

The Supplementary and Comprehensive Health Insurance Program

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Introduction

1.1. "Meuhedet C" is a program for additional health services (supplementary insurance – as defined below), which constitutes an additional tier of services, offered to those insured with "Meuhedet" Health Fund, who are members of "Meuhedet Adif". The program includes a wide variety of medical services, beyond those offered in the "Basic Health Services", which "Meuhedet" is obligated to under the National Health Insurance Law ("First Tier"), and those offered under "Meuhedet Adif" ("Second Tier").

1.2 As stated in the National Health Insurance Law, the right of an insured of a Health Fund to receive all of the services which he is entitled to under the National Health Insurance Law 5754-1994, shall not be affected by his joining or not joining a program for additional health services of the Health Fund or of a corporation in its control. All as set forth in Clauses 10 and 21 of the National Health Insurance Law, as stated below:

"(10) (a) The Health Fund may offer its members additional health services programs, which are not included in the basic health services and payments of the Health Fund (hereinafter – "Additional Services Program"), whether itself or through a fully controlled subsidiary (hereinafter in this paragraph - "the Health Fund"); The Additional Services Program and any modifications thereto are subject to the approval of the Minister of Health.

(b) The Additional Services Program shall be offered to the members of the Health Fund as an arrangement of a shared mutual balance only, subject to the following rules:

(1) The services in the program shall be provided only in the framework of the sources collected for this purpose from those who joined the program (hereinafter - "Members");

(2) The Health Fund may modify the rights of the Members of the program and their payments from time to time;

(3) ...

(c) (1) The Health Fund shall add any member requesting to join the program, regardless of his health condition of financial status, and shall not restrict his joining or his rights at the time of joining by any condition, with the exception of a reasonable qualification period, which shall be determined for all Members in the program regarding the provision of various services within its framework in regards to anyone who was a Member of the Health Fund and joined the program no later than one year after the modification to Basic Health Services and payments of the Health Fund;

(2) The Health Fund may determine, in regards to the qualification period as stated in the clause, various provisions regarding to transferring from a program of another Health Fund.

(d) Subject to the aforementioned in subsection (c), the Health Fund shall not discriminate between Members of the program, whether at the time of joining or upon the provision of services within its framework.

(e) The price of the program shall be unified for each age group, independent of the number of membership years in the program, the health condition or the financial status of the Member.

(f) ...

(21) (a) The Health Fund shall provide to all those under its responsibility and as stated in Clause 3(c) all the health services, which they are entitled to under the law, whether itself or through service providers without discrimination, and shall not condition the provision of services included in its basic services by joining or by membership in the Additional Services Program under Clause 10.

(b) ...

2. Definitions and Interpretations

2.1 In these Regulations the following terms shall have the meanings beside them:

"Supplementary Insurance" or "Additional Health Services" ("AHS") – additional health services as defined in Clause 10 of the National Health Insurance Law 5754-1994.

"Family Members" – children until the age of 18 of an Insured at Meuhedet C", including stepchildren and children in custody or in foster care.

"Age of Insured" – shall be calculated in full years, as the difference between the birth date of the Insured and the date for the determination of his age under these regulations. If the difference, beyond full years, is six months or more, a full year shall be added to the age of the Insured, and if less than that – it shall be ignored.

"Insurance Premiums" – monthly payments an Insured must pay "Meuhedet" Health Fund every month or once in a determined period for himself and for his family members as a condition for obtaining the rights granted to those insured under these Regulations.

"Enrollment Fees" – a one-time payment applicable to any individual, newly joining "Meuhedet C" as specified in Appendix A of these Regulations.

"Management" – Meuhedet Health Fund Management, and/or anyone authorized to act on its behalf.

"Total Expenses" – total actual payments made by the Insured or by any third party to the service providers for the total cost of an event for which the Insured seeks financial or other assistance.

"Approving Authority" – the medical or administrative authority of "Meuhedet", which is authorized to approve whether the Insured is or is not entitled to receive medical services and/or indemnity under these Regulations.

"Agreement" – contracting made between "Meuhedet" Health Fund and any medical provider for the provision of medical services to members of the AHS program.

"Health Declaration" – a form in which the Insured reports his health status and the health status of his family members who are insured through him.

"Meuhedet" – Meuhedet Health Fund or any other entity acting on its behalf, subject to the approvals required by law.

"Co-Payment" – a payment which the Insured is obliged to pay before receiving services from those specified in these Regulations, as a condition for exercising his rights.

"Program" or "Meuhedet C" – the AHS program, "Meuhedet C", as specified in these Regulations and its Appendices.

"Health Fund Member" – resident who has reached the age of 18, who is registered as a member Meuhedet Health Fund, as long as his name is included in the files of the National Insurance Institute, all as required by the provisions of the National Health Insurance Law.

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

"Membership Month" – a month for which membership fees have been paid for "Meuhedet Adif".

"Abroad" – a country or territory to which the jurisdictional laws of the State of Israel do not apply.

"Health Law" – National Health Insurance Law, 5754-1994 including the regulations and/or orders issued or to be issued thereunder.

"Soldier" – an individual belonging to the regular armed forces under the Defense Service Law (hereinafter: a soldier in mandatory service) or by way of an undertaking for permanent service.

"Double Insurance" – a right of the Insured due to the existence of an insurance agreement or an indemnity agreement by any third party, including by an insurance company, to receive medical services or indemnity, which is included in the basic services of "Meuhedet C".

"Waiver of Medical Confidentiality" – a form in which the Insured declares waiving, in advance, medical confidentiality regarding his health status and the health status of his minor family members insured through him, and allowing Meuhedet to receive, among others, vital information for the purpose of maintaining continuity of the medical care. The waiver and its validity, for purposes of future claims, shall be part of the AHS program only.

"Meuhedet Adif" – a program constituting the first pillar of the AHS program, of which the rights and obligations of the Insured therein are detailed in the "Meuhedet Adif" Regulations.

"Insured" – an individual whose eligibility is acknowledged under these Regulations to be included in the "Meuhedet Adif" program.

"Consumer Price Index" or "Cost of Living Index" – the Consumer Price Index (including fruit and vegetables) published by the Central Bureau of Statistics or any other index in its place.

"Health Cost Index" – the index reflecting the cost of health services as defined in the Fifth Supplement of the National Health Insurance Law.

"Services Directory" – a booklet updated periodically, which lists the medical service providers associated with Meuhedet by agreement.

"Authorized Institute" – an institute or service provider associated with Meuhedet by agreement, and whose details appear in the Medical Services Directory of Meuhedet.

"Escort" – An individual over the age of 22, accompanying the Insured traveling abroad to receive medical assistance under these Regulations, subject to a professional recommendation and advance approval of the "Approving Authority".

"Eligible Incident" – the circumstances for which an Insured is entitled to medical assistance and/or aid, subject to the conditions specified in these Regulations.

"Implants" – medical equipment inserted into the patient during surgery, which remains in the body of the patient either temporarily or permanently as specified in Section 1 of Chapter 2 of these Regulations.

"Medical Services of Meuhedet C" – a variety of tests, medical treatments and scope of assistance, which the Insured is entitled to receive pursuant to these Regulations.

"Basic Health Services" – a variety of tests, treatments and scope of assistance which the Insured of Meuhedet is entitled to receive pursuant the Health Law.

"Indemnity" – monetary payment to the Insured, which constitutes the participation of the Fund in his overall expenses for the purchase of medical services he is entitled to pursuant these Regulations.

"Membership Year" – 12 months of consecutive membership in the program, the first of which begins on the date the Insured joins the program and for which membership fees were paid.

"Insurance Period" or "Membership Period" – A period in which a member was insured in the "Meuhedet C" program, whether continuously or intermittently, as specified in these Regulations, and met its conditions. **Waiting Period** – a continuous period of membership in the program, during which the Insured is included in the program, must pay membership fees, but is not entitled to the rights specified in these Regulations.

"Regulations" – the Regulations of Meuhedet Health Fund.

"These Regulations" – the "Meuhedet C" Regulations valid at the time.

"Medicine" – a preparation registered in the preparations ledger managed in accordance with the Pharmacists Ordinance.

2.2 Interpretation – in these Regulations:

2.2.1 The masculine form also includes the feminine form, and singular also includes plural, apart from cases in which it is particularly stated otherwise or that another meaning may be deduced from the text.

2.2.2 The division of these Regulations to parts and chapters, the names and titles of the parts and chapters are for the readers' convenience only; and they should not be taken into consideration for the interpretation of these Regulations.

2.2.3 Wherever a sum of money is stated, which the Insured is required to pay in foreign currency, the intention is to an equivalent amount in NIS, according to the exchange rate of the foreign currency on the date of the payment for the service.

3. Legal Status

3.1 "Meuhedet C" is owned by, and under the responsibility and management of Meuhedet Health Fund.

3.2 The Management may transfer the rights and the obligations bestowed upon it under these Regulations, with the approval of the Ministry of Health, to another body/corporation, in whole or in part, in any way or manner it deems fit, including by way of cooperation with another corporation; all on condition that the rights of the Insureds of "Meuhedet C" shall not be harmed, and subject to the provisions of the National Health Insurance Law.

3.3 For the avoidance of doubt, the program is subject to the provisions of the National Health Insurance Law, 5754-1994. In any case of contradiction between these Regulations and all of its appendices and between the provisions of the National Health Insurance Law, the provisions of the Law shall prevail.

4. Membership at "Meuhedet C" program

4.1 Each member of Meuhedet Health Fund, registered pursuant to the provisions of the National Health Insurance Law, who is insured under "Meuhedet Adif", is entitled to submit an application to join "Meuhedet C" and be accepted to the program, without restrictions of his age or his health status, subject to the provisions of these Regulations.

4.2 A member is entitled to join his children, registered with Meuhedet Health Fund. Meuhedet shall add the minor without restrictions of age or health status.

4.3 If a family member terminates his membership in "Meuhedet C", the remaining family members may register / remain in the program according to their choice.

4.5 Separated spouses are entitled to continue their membership in the program, as individual Insureds, who pay the insurance premiums separately.

5 .Enrollment

5.1 The Insured of "Meuhedet Adif" over the age of 18, applying to join "Meuhedet C", shall complete and sign a "enrollment form". The signing date shall be considered as the date of joining the program, subject to Clause 5.7 below. At the time of joining, the Insured shall be required to sign an automatic debit payment form and pay the insurance premiums for the first month of insurance.

5.2 The Insured shall sign the enrollment form on his behalf and on behalf of his children. An Insured may sign on behalf of his/her spouse.

5.3 An application for joining the program in the name of an Insured may be submitted by another person presenting a power of attorney on behalf of the insured.

5.4 An application for joining a child or a legally incompetent individual shall be submitted by the appointed legal guardian.

5.5 Meuhedet Health Fund shall notify the Insured of the receipt of the enrollment forms, and that it registered his joining on the said date.

5.6 The Regulations of the program and the copy of the enrollment form shall be attached to the above notice of Meuhedet.

5.7 The Insured who signed the enrollment form shall deliver it to the authorized individual at Meuhedet. Meuhedet shall notify the insured at the time of his enrollment, or at the latest, within 30 days from the date of his enrollment regarding his enrollment in the program. If, within 30 days from the date of delivery of the

enrollment forms, the Insured has not received any notice from Meuhedet as mentioned above, the Insured shall be considered to have joined the program on the date of his signing the enrollment form.

5.8 An Insured must notify the branch of Meuhedet Health Fund in the area of residence, on an ongoing basis and not later than 30 days, of changes that have taken place in his/her name, address, marital and family status.

5.9 A parent requesting to add his child to "Meuhedet C" or a legal guardian of a minor requesting to add the minor to "Meuhedet C shall submit on his behalf the enrollment form and the undertaking to pay Insurance Premiums.

Termination of the membership of a minor due to non-payment of Insurance Premiums shall be done in accordance with Clause 8.

Meuhedet shall join the minor without restrictions of age or health status.

5.10 On the date of joining, the member may sign the health statement and the medical confidentiality waiver form. Usage of this form shall be solely for handling a claim for indemnity by the member pursuant these Regulations.

Waiting Periods

6.1 During the waiting period specified in Chapter B of these Regulations, the Insured and those Insured through him/her shall not have the right to receive any medical services under these Regulations, and he/she shall not be eligible to receive any indemnity in respect of those services.

6.2 The Insured shall be eligible to receive medical services and/or indemnity pursuant to these Regulations in respect of medical services needed after the waiting period.

