In Partnership with

NEDBANK

POLICY WORDING

Yebo Doctor Green Day to Day Plan

+

BONUS
BOOSTER PACK:
OVER THE COUNTER
MEDICINE VOUCHERS

OVER THE COUNTER BOOSTER PACK

Yebo Doctor™
Innovating Healthcare

AFRICAN UNITY LIFE

Asterio Medical Insurance

Yebo Doctor™
Innovating Healthcare

Powered By:
NEDBANK

GREEN DAY TO DAY PLAN

PLUS

BONUS
BOOSTER PACK:
OVER THE COUNTER
MEDICINE PREPAID
VOUCHERS
4 x R 100 vouchers

R220 a month for authorised private doctor visits, specialist visits, pathology, radiology, acute & over the counter medication, HIV information, ambulances, unlimited nurse consultations, dentist visit, eye test & glasses, corona medical line, mom & baby line & chronic illness information line

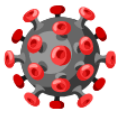
R255 a month for NON-Nedbank account holders

24 HOUR MEDICAL ADVICE LINE IN 11 OFFICIAL LANGUAGES (VAPS)

24 HOUR WHATSAPP LINE - SEND A PHOTO OF ANY MEDICAL CONDITION (VAPS)

1 X R5000 VOUCHER FOR PRIVATE AMBULANCE (VAPS)

USSD MEDICAL PANIC BUTTON ONE PRESS & WE WILL CALL YOU BACK & ASSIST YOU (VAPS)



24 HOUR CORONA VIRUS ADVICE LINE (VAPS)

UNLIMITED NURSE CONSULTATIONS (VAPS)

VIDEO CONSULTATIONS SPEAK TO A DOCTOR ONLINE

4 x AUTHORISED PRIVATE DOCTOR VISITS

2 X SPECIALIST VISITS

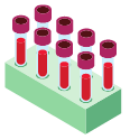
PRIVATE DENTIST VISITS

WE PAY FOR OVER THE COUNTER MEDICATION R100 X 4 PER YEAR

WE PAY FOR ACUTE PRESCRIBED MEDICATION R 700 PER YEAR

1 OPTOMETRY VISIT R1650 FOR GLASSES & FRAMES

BASIC BLACK & WHITE XRAYS



BASIC BLOOD TESTS

PRE & POST GP MATERNITY CARE (VAPS)

PREGNANCY, MOM & BABY INFORMATION LINE (VAPS)

TRAUMA & BEREAVEMENT (ONE ON ONE TELEPHONIC COUNSELLING (VAPS))

HIV INFORMATION LINE (VAPS)

FLU INJECTION EVERY YEAR AT A PHARMACY NEAR YOU (VAPS)

MENTAL HEALTH - DEPRESSION & ANXIETY ONLINE COUNSELLING (VAPS)

REFERRALS TO CLOSEST MEDICAL FACILITIES, GP'S AND SPECIALISTS IN YOUR AREA (VAPS)

INFORMATION ON DIABETES, HIGH BLOOD PRESSURE, NUTRITION, STRESS MANAGEMENT & MORE (VAPS)

INFORMATION & SUPPORT ON CHRONIC ILLNESSES (VAPS)

OTC BOOSTER PACK 4 X R100 PREPAID MEDICINE VOUCHERS

Green Day to Day Policy Wording (4 GP visits)

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. 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. Yebo Innovation (PTY) Ltd, hereinafter referred to as "Yebo", Green Day to Day Plan offers each client a unique combination of benefits and services.

This plan is inclusive of VAPS benefits as well.

Yebo Doctor's Day to Day Medical Benefits have been designed to offer each policy holder specific health services and benefits. It is important to take note of the terms and conditions, limitations and specific maximum benefits and services.

Yebo Innovation (PTY) LTD is a Juristic Representative of Asterio Investments (PTY) LTD & is an authorized Financial Services Provider (FSP 49673), underwritten by Africa Unity Life Limited, a licensed insurer and an authorized FSP 8447, & administered by Admin Box (PTY) LTD an authorized FSP (FSP 50327). The Asterio Health Benefit Plan is demarcated by CMS is a white labeled by African Unity Life Ltd for Yebo Doctor. This product is a Medical Insurance Product and not a Medical Aid, registered by the Council of Medical Scheme DM1053C. for more information regarding this demarcated product please visit https://www.medicalschemes.co.za/insurers/.

1. GENERAL INFORMATION

Please take note that there are waiting periods for the day-to-day benefits. All waiting periods are noted in the benefits table below for each benefit. Value Added Products, such as the nurse consultations, arranging an ambulance, trauma counselling, WhatsApp service etc. will be active once specified waiting period has passed. The benefits for all day-to-day benefits only become active once specified waiting period has passed. The dentist benefit has waiting periods in place i.e., 3 months waiting period as well as 6 months waiting period, and the eye test and glasses have a waiting period of 12 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 the member is given a grace period of 15 days commencing from the date premium is due to pay the arrear premium. Cooling-off Period is 31 days from the date the policyholder received their policy documents confirming cover.

This is a non-VAT product. Therefore, no tax certificate will be issued to the member.

A. This document contains the terms and conditions of Green Day to Day.
B. Policy Amendments, non-claim related matters, are administered by: Telephone number: 087 330 5379

E-mail address: info@adminbox.co.za
FSP number: 50327

C. **Claim Related** matters are administered by Africa-Assist. Africa- Assist contact details:

Telephone number: 0860 888 009
WhatsApp line: 060 790 8942
E-mail address: claims@africa-assist.co.za

D. The agreement for this Pre-Paid Program is between:
i. African Unity Life (herein referred to as AUL) as the underwriter.
ii. You the client, who applied for the day-to-day plan and who's name appears on the application registration form or given in the on-line voice recording and on the certificate.

2. DEFINITIONS, GENERAL CONDITIONS AND LIMITATIONS

2. Definitions

2.1 "Administrator" shall mean Adminbox (Pty) Ltd further referred to as Adminbox (Reg number 2016/294343/07) FSP 50327 of 37 Harley Street, Ferndale, Randburg, 2194 a registered company in accordance with the laws of the Republic of South Africa.
2.2 "Acute Medication" shall mean generic medicine used for diseases or conditions that have a rapid onset, serve symptoms, and that requires a short course of medicine treatment that is not considered to be chronic medication and not taken longer than 30 days.
2.3 "Agreement" shall mean this agreement between the applicant and African Unity Life Limited which includes the terms and conditions contained in the application, whether on paper, telephonically or through the internet media and further terms and conditions applicable to each plan chosen and the benefits linked to specific plan.
2.4 "Asterio" shall mean Asterio Investments (Pty) Ltd FSP 49673, Address 37 Harley Ferndale Randburg Gauteng, a registered company in accordance with the laws of the Republic of South Africa.
2.5 "Yebo" shall mean Yebo Innovation (Pty) Ltd a juristic representative of Asterio Investments (Pty) Ltd FSP 49673, Address 62 Katherine Street, Sandton, Gauteng, a registered company in accordance with the laws of the Republic of South Africa.
2.6 "Day" shall mean exclusively of the first day and inclusively of the last day of any period, unless the last day falls on a public holiday, Saturday or Sunday, in which case the last day shall be the next succeeding business day.
2.7 "Accident (or Accidental)" An unforeseen event which could not reasonably have been expected to occur.
2.8 "Add-on Benefit" An additional insurable benefit on a life or non-life policy, that can be mandatory or optional, has a separate premium and means the same as a Rider Benefit for the purposes of this Policy.
2.9 "Admission- Admission into a Hospital as an Inpatient on the advice of, and under the professional care and attendance of, a qualified physician. Confinement as a resident bed patient which is objectively necessary for treatment of Bodily Injury or Illness covered by this Policy and which treatment could not reasonably have been obtained as an outpatient.

