Top Light

Compensation for serious illnesses and medical events

Chapter 1 - Introduction and Definitions

If the insured event occurs, the insurer will pay the insured the amount of the insurance benefits in respect of the insured event that occurred **after the start of the insurance period and after the end of the** relevant qualification period, subject to the conditions, provisions, exceptions and restrictions detailed in this insurance plan or attached to it or which will be attached to it by an addendum and/or appendix and/or insurance plan, **subject to the conditions, provisions and restrictions detailed in the appendix General Conditions for Health Insurance Plans (Appendix No. 755)** which are attached to this insurance plan and which form an integral part of this insurance plan.
The insurance coverage in this insurance plan will apply, according to its provisions, only on the condition that it is explicitly stated on the insurance details page that the insured is insured under it.

Also provided that this insurance plan is in force for that insured at the time of the occurrence of the insured event and subject to the proposal, declarations and notices that the insured has submitted to the insurer, which constitute an integral part of this insurance plan.

1. Definitions

1.1. **Insurance event of discovery of a serious illness** - an insurance event as defined in Section 2 below, with its minor clauses, which was diagnosed in the insured during the insurance period, and after the end of the qualification period. **For the avoidance of doubt, it is clarified that an insurance event of early cancer discovery and a special insurance event as defined in this insurance plan are not included under the definition of an insurance event of discovery of a serious illness.**

1.2. **First insured event** of discovery of a serious illness - An insured event of discovery of a serious illness as defined above, the first to occur to the insured during the Insurance period.

1.3. **Additional insured event** of discovery of a serious illness - any insured event of discovery of a serious illness that occurred to the insured, after the occurrence of an insured event first and/or previous detection of a serious illness.

1.4. **Previous insurance event** of discovery of a serious illness - an insurance event of discovery of a serious illness, the last one that occurred to the insured during the insurance period. (For example: in the event of a third insurance event for the insured during the insurance period, the previous insurance event will be considered the second insurance event that occurred to the insured during the insurance

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period).

1.5. **Special insurance event -** one of the cases listed below:

1.5.1. **Cerebral Aneurysm Treatment –** A case in which the insured has undergone treatment of a cerebral aneurysm by craniotomy (surgery to cut the skull) or stereotactic radiosurgery or has undergone endovascular treatment using a coil in order to cause thrombosis (blockage) of the cerebral aneurysm. **Coverage does not cover cerebral arteriovenous malformation (deformation).**

1.5.2. **Eyeball Removal -** Surgical removal of one eye due to disease or trauma.

1.5.3. **Therapeutic coronary catheterization – (CORONARY ANGIOPLASTY) –** first treatment of stenosis or blockage in one or more coronary blood vessels by inflating a balloon in a catheterization (CORONARY TRANSLUMINAL ANGIOPLASTY) ARTHERECTOMY (remaining stented) and/or CORONARY STANTING (PERCUTANEOUS) cutting of the artery with similar intra-arterial activity. **Provided that the following conditions are met in aggregate:**

1.5.3.1. Performing therapeutic coronary catheterization is medically necessary according to the opinion of an expert cardiologist.

1.5.3.2. There is angiographic evidence of significant obstructive coronary disease (narrowing of at least 60%).

1.5.3.3. Therapeutic coronary catheterization will not include laser methods for restoring blood supply and/or diagnostic procedures and/or diagnostic catheterizations.

1.6. **Insurance amount -** The maximum amount specified on the insurance details page, which the insurer will pay to the insured as insurance benefits in the event of an insured event in accordance with the definitions in this insurance plan, linked to the CPI, and subject to what is detailed in Section 4 and its sub-sections below.

1.7. **Activities of Daily Living (ADL)**

1.7.1. **Getting up and lying down:** The insured's independent ability to move from a lying position to a sitting position and to get up from a chair, including performing this action from a wheelchair or from a bed.

1.7.2. **Dress and undress:** The independent ability of an insured to put on and take off items of clothing of any type, including fastening or to wear a medical belt or artificial limb.

1.7.3. **Bathing:** The insured's independent ability to bathe in a bathtub, shower or in any other acceptable way, including the act of entering and exiting the bath or shower.

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1.7.4. **Eating and drinking:** The independent ability of an insured to nourish his body in any way or means (including drinking rather than eating, using a straw), after the food has been prepared for him and served to.

1.7.5. **Control of Suppositories:** The independent ability of an insured to control bowel or urinary function. Failure to control one of these functions, which means, for example, the constant use of a stoma or a catheter in the bladder, or the constant use of diapers or absorbents of various kinds, will be considered failure to control the suppositories.

1.8. **Mobility:** The independent ability of an insured to move from place to place. Performing this action independently and without the help of others, with the assistance of crutches or a cane or a walker or other device, including mechanical, motorized or electronic, will not be considered an impairment of the insured's independent ability to move.

However, being confined to a bed or wheelchair, without the ability to move it independently by the insured, will be considered an inability of the insured to move.

1.9. **Qualification Period -** In addition to what is stated in Section 1.48 in the Appendix General Conditions for Health Insurance Plans (Qualification Period), the Insurer will not be responsible and will not be obligated to pay insurance benefits under this insurance plan in the event of an insured event occurring before the end of the qualification periods detailed below:

1.9.1. For the first insurance event of the discovery of a serious illness, as well as for an insurance event of early cancer and a special insurance event: a period of Qualification that begins on the date the insurance begins and ends 90 days from this date.

1.9.2. For an additional insurance event of the discovery of a serious illness (second insurance event and thereafter): an additional qualification period will apply, commencing on the occurrence date of a previous insurance event of the discovery of a serious illness, and ending 180 days from this date.

Notwithstanding the above, in the event of an additional insurance event of the discovery of a serious illness, as defined in Section 1.3 above, which occurred after the occurrence of an insurance event of the discovery of a serious illness from the First Group (the illnesses in this group are detailed in Section 2.1), a longer qualification period will apply, which commence on the date of the discovery of the serious illness from the First Group and ends 365 days thereafter.

1.9.3. For additional coverage as specified in Section 5 of this insurance plan, a qualifying period will apply, which begins on the date the insurance begins

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and ends on the date the insurance begins after 90 days from this date.

