



GREEN PACKAGE

Yebo Doctor's Terms & Conditions for Green Package

Listed below is everything that you need to know about what your Yebo Doctor Package entitles you to.

Introduction

Important Information: This is not a medical aid scheme and the cover is not the same as that of a medical scheme. This policy is not a substitute for medical scheme membership. The basis of Insurance is to put the policy holder and or beneficiary back in the same position they found themselves in prior to the event occurring. Therefore, Yebo Doctor will not pay claims to any policy holder where it is deemed to be enriching the policy holder and or beneficiary outside of the deemed definition of insurance.

A Yebo Doctor Plan can be taken up with any Medical Aid or any Hospital Plan as a Gap Cover or as a standalone plan.

Yebo Doctor's Pre-paid Day to Day Medical Benefit Program has been designed to offer each policy holder specific pre-paid health services and benefits. It is important to take note of the terms and conditions, limitations and specific maximum pre-paid benefits and services.

Please take note that there is a waiting periods until the second consecutive premium has been received for the day to day claims (save for the dentist benefit, which has a waiting period until the third consecutive premium has been received) but certain of the value-added services, such as the nurse consultations, arranging an ambulance, trauma counselling, whatsapp service will begin as soon as you have paid your premium and your registration has been processed. The benefits for all the day to day benefits only become active only after the second consecutive payment has been made. The dentist benefit has waiting period until we receive the third consecutive payment and the eye test and glasses have a waiting period until we receive the twelfth consecutive payment of your premium. Should there be a gap in your payment and a month of premium has been missed the account will be suspended and go back to the original first months waiting period. In order to ensure that there is no disruption of services the monthly premiums must be paid monthly with no gaps in payments. Should any premium payments be missed and all payments for missed and current premium payments are made and hence brought up-to-date, then the policy suspension will fall away and the policy holder will once again be entitled to use all benefits of his/her policy.

All amounts stated herein include value-added tax (VAT).

Use of services:

Step 1:

Access policy holder's benefits and services by Calling/WhatsApp/USSD.

Step 2:

Yebo Doctor is available 24 hours a day 365 days a year. Once the policy holder has spoken to a medical practitioner they will advise you on the best way to manage your condition as well as what the next appropriate action to take would be.

Step 3:

In an emergency, Yebo Doctor will send an ambulance to transport the policy holder to a hospital, depending on the severity of the condition.

Step 4:

If the Yebo Doctor medical team refers the policy holder to a doctor, we will make an appointment for policy holder with a General Practitioner (GP) within the Yebo Doctor network. As soon as a policy holder contacts Yebo Doctor, one of the Registered Nurses will reply. If the question requires a specialist answer, the nurse will refer the policy holder to the doctor on call. Where necessary, Yebo Doctor's call center will recommend that the policy holder attends a consultation with one of Yebo Doctors Network GPs.

Terms: Yebo Doctor's call center does not diagnose illnesses or prescribe medication. They will direct the policy holder to the most appropriate level of care, or may put the policy holder in contact with a healthcare professional who can advise on the next steps.

Referral to Network of GP's: As an added benefit, should the policy holder be referred to one of the Yebo Doctor's Network GP's for an in person or online consultation, the policy holder may attend such GP at no extra cost (subject to the provisos regarding GP consultations as set out below), for an authorised consultation/visit.

Utilisation: Unlimited authorised GP consultations all year, when referred by the Yebo Doctor Medical Team, provided that should a policy holder require more than one consultation per month, this requires prior authorisation. The policy holder is responsible for any amount/s payable above the value of R400 per visit should they choose to utilise their own doctor upon an appointment being made via the call center. Where any policy holder attends an unauthorized consultation at the doctor, this shall be for the policy holders own cost.

Medical Advice, GP Visits, Acute and Over the Counter (OTC) Medication

Yebo Doctor gives policy holders quick and easy access to a qualified medical team of doctors and nurses anytime and anywhere in South Africa. The service is available via a smartphone, desktop computer, USSD or mobi-site where policy holders can use a text chat facility. Service includes authorised GP visits to a network of doctors. These benefits are available in the event of an acute illness or injury, as determined by a nurse.