2.10."Adult Dependants" Refer Extended Family Member
2.11. "Application" Include all forms of applying for a Asterio Hospital Plan by the Principle Insured – this will include call centre applications; electronic applications as well as paper applications. This Application shall also state the option of benefits selected and is subject to the approval of the Insurer before cover will commence.

2.12. "AIDS and HIV" Acquired Immune Deficiency Syndrome and Human Immune Deficiency Virus respectively, shall have the meanings assigned to these terms by the World Health Organization and shall include opportunistic infection, malignant neoplasm, encephalopathy (dementia), HIV Wasting Syndrome or any disease or illness in the presence of a serio-positive test for HIV.

2.13 "Bodily Injury" Violent external and visible means caused by an Accident, but shall include Bodily Injury caused by starvation, thirst and exposure to the elements as a result of a Road Accident.

2.14 "Children (Child)" Any or all of the following:

1) the Principal Insured's unmarried minor children, natural and/or legally adopted, foster children, who have been nominated on the Application Form or the Insured/s Amendment Form and who have not yet attained the age specified in the Policy Schedule.

This age may be extended to an age specified in the Policy Schedule in respect of an unmarried child who is a full-time student at a registered tertiary institution.

There will be no age restriction for children who are either mentally or physically incapacitated from maintaining themselves, always provided that the children are wholly dependent on the Principal Insured for support and maintenance.

Once a child has become independent of the Principal Insured for support and maintenance, dependency and therefore definition of a child cannot be revived later unless that child is still under the age specified in the Policy Schedule;

2) a stillborn child born to the Principal Insured or Spouse after the number of weeks (as specified in the Policy Schedule) of pregnancy, is included under this definition;

3) children also include all nominated or foster children at

4) inception which are dependent on the Principal Insured.

2.15. "Chronic Condition" A health condition or disease that is persistent or lasting in its effects. It typically lasts for more than three months. Chronic diseases include, but are not limited to, arthritis, heart disease, high and low blood pressure, asthma, cancer, diabetes and AIDS.

2.15 "Chronic Medication" Medication prescribed by Physician which relates to a chronic condition.

2.16 "Commencement Date" The date the Principal Insured entered into the Policy. This date is subject to the Insurer accepting the application and should be stated on both the Application and Policy Schedule of each Principal Insured.

2.17 "Cooling-off Period" An opportunity for the Principal Insured to cancel the Policy, providing no benefit has been paid or claimed within a period of 31 days after receipt of the Policy Schedule.

2.18. "**Day"** 24 (twenty-four) consecutive hours from time (as stated on the Hospital statement) of Admission into that Hospital.

2.19. "Dependents" The Spouse and Children as defined.

2.20. "Emergency" The sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy.

2.21. "Emergency Ambulance" Means the emergency medical response unit available to the Insured for urgent medical assistance.

2.22. "Entry date" The date a spouse, dependent or extended family member is added to the policy.

2.23. "Extended Family" Any family member or Dependent who is nominated by the Principal Insured as an Extended Family member on the Application Form or subsequently been added by doing an Insured/s Amendment, up to the age as specified in Section 2 above. Extended Family members or Adult Dependents may include any Spouse of the Principle Insured that has not been nominated as a Dependent or any non-qualifying child and/or foster child (18 years and older) of the Principal Insured as well as parents, grandparents, brothers, sisters, aunts (the sister of the Principal Insured's mother or father), uncles (the brother of the Principal Insured's mother or father), nephews (the son of the Principal

Insured's brother or sister), nieces (the daughter of the Principal Insured's brother or sister), grandchildren.
2.24 "Family" The Principal Insured's Dependents.
Where a policy only includes dependents without a principal insured, all dependents will form part of the family.
2.25. "Grace Period" The period after the due date for payment of premiums, which the Insurer will allow the Principal Insured to pay arrear premiums before Policy benefits will be lapsed.
2.26. "Injury" A sudden and unexpected bodily injury necessitating Primary Health Benefits, Emergency Benefits and/or Hospital Confinement Benefits.
2.27. "Insured Event" The particular event, for which insurance has been obtained in terms of this Policy and set out in the Policy Schedule.
2.28. "Insurer" African Unity Life Ltd, registration number 2003/016142/06, a registered long-term insurer in terms of the Long-term Insurance Act of 1998 and an Authorized Financial Services Provider (FSP 8447) in terms of the Financial Advisory and Intermediary Services Act of 2002 as amended.
2.29. "Insured/s" Includes all the lives insured under the Policy entered into by the Principal Insured.
2.30. "Medical Emergency Transportation" Transportation by ambulance to the nearest appropriate Hospital.
2.31. Physician A doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the jurisdiction where such professional services are performed.
2.32. "**Policyholder"** Principal Insured
2.33. "Policy Schedule" The Policy summary, which sets out the particular benefits of the Policy, and which is provided to the Principal Insured.
2.34. Pre-Authorisation Services A telephonic call-centre service in terms of which the Insurer or its subcontractor will pre-approve Treatment for an Insured in terms of this Agreement.
2.35. "Premium Payer" The Premium Payer is not the Principal Insured of the policy, but is a person that has an insurable interest in the Principal Insured's life and makes the premium payments on the policy. The Premium Payer can also be the Beneficiary on the policy.
2.36. "Review Date" The date stated in this Policy on which the Insurer will review the risk profile, benefits and premiums of the Policy.
2.37. "Rider Benefit" An additional insurable benefit on a life or non-life policy, that can be mandatory or optional, has a separate premium and means the same as an Add-on Benefit for the purposes of this Policy.
2.38. "SCIDEP" The ASISA Standardised Critical Illness Definitions Project.
2.39. **"Spouse"** The legal or common law husband/wife of a Principal Insured or such person residing with the Principal Insured for a period of longer than 6 calendar months, who is normally regarded by the community as the Principal Insured's husband/wife, and nominated at Entry date or added by doing an Insured/s Amendment. Unless premiums are determined separately for Spouses based on their age, a Spouse may not be older than the Principal Insured.
2.39. "Treatment" Any form of treatment by a Physician for the purpose of treating or monitoring an Insured's medical condition arising out of an Insured Event.
2.40. "Unclaimed Benefits" A benefit which remains unclaimed for a period of 6 months from date of notification of an Insured Event.
2.41. "Value Added Product / Service (VAPS)" Means a benefit (whether in the form of a product or a service) that is not insurable and does not have the same meaning as a Rider Benefit.
2.42. "Waiting Periods" The Waiting Period is the period subsequent to the Entry Date, and stipulated in the Policy Schedule, in which no benefits to a Principal Insured or any of its Dependants or Extended Family members or Adult Dependants will be paid.

