

产品特色 Product Features



保额每人每年 800万人民币

RMB8,000,000 annual limit



就医免现金* 直付服务

Direct billing with medical card



附加牙科、 预防保健及生育福利

Add-on dental, preventive care and maternity benefits



既往症治疗(等待期90天)

Pre-existing Conditions Treatment (90 days of Waiting period)



全球可携带保单

International Portability with in AXA Group



全球优质医疗网络, 享受高品质就医服务

Access to extensive hospital network, so as to provide you quality medical service

增值服务 Extended Value-Added Medical Service



心理咨询 Psychological counseling



在线家庭医生 Online family doctor



陪诊服务 Outpatient & Inpatient Escort



门诊协调 Outpatient coordination



非重疾第二诊疗意见 Non-critical illness Second



新增重疾门诊检查加急服务 Expedited Hospital Examination Service for Critical Illnesses



住院绿通及重疾 异地就医费用补助

Medical Opinion

Hospitalization coordination and subsidies for medical treatment for CI in other places



新增重疾MDT多学科会诊服务

Multi-Disciplinary Treatment Service for Critical Illnesses



出院交通安排

Discharge Transportation Service



护工服务

Exclusive nursing service in hospital



院后上门护理服务 (更多项目种类)

Home Care of Post-Hospitalization (more optional items)



非重疾异地就医返程交通费用补助

Subsidies of transportation expenses of return journey for non-critical Illness

^{*}具体免现金直付服务请参考产品服务手册。

^{*}Please refer your claim guide for more details about the direct billing service.

"尚越"环球个人高端医疗保险

Global Prestige Individual Medical Insurance

币种 Currency: 人民币 RMB (元YUAN)

