

Smartcare Exclusive

BENEFIT TABLE – FULL MEDICAL UNDERWRITING

1. BASIC – INPATIENT	CHINA CLASSIC	CHINA ELITE	INTERNATIONAL CLASSIC	INTERNATIONAL ELITE	WORLDWIDE
Area of Cover	Mainland China		Worldwide Excluding US		Worldwide
Annual Limit Inpatient and Daycare	12 Million		18 Million		25 Million
Co-payment	NIL				
Daily Room and Board Limit Per Day	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 Pre-hospitalisation or Pre-day Surgery Specialist Consultation Up to 90 Days Before Admission, limit to one visit per disability. Pre-hospitalisation or Pre-day Surgery Diagnostic Consultation Up to 90 Days Before Admission, limit to one visit per disability. Post-hospitalisation or Post-day Surgery Treatment Services Within 90 Days Immediately Following the Date of Last Discharge from the Hospital	Full Coverage				
Inpatient Psychiatric Treatment Up to 30 days per policy year after 12 months continuous cover under the plan; Lifetime limit of 100 days.	Not Covered		Full Coverage		
Major Organ Transplant## Artificial Prosthesis (Surgical Implants)** Cancer Treatment and Outpatient Kidney Dialysis Emergency Out-patient Treatment and Dental Treatment Due to Accidents Only	Full Coverage				
Access to High Cost Providers#	Not Covered	Full Coverage	Not Covered	Full Coverage	Full Coverage
Emergency Assistance Service and Benefits	Unlimited				
2. ADD ON – OUTPATIENT					
Annual Limit Outpatient	30,000		60,000		120,000
Co-payment	NIL				
Clinical Consultation, Specialist Consultation, Prescription Drugs** Physiotherapy & Chiropractic Treatment** Max 10 Visits per year X-ray & Laboratory Fees** Chinese Herbalist, Bonesetter and Acupuncturist** Max 10 Visits per year	Full Coverage				
Routine Physical Examinations, Health Screening & Health Check-ups, and Vaccinations	3,000		4,000		5,000
Access to High Cost Providers#	Not Covered	Full Coverage	Not Covered	Full Coverage	Full Coverage
2(A). ADD-ON – DENTAL COVER (OPTIONAL)					
Annual Limit Dental	5,000		8,000		10,000
Co-payment	25%				
Natural Dental Treatment Including Fillings, Build-ups, Extractions (Except wisdom teeth), X-ray, Root Planning, Root Canal Treatment, Periodontal Treatment and Dentures	Full Coverage				
Preventive & Oral Examination Max 2 Visits per year	500		800		1,000
Access to High Cost Providers#	Not Covered	Full Coverage	Not Covered	Full Coverage	Full Coverage
2(B). ADD-ON – MATERNITY COVER (OPTIONAL) 12 Months Waiting Period					
Annual Limit Maternity	30,000		60,000		90,000
Co-payment	NIL				
Normal Delivery, Cesarean**, Abortion**, Miscarriage**, Complications Arising During the Antenatal Period and Childbirth**, Medically Necessary Costs for New Born Baby For 15 Days Upon Birth	Full Coverage				
Access to High Cost Providers#	Not Covered	Full Coverage	Not Covered	Full Coverage	Full Coverage

01 All expenses must be reasonable, necessary and customary. | **02** Cashless Payment and inpatient guarantee letter can be provided subject to indemnification. | **03** Full coverage and all benefits payable shall be always subject to Annual Limit. | **04** ** Recommended or referred by the attending physician. | **05** ## Include all expenses of operating theatre & materials, anesthetists, surgeon and hospital service relating to the transplantation of heart/kidney/liver/lung or bone marrow. | **06** # List of high cost providers: (1) All the United Family Hospitals and clinics; (2) SOS International Clinics; (3) Shanghai East International Medical Center; (4) St. Michael Hospital and Beijing TIANTAN PUHUA hospital; (5) All the medical centers belong to ParkwayHealth Medical Centers in China; (6) Adventist Hospital; (7) Matilda Hospital; (8) Sanatorium Hospital; (9) All the SinoUnited HealthClinics; (10) International Medical Center Beijing; (11) OASIS International Hospital Beijing. The latest updated list of high cost providers can be found on the website: WWW.AXATP.COM | **07** All currency in RMB.

