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Essential Day-to-Day Benefits terms & conditions

1. BACKGROUND

The policy holder and/or employer, as named in this benefit schedule and master policy has made application for the Essential *(Day-to-Day)* Plan, which application forms part of this contract, and Essential Employee Benefits hereby accepts the risks emanating from the defined events and undertakes to pay benefits in line with the benefit wordings, in exchange for the payment of premiums to it by or on behalf the members or individual member: all of the above as set out in the benefit schedule and master policy hereto.

2. DEFINITIONS

2.1 **"Acute medicine"** means medicine used for diseases or conditions that have a rapid onset, severe symptoms, and that require a short course of medicine treatment.

2.2 **"Adult"** means a member who is 21 years or older, excluding full-time students who are younger than 26 and dependants who are permanently physically and medically disabled.

2.3 **"Audio Consultation"** means a consultation conducted through a voice call within the app, without video.

2.4 **"Benefit start date"** means the date on which a member becomes entitled to benefits.

2.5 **"Chronic medicine"** means medicine that meets all the following requirements:

- **2.5.1** Is within the Essential Employee Benefits formulary as amended from time to time and prescribed by a network medical practitioner for an uninterrupted period of at least three months.
- **2.5.2** Is for a condition appearing on the list of approved chronic conditions, as amended from time to time.
- **2.5.3** Which has been applied for in the manner and at the frequency prescribed and which application has been approved and accepted.
- **2.5.4** Pre-authorisation is required for chronic medication. Please view Section 6 of the Medical Benefit Terms and Conditions.

2.6 **"Defined event"** means the event which gives rise to the member having to seek medical treatment as set out in the benefit schedule hereto, to be assessed based on scheme rules.

2.7 **"Dependant"** means the following persons for whom the principal applicant is liable for care and support who are duly registered as dependants:

- **2.7.1** A spouse and/or partner *(excluding an ex-spouse)*;
- **2.7.2** A child, including an adopted child *(including a child adopted under a tradition practised by the people of South Africa, provided that the child's natural parents are both deceased)*, stepchild, illegitimate child or foster child; and/or
- **2.7.3** Any other person approved by Essential Employee Benefits.

2.8 **"Digital Script (Prescription)"** means a prescription issued electronically by a healthcare professional after a consultation, which can be sent directly to a pharmacy.

2.9 **"EMS"** means the emergency medical response unit available to the insured persons for urgent medical assistance.

2.10 **"Family"** means the Principal Member *(being a natural person)* in whose name this option is effected and includes the Principal Member's spouse and dependent children under the age of 21 years, or full-time students who are younger than 26 and dependants who are permanently physically or mentally disabled, who form part of the Principal Member's household and are resident in the Republic of South Africa.

2.11 **"Formulary"** means the specific lists of procedures, prices and service providers as approved and amended from time to time by Essential Employee Benefits, which together constitute the maximum limit of benefits that Essential Employee Benefits will be bound to pay in terms of this policy. It is the express obligation of the member to check against the formulary each and every time to establish the exact level of benefits as per paragraph 5 hereunder.

- **2.11.1** To check which medications are included on the formulary, visit www.mediscor.co.za/search-client-medicine-formulary.
  - For "Scheme", choose EEB from the drop-down list.
  - For "Option", choose EEB ACUTE for acute medication.
  - Choose your selected plan for chronic medication from the following list: Executive Combined Plan, Executive Essential Plan, EEB Combined Plan or EEB Essential Plan.
  - Choose to search by Product or by Condition.
  - When you submit, the system will indicate whether the selected medication is included on the formulary.
- **2.11.2** You can find the formularies for radiology, pathology and other EEB formularies on the Essential Employee Benefits website (www.eeb.co.za) or request them at enquiries@eeb.co.za or **010 020 9008**.

2.12 **"Inception date"** means the date on which the application for this Day-to-Day Plan, including any variables or options regarding benefits selected by the member, becomes effective.

2.13 **"Main member"** means a person who has been registered as the principal member.

2.14 **"Medical Certificate"** means an official digital document confirming illness or medical consultation, often used for work or school absence.

2.15 **"Medicall Network Health GP App"** means the mobile and web platform used to access the Virtual GP benefit. It is where members book consultations, chat to nurses and manage their healthcare. Download the Medicall Network Health App from the Google Play Store or Apple App Store. Alternatively, access the platform via the Medicall virtual GP Platform.