3. COMMENCEMENT AND TERMINATION

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

3.2. A calendar year shall commence on the inception date of the plan as on the application form and as specified in the membership certificate once 1st premium is received and shall renew itself on the Entry Date or Reactivation Date
3.3. Benefits are renewed on every anniversary date.
3.4. Contributions are paid monthly in advance.
3.5. If the member's debit order is returned or no payment is received in any particular month the member is given a grace period of 15 days to pay the outstanding contribution. If the payment is not received the policy will go into suspension.
3.6. 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.

4.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.

5. 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 GPs for an in person or online consultation, the policy holder may attend such GP subject to the provisions regarding GP consultations as set out below), for an Authorized consultation/visit.

6. UTILISATION

Authorized GP consultations, the insured can use any GP of choice, this requires prior authorization. The benefit will pay the actual cost of the visit, including minor procedures performed in the doctor's rooms to a maximum value as per the chosen plan.

7. BENEFITS

7.1. 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 authorized 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. The benefits

are not intended for ongoing maintenance or general follow up appointments for chronic conditions.
Yebo Doctor provides assessment and authorization 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:

7.1. Guarantee of payment (GOP) is issued to a Network Provider by Africa-Assist.
7.2. Pre-authorization and Guarantee of Payment (GOP: Yebo Doctor follows a 'Best Practice' methodology in providing benefits within our treatment guidelines and protocols).
7.3. 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.
7.3.1. Authorized Private GP Consultations and Limited to 4 visits.
7.3.2. Authorized Dentist Visit (including basic dentistry, extraction or filling, once a year)
7.3.3. Medical Health information and symptom assessment by qualified professionals at the call centre
7.3.4. Childcare advice and support from qualified professionals at the call center
7.3.5. Advice on managing chronic illnesses from qualified professionals at the call centre
7.3.6. Flu vaccine (1 vaccine per year), at a place designated by Yebo Doctor
7.3.7. Maternity program providing ongoing advice and support from qualified professionals at the call centre
7.3.8. Arranging of emergency ambulance services by the call centre
7.3.9. Limited Over the counter medication (4 x R100 vouchers, per year, as approved by the call centre)
7.3.10. Limited acute medication
7.3.11. Basic x ray and pathology requested by the doctor at a radiology and/or pathology centre or department designated by Yebo Doctor

8. REFERRALS TO:

8.1. Closest Medical facilities
8.2. GP's and other specialists or medical practitioners or allied health practitioners within the policy holder's area or online
8.3. Closest Medical Transport
8.4. Health Specialists
It is recorded that this referral does not include payment for any appointment

9. ADVICE LINES: (Value Added Product Service) VAPS

9.1. 24 Hour Medical Advice Line in 11 official Languages
9.2. 24 Hour WhatsApp Assistance Line
9.3. 24 Hour Corona Virus Advice Line
9.4. Pre and Post GP Maternity Care
9.5. Pregnancy, Mom and Baby Information Line
9.6. HIV Information Line
9.7. Mental health & Stress Management Support Line and Counselling
9.8. Gender Based Violence Advice Line
9.9. Diabetes, High Blood Pressure, Nutrition and More Advice Line
9.10. Chronic Illness and Medication Advice Line
9.11. Trauma and Bereavement One on One Counselling and Support Line

10. MEDICAL TRANSPORTATION AND AMBULANCES: (VAPS) not underwritten by AUL

Access to an Ambulance: One voucher for private ambulance to the value of max R5000 per family per year.

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

11. SPECIALIST VISITS (DAY-TO-DAY BENEFIT UNDERWRITTEN BY AUL)

The policy holder is entitled to 2 authorized 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.

12. OVER-THE-COUNTER-MEDICATION (OTC) (DAY-TO-DAY BENEFIT UNDERWRITTEN BY AUL)

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 be transferred to the policy holder, after same has been authorized. 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.

13. AUTE PRESCRIBED MEDICATION (DAY-TO-DAY BENEFIT UNDERWRITTEN BY AUL)

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 authorized

14. TELEPHONIC HIV AND TRAUMA COUNSELLING (VAPS)

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 counselling/trauma center will be notified of a possible counselling session to be scheduled.

15. HIV EXPOSURE AND TRAUMA ASSISTANCE (VAPS)

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

16. USSD MEDICAL PANIC (VAPS)

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

16.1. Policy holders will receive a welcome SMS, which will highlight the benefit and indicate to save this as a speed dial.

16.2. 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.

16.3. 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.

16.4. Yebo Doctor endeavors to call the policy holder within 90 seconds of the Yebo Doctor system receiving the panic alert.

16.5. 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.

16.6. 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,

16.7. After the third call with no response, Yebo Doctor protocol is to leave a voice message if able to do so.

16.8. 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".

16.9. Yebo Doctor provides an alternative number that the policy holder can use to phone the call center.

16.10. We invite the policy holder to panic again (which starts the entire process off again).

16.11. 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.

16.12. 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.

17. OPTOMETRY (DAY-TO-DAY BENEFIT UNDERWRITTEN BY AUL)

Yebo Doctor's package ensures that if you need an eye test and glasses you can get these. After 12 calendar months, 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/Asterio will assess whether the policy holder has been a continuous policy holder for 24 consecutive months and whether there have been any breaks in membership.

17.1. **Day-to-day benefit for basic Frames and Lenses will be covered and be granted if the following norms are met:**

17.2. An unaided visual acuity of at least 6/12 or worse on the Snellen Scale for distance and near vision.

17.3. A refraction requirement of at least 0.75 diopter sphere and / or 0.75 diopter cylinder on distance vision for both eyes or

17.4. A refraction requirement of at least 1.25 diopter sphere on near vision for both eyes.

17.5. For the granting of bifocals, Insured Persons must comply both the distance and near vision qualifying norms. However, in borderline cases, the functionality will be considered. Motivation for such cases must be submitted in writing, either by fax or e-mail.

18. DENTISTRY (DAY-TO-DAY BENEFIT UNDERWRITTEN BY AUL)

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
- 2 Fillings per year up to a maximum value of R400 per person, per filling
- 2 dental Xray's per year up to the maximum value of R120 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

19. BLOOD TESTS (DAY-TO-DAY BENEFIT UNDERWRITTEN BY AUL)

Each policy holder is entitled to 3 laboratory visits (at a designated laboratory) for basic blood tests as requested by a GP or Specialist 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.

20. RADIOLOGY (DAY-TO-DAY BENEFIT UNDERWRITTEN BY AUL

Each policy holder is entitled to 3 black and white x-rays (at a designated radiology department) as requested by a GP or Specialist per year to the value of R380 per person, per visit.

21. THINGS TO NOTE:

- **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.
- **GP visits** are only available during office hours Monday to Friday and some network GPs are available on Saturday mornings. In general GP's are not available over weekends. 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 Xray's etc. may be required and were, 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 authorized 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. Payments are made monthly in advance. If for any reason your payment does not go through you will receive notification via SMS or telephonically to make you are that we didn't receive payment for the particular payment, a grace period of 15 days is given to allow the member to make payment. In an event that this is two consecutive payments missed a SMS or telephonically communication will be made to the Policyholder the policy will go onto a lapse status. Please send notification should you wish to cancel 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.