卓越環球個人

利益明細表 - 嚴格醫學核保

1. 住院保障	中國經典	中國精英	國際經典	國際精英	全球
保障區域	中國大陸		全球除美國		全球
住院及日間護理保障	12,000,000		18,000,000		25,000,000
自付比率	無				
住院病房費用	標準私人病房				
重症監護室					
醫院雜項費用 (處方藥物、住院檢查檢驗費用、 看護/護理費用、手術室費用)					
住院物理治療**、救護車費用、手術費用、麻醉費用、 住院主診醫生費用					
家庭看護** (同一病症最高賠償期為90天)					
近親屬陪房費用** (同一病症最高賠償期為90天)					
入院前或日間手術前醫生求診費用 (住院前90天內, 每一病症以一次為限。)					
入院前或日間手術前檢查檢驗費用 (住院前90天內, 每一病症以一次為限。)					
出院後或日間手術後治療 (出院後90天內)					
精神病治療*	非保障範圍		全額賠付		
器官移植##					
義肢/人造假肢 (手術植入)**					
癌症治療及非住院洗腎					
意外牙科緊急醫療					
意外門診緊急醫療					
可否使用列表中的昂貴醫療機構#	非保障範圍	全額賠付	非保障範圍	全額賠付	全額賠付
24小時緊急支援服務	不設限額				
2. 附加門診保障					
門診保障	30,000		60,000		120,000
自付比率	無				
普通門診費用、專科門診費用、處方藥物**					
物理治療及脊骨治療** (每年最多10次)					
X光檢驗及其他檢查檢驗費用**					
中醫、跌打及針灸治療** (每年最多10次)					
常規體檢、健康檢查和接種疫苗 (年度最高賠償限額)	3,000		4,000		5,000
可否使用列表中的昂貴醫療機構#	非保障範圍	全額賠付	非保障範圍	全額賠付	全額賠付
2(A). 附加牙科保障 (可選)					
年度總賠償限額	5,000		8,000		10,000
自付比率	25%				
自然牙齒或牙齦、牙周疾病的治療, 包括充填、補牙、拔牙 (智齒除外)、X光、根面平整、 根管治療、鑲牙費用					
洗牙及口腔檢查 (每年最多2次) 每次治療限額	500		800		1,000
可否使用列表中的昂貴醫療機構#	非保障範圍	全額賠付	非保障範圍	全額賠付	全額賠付
2(B). 附加生育保障 (可選) 12個月等待期					
年度總賠償限額	30,000		60,000		90,000
自付比率	無				
順產、剖腹產**、墮胎**、流產**、產前併發症和分娩時併發症**, 15天內有醫療必要的嬰兒費用					
可否使用列表中的昂貴醫療機構#	非保障範圍	全額賠付	非保障範圍	全額賠付	全額賠付

01. 所有費用必須合理且必需。| 02. 直接付費和住院醫療費用擔保服務需簽妥同意書方可生效,且對於計算錯誤或不被理賠的金額,您有義務配合進行相關理賠金額的調整。| 03. 全額賠付及各項保險金均受限於各險種的年度總賠償限額。| 04. **需由主治醫生推薦或配方 | 05. ##包括所有手術室費用、麻醉師費用、手術費用及醫院雜項費用等進行腎臟、心臟、肝臟、肺或骨髓移植手術的全部合理且必需的醫療費用。| 06. # 最新昂貴醫療機構名單: (1). 和睦家所有醫院或診所; (2). 國際(SOS)救援中心診所; (3). 上海東方國際醫療中心; (4). 上海天壇普華醫院及北京天壇普華醫院ST; (5). 百匯醫療集團旗下中國所有的醫療機構; (6). 港安醫院; (7). 香港明德醫院; (8). 香港養和醫院; (9) 盛和所有醫院或診所; (10) 北京國際醫療中心; (11) 北京明德醫院. 若有變動,昂貴醫療機構名單將及時更新在本公司網站 WWW.AXATP.COM。| 07. 币种 (人民币)