

Creating The Great Adventure

Product Manual

In 2022, AXA Group was ranked 48th in Fortune Global 500¹

Business network now covers 51 countries and regions around the world

Serving the world's about 100 million customers

145,000 employees

AXA Group financial strength²

€ 102.0bn	ANNUAL GROUP GROSS REVENUES
€ 7.3bn	UNDERLYING EARNINGS
€ 45.4bn	SHAREHOLDERS' EQUITY
27.1%	DEBT GERAING
215%	SOLVENCY II RATIO

FINANCIAL RATINGS OF PRINCIPAL INSURANCE SUBSIDIARIES³

Standard & Poor's

Moody's

Fitch

AA-

Aa3

A+

Benefits Schedule of Smartcare Exclusive

Currency:(RMB)

					Currency: (RME
Inpatient Cover	Classic	Elite	Classic	Elite	Elite
	China Plan (including	g HK, Taiwan, Macau)	Internationa	l Plan (ex. US)	Worldwide Plan
Annual Limit for Part 1-9	12,00	0,000	18,000,000		25,000,000
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 Pi	ivate Room	Standard P	rivate 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)	RMB1,000 per day	RMB1,000 per day	RMB1,000 per day	RMB1,000 per day	RMB1,000 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)	3,000	3,000	3,000	3,000	3,000
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 (Except chronic illness, Applicable to the insured aged 6 to 65 years old ONLY)	Ar	Uı 1 nual medicine limit 5	nlimited consultation 000,Max 4 visits per m		er visit
Outpatient Cover	Classic	Elite	Classic	Elite	Elite
	China Plan (including HK, Taiwan, Macau)		International Plan (ex. US)		Worldwide Plan
Annual Limit (Limit to 1 visit per day per disability)	45,0	000	90,	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 12 visits per year, Full Coverage		Max 12 visits per yea Full Coverage
Routine physical examinations, health screening & health check-ups, and vaccinations (Benefit Limit Per Year)	3,000	3,000	4,000	4,000	5,000
				Optional 100%	Optional 100% or 80% Covered
Usage of High Cost Provider#	Not Covered	Optional 100% or 80% Covered	Not Covered	or 80% Covered	01 00 70 00 70100
Usage of High Cost Provider# Dental Cover	Not Covered Classic		Not Covered Classic	or 80% Covered Elite	Elite
0 0	Classic	or 80% Covered	Classic		
	Classic China Plan (includin	or 80% Covered Elite	Classic Internationa	Elite	Elite
Dental Cover Annual Limit Co-Payment	Classic China Plan (includin	or 80% Covered Elite g HK, Taiwan, Macau)	Classic Internationa	Elite Plan (ex. US)	Elite Worldwide Plan
Dental Cover Annual Limit	Classic China Plan (includin	or 80% Covered Elite g HK, Taiwan, Macau)	Classic Internationa 8,0	Elite Plan (ex. US) 000	Elite Worldwide Plan 10,000
Dental Cover Annual Limit Co-Payment Nature dental treatment including fillings, build-ups, extractions (except wisdom teeth),	Classic China Plan (includin 5,0 25%	or 80% Covered Elite g HK, Taiwan, Macau) 25%	Classic Internationa 8,0 25%	Elite I Plan (ex. US) 000 25%	Elite Worldwide Plan 10,000 25%
Dental Cover Annual Limit Co-Payment Nature dental treatment including fillings, build-ups, extractions (except wisdom teeth), X-ray, root planning, root canal treatment, periodontal treatment and dentures Preventive, Oral Examination, Fluoridiza & Sealant (Max 2 visits per year and	Classic China Plan (including 5,0 25% Covered	or 80% Covered Elite g HK, Taiwan, Macau) 00 25% Covered	Classic Internationa 8,0 25% Covered	Elite I Plan (ex. US) 000 25% Covered	Elite Worldwide Plan 10,000 25% Covered
Dental Cover Annual Limit Co-Payment Nature dental treatment including fillings, build-ups, extractions (except wisdom teeth), X-ray, root planning, root canal treatment, periodontal treatment and dentures Preventive, Oral Examination, Fluoridiza & Sealant (Max 2 visits per year and co-payment is not applicable) Max limit per visit Usage of High Cost Provider#	Classic China Plan (including 5,0 25% Covered	or 80% Covered Elite g HK, Taiwan, Macau) 000 25% Covered	Classic Internationa 8,0 25% Covered	Elite I Plan (ex. US) 1000 25% Covered 800	Elite Worldwide Plan 10,000 25% Covered 1,000
