



安盛

SMARTCARE EXCLUSIVE

A black and white photograph of a man with a full white beard and glasses, wearing a checkered suit jacket, a patterned shirt, and a tie. He is holding a glass of whiskey in his right hand and looking off to the side. The background is a dimly lit bar with bottles on shelves. A large red geometric shape, resembling a parallelogram, is overlaid on the right side of the image.

Creating The Great Adventure

Product Manual

Benefits Schedule of Smartcare Exclusive

Currency: RMB

Inpatient Cover	Classic	Elite	Classic	Elite	Elite
	China Plan (including HK, Macau, Taiwan)		International Plan (ex. US)		Worldwide Plan
Annual Limit for Part 1-9	8,000,000		8,000,000		8,000,000
Part 1: Inpatient and daycare treatment Benefit					
Optional Inpatient Deductible per policy year	Nil/15,000/30,000	Nil/15,000/30,000	Nil/15,000/30,000	Nil/15,000/30,000	Nil/15,000/30,000
Daily Room & Board Limit Per Day	Standard Private Room	Standard Private Room	Standard Private Room	Standard Private Room	Standard Private Room
Intensive Care Unit					
Hospital Miscellaneous Expenses (Prescription drugs, inpatient diagnostic procedures, Nursing, Operating theatre charges)					
Inpatient Physiotherapy**, Ambulance Service, Surgeon's Fee, Anesthetist's Fee, Inpatient Physician's Visit					
Home Nursing** (Max 90 days per disability)					
Immediate Family Accommodation ** (Max 90 days per disability)	Full Coverage	Full Coverage	Full Coverage	Full Coverage	Full Coverage
Pre-hospitalization or Pre-daycare Specialist Consultation (Up to 90 days before admission, limited to one visit for each condition)					
Pre-hospitalization or Pre-daycare Diagnostic Services (Up to 90 days before admission, limited to one visit for each condition)					
Post-hospitalization or Post-daycare Treatment: Within 90 days immediately following the date of the last discharge from hospital					
Rehabilitation treatment **: Up to 28 days per policy year					
Inpatient Psychiatric Treatment: Up to 30 days per policy year after 180 days continuous cover under the plan	Not Covered	Not Covered	Full Coverage	Full Coverage	Full Coverage
Public Hospitals allowance of Mainland China* (Up to 30 days per policy year)	RMB 1,000 per day	RMB 1,000 per day	RMB 1,000 per day	RMB 1,000 per day	RMB 1,000 per day
Part 2: Major Organ Transplant ##					
Part 3: Artificial Prosthesis (Surgical Implants)**					
Part 4: Cancer Treatment, Outpatient Kidney dialysis and anti-rejection treatment after organ transplant as an Outpatient	Full Coverage	Full Coverage	Full Coverage	Full Coverage	Full Coverage
Part 5: Outpatient Emergency Dental Treatment (Due to accidents only)					
Part 6: Outpatient Emergency Treatment (Due to accidents only)					
Part 7: Outpatient Surgery					
Part 8: Durable medical equipment (Annual limit per policy year)	5,000	5,000	5,000	5,000	5,000