6.3 Those who joined the program shall be charged during the waiting period as stated in every chapter in these Regulations. For the removal of doubt, the waiting periods specified in these Regulations shall apply to the Insured also if, for any reason, the Insured was exempt from a waiting period at the time he joined "Meuhedet Adif".

6.4 Despite the aforementioned in Section 6.1 above, a veteran who completed his mandatory service and was not insured with Meuhedet Health Fund prior to his recruitment, or was Insured but not a member of the program on the eve of his recruitment, shall be eligible to join the program with full rights upon his discharge from the military without any Waiting Period. This right is granted to soldiers, provided that they join the program within 90 days of discharge.

6.5 A member of the AHS program who was incarcerated for a period of over one year, and as such was deleted from the insurance list of Meuhedet, and prior to the freeze of his membership with Meuhedet, he had completed the Waiting Period required under these Regulations, in whole or in part, shall be exempt, upon his discharge and the cancellation of the freeze on his membership with Meuhedet, from the Waiting Period, in whole or in part, in accordance with the length of the Waiting Period required under these Regulations, with respect of that service. All this, unless he was removed from the program due to a debt prior to the freeze, and subject thereto he renewed his payments to the AHS program within the first 90 days of the cancellation of the freeze.

6.6 An individual who terminated his membership with another health fund and joined Meuhedet Health Fund for the first time after completing the required Waiting Period, in whole or in part in the second tier of the AHS of another health fund for the rights granted to him under the regulations of that health fund, and regarding which he has a right to receive medical services and/or indemnity under these Regulations, shall be exempt from the Waiting Period, in whole or in part, in accordance with the Waiting Period required under these Regulations in respect of that service. This right is granted to the Insured provided that he joins the program within 90 days of the date he joined Meuhedet. The above mentioned is conditioned by the fact that the member proved his membership period in the supplemental insurance of the other health fund.

6.7 For the avoidance of doubt, Meuhedet shall approve indemnity by the Insured as mentioned in Clauses 6.3, 6.4 and 6.6 above, but only for a medical service that was purchased by the member after joining the AHS program, and as long as the right for indemnification for that service exists under these Regulations.

6.8 An Insured who joined Meuhedet within one year from the date in which he first became a new immigrant to Israel, and joined the program no later than 90 days from the date he became a member of Meuhedet, shall be exempt from any Waiting Period.

Commencement of Membership, its Termination or its Renewal

7.1 The membership commences from the date of signing of the "Meuhedet C" enrollment form, provided that the membership fees are paid regularly as stated in Clause 8 below.

7.2 An Insured who wants to terminate his membership in the program, shall inform Meuhedet offices, and shall sign the appropriate form. The termination of his membership and of those insured through him shall enter into force one month after the notification of the membership termination by the Insured, as stated above. An Insured who is confined to bed or for reasons out of his control is unable to come to Meuhedet offices, may terminate his membership in the said program by a power of attorney who shall present identification.

7.3 It is hereby declared that membership termination does not release the member of his financial obligations for any membership period in the program. A member who owes Insurance Premiums for his membership in "Meuhedet C", and terminates his membership therein without settling his outstanding balance, shall not be entitled to join the program or "Meuhedet Adif" until he settles the balance.

7.4 Meuhedet may suspend or immediately terminate the membership of the Insured with "Meuhedet C" due to non-payments of membership fees as specified in in Clause 8 below, and/or in any case of inappropriate behavior, including use of violence towards a doctor or any employee of Meuhedet, false or partial reporting of expenses of the Insured, or any of his rights under an agreement with any third party, and/or any other cause allowing Meuhedet to cancel the membership according to National Health Insurance Law or any other law.

7.4.1 Meuhedet shall notify the Insured of the termination of his membership with a warning letter, which shall be sent to him 60 days before the date of termination of the membership.

7.4.2 The Insured shall be given the right to a hearing during the warning period.

7.5 Termination of the membership of a Insured, as stated in Clause 7.4 above, shall not draw the termination of membership of a minor or a legally incompetent individual.

7.6 Termination of the membership of the Insured in Meuhedet shall draw the immediate termination of his membership in each of the AHS programs of Meuhedet, and the termination of the membership of the Insured with "Meuhedet Adif" shall draw the termination of his membership with "Meuhedet C".

Membership Fees

8.1 The rates of AHS program "Meuhedet C" (hereinafter: "Monthly Payments") as specified in Appendix A, are determined by Meuhedet Management and subject to approvals required by law.

8.2 The Monthly Payments are determined subject to the age of the Insured and his family status as listed with Meuhedet (individual/family). A member transferring from one age group to a higher age group - shall pay in accordance with the rate customary for the new age group. Meuhedet may determine a family rate, which shall be updated from time to time. The family rate which the Insured's family shall be charged shall be determined according to age of the oldest of the couple.

8.3 Meuhedet is entitled to charge an individual joining the program with an enrollment fee subject to approvals required therefor under the National Health Insurance Law. The enrollment fees shall not be reimbursed to the Insured if he cancels his membership in the program.

8.4 An Insured must pay the required monthly payments for him and for his children on a monthly basis or once in a period, as specified in the payments table in Appendix A of these Regulations. All this shall commence upon his enrollment in the program by authorizing the debit of his bank account. The said payments table shall be updated from time to time in accordance with that stated in Clause 8.6 below.

8.5 If the Monthly Payments are regularly deducted by concentrated collection through the employer – this shall fulfill the aforementioned in Clause 8.4 above. However, this form of collection does not excuse the Insured from personal liability in the event that Membership Fees were not paid by the employer.

8.6 The payments of the Insured shall be updated once every 2- months in accordance with the increase in the Consumer Price Index or the Health Cost Index, the higher of the two.

8.7 Meuhedet is entitled, with the approval of the Minister of Health, to modify the rights of the Insured in the AHS program and their premiums from time to time.

8.8 The Monthly Payments paid in arrears for past months shall be paid together with linkage to the Cost of Living Index.

8.9 If an Insured is in debt due to his failure to settle the Monthly Payments for him and for his family members for a period of four months or more, his rights shall be frozen and a warning shall be sent, clarifying that that if he fails to pay his debt within 60 days after sending the letter (hereinafter: the "Warning Period") - his membership in the program shall be terminated.

8.9.1 If the Insured paid all of his debt during the Warning Period, together with linkage differentials as stated above, he shall be entitled to continue his membership in the program with full rights. For the freeze period, the Insured shall be entitled to indemnification only, as long as this right exists under these Regulations.

8.9.2 If the Insured did not settle all of his debt during the Warning Period, his membership in the program shall be terminated after the Warning Period subject to the right of a hearing as specified under Clause 7.4.2 above. Meuhedet may sue the insured for the unpaid debt, including its collection expenses.

8.10 Failure to collect the Monthly Payments from the bank account of the Insured due to reasons contingent on the bank or on any third party - does not relieve the Insured from the responsibility to arrange for the Monthly Payments at Meuhedet offices.

8.11 If, due to a mistake made in good faith, the debiting of the bank account of Insured by Meuhedet continued, while the membership in the program was cancelled at the initiative of Meuhedet or initiated by other reasons set forth in these Regulations, the Insured shall be fully reimbursed for the entire amounts which was taken in error, together with linkage to the Cost of Living Index. The Insured and his family members shall not have any right pursuant these Regulations, for the period after the termination date of the membership, even if the membership fees were paid for that said period.

Amelioration of Damage of Meuhedet and Refund to Third Party Double Insurance

9.1 In the event that mandatory indemnification exists towards the Insured under any agreement in respect of service included in these Regulations, Meuhedet shall be liable at a proportionate rate as to any programs or policies applicable to the case.

9.2 Any Insured must, upon applying for indemnification/service pursuant to these Regulations, bring to the attention of the Approving Authority if there exists an indemnity obligation towards him by any third party including the existence of a private insurance policy with a commercial insurance company and/or the existence of any other "supplemental insurance" covering the referenced medical services in whole or in part "(Double Insurance)". All this shall be stated in an affidavit to be signed by the Insured when contacting Meuhedet for services or indemnification. Also, an Insured is obligated to point out the "harmful cause" (if such exists) which caused the incident for which the Insured required the medical service and provide all the information known to him about the cause of harm.

9.3 In any event, as stated in above Clauses 9.1 - 9.2 above, Meuhedet shall provide the medical services to the Insured. Meuhedet shall condition the provision of medical services or said indemnification pursuant these Regulations in a manner in which the Insured shall authorize Meuhedet by signing an irrevocable power of attorney, according to which Meuhedet may contact the insurance company and/or any third party on behalf of the Insured in order to settle the amelioration of the financial damage caused to it due to the provision of medical aid, all within the indemnity limits to which the Insured is entitled to by virtue of any agreement/ contract.

9.4 If the Insured received payment directly from any third party, including an insurance company, as indemnity for his expenses in respect of "insurance incident" for which "double insurance" exists, the Insured must notify Meuhedet and immediately transfer to Meuhedet its share in respect of expenses it incurred due to the incident.

9.5 If the Insured and/or his spouse refuses to sign a power of attorney as mentioned in Clause 9.3 above, or does not reimburse Meuhedet, or it is proven in retrospect, that he concealed the information as aforementioned, he shall not be entitled to the rights granted to him under these Regulations. At the same time, Meuhedet may take legal action available thereto, including that stated in Clause 7.4 above.

Eligibility Restrictions

10.1 Without prejudice to any of the provisions of these Regulations, the program shall not obliged to provide medical help/assistance and/or coverage and/or indemnification for medical expenses caused by the Insured in respect of an "Eligible Incident" for services included in the basic services of these Regulations, in one or more of the following cases:

10.1.1 If the service requested by the Insured under these Regulations is related to the additional eligibility of the member under the Compensation Law for Victims of Road Accidents, Defense Service Law, Police Law - Disabled and Casualties, Prison Service Law, Compensation for Victims of Hostile Acts Law, National Insurance Law (Work Related Victims), Disabled Law - Compensation and Rehabilitation, Disabled Law - Nazi Persecution, Victims of the War against the Nazis Law, Compensation Law for Prisoners of Zion and their Families, which entitle medical assistance in respect of the injury and any other law entitling medical assistance in respect of the injury. If eligibility is denied under that law, the Insured shall be entitled to medical services under these Regulations. Despite the aforementioned, the Insured shall be entitled under the Compensation Law for Victims of Road Accidents and the National Insurance Law (Work Related Victims) to services included in Chapter B of these Regulations, Clauses 1 and 14.

10.1.2 If the Insured or anyone on his behalf acted with fraudulent intent, forwarded erroneous facts to Meuhedet or concealed facts/findings regarding the medical services required and the eligibility of the Insured under these Regulations.

10.3 If the "Eligible Incident" occurred as a result of a dangerous sports activity - skydiving, sky gliding, diving, physical combat or any other sports activity of any kind, for which the insurance obligation lies with the Insured, and for which any insurance program was not purchased by the association or by the Insured, Meuhedet shall provide the assistance offered under these Regulations upon the signing of a power of attorney by the Insured as specified in Clause 9.3 above.

10.1.4 The Insured shall not be entitled to medical service and/or indemnification in respect of medical services which were provided to the Insured prior to the commencement of the entitlement period according to these Regulations, or after the termination of said period.

General conditions

11.1 All of the "medical services" specified in Chapter B to these Regulations are provided to the Insured in the program as long as they are not included in the "Basic Health Services" which Meuhedet is obligated to under the "National Health Insurance Law". Medical services included in the program, which shall be added in the future to the health services required by law, shall be removed from the program and Meuhedet shall not be obligated to provide them within the program.

11.2 When the need arises for medical service included in these Regulations, the Insured shall contact the Meuhedet branch at his place of residence, whether by himself or through his representative, to inquire about his rights and to provide all the medical information and documents required for the handling his request.

11.3 Meuhedet may conduct any test or investigation to determine its liability under these Regulations, all as it deems necessary, and on condition that the test process does not delay the medical treatment of the Insured in a way that may harm his health.

11.4 Meuhedet may be entitled to stipulate the performance of any payment to the Insured under its liabilities in these Regulations by requiring the submission of documents and evidence to its satisfaction, including illness summaries, original invoices from service providers and original receipts to prove that each payment made by the Insured was actually made for the medical service in question.

11.5 If the Insured, found to be entitled to indemnification, died before he received the indemnity due to him and no beneficiary was mentioned, Meuhedet shall pay the heirs or the estate administrator determined by law the amounts which the Insured was entitled to for the receipt of medical aid, and on condition that the Insured met all of the conditions stated in these Regulations.

