medical administration at the Health Fund.

15.4. The Health Fund is entitled to direct the insured party to purchase the implant/ device in the framework of the Health Fund or at a supplier that is associated with the Health Fund by agreement. The Health Fund shall participate in the total cost of the member in the amount of 50% - 85% of the cost of the device under the scope and terms as updated from time to time and published in a "list of approved devices" in appendix E of these bylaws. This is against presenting relevant medical documents and original receipts.

15.5. The maximum sum of refund to an insured party for purchasing medical equipment which is not an implant is 750 Dollars per year. The maximum sum of refund to an insured party for purchasing implants is 3,000 Dollars per year.

15.6. The Health Fund is entitled to lend a medical tool/ device to an insured party for a period that shall be determined by the Authorizing Authority in the Health Fund. In this case the members shall be required to deposit a deposit check in the amount of 20% of the cost of the device. The check shall be returned to the insured party when the device is returned to the Health Fund in good condition at the time determined. In addition, the insured party shall be charged monthly usage fees as set forth in appendix E of these bylaws.

15.7. The Health Fund is not responsible for the good working order of the tools and/or devices which were purchased by the insured party not within the framework of the Health Fund. In this case the insured party shall be responsible for the purchase. In order to avoid doubt the aforesaid cannot derogate from the liability of any parties for the good working order of the tool or device according to any law in any case.

15.8. The insured parties of "Meuchedet Adif" shall also be entitled to increased indemnification or to a reduced deductible for the devices and implants supplied to them by virtue of the provisions of the National Health Insurance Law and this is as set forth in appendix E of these bylaws.

16. Convalescence for Postpartum Women

Waiting period: 6 months after joining the plan.

16.1. A postpartum woman is entitled to leave for convalescence after giving birth in an institution that is designated for convalescence after giving birth provided that she has three children or more. This is provided that leaving for convalescence is before the end of one month after she/the newborn was released (whichever is later) from the hospital.

16.2. The mother shall be entitled to indemnification in the amount of 75% of the actual costs for each day of full convalescence, up to the sum of 242 NIS per day. This is for a maximum period of three days all in consideration for furnishing a release certificate from the obstetric department and original receipts that show the sums paid to the convalescence home or motel.

17. Subscription for a Cardiac Transmitter and Emergency Services for Cardiac Patients

Waiting period: 6 months after joining the plan.

17.1. An insured party that suffers from cardiac disease and according to the opinion of an expert cardiologist of the Health Fund or of a public hospital his condition requires that he be monitored by a cardiac transmitter, he shall be entitled to indemnification for purchasing a subscription to the transmitter and emergency services, provided that his health problem arises from one or more of the following conditions:

17.1.1. The insured party just suffered from myocardial infarction.
17.1.2. The insured party is a candidate for heart surgery.
17.1.3. The insured party had heart surgery.
17.1.4. The insured party suffers from arrhythmia.
17.1.5. The insured party suffers from unstable angina.

17.2. Indemnification Amount

17.2.1. The first 3 months of subscription – at the expense of the Health Fund.
17.2.2. 9 additional months of subscription – on the basis of indemnification of 75% of the subscription cost up to an indemnification ceiling of 25 U.S. Dollars per month.
17.2.3. The continuation of such indemnification for a period of another year beyond the aforesaid is conditioned upon the recommendation of a cardiologist on behalf of the Health Fund.

17.3. Approval of the "Authorizing Authority" of the subscription to the cardiac transmitter shall be given to the order of institutes/ institutions with which the Health Fund has an agreement.

18. Private Nurse

Waiting period: 6 months after joining the plan.

18.1. An insured party at "Meuchedet Adif" is entitled to indemnification for purchasing care services of a private nurse after surgery when it is recommended by the treating doctor at the hospital to hire the services of a private nurse to be near the patient during his hospitalization.

18.2. Indemnification of an insured party for acquiring the services of a private nurse is under the condition that he was hospitalized at a public hospital or in a private hospital which the Health Fund has an agreement with.

19. Child Development

Waiting period: 6 months after joining the plan.

Children who are insured by "Meuchedet Adif" who are entitled to treatment by virtue of the National Health Insurance Law and who have a need that was recognized by the professional authority at the Health Fund to be treated in the field of child development by a multi-professional team – beyond the quota of treatments which were defined in the National Health Insurance Law shall be entitled to this under the terms as set forth hereafter:

19.1. Children of between 3- 6 years old

19.1.1. Children as mentioned above shall be entitled to receive up to 36 treatments per year (in each of the fields of treatment together) in addition to the quota of treatments to which they are entitled by virtue of the provisions of the National Health Insurance Law.
19.1.2. The treatment shall be given in the framework of one of the Health Fund's institutes or in the framework of an external institute that is connected with the Health Fund by agreement and to which the insured party is referred by the professional authority at the Health Fund, the insured party shall pay a deductible in the amount of 25NIS per treatment.