R险金额 Insured Amount 主院及日间治疗免赔额 Hospitalization & Daycare Benefit Deductible Per Policy Year 主院及日间治疗保障 Inpatient and daycare Treatment Benefits 主院持用 Hospital Charges 主院床位费及膳食费 Daily Room&Board Charges 音房费用 Hospital Companion Bed Charges 法人护士/护工费用 Private Nurse/Nursing Workers Charges 主院康复治疗 Inpatient Rehabilitation Treatment 主院精神疾病治疗 Inpatient Psychiatric Treatment	0/10,000 全额赔付 Paid i 标准单人病房 全额赔付 Paid i 2,000/天且每一保单年度最高90天, Jp to RMB 2,000 per day and up to to per-authorization a		
主院及日间治疗保障 Inpatient and daycare Treatment Benefits 主院费用 Hospital Charges 主院床位费及膳食费 Daily Room&Board Charges 音房费用 Hospital Companion Bed Charges 弘人护士/护工费用 Private Nurse/Nursing Workers Charges 主院康复治疗 Inpatient Rehabilitation Treatment 主院精神疾病治疗 Inpatient Psychiatric Treatment	全额赔付 Paid i 标准单人病房 全额赔付 Paid i 2,000/天且每一保单年度最高90天, Jp to RMB 2,000 per day and up to to per-authorization a	in full for eligible expenses 房 Standard single room in full for eligible expenses 或全额赔付(需获得事先授权及由保险人安持	
主院费用 Hospital Charges 主院床位费及膳食费 Daily Room&Board Charges 音房费用 Hospital Companion Bed Charges 弘人护士/护工费用 Private Nurse/Nursing Workers Charges 主院康复治疗 Inpatient Rehabilitation Treatment 主院精神疾病治疗 Inpatient Psychiatric Treatment	<mark>标准单人病质</mark> 全额赔付 Paid i 2,000/天且每一保单年度最高90天, Jp to RMB 2,000 per day and up to to per-authorization a	房 Standard single room in full for eligible expenses 或全额赔付(需获得事先授权及由保险人安持	
主院床位费及膳食费 Daily Room&Board Charges 音房费用 Hospital Companion Bed Charges 私人护士/护工费用 Private Nurse/Nursing Workers Charges 主院康复治疗 Inpatient Rehabilitation Treatment 主院精神疾病治疗 Inpatient Psychiatric Treatment	<mark>标准单人病质</mark> 全额赔付 Paid i 2,000/天且每一保单年度最高90天, Jp to RMB 2,000 per day and up to to per-authorization a	房 Standard single room in full for eligible expenses 或全额赔付(需获得事先授权及由保险人安持	
語房费用 Hospital Companion Bed Charges 弘人护士/护工费用 Private Nurse/Nursing Workers Charges 主院康复治疗 Inpatient Rehabilitation Treatment 主院精神疾病治疗 Inpatient Psychiatric Treatment	全额赔付 Paid i 2,000/天且每一保单年度最高90天, Jp to RMB 2,000 per day and up to to per-authorization a	in full for eligible expenses 或全额赔付(需获得事先授权及由保险人安持	
は人护士/护工费用 Private Nurse/Nursing Workers Charges 主院康复治疗 Inpatient Rehabilitation Treatment 生院精神疾病治疗 Inpatient Psychiatric Treatment	2,000/天且每一保单年度最高90天, Jp to RMB 2,000 per day and up to to per-authorization a	或全额赔付(需获得事先授权及由保险人安持	
主院康复治疗 Inpatient Rehabilitation Treatment 主院精神疾病治疗 Inpatient Psychiatric Treatment	Jp to RMB 2,000 per day and up to to per-authorization a		
主院精神疾病治疗 Inpatient Psychiatric Treatment		2,000/天且每一保单年度最高90天,或全额赔付(需获得事先授权及由保险人安排) Up to RMB 2,000 per day and up to 90 days per Policy Year or Paid in full subject to per-authorization and arrangement made by insurer	
	每一保单年度最高60天 Up to 60 days per Policy Year		
な ア	50,000		
を形外科手术 Reconstructive Surgery	全额赔付 Paid in full for eligible expenses		
大陆公立医院住院津贴(每一保险年度累计赔付30天) Public Hosipitals allowance of Mainland China (Up to 30 days per policy year)	1,500/天 RMB 1,500 per day		
无理赔津贴 No Claim Cash Benefit	1,800/天且每一保单年度最高30天 RMB 1,800 per night , up to 30 days per policy year		
]诊治疗保障(可选) Out-patient Treatment Benefits (Optional)			
全科医师或专科医师咨询及治疗费 General Practitioner and Specialist Consultation and Treatment Charges	全额赔付 Paid in full for eligible expenses		
CT、MRI、PET、X 线和步态扫描 Computerized Tomography,Magnetic Resonance Imaging,Positron Emission Tomography, (-rays and Gait Scans	全额赔付 Paid in full for eligible expenses		
脊椎指压治疗、针灸、顺势疗法、整骨疗法及中医治疗 courses of Chiropractic Treatment,Acupuncture,Homeopathy,Osteopathy and Traditional chinese Medicine	每一保单年度最高12次 Up to 12 times per policy year		
物理治疗 Physiotherapy	30,000		
语治疗及职业治疗 Courses of Speech Therapy and Occupational Therapy		in full for eligible expenses	
精神疾病门诊治疗 Psychiatric Treatment Received as an Outpatient	3,000/次且每一保单年度最高12次 Up	p to 12 times per policy year, RMB 3,000 per tim	
展责任 Extended Benefits			
財院及日间治疗前/后诊疗(限前/后90天内) re and Post In-patient/Daycare (within 90 days) Diagnosis and Treatment Charges	全额赔付 Paid in full for eligible expenses		
