



安盛

卓越环球个人医疗保障
智选、臻选计划

Making Things Happen



产品手册

“卓越”环球智选、臻选计划医疗保险利益明细表

Benefits Schedule of Smartcare Essential Plans

适用于2025年11月1日起生效的保单 with policy effective from Novemver 1, 2025

币种 Currency: 人民币RMB(元YUAN)

保险计划 Insurance Plan	智选计划 Essential Plan	臻选计划 Essential Plus Plan
保险金额 Annual Maximum Per Insured	8,000,000	8,000,000
保障区域 Area of Cover	中国大陆(除香港, 澳门, 台湾) Mainland China (ex. HK, Macau, Taiwan)	中国(含香港, 澳门, 台湾) China (incl. HK, Macau, Taiwan)
等待期 Waiting Period	无 Nil	无 Nil
住院及日间治疗保障 Inpatient and daycare treatment Benefit		
住院及日间治疗免赔额 Hospitalization & Daycare Benefit Deductible Per Policy Year	无 Nil/15,000	无 Nil/15,000
住院病房费用(每一病症无赔偿天数限制) Daily Room & Board Limit Per Day	中国大陆二级及以上公立医院*标准单人病房--全额赔付 保险人认可的扩展承保医院及病房费用限额详见注释* Standard Private Room in Mainland China's Grade II and above public hospital*--Full Coverage, Extended Hospitals approved by the insurer- Room & Board Limit (please refer to the notes*)	中国大陆二级及以上公立医院*标准单人病房--全额赔付 保险人认可的扩展承保医院及病房费用限额详见注释* Standard Private Room in Mainland China's Grade II and above public hospital*--Full Coverage, Extended Hospitals approved by the Insurer- Room & Board Limit (please refer to the notes*)
重症监护室费用Intensive Care Unit		
医院杂项费用(处方药物、住院检查检验费用、护理费、手术室费用) Hospital Miscellaneous Expenses (Prescription drugs, inpatient diagnostic procedures, Nursing, Operating theatre charges)		
住院物理治疗**,救护车费用、手术费用、麻醉费用、住院主医师费用 Inpatient Physiotherapy**, Ambulance Service, Surgeon's Fee, Anesthetist's Fee, Inpatient Physician's Visit.	全额赔付Full Coverage	全额赔付Full Coverage
康复治疗** (每一保险年度最高赔付天数为28天) Rehabilitation treatment**: Up to 28 days per policy year		
陪护费用(近亲属)** (每一病症最高赔偿期为90天) Immediate Family Accommodation **(Max 90 days per disability)	每日最高800元 Up to RMB 800 per day	每日最高800元 Up to RMB 800 per day
大陆公立医院住院津贴(仅限于普通部住院, 每次住院最高赔付7天,每一保险年度累计赔付30天) Public Hospitals allowance of Mainland China (limited to Inpatient in General Department. Up to 7 days per admission. Up to 30 days per policy year)	500元/天 RMB 500 per day	500元/天 RMB 500 per day
入院前或日间治疗前医生求诊、检查检验费用(住院前30天内) Pre-hospitalization or Pre-daycare Specialist Consultation and Diagnostic Services (Up to 30 days before admission)		
离院后或日间治疗后治疗费用(离院后30天内) Post-hospitalization or Post-daycare Treatment (Within 30 days immediately following the date of the last discharge from hospital)		
器官移植## Major Organ Transplant##		
义肢/人造假体(手术植入)** Artificial Prosthesis (Surgical Implants)**	全额赔付 Full Coverage	全额赔付 Full Coverage
癌症治疗、门诊肾透析及器官移植后抗排斥门诊治疗 Cancer Treatment, Outpatient Kidney Dialysis and anti-rejection treatment after organ transplant as an Outpatient		
意外门诊牙科紧急医疗 Outpatient Emergency Dental Treatment (Due to accidents only)		
意外门诊紧急医疗 Outpatient Emergency Treatment (Due to accidents only)		
门诊手术 Outpatient Surgery		
耐用医疗设备(年度限额) Durable medical equipment (Annual limit per policy year)	3,000	3,000
可否使用列表中的昂贵医疗机构# Usage of High Cost Provider#	非保障范围 Not Covered	非保障范围 Not Covered
24小时紧急救援服务 Emergency Assistance Service and Benefits	全额赔付 Full Coverage	全额赔付 Full Coverage
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 years old ONLY, No chronic disease, No Waiting Period applied)	问诊不限次数; 药品费80%赔付, 每年累计限额2,000元, 每月最多赔付2次, 每次限额200元。 Unlimited consultation visits; Medicine 80% Covered, Annual medicine limit RMB 2,000, up to 2 reimbursement per month and up to RMB 200 per reimbursement.	
门诊保障(同一病症每天仅限求诊一次) Outpatient Cover (Limit to 1 visit per day per disability)		
保险金额 Annual Limit	15,000	30,000
可否使用直接结账服务 Direct Billing Services	保障 Covered	保障 Covered
普通门诊费用、专科门诊费用 Clinical Consultation, Specialist Consultation	每次就诊最高500元 Up to RMB500 per visit	每次就诊最高500元 Up to RMB500 per visit
处方药物, X光检验及其他检查检验费用** Prescription Drugs & Medicine, X-Ray and Laboratory Fees**	全额赔付 Full Coverage	全额赔付 Full Coverage
中医, 整骨及针灸治疗** Chinese Herbalist, Bonesetter, and Acupuncturist**	每年最多10次, 每次就诊最高350人民币 Max 10 visits per year, up to RMB350 per visit	每年最多10次, 每次就诊最高350人民币 Max 10 visits per year, up to RMB350 per visit
物理治疗及脊柱指压治疗** Physiotherapy & Chiropractic Treatment**	每年最多10次, 每次就诊最高350人民币 Max 10 visits per year, up to RMB350 per visit	每年最多10次, 每次就诊最高350人民币 Max 10 visits per year, up to RMB350 per visit
可否使用列表中的昂贵医疗机构# Usage of High Cost Provider#	非保障范围 Not Covered	非保障范围 Not Covered
体检疫苗保障(仅适用于臻选计划) Wellness Cover (Covered under Essential Plus Plan)		
保险金额 Annual Limit		800
自付比率 Co-Insurance		0%
常规体检、健康检查和接种疫苗 Routine physical examinations, health screening & health check-ups, and vaccinations	非保障范围Not Covered	保障 Covered
可否使用列表中的昂贵医疗机构# Usage of High Cost Provider#		非保障范围 Not Covered
牙科保障(仅适用于臻选计划)Dental Cover (Covered under Essential Plus Plan)		
保险金额 Annual Limit		2,000
自付比率 Co-Insurance		25%
自然牙齿或牙冠、牙周疾病的治疗, 包括充填、补牙、拔牙(智齿除外)、X光、根面平整、根管治疗、镶牙费用 Nature dental treatment including fillings, build-ups, extractions (except wisdom teeth), X-ray, root planning, root canal treatment, periodontal treatment and dentures	非保障范围Not Covered	保障 Covered
洗牙、口腔检查、涂氟和窝沟封闭(每年最多2次就诊, 无自付) 每次治疗限额 Preventive, Oral Examination, Fluoridiza & Sealant (Max 2 visits per year and co-payment is not applicable) Max limit per visit		500
可否使用列表中的昂贵医疗机构# Usage of High Cost Provider#		非保障范围 Not Covered