19.2. Children above the age of 6 and up to 9 years of age shall be entitled to receive up to 18 treatments per year (in all the fields together) in addition to the quota of treatments to which they are entitled by virtue of the National Health Insurance Law. The terms of providing the service are as set forth in section 19.1.2 above.

19.3. The Health Fund does not bear professional liability and it does not have the duty to indemnify by virtue of these bylaws for treatment that was not approved in advance by the professional authority at the Health Fund and which was purchased at the initiation of the insured.

20. Treatment of Speech Defects

Waiting period: 6 months after joining the plan.

20.1. A treatment course for stuttering – an insured party up to the age of 18 years is entitled to receive the Health Fund's participation in the cost of the stuttering treatment course beyond the entitlement existing in the law. The Health Fund's participation – 50% of the cost of the course up to a ceiling of 924 NIS.

20.2. Speech therapist – an insured party is entitled to receive a course of 12 speech therapy treatments by a speech therapist including treatment for learning difficulties on the background of an organic language problem, with a deductible of 50% of the customary tariff in the Health Fund.

20.3. The aforesaid in sections 20.1 – 20.2 above is provided that the professional authority at the Health Fund has given his approval and that the treatments shall be provided by the Health Fund or by a service provider that is associated with the Health Fund by agreement.

21. Genetic Testing

Waiting period: no waiting period is required.

An insured party at "Meuchedet Adif" shall be entitled to perform only once, one test or more to determine if he is a carrier of any of the diseases listed hereafter provided that he is not entitled to these tests by virtue of the services basket according to the National Health Insurance Law. The test shall be performed at public hospitals or at an institute that is associated with the Health Fund by agreement, and provided that there is a recommendation of a geneticist doctor on behalf of the Health Fund.

21.1. The entitlement according to this chapter is testing to discover one or more of the following diseases: fragile X syndrome, canavan, usher syndrome type I, ML 4, GCDi- Glycogen Storage Disease- type I, Niemann-Pick Disease, Alpha – antitrypsun deficiency, Fanconi, Blum, nemaline myopathy, MSUD disease, Ataxia telangiectasia, costeff syndrome, dysferin myopathy, and MLD (Metachromatic leukodystrophy).

21.2. The deductible of the insured party shall be limited to the sum of 70 NIS per test.

21.3. The insured party shall be entitled to perform, according to his choice, genetic tests out of this list at an institute that is not associated with the Health Fund by agreement, or to perform other genetic testing. This entitlement is limited to 4 tests during the entire insurance period. An insured party shall be entitled to receive a refund in the amount of 80% of the cost and up to a total ceiling for all the tests according to the provisions of this section, in the amount of 787 NIS.

21.4. For the sake of avoiding doubt, the Health Fund's participation in payment for performing each of these tests in sections 21.1 and 21.3 is limited to one time for the entire period of the insurance.

21.5. If the insured party chose to perform tests for discovering hereditary diseases at the "Dor Yesharim" institutes, he shall be entitled to perform the test according to what is agreed with these institutes, with a deductible of 30% of the price of the test for the consumer, provided that the ceiling of the insured party's deductible shall not exceed the sum of 229 NIS per test. The aforesaid refers to tests included in section 21.1 above.

21.6. The Health Fund's participation in the cost for each of the genetic tests mentioned in this chapter, whether this shall be given to the insured party as a discount or as a refund, is limited to only time only for the entire insurance period.

22. Preventive Tests

The waiting period: 6 months after joining the plan.

22.1. The insured parties of the Fund are entitled, at the recommendation of the Health Fund's doctor, to a preventive test at an authorized institute that is associated with the Health Fund by agreement, as set forth hereafter:
Fecal Occult Blood for an insured party below the age of 50.
PAP test for women below the age of 34 or above the age of 55 – with a deductible of 30 NIS per test.
Mammography and bone density test beyond the tests provided by the Health Fund by virtue of the National Health Insurance Law, with a deductible of 29 NIS and 133 NIS respectively.

22.2. The entitlement is to the frequency of one test for each of the above, every two years.

23. Aesthetic Medicine

Waiting period: 6 months after joining the plan.

23.1. An insured party shall be entitled to a discount of up to 25% of the tariff of the Health Fund for treating varicose veins for cosmetic reasons. This is provided that the treatment was performed at the Health Fund's clinics designated for this and that the treatment and its scope were approved in advance by the Authorizing Authority at the Health Fund.

