

SERVICE SUBSETS	PLANS		
	BASIC	PREMIUM	FIT
<b>1) GP &amp; Specialist consultation</b>			
a) Assessment	covered	covered	covered
b) Routine monitoring	covered	covered	covered
c) Medical & Lifestyle advise	covered	covered	covered
d) Medication prescription	covered	covered	covered
e) Prescription refill and delivery	not covered	40% covered	covered
<b>2) Full body check (Laboratory &amp; Diagnostics)</b>	<b>BASIC</b>	<b>PREMIUM</b>	<b>FIT</b>
a) Examination	covered	covered	covered
b) Body mass index (BMI)	covered	covered	covered
c) Fasting blood sugar	covered	covered	covered
d) Random blood sugar	covered	covered	covered
e) Blood pressure	covered	covered	covered
f) Lung function test (LFT)	Not covered	50%covered	covered
g) PCV	covered	covered	covered
h) Malaria Parasite test (MP)	covered	covered	covered
i) Widal test	Not covered	Not covered	covered
j) Urinalysis	Not covered	30% covered	covered
k) Pap smear	Not covered	covered	covered
l) Full blood count (FBC)	Not covered	Not covered	covered
m) Glycated hemoglobin ( HBA1c)	not covered	40% covered	covered
n) Cholesterol (LDL,HDL)	Not covered	30% covered	covered
o) C-Xray	covered	covered	covered
p) K-Xray	not covered	not covered	covered
<b>3) FITNESS &amp; NUTRITION MANAGEMENT</b>	<b>BASIC</b>	<b>PREMIUM</b>	<b>FIT</b>
a) Nutrition and diet prescription	covered	covered	covered
b) Nutrition planning& recipe management	Not covered	covered	covered
c) Diet therapy (DASH)	covered	covered	covered
d) Diet therapy ( Weight & post procedure)	not covered	50% covered	covered
a) Exercise prescription	covered	covered	covered
b) Keep fit intervention/ weight management	Not covered	not covered	covered
c) Access to gym facilities	Not covered	Not covered	covered
Cardiovascular testing and development	Not covered	Not covered	covered
Body composition testing and devpt.	covered	covered	covered
Balance-agility testing and devpt.	Not covered	covered	covered
<b>4) TELE MEDICINE</b>	<b>BASIC</b>	<b>PREMIUM</b>	<b>FIT</b>
TELE GP	covered	covered	covered
DIGITAL HEALTH RECORDS	covered	covered	covered
REMOTE HEALTH TRACKERS	not covered	50% covered	covered
TELE PATHOLOGY	not covered	covered	covered
PERSONALIZED WELLNESS INSIGHT	covered	covered	covered
<b>OTHER SECONDARY CARE</b>	<b>BASIC</b>	<b>PREMIUM</b>	<b>FIT</b>
ADMISSION	Not covered	Not covered	covered
AMBLUANCE SERVICES	Not covered	Not covered	covered
SECONDARY PROCEDURE	Not covered	Not covered	covered