穩症门诊治疗 Cancer Treatment Received as an Outpatient	全额赔付 Paid in full for eligible expenses		
透析门诊治疗 Kidney Dialysis Treatment Received as an Outpatient	全额赔付 Paid in full for eligible expenses 全额赔付 Paid in full for eligible expenses		
器官移植后抗排异门诊治疗 Anti-rejection treatment after organ transplant as an Outpatient			
]诊外科手术 Surgical Procedures Received as an Outpatient		in full for eligible expenses	
形往症治疗*(等待期90天) Pre-existing Conditions Treatment* (90 days of Waiting period)	15,000或经保险人审核后批准的保险金额 ⁷ 15,000 or the amount approved by the insurer ⁷		
七天性疾病治疗#(等待期90天) Congenital Conditions Treatment# (90 days of Waiting period)	100,000		
睡眠测试和治疗 Sleep Testing and Treatment	30,000		
D腔颌面外科手术 Oral and Maxillofacial Surgery	全额赔付 Paid in full for eligible expenses		
R庭看护 Home Nurse	全额赔付 Paid in full for eligible expenses		
函终关怀和姑息治疗 (等待期180天) Hospice and Palliative Care (180 days of Waiting period)	250,000		
、类免疫缺陷病毒感染/艾滋病治疗 (等待期180天) HIV/AIDS Treatment (180 days of Waiting period)	800,000		
(肢/人造假体(手术植入)** Artificial Prosthesis (Surgical Implants)**	全额赔付 Paid in full for eligible expenses		
疗辅助器械和耐用医疗设备 Medical Aids,Durable Medical Equipments	10,000		
x护车费用 Ambulance Transport Charges	全额赔付 Paid in full for eligible expenses		
R障区域外紧急治疗 Emergency Treatment Outside Area of Cover	全额赔付 Paid in full for eligible expenses		
所牙科紧急门诊治疗 Outpatient Emergency Dental Treatment (Due to accidents only)	全额赔付 Paid in full for eligible expenses		
外紧急门诊治疗 Outpatient Emergency Treatment (Due to accidents only)	全额赔付 Paid in full for eligible expenses		
x球紧急医疗救援 International Emergency Medical Assistance	全额赔付 Paid i	in full for eligible expenses	
特定互联网医院在线问诊及药品费用(仅适用于6至65周岁被保险人,非慢性病,此项责任无等待期) Online Consultation and Medicine at Specified Internet Hospital (Applicable to the insured aged 6 to 65 ears old ONLY,No chronic disease,No Waiting Period applied)	问诊不限次数;药品费每年累计限额5,000元,每月最多赔付4次,每次限额500元 Unlimited consultation visits;Annual medicine limit RMB 5,000, up to 4 reimbursement per month and up to RMB 500 per reimbursement		
F科及预防保健保障(可选) Dental and Preventive care Benefits (Optional)			
于家族病史的健康筛查 Screening Recommended by Physician due to Family History		2,000	
性乳腺及宫颈检查 假每一保单年度各1次) Breast and Cervical Exam for Female (Once per policy year)	2,000		
		8 000	
	8,000		
B性前列腺检查 (限每一保单年度1次) Prostate Exam for Male (Once per policy year)			
B性前列腺检查 (限每一保单年度1次) Prostate Exam for Male (Once per policy year) 列道早期病变无创筛查 (常卫清,限每一保单年度1次) arly Intestinal Lesions Non-invasive Screening (Coloclear, Once per policy year)		12 000	
RETAINA CETAIN CONTROL (REGERVE A TABLE STATE CONTROL OF CONTROL		12,000 一保单年度不超过10,000	
B性前列腺检查 (限每一保单年度1次) Prostate Exam for Male (Once per policy year) 列道早期病变无创筛查 (常卫清,限每一保单年度1次) Cardy Intestinal Lesions Non-invasive Screening (Coloclear, Once per policy year) E 苗接种费用 Vaccination Charges 常规环科护理/治疗 Routine Dental Care/Treatment		一保单年度不超过10,000 curred up to RMB10,000 per Policy Year	
B性前列腺检查 (限每一保单年度1次) Prostate Exam for Male (Once per policy year) 列道早期病变无创筛查 (常卫清,限每一保单年度1次) Arily Intestinal Lesions Non-invasive Screening (Coloclear, Once per policy year) 这苗接种费用 Vaccination Charges 参规牙科护理/治疗 Routine Dental Care/Treatment 参规视力护理 Routine Optical Care		一保单年度不超过10,000	
B性前列腺检查 (限每一保单年度1次) Prostate Exam for Male (Once per policy year) M道早期病变无创筛查 (常卫清,限每一保单年度1次) Arly Intestinal Lesions Non-invasive Screening (Coloclear, Once per policy year) E苗接种费用 Vaccination Charges MUF科护理/治疗 Routine Dental Care/Treatment MUND护理 Routine Optical Care 育保障(等待期180天,可选) Maternity Benefits (180 days of Waiting period,Optional)	75% of eligible expenses inc	一保单年度不超过10,000 curred up to RMB10,000 per Policy Year 3,000	
B性前列腺检查 (限每一保单年度1次) Prostate Exam for Male (Once per policy year) 奶道早期病变无创筛查 (常卫清,限每一保单年度1次) Carly Intestinal Lesions Non-invasive Screening (Coloclear, Once per policy year) 吃苗接种费用 Vaccination Charges	75% of eligible expenses inc 全额赔付 Paid i	一保单年度不超过10,000 curred up to RMB10,000 per Policy Year	