2.16 "Medicine" means a substance registered under the Medicines and Related Substances Control Act, 1965, as amended or replaced from time to time and within the Essential Employee Benefits formulary.

2.17 "Member" means each individual under cover, including a dependant.

2.18 "Minor" means a dependant who is not yet 21 years old, and a dependant who is over the age of 21 but not over the age of 26 years, who is studying full-time at a recognised institution.

2.19 "Nurse Chat" means a messaging feature that allows members to speak to a qualified nurse for quick advice, guidance or support at no extra cost.

2.20 "Option" means a product registered under Essential Employee Benefits that offers a specific structure of benefits.

2.21 "Over-the-Counter Medication (OTC)" means any medication that can be bought over the counter at a pharmacy without a written prescription and is limited to a monthly value as per the benefit summary. Pre-authorisation is required. Please view Section 6 of the Policy Wordings.

2.22 "Pharmacy Integration" means the ability to send prescriptions directly to a connected pharmacy for easy collection or fulfilment.

2.23 "Pill Tracker" means a built-in tool that helps members monitor and manage their medication schedules to improve adherence and consistency.

2.24 "Policy Holder" means employers or clients who purchase policies in their personal capacity.

2.25 "Service Provider" means a medical practitioner, dentist, optometrist or pharmacist.

2.26 "Spouse" means a person to whom a member is married under a system recognised by South African law and/or who is viewed by the community as the main member's husband or wife, and nominated at the entry date or added by completing the member amendment form.

2.27 "The/this policy" means the insurance agreement issued to the Policy Holder, which sets out the relevant terms and conditions applicable to the scheme and selected cover.

2.28 "Video Consultation" means a face-to-face virtual consultation using a device's camera and microphone.

2.29 "Virtual Consultation" means a remote appointment with a doctor *(GP)* or nurse conducted via phone *(audio)* or video call through the app.

2.30 "Waiting period" means the number of months a member must wait from inception before accessing benefits through the Medicall Network Health GP App.

2.31 "Year" means a calendar year.

3. MEMBERSHIP AGE REQUIREMENTS

3.1 Unless otherwise provided for, the main member and spouse to be covered must be below the age of 65 years at the time of application.

3.1.1 Benefits for existing main members and spouse members will cease at the age of 65 years unless still employed, or unless otherwise agreed. In the event of benefits ceasing for the main member, this policy shall cease, and no further benefits shall be payable to any member.

3.1.2 Unless otherwise provided for, the main member to be covered must be over the age of 18 years at the time of application.

3.1.3 All dependants will be covered up to the age of 21, unless otherwise provided for.

4. WAITING PERIODS

Waiting periods can apply to the SPECIALIST benefit, OPTOMETRY benefit, CHRONIC MEDICATION, & DENTAL benefit. This waiting period may not exceed ninety days. Please refer to specific waiting periods in your benefit summary. Other waiting periods may apply depending on your risk profile.

5. AMENDMENT / UPGRADE PROCEDURE

Should you wish to change your personal details, amend any option or add dependants onto your existing product please contact the Essential Employee Benefits offices directly on **010 020 9008** or email enquiries@eeb.co.za along with your membership number.

6. PRE-AUTHORISATION AND BENEFIT LIMITS

The member must make application for pre-authorisation of certain benefits as contained in the benefit schedule. Moreover, it is the member's responsibility to contact Essential Employee Benefits to confirm the maximum benefit payable for each and every defined event, as the level of benefit may be determined by the actual procedure followed by the service provider. The member must contact Essential Employee Benefits by telephone 010 020 9008 or Email enquiries@eeb.co.za.

Pre-authorisation is required for each and every GP visit. Pre-authorisation is required for all Trauma Room/ER visits, including Ambulance Services. The member must contact Essential Employee Benefits by telephone **010 020 9008** for authorisation. .

7. PREMIUM PAYMENTS

7.1 Premiums are payable monthly in advance *(unless otherwise stated in Group Scheme Master Policy)*. If the premium is not received in time, as per Rule 15A of the Policyholder Protection Rules - even though the policy is "suspended" due to non-payment of premiums, we will still remain liable for claims and the member will enjoy benefits up until the policy has lapsed and is duly cancelled as per Rule 15A. We can however deduct arrear premiums from the benefit amount payable when premiums are in arrears *(Rule 17.11.1 PPR's)*. There is an extended grace period to receive premium up to the 15th of the month for which the premium is due. If your contributions fall in arrears for 60 days without alternative arrangements made, your membership will be terminated immediately without further notice.