24. Sport Medicine

Waiting period: no waiting period is required.

An insured party shall be entitled to a discount of 33% of the Health Funds tariff for treatments and tests provided in the framework of the Health Fund's sports clinic: body mass index testing, spirometry, ergometric stress test and lactid threshold all according to the list at the sports clinic of the Health Fund that is updated from time to time. The list shall be available for the insured parties at the sports clinic.

25. Rehabilitative Exercise after Myocardial Infarction

Waiting period: 6 months after joining the plan and up to the date the entitling event occurred.

An insured party that had a severe myocardial infarction that requires him, at the recommendation of a specialist doctor, to engage in monitored exercise at an authorized institute and under doctor supervision, shall be entitled to receive the Health Fund's participation in the amount of 166 NIS per month for this expense for a period of three months (beyond his entitlement according to the National Health Insurance Law) provided that he started with such exercise as mentioned above within 6 months after the event.

26. Visiting a Private Pediatrician

Waiting period: No waiting period is required.

The Health Fund shall cover costs for an examination initiated by the insured party of his child, up to the age of four years old who is insured by the plan, by a private specialist pediatrician who is not associated by agreement with the Health Fund. The Health Fund's participation is limited up to 308 NIS for visit and up to two visits per year for each child.

27. Urgent Travel by Ambulance

Waiting period: no waiting period is required.

The insured party shall be entitled to receive the Health Fund's participation in the amount of 50% of the cost of an urgent ride by ambulance which did not end up with hospitalization. The Health Fund's participation is limited up to 50% of the Magen David Adom's tariff.

28. Laser Treatments to Repair Near Sightedness

Waiting period: no waiting period is required.

28.1. An insured party shall be entitled to have eye surgery to repair near-sightedness which shall be performed by a laser of the following types: Lasik, PTK, PRK, Lasek, provided that the surgery is performed at an institute/ hospital that are associated with the Health Fund by agreement and subject to payment of a deductible in the amount of 3,831 NIS per eye, in accordance with the medical center that is chosen him of those associated with the Health Fund by agreement.

28.2. The list of medical centers that are associated with the Health Fund in an agreement in this respect shall be available to the insured party at the Health Fund's branches.

28.3. In order to avoid doubt the Health Fund shall not bear liability for any damage or otherwise that shall be caused to the insured party as a direct or indirect consequence of this treatment.

29. Optics Services

Waiting period: no waiting period is required.

29.1. It is hereby clarified that this chapter is valid as long as the Health Fund is associated by agreement with a service supplier in the field of optics services (hereinafter the "Supplier") and subject to the provisions of the agreement which is valid at that time (hereinafter: the "Agreement").

29.2. An insured party shall be entitled to purchase at a supplier associated with the Health Fund by agreement as mentioned above, eyeglasses (frame + regular plastic lenses) and sunglasses provided that the item chosen by him of those set forth above is included in the models that were chosen in an agreement between the Health Fund and the supplier. The list of suppliers shall be available to insured parties at branches of the Health Fund.

29.3. If the member chose an item as mentioned in section 29.2 above, he shall pay the deductible which shall be updated from time to time in accordance with the provisions in the agreement. Information of the amount of the deductible shall be available to the insured party at the supplier.

29.4. An insured party that purchased an item of those set forth above shall be also entitled to an eye checkup by an optometrist that is associated with the Health Fund by agreement, without additional payment.

29.5. An insured party who chose eyeglasses or sunglasses that are not included in the chosen models as mentioned above, shall be entitled to a discount which shall not be less than 20% of the regular listed price of that supplier, for a purchase the price of which is higher than 49 NIS per family.

29.6. In order to avoid doubt an insured party that purchased eyeglasses in accordance with an agreement mentioned in this section shall not also be entitled to a discount by virtue of the provisions of section 15 of these bylaws (medical equipment).

30. Nutritional Consulting

Waiting period: no waiting period is required.

30.1. An insured party shall be entitled, even if he is not entitled according to the National Health Insurance Law, to consult regarding nutrition with a consultant that is associated with the Health Fund by agreement.
30.2. An insured party shall be entitled to no more than 4 consultations as mentioned per year, and to pay a deductible in the amount of 24 NIS per meeting.

31. Virtual Colonoscopy

Waiting period: 3 months after joining the plan.

An insured party at "Meuchedet Adif" shall be entitled to have a virtual colonoscopy performed even in cases where the Health Fund is not required to provide this service in the framework of the services basket defined

in the National Health Insurance Law, and this is at hospitals that are associated with the Health Fund by agreement and on the basis of an undertaking form on behalf of the Health Fund. The service requires an approval of the medical administration and it is subject to the payment of a deductible by the insured party in the amount of 585 NIS per examination.

