PHYTHEALTH TECHNOLOGIES LIMITED RC7090193 PHYTHEALTH MEDICAL CENTRE PLANS AND COVERAGES UNDER HEALTHVEST CARE PACKAGE

SERVICE SUBSETS	PLANS		
SERVICE SUBSEIS	BASIC	PREMIUM	FIT
GP & Specialist consultation			
a) Assessment	covered	covered	covered
b) Routine monitoring	Not covered	Not covered	covered
c) Medical & Lifestyle advise	covered	covered	covered
d) Medicationprescription	covered	covered	covered
e) Prescription refill and delivery	30% covered	60% covered	coverd
Full body check (Laboratory & Diagnostics	BASIC	PREMIUM	FIT
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)	covered	covered	covered
g) PCV	covered	covered	covered
h) Malaria Parasite test (MP)	covered	covered	covered
i) Widal test	covered	covered	covered
j) Urinalysis	covered	covered	covered
k) Pap smear	covered	covered	covered
I) Full blood count (FBC)	covered	covered	covered
m) Glycated hemoglobin (HBA1c)	40% covered	covered	covered
n) Cholesterol (LDL,HDL)	Not covered	covered	covered
o) C-Xray	covered	covered	covered
p) K-Xray	covered	covered	covered
FITNESS & NUTRITION MANAGEMENT	BASIC	PREMIUM	FIT
a) Nutrition and diet prescription	covered	covered	covered
b) Nutrition planning& recipe management	covered	covered	covered
c) Diet therapy (DASH)	covered	covered	covered
d) Diet therapy (Weight & post procedure)	covered	covered	covered
a) Exercise prescription	covered	covered	covered
b) Keep fit intervention/ weight management	covered	covered	covered
c) Access to gym facilities	Not covered	50% 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
TELE MEDICINE	BASIC	PREMIUM	FIT
TELE GP	covered	covered	covered
DIGITAL HEALTH RECORDS	covered	covered	covered
REMOTE HEALTH TRACKERS	covered	covered	covered
TELE PATHOLOGY	covered	covered	covered
OCCUPATIONAL STRESS MANAGEMENT	BASIC	PREMIUM	FIT
a) Assessment	covered	covered	covered
b) Therapy (Standard)	50% covered	covered	covered
c) Therapy (Extensive)	Not covered	50% covered	covered
d) Lifestyle adjust plan	covered	covered	covered
DUVCIO AL THED ADV	DASIC	DDEANUAA	EIT
PHYSICAL THERAPY a) Pain therapy	BASIC covered	PREMIUM	FIT
a) Pain therapy b) Routine fitness examination		covered	covered
c) Intra-articular & Osteopathy	covered	covered	covered covered
, ,	Not covered not covered	covered	
d) Stroke management e) Chronic pain therapy		covered Not covered	covered covered
e) Cnronic pain therapy f) Sport injuries and management	Not covered Not covered	Not covered 40% covered	covered covered
OTHER SECONDARY CARE	BASIC	PREMIUM	FIT
ADMISSION	Not covered	20 covered	50% covered
AMBLUANCE SERVICES	Not covered	30% covered	covered
SECONDARY PROCEDURE	Not covered	Not covered	not covered