Yebo Doctor provides assessment and authorisation services relating to GP visits and Over the Counter medicine and Acute Prescribed Medication benefits. All benefits related to these services are effective under the following conditions and processes:

- a. **Over the Counter Benefit** – all benefits must be assessed by Yebo Doctor's call center, and in its sole discretion, and upon authorisation, an amount up to R100 per month will be authorised four times a year, with an overall limit of R400 per annum, per policy holder.
- b. **Acute Prescribed Medication Benefit** – all benefits must be assessed by Yebo Doctor's call center, and in its sole discretion, and upon authorisation from a GP, an amount of up to R700 per year will be authorised per policy holder.
- c. **GP Consultation Benefit** – should a GP consultation be required; Yebo Doctor's call center will assess in its sole discretion if a GP Consultation/Visit is required. If a GP Consultation/Visit is authorised, the call center will establish where the relevant Network Provider closest to the policy holder is, contact the provider to set up the appointment, liaise with the policy holder and ensure that the benefit amount of up to R400 is paid to the provider. Should a policy holder wish to visit their own GP, the call center will arrange the authorised appointment for them and pay their doctor a total amount of up to R400 (the policy holder is responsible for any surplus/excess amount that the doctor may charge).
- d. **GP consultation benefits are available only if and when:**

1. Pre-authorised by the Call Center.
2. Guarantee of payment (GOP) is issued to a Network Provider by Yebo Doctor.
3. Pre-authorisation and Guarantee of Payment (GOP: Yebo Doctor follows a 'Best Practice' methodology in providing benefits within our treatment guidelines and protocols).
4. The benefit amount is not related to the specific cost of any medical treatment. Claims will be assessed in accordance with best practice clinical guidelines and protocols as determined by Yebo Doctor from time to time and does not require notification to policy holders.

Inclusive:

1. Authorised Private GP Consultations and Visits (Unlimited, provided that if the same policy holder requires more than one consultation per month, this must be authorised by treating doctor).
2. Authorised Dentist Visit (including basic dentistry, extraction or filling, once a year)
3. Medical Health information and symptom assessment by qualified professionals at the call centre
4. Childcare advice and support from qualified professionals at the call centre
5. Advice on managing chronic illnesses from qualified professionals at the call centre
6. Flu vaccine (1 vaccine per year), at a place designated by Yebo Doctor
7. Maternity program providing ongoing advice and support from qualified professionals at the call centre
8. Arranging of emergency ambulance services by the call centre
9. Limited Over the counter medication (4 x R100 vouchers, per year, as approved by the call centre)
10. Limited acute medication
11. Basic x ray and pathology requested by the doctor at a radiology and/or pathology centre or department designated by Yebo Doctor

Referrals to:

1. Closest Medical facilities
2. GP's and other specialists or medical practitioners or allied health practitioners within the policy holder's area or online
3. Closest Medical Transport
4. Health Specialists

It is recorded that this referral does not include payment for any appointment

Advice Lines:

1. 24 Hour Medical Advice Line in 11 official Languages
2. 24 Hour WhatsApp Assistance Line
3. 24 Hour Corona Virus Advice Line
4. Pre and Post GP Maternity Care
5. Pregnancy, Mom and Baby Information Line
6. HIV Information Line
7. Mental health & Stress Management Support Line and Counselling
8. Gender Based Violence Advice Line
9. Diabetes, High Blood Pressure, Nutrition and More Advice Line
10. Chronic Illness and Medication Advice Line
11. Trauma and Bereavement One on One Counselling and Support Line
12. Legal and Tax Assist Line

Medical Transportation and Ambulances:

In the event of a policy holder's involvement in a medical emergency, Yebo Doctor will arrange and coordinate the most appropriate method of emergency medical transportation. Subject to certain provisos, policy holders will be transported to the nearest medical facility capable of providing adequate care. Policy holders who have additional cover from a medical aid medical or insurance plan that will cover the cost of being taken to a private facility will be taken to one. Should a policy holder not have any additional cover they will be taken to the closest government medical facility that is able to accept them.

Qualify: This service can only be used by the cell phone number registered by the policy holder.