11.6 For the removal of doubt, the entitlement to indemnification for medical services under these Regulations exists only if the Insured purchased and received medical services regarding which it was expressly stated in these Regulations that the Insured is entitled to indemnification for their purchase, and on condition that the Insured met the conditions stated in these Regulations as a condition to receiving indemnification.

11.7 An Insured who has exhausted the Waiting Period under this program in relation to a specific service at the time in which he was in the midst of receiving parallel services as a result of his eligibility under the "Meuhedet Adif" regulations, his entitlement to indemnification / deductible shall be the beneficial of the two programs.

11.8 The rights of the member under these Regulations shall be limited to services provided within the State of Israel only, unless explicitly determined otherwise in these Regulations.

11.9 Meuhedet is entitled to update, add or remove from that stated in these Regulations and/or to terminate a program on condition that the addendum, removal or termination of the program was approved as required by the provisions of the National Health Insurance Law, and was brought to the attention of the Insureds.

11.10 Update of the reimbursement table for the Insured shall be conducted in accordance with the index increase on the date of the Insurance Premiums update.

11.11 For the avoidance of doubt, it is hereby clarified and agreed that selecting a doctor or any other medical service provider by the Insured without receiving a referral and prior written approval from Meuhedet shall be done by the Insured, at his expense, subject to the provisions of these Regulations and under the full responsibility of the Insured, Meuhedet is not responsible for the quality of the medical treatment and its results and for any physical and/or psychological harm, which may be caused to the Insured as a result of the said treatment or service.

11.12 Meuhedet shall not be obligated to any promise, advertisement, declaration or undertaking, which was not given by it and at its initiative.

11.13 Notice sent by Meuhedet to the Insured's last known address in the ledger of Meuhedet shall be considered noticed provided by law.

An Insured who is abroad for a long time period

12.1 An Insured or any family member, who leave the country on their own initiative to remain abroad, shall not be entitled to coverage/indemnification by Meuhedet for medical aid received, when necessary, during their stay abroad.

16.2 During their stay abroad, they need to secure health insurance for themselves, at their own expense, through a commercial insurance company, and with insurance rights, as broad as possible, subject to their health condition.

16.3 Maintaining the rights of the insured pursuant to these Regulations is conditioned by the regular payments of Insurance Premiums throughout the period of their stay abroad.

Commencement

These Regulations shall commence on the date of their publication. They shall apply to all insured persons entitled to medical assistance pursuant to these Regulations.

Chapter B

This Chapter shall specify the medical services of Meuhedet C, including a variety of tests, treatments, surgeries and the assistance which the Insureds are entitled to, and it shall define the eligibility criteria and the method of providing the services for each of the topics included.

Surgeries

1. Treatments / Surgeries in Private Hospitals

The Insured may be admitted for medical services at a private hospital listed in Appendix B of these Regulations. In addition, he reserves the right to select a "treating physician" (as defined below), all these at reasonable availability, under the condition and restrictions set forth in these Regulations and subject to the agreements existing between Meuhedet and the service providers, all as specified below.

Waiting Period: 12 months from the date of joining the program.

Nature of the service in relation to eligibility under "Meuhedet Adif": an improved replacement.

1.1 Definitions

In this Chapter, the following terms shall have the meanings beside them:

"Hospitalization" - hospitalization of the Insured in a hospital in order to receive medical treatment among those he is entitled to pursuant to these Regulations.

"Nursing Hospitalization" - hospitalization of the Insured in a hospital or institute intended for the hospitalization of patients suffering from prolonged or incurable illness, operating with a license under the Ministry of Health, and whose main purpose is to provide assistance to the ill, who are unable to function on their own, and medical assistance is not expected to improve their situation.

“Complex Nursing Hospitalization” - hospitalization of an insured suffering from a prolonged illness of any kind, which according to the opinion of Meuhedet, his medical status requires receiving medical assistance on a daily basis and being under prolonged and constant medical supervision in a hospital or division designated for those patients, and which operates under a license of the Ministry of Health.

“Psychiatric Hospitalization” - hospitalization of an Insured in a psychiatric hospital, operating under a license of the Ministry of Health in order to receive medical treatment for mental illness.

“Rehabilitation Hospitalization” - hospitalization of an Insured in a rehabilitation division and/or hospital designed to treat patients whose medical condition may improve, and who are suitable for rehabilitation, so long as it operates under a license of the Ministry of Health and has an agreement with Meuhedet.

“Hospital” - a hospital, including its medical and para-medical staff, operating within the State of Israel, under a license of the Ministry of Health and has an agreement with Meuhedet (as defined in Appendix C).

“Private Hospital” - a hospital (as defined above) under private ownership.

“Medical Treatment” - a conservative examination or treatment of any kind performed during hospitalization in a hospital, for each of the areas listed in Appendix B of these Regulations.

“Private Institute” - a privately owned institute, including its medical and para-medical staff, legally operated and equipped with appropriate medical equipment, whose goal is to provide a range of medical services to those insured under the program, as long as the owners of the institute have a contracting agreement with Meuhedet, and the name of the institute appears in the medical service directory of Meuhedet.

“Surgery” - surgical action in each of the areas listed in Appendix B of these Regulations, performed in an open invasive way or endoscopically.

“Nursing” - aid, as defined by the Nursing Law, whose main objective is to provide assistance to an ill person at home, who is unable to function on his own.

“Treating Physician” - a physician, who by virtue of his contracting by agreement with Meuhedet, provides medical services to those insured under the program, subject and pursuant to these Regulations, as long as his name is included in the list of authorized physicians listed in the medical directory of Meuhedet.

“List of Authorized Medical Services” - list of the services specified in Appendix B of these Regulations, which includes a variety of test, treatments, surgeries and other services, which the Insured is entitled to pursuant these Regulations.

“Rehabilitation” - medical assistance, whose main objective is to improve the functional condition of the patient as close as possible to his condition prior to his illness.

“PMS” (Private Medical Service) - medical treatment as specified in Appendix B of these Regulations, performed by a physician privately selected by the Insured in one of the public hospitals in Jerusalem where this service is customarily provided, as specified in section 1.5 below.

1.2 General

1.2.1 The Insured shall be entitled to medical treatment as described in sections 1.3-1.5 below, provided that he completed 12 membership months in the program (Waiting Period”); provided that the treatment is included in the “list of approved medical services” and subject to the agreements between Meuhedet and the service providers, who have an agreement with Meuhedet”.

1.2.2 The “list of approved medical services” specified in Appendix B of these Regulations, constitutes an integral part of these Regulations and the sole document obligating Meuhedet in regards to the medical assistance offered to the members of “Meuhedet C” under Clause 1 of these Regulations.

1.2.3 The coverage under Chapters 1.3 and 1.4 below does not include implants inserted into the body of the patient during surgery, except as provided in Clause 1.6 below.

1.2.4 The participation of "Meuhedet C" in the costs as specified in Clauses 1.3-1.6 below replaces the participation of Meuhedet, if any, in the basic services as defined in the National Health Insurance Law.

1.3 The purchase of medical services at a private hospital through physicians associated by agreement to Meuhedet

1.3.1 An Insured in need of surgery/treatment included in Appendix B of these Regulations, which was approved by Meuhedet, is entitled to select a private hospital and a treating physician from the list of private hospitals and from the list of physicians who have a contracting agreement with Meuhedet ("treating physician"). The list of physicians in the agreement is available to the Insured at the branches of Meuhedet and is updated from time to time.

1.3.2 The Insured who is in need of surgery or treatment as stated is required to verify with Meuhedet and with the treating physician, prior to the surgery, whether the physician is authorized by Meuhedet to perform said surgery.

1.3.3 If the Insured selects a hospital and a physician as stated in Clause 1.3.1 above, Meuhedet shall cover the overall expenses in respect of the medical treatment by paying the hospital directly, with the exception of the Insured's deductible at a rate of 25% of the deductible required under Clause 1.3 of Meuhedet Adif Regulations, as long as the Insured's deductible is not less than 100 NIS and does not exceed 911 NIS per treatment.

1.3.4 Expenses for services provided to the Insured at his request, which are not in accordance with the agreements existing between Meuhedet and the service providers, and which were not included in the "list of approved medical services", such as hospitalization in a preferred room or class, installation of a radio, telephone or television by the bed of the insured, nursing care by a private nurse and/or special supervision (except for that which he is entitled to under Clause 18 of the "Meuhedet Adif" Regulations), shall all apply in their entirety at the expense of the Insured.

1.4 The purchase of medical services in private hospitals and physicians not associated by agreement with Meuhedet

1.4.1 If the Insured is hospitalized by his own initiative at a private hospital and selects a private treating physician, who is not associated by agreement to Meuhedet and without coordinating in advance with the "Approving Authority", he shall be obliged to cover all of the hospitalization and treatment expenses on his own. The Insured may apply for indemnification in respect of the expenses as specified below:

1.4.1.1 Upon his release, the Insured shall file with the "Approving Authority" a request for the participation of Meuhedet in his expenses and shall attach to his request:

- a. A detailed illness summary;
- b. Original receipts regarding the payments he made for the purchase of the medical assistance.

1.4.1.2 The "Approving Authority" shall verify whether the said surgery is included in the list of surgeries in Appendix B of the "Meuhedet Adif" Regulations and the eligibility of the Insured for indemnification under these Regulations. If his eligibility is approved, Meuhedet shall indemnify the Insured in respect of his expenses for the hospitalization, including the salary of the surgeon and anesthesiologist, up to a maximum as specified in the refund table available to the Insured at the branches of Meuhedet. The refund level under this Clause shall be 20% higher than the refund amount which the Insured is entitled to for identical service under "Meuhedet Adif" Regulations.

1.4.1.3 The refund table shall be updated in accordance with the index increase on the date of the Insurance Premiums update.

1.4.1.4 Meuhedet shall not bear professional liability for medical treatment which the Insured purchased without prior consultation therewith, as stated in Clause 11.12 of Chapter A of these Regulations, even if he received indemnification from Meuhedet in respect of his expenses for the said treatment.

1.5 The purchase of medical services in the framework of PMS (Private Medical Service)

1.5.1 An Insured who was operated on in the framework of PMS (Private Medical Service) in a public hospital in Jerusalem where this service is customary (Hadassah, Sha'arei Tsedek), and as long as the operating physician and the requested treatment are included in the agreement between Meuhedet and hospital, shall be eligible for full coverage of the hospitalization costs according to the rates of the Ministry of Health; and in addition, for coverage of the expenses for the PMS paid directly to the hospital by Meuhedet, subject to the Insured's deductible at a rate not to exceed 50% of the cost of the surgery, which the Insured was obligated to according to the hospital rates. The list of services included in each of the agreements shall be brought to the attention of the Insured, and in any case, it shall not be smaller than the list of approved services in Appendix B of these regulations. The updated deductible rates shall be available to the Insured at the branches of Meuhedet.

1.5.2 If the Insured chooses to be operated on as stated above by a physician of one of the hospitals stated in Clause 1.5.1 above for treatment or by a physician not included in the agreement, Meuhedet shall cover the hospitalization costs in their entirety by directly paying the hospital according to the rate of the Ministry of Health, and shall indemnify the Insured at a rate of 30% of his expenses for the purchase of PMS, but not more than the indemnification limit in the amount of \$3,000.

1.5.3 Despite the aforementioned in Clauses 1.5.1 and 1.5.2 above, indemnification for the purchase of implants which are not in the basic services under the National Health Insurance Law, and for which the hospital legally charges the Insured on the basis of a separate fee, shall be performed only in accordance with the provisions of Clause 1.6 above.

1.6 Implants

Meuhedet shall indemnify the Insured at a rate of 85% of his expenses for the purchase of "implants" which he is in need of during surgery performed at a private hospital, or for surgery performed at a public hospital as stated in Clause 1.5.3 above, during which an implant, which was not covered under the National Health Insurance Law, was inserted into the Insured. The eligibility shall be limited to one eligible incident per year and up to a limit of 19,377 NIS per year. All these, provided that the Insured provides Meuhedet medical documentation and original receipts as required, and subject to the fact that the implant was inserted into the Insured during surgery, which is included in the approved medical services list pursuant to these Regulations.

1.7 Restrictions

1.7.1 If during the hospitalization of the Insured in a private hospital, due to changes in his medical condition, he is in need of treatment in another appropriate framework, including "rehabilitation hospitalization", "complex nursing", "regular nursing" or "psychiatric", Meuhedet is entitled to locate for him an alternative framework for treatments in an appropriate institute. The insured shall be entitled to assistance from Meuhedet subject to the provisions of the National Health Insurance Law.