1.9.4. No qualifying period will apply for an insured event that occurred due to an accident.

Chapter 2 – The insurance case and insurance coverage

2. **Insurance event of discovery of a serious illness:** An insured event is a diagnosis of one of the serious illnesses or the occurrence of a medical event, whether due to illness or accident, as detailed in the groups that appear in this section below, which, if it occurs, within the insurance period and after the end of the relevant qualification period, the insured will be entitled to payment of the insurance amount subject to the definitions, conditions and restrictions detailed in this insurance plan and below:

2.1. **First Group (hereinafter: the First Group):**

Subject to the provisions of the policy, its definitions and limitations, the following cases will be considered insured events included in the First Group:

2.1.1. **<u>Fulminant hepatic failure</u> -** Acute, sudden liver failure in a healthy person, or complicating a patient with a stable chronic disease, resulting from diffuse necrosis of liver cells as a result of acute infection and/or drug poisoning or other causes, and characterized by all of the following signs:

2.1.1.1. Sharp reduction in liver volume;

2.1.1.2. Diffuse necrosis in the liver, leaving only a reticular network proven by histology;

2.1.1.3. A sharp decrease in the following blood tests for liver function - PT or Factor 5 and 7 levels;

2.1.1.4. Jaundice, profound;

2.1.2. **<u>Cirrhosis (Terminal Liver Disease) - characterized by the presence of three of the following signs:</u>**

2.1.2.1. Jaundice;

2.1.2.2. Ascites requiring regular use of diuretics;

2.1.2.3. Cirrhosis proven by liver biopsy;

2.1.2.4. Hepatic encephalopathy;

2.1.2.5. Portal hypertension diagnosed by esophageal varices, splenic enlargement confirmed by Doppler US examination or direct measurement of portal pressure, or hypersplenism.

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2.1.3. **Organ Transplantation**

2.1.3.1. One of the following events, whichever occurs first:

2.1.3.1.1. Obtaining official approval from the National Transplant Center in Israel regarding the need for surgical removal or removal from the insured's body of a lung, heart, kidney, pancreas, liver, and any combination thereof, and for the transplantation of a whole organ or part of an organ that was taken from the body of another person in their place, or an artificial organ.

2.1.3.2. This policy provides insurance coverage only if the transplant was performed in accordance with the provisions of the Organ Transplant Law, which includes, among other things, the following instructions in aggregate:

2.1.3.2.1. Organ harvesting and organ transplantation are carried out in accordance with the law applicable in the country where the transplantation is to take place.

2.1.3.2.2. The provisions of the Organ Transplantation Law regarding the prohibition of organ trafficking are complied with.

2.1.3.3. Notwithstanding the foregoing, the examination in Section 2.1.3.2 will not apply if the compensation is for the performance of an organ transplant, paid to the insured following the presentation of official confirmation by the National Transplant Center in Israel of the need for the transplant, and before the transplant was performed.

2.1.4. **COMA -** A state of loss of consciousness and complete lack of response to external stimuli and internal needs, which is caused by neurological damage that lasts continuously for more than 96 hours and requires the use of life support systems.

2.1.5. **Primary Amyloidosis** - A disease characterized by the deposition of AL amyloid in various tissues in the body, and diagnosed by a pathological examination indicating the deposition of amyloid in tissues or organs such as: heart, kidney, blood vessel walls, etc. The determination of the existence of the disease will be made by a specialist internist.

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2.1.6. **Chronic Obstructive Pulmonary Disease (Chronic Pulmonary Obstructive Disease**) - A terminal lung disease consistently characterized by the following two criteria:

2.1.6.1. FEV1 volume of less than 1 liter or below 30% of what is expected according to gender and height and/or a permanent reduction in minute vital volume (MVV) (below 50% or less than 35 liters per minute or requiring oxygen therapy or respiratory support).

2.1.6.2. Persistent reduction in arterial oxygen pressure below 55 mmHg and increase in arterial carbon dioxide pressure above 50 MMC.

2.1.7. **State Vegetative Persistent**

A continuous and permanent medical condition lasting at least one month, characterized by a lack of responsiveness and awareness resulting from dysfunction of the cerebral hemispheres, while the brainstem retains control over respiratory and cardiac functions, which remain intact. The diagnosis is based on the following criteria, cumulatively:

2.1.7.1. The insured's complete lack of awareness of the environment and himself.

2.1.7.2. Inability to communicate with others.

2.1.7.3. External stimulation will not cause reinforced or renewable behavior.

2.1.7.4. Preserved brainstem functions (absence of cognitive functions but presence of involuntary and unconscious physiological functions).

2.1.7.5. **For the avoidance of doubt, it is clarified that coverage will not include neurological or psychiatric disorders that are treatable with appropriate neurophysiological and neuropsychological tests or imaging procedures.**

2.2. **Second Group: (hereinafter: the Second Group)**

Subject to the provisions of the policy, its definitions and limitations, the following cases will be considered insured events included in the Second Group:

2.2.1. **Acute Myocardial Infarction** - Necrosis of a portion of the heart muscle as a result of narrowing or blockage of a coronary blood vessel that limits the blood supply to that portion. The diagnosis must be supported by the following criteria:

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2.2.1.1. A biochemical test, indicating an increase in myocardial enzymes or an increase in troponin to a level of 1 ml/ng or higher, or a deviation from the normal value according to accepted medical criteria for defining infarction, with reference to the values of the testing laboratory, or any other method of testing performed in hospitals for all patients, which will replace the aforementioned biochemical test.

2.2.1.2. In addition to the biochemical test as stated in the above section, the diagnosis must be supported by the presence of one of the following two indications: Typical chest pain or ECG changes characteristic of a heart attack.

For the avoidance of doubt, it is clarified that angina pectoris is not covered.

2.2.2. **Heart Bypass Surgery (CABG)** - Open heart surgery to bypass a blockage or stenosis in a coronary artery.

For the avoidance of doubt, it is clarified that coronary artery catheterization is not covered.

2.2.3. **Repair or Replacement Valve for Surgery Heart Open**

Open heart surgery to surgically repair or replace one or more heart valves with an artificial valve.

2.2.4. **Aorta surgery** - surgery in which a segment is replaced or surgery is performed to repair an aneurysm in the aorta, chest or in the abdomen, including performing a medical procedure using catheterization if there is an aneurysm measuring 5 cm or more.

2.2.5. **Stroke (CVA)** - Any cerebrovascular event, manifested by neurological disorders or neurological deficits, lasting more than 24 hours, and including necrosis of brain tissue, cerebral hemorrhage, occlusion or embolism from an extracerebral source, and evidence of permanent and irreversible neurological damage supported by changes in a CT or MRI scan lasting at least 8 weeks, **all of which excludes TIA.**

2.2.6. **Cardiomyopathy** - A chronic heart disease characterized by impaired ventricular function with a functional impairment of at least Class III according to the New York Heart Association Classification of Cardiac Impairment.

2.2.7. **Juvenile Diabetes (Insulin Dependent Juvenile 20 to up)** - Chronic impairment of carbohydrate, fat and protein metabolism as a result of a complete lack of insulin, which develops and is detected by the age of 20, and provided that regular insulin treatment is required due to a complete

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lack of pancreatic function. The diagnosis will be made by an endocrinologist specializing in children and provided that it lasts for at least 6 consecutive months.

2.2.8. **Cardiac Arrest (with insertion of a defibrillator)** - Sudden cessation of cardiac activity (cardiac arrest) resulting in a cessation of blood flow throughout the body, causing loss of consciousness, and as a result, surgical implantation of one of the following devices is performed:

2.2.8.1. Implantation of an automated internal defibrillator (ICD).

2.2.8.2. Resynchronization of cardiac activity by implanting a defibrillator with a biventricular pacemaker (D-CRT).

For the avoidance of doubt, coverage will not be provided for the following situations:
Pacemaker implantation.
Defibrillator implantation without cardiac arrest findings.
Cardiac arrest secondary to illicit drug use.