Dental Cover Annual Limit Co-Payment Nature dental treatment including fillings, build-ups, extractions (except wisdom teeth), X-ray, root planning, root canal treatment, periodontal treatment and dentures Preventive, Oral Examination, Fluoridiza & Sealant (Max 2 visits per year and co-payment is not applicable) Max limit per visit	Classic China Plan (including 5,0 25% Covered 500 Not Covered Classic	or 80% Covered Elite g HK, Taiwan, Macau) 000 25% Covered 500 Full Coverage	Classic Internationa 8,0 25% Covered 800 Not Covered Classic	Elite I Plan (ex. US) 1000 25% Covered 800 Full Coverage	Elite Worldwide Plan 10,000 25% Covered 1,000 Full Coverage
Dental Cover Annual Limit Co-Payment Nature dental treatment including fillings, build-ups, extractions (except wisdom teeth), X-ray, root planning, root canal treatment, periodontal treatment and dentures Preventive, Oral Examination, Fluoridiza & Sealant (Max 2 visits per year and co-payment is not applicable) Max limit per visit Usage of High Cost Provider#	Classic China Plan (including 5,0 25% Covered 500 Not Covered Classic China Plan (including including	or 80% Covered Elite g HK, Taiwan, Macau) 000 25% Covered 500 Full Coverage Elite	Classic Internationa 8,4 25% Covered 800 Not Covered Classic Internationa	Elite I Plan (ex. US) 1000 25% Covered 800 Full Coverage Elite	Elite Worldwide Plan 10,000 25% Covered 1,000 Full Coverage Elite
Dental Cover Annual Limit Co-Payment Nature dental treatment including fillings, build-ups, extractions (except wisdom teeth), X-ray, root planning, root canal treatment, periodontal treatment and dentures Preventive, Oral Examination, Fluoridiza & Sealant (Max 2 visits per year and co-payment is not applicable) Max limit per visit Usage of High Cost Provider# Maternity Cover	Classic China Plan (including 5,0 25% Covered 500 Not Covered Classic China Plan (including including	or 80% Covered Elite g HK, Taiwan, Macau) 000 25% Covered 500 Full Coverage Elite g HK, Taiwan, Macau)	Classic Internationa 8,4 25% Covered 800 Not Covered Classic Internationa	Elite I Plan (ex. US) 1000 25% Covered 800 Full Coverage Elite I Plan (ex. US)	Elite Worldwide Plan 10,000 25% Covered 1,000 Full Coverage Elite Worldwide Plan
Dental Cover Annual Limit Co-Payment Nature dental treatment including fillings, build-ups, extractions (except wisdom teeth), X-ray, root planning, root canal treatment, periodontal treatment and dentures Preventive, Oral Examination, Fluoridiza & Sealant (Max 2 visits per year and co-payment is not applicable) Max limit per visit Usage of High Cost Provider# Maternity Cover Annual Limit	Classic China Plan (includin, 5,0 25% Covered 500 Not Covered Classic China Plan (includin, 30,)	or 80% Covered Elite g HK, Taiwan, Macau) 000 25% Covered 500 Full Coverage Elite g HK, Taiwan, Macau)	Classic Internationa 8,0 25% Covered 800 Not Covered Classic Internationa 60,	Elite I Plan (ex. US) 1000 25% Covered 800 Full Coverage Elite I Plan (ex. US) 1000	Elite Worldwide Plan 10,000 25% Covered 1,000 Full Coverage Elite Worldwide Plan 90,000
Dental Cover Annual Limit Co-Payment Nature dental treatment including fillings, build-ups, extractions (except wisdom teeth), X-ray, root planning, root canal treatment, periodontal treatment and dentures Preventive, Oral Examination, Fluoridiza & Sealant (Max 2 visits per year and co-payment is not applicable) Max limit per visit Usage of High Cost Provider# Maternity Cover Annual Limit Waiting Period	Classic China Plan (includin, 5,0 25% Covered 500 Not Covered Classic China Plan (includin, 30, 180 days	or 80% Covered Elite g HK, Taiwan, Macau) 000 25% Covered 500 Full Coverage Elite g HK, Taiwan, Macau) 000 180 days	Classic Internationa 8,0 25% Covered 800 Not Covered Classic Internationa 60, 180 days	Elite I Plan (ex. US) 1000 25% Covered 800 Full Coverage Elite I Plan (ex. US) 180 days	Elite Worldwide Plan 10,000 25% Covered 1,000 Full Coverage Elite Worldwide Plan 90,000 180 days