1.7.2 For the removal of doubt, it is stated that the medical services not included in Appendix B of these Regulations shall not entitle the Insured to any monetary indemnification, whether he purchased them through PMS or at a private hospital.

1.7.3 The right under this Clause replaces the right of Insured under Clause 1 of Chapter B of the "Meuhedet Adif" Regulations as of the date of completion of the Waiting Period.

1.7.4 Despite the aforementioned in Clause 1.7.3 above, the Insured is entitled to select which of the rights to exercise for each eligible incident upon the completion of the Waiting Period.

1.7.5 If the Insured chooses to exercise his right in regards to an eligible incident based on the basic services under the National Health Insurance Law, he shall not be entitled to any of the rights specified in this Clause for that eligible incident.

2. Plastic Surgeries

Waiting Period: 3 months from the date of joining the program.

Nature of the service in relation to eligibility under "Meuhedet Adif": added.

2.1 An Insured of "Meuhedet C" shall be entitled to plastic surgery from those specified in Clause 2.2 below at a private hospital associated with Meuhedet, and by a surgeon included by agreement. The Insured shall be required to a deductible in accordance with the type of surgery and the hospital he selects, as a condition to the provision of the service.

2.2 The types of surgeries and the deductibles associated therewith are as follows:

2.2.1 Nose surgery – 7,387 NIS

2.2.2 Small liposuction – 4,844 NIS

2.2.3 Large liposuction – 15,501 NIS

2.2.4 Breast lift/reduction – 12,595 NIS

2.2.5 Breast enlargement – 8,720 NIS. For the removal of doubt, the price does not include the cost of the implants.

2.2.6 Eyelid surgery – 8,720 NIS

2.2.7 Face and neck lift – 15,138 NIS

2.2.8 Laser hair removal – 4,844 for a single area

2.2.9 Vein removal treatment – 6,661 NIS for each leg

2.2.10 Treatment for the prevention of excessive sweating of the palms/feet – 5,813 NIS

2.3 The Insured's method of payment shall be in accordance with the agreement between Meuhedet and the service provider. The list of service providers associated with Meuhedet for the performance of the aforementioned in this Clause is available to the Insured.

2.4 For the removal of doubt, the Insured shall not be entitled to indemnification for plastic surgery performed at another medical center, which is not associated with Meuhedet in an agreement for the performance of the surgeries stated above.

3. Supply of Drugs not included in the "Pharmaceutical List" of Meuhedet

Waiting period: 6 months from the date of joining the program.

Nature of the service in relation to eligibility under "Meuhedet Adif": added.

The 2008 Arrangements Law states that the additional health services shall not include life-saving or life-prolonging drugs.

As such, the provisions stated in Clauses 3.1 through 3.5 below shall apply only to Insureds who joined the program until December 31st, 2007:

A. Insureds who joined the program before December 23rd, 2007 are entitled to coverage under Clause 3 of the Regulations effective on December 23rd, 2007 for a period of 24 months. This period shall commence on the date of completion of the 24-month Waiting Period from the date of joining the program or on January 1st, 2008, the later of the two.

B. Insureds of "Meuhedet C", for whom a drug was prescribed during their period of eligibility, shall remain eligible for continuity of treatment.

3.1 Insureds of "Meuhedet C" shall be entitled to a discount for purchasing a drug under the provisions of Clauses 3.2-3.3 below, provided that:

3.1.1 The said drug is not registered in Israel or is not registered in the requested indications, and does not have an alternative in the pharmaceutical list prescribed by the National Health Insurance Law and/or the pharmaceutical list of "Meuhedet Adif". For this purpose, an "alternative" – a medicinal alternative, which, according to accepted medical standards, is designed to achieve the same medical effect achieved by the drug requested, provided that the treatment involved therein does not cause more serious physical consequences to the patient.

3.1.2 An approval was provided for this drug as required under the Pharmacists Regulations (medical prescriptions) under the provisions of Clause 29A(3) of those Regulations.

3.1.3 The drug is intended to treat cancer.

3.1.4 A written recommendation for use of this drug was given by a physician who is department director or a deputy director in a public hospital in Israel.

3.1.5 A prescription was given to the Insured by a Meuhedet physician authorized to generate such prescriptions.

3.2 An Insured, as stated in Clause 3.1 above, shall be entitled to purchase the drug through a Meuhedet pharmacy. Meuhedet's participation in respect of such medication shall amount to 2,000 NIS per prescription or the maximum price for the consumer, whichever is lower, provided the Insured's deductible is not less than 280 NIS per prescription. For this purpose, a "prescription" - a prescription drug intended for use in the course of a period not exceeding one month. If the prescription is intended for a period exceeding one month, the Insured's deductible and Meuhedet's participation shall be increased by the appropriate relative rate.

3.3 If, during the use of the drug as stated in Clause 3.1.1 above, the drug was included in the pharmaceutical list in a manner which entitles the Insured to obtain it through the funding of Meuhedet within the basic services framework (including the Insured's deductible). Meuhedet shall stop its participation under this Clause.

3.4 For the avoidance of doubt, a drug limited for purchase at a particular location and was purchased by the Insured at another location, and a drug purchased by the Insured with a non-Meuhedet prescription does not entitle the Insured to any discount or refund.

Medical Treatment Abroad

4. Medical consultation before selecting a medical center abroad

Waiting period: 24 months from the date of joining the program.

Nature of the service in relation to eligibility under "Meuhedet Adif": added.

Locating a consultant abroad

4.1 An Insured of "Meuhedet C", who believes he is in need of treatment or consultation abroad due to his medical condition, shall be entitled to receive from Meuhedet a list of three medical centers abroad suitable

to treat his medical condition, and the names of three physicians abroad, who are experts in the relevant treatment of his medical condition, including details about methods of contracting with these physicians.

4.2 The Insured shall not be required to pay any deductible for the service stated in Clause 4.1 above.

Obtaining consultation

4.3 An Insured who meets the provisions of Section 4.4 below, and who chooses to consult with one of the medical centers or physicians abroad who are associated by agreement with Meuhedet, shall be entitled to receive from Meuhedet consultation abroad with a deductible of 121 NIS per consultation. The Insured is eligible to up to three consultations for the entire membership period.

4.4 The above is conditioned that the need for consultation is due to one of the following:

4.4.1 A Meuhedet oncology consultant's recommendation.

4.4.2 A concern for the need for open-heart surgery or brain surgery.

4.4.3 A need for one of the following organ transplants: heart, liver, bone marrow, lung.

4.4.4 An illness (not due to an accident), which requires the removal of a limb.

4.5 If a medical opinion cannot be obtained for the said medical area from one of foreign medical centers associated with Meuhedet by agreement, and the Insured was acknowledged as eligible to receive a second opinion abroad under these Regulations, the Insured shall be entitled to indemnification at a rate of 85% of his actual expenses for obtaining a medical opinion from another medical center up to a limit of 6,055 NIS. The indemnification shall be given in respect of the salary of the consulting physician and for the expenses related to the shipping of the medical materials abroad.

4.6 The provisions of Clause 4.5 above are conditioned upon the fact that the provider of the second opinion is a senior expert in the specific area, and subject to the approval received by Meuhedet's Approving Authority.

4.7 The rights of the Insured under this Clause are added to his entitlement under Clause 6.2 of Chapter B of the "Meuhedet Adif" Regulations, however the Insured shall not be entitled to attach his rights under both programs for that consultation.

5. Surgeries abroad based on the choice of the Insured

Waiting period: 24 months from the date of joining the program.

Nature of the service in relation to eligibility under "Meuhedet Adif": added.

5.1 An Insured of "Meuhedet C" who, in the opinion of a Meuhedet professional, is in need of surgery from those listed in the National Health Insurance Law and which is routinely performed in Israel, shall be entitled to perform the surgery abroad in one of the medical centers associated with Meuhedet by agreement, without any deductible. If the Insured chooses another medical center, Meuhedet's participation shall be limited to a rate of 150% of the cost of an identical surgery performed in Israel under the "Ministry of Health Rates."

5.2 The eligibility of the Insured as aforementioned shall be limited to one surgery during the insurance term.

5.3 In this regard, the "Ministry of Health Rates" according to Ministry of Health's director's circular is updated as of the date of performance of the surgery.

5.4 For the removal of doubt, it shall be clarified that the approval of the Insured for the performance of surgery abroad under this Clause does not entitle the Insured to the related expenses under Clause 5.8 of the "Meuhedet C" Regulations.

5.5 Travel insurance abroad

5.5.1 It is hereby declared that the Insured traveling abroad under Clauses 4 and 5 above, as well as the Escorts accompanying him, are obliged to purchase a travel insurance policy, covering the entire period of their stay abroad, in order to insure themselves their and luggage, which are not included in the obligations of Meuhedet according these Regulations.

5.5.2 The insurance premiums above shall apply to the Insured and his Escorts, and Meuhedet shall not be obligated to cover these expenses, in whole or in part.

Innovative Treatments

6. Anti-Aging Treatments

Waiting period: 6 months from the date of joining the program.

Nature of the service in relation to eligibility under "Meuhedet Adif": added.

The Insured of "Meuhedet C" shall be entitled to a discount for the performance of anti-aging treatments at a medical center, engaged in this area, and which is associated with Meuhedet by agreement. The Insured shall be eligible for the full range of treatments as specified in the agreement between Meuhedet and the institute. A list of treatments and a list of institutes associated with Meuhedet by agreement shall be available to the Insured at Meuhedet's branches. The discount rate shall be 30% of the regular price list of the provider up to a maximum of \$2,000 for one series of annual treatments during the insurance period.

7. Shock-Wave Treatments

Waiting period: 6 months from the date of joining the program.

Nature of the service in relation to eligibility under "Meuhedet Adif": added.

7.1 Shock-wave treatment is designed to crush calcification in the joints (shoulder, elbow), treatment in cases of bone spur formation in the feet and calcification of tendons.

7.2 The Insured shall be entitled to a series of up to four sessions during the insurance period as determined by the attending physician in one of the centers specializing in this treatment method, and which is associated with Meuhedet by agreement. A list of institutes in the agreement shall be available to the members at Meuhedet's offices.

7.3 The Insured, as aforementioned, shall be eligible to receive said treatment with a deductible depending on the type of treatment needed. The member's deductible shall be limited to a rate of 50% of the regular price list of provider and no more than 545 NIS per treatment.

8. Periodic Screening

Waiting period: no waiting period is needed.

Nature of the service in relation to eligibility under "Meuhedet Adif": added.

8.1 An Insured who is over the age of 18 shall be entitled, at his discretion, to perform once every two years, a series of periodic screening, even if there were no medical circumstances requiring the performance of these tests under the National Health Insurance Law.

8.2 The tests shall be performed in one of the following:

8.2.1 Meuhedet's designated clinics

8.2.2 Clinics associated with Meuhedet by agreement.

8.3 Performance of the tests at Meuhedet clinics is contingent on the Insured's deductible in the amount of 242 NIS for each series of tests. Meuhedet shall bring to the attention of the Insured the list of clinics that provide said service.

8.4 If an Insured is referred to an institute associated with Meuhedet by agreement, Meuhedet may require the Insured to pay the full cost directly to the service provider. In this case, the Insured shall be entitled to indemnification at a rate of 75% of the expenses up to a limit of 484 NIS for each series of tests.

8.5 The series of tests includes: a physician's examination, a general urinalysis, blood tests (hematology + chemistry), lung functioning and ergometric testing.

9. Oncogenetic Tests

Waiting period: 3 months from the date of joining the program.

Nature of the service in relation to eligibility under "Meuhedet Adif": added.

An Insured of "Meuhedet C" shall be entitled, on a one-time basis and with the recommendation of a geneticist physician, to take a test for the discovery of cancerous genes for breast cancer, colon cancer and/or ovarian cancer, which are not included in the basic services under the National Health Insurance Law. The test shall be performed in public hospitals or in institutes associated with Meuhedet by agreement, and provided that there is a recommendation from the Insured's attending physician on behalf of Meuhedet. The test shall be performed subject to payment of a deductible in an amount of 218 NIS per test.

10. Laboratory testing services in the home of the Insured

Waiting period: no waiting period is needed.

Nature of the service in relation to eligibility under "Meuhedet Adif": added.

10.1 If a Meuhedet professional determines that an Insured of "Meuhedet C" must take a blood test, the Insured shall be entitled to take the blood test by a doctor or nurse on behalf of Meuhedet, who, by telephone reservation, shall be sent to the home or work place of the Insured, based on the choice of the Insured. The Insured may receive the results laboratory test results at the computerized information stands existing at the branch or via the medical secretaries at the branch.