2.2.9. **Spinal cord necrosis (spinal stroke)** - necrosis and death of spinal cord tissues due to lack of blood supply or bleeding within the spinal cord, causing permanent neurological damage and deficits, with permanent clinical symptoms.

2.3. **Third Group: (hereinafter: the Third Group)**

Subject to the provisions of the policy, its definitions and limitations, the following cases will be considered insured events included in the third group:

2.3.1. **Cancer**

The presence of a tumor of malignant cells that grow uncontrollably and invade and spread to surrounding tissues or other tissues. The insurance case will include leukemia, lymphoma, and Hodgkin's disease.

The insurance case does not include:

2.3.1.1. **Tumors diagnosed as malignant changes of Carcinoma in Situ, including cervical dysplasia, CIN 1 CIN 2, CIN 3 or tumors diagnosed histologically as pre-malignant; (Despite the aforementioned and in accordance with what is detailed in Section 3.1.1 below, reduced coverage will be provided for an insured event of Carcinoma in Situ in the breast or cervix ,** in accordance with the conditions set forth in Section 4.3 below).

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2.3.1.2. **Malignant melanoma less than 0.75 mm thick, with less than one mitosis per square meter and without ulcerations (sores);**

2.3.1.3. **Skin diseases of the following types:**

2.3.1.3.1. Hyperkeratosis and Basal Cell Carcinoma;

2.3.1.3.2. Squamous Cell Carcinoma skin diseases unless they have spread to other organs.

2.3.1.4. **Prostate cancer diagnosed by histology up to and including Mo No 2T Classification (TNM) or according to Gleason Score up to 6 (inclusive);**

2.3.1.5. **Chronic lymphocytic leukemia (CLL) with a count of less than 10,000 B lymphocytes/10,000ul, provided that the insured is not receiving medication;**

2.3.1.6. **Thyroid cancer in which the entire gland has not been removed;**

2.3.1.7. **Polyps in the intestine or bladder that do not require medical intervention beyond local excision;**

2.3.1.8. **Early gammopathy MGUS, provided that the insured does not receive drug treatment;**

2.3.1.9. **T-cell lymphoma of the skin, provided that only superficial lesions on the skin surface are involved, the severe disease will be covered at the stage when it reached T CELL LY.**

2.3.2. **Benign Brain Tumor** - A benign process that takes up space in the brain, requires surgery to remove it or, if it is not operable, causes permanent neurological damage that threatens the life of the insured, and provided that it is confirmed by an MRI or CT scan. **Coverage does not include cysts, granulomas, malformations of the cerebral blood vessels and hematomas.**

2.3.3. **Bone Marrow Transplantation**

2.3.3.1. One of the following events, **whichever occurs first**:

2.3.3.1.1. Obtaining official approval from the National Transplant Center in Israel regarding the need for a bone marrow transplant from a donor other in the insured's body.

2.3.3.1.2. Performing the medical procedure mentioned in section 2.3.3.1.1 above.

2.3.3.2. This policy provides insurance coverage only if the transplant was performed in accordance with the provisions of the Organ Transplant Law, which includes, among other things, the following instructions **in aggregate**:

2.3.3.2.1. Organ harvesting and organ transplantation are carried out according to the law applicable in the country where the transplantation is to be performed.

2.3.3.2.2. The provisions of the Organ Transplantation Law regarding the prohibition of organ trafficking are complied with.

2.3.3.3. Notwithstanding the foregoing, the examination in Section 2.3.3.2 will not apply if the compensation is for the performance of a bone marrow transplant, which was paid to the insured following the provision of official confirmation by the National Transplant Center in Israel of the need for the transplant, and before the transplant was performed.

2.3.4. **Severe Aplastic Anemia** - Bone marrow failure diagnosed as aplastic anemia and manifested in anemia, neutropenia, and thrombocytopenia, requiring at least one of the following treatments:

2.3.4.1. Transfusion of blood products;

2.3.4.2. Administration of substances/drugs that stimulate bone marrow growth;

2.3.4.3. Administration of substances/drugs that suppress the immune system (immunosuppressives);

2.3.4.4. Bone marrow transplant.

2.3.5. **Paralysis (paraplegia, quadriplegia)** - Complete and irreversible loss of the ability to use two or more limbs as a result of irreversible severance of the spinal cord for any reason (or permanent failure of conduction in the spinal cord following a cut or severance of the spinal cord).

2.3.6. **Polio (Poliomyelitis)** - Permanent and continuous muscle paralysis, resulting from the polio virus, which was diagnosed through isolation and identification of the virus in cerebrospinal fluid.

2.3.7. **Blindness** - Complete and irreversible loss of vision in both eyes, as determined by an ophthalmologist expert.

2.3.8. **Severe Burns** - Third-degree burns involving at least 20% of the body

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surface.

2.3.9. **Speech Loss** - Complete and irreversible loss of the ability to speak, caused by damage to the organic to the vocal cords and which lasts for a continuous period of at least 6 months.

2.3.10. **Deafness** - Complete and irreversible loss of hearing in both ears, as determined by an audiologist expert and based on a hearing test.

2.3.11. **Dementia** - Impairment of the insured's cognitive activity and a decrease in his intellectual capacity, which includes impaired insight and judgment, a decrease in long-term and/or short-term memory, and disorientation in place and time that require supervision most of the time, according to the determination of a physician specializing in the field, which is caused by a health condition, such as Alzheimer's, or various forms of dementia. These conditions must be medically documented for at least 3 months.

2.3.12. **Muscular Dystrophy** - Permanent or progressive muscle weakness, due to muscle disease, diagnosed by a specialist neurologist based on a typical EMG test and muscle biopsy.

2.3.13. **Parkinson's Disease** - The diagnosis is characterized by symptoms of tremor, limb stiffness, postural instability and slow reactions that are not explained by another pathological cause, and which have been diagnosed by a specialist neurologist as Parkinson's disease. The disease must result in an inability to perform independently and without the help of others, at least three out of six ADL activities, two out of six ADL activities, or alternatively provided that one of them is controlling the bowels.

2.3.14. **Tetanus** - A disease caused by the Clostridium tetany bacterium, which affects the central nervous system and leaves irreversible damage to the muscles and nerves.

2.3.15. **End-Stage Renal Failure** - Chronic, irreversible dysfunction of both kidneys, requiring permanent connection to hemodialysis or intraperitoneal dialysis, or the need for a kidney transplant.

2.3.16. **Multiple Sclerosis** - Demyelination in the brain or spinal cord that causes neurological deficits lasting at least two months. The diagnosis will be determined by clinical evidence of more than a single event of demyelination (damage to the myelin sheaths) in the central nervous system (brain, spinal cord, optic nerve), which lasts at least 24 hours, with a difference of more than a month between events, and proof by MRI of multiple foci of damage to the white matter in the central nervous system. The diagnosis will be determined by a specialist neurologist.