Doctor Online Video Consultation

Due to the Corona Virus and the general concern about people moving around, we are offering policy holders assistance with consulting a doctor online via GP video conferencing. We have a number of doctors who are participating in this initiative and it works as follows:

1. When a policy holder contacts the call center, we will assess the circumstances, triage the problem and where necessary authorise a doctor consultation.
2. If a policy holder prefers a video consultation, we will arrange an appointment for the policy holder.
3. We will arrange direct payment to the doctor
4. Policy holders can be provided with a script and can be referred to a laboratory for tests.
5. The doctor may refer the policy holder for a face to face consultation if he/she believes that a physical examination is necessary.
6. The policy holder will require access to a smart phone or access to a computer with WiFi/Data.
7. Should a policy holder wish to utilise their own doctor, a pre-authorised appointment will be made via the call center and up to an amount of R400 will be paid by Yebo Doctor. The policy holder is responsible for any amount/s payable above the value of R400 per visit.

Specialist Visits

The Yebo Doctor Medical Team will determine if/when a policy holder requires specialist treatment. Once the appointment has been authorised and made by the call center, they will liaise with the policy holder. The policy holder is entitled to 2 authorised specialist visits per year up to a maximum amount of R550 per visit. The policy holder is responsible for any amount/s payable above the value of R550 per visit.

Over-The-Counter Medication (OTC)

When a nurse assesses a case she/he may recommend that the policy holder obtain medication to treat the symptoms presented. She/he will recommend medication that is available, over-the counter, from a pharmacy with assistance of the pharmacist. The policy holder will be able to obtain the medication up to a maximum of R100 per consult, four times a year, and for a maximum amount of R400 per annum. The policy holder is responsible for any amount/s payable above the value of R400 per year and R100 per consult. Funds for the purchase of the OTC medication will either be transferred to the policy holder, or to the pharmacy via the Mediscor system, after same has been authorised. Transfer of funds for OTC

medication is available during weekdays from 08h00 to 18h00 and Saturday Mornings from 08h00 to 13h00 due to banking restrictions.

Acute Prescribed Medication

When the Doctor assesses the policy holder, she/he may recommend that the policy holder can obtain medication to treat the symptoms presented. She/he will recommend medication that is available from a pharmacy. The policy holder will be able to obtain the medication at no extra cost but limited to an amount of R700 per year. The policy holder is responsible for any amount/s payable above the value of R700 per year. Funds for purchase of the acute prescribed medication will be transferred to the policy holder, or to the pharmacy via the Mediscor system, after same has been authorised. Transfer of funds for Acute Medication is available during weekdays from 08h00 to 18h00 and Saturday Mornings from 08h00 to 13h00 due to banking restrictions.

Telephonic HIV and Trauma Counseling

Qualified Professional Nurses and Counsellors are available to provide telephonic debriefing as well as telephonic and face to face, one on one counselling. Telephonic counselling is conducted by qualified counsellors. Should the counsellor determine a need for additional face to face counselling, the policy holder will be referred to an appropriate Trauma Counsellor, within the network, nearest to the policy holder work or home address.

Once the policy holder policy holder has been referred he/she will be assisted in scheduling an appointment or should the policy holder prefer, the contact details for the center will be provided in order to make their own arrangements. In the event of the latter, the particular counselling/trauma center will be notified of a possible counselling session to be scheduled.

HIV Exposure and Trauma Assistance

Yebo Doctor's HIV Exposure & Trauma Assistance affords the policy holder step-by-step emergency medical guidance, emotional support and daily case management in the immediate event of possible HIV exposure and/or a traumatic incident.

Traumatic incident includes:

- HIV exposure
- Rape
- Gender based violence
- Witness to suicide
- Robbery
- Natural disasters
- Immediate bereavement
- Physical assault
- Attempted murder
- Mugging / theft
- Vehicle accidents

What you get?

- Access to our 24-hour Call Centre
- Access to advice regarding the location of Instant Medication and Testing
- Advice regarding where a policy holder can receive Anti-Retroviral Therapy & STI Medication

- Access to where a policy holder can get Online or Face to Face counselling
- Telephonic Support by a Specialist case manager

Our Affiliate Network includes:

- Doctors
- Nurses
- Social Workers
- Psychologists
- Counsellors
- Occupational Therapists

Yebo Doctor USSD MEDICAL PANIC

Turn a cell phone into an emergency assistance tool for road, home and medical emergencies.