10.2 For a blood test performed at a selected site chosen by the Insured as stated above, the Insured shall be charged with a deductible in the amount of 54 NIS, which shall be paid upon taking the blood sample.

Life Style

11. Nutritional Counseling

Waiting period: no waiting period is needed.

Nature of the service in relation to eligibility under "Meuhedet Adif": added.

11.1 An Insured shall be entitled, even if he is not entitled thereto according to National Health Insurance Law, to nutritional counseling by a consultant associated by agreement to Meuhedet.

11.2 The Insured shall be entitled to two counseling meetings per year, and a deductible of 24 NIS per meeting.

The meeting quota under this Clause is in addition to his entitlement under Clause of Chapter B of "Meuhedet Adif" Regulations.

12. Workshops and Classes

Waiting period: no waiting period is needed.

Nature of the service in relation to eligibility under "Meuhedet Adif": added.

The Insured shall be entitled to a discount of 50% of the regular rate, or 424 NIS per course (the lower of the two), for participation in courses and workshops in the following areas: weight loss, childbirth classes and smoking cessation, provided that they are held in the framework of Meuhedet and/or by providers associated with Meuhedet by agreement. Meuhedet's said participation is limited to two courses per calendar year. The price list shall be published in Meuhedet's clinics

13. Rehabilitation exercise after myocardial infarction

Waiting period: 6 months from the date of joining the program.

Nature of the service in relation to eligibility under "Meuhedet Adif": an improved replacement.

13.1 An Insured who had an acute myocardial infarction, requiring according to the instructions of a specialist, supervised physical activity at a licensed institute and under medical supervision, shall be entitled to Meuhedet's participation of 166 NIS per month in respect of this expense for a period of 9 months (beyond his eligibility under the National Health Insurance Law), and provided that he began said physical activity, as stated above, within 6 months from the date of the incident.

13.2 From the date of completion of the Waiting Period, the eligibility under Clause 13.1 above shall replace the existing eligibility under Clause 25 of the "Meuhedet Adif" Regulations.

Consultation

14. Second Opinion – in Israel

Waiting period: 6 months from the date of joining the program.

Nature of the service in relation to eligibility under "Meuhedet Adif": an improved replacement.

14.1 An Insured requesting a second medical opinion in Israel, shall be entitled as follows:

14.1.1 If the consulting physician is associated by agreement to Meuhedet for the provision of consultations to an Insured in his area of expertise and his name appears in Meuhedet's services guide, or if the consulting physician is among the specialists working in the framework of PMS Hadassah, as long as they are associated with Meuhedet by agreement for this matter, the Insured shall receive a second medical opinion without any deductible.

14.1.2 When the consulting physician is not associated by agreement with Meuhedet as described below, and the Insured contacts him at his own initiative and expense, the Insured shall be compensated at 85% of the expense to purchase a "second opinion", provided that the indemnification does not exceed 606 NIS and conditioned that the opinion was given by a person who is a "specialist". In this Clause, "specialist" – a person included in the list of consulting specialists. This list includes physicians recognized until June 28th, 2009, to which specialists shall be added in accordance with the decision of the Committee for the recognition of

specialists for this Clause, in accordance with the committee procedure as approved by the Ministry of Health. The committee is also authorized to remove physicians from the list.

The list shall not include physicians associated with Meuhedet by an agreement to supply medical services offered to all Insureds under the basic services defined by the National Health Insurance Law, except for senior consultants of the medical department of Meuhedet.

The contents of the list shall be available to the Insured at the Meuhedet branches.

14.1.3 All of the aforementioned shall be performed with the approval of Meuhedet's Approving Authority in exchange for the submission of original receipts and medical documents.

14.2 Restrictions

14.2.1 An Insured is entitled to receive service/indemnification as set forth in Clauses 14.1.1-14.1.2 above for up to 4 medical second opinions in one calendar year.

14.2.2 Medical treatment recommended by the consultant set forth in Clause 14.1.1-14.1.2 above shall be provided subject to the approval of Meuhedet's Approving Authority.

14.2.3 If the Insured obtains an opinion and treatment recommendation, which acceptable to Meuhedet's senior professional authority in that area, and decides to perform the treatment in spite thereof, the Insured shall bear the treatment expenses and the responsibility for its results.

14.2.4 Upon the completion of the Waiting Period, the Insured's eligibility under this Clause shall replace his eligibility under Clause 6 of the "Meuhedet Adif" Regulations, provided that if, during that calendar year, the Insured utilized his eligibility under "Meuhedet Adif" Regulations, the consultations he received under "Meuhedet Adif" shall be counted as part of the coverage, as stated in this Clause.

Services for Children

15. Treatment for Bed Wetting

Waiting period: 3 months from the date of joining the program.

Nature of the service in relation to eligibility under "Meuhedet Adif": an improved replacement.

15.1 A "Meuhedet C" Insured in need of treatment for bed wetting according to the determination of a Meuhedet physician, shall be entitled to receive such treatment in the Meuhedet alternative medicine clinics as set forth in "Meuhedet Adif" Regulations; however, if behavioral treatment was provided as a solution to the said problem by a physician who is not associated with Meuhedet by agreement, the Insured shall be entitled to reimbursement of 85% of the expenses and up to 727 NIS for one series of up to 4 treatments for the insurance period.

15.2 The rights under this Clause are added to the Insured's rights under Clause 13 of the "Meuhedet Adif" Regulations; however an Insured shall not be entitled to attach his rights under both programs for that treatment.

Pregnancy and Birth

16. Diagnosis and treatment of male and female fertility disorders

Waiting period: 24 months from the date of joining the program.

16.1 Definitions

In this Chapter, the following terms shall have the meanings besides them:

“In Vitro Fertilization” (IVF) - is comprised of the following steps:

Phase A - diagnostic inquiry (clinical, laboratorial and by means of simulation), hormonal treatment and monitoring of follicles by U.S. (ultrasound).

Phase B - extraction of eggs, their fertilization with the semen of the partner / donor and their implantation in the uterus of the Insured or of the “surrogate mother” (or freezing those not implanted). Also, laboratorial monitoring the development of the fetus through U.S. until proof of clinical or chemical pregnancy (as defined below).

Phase C - implantation of embryos from frozen stock (if the woman does not become pregnant in Phase B), including hormonal monitoring and ultrasound monitoring as stated in Phase B above.
phase B.

“Clinical pregnancy” - pregnancy, with increasing hormone levels in the blood and ultrasound evidence of the existence of a pregnancy sac in the uterus.

“Chemical pregnancy” - a high hormone level in the blood, which returns to normal, without ultrasound evidence of the existence of a pregnancy sac.

“Married couple” - man and woman registered as a married couple in their identification cards.

“Single parent family” - a single woman (unmarried, divorced, widow) wanting to have a child, everything according the rules, conditions and restrictions as specified in these Regulations.

“Spontaneous genetic material” - a woman's eggs or a man's sperm of their own (not from a donor).

“material from a donor” a woman's eggs or a man's sperm taken from donor.

“Child” newborn born to a married couple (as defined in these Regulations) from the current marriage and from spontaneous genetic material (belonging to the couple), or from genetic material from a donor, or a newborn born to a single parent family from spontaneous genetic material or from a donor.

“Recognized department” a department in a hospital or clinic, recognized by the General Director of the Ministry of Health, by notice in “Reshumut” (public listings) and under determined conditions, as authorized to perform medical actions related to in vitro fertilization.

“Authorized institute” institute or service provider associated by agreement with Meuhedet, whose information appears in Meuhedet's medical services directory.

“One attempt” - any attempt when at least Phases A + B were completed as described above, or any attempt in which only Phase C was performed.

16.2 General

16.2.1 Those insured by the program, who are a married couple or a single parent family, and who were found, by a Meuhedet professional factor as eligible to receive fertility treatments under the National Health Insurance Law, shall be eligible to receive these treatments in a private hospital associated by agreement with Meuhedet. This for the purpose of diagnosis and treatment of existing fertility disorders, in order to achieve pregnancy, provided that the married couple does not have children from their present marriage. Eligibility is conditioned on a deductible at a rate of 15% of the cost of treatment and up to capped deductible of 1,694 NIS for each attempt.

16.2.2 The Insured is entitled to receive conservative and/or surgical treatment in a private hospital, as stated above, only up to a maximum of 10 in vitro fertilization (IVF) attempts for each child in order to have up to two children. For the avoidance of doubt, it should be emphasized that eligibility is based on medical criteria determined under the National Health Insurance Law.

16.2.3 "Meuhedet C" Insureds, who are a couple or a single parent family, and who already have two healthy children, are entitled to the program's monetary participation of no less than 85% of the cost of each treatment / IVF attempt whose goal is the birth of another child; all within 10 attempts for each child, provided that each “attempt” is approved in advance by Meuhedet's Approving Authority.

16.2.4 Approvals set forth in Clauses 16.2.2 and 16.2.3 above shall be given up to a cap of 105,896 NIS for all approved fertilization attempts.

16.3 Terms of Eligibility

16.3.1 Diagnosis and treatment of fertility problems as defined in this Chapter shall be provided to the Insured of "Meuhedet C" if the following is fulfilled:

16.3.1.1 The treatment or diagnosis is performed on the Insured who is a Meuhedet Health Fund member.

16.3.1.2 The waiting period has passed (24 months).

16.3.1.3 Professional and detailed opinion was given for the reasons for the fertility disorder and positive recommendation of a gynecology specialist or an endocrinologist that the Insured is in need of an inquiry and/or treatment for fertility disorders, including in vitro fertilization

16.3.1.4 An approval in advance was provided by Meuhedet's "Approving Authority" based on the opinion of Meuhedet's senior consultant in the area of fertility disorders.

16.3.1.5 The eligible Insured under Clause 16.2.3 above, is younger than 43, and the treatment involves spontaneous genetic material or from a donor, or is younger than 48 if it involves egg donation.

16.4 Tests and Treatment

16.4.1 Tests aimed at determining the causes of fertility disorder such as clinical tests, laboratory tests, routine sperm tests, sperm testing using electronic microscope (with the approval of the medical ward only), testing of the sperm creation process, imaging tests, curettage attempts and invasive tests of the abdominal cavity and uterine cavity. In addition, conservative or invasive treatments, such as artificial insemination, surgical treatments, in vitro fertilization treatments, including micromanipulation treatments of the egg prior to its fertilization or of the fertilized egg; all these shall be provided to the members of Meuhedet in public hospitals, with the funding by Meuhedet without a deductible, provided that a senior consultant of Meuhedet determined that there is a medical necessity and there are reasonable chances for success of the treatment.

16.4.2 These tests and treatments shall be provided to members of "Meuhedet C" as set forth in Clause 16.4.1 above, also in private hospitals, where the deductible of the Insured shall not exceed 15% of their costs, all in the framework of the eligibility conditions as specified in above Clauses 16.2 and 16.3 above.

16.4.3 These tests and treatments, for the purpose of having a third child and more, shall be provided to members of "Meuhedet C" only, in the framework of up to 10 attempts for each child, provided that they were approved by the "Approving Authority" and that the deductible of the Insured shall not exceed 15% of the costs.

16.5 Supply of Medication

Members of "Meuhedet C" who are eligible for fertility treatment under these Regulations are eligible for medication as specified below:

16.5.1 Medications for fertility disorders included in Meuhedet's medication directory shall be provided to those eligible in the framework of the approved fertility attempts, subject to the provision of the law.

16.5.2 Medication not included in the medication directory shall be provided to members of "Meuhedet C" as stated above with a deductible of up to 15% of its retail price, provided that these medications are included in Appendix D of these Regulations.

16.5.3 IVF medication (from phase A), for the birth of a third child and more shall be provided to the members of "Meuhedet C" with a deductible of 15% of their retail price.

16.5.4 The eligibility for medication, as stated above, is contingent upon the recommendation of a specialist of female diseases, associated with "Meuhedet", and who is authorized to prescribe the medication on its behalf,

provided that the supply of medication shall be done through the Meuhedet pharmacies or through its central medication dispensary.