注释Note:

- 1. 所有费用必须合理且必需。All expenses must be reasonable, necessary and customary.
- 2. 对于直接付费服务,如有任何计算错误或不属保障范围的项目,您有义务接受理赔款的最终调整。For direct billing service, you are oblingated to accept the final adjustment in charges and actions if there is any miscalculation or uncovered item according to the terms and conditions of the policy.
 3. 各项保险责任给付金额不超过保障利益表列明的保险金额,且所有保险责任的合计给付金额不超过人民币800万元。 The coverage of each insurance benefit shall not exceed insurance amount specified in the Benefits Schedule and the
- total coverage of all benefits shall not exceed RMB 8 million
- 4. 既往症治疗:该项保障仅限于首次投保时已在投保单中向本公司披露并经本公司审核且书面认可的病症。Pre-existing Conditions Treatment: This coverage is subject to the conditions disclosed by the Insured Person to the Company in the application form and approved in writing by the Company.
 ** 需由主治医生推荐或转诊 recommended or referred by the atter
- 6. #先天性疾病治疗: 该项保障仅限于本合同首次生效日后首次出现症状并确诊的先天性疾病。Congenital Conditions Treatment: This coverage is subject to the congenital diseases that first appear and are diagnosed after the first effective date of this policy.
- 7. 被保人需经医学核保,对于审核通过的既往症及其相关症状的治疗,首年投保会有90天等待期,保险涵盖额度为15,000元。对连续投保的被保险人,第二个保险年度额度为15,000元,第三及第四个保险年度额度为30,000元,第五个<mark>保险</mark> 年度起,既往症及其相关症状的治疗涵盖额度按每年10,000元递增。未经审核的,保险人不承担保险责任。Full medical underwriting required. Approved pre-existing conditions will be covered up to ¥15,000 with 90 days waiting period in the first policy year. For renew policies, the coverage for pre-existing conditions are ¥15,000 for the second year, ¥30,000 for the third and fourth year, start at the fifth year the coverage will be increased by ¥10,000 in each pon renewal. No coverage for non-approved Pre-existing Conditions.
- 8. 对于最近1年、连续2年、连续3年、连续4年及以上无理赔记录的被保险人,可享续保折扣分别为5%、10%、15%、20%。Fortheinsured who have no claim record inrecent 1 year, 2 consecutive years, 3 consecutive years, 4 consecutive years or more, the renewal discount can be 5%, 10%, 15%, 20% respectively.
- 9. 未成年子女需跟随父亲或母亲一起投保。附属被保险人的保障区域不得高于主被保险人,但保障利益可以优于主被保险人。Application for children must include at least one parent. Dependent Insured's coverage area should not be higher than Maininsured's, while his/her insurance benefits maybe better than Main Insured's.