32. First Trimester Biochemical Screening

Waiting period: no waiting period is required.

An insured party at "Meuchedet Adif" pregnant with one fetus is entitled to a first trimester biochemical screening test, provided that this shall be performed in the Health Fund's laboratory or in laboratories associated with the Health Fund by agreement, with a deductible of 121 NIS. The service is subject to a referral by a gynecologist/ family doctor on behalf of the Health Fund.

33. Auxiliary Hearing Equipment

Waiting period: 3 months after joining the plan.

An insured party at "Meuchedet Adif" shall be entitled to purchase auxiliary hearing equipment at a supplier in the agreement, under preliminary approval of an E.N.T physician or speech therapist.
The entitlement is limited to the purchase of up to two auxiliary pieces of equipment (one from group A and the second from group B), with a deductible as it appears in appendix F of the bylaws, one for two years of membership in the plan.

Appendix A of the Bylaws of "Meuchedet Adif" monthly payments*

Age of the Insured Parties	Monthly Payment "Meuchedet Adif"
Family (without any connection to the number of children under the age of 18)	The amount of 98 NIS
Family (when the head of the family is above the age of 55)	The amount of 105 NIS
A sole insured party (that is not part of an insured family)	The amount of 37.5 NIS
A sole insured party (that is not part of an insured family) above the age of 24 and up to 30	The amount of 46 NIS
A sole insured party (who is not part of an insured family) above the age of 30 and up to the age of 55	The amount of 61.5 NIS
A sole insured party (who is not part of an insured family) above the age of 55	The amount of 73.5 NIS
*as of the 1st of January 2012 - the monthly payment shall be updated in accordance with the increase of the index as mentioned in section 8.6 chapter A of the bylaws.	

Comment:

a. The monthly payments (insurance fees) that are set forth above are after giving a discount in the amount of 5% to payers by a "standing order". The accounts of the standing orders of the insured parties at "Meudedet Adif" and the insured parties at "high priority" shall be charged accordingly.

b. For payers by payment vouchers – the payment is performed at all branches of the postal bank throughout the country or at the offices of the Health Fund.

c. Orderly payment of insurance fees is a condition to exercising all the rights reserved for the insured parties of the Additional Health Services Plan subject to the provisions in the bylaws.

d. A delay in the payment of insurance fees above shall harm the rights of the insured parties and it can lead to the cancellation of their membership in the plan, as set forth in section 8 of the bylaws.

Updating Insurance Fees

The insurance fees of "Meuchedet Adif" are updated in accordance with the rate of increase of the consumer price index that is published by the Central Bureau of Statistics or the cost of health index whichever is higher. Furthermore the insurance is updated in accordance with the make-up of the services basket and to raise the various medical services included in the services basket of the Fund, in a realistic way and on the basis of an actuary calculation that is performed once per period and subject to the approval of the Ministry of Health.

Registration Fees

Registration fees for the plan – 15 NIS

Meuhedet Adif
Appendix B
List of medical services provided in the framework of private hospitals/PMS for those insured under "Meuhedet Adif"

Orthopedics

- Fibula tibia reconst. osteotomy
- Osteotomy + Fixation
- Fusion between joints of fingers
- Excision of bone growth— Exostectomy
- Excision of the meniscus
- Excision of head of radius bone
- Acromioplasty (shoulder)
- Diagnostic arthroscopy
- Therapeutic arthroscopy
- Arthroplasty — shoulder
- Bone biopsy
- Open biopsy — bone
- Open biopsy — femur/soft tissues
- Knee — arthrotomy
- Knee — reconstruction of ligaments
- Debridement of joint + synovectomy
- Dislocation of finger — repair
- Discectomy — disc extraction
- Lumbar disectomy
- Neck discectomy
- Lengthening of tendons
- Extraction of wire screw
- Extraction of spine tumor
- Extraction of bone fixation
- Extraction of plates from joints
- Unilateral Hallux Valgus
- Bilateral Hallux Valgus
- Transplant of knee joint without cement
- Transplant of hip joint without cement
- Transplant of knee joint without cement
- Finger amputation
- Laminosectomy
- Joint/wrist — synovectomy
- Drainage of a lesion on foot or ankle
- Hand surgery
- Foot surgery
- Spinal surgeries that are not discectomy
- Corrective surgery — hammer toe
- Back scoliosis— repair
- Vertebrae fusion— sacrolumbar
- Ankle arthrosis
- Disc extraction

