



Red Product Benefits and Details

1. Medical Advisory Services via Telephone or Chat (WhatsApp) :

24hr telephonic medical advice – Members can call at any time for advice or information regarding general medical and health issues. The service is provided by qualified nurses who can provide accurate and reliable information, in all South African languages.

- Emergency First Aid advice
- Poison's information
- Symptom assessment, home care advice or referral to pharmacy in the case of minor ailments.
- Information about chronic diseases
- General health advice

2. Covid Medical Advisory Services via Telephone or Chat (WhatsApp) :

The 24hr telephonic Covid 19 information and advice service is operated by our medical team and can be provided via telephone or WhatsApp. Members can call at any time for advice or information about Covid 19. This includes information about the virus, possible symptoms, when to go for testing, how to self-isolate and managing family members who have tested positive. We also provide information about vaccines, how to register and what to expect.

In addition, we offer specific Covid19 counselling and support because the Covid 19 pandemic has resulted in unprecedented social issues creating stress and emotional upheaval, hampering the member's ability to function optimally at home and in the workplace. Our 24-hour confidential and professional telephonic debriefing and counselling facility is available to provide counselling and support enabling them to cope with the prevailing circumstances.

3. Emergency Medical Assistance:

Members have access to the 24 hr Emergency Medical Centre where skilled paramedic dispatchers are able to dispatch ambulances to any emergency. Complete incident management includes :

- Immediate assessment of the accident.
- Dispatch of the nearest ambulance, medical response vehicle and emergency service as required.
- Pre-arrival first aid advice.
- Transfer to the nearest appropriate hospital.

4. Trauma and Bereavement Counselling

A 24-Hour Trauma Counselling line is available in the event of any traumatic event such as hijacking, burglary, motor accident, the loss of a loved one, school bullying, suicide, diagnosis of a chronic or life threatening medical condition, etc.

This enormously beneficial service provides a confidential and professional telephonic debriefing and counselling facility that is available every day of the year.

The counselling service is available to assist members who have lost a loved one to cope with the loss and provide support through difficult times following a bereavement.

5. Discounted Doctor, Dentist and Optometrist

Discounted Optometry Network
10% Discount at participating Optometrists on consultation fee, lenses and frames to maximum value of R400.00 per event.
Discounted Doctor's Network
20% Discount for doctor consultations where the members utilizes participating GP's
There will be no limits to the number of consultations.
Discounted Dentist Network
The member will receive a discount from 10% discount when the member utilizes participating Dentists on basic dentistry including scaling and cleaning; fillings; extractions and root canal procedures. This excludes orthodontic procedures, crowns or advanced dentistry.
There will be no limits to the number of consultations.

6. Wellness promotion and Chronic Illness support including HIV

The Africa Assist medical team are constantly available to assist members with chronic illnesses with information about how to better manage their health. Specific support is provided to members who suffer from diabetes, high blood pressure, HIV, asthma, epilepsy and other chronic type conditions.

Support includes general information and education about the chronic condition, advice about diet, managing symptoms and the importance of taking chronic medication.

7. Stress Counselling and support

Counseling support is intended to assist members to manage social and work-related issues that create stress and emotional upheaval, hampering their ability to function optimally at home and in the workplace. Our 24-hour confidential and professional telephonic debriefing and counselling and support to members enabling them to cope with daily stress, work and family related challenges.

8. Maternity and Child Care Programme

Members who are pregnant have access to reliable and professional medical services throughout their pregnancy.

Pregnant members have constant access to the 24 hour helpline operated by trained midwives who are available to provide information about all aspect of pregnancy and answer specific pregnancy related questions such as :

1. Nutrition
2. Dealing with morning sickness
3. Exercise advice
4. Monitoring the development of the baby
5. Tips to relieve stress
6. Identifying problematic symptoms
7. Dealing with insomnia
8. Specific information about their particular stage of pregnancy

Airtime Vouchers : Complimentary R50.00 Airtime voucher supplied during last two weeks of pregnancy to ensure that the member is able to stay in contact with her family.

Following the birth of the baby, members have ongoing access to the 24 hour Mother and Baby advice line that assist includes information and advice on all aspects of post-natal issues and baby care.

- a. Breastfeeding
- b. Baby care
- c. Child safety
- d. Managing minor baby illnesses

9. Flu Vaccines

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

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, Channel Squared (Pty) Ltd and Africa and Worldwide Medical Assistance Services (Pty) Ltd.

COMMENCEMENT AND TERMINATION

1.1. The agreement shall commence on the first day of a calendar month and shall run on a month to month basis.

1.2. A calendar year shall commence on the inception date of the pre-paid program as on the application form and as specified in the membership certificate and shall be for a 12 (twelve) calendar month period.

1.3. Benefits are renewed on every anniversary date.

1.4. Contributions are paid monthly in advance.

1.5. If the member's debit order is returned or no payment is received in any particular month the member is given a grace period until the 15th of the month to pay the outstanding contribution. If the payment is not received the policy will go into suspension.

1.6. In the event of an agreement being cancelled, for any reason at all, and is later reinstated, the new agreement will be regarded as a new application and all waiting periods, Fees and Charges will apply as for the new plan.

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 "member".

2. Who is Covered by this membership?

The policy holder/Member as indicated on the Member Benefits as well as up to 7 other family members are covered. These members must be registered with Yebo Doctor in order to access the benefits.

3. When will benefits be available?

As soon as:

- a. We have confirmed your membership 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.

4. Your Responsibilities Towards the Policy/Membership

The policy/membership 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 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, 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. **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.

7. **Territorial Limits**

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

8. **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.

9. **Increase in monthly Policy/membership payments**

There is an annual increase in monthly premiums of up to of 10% per annum.

10. **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.

This is not a medical aid or a medical insurance. It is a value added service product to assist you with medical support. Yebo Doctor does not pay for anything offered in the package.

Yebo Doctor

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