2.3.17. **Amyotrophic Lateral Sclerosis (ALS)** - Evidence of combined damage to

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the upper and lower motor neurons in the pyramidal nervous system supported by a typical EMG test demonstrating widespread, progressive, and worsening denervation over 3 months. The diagnosis will be determined by a specialist neurologist.

2.3.18. **Accidental Brain Injury (Accident By Damage Brain)** – Irreversible brain injury that occurred as a result of an accident that caused a functional decline, which cannot be cured, and which has been confirmed by a specialist neurologist in accordance with the standard criteria for brain injuries. For example: Glasgow Coma Scale 5 or less.

2.3.19. **Encephalitis** – Encephalitis accompanied by complications lasting at least 3 months and which, in the opinion of a specialist neurologist, will leave severe, permanent and irreversible neurological damage, as a result of which the insured is unable to perform independently and without the help of others at least three out of the six ADL activities, or alternatively two out of the six ADL activities, provided that one of them is controlling the sphincters. Coverage does not include encephalitis associated with infection with HIV or herpes viruses.

2.3.20. **Primary Pulmonary Hypertension** - Increased blood pressure in the pulmonary arteries, caused by increased pressure in the pulmonary capillaries, increased pulmonary blood volume, or increased pulmonary vascular resistance. The diagnosis must include evidence on cardiac catheterization of a systolic pulmonary pressure above 30 mmHg or a mean pulmonary arterial pressure above 20 mmHg, right ventricular hypertrophy and signs of dilatation and right heart failure.

2.3.21. **Bacterial Meningitis** - Meningitis, in which a bacterium has been isolated as the causative agent of an inflammatory disease in the meninges or spinal cord, which, in the opinion of a specialist neurologist, will leave serious, permanent and irreversible damage, and as a result of which the insured is unable to perform independently and without the help of others, at least three out of the six ADL activities, or alternatively two out of the six ADL activities, provided that one of them is controlling the sphincters. These conditions must be medically documented for at least 3 months.

Coverage does not include meningitis associated with HIV or herpes infection.

2.3.22. **Loss of Limbs** - Permanent and complete loss of function or amputation above the wrist or ankle of two or more limbs as a result of accident or illness.

2.3.23. **Devic's disease (Neuromyelitis optica – NMO)**

A definitive diagnosis of Dweck's disease by a neurologist, manifested by

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an actual clinical impairment of motor or sensory function, with the clinical manifestations of the functional impairment lasting at least 6 consecutive months after the diagnosis is made.

2.3.24. **2.3.24 Jakob-Creutzfeldt disease**

A definitive diagnosis made by a neurologist specializing in Creutzfeldt-Jakob disease. Provided that there is a persistent clinical impairment of motor and cognitive function for at least a period of 3 consecutive months, including impairment in any of the following in aggregate: memory, reasoning, perception, expression, articulation.

It should be clarified that coverage does not include other types of dementia.

3. Insurance case of early cancer detection

An insured event of early cancer detection is a diagnosis made within the insurance period and after the expiration of the relevant qualification period, of one of the conditions specified in Sections 3.1.1 or 3.1.3 below, which does not meet the definition of cancer as detailed in Section 2.3.1 above. Upon occurrence of such an event, the insured shall be entitled to a payment of a percentage of the sum insured as specified in Section 4 below, subject to the definitions, terms, and exclusions detailed in this insurance plan and as follows:

3.1.1. **Carcinoma in Situ of the breast or cervix (cancer cervix in situ) –** Discovery of tumors diagnosed as malignant changes of Carcinoma in Situ of the breast **(hereinafter: Carcinoma in Situ of the breast)** or discovery of tumors diagnosed as malignant changes of Carcinoma in Situ of the cervix of type CIN2, CIN3 **(hereinafter: Carcinoma in Situ of the cervix)** during the insurance period, and after the end of the qualification period.

3.1.2. **Surgery to treat prostate cancer** - detection of a malignant tumor in the prostate that has been histologically diagnosed as such, **Gleason Score type Up to 6 (inclusive) only;** and following which, during the insurance period, and after the end of the qualification period, the insured person performed a surgery that is medically necessary for the treatment of prostate cancer. **Provided that the prostate tumor does not meet the definition of cancer as detailed in section 2.3.1 above.** In this section, surgery for the purpose of treatment is defined as an invasive procedure that penetrates through tissues, and whose purpose is to treat the disease in the insured person. For the purposes of this section ,invasive procedures, including an operation performed using a laser beam, conducted for diagnostic purposes, including biopsy, shall not be considered a surgical procedure. For the avoidance of doubt, it is clarified that no coverage will be provided for a benign prostate tumor (hereinafter:

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surgery for the treatment of prostate cancer).

3.1.3. **Carcinoma in Situ in Additional Organs** - Discovery of Carcinoma in Situ during the insurance period, and after the end of the qualification period, in one of the organs listed below, when the insured is required to undergo surgery to remove the tumor, subject to the conditions listed below for each organ (**hereinafter: Carcinoma in Situ in Additional Organs**):

3.1.3.1. **Early growth of rectal cancer (Anus Carcinoma in Situ)** - There is an unequivocally documented diagnosis by histological examination of the tumor removed during surgery, approved by the insurer, of Carcinoma in Situ of the rectum. The insured will be eligible for coverage only if surgery was performed to remove the tumor.

The insurance case does not include: Anal intraepithelial neoplasia grade 1 or 2 AIN or Low-grade squamous intraepithelial Lesions (LGSIL), or any non-surgical treatment including, but not limited to, ablative therapy or tropical treatment.

3.1.3.2. **Early growth of bile duct cancer (Carcinoma in Situ Bile Duct) -** There is an unequivocally documented diagnosis, by histological examination of the tumor removed during surgery, of Carcinoma in Situ of the intrahepatic bile duct. **The insured will be eligible for coverage only if surgery was performed to remove the tumor.**

3.1.3.3. **Early growth of urinary tract cancer (Carcinoma in Situ of the urinary bladder) -** There is an unequivocally documented diagnosis, by histological examination of the tumor removed during surgery, of Carcinoma in Situ of the urinary tract. **The insured will be eligible for coverage only if surgery was performed to remove the tumor.**

The insurance case does not include: non-invasive papillary carcinoma, urinary tract cancer diagnosed as Ta using the TNM Classification method.

3.1.3.4. **Early growth of colon or rectum cancer (Carcinoma in Situ Rectum/Colon)** - There is an unequivocally documented diagnosis, by histological examination of the tumor removed during surgery, of in situ cancer of the colon or rectum (rectum), including a neuroendocrine tumor (NET) with low tumor potential. **The insured will be eligible for coverage only if surgery was performed to remove the tumor**

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and/or the intestine in part or in its entirety.