7.2 Premiums are payable by your employer and would be deducted from the member as a payroll deduction. Should the main member cease employment at the said employer he/she may apply to move the policy to debit order by contacting enquiries@eeb.co.za , and additional charges may be incurred as individual risk rating and debit order fees may be applicable.

7.3 Should your membership lapse due to non-payment;

you may request to re-instate the product within the first two months of such lapsing by making application for reinstatement in accordance with the procedure in 7.1 above. This will be reinstated based on Essential Employee Benefits' own discretion.

7.3.1 Unless missed premium contributions are paid upon re-instatement, the inception date will be changed to the date of re-instatement, and standard waiting periods will apply from this date.

8. MEMBERSHIP CANCELLATIONS

8.1 You may cancel your membership by giving written notice, this only applies if your membership is paid for by yourself via a payroll deduction, unless your employer stipulates otherwise. Should the product form part of the compulsory offering cancellation requests must be received in writing from your employers HR department.

8.2 A full calendar months' notice is required for cancellation of membership.

8.3 Should your cancelation date be mid-month, you will be covered for the remainder of that month, for which premium was received.

8.4 Essential Employee Benefits reserves the right to cancel or vary your membership or that of any of your dependants by giving written notification, where possible, if you or any of your dependants.

8.4.1 Provide false information or fail to disclose pre-existing conditions when applying for any option or product.

8.4.2 Provide false information upon submission of a claim.

8.4.3 Allow any other person to use your membership card.

8.4.4 Commit any other fraudulent act.

8.4.5 Generally act in a manner indicative of a premeditated selection against Essential Employee Benefits.

8.4.6 Fail to pay premiums, including but not limited to section 7.

Any of the acts as described in 8.4 above can lead to legal recovery against the policy holder and/or member.

9. GENERAL EXCLUSIONS LIMITATIONS AND PRESCRIPTIONS

Essential Employee Benefits shall not be liable for any medical claims in respect of any member:

9.1 caused by suicide, or self-injury or intentional exposure to obvious risk of Injury *(unless in an attempt to save human life)*.

9.2 over 65 years of age *(unless otherwise agreed in writing)*.

9.3 caused by or as a result of the influence of alcohol, drugs or narcotics upon such member.

9.4 caused by or arising from exposure to or contamination by atomic energy and/or nuclear fission or reaction.

9.5 whilst participating in any riot or civil commotion or public disorder or active involvement in war, acts of terrorism, invasion, act of foreign enemy, hostilities *(whether war be declared or not)*, civil war, rebellion, revolution, insurrection or political risk of any kind.

9.6 whilst participating in a Professional Sport.

9.7 for any mental and/or nervous disorders not including chronic medication covered under the approved 27 chronic conditions and related formularies, and specialist benefit as per covered specialists. The member must contact Essential Employee Benefits by telephone 010 020 9008 or Email enquiries@eeb.co.za for a list of approved specialities.

9.8 for contraception pills or medication or fertility-related therapies

9.9 Excludes any illness relating to Epidemic & Pandemic as defined by the national government.

9.10 No claim shall be payable if it is not reported within 30 days of the occurrence of the defined event, or in the event where a pre-authorisation is required.

9.11 No claim shall be payable after the expiry of 90 days or such further time as the company may allow from the happening of any event unless the claim is the subject of pending legal action.

9.12 Cosmetic related procedures

10. DOMICILIUM

10.1 The *domicilium citandi et executandi* of a Principal Member shall be the address set out in the application form or such later address as notified in writing.

10.2 For purposes of this Day-to-Day Plan Terms and Conditions, Essential Employee Benefits' address shall be **15 Wellington Road; Parktown; 2000** or enquiries@eeb.co.za.

10.3 Any notice given in terms of this Product shall be in writing and shall –

10.3.1 If delivered by hand, be deemed to have been duly received by the addressee on the date of delivery.

10.3.2 If sent via email, be deemed to have been duly received by the addressee on the date of delivery, during office hours, unless proven otherwise.

11. GENERAL

11.1 This wording together with the Benefit schedule, master policy, application form and service level agreements constitute the entire terms and conditions and no other conditions, stipulations, warranties and representations whatsoever have been made by any party or that party's agent, other than as specifically included herein.

11.2 No amendment or cancellation of the policy shall be of any force and effect unless such amendment or cancellation is in writing, from the policy holder or member, with 30 days' notice and confirmed to have been received by Essential Employee Benefits.