- Release of tendons — trigger finger
- Release of tendons in joints
- Release of spinal narrowing
- Release of a nerve
- Release of carpel tunnel (CTS)
- Repair of ganglion — anesthesia
- Repair of tennis elbow

Eyes

- Astigmatism (relaxing incisions)
- Replacement of eye fluids (vitrectomy)
- Cornea transplant /+ extracting cataract /+ lens
- Laser treatment (Yag. post capsulotomy)
- Trabeculectomy — laser treatment
- Iridectomy — laser treatment
- Iridectomy (for glaucoma)
- Onuclation with/without transplant
- Excision of pterygium
- Cornea transplant
- Inferior condition of cataract (local or general anesthesia)
- Chalazion
- Laser for treatment of refraction (Lasic or Aximer, only in cases of significant anisometropia)
- Eyelid surgery for repair of ptosis
- Lesion removal - veroca/papilloma
- Posterior vitrectomy
- Repair extraocular muscles

Ear, Nose, Throat (ENT)

- Drainage of sinuses — endoscopic + septum FESS
- Drainage of sinuses— endoscopic (two-sided) –FESS
- Adenoids + two-sided tubes
- Removal of adenoids
- Children adenoids
- Ears — drainage of abscess or hematoma
- Excision / biopsy
- Biopsy of the auricle of the ear
- Bronchoscopy
- Neck dissection
- Extraction of lesion from mouth and/or pharynx
- Turbinectomy + Tonsillectomy
- Turibinectomy + nose cavities + septum
- Turibinectomy/conchotomy
- Tympanoplasty
- Tubes
- Tubes + tonsils + adenoids
- Parotidectomy (removal of the parotid gland)
- Submandibular sialadenectomy (removal of the submandibular gland)
- Laryngoscopy

- Laryngoscopy — general anesthesia
- Laryngoscopy + biopsy
- Myringotomy — paracentesis of tympanic membrane
- Mastoidectomy
- Cavities — nose — Coldwell — Lock
- Drainage of abscess/cyst in the floor of the mouth
- Tonsils and adenoids surgery
- Stapedectomy, Ossiculoplasty
- Submucosal resection septum
- Nasal / Aural polypectomy
- Release of tongue tie
- Tonsillectomy (removal of the tonsils)

Surgery

- Large excision
- Excision of a rectal polyp
- Excision / demolition of skin lesion /subcutaneous lesion
- Artery — Venus (A-V) fistula — dialysis
- Biopsy of lymph glands and vessels
- Removal of axillary glands
- Lymphectomy
- Removal of foreign object under general anesthesia
- Removal of lymphoma / Cystectomy
- Undescended testicles surgery
- Hemicolectomy
- Stomach reduction (based on medical instruction)
- Abdominal hernia - Incisional POVH
- Double sided hernia
- Diaphragmatic hernia
- Navel hernia
- Pediatric navel hernia
- Inguinal hernia — femoral / inguinal
- Inguinal hernia – outpatient
- Pediatric inguinal hernia
- Surgery — removal of veins from legs — varicosis
- Hemorrhoids removal — under anesthesia
- Removal of gallbladder
- Removal of gallbladder through laparoscopy
- Left hemycolectomy
- Gastrectomy
- Appendectomy
- Complete thyroidectomy
- Laparoscopy — diagnostic
- Colon surgery
- Stomach and small intestines surgery
- Closure of A-V fistula (diabetic patients)
- Removal of thyroglossal cyst
- Sympathectomy

- Pilonidal sinus lancing
- Pilonidal cystectomy (excision)
- Anal Fissure
- Anal fistolectomy
- Opening of perianal abscess
- Corrective laparoscopy — femoral/inguinal hernia
- Corrective laparoscopy — combine femoral / hernia femur

Chest Surgery

- Lung lobectomy
- Thoracotomy
- Mediastinoscopy
- Investigative opening of the chest

Neurosurgery

- Craniotomy
- Diagnostic / surgical stereotaxis
- Brain surgery for the placement of a ventricular shunt

Vascular Surgery

- Angioplasty - PTA catheterization
- Endarterectomy – carotid artery
- Artery — Venus (A-V) fistula
- Bypass (medium and/or large blood vessels)

Breast Surgery

- Removal of lump in breast (Lumpectomy)
- Mastectomy - double sided
- Breast reconstruction - double sided
- Mastectomy and Lymphectomy
- Mastectomy + one sided reconstruction
- Gynecomastia surgery (subject to the approval of the medical ward)
- Breast reconstruction after mastectomy as a result of malignancy – one sided