3.1.3.5. **Early growth of cancer of the larynx (Carcinoma in Situ larynx)** - There is an unequivocally documented diagnosis, by histological examination of the tumor removed during surgery, of cancer in situ of the larynx / "voice box" (larynx). **The insured will be entitled to coverage only if surgery was performed to remove the tumor.**

3.1.3.6. **Early lung tumor (carcinoma in situ Lung)** - There is an unequivocally documented diagnosis, by histological examination of the tumor removed during surgery, of in situ cancer of the lungs or bronchi, including a carcinoid tumor or a neuroendocrine tumor. **The insured will be eligible for coverage only if surgery was performed to remove the tumor, including partial lung resection (such as a lobectomy) or wedge resection.**

3.1.3.7. **Early growth of oral cavity cancer (Carcinoma in Situ Oral)** - There is an unequivocally documented diagnosis, by histological examination of the tumor removed during surgery, of Carcinoma in Situ of the oral cavity or oropharynx. **The insured will be entitled to coverage only if surgery was performed to remove the tumor.** The insured event includes: lips, inside of the cheeks, floor of the mouth, tongue, gums, tonsils and hard and soft palate.

3.1.3.8. **Early growth of esophageal cancer (Carcinoma in Situ of the esophagus)** - There is an unequivocally documented diagnosis, by histological examination of the tumor removed during surgery, of Carcinoma in Situ of the esophagus. **The insured will be eligible for coverage only if surgery was performed to remove the tumor.**

3.1.3.9. **Early ovarian cancer growth (Carcinoma in situ Ovarian)** - There is an unequivocally documented diagnosis, by histological examination of the tumor removed during surgery, of ovarian cancer in situ or a borderline tumor or a tumor with low malignant potential. **The insured will be eligible for coverage only if surgery was performed to remove the tumor.**

The insurance event does not include: Removal of an ovary due to an ovarian cyst.

3.1.3.10. **Early pancreatic cancer growth -** There is an unequivocal

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documented diagnosis, by histological examination of the tumor removed during surgery, of pancreatic cancer in situ or a neuroendocrine tumor (NET) with low tumor potential. **The insured will be eligible for coverage only if surgery was performed to remove the tumor.**

3.1.3.11. **Early growth of cancer of the renal pelvis or ureter - (Carcinoma in Situ ureter or renal pelvis)** - There is an unequivocally documented diagnosis, by histological examination of the tumor removed during surgery, of in situ cancer of the renal pelvis or ureter. **The insured will be eligible for coverage only if surgery was performed to remove the tumor.**

The insurance case does not include: non-invasive papillary carcinoma, urinary tract cancer diagnosed as Ta using the TNM Classification method.

3.1.3.12. **Early growth of stomach cancer (Carcinoma in Situ Stomach -** There is an unequivocally documented diagnosis, by histological examination of the tumor removed during surgery, of stomach cancer in situ or a neuroendocrine tumor (NET) with low tumor potential. **The insured will be eligible for coverage only if surgery was performed to remove the tumor.**

3.1.3.13. **Early growth of testicular cancer (Carcinoma in Situ testicular)** - There is an unequivocally documented diagnosis, by histological examination of the tumor removed during surgery, of intra-tubular carcinoma in situ of the testicular type of unclassified germ cell neoplasia (ITGCNU), or benign tumor of the testicles that resulted in surgical removal of the entire testicle (orchidectomy).

3.1.3.14. **Early growth of uterine cancer (Carcinoma in Situ of the uterus) -** There is an unequivocally documented diagnosis, by histological examination of the tumor removed during surgery, of in situ cancer of the uterine wall (endometrium). **The insured will be eligible for coverage only if surgery to remove the uterus (hysterectomy) was performed.**

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3.1.3.15. **Early growth of vaginal cancer (Carcinoma in Situ Vagina)** - There is an unequivocally documented diagnosis, by histological examination of the tumor removed during surgery, of Carcinoma in Situ of the vagina. **The insured will be entitled to coverage only if surgery was performed to remove the tumor.**

The insurance event does not include: Any non-surgical treatment, including, such as but not limited to ablative therapy or trophic therapy, vaginal intraepithelial neoplasia (VAIN), grade 1 or 2 or low-grade squamous intraepithelial type.

3.1.3.16. **Early vulvar cancer (Carcinoma in Situ Vulva)** - There is an unequivocal documented diagnosis by histological examination of the tumor removed during surgery, of vulvar cancer in situ. **The insured will be entitled to coverage only if surgery was performed to remove the tumor.**

The insurance event does not include: any non-surgical treatment, such as, but not limited to, ablative or trophic treatment, vulvar intraepithelial neoplasia (VIN) grade 1 or 2 or low-grade squamous intraepithelial type.

4. Insurer's obligations

4.1. The insurer's obligation to control the insured event of the discovery of a serious illness

4.1.1. In the event of a first insured event of the discovery of a serious illness as specified in Section 2 above, **after the end of the qualification period**, the insured will be entitled to receive insurance benefits at a rate of 100% of the insurance amount specified on the insurance details page**, subject to the limitations and conditions specified in this insurance plan**, if all of the following conditions have been met in aggregate:

4.1.1.1. There is an unequivocal documented diagnosis by an

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expert regarding the occurrence of the insured event.

4.1.1.2. **The insured has not died within 10 days after the occurrence of the insured event.**

4.1.2. The insured will be entitled to compensation of 100% of the insurance amount stated on the insurance details page for additional insurance events that occur during the insurance period, subject to the conditions detailed in sections 4.1.1.1-4.1.1.2 above, as well as in accordance with the conditions detailed below:

4.1.2.1. In the event of an insurance event involving the discovery of a serious illness included in the First Group, the insured will be entitled, **after the end of a qualifying period of 365 days as detailed in section 1.9 above,** to claim for additional insurance events from the First, Second or Third group, **provided that it is not the same disease, but a different disease, and that there is no causal connection between the insurance event of the discovery of a serious illness included in the First group and the additional insurance event that occurred to the insured.**

For the purposes of this section, a different illness is defined as a serious illness or medical event included in this insurance plan, for which no claim has been submitted previously under this insurance plan. (For example, a medical event of organ transplantation as defined in section 2.1.3, may be claimed only once during the insurance period. An insured who has claimed for a kidney transplant in accordance with section 2.1.3., may later sue for other illnesses, but he may not later sue for another organ transplant and/or an additional kidney transplant).

Upon occurrence of two insurance cases from the First Group (i.e. an insurance case of organ transplantation and then an insurance case of coma), the policy will expire and be canceled.

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For the avoidance of doubt, it is clarified that the conditions detailed above will apply in any case of diagnosis of a serious illness, during the insurance period, including cases where the insured event occurred during the qualifying period, whether a claim was filed and rejected, or whether no claim was filed.