1. Policy holder's will receive a welcome SMS, which will highlight the benefit and indicate to save this as a speed dial.
2. Yebo Doctor PANIC SOS will be there to assist 24/7 no matter where the policy holders are. In any form of emergency where the policy holder is unable to contact Yebo Doctor telephonically, by pressing the SOS Panic button on their cell phone, our emergency alarm center will call the policy holder back to assess their emergency needs.
3. At the time of receiving an alert in our emergency alarm center, all the policy holder's location and contact details would have been populated into our case management system which will better assist our agents to send the necessary help to policy holders.
4. Yebo Doctor endeavors to call the policy holder within 90 seconds of the Yebo Doctor system receiving the panic alert.
5. Yebo Doctor responds to any emergency by deploying the appropriate service providers, which may include police, the appropriate ambulance service, roadside assistance, home assistance, or where the policy holder has specified that they have private services (such as a private security company), these private service providers will also be deployed. The call center acts as crisis managers and will provide total care for the policy holder, whatever their situation. With permission from the policy holder, Yebo Doctor will contact a family policy holder, colleague or friend to assist in the process where this is considered useful. Please note that any costs incurred except for those stated in the benefits of the package are for the policy holder's own account.
6. If there is no answer on the phone that generated the panic, Yebo Doctor calls the policy holder back 3 times at 60 second intervals,
7. After the third call with no response, Yebo Doctor protocol is to leave a voice message if able to do so.
8. In addition, Yebo Doctor sends an SMS to the policy holder's phone, which number must be registered with Yebo Doctor, which includes a message that reads:

“We have responded to your message and called 3 times”.

 - Yebo Doctor provides an alternative number that the policy holder can use to phone the call center.
 - We invite the policy holder to panic again (which starts the entire process off again).
9. Should all 3 calls remain unanswered and should the policy holder fail to respond to the voice message and/or sms, or at all, then Yebo Doctor will deem the panic call as closed.

10. Should Yebo Doctor get hold of the policy holder, or vice versa, Yebo Doctor will continue to assist the policy holder until the situation has been resolved and the case closed.

Optometry

Yebo Doctor's package ensures that if you need an eye test and glasses you can get these. After 12 consecutive payments of the premium, the policy holder will be entitled to an eye test and purchase a pair of glasses to the maximum value of R1,650, at a network/designated optometrist. Each policy holder is entitled to one eye examination and one pair of glasses in a 24 month period. The policy holder is responsible for any amount/s payable above the value of R1,650. Prior to another eye test and another pair of glasses being approved, Yebo Doctor will assess whether the policy holder has been a continuous policy holder for 24 consecutive months and whether there has been any breaks in membership.

Dentistry

Yebo Doctor's package ensures that if you need a dental consultation or basic dental assistance, you can get these. The policy holder is responsible for any amount/s payable above the value of the treatment required/provided per visit.

After 3 consecutive payments of the premium, each policy holder will be entitled to:

- 2 Basic Dental Consultations per year up to a maximum value of R420 per person, per consultation
- 3 Fillings per year up to a maximum value of R400 per person, per filling
- 2 dental Xrays per year up to the maximum value of R410 per person, per dental xray
- 2 Extractions per year up to the maximum value of R250 per person, per extraction
- 2 Emergency Root Canal Treatments per year up to the maximum value of R190 per person, per treatment
- 2 Wisdom Teeth Extractions (at the dental practice) up to the maximum value of R580 per extraction per lifetime of the policy holder
- 2 Temporary Crowns per year up to the maximum value of R450 per crown

Blood Tests

Each policy holder is entitled to 2 laboratory visits (at a designated laboratory) per year up to the maximum value of R380 per person, per visit. The policy holder is responsible for any amount/s payable above the value of R380 per visit.

Radiology (Xrays)

Each policy holder is entitled to 3 black and white xrays (at a designated radiology department) per year to the value of R380 per person, per xray.

Legal & Tax Assist

Policy holders are provided with basic Legal and Tax information.

THINGS TO NOTE:

1. **Validation** – we require the full name and ID/Passport number of the person requiring assistance. Only policy holders who have an ID/Passport number registered with and paying for a Yebo Doctor package have access to benefits. The policy holder's payments must be up-to-date. Family members do not have benefits unless they are registered and active paying policy holders of Yebo Doctor. Although we will provide advice for children, for instance, there are no financial benefits for them unless they are registered policy holders.
2. **GP visits** are only available during office hours Monday to Friday and some network GP's are available on Saturday mornings. In general GP's are not available over weekends. If we receive a call on a weekend or at night we will assess whether the policy holder requires a GP visit and whether they can wait until the morning or Monday. If we think that they need to see a doctor urgently we will refer them to an ER or hospital but there is no financial benefit for that. This is also the case for accidents where Xrays etc. may be required and where, in our opinion, a hospital visit will be more appropriate. We will assist in making GP appointments and will text the doctor's/medical facility details to the policy holder.