Urology

- Repair — hypospadias repair +advancement
- High ligation hydrocele / varicocele
- Retro/supra pubic prostatectomy
- Orthrotomy
- Testicle biopsy
- Expansion of the urethra opening / meatotomy
- Undescended testicle surgery
- Penis curvature correction for a baby
- Radical prostatectomy
- Testectomy (one or both)
- Nephrectomy
- Transurethral resection of the prostate — TURP
- Stone removal +/crushing by arthroscopy

- Removal of urethra tissue / tumor on the urethra
- Cystoscopy
- Vasectomy
- Crushing kidney stones through lithotripter
- Transurethral Resection of Tumor — TURT
- Simple hypospadias / epispadias repair

Gynecology

- Arthroscopic retrophobic
- Diagnostic hysteroscopy
- Hysteroscopy treatment
- Hysteroscopy / correction of ligaments
- Vaginal widening
- Endometrial Ablation
- Vestibulectomy
- Laser treatment under general anesthesia
- Partial vaginectomy
- Removal of external tumor / condyloma — general
- Removal of external tumor / condyloma — local
- Salpingo-oopherectomy by laparoscopic surgery
- Removal of congenital myoma — through the vagina
- Cervical polypectomy
- Hysterectomy through the vagina
- Abdominal hysterectomy
- Hysterectomy + tear repair
- Hysterectomy + Ovariectomy
- Hysterectomy + Colporrhaphy
- Ovariectomy
- Diagnostic laparoscopy
- Laparoscopy and Hysteroscopy
- Myomectomy
- Laparoscopic surgeries
- Salpingoplasty - repair of a uterine tubes
- Cystocele / rectocele
- Posterior / anterior colporrhaphy
- Ovary — cyst puncture
- Correction of urinary incontinence in women (lifting of urethra)
- Correction of urinary incontinence using TVT tape
- Cerclage
- Suturing cervical tears

Dermatology

- Excision based on MOHS

Cardiology

- Bypass surgery
- Valve replacement
- Diagnostic Catheterization
- Catheterization treatment

Neurology
• Decompression of the peripheral nerve (neurolysis)

Plastics
• Plastics — CHORDEE repair

The insured **are obligated** to inquire at the secretariat of Meuhedet **prior to surgery** which surgeons and private hospitals are associated by agreement with Meuhedet for the performance of the requested surgical procedures and the refund conditions / participation of Meuhedet.

Appendix C
List of Private Hospitals that are Associated by Agreement with the Health Fund for Performing Surgery by a Surgeon in an Agreement with the Health Fund

Name of Hospital	City	Address	Telephone	Fax
Elisha	Haifa	12 Yair Katz, Carmel Mountain	04- 8389121	04- 8389121
Assuta Ashdod	Ashdod	Menachem Begin Blvd. (Kalaniot Center)	08-8677122	08- 8677200
Assuta Beer Sheva	Beer Sheva	91 Herzl St. Beit Etzion	08-6279911	08- 291426
Assuta Haifa	Haifa	Kanyon Lev HaMifratz third floor	04- 8810600	04-8810631
Assuta Rishon Lezion	Rishon Lezion	13 Mazal Eliazar Industrial Zone	03- 9631631	03-9631666
Assuta Tel Aviv	Tel Aviv – Jaffa	20 Habarzel St. Ramat Hahayal	03- 7644000	
Herzliya Medical Center HMC Herzliya Pituach		7 Ramot Yam	09-9592555	09-9592919
M.R.V.	Bat Yam	67 Haatzmaut Blvd.	03- 5008888	03-5075764
Medili	Rehovot	36 Yehuda Halevy	08- 9415268	08- 9416891
Medica Brenner Medical Center	Beer Sheva	19 Hashalom	08- 6238358	08- 6280717
Ramat Aviv Medical Center	Tel Aviv – Jaffa	43 Brodetzky St.	03- 6421511	03-6401284

N.A.R. Ramat Gan	Ramat Gan	Jabotinsky 155, Beit Noah	03-7557111	03-6131760
Atidim Medical Center	Tel Aviv- Jaffa	24 Habarzel St.	03- 6445666	03- 6496449
Sheva Einayim Banegev	Beer Sheva	10 Yitzhak Ben Zvi	08- 6267777	08- 6267799

Important comment: Not all hospitals are authorized to perform all the surgeries from the list set forth in appendix B of the bylaws. A situation is possible where a certain hospital is not authorized to perform all the surgeries rather it is limited to certain fields.
The Health Fund reserves its right to update the agreement with the hospitals from time to time. The insured party has the obligation to find out at the secretariat of the Health Fund before performing the surgery which private hospitals are associated by agreement with the Health Fund for performing the needed surgery by surgeons in an agreement with the Health Fund and what are the terms of the Health Fund's participation.