注释NB:

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 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.

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.*二级及以上公立医院: 经中华人民共和国卫生健康管理部门审核认定的二级及二级以上公立医院, 且该医院必须具有系统的、充分的诊断设备, 全套外科手术设备及能够提供二十四小时的医疗与护理服务的能力或资质。A Grade II and above public hospital licensed by Ministry of Health of the People's Republic of China in which it is located as a medical and surgical Hospital for the care and Treatment of sick and injured persons as bed-paying patients, and which provides a full range of facilities for diagnosis, treatment and surgery, is supervised by a full-time staff of physicians at all times.*臻选计划涵盖香港, 澳门, 台湾地区私立及公立医院。保险人认可的扩展承保医院清单请扫描下方二维码查询。其中, 河北一洲肿瘤医院及上海质子重离子医院病房费用限1500元/天, 质子重离子治疗须取得保险人事先批准, 并在保险人指定的医院进行。Essential Plus Plan covers private and public hospitals in Hong Kong, Macau and Taiwan. Please scan the QR code below to get the list of Extended Hospitals approved by the Insurer. The Daily Room & Board Limit of Hebei Yi Zhou Cancer Hospital and Shang Hai Proton heavy ion Hospital is up to RMB1,500 per day. Proton and heavy ion therapy must be pre-approved by the insurer and proceeded in Appointed Hospitals.

5.** 需由主治医生推荐或转诊 ** Recommended or referred by the attending physician.

6. ##包括所有手术室费用、麻醉师费用、手术费用及医院杂项费用等进行器官移植手术的全部合理且必需的医疗费用。

Include all expenses of operating theatre & materials, anesthetists, surgeon and hospital service relating to the organ transplantation.

7. 若最近一个保单年度无理赔, 则可享受5%无理赔折扣。For the insured who have no claim record in recent 1 year, the renewal discount can be 5%.

8. 若昂贵医疗机构名单和扩展承保医疗机构名单有任何变动, 我司将及时更新在本公司网站www.axa.cn。

The list of High Cost Providers and Extended Hospitals above will be updated timely if it has changes and the latest list is available at www.axa.cn.

9. 完整的保险责任、责任免除等内容, 请参阅保险合同条款并以该条款为准。

For complete insurance coverage and exclusion, etc., please refer to the terms and conditions of insurance policy and the terms and conditions shall prevail.