Maternity – GP consultations are not available for routine check-ups or Sonars. GP consultations are only authorised if the policy holder is actually ill and requires a doctor appointment.

Flu vaccines - are only available during flu vaccine season which is March to end of May. These can be extended to mid-June but vaccines take about two weeks to take effect and are not effective once winter starts. 1 vaccine is provided per policy holder, per year.

On signing up with Yebo Doctor you are accepting the terms and conditions of this package. A policy holder is contracting to sign up for a minimum period of 12 months. Payments are made monthly in advance. If for any reason your payment does not go through you will not have any access to the benefits of the Yebo Doctor Services for the following month until your next payment is made in full. You may not be notified that you are no longer covered. It is the policy holder's responsibility to ensure payment is timeously made so that there is continuity of access to benefits. In order to terminate the Yebo Doctor policy, Yebo Doctor will require 30 days written notice after the initial 12 month period. Should we not receive notice your premiums will renew for a further 12 months. The benefits and terms and conditions may change from time to time with no notice to you. As such please refer to and read the terms and conditions on our website from time-to-time for any updates. Please send notification of cancellation to cancel@yebodoctors.co.za

When contacting Yebo Doctor you will be asked to verify your policy. You will have to give your full name and ID/Passport number to identify yourself to the call center agent as a policy holder.

There are no exclusions for existing conditions. A person of any age may join as a Yebo Doctor policy holder. A policy holder may be a South African or non-South African resident. A child will be charged the same price as an adult. policy holder

In order not to be subject to new or extended waiting periods, payments for cover with Yebo Doctor have to be continuous and payments have to be made timeously and correctly each month. Should you miss a month's payment, the waiting periods as set out in the terms and conditions shall once again apply.

There will be an annual price increase of 10% (ten percent) in May every year.

Limitation of Liability

Yebo Innovation (Pty) Ltd's liability for any and all claims, losses, damages or expenses from any cause whatsoever shall be limited to the direct damages proven, provided that same shall not exceed the amount/premiums paid by the policy holder in respect of his/her Yebo Doctor policy in the immediately preceding 6 (six) month period prior to the cause of action arising.

In no event shall Yebo Innovation (Pty) Ltd be liable for any incidental, consequential, or any other indirect loss or damage (including but not limited to lost profits or revenues and loss of data), nor for exemplary or punitive damages. These limitations of liability shall apply regardless of the form of action, whether in contract, delict, (tort), strict liability, or otherwise and regardless of whether either Party has been advised as to the possibility of such damages and/or losses.

Protection of Personal Information

We* collect, hold, use, disclose (and otherwise process [as defined in the Protection of Personal Information Act]) your personal information mainly to provide you with access to the services and products that we provide. We will only process your information for a purpose you would reasonably expect, including:

- Providing you with advice, products and services that suit your needs as requested and as per your policy
- To provide a service to you as set out in your policy
- To refer you to the necessary professionals, including but not limited to, pharmacists, nurses, doctors, dentists, optometrists, specialists, laboratories, radiology departments, counsellors, call-centre operators, etc
- To verify your identity and to furnish data to credit bureaus
- To verify your policy and the status thereof
- To issue, administer and manage your policies
- To update you as to any changes in your policies
- To process claims and to take recovery action
- To notify you of new products or developments that may be of interest to you
- To send reminders to you regarding your payments of your premiums
- To confirm, verify and update your details
- To comply with any legal and regulatory requirements

Some of your information that we hold may include, your first and last name, identity and/or passport number, email address, a home, postal or other physical address, your cell phone number, other contact information, your title, birth date, gender, occupation, qualifications, past employment, residency status, your investments, assets, liabilities, insurance, income, expenditure, family history, medical information and your banking details.

We retain and store your personal information for as long as we reasonably require to do so, taking the above purposes into consideration.

Consent to Disclose and Share your Information

We* may need to share your information to:

- provide advice, reports, analyses, products or services that you have requested; and
- to provide you with the services and support as set out in your policy.

Where we share your information, we will take all precautions to ensure that the third party will treat your information with the same level of protection as required by us. Your information may be hosted on servers managed by a third-party service provider, which may be located outside of South Africa.