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.

There will be an annual price increase every year with 31 days written notice.

22. COMPLAINTS POLICY

22.1. We will do our utmost to address all reasonable requests from our members but may have to refer the complaint to one of our service suppliers. Our policy is to address your complaint within 5 working days but with service supplier's complaints may take up to 30 days.

22.2. Complaints must be relevant and always in writing. In all cases retain your documentation and proof of delivery.

22.3. Procedures:

22.3.1. The following is a step-by-step guideline of how a complaint will be dealt with, once received by us:

22.3.2. The complaint will be lodged in our central complaints register on the same day that it is made and confirmation of receipt forwarded to you.

22.3.3. The complaint is immediately brought to the attention of Management for allocation to a trained and skilled person who specializes in the type of complaint you may have.

22.3.4. The complaint will be investigated and we will revert to you our findings as soon as possible.

22.3.5. If you are not satisfied with our solution, you may refer the complaint to the Managing Director of our Company. The Managing director may amend the solution or confirm it. Please be informed that certain decisions may have to be approved by the Board or Management committee of the organization. In such a case, we will communicate that fact to you, as well as the date on which a decision will be taken.

22.3.6. If, after having referred the complaint to the Managing Director, you are still not satisfied with the outcome, we will regard the complaint as being unsatisfactorily resolved. In such a case, you may approach in the office of the Ombudsman or take such other steps as may be advised by your legal representatives.

22.3.7. If a claim is rejected, representation must be made within 90 (ninety) days of the date of the letter of rejection. If a dispute is not satisfactorily resolved after following the above steps, legal action may be instituted. Summons must be served within 180 (one hundred and eighty) days from the date of original letter of rejection.

22.3.8. If you have received inadequate information or unsatisfactory service or have a complaint about the advice/ factual information you have received, please contact African Unity Life's Compliance department at:

complaimts@africanunity.co.za

22.3.9. Should you be unsatisfied with the complaints handling process of African Unity Life, you can contact the **Ombudsman for Long term Insurance** at:

Postal Address	Physical Address	Telephone
Private Bag X45	Sunclare Building, 3rd Floor	021 657 5000
Claremont	21 Dreyer Street	0860 662 837
7735	Claremont	
	Cape Town	
	7700	
Website	E-mail	Fax
www.ombud.co.za	info@ombud.co.za	021 674 0951

22.3.10. If your complaint relates to the intermediary/broker who provided advice, you can contact the **FAIS Ombud**:

Postal Address	Physical Address	Telephone
Financial Services Board	Kasteel Park Office Park	012 762 5000
PO Box 74571	Orange Building, 2nd Floor	012 470 9080
Lynwood Ridge	Cnr of Nossib and Jochemus Street	
0040	Erasmuskloof	
Pretoria		
0081		

Website	E-mail	Fax
www.faisombud.co.za	info@faisombud.co.za	012 348 3447
		012 470 9097

22.3.11. If your complaint relates to the market conduct or manner in which the Insurer conduct itself, you can contact the **Financial Sector Conduct Authority (FSCA**) directly at:

Postal Address	Physical Address	Telephone
Financial Sector Conduct Authority	41 Matroosberg Road	012 428 8000
PO Box 35655	Ashlea Gardens	
Menlo Park	Pretoria	
0102	0002	

Website	E-mail	Fax
www.fsca.co.za	info@fsca.co.za	012 346 6941

23. 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 doing so, taking the above purposes into consideration.

24. CONSENT TO DISCLOSE AND SHARE 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 refer to Yebo Innovation (Pty) Ltd a juristic representative of Asterio Investments (Pty) Ltd, administrated by Admin Box (Pty) Ltd, and underwritten by Africa Unity Life and claims administrated by Africa and Worldwide Medical Assistance Services (Pty) Ltd (Africa-Assist).

Day-to-day Benefits & VAPS Table (Value added product services)

Benefit	Waiting Periods	Max Value
24 Hour Medical Advice Line **(VAPS)**	None	Unlimited
24 Hour Medical WhatsApp Line **(VAPS)**	None	Unlimited
USSD Medical Panic Button **(VAPS)**	None	Unlimited
Ambulance services **(VAPS)**	1 Month	Ambulance service to the value of max R5000 per year per family.
Nurse consultation **(VAPS)**	1 Month	Unlimited
Flu Injection **(VAPS)**		
24 Hour Corona Virus Advice Line **(VAPS)**	None	Unlimited
Pregnancy, Mom & Baby Information Line **(VAPS)**	None	Unlimited
HIV Information Line **(VAPS)**	None	Unlimited
Chronic Illness Information & Support Line **(VAPS)**	None	Unlimited
Mental Health – Depression & Anxiety Online Counselling **(VAPS)**	None	Unlimited
Information on Diabetes, High Blood Pressure, Nutrition, Stress Management & More **(VAPS)**	None	Unlimited
Trauma & Bereavement (one on one telephonic counselling) **(VAPS)**	None	Unlimited
Authorized GP visits **(Day-to-day)**	1 Month	4 Visits per person, per year @ R400 per visit. (The insured can use any GP of their choice.
Specialist visits **(Day-to-day)**	3 Months	2 x visits per person @ R550 per visit.
Over the counter medication **(Day-to-day)**	1 Month	4 x R100 per person, per visit, per year.
Acute prescribed medication (**Day-to-day)**	1 Month	R700 per person, per year.
Radiology (X-rays) **(Day-to-day)**	1 Month	Basic- Black & White X-rays (as requested by a GP or Specialist to maximum value as per plan). 3 x visits per year, per person @ R380 each.
Pathology (Blood tests) **(Day-to-day)**	1 Month	Basic- (as requested by a GP or Specialists to a maximum value as per plan) 3 visits per person, per year @R380 each
Optometry **(Day-to-day)**	12 Months	Up to R1650 for basic lenses and frames. Thereafter once every 24 months cycle

25. 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.

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

25.2. **Who is Covered by this Policy?**
Only the policy holder as indicated on the Schedule of Benefits is covered.

25.3. **When will a Claim (Benefit) be Paid?** As soon as:

25.4. We have confirmed your policy and the status thereof;
25.5. We confirm your premium payments are up to date;
25.6. On approval by Yebo and Africa-Assist following assessment prior to incurring costs.
25.7. All terms and conditions have been met;
25.8. All required documents have been received.

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

f. The plan benefits used directly must be claimed within 3 months after service was used.

26. YOUR RESPONSIBILITY 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 31 days' notice.
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 minimize loss, damage, liability, injury or death.

26.1. 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.

27. 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 31 (thirty-one) days, notice for cancellation.
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.

28. GENERAL

28.1. The policy is underwritten by African Unity Life Limited who is the underwriter of the Day-to-day benefits.

28.2. The minimum entry age of the Principle Insured is 18 (eighteen) years old.

28.3. A person may only be registered on one policy at a time.

28.4. It is accepted and agreed that Yebo Doctors' mode of communication is electronic communication.

28.5. If contributions are not paid at the agreed time, a grace period of 15 days is given and if it two consecutive months a notice of cancellation will be provided to the Policyholder with a grace period of 31 days to make payment is given before the policy can be cancelled as per Rule 15A of the Policyholder Protection Rules. ADMINBOX will contact the Principle Insured to request if a double deduction can go off the following month to make up for a missed premium.