- No.:
 All expenses must be reasonable, necessary and customary.
 All elements 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.

 "Recommended or referred by the attending physician
- 5. * The hospitalization allowance here excludes the International Department of China-Japan Friendship Hospital and Peking Union Medical College Hospital.
- 6. ## Include all expenses of operating theatre & materials, anesthetists, surgeon and hospital service relating to the organ transplantation
- 7. # List of high cost providers:
- 1.# List of high cost providers:
 (1). All the United Family Hospitals and Clinics (except 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 Center; (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 and Chengdu Shenton Health Clinic); (6). Adventist Hospital; (7). Maitlida 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 Hospitals (We do not cover any expenses charged by these providers):
 (1). Shanghai Wangzhiwei Clinic; (2). Shanghai Welei Clinic; (3). Asia Medical Specialists; (4). Chronic Disease Hospital of Ji'nan Traditional Chinese Medicine; (5). Shenzhen Chenyukun Clinic; (6). All Ming Jing Tang TCM Clinics; (7). Shenzhen Clinics; (7). Shenzhen Clinics; (7).

- (1). Shanghal wanganwer Chinck (2). Shanghal wheel clinic (s) Asia weed care specialists (4). Chronic Disease Hospital of than Inductional Chinese weed chine (5), Shell zher Chenyokan Chinese (6), All wing and (7). Shanghal Yosemite Hospital (lingan) and Shanghal Yosemite Clinic.

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

 8. 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.

 9. One family policy can include different plans and allow the coverage area or benefits of insured persons higher than the main insured's.

 10. This benefit table is only available for the client serviced by MSH.

- 11. Please refer to the Policy Wording for complete policy benefits and exclusions.

Product Features

RMB 25,000,000 annual maximum

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

Premium:

Plan	China Classic		China Elite		International Classic		International Elite		Worldwide Elite	
Age	IP	IP+OP	IP	IP+OP	IP	IP+OP	IP	IP+OP	IP	IP+OP
0	4951	18861	6431	23834	5940	21143	7717	28690	13255	37271
10	4185	13652	4939	17552	5024	15736	5921	19995	10189	29385
20	6090	16720	7430	20750	7311	19441	8919	23685	14832	36380
30	7892	22242	9630	26584	9473	25155	11556	31539	19221	47272
40	11366	26938	13965	33986	13509	31734	16707	38474	26887	57967
50	18764	36375	22836	45332	22514	42364	27466	51735	44156	78800
60	32030	58508	39074	71108	38420	68050	46872	82928	74058	124577

^{*} Currency: RMB

Annual inpatient deductible discount:

RMB 15.000: -45%

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).

RMB 30.000: -50% * The above annual deductible discount is only applicable to IP plan. This quotation is valid from July 1st, 2023 to June 30th, 2024. Version: July, 2023

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