

**YOUR
HEALTH
IS OUR
TOP
PRIORITY**

**Affordable
Health Plan**

Only For.

499/- Yearly Plan



**Access to Plan India
Healthcare facilities**



**Unlimited doctors call consultation
with laboratory test
at our network laboratory**



Your pocket friendly plan

Affordable Health Plan



A DOCTOR CONSULTATION PLAN THAT INSURE YOU NEVER RUN OUT OF COVER

1. Plan Types HMO (Health Maintenance Organization)

Requires you to choose a primary care physician (PCP) and get referrals to see specialists.
PPO (Preferred Provider Organization): Offers more flexibility in choosing healthcare providers and doesn't require referrals.
EPO (Exclusive Provider Organization): Similar to PPO but doesn't cover out-of-network care except in emergencies.

2. Cost Structure Premium

Monthly payment for the insurance plan.
Deductible: Amount you pay out-of-pocket before insurance starts covering services.
Copayment: Fixed fee for doctor visits or prescriptions.
Coinsurance: Percentage of costs you pay after meeting your deductible.

3. Network of Providers Ensure your preferred doctors and hospitals are in-network to keep costs lower.

4. Covered Services Routine doctor visits Preventive care (vaccinations, screenings) Specialist consultations Mental health services

5. Telehealth Options Many plans offer telehealth consultations, which can be more affordable and convenient.

6. Additional Benefits Prescription drug coverage Wellness programs Discounts on fitness memberships

7. Enrollment Periods Pay attention to open enrollment periods or special enrollment opportunities due to qualifying life events.

8. Subsidies and Assistance Check if you qualify for government subsidies or programs that can lower costs.

KEY FEATURES

- 1. Accessibility
Multiple Channels: Options for phone, video, or chat consultations.
- 2. Convenience
No Travel Required: Consultations from home or anywhere convenient.
Quick Appointments: Reduced wait times compared to in-person visits.
- 3. Cost-EffectivenessLower Fees:
Often more affordable than in-person visits.Transparent Pricing:
Clear pricing structures for consultations.
- 4. Variety of ServicesGeneral Consultations:
Common health issues, minor illnesses, and advice.Follow-Up Care:
Ongoing management of chronic conditions.Prescription Services:
Ability to prescribe medications remotely.
- 5. Patient PrivacyConfidential Consultations:
Secure and private communication with healthcare providers.
- 6. Integration with Health RecordsAccess to Medical History:
Doctors can view past health records if integrated with electronic health systems.
- 7. Referral ServicesSpecialist Referrals:
Ability to refer patients to specialists if needed.
- 8. Education and SupportHealth Information:
Access to resources and information for better health management.
- 9. Feedback and Follow-UpPatient Feedback:
Options for providing feedback on consultations.Follow-Up Calls:
Checking in after consultations for ongoing care

NO CLIM BONUS

Get a flat increase of 10% in Plan for next Plan in case of no claim. No Claim Bonus will not exceed 50% of under the Plan in the event of a claim in a policy year, No Claim Bonus accrued will be reduced by the same proportion.

Enter Age -Minimum	Individual : 5 years Floater : 91Days with at least 1 Insured Person Of age 18 Years or above
Enter Age -Maximum	Lifelong
Age of Proposer	18 Year or above

Plan Term	1 / 2 / 3 Years
How can You cover Yourself	Individul / Floater
Pre-Existing Disease Wait Period	15 Days

PRODUCT BENIFITS

Doctors Call Consultation (1 Year)	Unlimited
Annual Lab Report Claim	2000/-
Annual Doctor charges	-
No Claim Bonus	10%
Lab Report Claim	50% (Total Bill Amount)

PERMANENT EXCLUSIONS

Coverage Details: Description of what medical services are covered, including hospital stays, outpatient care, preventive services, and prescriptions.

Exclusions: Specific conditions, treatments, or situations that are not covered by the policy (e.g., pre-existing conditions, cosmetic surgery).

Premiums: Information about the premium amounts, payment schedules, and any penalties for late payments.

Deductibles and Copayments: Explanation of the deductible (amount you must pay before insurance kicks in) and copayments (fixed amount for each service).

Coinsurance: The percentage of costs you share with the insurer after meeting your deductible.

Network Providers: Details about in-network and out-of-network providers, and how using them affects your coverage.

Claim Process: Steps for filing a claim, including documentation required and timelines for submission.

Policy Termination: Conditions under which the insurer or insured can terminate the policy, including non-payment of premiums.

Renewal Terms: Information on policy renewal, including any changes in premiums or coverage.

Waiting Periods: Duration before certain benefits become available, especially for pre-existing conditions or specific treatments.

Dispute Resolution: Procedures for addressing disputes or appeals regarding claims or coverage decisions.

Confidentiality: Assurance regarding the handling of personal and medical information in compliance with privacy laws.

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At DRL, we believe that every customer is unique and has its own business needs, therefore as your business goals and investment needs evolve, your financing needs may also change. That is when we come into the picture – to help you with ongoing compliance and structuring advisory.

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HEALTH IS WEALTH

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