16.6 In Vitro Fertilization (IVF)

16.6.1 In vitro fertilization treatments are provided under these Regulations to all eligible members of Meuhedet, for having up to two children inclusive, and to the members of "Meuhedet C" for having a third child and onwards, all subject to the conditions and rules as specified below:

Number of Children	Type of Insurance	Number of Attempts	Deductible on Public Hospitals	Deductible in Private Hospitals
For the first 2 children	Meuhedet members not insured by "Meuhedet Adif"	According to the determination by a specialist	None	Are not eligible for participation of Meuhedet for hospitalization in a private hospital
	Insured by "Meuhedet Adif"	Public hospital - according to the determination by a specialist. Private hospital - 10 attempts for each child (for those approved by law by the specialist)	None	Up to 15% of the cost for each attempt
For the third child and more	Insured by "Meuhedet C"	10 attempts for each child (according to the approval of the specialist)	Up to 15% of the cost for each attempt	Up to 15% of the cost for each attempt

16.6.2 Since the in vitro fertilization (IVF) is performed based on the recommendation and the order of a "recognized department", in accordance with the request and consent of the Insured, Meuhedet will not bear direct professional liability or vicarious liability for the performance of in vitro fertilization and its outcome, including complications during pregnancy and/or birth and/or for birth defects in the fetus.

The treatment of complications as mentioned above, shall be at the expense of Meuhedet under the provisions of National Health Insurance Law, however without derogating from that set forth above regarding the exemption of Meuhedet from liability.

16.6.3 Meuhedet shall fund the in vitro fertilization performed only in a "recognized department" of a hospital within the State of Israel, associated by agreement with Meuhedet, and subject to the conditions set forth in these Regulations.

16.7 Freezing genetic material

16.7.1 In the framework of the fertilization attempts approved under these Regulations, Meuhedet shall participate in the expenses for freezing fertilized eggs and their implantation back in the Insured from the frozen stock (Phase C), if the Insured did not become pregnant in Phase B of the in vitro fertilization.

16.7.2 All members of Meuhedet are entitled to full monetary coverage by Meuhedet for freezing fertilized eggs for one year only. This insured with "Meuhedet C" are eligible to an additional period of two years with a deductible of 15% of the "deductible".

16.7.3 An Insured who is an oncology patient or suffers from fertility problems, shall be entitled, at the expense of Meuhedet, to save sperm for a period of five years with public service providers associated by agreement with Meuhedet.

16.7.4 Participation of the program as set forth in Clauses 16.7.2 and 16.7.3 shall be made directly to the hospital, as stated above.

16.7.5 For the avoidance of doubt, the aforementioned is contingent on the performance of the treatment at hospitals associated with Meuhedet, subject to the regulations of the Ministry of Health in this regard, and at the sole responsibility of the insured and the performing specialist.

16.8 Treatment of fertility disorders through egg donation, performed abroad

16.8.1 Those insured by "Meuhedet C" who have no more than one child shall be entitled to indemnity of up to 10,590 NIS for treatment requiring egg donation as part of fertility treatment approved by Meuhedet, under conditions and restrictions as specified in Chapter 16 of these Regulations.

16.8.2 The above refund shall refer to the treatment performed abroad, including the expenses for both obtaining the eggs and implanting the fertilized eggs in the uterus.

8.3 The said assistance shall be approved for up to two fertility cycles from egg donation for the insured, and is subject to the approval in advance by Meuhedet's medical ward.

17. Early detection of birth defects in the fetus

Waiting period: no waiting period needed.

Nature of the service in relation to eligibility under "Meuhedet Adif": added.

17.1 Fetus system screening.

An Insured under "Meuhedet C" is entitled, at her discretion, to an early fetus system screening beyond the eligibility under the basic services. The screening shall be provided once per pregnancy at clinics and institutes associated with Meuhedet by agreement, the Insured's deductible shall be 121 NIS per screening, as long as a recommendation was provided by Meuhedet's gynecologist. If the Insured chooses to have the screening done at another institute, she shall be entitled to indemnification at a rate of 50% of the actual expense up to the maximum amount of 394 NIS (the refund includes the consultation provided in the framework of the system screening).

17.2 If an Insured chooses to perform the screening which is entitled to under Clause 14.2 of "Meuhedet Adif" Regulations at a clinic/institute not associated with Meuhedet by agreement, she shall be entitled to indemnification at a rate of 50% of the actual cost and up to a maximum amount of 394 NIS (the refund includes the consultation provided in the framework of the system screening).

17.3 Restrictions

17.3.1 Meuhedet is not liable for the early non-detection of birth defects following the performance of the tests under Clause 17.1 above, due to the limitations existing in early detection of some birth defects in the fetus using the existing equipment in the health system.

17.3.2 If the pregnant Insured chooses to receive medical assistance as set forth in Clause 17.1 above, and did so at her discretion, under her own responsibility and at her expense, without receiving Meuhedet's approval in advance, she shall not be entitled to any indemnity from Meuhedet for the expenses incurred in this regard.

17.3.3 The Insured's rights under Clause 17.1 above are added from the completion of the waiting period for eligibility under Clause 14.2 of "Meuhedet Adif" Regulations".

18. Umbilical cord blood

Waiting period: 6 months from the date of joining the program.

Nature of the service in relation to eligibility under "Meuhedet Adif": added.

Meuhedet shall participate in the expenses of taking, maintaining and preserving umbilical cord blood of the mother, insured under "Meuhedet C" through a provider who is associated with Meuhedet by agreement. The deductible of the Insured shall not exceed 50% of the regular price of the service provider and up to an overall maximum of 2,340 NIS per policy period, provided it does not exceed 15 years.

Rehabilitation and Recovery

19. Recovery after complex surgery

Waiting period: 3 months from the date of joining the program.

Nature of the service in relation to eligibility under "Meuhedet Adif": an improved replacement.

19.1 The Insured who underwent brain surgery, abdominal surgery, heart transplant or other surgery (excluding plastic and cosmetic surgery and obstetrics surgery), requiring hospitalization of more than 10 consecutive days, shall be entitled to indemnification for all expenses and up to a cap of 394 NIS per recovery day at an institution intended for such purpose, for up to seven consecutive days after surgery.

19.2 Following acute myocardial infarction, the Insured is entitled to 12 recovery days (including recovery days which were approved under the National Health Insurance Law) at an institution associated by agreement with Meuhedet, and is designated for rehabilitation and recovery for heart patients and for those after heart transplant surgery, up to a maximum and continuous cap of 12 recovery days, all after the discharge of the Insured from the hospital. The Insured's deductible shall be limited to a maximum of 242 NIS per day for each recovery day beyond the basic eligibility.

19.3 The eligibility of the Insured under Clauses 19.1 and 19.2 above is contingent upon the fact that the need for rehabilitation was acknowledged in advance by Meuhedet's Approving Authority, and the Insured's rehabilitation shall begin immediately after his discharge from the hospital or close to his discharge (up to 14 days after his release).

19.4 The Insured is obligated to present to the Approving Authority the discharge letter from the hospital and original receipts, specifying the name of the person staying at the institution, the number of rehabilitation days and the cost to the Insured.

19.5 The eligibility of the Insured under this Clause replaces his entitlement to recovery expenses after complex surgery upon the completion of the waiting period under Clause 9 of "Meuhedet Adif" Regulations.

Additional Services

20. Treatment of Hemorrhoids and Fissures

Waiting period: 12 months from the date of joining the program.

Nature of the service in relation to eligibility under "Meuhedet Adif": added.

An Insured who, according to the determination of a treating physician on behalf of Meuhedet, is in need of treatment for hemorrhoids or fissures, shall be entitled to receive the treatment at a private institute associated by agreement with Meuhedet. The Insured shall be entitled to a discount at a rate of 35% from the regular rate of that provider, or indemnification at a rate of 70% and no more than 3,270 NIS, all in accordance with the agreement between Meuhedet and the provider.

21. Treatment of Sexual Dysfunction Disorders

Waiting period: 12 months from the date of joining the program.

Nature of the service in relation to eligibility under "Meuhedet Adif": added.

An Insured in need of treatment as a result of a sexual dysfunction disorder shall be entitled to receive treatment at a private institute associated by agreement with Meuhedet. The Insured shall be entitled to a discount at a rate of 35% from the regular rate of that provider, or 61 NIS (whichever is lower), up to 25 treatments for the entire insurance period.

22. Therapeutic Riding, Hydrotherapy, Music Therapy, Art Therapy and Therapy using Animals

Waiting period: 12 months from the date of joining the program.

A child under the age of 12, who according to the determination of a treating physician on behalf of Meuhedet, is in need of one of the abovementioned treatments, according to Meuhedet's Approving Authority (the district physician or anyone authorized on his behalf), shall be entitled to indemnification at a rate of 75% and up to 103 NIS per treatment. The total number of treatments in all areas combined shall not exceed 24 treatments per year, when the total number of treatments in all areas combined during the insurance period shall not exceed 100 treatments.

A child, as defined above, suffering from a problem related to child development and received indemnification as stated above, the treatments for which he received indemnification shall be added to the number of treatments which he is entitled to under the provisions of Clause 19 of "Meuhedet Adif" Regulations.

23. Cesarean Section

Waiting period: 12 months from the date of joining the program.

Nature of the service in relation to eligibility under "Meuhedet Adif": added.

Women who already have 3 children shall be entitled at the birth of the fourth child and onwards – to indemnification of 50% of the expenses and no more than 3,028 NIS for cesarean section performed in the framework of private medical services in one of the public hospitals in Jerusalem.

24. Food Substitutes that are not in the Basic Health Services

Waiting period: 12 months from the date of joining the program.

Nature of the service in relation to eligibility under "Meuhedet Adif": added.

A baby until the age of two years, who is insured under the program, shall be entitled to a discount rate of 25% - 40% from the consumer price, at the time of purchase at a Meuhedet pharmacy, for food substitutes required by the determination of the baby's treating physician on behalf of Meuhedet (the discount rate is in accordance with the type of food substitute required), so long as the food substitute is part of Meuhedet's approved substitutes list. The aforementioned is limited to situations in which, according to the said physician, the food substitutes in the Basic Health Services do not meet the needs of the baby. Meuhedet's participation under this Clause is limited to a period of 6 cumulative months.

25. Treatment of Snoring Problems and Stuffy Nose

Waiting period: 12 months from the date of joining the program.

Nature of the service in relation to eligibility under "Meuhedet Adif": added.

An Insured who suffers from these problems is entitled to receive treatment at a private provider associated with Meuhedet by agreement. The Insured shall be entitled to a discount of 33% from the regular rate of that provider or 303 NIS (whichever is lowest).

26. Rehabilitation from Sports Injuries

Waiting period: 12 months from the date of joining the program.

Nature of the service in relation to eligibility under "Meuhedet Adif": added

An Insured shall be entitled to rehabilitation as a result of sports injuries in an institute of Meuhedet, authorized to treat such problems. The Insured shall be entitled to receive, according to the determination of Meuhedet treating physician, up to 20 sessions per year with a deductible of 48 NIS per treatment.

27. Child Development

Waiting period: 6 months from the date of joining the program.

Nature of the service in relation to eligibility under "Meuhedet Adif": added.

A child between the ages of 3-9 years old, entitled under the National Health Insurance Law to services related to child development, and who exhausted the treatment quota which he is entitled to under the National Health Insurance Law and under "Meuhedet Adif" Regulations, shall be entitled to an additional 15 treatments per year (in all areas of treatment combined) with a deductible of 25 NIS per treatment.

28. Nuchal translucency

Waiting period: not required.

Nature of the service in relation to eligibility under "Meuhedet Adif": added.

An Insured of "Meuhedet C" who is pregnant (*even if not with multiple embryos) is entitled during the 11-14 week of pregnancy to undergo a nuchal translucency test, provided the test is performed at an institute associated with Meuhedet by agreement in exchange for the insured's deductible in the amount of 103 NIS. In the event that there is no provider associated with Meuhedet by agreement, the Insured is entitled to undergo the test at another institute and to receive a refund at a rate of 75% of the expenses and up to 454 NIS.

* Nuchal translucency test for multiple embryo pregnancy is included in the basic health service.

29. Physician Home Visit

Waiting period: 12 months from the date of joining the program.

Nature of the service in relation to eligibility under "Meuhedet Adif": added.

An Insured who is in need of a physician's services at night, when Meuhedet's clinics are closed and/or on Saturdays and holidays, can call for a physician's visit at his home through a service provider associated with Meuhedet by Agreement for this matter. The Insured shall pay a deductible of 30 NIS for the visit.

30. Dental Implants

Waiting period: 12 months from the date of joining the program.

Nature of the service in relation to eligibility under "Meuhedet Adif": added.

The Insured who is in need of dental implants shall be entitled to undergo the implant at a Meuhedet dental clinic which provides this service at a discount of 35% of Meuhedet's regular rate for the implant.