28.6. The onus is on the main member to make sure that his/her address and bank details are always correct.

28.7. It is the duty of the Member to declare all medical and health information when applying for the plan. It is the responsibility of the Member to supply and assist to get any medical history reports from any medical practitioner or facility if requested to do so to enable AFRICA-ASSIST to entertain any request or authorization for any day-to-day benefits.

28.8. Yebo/ASTERIO may increase the contributions with 31 days' notice as per Rule 15 of the Policyholder Protection Rules.

29. DISPUTED CLAIMS

In the event that the Insurer repudiates liability for any claim under this Policy, the claimant shall have 90 (ninety) days from the date of notice of the repudiation within which to make representations to the Insurer disputing the repudiation of the claim. If the claimant concerned does not, in respect of the subject matter of such claim, within 3 (three) years, after the 90 (ninety) day period make representations, commence legal proceedings in a competent court and prosecute such proceedings to final judgement, any liability of the Insurer shall be extinguished and no benefits shall be payable in respect of such claim and/or the insured event concerned. Please contact the Insurer for access to its Complaints Management Policy.

30. FRAUD, MISREPRESENTATION, NON-DISCLOSURE & DLIBERATE 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.

31. TERRITORIAL LIMITS

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

32. 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.

33. GENERAL EXCLUSUIONS AND LIMITATIONS

33.1. An Insured Person may not be covered for more than one Policy under this insurance category
33.2. The Policyholder will not be entitled to any benefits if admission is required for the purposes of investigative procedures or any other investigation only, unless specifically provided for in this agreement.
33.3. The Insurer will not be liable for any claims:
33.3.1. was caused by suicide or attempt thereat or self-inflicted injury or wilful exposure to danger (unless in an attempt to save human life);
33.3.2. in respect of expenses arising out of routine physical or other examinations where there is no objective indications or impairment in normal health;
33.3.3. in respect of obesity, elective, elective cosmetic or plastic, corrective optical and laser surgery or treatment and costs resulting therefrom except in the case of bodily reconstruction as a direct result of an Injury sustained in an Accident;
33.3.4. resulting from an Insured refusing medical treatment recommended by a physician or medical practitioner;
33.3.5. resulting from an Insured unreasonably or wilfully neglecting or failing to seek and remain under the care of a medical practitioner;
33.3.6. where the Insured did not take all reasonable precautions to prevent Accidents and do not comply with all statutory requirements and regulations;
33.3.7. was caused by, or as a result of, the influence of alcohol, drugs or narcotics upon such Insured Person unless administered by, or prescribed by, and taken in accordance with the instructions of a member of the medical profession (other than himself);
33.3.8. was caused by the use of nuclear, biological, chemical or explosive weapons or arising from exposure to, or contamination by, atomic energy and/or nuclear fission or reaction;
33.3.9. if injuries sustained whilst any person driving a vehicle or motorcycle is under the legal driving age, or is not authorized or qualified to drive such a vehicle or motorcycle;
33.3.10. was caused whilst travelling by air other than as a passenger and not as a member of the crew nor for the purpose of any trade or technical operation thereon or therein;
33.3.11. was caused whilst participating in a hazardous or Professional Sport/activity;
33.3.12. was caused by any mental illness, mental disability, mental impairment and psychopathic disorders, all forms of depression, major affective disorders, psychotic and neurotic conditions, as well as all stress and anxiety related disorders, other than those caused by Accident as defined in this Insurance;
33.3.13. while it was caused by mountaineering or rock climbing necessitating the use of ropes or guides, potholing, hang gliding, sky diving, riding or driving in a race or rally, quad biking, off-road motorcycle riding, underwater activities involving the use of artificial breathing apparatus unless the Insured Person has an open water diving certificate or is diving with a qualified instructor to a depth no greater than 30 meters and/or similar activities, unless agreed by the Insurer;

33.3.14. was caused whilst the Insured Person is perpetrating an intentional unlawful act in terms of South African Law;

33.3.15. for the treatment of any sexual transmitted disease, unless as a result of a crime that has been reported to the South African Police Services;

33.3.16. for services rendered to an Insured Person by a person not registered with the South African Medical and Dental Council and/or the South African Health Professions Council;

33.3.17. was caused by, directly or indirectly arising from, treatment of infertility or the artificial insemination of a person as defined in the Human Tissues Act (Act 65 of 1983) or any amendment thereto or replacement thereof;

34. GENERAL EXCLUSIONS

34.1. No claim will be admitted in terms of this Policy if the event giving rise to the claim is caused directly or indirectly by or is in any way attributable to any of the following:

34.2. The willing participation by the Principal Insured or such other insured persons under this Policy, in any of the following:

34.2.1. an act of war (whether war is declared or not);

34.2.2. military action;

34.2.3. Riot or unlawful strike

34.2.4. insurrection;

34.2.5. civil commotion;

34.2.6. usurpation of power;

34.2.7. martial law;

34.2.8. terrorism; and

34.2.9. any usage of nuclear, chemical and biological weapons, device or agent.

34.3. A disease, epidemic or a pandemic;

34.4. An Act of Government;

34.5. Any act or deed by the Principal Insured deliberately committed in violation of any law as well as any other insured person under the Policy including but not limited to a minor child, where his/her parent and/or legal guardian knowingly allows such child to participate in any act which constitutes a violation of any law;

34.6. Self-inflicted injury or self-inflicted illness, whether intended or not, or voluntary exposure to danger or obvious risk of injury. Any injury or disease which is caused partly by the actions or omissions of the insured, but in conjunction with the action or omission of some other party of some other contributory factor, will fall outside the ambit of the above exclusion.

35. DISCLOSURES

35.1. **Adminbox's Contact Details**
Telephone Number: 087 330 5379
Fax Number: 086 651 1018
E-mail Address: info@adminbox.co.za

35.2. **Claims Administrator Contact Details** Africa – Assist
15 Van
Ryneveld Rd
Hurlyvale
Edenvale
1610
Telephone Number: 0860 937 637
Fax Number: 086 2193 799
E-mail Address: accounts@africa-assist.co.za/ auth@africa-assist.co.za

Contact Person: Diana Sharp

35.3. Yebo Innovation (Pty) Ltd

61 Katherine Street, Sandton, 2146
Telephone Number: 087 147 2747
Email Address: info@yebodoctor.co.za
Contact Person: Shareen Richter

35.4. Underwriter contact details – African Unity Life Ltd
Springfield Office Park, 109 Jip de Jager Drive, Bellville, Western Cape, 7530
Telephone Number: 086 1234 555
E-mail address: info@africanunity.co.za

35.5. Call Centre
Africa-Assist telephone number **0860 932 637** is available 24 hours a day to members to assist with all claims and booking of service and for advice on medication and any illness information.