直付医院举例 Hospital Direct

省/市 city	医院 Hospital	国家 Country	医院 Hospital
北京 Beijing	中日友好医院,国际医疗部China-Japan Friendship Hospital, International Medical Center 北京协和医院,国际医疗部Peking, Union Medical College Hospital, International Medical Services 中国中医科学院广安门医院,国际医疗部Guanganmen Hospital, China Academy of Chinese Medical Sciences 北京明德医院 OASIS International Hospital 北京天坛普华医院 Beijing Tiantan Puhua Hospital 北京和睦家医院 Beijing United Family Hospital	Singapore	Parkway Shenton Pte Ltd KK Women's and Children's Hospital,International Medical Services National Cancer Centre Singapore 新加坡国立大学医院PLC National University Hospital Patient Liaison Centre Singapore General Hospital Singapore National Eye Center
上海 shanghai	复旦大学附属华山医院,国际医疗中心 Huashan Worldwide Medical Center 上海交通大学医学院附属仁济医院,浦东分院特需部 Renji Hospital of Shanghai Jiaotong University, Pudong Branch,VIP Department 上海国际医学中心 Shanghai International Medical Center 上海和睦家医院 Shanghai United Family Hospital 上海百汇医疗,瑞新门诊部 Parkway Health Shanghai Centre Medical and Dental Center		陈笃生医院PLC Tan Tock Seng Hospital Patient Liaison Centre Healthway Medical Group International Medical Clinic, Camden Clinic Raffles Medical Group
广州 Guangzhou	南方医科大学南方医院, 惠侨楼 Nanfang Hospital of Southern Medical University, Huiqiao Building 中山大学附属第一医院, 特需部 The First Affiliated Hospital of Sun Yat-sen University, Private Medical Service 广州和睦家医院 Guangzhou United Family Hospital	Thailand	Bangkok Hospital Trat Samitivej Thonburi Hospital BNH Hospital 康民医院 Bumrungrad International Hospital
深圳 Shenzhen	北京大学深圳医院, 特诊门诊 Peking University Shenzhen Hospital, Priority Clinical Center 香港大学深圳医院国际诊疗中心 The University of Hongkong, Shenzhen Hosptial International Medical Center	Indonesia	Klinik Penta Medica Siloam Hospitals Jambi National Hospital Surabaya
台北 Taibei	台北长庚纪念医院國際服務中心 Taipei Chang Gung Memorial Hospital International Service Center 台安医院特诊中心,台北 Taiwan Adventist Hospital, International Healthcare Center	Philippines	The Medical City St.Luke's Medical Center, Global City Makati Medical Center
澳门 Macau ————	香港卓健医疗服务中心,澳门普通科医生网络 Quality Healthcare Medical Services Limited, Macau GP Group		St.Luke's Medical Center, Quezon City
香港 HongKong	莱佛士医疗中心,中环 Raffles Medical Centre, Central 莱佛士医疗中心,香港国际机场 Raffles Medical Center, Chek Lap Kok 香港港安医院 Hong Kong Adventist Hospital 香港养和医院 Hong Kong Sanatorium&Hospitall	Japan	圣路加国际医院 St.Luke's International Hospital 东京医科大学医院 Tokyo Medical University Hospital

限制医疗机构清单 List of Restricted Medical Institutions

最新限制医疗机构(本公司不承担在该类医疗机构发生的任何费用)清单扫描二维码。

Please scan the QR code for the Restricted medical institutions (We do not cover any expenses charged by these providers).

若有变动,以上医疗机构名单将及时更新在本公司网站www.axa.cn。

These lists above will be updated timely if have changes and the latest list is available at www.axa.cn.



2025年安盛集团 位列「全球五百强」1

In 2025, AXA Group was ranked 103st in Fortune Global 500 ¹

业务网络遍及全球

个国家和地区

为全球近

用户竭诚服务

全球拥有

名员工

2024年集团总收入

 $^{^1}$ Based on the data published by Fortune in 2025. 2 截至2024年末。



"尚越"环球 个人高端医疗保险

Global Prestige
Individual Medical Insurance

2025年11月 November, 2025

95550

WWW.axa.cn

安盛天平财产保险有限公司

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