* In the above clauses we refers to Yebo Innovation (Pty) Ltd, City of Tomorrow Consult (Pty) Ltd, Asterio Investments (Pty) Ltd, Admin Box (Pty) Ltd, Africa Unity Ltd, Channel Squared (Pty) Ltd and Africa and Worldwide Medical Assistance Services (Pty) Ltd.

Package Products, Offerings and Waiting Periods

R229 - GREEN PACKAGE	WAITING PERIOD/S	PRODUCT OFFERINGS
24 Hour Medical Advice Line - in 11 official languages	None	✓ Unlimited
24 Hour WhatsApp Line	None	✓ Unlimited
USSD Medical Panic Button	None	✓ Unlimited
Ambulances	1 month	✓ Paid
Nurse Consultations	None	✓ Unlimited

Online Doctor Video Consultations	1 month	Unlimited @ up to R400 per visit ✓
Authorised Private Doctor Visits	1 month	Unlimited @ up to R400 per visit ✓
Specialist Visits	3 months	2 x visits @ up to R550 per visit, per year ✓
Over the Counter Medication	1 month	4 x up to R100 vouchers per year ✓
Acute Prescribed Medication	1 month	up to R700 per year ✓
Dentistry	3 – 6 months	✓ Basic <ul style="list-style-type: none"> > 2 x visits @ up to R420 per year > 3 x filling @ up to R400 per year > 2 x xrays @ up to R410 per year > 2 x extractions @ up to R250 per year > 2 x emergency root canal @ up to R190 per year > 2 x Temporary Crowns @ up to R450 per year > 2 x Wisdom teeth extractions @ up to R580 per lifetime
Optometry	12 months	Basic - up to R1,650 for basic lenses and frames (Once per 24 month cycle) ✓
Xrays	1 month	Basic - Black and white Xrays - 3 x visits @ up to R380ea, per year ✓
Pathology	1 month	Basic - 2 x visits @ up to R380ea, per year ✓
Flu Injection	1 month	1 per year ✓

Pre & Post Maternity GP Care	1 month	✓ Unlimited
24 Hour Corona Virus Advice Line	None	✓ Unlimited
Pregnancy, Mom & Baby Information Line	None	✓ Unlimited
HIV Information Line	None	✓ Unlimited
Chronic Illness Information & Support Line	None	✓ Unlimited
Mental Health - Depression & Anxiety Online Counselling	None	✓ Unlimited
Gender Based Violence (GBV) Support Line	None	✓ Unlimited
Information on Diabetes, High Blood Pressure, Nutrition etc.	None	✓ Unlimited
Trauma & Bereavement Telephonic 1-on-1 Counselling	None	✓ Unlimited
Legal & Tax Assistance	None	✓ Unlimited

POLICY OF INSURANCE

Please ensure that you are familiar with the contents of all the documents and that all the details noted on the Schedule are correct in every respect.

1. **Who is the Policy holder?**

The person who is indicated on the policy documents referred to as "You", "Your", "Policy holder" or "Insured Person".

2. **Who is Covered by this Policy?**

Only the policy holder as indicated on the Schedule of Benefits is covered.

3. **When will a Claim (Benefit) be Paid?**

As soon as:

- a. We have confirmed your policy and the status thereof;
- b. We confirm your premium payments are up to date;
- c. On approval by Yebo Doctor following assessment prior to incurring costs.
- d. All terms and conditions have been met;
- e. All required documents have been received.

The applicable benefit will be paid directly to the service provider by Yebo Doctor or to the policy holder if Yebo Doctor determine that this is necessary.

4. **Your Responsibilities Towards the Policy**

The policy is in force for as long as your premiums are paid up to date or until your policy is cancelled by you, or by us, giving 30 day's notice. This Policy is a fixed term of 12 (twelve) months renewable annually.

In order to have cover you need to:

- a. Pay your premiums;
- b. Provide us with true and complete information when you apply for cover, submit a claim or make changes to your policy. This also applies when anyone else acts on your behalf.
- c. Not admit any fault, nor make any offer or settlement, without our written agreement.
- d. Agree to comply with all our reasonable requests.
- e. Use all reasonable care and take all reasonable precautions to prevent or minimise loss, damage, liability, injury or death.
- f. Inform us immediately of any changes to your circumstances that may influence whether we provide cover, the conditions of cover or the premium we charge. This includes any changes to any information on the Schedule of Insurance or in regards to convictions for offences by any person covered under this facility relating to dishonesty, reckless and negligent driving or driving under the influence.