扩展承保医院
Extended Hospitals

费率演示 Premium

计划 Plan 年龄列举 Age	智选计划 Essential Plan		臻选计划 Essential Plus	
	住院无免赔额 Inpatient Nil Deductible	住院免赔额15,000 Inpatient 15,000 Deductible	住院无免赔额 Inpatient Nil Deductible	住院免赔额15,000 Inpatient 15,000 Deductible
0	15,166	13,791	18,051	16,676
10	10,047	9,027	12,834	11,814
20	10,767	9,756	13,553	12,542
30	11,925	10,728	14,713	13,516
40	15,855	13,941	18,641	16,727
50	23,282	20,086	26,068	22,872
60	35,604	29,748	39,566	33,710

*以人民币 (元) 为货币单位 *Currency: RMB(YUAN)

备注 Notes:

- 表内显示**非北京**的新保费率, 如需获得北京费率及儿童单独投保的费率, 请咨询您的保险顾问。Non Beijing new policy rate shown in the table.If you want to know the Beijing rate or the Child Only Policy rate , please consult your insurance consultant.
- 主被保险人首次投保年龄应为06周岁至65周岁。配偶和子女作为附属被保险人的, 配偶应为18周岁至65周岁, 子女应为出生后15天至18周岁。The initial enrollment Age of the Main Insured shall be 06 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).
- 上表仅供费率演示使用, 最终保费应以我司出具的正式核保意见书为准。The above rate display is for reference only.The final premium shall be subject to our underwriting Decision Notice.

此报价有效期为2025年11月01日至2026年10月31日。This quotation is valid from Nov 01st, 2025 to Oct 31st, 2026.

最新昂贵医疗机构 List of high cost providers

臻选计划 (Essential Plus Plan)

序号 NO. 医院名称 English name of Providers		序号 NO. 医院名称 English name of Providers	
1	百汇医疗集团旗下在中国香港所有的医疗机构 All the medical centers including hospitals belonging to Parkway Group in Hong Kong	8	香港浸信会医院 Hong Kong Baptist Hospital
2	港安医院 Adventist Hospital	9	香港宝血医院 (明爱) Precious Blood Hospital (Caritas)
3	香港明德医院 Matilda Hospital	10	香港圣保禄医院 St. Paul's Hospital
4	香港养和医疗集团旗下所有医疗机构 All Medical Institutions belong to HKSH Medical Group	11	香港圣德肋撒医院 St. Teresa's Hospital
5	香港运动医学中心 Sports Medical Centre (Hong Kong)	12	香港仁安医院 Union Hospital
6	香港嘉诺撒医院 Canossa Hospital	13	港怡医院 Gleneagles Hong Kong Hospital
7	香港播道医院 Evangel Hospital		

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.

如需网络医院列表, 还请咨询您的保险顾问。

If you want to know the list of network hospitals, please enquiry your insurance consultant.

产品特色 Product Features

保额每人每年
800万人民币
RMB 8,000,000
annual limit

基本保障涵盖住院、门诊及
全球紧急医疗
Inpatient, outpatient and
worldwide emergency
assistance included

开放三甲医院特需部及
私立医院**
Access to VIP department
in 3A public hospitals and
private hospitals**

附加常规体检、健康筛查、
疫苗及牙科福利
Add-on physical examination
health screening, vaccination
and dental benefits

可选住院免赔额来降低
保费
Optional deductible on
inpatient benefit to
save premium

凭医疗卡享就医免现金*
Cashless service with
medical card*

全额赔偿癌症治疗、门诊肾
透析及器官移植后抗排异门
诊治疗费用
Fully cover for cancer treatment,
outpatient kidney dialysis and
anti-rejection treatment after
organ transplant as an outpatient

同个家庭可选不同计划，附
属被保险人的保险利益及保
障区域可以高于主被保险人
(具体请以实际投保规则为准)
One family policy can
include different plans and
the plan of insured persons
can be higher than the main
insured's

多项贴心增值服务
为客户的身心健康保驾护航
Comprehensive value-add-
ed services to provide our
customer with a better
health in body and mind

*具体直接付费服务请参照产品服务手册。
*Please refer your claim guide for more details about the direct billing service.
** 适用医院清单根据您的所选计划不同会有所不同，详情可致电客服热线了解。
**Applicable medical network may be different for different plan, details please contact 24h hotline.

增值服务 Extended Value-Added Medical Service

 在线家庭医生
Online family doctor

 心理咨询
Psychological counseling

 门诊协调
Outpatient coordination

 陪诊服务
Outpatient & Inpatient
Escort

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

 非重疾
第二诊疗意见
Non-critical illness
Second Medical Opinion

 新增重疾MDT
多学科会诊服务
Multi-Disciplinary Treatment
Service for Critical Illnesses

 住院绿通及重疾
异地就医费用补助
Hospitalization coordination
and subsidies for medical
treatment for CI in other places

 护工服务
Exclusive nursing service
in hospital

 出院交通安排
Discharge Transportation
Service

 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

 院后上门护理服务
(更多项目种类)
Home Care of Post-Hospi-
talization
(more optional items)

本资料仅供参考。请留意投保须知、服务手册，并关注责任免除等重要事项。完整的保险责任、责任免除等内容，请参阅保险合同条款，并以该条款为准。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.