36. CONSUMER PROTECTION ACT

The Yebo Doctor/ASTERIO Health program is a Pre-Paid Services program and falls under the protection of the CPA (Consumer Protection Act).
In the event of any dispute and where such possible dispute cannot be solved through the Companies internal procedures, the client has the right to seek assistance form the Consumer Ombudsman to resolve the dispute. National Consumer Commission
Share Call: 0860 266 786
Fax number: 0861 515 259
E-mail: ncc@thedti.gov.za
Website: www.nccsa.org.za
Use the internal complaint procedure first to resolve any dispute

YEBO DOCTOR DENTAL POLICY PLAN

INTRODUCTION

OPERATIVE CLAUSE

In return for the timeous payment of the required monthly premium and subject to the terms and conditions of this policy, the Insurer will pay specific amounts on the occurrence of specific conditions or events involving dental treatment.

The events and benefits (schedule of benefits) are tabled at the end of this policy document.

There are specific and defined rules and limits of cover that apply to each insured condition or event that is fully described in this document.

CONTACT DETAILS:

Telephone Numbers:
Claims department and Pre-authorization – 0860 093 2637
E-mail Addresses:
Claim submission – claims@africa-assist.co.za
Policy customer care – info@adminbox.co.za
Pre-Authorization – claims@africa-assist.co.za

A. POLICY WORDING AND DISCLOSURE

IMPORTANT: Certain Benefits are subject to PRE-AUTHORIZATION. Please refer to the 'Schedule of Benefits' at the end of this document.

EVENT	BENEFIT
• A visit to the Dentist when dental treatment is needed.	**Consultation**
• A previously filled tooth where there now exists more filling	**Crown**
than a tooth.	
• The existing tooth structure becomes weakened and can no	
longer support the filling.	
• Extensive damage by decay.	
• Fractures.	
• Root canal – After root canal, teeth tend to become brittle	
and are more apt to fracture. They therefore need to be	
protected by a crown.	
• Bridges – When missing teeth are replaced with a bridge, the	
adjacent teeth require crowns in order to support the	
replacement teeth.	
• When in the process of placing a crown, the intermediate phase.	**Temporary crown**
• Severe toothache while chewing food or severe pain while	**Emergency root**
taking hot or cold liquid where examination shows presence of	**canal**
severe tooth decay.	
• Darkening of the tooth or in case of an accident.	
• A long-standing dental infection in the bone that erodes	
through the side of the bone and causes sudden, serious, and	
painful swelling.	
• In case of severely worn-out teeth, where a crown is being	
advised by the Dentist. Before placing a crowning in such a	
case, that tooth may need Root Canal Treatment.	
• See emergency root canal treatment description.	**Root canal treatment**
• This benefit is associated with pre-planned procedures.	
• Cavities reach far under the gingiva or into the root.	**Extractions**
• Severe loosening due to periodontitis.	
• Lack of space or orthodontic lack of space.	
• Longitudinal dental fractures.	
• Root canal preparations in via falsa (root wall was drilled	
through Accidentally).	
• Relocated or excess teeth.	
• Severe tipping of teeth.	
• Tooth decay.	**Fillings**
• Tooth fracture.	
• After root canal treatment.	
• Replacement of leaking restoration	
Symptomatic bony impactions – are wisdom teeth which do not	**Impactions (Wisdom**
fully erupt into the mouth because of blockage from other teeth	**Teeth) – Pre-**
(impactions).	**authorization required**
Where a permanent tooth (under insurance cover) is permanently	**Implants – Pre-**
decayed or deteriorated and no alternative procedure can save	**authorization required**
this tooth (cover is supplied to replace such tooth with an	
implant).	
The Insured member cannot join and receive cover for a	
previously extracted tooth (The Administrator must have the	

B. GENERAL DEFINITIONS

i. **Rehabilitation:** The successful rebuilding of a damaged tooth. To restore to good health or condition, through therapy and education.

ii. **Prognosis:** The "prognosis" of a condition is the likely chance of successful treatment.

For example, a poor prognosis of restoring a tooth means that the dentist feels that a tooth is affected too badly by decay or fracture and that there is no point in trying to restore the tooth and rather extract it: A prediction of the probable cause and outcome of a disease and the likelihood of recovery thereof.

iii. **Tooth decay:** Also known as "caries" is the bacterial process that results in demineralization of the tooth structure and subsequent cavitation (creation of a hole). For insurance purposes the tooth is considered decayed once there is either a clinical or radiological evidence of cavitation. Marginal leakage which is the visible staining of the margin between an existing filling and the tooth without demonstrated cavitation is not covered in terms of the insurance policy.

Tooth decay, which is also called dental caries, is the destruction of the outer surface (enamel) of a tooth. Decay results from the action of acid producing bacteria that live in plaque, and sugary substances in the mouth. Tooth decay is a common health problem, second in prevalence only to the common cold. Changing existing fillings for reasons including headaches, fatigue or other conditions not directly related to the tooth structure and for cosmetic reasons is excluded.

iv. **Impacted:** Teeth are termed "impacted" where eruption into the oral cavity is impeded by the position of another tooth or the bone of the mandible. Cover is granted only when there is pathology associated with the impacted tooth. Pathology is defined for the purposes of impaction as cysts, tooth resorption, recurrent pericoronitis (and intermittent infection of the gum surrounding a tooth which is in the process of eruption) in the case of partially impacted teeth (infection must have occurred at least twice over a 6 (six) month period), or osteomyelitis (a severe infection of the bone) resulting from the impaction.

Teeth that have failed to erupt through the gum line. They can be completely embedded in the jawbone and be called a bony impaction, or it can be a soft tissue impaction, when it has symptomatic. Teeth that are in the process of eruption but are not impacted are excluded.

v. **Dental abscess:** This is defined as a periapical (tip of the root) or other radicular (root) infection that results from a tooth related pathology (decay or fracture).

Tooth abscess: A collection of infected material (plus) enclosed in the tissue of the jawbone at the root of the infected tooth.

vi. **Severely decayed or damaged:** This indicates that at least two thirds of the visible tooth structure have been lost to decay or trauma regardless of the tooth being crowned and once performed is deemed to resolve the situation for a minimum of 5 (five) years for that particular tooth.

vii. **Tooth number:** This refers to the International Dental Federation's system commonly adopted in South Africa. Each tooth is allocated a tooth number and were referred to in this document tooth numbers refer to a unique tooth and its respective cover.

viii. **Pre-authorization:** All benefits that require a 6-month waiting period require a pre-authorization, namely:
Wisdom teeth in chair or hospital Crown & Bridge work
Implants
Root canal treatment Temporary crowns
Dentures
A pre-authorization is full quotation by a qualified dental provider, detailing the work/ procedure required in addition to the relevant procedure codes and associated costs. This quotation must be sent to Asterio once having processed this will send back an authorization document detailing what is covered according to the respective benefit plan and to what value, any items not covered or partially payable will be noted as a member liability.
ix. **Benefit period:** The benefit period for all members runs from INCEPTION DATE of each year to the end of the following year. Benefits can then only be accessed to the maximum annual limit for that year or the maximum overall limit for that year.
x. **Premium Waiver:** The Insurer waives the Policyholder's obligation to pay any further premiums for the determined period as stated per option should he/she become seriously ill or disabled for a defined period. Medical certificate/s and motivation from a medical practitioner is required when applying for this waiver.