5. **Policy Changes**

You have to advise us when your contact details change. If you wish to cancel, you must do so in writing by giving 30 (thirty) days, notice for cancellation.

Should you wish to cancel the policy with "immediate effect", we may, at our discretion, accept the immediate cancellation and refund the premium related to the month in which the cancellation was requested, less all administrative expenses liable, to you.

We may make changes to your Insurance policy at any time. Confirmation of the change will be sent to you in writing. We may amend your policy by giving you 31 (thirty-one) days' notice. Notice can be given by sms, fax, email or post/mail to the last known contact details we have on record.

6. **Claims**

Unless the treatment or medicine costs are authorised by Yebo Doctor at the time, no claims will be assessed or received after the treatment date.

7. **Disputed Claims**

After we inform you of our decision on a claim, we will allow you 90 (ninety) days to make representations to us about our decision. If we do not compensate you for a claim or a part of it, and you want to contest our decision, you must do so in writing and outline your reasons for the dispute. We will provide you with a written response within 31 (thirty-one) days. If you do not agree with the outcome of the appeal, you may refer the dispute to the Ombudsman for Short-term Insurance or serve legal process on us within 90 (ninety) days after the time we allow for representations on disputed claims. Should you not enforce these rights, your claim will be deemed prescribed/abandoned. You are afforded an additional 6 (six) months in addition to the 90 (ninety) days to take legal action.

8. **Fraud, Misrepresentation, Non-Disclosure & Deliberate Acts**

Your fully completed application form with the relevant disclosures, provided by you or on

your behalf, forms the basis of our contract. This policy can be re-underwritten, declared null and void or terminated if any misrepresentation or non-disclosure is made regarding any detail that is material to this insurance. Any incorrect information may affect the validity of this contract. We will not compensate you for a claim where you or anybody who acts on your behalf, deliberately causes a loss, damage or injury. All cover under this policy will be forfeited if you submit a fraudulent claim, or anyone acts fraudulently on your behalf to obtain compensation.

9. Territorial Limits

Cover for this policy is only valid within the borders of the Republic of South Africa.

10. Consent Clause

The sharing of claims information and underwriting information (including credit information) by Insurers is essential to:

- a. Enable the insurance industry to underwrite policies;
- b. Assess risks fairly;
- c. To reduce the incidence of fraudulent claims;
- d. Protect the public interest in terms of limiting excessive premium increases.

You hereby waive any right to privacy of any insurance information provided by you or on your behalf, in respect of any insurance policy or claims you lodge. You also consent to this information being disclosed to, *inter alia*, any other insurance company and/or the relevant call centre and/or service providers and/or verified against other legitimate sources or databases.

Any personal income or health information obtained shall not be used or sold commercially and data security measures are in place to ensure the confidentiality of data management, and contractual agreements. Yebo Doctor shall ensure that its staff also abides by the provisions of this clause and to do all things necessary to enforce such compliance. All information will be for statistical and reporting purposes only.

11. General Policy Exclusions

Unless the policy makes provision for a specific benefit and is evident within the specific policy entitlement, any claim submitted will automatically be rejected.

We will not compensate you for any illness, condition, disease, injury, or the consequences of treatment of, or resulting from, or associated with:

- a. An event not covered by this policy and/or falling outside of the policy's intention.
- b. Any claim that must be paid in terms of alternate proclaimed legislation, such as the Compensation for Occupational Injuries Act 90 of 1993, the Road Accident Fund Act 56 of 1996 and the Medical Schemes Act 131 of 1998.
- c. Claims for regular or routine medical treatment and advice; routine physical examinations or procedures of a purely diagnostic nature; follow up consultations; chronic illness script renewals; consultations or treatment for chronic pain.
- d. Any treatment not specifically authorised by Yebo Doctor's medical team utilising established medical protocols.
- e. Any illness, injury or consequence from alcohol, drug or substance intoxication, use, abuse, or addiction, directly or indirectly traceable to the insured being affected, permanently or temporarily. Claims may be considered where registered drugs are administered and prescribed by a Registered Medical Professional.
- f. Any Psychiatric or Psychological Condition or emotional or nervous conditions including, but not limited to, depression, insanity, psychosis, stress-related and affective disorders.
- g. Suicide, attempted suicide or any intentional or deliberate self-injury and/or self-exposure to danger or risk except in an attempt to save a human life.
- h. Medication, drugs, prescriptions, consumables and equipment used with the exception of

over the counter medication when referred to a pharmacy by Yebo Doctor. Devices, such as artificial joints, braces, crutches, dental implants including all forms of internal and external prosthesis as defined.