4.1.2.2. In the event of an insurance event of the discovery of a serious illness included in the Second Group, the insured will be entitled to claim for additional insurance events included in the first or third group **after the end of a qualifying period of 180 days as detailed in section 1.9 above. The insured will not be entitled to claim again during the insurance period, for the same illness or other illnesses included in the Second Group.** For the avoidance of doubt, it is clarified that even when a previous insurance event of the discovery of a serious illness occurred during the qualifying period, whether a claim was filed and rejected, or whether no claim was filed, **the insured will not be entitled to claim again for an insurance event included in the Second Group.**

4.1.2.3. **In the event of an insurance event of the discovery of a serious illness included in the Third Group,** the insured will be entitled, **after the end of a qualifying period of 180 days as detailed in section 1.9 above,** to claim for additional insurance events from the First, Second or Third group, **provided that it is not the same disease, but a different disease, and that there is no causal connection between the additional insurance event and previous insurance events from the third group, which occurred to him during the insurance period.**

Other illness - one of the serious illnesses or one of the medical events covered by this insurance plan, for which a claim has not been filed in the past under this insurance plan. (For example, for severe burns as

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defined in section 2.3.8, a claim may be made only once during the insurance period, and an insured who claims for severe burns to the lower body as specified in section 2.3.8 may subsequently claim for other illnesses such as blindness as specified in section 2.3.7, but may not claim for then due to a severe burn to the upper body).

4.1.3. **A chain of events, which are the result of one insured event, will be considered as one insured event and insurance benefits for it, as far as that accrue to the insured under the insurance plan will only be paid once.**

4.1.4. **The insured event occurred and the insured died before the insurance benefits were paid, on the express condition that death occurred at least 10 days later from the date of the occurrence of the insured event, the insurer will pay the insurance benefits to the beneficiary, and the insurer will be completely exempt from any additional liability under this policy towards any other beneficiary and/or estate and/or any third party. For the purposes of this section, the beneficiary as determined by the insured in the insurance proposal and, in the absence of such determination, the legal heirs of the insured.**

4.2. **Death of an insured person within 10 days of the date of the occurrence of an insured event –**

If an insured event of a serious illness has occurred in accordance with the details in Section 2 above, and the insured has died within ten days of the date of the insured event, the insurer will pay reduced insurance benefits at a rate of up to 10% of the insurance amount specified on the insurance details page and no more than NIS 30,000 to the beneficiary, subject to the cumulative conditions detailed below:

4.2.1. **The insured did not die within 48 hours of the insured event occurring. If the insured dies within 48 hours of the insured event occurring, the beneficiary will not be entitled to compensation under this insurance plan.**

4.2.2. **The qualifying period in the policy for the insured event has**

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passed.

4.2.3. There is an unequivocal documented diagnosis by an expert regarding the occurrence of the insured event.

4.2.4. **The insurer shall be completely exempt from any additional liability under this policy towards any other beneficiary and/or estate and/or any third party. For the purposes of this section, the beneficiary as determined by the insured in the insurance proposal and, in the absence of such determination, the legal heirs of the insured.**

4.3. **The insurer's obligation to control insurance cases of early cancer detection**

4.3.1. **In the event of an insurance case of early cancer as specified in Section 3 above, which does not meet the definition of an insurance case of cancer as specified in Section 2 above, and after the end of the 90-day qualification period from the date of commencement of the insurance,** the insured will be entitled to receive insurance benefits as specified in Section 4.3.2 below, if all of the following conditions have been met in aggregate:

4.3.1.1. **There is an unequivocal documented diagnosis by a doctor, approved by the insurer, regarding the detection of early cancer, and this diagnosis is supported by laboratory or other evidence as required in the definition of the insurance case.**

4.3.1.2. **The documented diagnosis of early detection of cancer in the insured exists <u>before</u> the insured was diagnosed with cancer as defined in section 2.3.1.**

4.3.1.3. **The insured has not died within 10 days after the insured event occurred.**

4.3.2. **Insurance amount**

4.3.2.1. **Insurance case controls for Carcinoma in Situ of the breast or surgery to treat prostate cancer, subject to the specified conditions a**bove, the insured will be entitled to receive insurance benefits at a rate of

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20% of the insurance amount specified on the insurance details page.

4.3.2.2. In the event of an insurance case of Carcinoma in Situ in the cervix, **or Carcinoma in Situ in other organs,** subject to the conditions detailed above and below, the insured will be entitled to receive insurance benefits at a rate of 10% of the specified insurance amount on the insurance details page.

4.3.2.3. **The insurance amount for early cancer will be paid in a lump sum, once per insurance period. If the insured exercises his entitlement to receive compensation for an insured event for early cancer, the validity of this section will expire.**

4.3.2.4. The insurance amount for early cancer will be paid in addition to, and without detracting from, the insured's future entitlement to receive insurance benefits for a future insured event of the discovery of cancer as defined in Section 2.3.1.

4.4. **Insurer's Obligations Upon Occurrence of a Special Insured Event**

4.4.1. In the event of a special insured event **involving treatment of a cerebral aneurysm, removal of an eyeball, or therapeutic coronary angioplasty,** as defined in Section 1.5 and its subsections above, and after the expiration of a 90-day qualification period from the commencement of the insurance, the insured will be entitled to receive insurance benefits in the amount of 10% of the sum insured specified in the insurance details page.

4.4.2. **The insurance amount for a special insured event will be paid in a lump sum, once per insurance period. If the insured exercises his entitlement to receive compensation for a special insured event, the validity of this section will expire.**

4.5. **Coverage for additional cancer after 5 years**

Despite what is stated in Section 4.1.2.3 above, that it is not possible to

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claim for the same disease from the third group a second time, the insured, who is diagnosed with cancer again during the insurance period, as defined in Section 2.3.1 of its minor clauses, will be entitled to receive insurance benefits at a rate of 100% of the insurance amount specified on the insurance details page, **if all of the following conditions are met in aggregate:**

4.5.1. There is an unequivocal documented diagnosis by a physician, approved by the insurer, regarding the discovery of cancer in the insured as defined in section 2.3.1 above, and this diagnosis is supported by laboratory or other evidence as required in the definition of the insured event.

4.5.2. There is an unequivocal documented diagnosis by a doctor that at least 5 years have passed since the last date on which the signs of the previous insurance case of the discovery of cancer in which the insured suffered disappeared or from the last date on which the insured was required to undergo medical treatment for any cancer (excluding preventive treatment).

4.5.3. The imaging tests performed by the insured during the 5 years and at the end of 5 years from the date of the occurrence of a previous insurance event were normal and without findings of recurrence of the disease and/or any cancer and/or findings that require further investigation.

4.5.4. **The insured person did not die within 10 days after the occurrence of the additional insured event.**

5. Additional coverages

5.1. **Controls In the event of an insurance case of the discovery of cancer as defined in section 2.3.1 above, the insured will be entitled to one of the following coverages: a pathological opinion from abroad as specified in section 5.1.1 below or a personalized medical examination and accompaniment of the insured as specified in section Below 5.1.2 (hereinafter: "the additional coverages"), in accordance with the conditions detailed below:**

5.1.1. **<u>Second pathological opinion from abroad</u>**

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5.1.1.1. The insured event in this section: Diagnosis of cancer in the insured, for which the insured performed a biopsy in a hospital in Israel.