The eligibility of the Insured as set forth in this Clause is limited to 4 implants during the insurance period.

31. Diagnosis of Attention Deficit Disorder

Waiting period: not needed.

Nature of the service in relation to eligibility under "Meuhedet Adif": added.

A child between the ages of 5-18 years old, suffering from an attention deficit disorder, who was diagnosed by a Meuhedet child psychiatrist or neurologist, shall be entitled to a one-time test to specifically diagnose the attention deficit disorder by a computerized method (TOVA or BRC test, and per the request of a neurologist, eligibility to two cumulative tests: TOVA test after BRC, or BRC test after TOVA) with the Insured's deductible of 212 NIS per test.

32. Alternative Medicine

Waiting period: 12 months from the date of joining the program.

Nature of the service in relation to eligibility under "Meuhedet Adif": added.

An Insured, who exhausted the annual treatment quota at Meuhedet's alternative medicine clinics as set forth in Clause 13.2 of the "Meuhedet Adif" Regulations, shall be entitled to a series of 18 additional treatments at a discount of 40% of the regular price.

33. Recovery for Women after Birth

Waiting period: 6 months from the date of joining the program.

Nature of the service in relation to eligibility under "Meuhedet Adif": improved.

33.1 Women after birth are entitled to recovery at an institute designed for recovery after birth from the birth of the first child, provided that, her recovery begins within one month from the day of discharge of the mother/ the child (whichever is later) from the hospital.

33.2 The mother shall be entitled to indemnification at a rate of 75% of the actual expenses for each full day of recovery, up to an amount of 242 NIS per day, for a maximum period of three days and upon presenting a discharge certificate from the maternity ward and original receipts indicating the amounts paid to the recovery house or motel.

34. Dental Care for Children and Adolescents

Waiting period: 6 months from the date of joining the program.

34.1 A child aged 10 and under the age of 18 shall be entitled to preservative dental treatment (as specified below) without any cost at Meuhedet's dental clinics.

These treatments include:

Annual exam

X-rays performed at the clinic

Dental cleaning (once every six months)

Fillings

Pulpotomy

Pulp Mapping

Extractions

Root canals

Prefabricated crowns

This coverage includes the cost of anesthesia (sedation and/or general anesthesia), if needed, during the treatment.

34.2 The Insured's eligibility is contingent upon the approval of the treatments in advance by Meuhedet's Approving Authority.

Meuhedet's list of dental clinics is available to the Insureds at the clinics and on Meuhedet's web site.

35. Hearing Aids

Waiting period: 3 months from the date of joining the program.

An Insured under "Meuhedet C" shall be entitled to purchase hearing aids at providers associated by agreement with the approval in advance of an otolaryngologist (ENT - ear, nose and throat physician) or a speech therapist. The eligibility is limited to the purchase of up to two hearing aids (one from Group A and the second from Group B) with a deductible as listed in Appendix F of the Regulations, once every two membership years.

Appendix A – Monthly Payments*

Age Group	Monthly Premium in NIS
0-25	12
25-30	31
30-40	38.5
40-50	55.5
50-60	70
60-70	87
70-80	108.5
80 and above	117

*As of January 1st, 2012

- The monthly payment shall be updated in accordance with the index increase as set forth in Clause 8.6 of Chapter A of the Regulations

Comments:

A. The prices listed in the table are per insured individual, according to age. The charge for children up to the age of 18 in an insured's family is limited to three children. The fourth child and onwards – at no charge.

B. The monthly payments specified above are after a discount rate of 5% for those paying by automatic debit, credit card or centralized collection.

C. For those paying through payment vouchers - payment shall be made at any postal bank branches throughout the country or at the offices of Meuhedet.

D. "Meuhedet C" constitutes another layer to "Meuhedet Adif". As such, the rates specified above in addition to the payments for "Meuhedet Adif".

E. The realization of all rights reserved for the Insureds of the AHS program, subject to the terms of the Regulations, is conditioned on the payment of insurance premiums on a regular basis.

F. Late payment of insurance premiums as mentioned above shall result in harm to the rights of the Insured, and up to cancellation of membership in the program as specified in Clause 8 of these Regulations.

Update of Insurance Premiums

The insurance premiums for "Meuhedet Adif" are updated in accordance with the rate of increase of the Consumer Price Index published by the Central Bureau of Statistics or Health Cost Index, whichever is higher (base index – the known index in April 2004). In addition, the insurance premiums are updated in accordance with the composition of the basic services and the real increase of the various medical services included in the basic services of Meuhedet, and based on actuarial calculations performed from time to time and subject to the approval of the Ministry of Health.

Registration Fee

Program registration fee - 20 NIS.

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

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 discectomy
- 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 carpal 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
- Turbinectomy - nose cavities + septum
- Turbinectomy/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 - Caldwell - 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 - Venous (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 hemicolectomy
- 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 fistulectomy
- 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 Venous (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-oophorectomy 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 associated by agreement with Meuhedet for the performance of surgery by a surgeon under an agreement with Meuhedet

Hospital Name	City	Address	Telephone	Fax
Elisha	Haifa	12 Yair Katz, Carmel Mountain	04-8389121	04-8389121
Assuta Ashdod	Ashdod	Menachem Begin Rd (Kalaniot Center)	08-8677122	08-8677200
Assuta Beer Sheva	Beer Sheva	91 Herzl, Beit Etzion	08-6279911	08-291426
Assuta Haifa	Haifa	Lev Hamifratz Mall, 3 rd Floor	04-8810600	04-8810631
Assuta Rishon LeZion	Rishon LeZion	13A Mazal Eliezer, New Industrial Area	03-9631631	03-9631666
Assuta Tel Aviv	Tel Aviv - Jaffa	20 Habarzel, Ramat Hachayal	03-7644000	
Herzliya Medical Center HMC	Herzilya Pituach	7 Ramot Yam	09-9592555	09-9592919
M.R.B.	Bat Yam	67 Haatzmaut Road	03-5008888	03-5075764
Medili	Rehovot	36 Yehuda Halevi	08-9415268	08-9416891
Medica Medical Center Brenner	Beer Sheva	19 Hashalom	08-6238358	08-6280717
Medical Center Ramat Aviv	Tel Aviv - Jaffa	43 Brodetzky Street, Ramat Aviv Mall	03-6421511	03-6401284
N.A.R.A. Ramat Gan	Ramat Gan	Noah Center, 155 Zabotinsky	03-7557111	03-6131760
Ein Tal	Tel Aviv - Jaffa	17 Brandeis	03-5443201	03-5441222
Atidim Medical Center	Tel Aviv – Jaffa	24 Habarzel	03-6445666	03-6496449
Sheva Einaim Banegev	Beer Sheva	10 Yitzchak Ben Zvi	08-6267777	08-6267799

Important Note: Not all hospitals are authorized to perform all of the surgeries on the list specified in Appendix B of these Regulations. It is possible that a certain hospital is not authorized to perform all of the surgeries but rather, is limited to certain areas. Meuhedet reserves the right to periodically update the agreement with the hospitals. The Insured has a duty to inquire with the secretariat of Meuhedet, before undergoing surgery, which of the private hospitals have an agreement with Meuhedet to perform the required surgical procedure by surgeons under an agreement with Meuhedet, and what the participation conditions of Meuhedet are.

List of Medical Centers Abroad

Bad Trussel Oncology Center Munchen University - Germany
Baylor University Medical Center Dallas Texas
Columbia Presbyterian Medical Center New York
Deutsches Hezzentrum - Berlin
Essen Duisburg University Klinikum - Germany
Hannover University Medical Center - Germany
Heidelberg University Medical Center - Germany
King's College Hospital - London
Klinikum Grosharden Munchen University - Germany
Memorial Sloane Kettering New York*
Montefiore Albert Einstein Medical Center New York
Mount Sinai Hospital New York
New York University Medical Center
Sick Children Hospital Toronto - Canada
Temple University Medical Center Philadelphia
The Cleveland Clinic Foundation
The Gamma Knife Center Kerfeld
The Mayo Clinic Minnesota
The North Westfalia Heart Center
University of Palermo Medical Center - Italy
University of Riga Medical Center - Latvia

***Hospital authorized by agreement to provide second opinions only (Clause 6.2 of Chapter B of Meuhedet Adif Regulations).**

Important Note: Not all hospitals are authorized to perform all suregeries / treatments authorized under the Regulations. It is possible that a hospital is authorized to perform a certain procedure(s). Meuhedet reserves the right to periodically update the agreement with the hospitals from time to time. The Insured has a duty to inquire with the medical wing of Meuhedet, prior to surgery, which hospitals abroad are associated by agreement with Meuhedet to perform the treatment / surgical procedure, approved by the Committee for Approval of Treatments Abroad and what the participation conditions of Meuhedet are

Appendix D – Medication List for Insureds of "Meuhedet C"

Medications with a discount for the Insured of 85% of the consumer medication price:

ACAMOLI COLD SYR*
AKNE MYCIN PLUS SOL*
ALENDRONATE TEVA 70 MG*
BUSPIROL TAB*
CELCOX 100 MG*
CELCOX 200 MG TAB*
CICLODERM CR SOL*
CICLODERM C CREAM*
CODIVIS CAP*
DURACEF SUSP CAP*
EAR CLEAR*
ELOCOM CR*
ELOCOM OINT*
ELOCOM LOT*
ESKAZOLE 400 MG*
ESTELLE 1,2*
FML DROP*
FUCICORT CREAM*
FUCITHALMIC*
FUNGIMON PWD*
GARGOL SOL*
GINGISAN LIQ*
GINGISAN OINT*
HAFIF 10 LOT*
HAVRIX 1440 VIAL*
HAVRIX 720 JN*
HEMO OINT*
HEMO SUPP*
LIPANOR CAP*
LOGIMAX TAB*
LUSTRAL TAB*
NAROCIN TAB*
NERVEN DRG*
OKACIN SOL*
OPTIMA TAB*
OPTIMA BEST*
PEVISONNE CREAM*
PROCTOFOAM FOAM*
RHINOLAST SPRAY*
ROACCUTANE CAP*
SALIKAREN OINT*
SIMICOL TIPTIPOT*
SORBON 5 MG 10 MG 15 MG*
SUPRAN SUSP*
TILAVIST DROP*

VALTREX 500 MG TAB*
VARILRIX*
VENORUTON GEL*
VITA MERFEN OIN 20 GR*
VITAMIN B12 1 MG 100 TAB*

**Medications with a discount for the Insured of 50%
of the consumer medication price:**

ACAMOL TSIN CLAS.D21+N13C
ACAMOL TSINUN 35 DAY+NIG14
ACTIVELLE 28 TAB*
ACTONEL ONCE 35 MG 4 TAB
ADAFERIN GEL 30 GR
ADVIL 200 MG 20 CAP
ADVIL 200 MG 40 CAP
ADVIL 200 MG 80 CAP
ADVIL CHIL FRUIT 100 MG/5
ADVIL CHIL GRAPE 100 MG/5
AERIUS 5 MG 15 TAB*
AERIUS SYRUP SYR 0.5 MG/ML*
AGISPOR 1% 100 ML
AGISPOR ONYCHOSET OIN
ALDARA CRM 5% 12 SACHETS 1
AMARYL 1 MG 30 TAB 1
AMARYL 2 MG 30 TAB 1
AMARYL 3 MG 30 TAB 1
ANDROGEL 50 MG SAC
ARTHREASE 10 MG/2 ML 3 PR 1
AURICULARUM PWD 300 MG*
AVODART SOFT 0.5 MG 30 CAP
BABYZIM DRO
BATRAFEN NAIL LACQUER 80
BENZAC-AC GEL 2.5% 60 GR
BENZAMYCIN GEL 20.3 GR
CARBOSYLAN (24+24) 48 CAP*
CILOXAN DRO 0.35% 5 ML* 1
CIPRALEX 10 MG 28 TAB
CLEAREX 10% COLORLESS 1
CLEAREX 2% LOTION
CLEAREX 5% COLORLESS 1
COMAGIS 15 CRM 15 GR*
COMAGIS 7 CRM 7 GR*
CONCERTA 18 MG 30 TAB 1
CONCERTA 36 MG 30 TAB 1
CRINONE 8% 15 APPLIC 1
CURATODERM OIN 4 MCG/GR 20