11.3 This policy does not accumulate cash or surrender value and may not be converted into a paid-up product.

11.4 This policy is an insurance product and NOT a medical aid.

12. BENEFITS

The following policy benefits are payable subject to the Essential Employee Benefits formulary:

Doctor Consultations
Unlimited, medically necessary General Practitioner (GP) Consultations with a contracted, Network doctor. Pre-authorisation is required before each and every visit. EEB reserves the right to do further investigation and recommend alternative medical interventions.

Specialists Benefits
There is cover for Specialist visits, upon referral of a network GP. For benefit limits refer to your benefit schedule.

Dental Benefit
Includes 2 check-ups per member, per annum including scaling, polishing, extractions, fillings at a Network Dentist. Utilisation of dentist outside of the EEB dentist network will be for the member's own account.

Optometry
1 Composite Consultation per 24 months, per member, per annum inclusive of Refraction, Tonometry, Visual field screening and Dispensing within the Benefit at any Specsavers within South Africa.

Optometry – Glasses
1 Set per 24-month period on agreed network tariff.
(Grey sticker frame from the Specsavers store.
One pair of Spectacle lenses: Clear Standard Vision Lenses or Clear Standard Flat Top Bifocal Lenses. Multifocal lenses are paid up to the Standard Bifocal lens limit.)

Maternity
Growth scans as per covered codes as outlined in benefit schedule, & unlimited antenatal medication as per EEB formulary.

Chronic Medication
Unlimited based on EEB's Chronic formulary and as per 27 covered chronic conditions reflected in benefit schedule.

Acute Medication
OTC and Acute Medication linked to a doctor consultation and either prescribed or dispensed by the doctor will be covered, subject to the EEB medicine Formulary up to a limit as set out in the benefit schedule.

Radiology
Unlimited Basic Radiology linked to the doctor visit as referred by the Network Provider from the radiology formulary. Includes Basic black and white x-rays only.

Pathology
Unlimited Basic Pathology linked to the doctor visit as referred by the Network Provider from the Essential Employee Benefits Pathology formulary.

Emergency Services
Unlimited transportation to hospital for medically justified, urgent medical assistance. Emergency transportation must be arranged through the EEB call centre on 010 020 9008 for pre-authorisation, and to the maximum benefit of R10 000.00 per event

Trauma Room Access
Up to R5 000 per annum, per policy will be contributed to the benefit as and when required. Medical definition of trauma room: a hospital unit specialising in the treatment of patients with especially life-threatening traumatic injuries. If combined with hospital plan, paid up to a maximum or R5 000 per annum per policy. Pre-authorisation is required

Virtual GP
EEB's virtual GP benefit enables employers to offer members convenient, cost-effective access to quality primary healthcare anytime, anywhere. Through the Medicall Network Health App, members can book virtual consultations with a doctor, GP or nurse from their smartphone, tablet or computer, helping reduce time away from work while supporting busy teams. Consultations are available via audio or video calls, with nurse support also including a free chat option for quick advice and guidance. GPs and nurses are available Monday to Friday from 08:00 to 16:30 and on Saturdays from 08:00 to 13:00.

Pre-authorisation is required before booking. Members can contact the call centre on **010 020 9008**, WhatsApp **060 072 8106** or email enquiries@eeb.co.za. Please note that all pre-authorisations must be obtained at least 15 minutes before the consultation.

DISCLOSURE AND OTHER LEGAL REQUIREMENTS:

As a Financial Services Provider, Essential Employee Benefits *(Pty)* Ltd is committed both under legislation and in terms of our own ethical code, to provide you, our client, with all the information you need to ensure that you are in possession of all relevant facts about the various parties supplying you with your insurance product. These facts are set out for you below, as required by the Financial Advisory and Intermediary Services Act *(FAIS)* and for clients who purchase policies in their personal capacity, the Policy Holder Protection Rules. Whilst this information is important it does not form part of your actual policy wording. Not only should you be in possession of the facts set out below, but you should have been provided with a full understanding of the product you have purchased. An authorised representative will have provided you with the financial advice you have received.

LIST OF ROLE PLAYERS AND EXPLANATION OF ROLES

Insurer: The insurance company which ultimately underwrites the risk as determined by the policy wording under this insurance policy is Lion of Africa Life Assurance Company Ltd, a licensed life & health insurer and an authorised financial services provider, FSP No 15283. The detail about the insurer can be found in Clause 2 under the "Disclosure Notice" below.