List of Medical Centers Abroad

*the authorized hospital according to the agreement for providing a second opinion only (section 6.2 of chapter B of the Additional Health Services Plan Regulations).

Appendix D
The Drugs Basket for the Insured Parties at "Meuchedet Adif"

Drugs at a discount of 85% off the price of the drug for the consumer:

Drugs at a discount of 50% off the price of the drug for the consumer:

Drugs at a discount of 25% off the price of the drug for the consumer:

Comments:
The drugs included in this appendix shall be supplied at the Health Fund's pharmacies.
Drugs that are marked by a star (*) can be purchased with a discount at the Health Fund's hospitals and at private hospitals that are associated with the Health Fund by agreement.
Drugs that are marked by 1, require the approval of a specialist.
Drugs that are marked by 2, are approved for women above the age of 20 only.

Appendix E
List of Implants and Medical Accessories

List of Accessories and Medical Equipment for Insureds of "Meuhedet Adif"
Meuhedet's participation is limited to an annual maximum amount as follows:
Up to $3,000 per year for all implants.
Up to $750 per year for all accessories (non-implants).

The Accessory	Insured's Deductible Rate
Prostheses	
External breast prosthesis (in case there is no coverage from the Ministry of Health)	50%
Penile prosthesis — in case of "impotence" (with medical provision and the approval of the medical department only) Maximum deductible of the insured - $175	50%
Eyeball (in case there is no coverage from the Ministry of Health)	50%
Scleral lens for the eye	50%
Implants*	
Artificial joints	50%
Valves	50%
Pace makers	50%
Implanted breast prosthesis	50%
Artificial blood vessels	50%
Ligaments for joints	50%
Internal eye lens for cataract surgery	50%
Middle ear implants	50%
Plates and screws for the repair of fractured bones	50%
Plates and screws for fixation/stabilization of the spine	50%
Electrodes for transplant in the spinal canal to reduce pain	50%
Testicle implants	50%
Cornea	50%
Stents for heart surgery, for catheterization and urological surgeries	50%
Knee and/or hip transplant	50%

Essential Medical Accessories	Insured's Deductible Rate	Provider	Maximum Participation of Meuhedet**

Belts for use for inguinal hernia in abdominal wall* (one per year)	50%	Internal pharmacy only	
Orthopedic foot support by size and by special ordering (twice per year)	50%	A provider by agreement	493 NIS
Elastic socks* for pregnant women and for those suffering from vascular diseases (by prescription) VARILIND	50%	Internal pharmacy only	
Orthopedic equipment for stabilization of joints / fractures / prevention of treading / partial treading (once per year)	50%	A provider by agreement	$600
Contact lenses, only in the event of anterior chamber diseases	50%	Internal pharmacy only	$600
Inhalator for asthma or C.F. patients, including humidifier* (recommendation of pulmonologist)	50%	Internal pharmacy only	
Wig (after chemotherapy / oncology treatment)	50%	A provider by agreement	1,479 NIS
Glucometer or finger pricker*	50%	Internal pharmacy only	
Blood pressure meter*	50%	Internal pharmacy only	
Sunglasses for albinos and glasses, exclusive of frame for those suffering from astigmatism higher than 7 (once per year)	50%	A provider by agreement	$500
Orthopedic shoes by special order, aimed at equalizing the height of the lower limbs or adjusting for feet deformity (twice per year)	50%	A provider by agreement	$250
Voice amplifiers for larynx victims	50%	A provider by agreement	$750
Earplugs after transplant of tubes in ear drums	50%	A provider by agreement	$80
Telescopic glasses for an adult (over the age of 18)	50%	A provider by agreement	$750

Feeding tube for a baby	50%	A provider by agreement	$175
Brace or abduction device for a baby	50%	A provider by agreement	$100
Hearing aids (between the ages of 18 to 65)			For those insured under "Meuhedet Adif", increase of the maximum participation which the Insured is entitled to by law up to 2,466 NIS for each ear
Hearing aids (over the age of 65)			For those insured under "Meuhedet Adif", increase of the maximum participation which the Insured is entitled to by law up to 4,589 NIS for each ear
Various orthopedic belts without age restriction (once per year)	50%	A provider by agreement	
Milwaukee / Boston and/ or belts for scoliosis treatment until the age of 18	33%	A provider by agreement	$664
Pressure bandage	15%	A provider by agreement / Central warehouse	$750

*Shall not be provided if purchased at a private pharmacy.
**The refund amounts stated in NIS shall be periodically updated according the increase of the index on the date the insurance premiums are updated.