C. BENEFIT DEFINITIONS, RULES AND CLAIMS PROCEDURE

1. Limit of Liability

1.1. The Insurer will not pay more than the maximum limit per claim as specified in the Schedule of Benefit and Limits and as per specific Rules.
1.2. The waiting periods are specified in the Schedule of Benefits and Limits.
1.3. The first month is a registration month. The registration month will be part of the specified waiting periods.
1.4. Cosmetic dental procedures are not covered under any circumstances.
1.5. The Administrator holds the right to request any information form any dentist in order to approve any claim. The Administrator will have the final decision on any procedure benefit.
1.6. Pre-existing conditions apply following instances only:
1.6.1. **Implants** are only covered for loss of teeth during the period that the Insured Member holds a valid paid-up policy with Asterio. The Administrator must have the extraction on record as paid for cover to be granted for an implant. The replacement of missing teeth in these instances where the tooth was lost/extracted will only be covered by dentures or bridges and not the implant benefit.
1.6.2. **Additional exclusions:** Once Asterio has received the panoramic scan, Asterio will identify all missing teeth, existing temporary crowns implants and existing temporary crowns. Existing crowns, existing implants and existing temporary crowns will be ruled as pre-existing conditions and will have an additional waiting period applied to them for a period 5 (five) years. After the additional period of 5 years is completed, the policy holder may apply to have these procedures redone.

2. Consultations

2.1. A consultation with a Dentist due to the deterioration of teeth and where dental treatment may be needed as treatment.

2.2. The maximum consultation per year and cover per event is defined in the Schedule of Benefits and Limits as per chosen plan option.

3. Fillings

3.1. The fillings benefit includes;
3.1.1. Tooth decay
3.1.2. Dental abscess
3.1.3. Severely decayed or damaged tooth
3.2. The maximum amount per year and per event is defined in the Schedule of Benefits as per chosen plan option.

4. X-rays

4.1. X-rays are needed by the Dentist to determine the extent of the damage to a specific tooth
4.2. X-rays include any type of x-ray, scanning of tooth and or photos of tooth to determine the damage to a specific tooth.
4.3. The maximum x-rays and amount of cover per year and per event is defined in the Schedule of Benefits and Limits as per chosen plan option.

5. Extractions

5.1. Extraction is the physical removal of a tooth.
5.2. The maximum extraction and amount per extraction and per year is defined in the Schedule of Benefits and Limits as per chosen plan option.

6. Emergency Root Canal

6.1. The maximum emergency root canal treatments and annual benefits are defined in the Schedule of Benefits and Limits as per Limits as per chosen plan option and further in the Policy Rules.

7. Root Canal (Pre-authorization required for benefit to be activated)

7.1. The maximum root canal treatments and annual benefits are defined in the Schedule of Benefits as per chosen plan option and further in the Policy Rules.

8. Wisdom Teeth (Pre-authorization required for benefit to be activated)

8.1. The maximum extractions of wisdom teeth per year are defined in the Schedule of Benefits and Limits as per chosen plan option.

8.2. Wisdom teeth may be extracted within the chair in the Dentist's practice or in the hospital. The Dentist needs to motivate the reasons for the extraction within a hospital.

8.3. We will not pay for wisdom teeth extracted in the chair of the Dentist's practice and for the extraction in hospital in the same year.

8.4. Once per lifetime per third molar.

8.5. The maximum benefits as per Schedule of Benefits and Limits as per chosen plan option.

D. DEPENDENT DEFINITIONS/ AGE LIMITS

1.1. '**Child/Children'** Any or all of the following:
1) the Principal Insured's unmarried minor children, natural and/or legally adopted, foster children, who have been nominated on the Application Form or the Insured/s Amendment Form and who have not yet attained the age specified in the Policy Schedule.

This age may be extended to an age specified in the Policy Schedule in respect of an unmarried child who is a full-time student at a registered tertiary institution.

There will be no age restriction for children who are either mentally or physically incapacitated from maintaining themselves, always provided that the children are wholly dependent on the Principal Insured for support and maintenance.

Once a child has become independent of the Principal Insured for support and maintenance, dependency and therefore definition of a child cannot be revived later unless that child is still under the age specified in the Policy Schedule;

2) a stillborn child born to the Principal Insured or Spouse after the number of weeks (as specified in the Policy Schedule) of pregnancy, is included under this definition;

3) children also include all nominated or foster children at

4) inception which are dependent on the Principal Insured.

1.2. '**Spouse**' The legal or common law husband/wife of a Principal Insured or such person residing with the Principal Insured for a period of longer than 6 calendar months, who is normally regarded by the community as the Principal Insured's husband/wife, and nominated at Entry date or added by doing an Insured/s Amendment. Unless premiums are determined separately for Spouses based on their age, a Spouse may not be older than the Principal Insured.

1.3. '**Policyholder'** Principal Insured

E. PRE-AUTHORIZATION PROCESS

1.1. When a procedure is required that is indicated as requiring pre-authorization the policy holder in conjunction with the treating practitioner needs to submit a quotation/ treatment plan detailing the work required with relevant procedures codes and claims cost per code to Africa-Assist on claims@africa-assist.co.za

1.2. On receipt of the relevant and valid quotation/ treatment plan ADMINBOX will assess this clinically and where necessary request further motivation or radiographs (x-rays) from the practitioner in order to load the pre-authorization onto the claims management system.

1.3. Once the pre-authorization is loaded a pre-authorization number will be allocated to it. This Authorization letter will be returned to the policyholder and the practitioner so that the policy holder is aware of what is covered and to which rand

values this will be covered. Additionally, any none payments will be indicated along with reasons/ descriptions of why is not payable or partially payable.

NOTE: Your membership number or ID number and ICD-10 codes of treatments must be on the documentation received from the treating practitioner!

Pre-authorization letters have an expiry date, please pay attention to the details listed on the pre-authorization. Should you be unable to start the treatment by the expiry sate, please request extension?

A pre-authorization letter can only be detailed for the current year- so in the instance of treatments stretching into the next year, an additional letter will be issued at the beginning of the following year.

F. CLAIMS DOCUMENTATION

1.1. A diagnostic report is defined as follows: A report that indicates the existence of the condition and which has been written by a registered dental practitioner. Such report may contain an x-ray analysis or the x-ray itself or an intra-oral photograph, which clearly shows the condition.

1.2. The minimum diagnostic report should contain the diagnostic description code (ICD-10) and, for the benefits which involve a tooth, the relevant FDI tooth number.

1.3. A treatment invoice is defined as follows: A treatment invoice indicates that a procedure has been done in order to treat an existing condition. Such invoices usually contain procedure descriptions or diagnostic descriptions. If the treatment that has been rendered is a treatment that is appropriate for both insured and non-insured conditions, then diagnostic evidence of the original condition is always required to support the claim.

The Insurer and Administrator reserve the right to further investigation any claim and to request any additional information in regards to any claim. In the event that the claim is found to be unlawful, the Insured Member will be liable for the immediate re-payment of any money that may have been paid out on that specific claim.

G. CLAIMS PROCESS

1.1. Notwithstanding the claim processes stipulated in this Policy document, the Administrator reserves the right to make use of the other communication and electronic tools as will be advised from time to time.

1.2. A claim may only be submitted AFTER a diagnosis/ treatment by a registered dental health care provider has been completed. The Principal Member should notify the claims Administrator within 3 (three) months. All benefits in respect of valid claims will be paid to the Principal Member provided that the Principal Member is in good standing.