The Binder Holder is a company who performs certain binder functions which in essence are reserved for underwriters and receive a remuneration for completing these functions on behalf of the underwriter. Essential Employee Benefits *(Pty)* Ltd performs binder functions on behalf of Lion of Africa Life Assurance Company Ltd, a licensed life insurer and an authorised financial services provider, FSP No 15283 *(Long-Term Insurance)* For a complete list of Binder functions

which Essential Employee Benefits *(Pty)* Ltd perform, contact Essential Employee Benefits *(Pty)* Ltd on 010 593 7158.

Intermediary: The intermediary is the company/person who is indicated on the application form and master policy and sold the policy in terms of Intermediary functions. A detailed disclosure document should be provided. Complaints regarding the sales process should be directed at the intermediary.

DISCLOSURE NOTICE:

1. ABOUT YOUR FINANCIAL SERVICES PROVIDER

a. Essential Employee Benefits *(Pty)* Ltd Registration Number: 2015/1307/42.
3rd Floor, 15 Wellington Road, Parktown, Jhb, 2000
Tel: 010 593 7158
Email: enquiries@eeb.co.za; www.eebs.co.za
ESSENTIAL EMPLOYEE BENEFITS IS A REGISTERED FINANCIAL SERVICES PROVIDER FSP NUMBER 46244

b. Essential Employee Benefits does not earn more than 30% of its total remuneration from any single Insurer and no Insurer holds shares in Essential Employee Benefits nor is Essential Employee Benefits associated to any one Insurer.

c. Essential Employee Benefits is in possession of Professional Indemnity insurance.

d. Compliance arrangements: The Compliance Toolbox is Essential Employee Benefits' compliance officer and can be contacted Tel: **011 794 1189** or via email on charmaine@ctb.co.za *(CO5561)*

e. The fees and commissions payable are detailed in the quotation and policy schedule. The consequences of non-payment of the premium will be subject to Rule 15A of the PPR's.

2. ABOUT THE UNDERWRITERS/INSURERS

Product	Medical Insurance
Underwriter	Lion of Africa life Assurance company ltd
Reg Number	1942/015587/06
FSP Number	15283
Contact Number	021 461 8233
Address	10th Floor, 2 Long Street, Cape Town

3. HOW TO INSTITUTE A COMPLAINT

Should you have any complaint about your policy or the service you have received, please contact Essential Employee Benefits. Complaints procedure: Contact our complaints facilitator, on complaints@eebs.co.za. All complaints must be reduced to writing and any of our representatives will be able to provide you with a copy of our complaint's procedure on request. If the enquiry is not dealt with satisfactorily, contact the appropriate Ombudsman listed below.

4. OTHER MATTERS OF IMPORTANCE

a. You must be informed of any material changes to the information referred to in paragraphs 1 and 2 with 31 days written notice.

b. If any complaint to the Broker or Insurer is not resolved to your satisfaction, you may submit your complaint to the FAIS Ombud.

c. If your premium is paid by debit order, the debit order must be in favour of one person and may not be transferred without your approval.

d. The Product Supplier *(Insurer)* and not the Broker must give reasons in writing for the rejection of any claim submitted by you.

e. The Product Supplier *(Insurer)* must give you 31 days written notice of its intention to cancel your policy.

f. You are entitled to a copy of your policy free of charge.

5. CONFLICT OF INTEREST

We are pleased to report that there are no Conflicts of Interest or potential Conflicts of Interest identified within our organisation. A copy of our Conflict-of-Interest management policy is available on our website.

6. WARNING

a. Do not sign any blank or partially completed application form.

b. Complete all forms in ink.

c. Keep all documents handed to you.

d. Make notes as to what is said to you.

e. Ask for a letter of representation from your adviser.

f. Do not be pressurised into buying the product.

7. PARTICULARS OF FAIS OMBUD

PO Box 74571, Lynnwood Ridge, 0040
Tel: 012 470 9080 to 012 470 9097
Fax: 012 348 3447
Email: info@faisombud.co.za
Website: www.faisombud.co.za

8. PARTICULARS INSURANCE OMBUD

PO Box 32334, Braamfontein, 2017
Tel: 011 726 8900
Fax: 011 726 5501
Email: info@osti.co.za

Contact us today for all your essential solutions

www.eeb.co.za
010 593 7158
010 020 9008
info@eeb.co.za

3rd Floor
15 Wellington Road
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2193

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