CYCLOMED 5% CRM
DAIVOBET OIN 30 GR
DAIVONEX CRM 50 MCG/GR 30 G*1
DAIVONEX OIN 50 MCG/GR 100*1
DAIVONEX OIN 50 MCG/GR 30 G*1
DETRUSITOL 1 MG 56 TAB 1
DETRUSITOL 2 MG 28 TAB 1
DETRUSITOL 3 MG 56 TAB 1
EFEXOR XR 150 MG 28 CAP 1
EFEXOR XR 75 MG 28 CAP 1
ELIDEL CRM 1% 15 GR
ELIDEL CRM 1% 30 GR
EVOREL CONTI 8X1 PATCH
EVOREL SEQUI 4X2 PATCH
EYECON EYE DROPS (20)
FEMINET 21T 1,2
FEMINET 63 T 1,2
FELDENE GEL 0.5% 50 GR*
FEMINET 21 TAB2
FEMINET 63 TAB
FOSALAN ONCE WEEKLY 70 MG
GYNO-TERAZOL 0.8% CRM
IMITREX NASAL SPR 0.5% 2L1
IMITREX REFILL PACK 6 MG1
IMITREX STARTER PACK INJ 1
INSU NOVOMIX 30
INSULIN HUMALOG MX25/751
KALGARON CHERRY LEM SPR 6
KALGARON FORTE 24 TAB
KELO-COTE
LAMISIL 250 MG 14 TAB1
LAMISIL CRM 1% 15 GR
LANACORT 1% CRM
LARIAM 250 MG 8 TAB
LIVIAL 2.5 MG 28 TAB
MENCEVAX ACWY 1DX 1
MERFEN SPRAY NCH
MIDRO TEA
NARAMIG 2.5 MG 4 TAB 1
NASCOBAL FOR 2MONTH SPR 2
NOVONORM 0.5 MG 90 TAB1
NOVONORM 1 MG 90 TAB 1
NOVONORM 2 MG 90 TAB 1
OMNIC 0.4 MG 30 CAP 1
ORTHOVISC 30 MG/2 ML PRS 1
OXY 10 LOT 10% 29 ML
OXY 5 LOT 5% 29 ML
OXY 5 TINTED LOT 5% 20 ML

OXY COVER LOT 100Z
PERMIXON 160 MG 60 CAP 1
PINK BISMUTH 30 TAB
PRIODERM 1% 40 GR
NCH DISPENSER- PROCTO WIPES
NCH BOX- PROCTO WIPES
PROCURE 5 MG 28 TAB 1
REDUCTIL 10 MG 28 CAP
REDUCTIL 15 MG 28 CAP
RELENZA 5 MG 20 DIS
RUBLEX D SPR 180 ML*
RUBLEX MASSAGE CRM 80 GR*
SPORANOX 100 MG 14 CAP 1
TAMIFLU 75 MG 10 CAP
TERBINAFINE 250 MG 14 CPS 1
TIGER BALM OINT-WHITE 1
TIGER BALM OINT STR - RED
TILOPTIC XE 0.25% GEL 1
TILOPTIC XE 0.5% DRO 1
URIKAL. SAC 1*
VAGIFEM 0.025 MG 15 VAT
VENORUTON 500 MG 30 TAB
XANAX XR 0.5 MG 30 TAB
XANAX XR 1 MG 30 TAB
XANAX XR 2 MG 30 TAB
ZIDOVAL 0.75 % GEL 1
ZORAC GEL 0.05% 15 GR 1
ZORAC GEL 0.1% 15 GR 1
ZOSTRIX 0.025 % CRM
ZOSTRIX HP 0.075 % CRM

**Medications with a discount for the Insured of 25%
of the consumer medication price:**

ACAMOL TSI LIQ 30+10 40C
AFALPI TIPTIPOT 15 MG/ML
ALDOLOR TIPTIPOT DRO 100M
ALRIN KIDS 0.025 % SPR
ALRIN SPRAY 15 CC
ANTISTIN PRIV EYE DROPS
ARCOXIA 120 MG 7 TAB
ARCOXIA 60 MG 10 TAB
ARCOXIA 90 MG 10 TAB
BECOZYM FORTE 20 TAB
BEN GAY 4 OZ OINT
BEN GAY OINT 1.25 OZ
BEN GAY OINT 2 OZ

BEN GAY ULTR.STR.4OZ OINT
BEN GAY ULTRASTRENGTH CRM
BEPANTHEN LOT 200 ML
BEPANTHEN PLUS CRM 30 GR
CALAMANERVIN TAB 20
CIALIS 10 MG 4 TAB
CIALIS 20 MG 4 TAB
CIALIS 20 MG 8 TAB
DESITIN 2 OZ OINT
DESITIN OINT 1.25 OZ
DESITIN OINT. 4 OZ
EBIXA 10 MG 56 TAB
EVISTA 60 MG 28 TAB
EVRA 1X3 PAT
EZETROL 10 MG 30 TAB
FEMULEN 84 TAB
FUNGIMON POWDER 30 GM
GENTEAL EYE DRO
GYNERA 21 TAB
GYNERA 3 X 21 TAB
HARMONET (NEO) 21 TAB
HARMONET 3X21 (NEO) 63 TAB
HYPOTEAR E 30X0.4ML SOL
IOPIDINE 0.5 % SOL 1
KALGARON FRUIT MIX 24 TAB
KALGARON LEMON 24 TAB
KALGARON MINT 24 TAB
KALGARON ORANGE 24 TAB
KALGARON STRAWBERRY 24 TAB
KIDDI SYR
LEVITRA 10 MG 4 TAB
LEVITRA 20 MG 4 TAB
LEVITRA 5 MG 4 TAB
MEDIJEL GEL 15GR
MERCILON 21 TAB
MERCILON 3X21 TAB
MICRODIOL 1 STRIP X 21 T. 2
MICRODIOL 3 STRIPS X 21 T
MICROGYNON 63 TAB
MINESSE 28 TAB (NEO) 28TA
MINESSE 84 TAB (NEO) 84T
MINOXI 2 2 % SPR
MINOXI 2 WOMEN 80 ML
MINOXI 2 WOMEN X 2 BOXES
MINOXI 5 5 % SPR
MINOXI 5 X 2 BOXES
MINULET (NEO) 21 TAB 2
MINULET 3X21 (NEO) 63 TAB

MUCOLIT TIPTIPOT 75 MG/ML
NEOGYNON 21 TAB
18 10 MG/DOSE I
NICORETTE MINT 2 MG 30 TA
NICORETTE MINT 2 MG 90 TA
NICORETTE MINT 4 MG 30 TA
NICORETTE MINT 4 MG 30 TAB
NORDETTE TAB 38 X 3
NUROFEN COLD & FLU 24 TAB
NUROFEN LIQUID 20 CAP
NUROFEN LIQUID 40 CAP
OKACIN. SOL 3 MG/ML 5 ML 1
ORTHO-CYCLEN 21 TAB 2
ORTHO-CYCLEN 63 TAB
OXY PADS MAXIMUM 1
OXY PADS SENSITIVE 1
POLYTAR LIQ 150 ML
PROTOPIC OIN 0.03% 30 GR
PROTOPIC OIN 0.1% 30 GR
REDOXON 1GR 10 TAB
REFRESH 30X0.4 ML
REGAINE FEMALE
REGAINE FEMALE X 2
REGAINE FORTE SOL 5% 60 ML
REGAINE FORTE X 2
RENNIE DIGESTIF 48 TAB
RENNIE DIGESTIF 96 TAB
RITALIN LA 40 MG TAB 1
RITALIN LA 20 MG TAB 1
RITALIN LA 30 MG TAB 1
SONGHA NIGHT 30 TAB
STREPSILS HONEY LEMON 24T
STREPSILS LEMON&HERB TAB
STREPSILS PLUS 24 TAB
STREPSILS VIT C
SUPRADYN - N 10 TAB
THYROGEN INJECTION 1.1MG
TRIDERM CRM 15 GR
TRINORDIOL 28 28 TAB
TRINORDIOL 28 X 3 84 TAB
UNISOM 25 MG 8 TAB
VIAGRA 100 MG 4 TAB
VIAGRA 100 MG 8 TAB
VIAGRA 25 MG 4 TAB
VIAGRA 25 MG 8 TAB
VIAGRA 50 MG 4 TAB
VIAGRA 50 MG 8 TAB

VISCOTEARS GEL
 VSL3. LACTIC ACID BACTERIA
 XENICAL 120 MG 84 CAP
 YASMIN 21 TAB
 ZOVIRAX CREAM DMC 2G P CR

Remarks:

- Medication included in this Appendix shall be provided at Meuhedet pharmacies.
- Medication which are marked with an asterisk(*) are available for purchase at a discount at Meuhedet pharmacies and in private pharmacies associated with Meuhedet by agreement.
- Medication marked with a "1" requires approval of a specialist.
- Medication marked with a "2" is approved for women form the age 20 and above only.

Appendix E - List of Medical Accessories and Medical Equipment for Insureds of "Meuhedet Adif" and "Meuhedet C"

The Accessory	Insured's Deductible Rate
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%

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
Walking shoes system	1,500 NIS	Epos	Once in 3 years
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
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

Pressure bandage	15%	A provider by agreement / Central warehouse	\$750
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

*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 – Hearing Aids for Insureds under "Meuhedet C"

Item Description	Deductible C*
Group A	
Solutions for Television	
Wireless headphones for the television SET-250, SENNHEISER headphones. The only ones suitable for use also at the theatre.	104 NIS
Wireless headphones for the television SET-810, SENNHEISER headphones. The only ones suitable for use also at the theatre.	104 NIS
Amplifier for the television for use with LOOP-810 hearing device, SENNHEISER headphones. The only ones suitable for use also at the theatre.	104 NIS
Wireless headphones for the television SET-2500	156 NIS
Personal Amplifiers	
Personal amplifier A200	156 NIS
Personal amplifier WILLIAMS SOUND POCKET TALKER	104 NIS
Personal amplifier AUDIO MAXI BELLMAN	104 NIS
Personal amplifier GEEMARC CLA9	104 NIS
Warning System	
BELLMAN warning	156 NIS
Group B	
Solution for Telephone	
Telephone for hearing impaired people CL200	52 NIS
Telephone for hearing impaired people CL400	52 NIS
Wireless telephone for hearing impaired people DECT250	52 NIS
Solutions for Cell Phones	
Handsfree device for cell phone CLA7	52 NIS
Handsfree device for cell phone BLUEHOOK	52 NIS

Door Buttons and Alarm Clocks	
Wireless and enhanced door bell CL2	52 NIS
Vibrating alarm clock SNW	52 NIS

The deductible shall be paid directly by the Insured to the provider under an agreement.

A refund shall not be given for purchases at a provider who is not under an agreement.

*The prices are correct for January 1st, 2012.

Waiting Period Table

Waiting period* for various rights in the framework of "Meuhedet C"

Without a waiting period	<ul style="list-style-type: none"> • Medical consultation before selecting a medical center abroad • Periodic screening tests • Laboratory test services at the home of the Insured • Nutritional consultation • Seminars and courses • Nuchal translucency exam • Early detection of birth defects in the fetus • Detection of attention deficit disorders
Three-month waiting period	<ul style="list-style-type: none"> • Plastic surgeries • Medical accessories • Oncology tests • Treatment of child bedwetting • Recovery after complex surgery
Six-month waiting period	<ul style="list-style-type: none"> • Anti-aging treatments • Shock-wave treatments • Rehabilitation exercise after myocardial infarction • Second opinion in Israel • Umbilical cord blood • Free preservative dental care for children and adolescents ages 10-18 • Hydrotherapy • Music and art therapy • Child development • Therapeutic riding
12-month waiting period	<ul style="list-style-type: none"> • Treatments / surgeries at private hospitals • Purchase of medical services in the framework of PMS • Implants • Treatment for hemorrhoids or fissures • Treatment of sexual dysfunction disorders • Cesarean section in the framework of PMS (birth of fourth child) • Participation in the funding of food substitutes which are not in the basic services • Treatment of snoring problems and stuffy nose • Rehabilitation from sports injuries • Physician home visits • Dental implants • Alternative medicine

24-month waiting period	<ul style="list-style-type: none">• Supply of medication which is not included in the basic services of Meuhedet• Surgeries abroad at the discretion of the Insured• Diagnosis and treatment of male and female fertility disorders
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*Waiting period - a continuous period, as stated in the table, from the month of joining "Meuhedet C" until the date in which the Insured is entitled to exercise his rights under the "Meuhedet C" Regulations. Please note that there is no harm to the rights accrued by a member of "Meuhedet Adif" before he joined "Meuhedet C", in the event that this enrollment occurred at a later date.

THE HEBREW VERSION OF THESE REGULATIONS IS THE BINDING VERSION