- i. Investigations, treatment, medication or surgery related to any condition where the policy holder seeks advice, diagnosis and/or treatments outside the border of South Africa.

Sport Related Exclusions:

Any sport related illness, injury or condition except for scholars taking part in school activities.

12. Definitions and Explanations

- a. **Accident:** An event that occurs unintentionally and usually results in harm, injury, damage, or loss. Policy cover only extends to accidents occurring after inception of the policy.
- b. **Acute:** A condition which is generally unforeseen, of rapid onset in nature, is severe and treatable, but does not last for a prolonged period and is therefore not chronic.
- c. **Beneficiary:** A person(s) other than the policyholder of an insurance policy who is entitled to receive benefits.
- d. **Call Center:** The healthcare team that facilitates, the calls, provides information and support, authorises benefits and assists with providing specific clinical and management services.
- e. **Chronic medication, diseases and condition:** In medicine, lasting a long time. A chronic condition is one that lasts 3 months or more. Chronic diseases are in contrast to those that are acute (abrupt, sharp, and brief) or subacute (within the interval between acute and chronic).
- f. **Consumable medical supplies:** Non-durable medical supplies that:
 - i. Are usually disposable in nature;
 - ii. Cannot withstand repeated use by more than one individual;
 - iii. Are primarily and customarily used to serve a medical purpose.
- g. **Dependent:** Someone who is dependent upon the policy owner for access to the benefits available within this policy.
- h. **Designated Service Provider (DSP):** The hospital/ specialists/ network providers prescribed where you can obtain diagnosis and treatment benefits without co-payments or penalties. A penalty or co-payment may be applied by your Scheme if you choose not to use the Designated Service Provider.
- i. **Diagnostic:** A procedure or test which is performed to find out what is wrong with a patient. Diagnostic procedures do not aim to treat or cure a condition but is informative and exploratory in nature.
- j. **ICD-10 Coding:** The International Classification of Diseases is a diagnostic coding standard that was adopted by the South African National Department of Health in 1996.
- k. **Illness:** A disease or period of sickness affecting the body, which warrants treatment at an emergency facility.
- l. **Individual:** A single human being as distinct from a group or family.
- m. **Injury:** An injury sustained in an unforeseen future event, caused solely and directly by violent, accidental, external and visible means independent of and untraceable to any other cause.
- n. **Insurance:** A policy providing protection against a possible eventuality.
- o. **Medication:** A drug or other form of medicine that is used to treat or prevent an illness, injury or disease.
- p. **Network** – a designated list of general, specialist, hospital and or pharmacy practitioners.
- q. **Policy Owner / Policy Holder:** If you own an insurance contract or policy, you are a policy holder, also known as the policy owner. As a policy holder, you may also be the

- person covered by the policy.
- r. **Principal:** The Signatory to the application for inception of the policy.
 - s. **Psychiatric or Psychological Condition:** Any kind of mental illness and disability. This includes all forms of major affective disorders, anxiety disorders, psychiatric conditions and all other mental disorders as outlined in DSM IV (a manual outlining the diagnosis of all psychological and psychiatric conditions).
 - t. **Registered Medical Professional:** A person legally licensed and duly qualified to practice medicine and surgery (other than the Insured or a policy holder of the Insured's immediate family). This includes people legally licensed, duly qualified and registered in the Specialist Register of the Health Professional Board of the Republic of South Africa and recognised as such by them.

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This is not a medical aid nor is it intended to take the place of one.

The Yebo Doctor Health Insurance product is white labelled for Yebo Innovation (Pty) Ltd and City of Tomorrow Consult (Pty) Ltd, an authorised Financial Service Provider (FSP44533).

It is underwritten by Africa Unity Life, a licensed insurer Financial Service Provider (FSP8447). Asterio Investments (Pty) Ltd, is an authorised Financial Service Provider (FSP49637).