

SERVICE SUBSETS	PLANS		
	BASIC	PREMIUM	FIT
<b>1) GP&amp; Wellness consultation</b>			
a) Assessment	covered	covered	covered
b) Medical & Lifestyle advise	covered	covered	covered
c) Medication prescription	covered	covered	covered
d) Prescription refill and delivery	Not covered	Not covered	30% covered
d) Routine monitoring	Not covered	covered	covered
<b>2) 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	20% covered	40% covered
Personalized weekly wellnes insight	covered	covered	covered
<b>3) FITNESS AND NUTRITION MANAGEMI</b>	<b>BASIC</b>	<b>PREMIUM</b>	<b>FIT</b>
a) Nutrition and diet prescription	covered	covered	covered
b) Nutrition planning& recipe manag	Not covered	Not covered	not covered
c) Diet therapy (DASH)	Not covered	Not covered	not covered
d) Diet therapy ( Weight & post proce	Not covered	Not covered	not covered
a) Exercise prescription	covered	covered	covered
b) Keep fit intervention/ weight manc	Not covered	Not covered	not covered
c) Access to gym facilities	Not covered	Not covered	not covered
Cardiovascular testing and developm	Not covered	Not covered	covered
Body composition testing and devpt.	covered	covered	covered
Balance-agility testing and devpt.	Not covered	covered	covered
<b>4) Full body check (Laboratory &amp; Diag</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	not covered	covered	covered
d) Random blood sugar	not covered	covered	covered
e) Blood pressure	covered	covered	covered
f) Lung function test (LFT)	Not covered	Not covered	not covered
g) PCV	not covered	Not covered	not covered
h) Malaria Parasite test (MP)	covered	covered	covered
i) Widal test	Not covered	Not covered	not covered
j) Urinalysis	Not covered	Not covered	covered
k) Pap smear	Not covered	not covered	covered
l) Full blood count (FBC)	Not covered	30% covered	covered
m) Glycated hemoglobin ( HBA1c)	Not covered	40% covered	60% covered
n) Cholesterol (LDL,HDL)	Not covered	Not covered	40% covered
o) C-Xray	Not covered	40% covered	covered
p) K-Xray	not covered	50% covered	60% coverd
<b>5) OCCUPATIONAL STRESS MANAGEMI</b>	<b>BASIC</b>	<b>PREMIUM</b>	<b>FIT</b>
a) Assessment	covered	covered	covered
b) Therapy (Standard)	Not covered	covered	covered
c) Therapy (Extensive)	Not covered	Not covered	covered
d) Lifestyle adjust plan	covered	covered	covered
<b>OTHER SECONDARY CARE</b>	<b>BASIC</b>	<b>PREMIUM</b>	<b>FIT</b>
ADMISSION	Not covered	Not covered	not covered
AMBLUANCE SERVICES	Not covered	Not covered	20% covered
SECONDARY PROCEDURE	Not covered	Not covered	not covered