Part 9: Usage of High Cost Provider#	Not Covered	Optional 100% or 80% Covered	Not Covered	Optional 100% or 80% Covered	Optional 100% or 80% Covered
Part 10: Emergency Assistance Service and Benefits	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Part 11: Online consultation and medicine at specified Internet hospital (Applicable to the insured aged 6 to 65 years old ONLY)	Unlimited consultation visits; Annual medicine limit 5,000, Max 4 visits per month and up to 500 per visit				
Outpatient Cover	Classic	Elite	Classic	Elite	Elite
	China Plan (including HK, Macau, Taiwan)		International Plan (ex. US)		Worldwide Plan
Annual Limit (Limit to 1 visit per day per disability)	45,000		90,000		180,000
Clinical Consultation, Specialist Consultation, Prescription Drugs & Medicine**					
Physiotherapy & Chiropractic Treatment** (Max 10 visits per year)	Full Coverage	Full Coverage	Full Coverage	Full Coverage	Full Coverage
X-Ray and Laboratory Fees**					
Chinese Herbalist, Bonesetter, and Acupuncturist**	Max 10 visits per year and Up to RMB 1000 per visit	Max 10 visits per year and Up to RMB 1000 per visit	Max 12 visits per year Full Coverage	Max 12 visits per year Full Coverage	Max 12 visits per year Full Coverage
Routine physical examinations, health screening & health check-ups, and vaccinations	3,000	3,000	4,000	4,000	5,000
Usage of High Cost Provider #	Not Covered	Optional 100% or 80% Covered	Not Covered	Optional 100% or 80% Covered	Optional 100% or 80% Covered
Dental Cover	Classic	Elite	Classic	Elite	Elite
	China Plan (including HK, Macau, Taiwan)		International Plan (ex. US)		Worldwide Plan
Annual Limit	5,000		8,000		10,000
Co-Payment	25%	25%	25%	25%	25%
Nature dental treatment including fillings, build-ups, extractions (except wisdom teeth), X-ray, root planning, root canal treatment, periodontal treatment and dentures	Covered	Covered	Covered	Covered	Covered
Preventive, Oral Examination, Fluoridiza & Sealant (Max 2 visits per year and co-payment is not applicable) Max limit per visit	500	500	800	800	1,000
Usage of High Cost Provider #	Not Covered	Full Coverage	Not Covered	Full Coverage	Full Coverage
Maternity Cover	Classic	Elite	Classic	Elite	Elite
	China Plan (including HK, Macau, Taiwan)		International Plan (ex. US)		Worldwide Plan
Annual Limit	30,000		60,000		90,000
Waiting Period	180 days	180 days	180 days	180 days	180 days
Co-Payment	Nil	Nil	Nil	Nil	Nil
Normal Delivery, Cesarean**, Termination of pregnancy**, Miscarriage**, Complications arising during the antenatal period and childbirth**, Medically necessary costs for new born baby for 15 days upon birth	Full Coverage	Full Coverage	Full Coverage	Full Coverage	Full Coverage
Usage of High Cost Provider#	Not Covered	Full Coverage	Not Covered	Full Coverage	Full Coverage