The Accessory	Insured's Deductible Rate	Provider
CPAP device (not included in cases in which the indication is a snoring problem)	50%	A provider by agreement
Oxygen supply, including balloons and/or oxygen generator	0%	A provider by agreement
Oxygen creation device shall be purchased by Meuhedet / the Fund (with the approval of the medical department) and will be provided for the patient's use. The device shall be returned to Meuhedet at the end of use.	15%	A provider by agreement

Bags for Peragon pump and bags for Kanguro	15%	Internal pharmacy
Urine bags	0%	Internal pharmacy
Phanurose (accessory for the transport of urine into a collective device for men)	0%	Internal pharmacy
Purchase of catheter for emptying of bladder — polycatheter, silicone catheter	0% 50%	Internal pharmacy
Accessory used by patients with neostomy of the trachea to ensure proper airflow to the lungs	15%	Central warehouse
Supplementary accessories for inhalers (once per year)	15%	Internal pharmacy
Supplementary accessories for insulin pumps	15%	Internal pharmacy or provider by agreement
Plugs for tear ducts	50%	A provider by agreement

*Participation of Meuhedet beyond the entitlement by law is limited to a maximum of 1,938 NIS.

Comment: For the avoidance of doubt, the discount rate in the list of this Appendix is the maximum. Items for which there is participation of Meuhedet" by law, the Insured is not entitled to cumulative discount rates — discount of "Meuhedet Adif" also embodies the discount by law.

Appendix F
Auxiliary Hearing Equipment for Insured Parties at "Meuchedet Adif"

Description of item	Adif deductible*
Group A	
Television solutions	
Wireless earphones for television Set250 – Sennheiser earphones, the only ones that are suitable for use also in theaters	349 NIS
Wireless earphones for television Set810 – Sennheiser earphones, the only ones that are suitable for use also in theaters	380 NIS
Amplifier for television for use with the hearing aid Loop810 - Sennheiser earphones, the only ones that are suitable for use also in theaters	380 NIS
Wireless earphones for television Set2500	640.5 NIS
Personal Amplifiers	
Personal Amplifier A200	682 NIS
Personal Amplifier Williams Sound Pocket Talker	364.5 NIS

Personal Amplifier Audio Maxi Bellman	364.5 NIS
Personal Amplifier Geemarc CLA9	364.5 NIS
Warning systems	
Bellman warning system	703 NIS
Group B	
Telephone Solutions	
Telephones for people with a hearing impairment CL200	179.5 NIS
Telephones for people with a hearing impairment CL400	195 NIS
Wireless telephones for people with a hearing impairment Dect250	250 NIS
Solutions for Cellular Phones	
Hands free set for cellular telephone CLA7	88.5 NIS
Hands free set for cellular telephone Bluehook	151 NIS
Warning systems, door switches and alarm clocks	
Wireless amplified door bell CL2	140.5 NIS
Vibrating alarm clock SNW	140.5 NIS

The sum of the deductible shall be paid directly to the supplier in the agreement.
No refund shall be given for purchase at a supplier who is not in the agreement.
*the prices are correct for the 1st of January 2012.

Waiting Periods* for the Different Rights in the framework of "Meuchedet Adif"

Without waiting period	Vaccines and drugs for travelers abroad
	Dentistry and periodontia
	Alternative medicine
	Sport medicine
	Consultation with a private pediatrician
	Urgent transporting by ambulance
	Laser treatments for repairing near sightedness
	Optics services
	Nutritional consulting
	Genetic tests
3 months of waiting	Recuperating after complex surgery
	Medical equipment

	Early detection of birth defects in a fetus
	Virtual colonoscopy
6 months of waiting	Drugs that are not included in the "drugs basket" of the Health Fund
	Psychological treatment and consulting
	Additional opinion
	Vaccines
	Monitoring high risk pregnancies
	Convalescence for mother after giving birth
	Subscription to cardiac transmitter and emergency services for cardiac patients
	Private nurse
	Child development
	Speech therapy
	Preventive tests
	Aesthetic Medicine
	Rehabilitative exercise after myocardial infarction
12 months waiting	Treatment/ surgery in private hospitals
	Complex nursing hospitalization
	Purchase of implants
24 months waiting	Diagnosing and treating fertility problems of the man and woman
	Medical aid abroad

***waiting period – consecutive period, as mentioned in the table, from the date of joining up to the period in which the insured party is entitled to exercise his rights by virtue of the bylaws.**

Discharged soldiers that join “Meuchedet Adif” are exempt from the waiting period, if they joined the plan within 90 days from the time.

This is a translation from Hebrew to English. The Hebrew version is the binding version.