1.3. The claimant must submit a valid diagnostic report of treatment invoice from a registered dental practitioner including proof of payment.

1.4. A medical certificate indicating the nature of the external blow is required where claiming for accidental trauma benefits.

1.5. The claims Administrator may request clinical documentation and/ or evidence to support the claim.

1.6. The dental invoice must be e-mailed to claims@africa-assist.co.za

H. PREMIUM PAYMENT

1.1. The premium is payable monthly. The premium for this is included in the premium paid for Yebo Doctor Day to Day plan. The premium will be debited monthly from the Principal Member/ Payer's bank account. The premium is due monthly in advance at a date agreed by you. The Commencement Date of the policy will be the first of the month that the first premium is received. If the premium is not received by the due date, a 15 days grace period is given commencing from the date premium is due. The policy will be lapsed after 2 consecutive missed premiums and a notice of cancellation will be sent out to the member with a 15-day grace period to make payment.

I. WAITING PERIODS

The waiting periods (as specified in the Schedule of Benefits and Limits) will apply:

1.1. As per the policy Commencement Date, which is reflected on the policy certificate.

1.2. Should a dependent be added to an existing policy after the Principal Member's inception date, the normal waiting periods will apply for the new dependent.

J. POLICY TERMINATION

Cover under this Policy shall cease on the day that:

1.1. The premiums that are due are unpaid for 2 (two) consecutive months after notification has been sent out and a grace period of 15 days given from the last payment due. The member is notified via e-mail/ SMS to the policy contact details provided.

1.2. The Insurer provides 31 (thirty-one) days written notice of cancellation to the Principal Member at the latter's last known address;

1.3. The Principal Member provides 31 (thirty-one) days written notice for cancellation to the Product Intermediary.

K. REPUDIATION OF CLAIMS

In the event that the Insurer repudiates liability for any claim under this Policy, the claimant shall have 90 (ninety) days from the date of notice of the repudiation within which to make representations to the Insurer disputing the repudiation of the claim. If the claimant concerned does not, in respect of the subject matter of such claim, within 3 (three) years, after the 90 (ninety) day period make representations, commence legal proceedings in a competent court and prosecute such proceedings to final judgement, any liability of the Insurer shall be extinguished and no benefits shall be payable in respect of such claim and/or the insured event concerned.

L. MISREPRENSTATION

This Policy shall become voidable in the event of misreprenstation, mis-description or non-disclosure by or on behalf of the Insured Member, of any material information particular to the Insurer. Any premiums paid or payable shall be forfeited and therefore not refundable.

M. NO SURRENDERS OR CESSIONS

This Policy may not be surrended, assigned or transferred.

N. CONDITION PRECEDENT

Strict compliance by the Principal Member and by the Product Intermediary with all the provisions, conditions and terms of this Policy shall be a condition precedent to liability on the part of the Insurer hereunder.

O. POLICY OPTION CHANGES

The Principal Member may change to a lower plan option only on the 1st of their inception date renewal date. The Principal Member may change to higher plan option at any time but the normal waiting period shall apply from the date of the upgrade, for any increased benefit or amount.

P. POLICY AMENDMENTS

The Insurer may amend the terms and conditions of this Policy upon giving the Policyholder written notice of such intention at least 31 (thirty-one) days.

Q. VALUE ADDED TAX

N/A. This is a non-VAT product; no tax certificates are issued.

R. FRAUD

If any claim under this Policy is in any respect fraudulent, or devices are used by the Insured Member or anyone acting on their behalf to obtain any benefits under this Policy, all benefit under this Policy in respect of such claims shall be forfeited.

Dental Benefit Table.

Name of benefit	Number of visits	Waiting periods	Max Value per visit, per member	Total Value per member, per year
Consultations	2	3 Months	R420	R840
Fillings	2	3 Months	R400	R800
X-rays	2	3 Months	R120	R240
Extractions	2	3 Months	R250	R500
Emergency root canal	2	3 Months	R190	R380
Removal of wisdom teeth in chair	2	6 Months	R580	R1160
Temporary Crowns	2	6 Months	R450	R900

DISCLOSURE NOTICE

IMPORTANT INFORMATION – PLEASE READ CAREFULLY

STATUTORY NOTICE TO POLICYHOLDERS, DISCLOSURES AND OTHER LEGAL REQUIREMENTS

1. Underwriting Manager

Company Name:	Adminbox (Pty) Ltd	**Tel:**	087 330 1154
Physical Address:	37 Harley Street, Block B, Randburg, 2194	**E-mail:**	info@adminbox.co.za
Registration No:	2016/294343/07	**FSP:**	50327

Legal Status:

This entity does not hold IGF Guarantee because it does not collect premiums. Premiums are collected through Asterio Investments (PTY) Ltd, FSP 49673 (with the assistance of Qsure (Pty) Ltd

Compliance Officer:	Lida Muuren - Rozyn	**Tel:**	012 942 6050
Physical Address:		**E-mail:**	Lida@comply-solutions.co.za

Conflict of Interest Policy:

The Company has a comprehensive Conflict of Interest Policy in place and can be obtained upon request. There are no conflicts in terms the FAIS Act identified at present in any of the following areas of our operations:

6. Associated Companies.
7. Third Party relationships.
8. Ownership interests within these relationships.
9. Financial Interests or Immaterial Financial Interests paid or received from any of the above.
10. Our staff remuneration policies.

2. Insurer

Company Name:	African Unity Life Ltd	**Tel:**	0861 234 555
Physical Address:	Springfield Office Park, 109 Jip de Jager Bellville, Cape Town, 7530	**E-mail:**	info@africanunity.co.za
Registration No:	2003/016142/06	**FSP:**	8447

Compliance Officer:	Johan Ferreira	**Tel:**	0861 234 555
Physical Address:		**E-mail:**	complaints@africanunity.co.za

Complaints procedure:

Please lodge complaints in accordance with the procedure on the website of African Unity Life Ltd.

3. Premium obligation

Monthly premiums are payable on the date selected by the member and payable in the manner selected by him/her.
Premiums include commission at 3.25% for Asterio & 9% binder fee for Adminbox.

4. How to institute a claim

You may call AFRICA-ASSIST claims department at 086 932 637.
You may hand deliver, email or fax your invoice to AFRICA-ASSIST for processing.
Claims must be submitted within 3 months from the date of treatment.

5. Warning

Medical Insurance is not a replacement product for Medical Aid but it is a suitable alternative.
Incorrect information or non-disclosure by you of relevant facts may prejudice claim settlement.
Don't be pressurized to buy the product.
Carefully read your policy document and understand it content. Keep all documents send to you.

6. Particulars of the Long-term Insurance Ombudsman

The Long-term Insurance Ombudsman is available to advise in the event of claim problems that are not satisfactorily resolved by the insurance Intermediary and Insurer:

Entity:	Long-term Insurance Ombudsman	**Tel:**	021 762 5000
Physical Address:	3rd Floor Sanclare Building, 21 Dreyer Street, Claremont	**E-mail:**	info@ombud.co.za

7. Particulars of the Registrar of Long-term Insurance:

Entity:	Financial Services Board	Tel:	012 428 8000