NB:

- All expenses must be reasonable, necessary and customary.
- For direct billing service, you are obligated 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.
- Full coverage and all benefits payable shall be always subject to Annual Limit **and the total payment amount of the above-mentioned insurance benefits shall not exceed RMB 8 million.**
- ** recommended or referred by the attending physician.
- * The hospitalization allowance here excludes the International Department of China-Japan Friendship Hospital, Peking Union Medical College Hospital and Concord Medical Center of Guangdong General Hospital.**
- ## Include all expenses of operating theatre & materials, anesthetists, surgeon and hospital service relating to the organ transplantation.
- For the insured who have no claim record in recent 1 year, 2 consecutive years, 3 consecutive years, 4 consecutive years or more, the renewal discount can be 5%, 10%, 15%, 20% respectively.
- One family policy can include different plans and allow the coverage area or benefits of insured persons higher than the main insured's.
- This benefit table is only available for the client serviced by MSH.

List of high cost providers

English name of Providers
(1) All the United Family Hospitals and clinics(except Beijing Tianzhu/ Liangma/ Financial Street / Wudaokou/ Guangqumen/ Jianguomen / Yongfeng/ Tianchen Clinic, United Family Women’ s & Children’ s Hospital, Beijing United Family Hospital Of Integrative Medicine,Shanghai and Shenzhen)
(2) Raffles Medical Beijing/Shenzhen/Tianjin/Tianjintaida/Nanjing/Dalian Clinics(Beijing/Shenzhen/Tianjin/Tianjintaida/ Nanjing/Dalian International SOS Clinics)
(3) Shanghai East International Medical Centert
(4) St. Michael Hospital and Beijing Tiantan Puhua hospital
(5) All the medical centers belong to Parkway Health Medical Centers in Mainland China and Hong Kong (except Chengdu Gleneagles Hospital, Chengdu Shenton Health Clinic and Parkway Shanghai Hospital)
(6) Adventist Hospital
(7) Matilda Hospital
(8) All Medical Institutions belong to HKSH Medical Group
(9) International Medical Center(Beijing)
(10) Shanghai Delta Health Hospital
(11) International Medical Center(Shanghai)
(12) Shanghai Redleaf International Women’ s & Children’ s Hospital
(13) Gleneagles Hong Kong Hospital
(14) Hong Kong Baptist Hospital

List of Restricted Medical Institutions

Note: We do not cover any expenses charged by the below providers.

English name of Providers
Shanghai Wangzhiwei Clinic
Shanghai Wulei Clinic
Asia Medical Specialists
Chronic Disease Hospital of Ji'nan Traditional Chinese Medicine
Shenzhen Chenyukun Clinic
All Ming Jing Tang TCM Clinics
Shanghai Yosemite Hospital (Jingan) and Shanghai Yosemite Clinic
All Jijin Perfect TCM Clinics and Massage (including Shanghai,Kunming,Danyang)
All Shanghai Jingyiwei TCM Clinics
Shanghai Bowan Traditional Chinese Medicine Clinic
Shanghai Jin Bo TCM Clinic
Shanghai Bo Jin TCM Clinic
Shanghai Gaobo TCM Clinic
Shanghai Ji An TCM Clinic
Shanghai Tai Ji TCM Clinic
Shanghai Gaoran TCM Clinics, Wealth Branch and Health Branch
Klinoerth Therapy Clinic
Shanghai Whole Jiujiu Health Clinic
Beijing Zhenshitang Chinese Medicine Clinic
Beijing Yijia Jiahe Clinic

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

Product Features

Coverage area from Great China to worldwide

Inpatient as core plan, outpatient, dental and Mat can be added-on

Direct billing with medical card*

International Portability within AXA Group

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

Comprehensive value-added services to provide our customer with a better health in body and mind

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

Premium

Age \ Plan	China Classic		China Elite		International Classic		International Elite		Worldwide Elite	
	IP	IP+OP	IP	IP+OP	IP	IP+OP	IP	IP+OP	IP	IP+OP
0	5397	20559	7010	25980	6475	23047	8412	31273	14448	40626
10	4407	14376	5201	18483	5291	16571	6235	21055	10730	30944
20	6413	17607	7824	21850	7699	20472	9392	24941	15619	38310
30	8311	23422	10141	27994	9976	26490	12169	33212	20240	49778
40	11969	28367	14706	35789	14225	33416	17593	40514	28313	61041
50	19759	38304	24047	47736	23708	44611	28922	54478	46497	82978
60	33728	61610	41145	74877	40457	71658	49357	87324	77984	131181

*Currency: RMB

Annual inpatient deductible discount

RMB 15,000 -45%

RMB 30,000 -50%

*The above annual deductible discount is only applicable to IP plan.

Notes:

- Non Beijing new policy rate shown in the table.
If you want to know the Beijing rate, please enquiry your insurance consultant.
- The initial enrollment Age of the Main Insured shall be 18 to 65 years old.
Where the spouse and the child/children are Dependent Insureds, the initial enrollment age of the spouse shall be 18 to 65 years and that of the child/children shall be 15 days after birth to 18 years old (Age Last Birthday).
- The above rate display is for reference only. The final premium shall be subject to our underwriting Decision Notice.

This quotation is valid from September 1st, 2024 to August 31st, 2025.

This material is for reference only. Please pay attention to the application notice, service instruction manuals, and important matters such as exclusion clause. For complete insurance coverage and exclusion, etc., please refer to the terms and conditions of insurance policy and the terms and conditions shall prevail.