5.1.1.2. In the event of an insured event, the insured will be entitled to coverage for a second pathological opinion from abroad for further examination of the biopsy, the insured may choose to receive the opinion through a service provider in the arrangement or alternatively receive reimbursement for his expenses for receiving the said opinion, through a service provider who is not in the arrangement, in accordance with the details below:

5.1.1.3. Obtaining a pathological opinion from abroad for further examination of the biopsy <u>through a service provider in an arrangement:</u>

5.1.1.3.1. The service will include: accompanying the insured throughout the entire process of receiving the opinion from abroad, packaging and shipping the sample, receiving the opinion and delivering it to the insured, maintaining contact with the biopsy doctor at a hospital in the US that is in agreement with the treating doctor (by a PH.D in the field) regarding the findings of the report, and providing answers to additional professional questions.

5.1.1.3.2. **For a second pathological opinion from abroad performed through a service provider in the arrangement, the insured will pay a deductible of NIS 500 for the entire examination process detailed above.**

5.1.1.3.3. **To receive the service, please contact telephone number 072-2767215.**

5.1.1.4. Obtaining a pathological opinion from abroad for further examination of the biopsy <u>not through a service</u>

provider in the arrangement:

5.1.1.4.1. The insurer will compensate the insured for 80% of the expenses actually incurred for obtaining a second pathological opinion from abroad for further examination of the biopsy, and no more than a maximum amount of 10,000 NIS.

5.1.2. **Personalized medical identification and accompaniment of the insured**

5.1.2.1. The insured event in this section: Diagnosis of cancer in the insured as defined in section 2.3.1 above.

5.1.2.2. In the event of an insured event, the insured will be entitled to receive a personalized medical treatment identification service, which includes the identification of advanced treatments and medications from Israel and around the world to treat the insured's cancer, tailored to the insured's medical condition and treatment history.

The identification process shall be conducted by oncologists who will support the process, and upon its completion, the insured will receive a report detailing the proposed treatment options identified for the treatment of his illness. The insured will also be entitled to a personal consultation and guidance session regarding the findings, as well as a 6-month personal support service that includes at least one face-to-face meeting to assist in obtaining the appropriate treatment following the selection by the insured.

5.1.2.3. **The service will be provided through a service provider in an arrangement only, and this after receiving a commitment from the insurer. It is clarified that the service is for identifying possible solution proposals only and accompanying the insured and does not include the implementation of the proposals provided, including the cost of performing tests and/or treatments and/or**

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medications and/or medical procedures of any kind, even if the insured is asked to perform them in order to identify the solutions.

5.1.2.4. **It is clarified that the service provider may determine that the insurance case of a particular insured is not suitable for personalized medical screening in accordance with what is detailed in section 5.1.2, and in this case the insured will not be required to pay a deductible and will be entitled to coverage as detailed in section 5.1.1 only.**

5.1.2.5. **For the research and support service, the insured will pay a deductible of NIS 500 for the entire process.**

5.1.3. **An insured will be entitled once during an insurance period to one of the additional coverages, provided that the insured has fully exercised or partially his entitlement to one of the specified coverages, the validity of this section shall expire.**

5.1.4. **The insured will be entitled to services under this section after a qualification period of 90 days.**

6. End of insurance period

Without prejudice to the provisions of Section 4 of the general terms and conditions of the policy, the validity of the insurance under this insurance plan shall terminate for each of the insureds, at the earliest of the following events:

6.1. **At the end of the insurance period as specified in Section 4 of the General Conditions for Health Insurance Plans.**

6.2. **Upon the occurrence of Controls of two (different) insurance cases of detection of a serious illness from the First Group.**

6.3. **When the insured reaches the age of 75.**

7. Applicability of the general conditions to the insurance plan

All provisions in Appendix 755 General Conditions for Health Insurance Plans shall apply to this insurance plan.

Any change and/or waiver and/or deviation from what is stated in the general

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terms and conditions for health insurance plans will be binding with respect to this insurance plan only if specified in this insurance plan explicitly.

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The company's customer service center: Phone: *2000 Fax: 153-747049338	Company Email Address: moked-health@menora.co.il	Mailing Address: Health Sector A.IV 927 Tel Aviv 6100802	Company Website: www.menoramivt.co.il

Summary of the Insurance Terms - Keren Or Top

Summary of the policy details

clause	conditions
1. The name of the insurance	Keren Or-Top Compensation for Serious Illnesses and Medical Events
2. Type of insurance	Serious illnesses
3. Insurance Period	Renewable every two years in accordance with **Section 5** of the General Conditions for Health Insurance Plans. Notwithstanding the aforesaid, the insurance will come to an end – in accordance with the provisions of section **4** of the insurance plan, including that the insured has reached the age of 75.
4. Description of the insurance	Compensation at the rate of 100% of the sum insured in the event of discovery of a serious illness or serious medical event. Compensation of 20% of the sum insured in the event of detection of Situ in Carcinoma in the breast or surgery to treat prostate cancer (**score Gleason up to 6 (inclusive)).** Compensation in the amount of 10% of the sum insured in the event of discovery of additional Situ in Carcinoma in the cervix and Situ in Carcinoma as defined in the policy. Compensation at the rate of 10% of the sum insured in the case of special insurance as defined in the policy. Coverage for a pathological opinion abroad in a biopsy taken after the discovery of cancer, or alternatively, coverage for medical research and accompaniment. The policy is not canceled after an insurance incident has occurred and it is possible to sue for additional insurance cases during the insurance period, in accordance with the details in the terms of the policy and the summary of the coverage description in the policy below.
5. The policy does not cover the insured in the following cases (exceptions to the policy):	Exceptions to the policy: Limitations in the definitions of diseases - sections: **2.1.7.5, 2.2.1.2, 2.2.3, 2.2.8.2, 2.3.1.1, 2.3.2,** bookmark10 bookmark11**3.1.3.16, 3.1.3.1 ,2.3.24 ,2.3.21 ,2.3.19.** Restriction on Receiving Insurance Benefits - Sections: **4.1.1, 4.1.1.2, 4.1.2., 4.1.3** bookmark25 bookmark26 bookmark30 Restriction for an additional claim after the discovery of a disease from the first group – section 4.1.2.1 Restriction for an additional claim after the discovery of a disease from the second group – section 4.1.2.2 Exception to an additional claim after the discovery of a disease from the third group – section 4.1.2.3 If the insured dies within10days after the occurrence of the insurance incident and due to the insurance incident, no insurance benefits will be paid in accordance with the details in clause **4.1.4** of the insurance plan. Death of an insured person before 10 days have passed from the occurrence of the insurance incident - 4.2.1, 4.2.4 Early Cancer - 4.3.1.2, 4.3.1.3 Additional coverages - 5.1.2.3, 5.1.3, 5.1.4 bookmark44 Exceptions in the general conditions and an exception to a previous medical condition: **Chapter B, sections 17-20**
6. The amount of financial compensation I will receive	Depending on the amount purchased, the amount is detailed on the insurance details page

7. After some time from the beginning of the insurance, it is possible to claim and receive a reward (qualification)[1].	In accordance with the details detailed in the summary of the coverage description in the policy and in accordance with clause **1.9** of the insurance plan
8. Deductibles	**Pathological opinion from abroad** – provider of an arrangement of 500 NIS, supplier who is not in the arrangement – 20% of the cost of the opinion and actual expense and not more than a reimbursement of 10,000 NIS and in accordance with the details in clause 5.1.1.3.2 of the insurance plan **Personalized medical locating and accompanying** the provider of an arrangement of 500 NIS in accordance with the details in clause 5.1.2 of the insurance plan
9. The cost of insurance	In accordance with the details in the table of changes in insurance premiums below.

[1] Qualification Period – a period that begins on the date of commencement of the insurance. In the event of an insurance incident during this period, the insured (or beneficiary) will not be entitled to insurance benefits.

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Summary of the description of the coverage in the policy

Cover Name	Description of the cover	After some time from the beginning of the insurance, it is possible to claim and receive a reward (Qualification)
Compensation for the occurrence of the first insurance case of the discovery of a serious illness\ serious medical event	Compensation in the amount of 100% of the sum insured stated on the insurance details page in the insurance case controls of the first/second/third group and in accordance with the details below and in section **2** of the insurance plan. **First group:** pulmonary liver failure, terminal liver disease (cirrhosis), organ transplantation, coma, primary amyloidosis, chronic obstructive pulmonary disease, permanent vegetative state (permanent plant) **Second group**: acute myocardial infarction, stroke, surgery Heart bypasses, open heart surgery to replace or repair heart valves, aortic surgery, cardiomyopathy, juvenile diabetes up to the age of 20, cardiac arrest with defibrillator implantation, spinal cord necrosis. **Third group**: cancer, benign brain tumor, bone marrow transplantation, severe aplastic anemia, paralysis, polio, blindness, severe burns, muteness, loss of speech, deafness, mental exhaustion, muscular dystrophy, Parkinson's, tetanus, terminal kidney failure, Multiple sclerosis, muscular dystrophy, ALS, brain injury from an accident, encephalitis, primary pulmonary hypertension, bacterial meningitis, limb loss, Dweck disease, optic neuromyelitis, Jakob Creutzfeldt's disease.	90 days
Compensation for additional insurance incidents	**An additional insurance case after an insurance case from the first group –** compensation at the rate of 100% of the sum insured for an insurance case from the second/third group or from the first group, provided that it is not the same disease. After two insurance cases from the first group, the policy is canceled in accordance with the details in clause 4.1.2.1 of the insurance plan.	365 days
	An additional insurance case after an insurance case from the second group – compensation at the rate of 100% of the sum insured for an insurance case from the first/third group. It is not possible to sue again for an insurance case from a second group and in accordance with the details in clause 4.1.2.2 of the insurance plan. **An additional insurance case after an insurance case from a third group –** compensation at the rate of 100% of the sum insured for an insurance case from a first/second/third group. Provided that it is not the same illness and in accordance with the details in clause 4.1.2.3 of the insurance plan.	180 days
	An insurance case of another cancer – compensation at the rate of 100% of the sum insured, provided that five years have passed since the date of recovery from a previous cancer and in accordance with the details in clause 4.3 of the insurance plan.	5 years of recovery from a previous case
	Special insurance case controls (treatment of a brain aneurysm, eyeball removal, therapeutic coronary catheterization) The insured will be entitled to compensation at the rate of 10% of the sum insured **in accordance with the details in section 1.5.**	90 days
Compensation for Early Cancer	**In the event of an insurance case of early detection of cancer, the insured will be entitled to compensation in accordance with the details in the section** 3 **and below:** Compensation at the rate of 20% of the sum insured specified on the insurance details page – insurance case that is Breast Carcinoma in Situ/ Prostate Cancer (Gleason Score up to 6 (inclusive); Requiring surgical intervention: - Compensation at the rate of 10% of the sum insured detailed on the insurance	

	details page. An insurance case that is carcinoma in situ the cervix or carcinoma in situ in other organs as defined in clause 3.1.3 with its small clauses in the policy.	
Additional Coverage	In the case of cancer – coverage for an additional opinion abroad in a biopsy taken or a personalized medical research and accompaniment in accordance with the details in the section.5In order to receive the service for a second opinion abroad, please contact the telephone number 072-2767215 In order to receive the service for research and accompaniment, please contact the Menora Mivtachim hotline.	90 days

The full and binding conditions are the conditions specified in the policy.

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Keren Or TOP – Monthly premium for every NIS 100,000 sum insured

The following is a general table of the change in monthly insurance premiums by age for each insurance amount of NIS 100,000, without taking into account the health status and/or special risks associated with a particular insured, attached to this insurance plan.

	man		woman	
age	Smoking	Non-Smoking	Smoking	Non-Smoking
1-19	-	10.51	-	10.51
20	14.07	12.32	15.33	13.42
21	14.83	12.69	16.23	13.89
22	15.59	13.04	17.32	14.49
23	16.32	13.36	18.53	15.18
24	17.06	13.69	19.81	15.90
25	17.84	14.04	21.13	16.62
26	18.64	14.44	22.65	17.55
27	19.51	14.95	24.49	18.77
28	20.83	15.64	26.89	20.20
29	22.33	16.49	29.47	21.78
30	24.03	17.45	32.40	23.55
31	25.84	18.33	35.41	25.15
32	28.43	19.69	39.31	27.28
33	31.82	21.51	44.18	29.93
34	36.14	23.82	49.99	33.04
35	41.36	26.57	56.83	36.63
36	47.68	29.60	63.93	39.85
37	55.28	32.53	69.83	42.41
38	70.07	40.22	72.96	43.69
39	85.06	48.03	83.72	48.93
40	100.32	56.02	94.69	54.37
41	115.94	64.24	105.92	60.05
42	131.98	72.76	117.47	66.05
43	148.54	81.66	129.41	72.40
44	165.72	91.01	141.69	79.08
45	183.95	101.24	154.33	86.10
46	202.92	111.95	167.32	93.45
47	223.16	123.61	180.64	101.10
48	245.05	136.47	194.29	109.07
49	268.99	150.83	208.31	117.39
50	295.54	166.94	223.01	126.13
51	324.88	185.15	237.93	135.25
52	357.42	205.65	253.36	144.88
53	393.36	228.60	269.40	155.18
54	432.69	254.03	286.09	166.13
55	476.59	282.79	303.43	177.75
56	522.30	313.05	321.47	190.09
57	570.58	345.37	340.27	203.19
58	620.92	379.43	359.90	217.14
59	672.69	414.84	380.35	231.89
60	725.28	451.19	401.59	247.44
61	777.73	487.80	423.52	263.66
62	829.93	524.57	446.14	280.56
63	881.61	561.26	469.27	297.94
64	932.46	597.58	492.95	315.80
65	984.43	634.77	517.10	334.07
66	1,034.87	671.00	541.66	352.70
67	1,085.19	707.18	566.55	371.63
68	1,135.46	743.34	591.70	390.80
69	1,185.70	779.47	617.04	410.13
70	1,235.51	815.32	642.43	429.52
71	1,318.05	877.77	745.84	497.08
72	1,420.78	954.07	826.05	555.10
73	1,530.82	1,036.67	908.50	615.66
74	1,634.08	1,116.87	996.59	681.59