



安盛

卓越环球个人医疗保障
智选、臻选计划

Making Things Happen



本产品由安盛天平财产保险
有限公司发行与管理, 汇丰
银行作为代销机构不承担产
品的投资和兑付责任。

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

币种 Currency: 人民币 (RMB)		
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		
可选住院免赔额/年 Optional Inpatient Deductible per policy year	无 Nil/15,000	无 Nil/15,000
列表中特定医疗机构的自付比率# Co-Insurance of Specified Provider#	20%	20%
住院病房费用 (每一病症无赔偿天数限制) Daily Room & Board Limit Per Day	中国大陆地区公立医院*标准私人病房-全额赔付 Standard Private Room in Mainland China's Public Hospitals'- Full Coverage 中国大陆地区私立医院-每日最高1,000 人民币 Private Hospitals in Mainland China -up to RMB1,000 per day	中国大陆地区公立医院*标准私人病房-全额赔付 Standard Private Room in Mainland China's Public Hospitals'- Full Coverage 私立医院及中国大陆以外地区医院-每日最高1,500人民币 Private Hospitals/Outside Mainland China-up to RMB 1,500 per day
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、住院主诊医师费用 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		
陪房费用(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/人造假肢(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) Online consultation and medicine at specified Internet hospital (Applicable to the insured aged 6 to 65 years old ONLY)	问诊不限次数; 药品费80%赔付, 每年累计限额2,000, 每月最多2次, 每次限额200, Unlimited consultation visits; Medicine 80% Covered, Annual limit 2,000, Max 2 visits per month and up to 200 per visit.	问诊不限次数; 药品费80%赔付, 每年累计限额2,000, 每月最多2次, 每次限额200, Unlimited consultation visits; Medicine 80% Covered, Annual limit 2,000, Max 2 visits per month and up to 200 per visit.
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
列表中特定医疗机构的自付比率 # Co-Insurance of Specified Provider#	20%	20%
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元 Max 10 visits per year, up to RMB350 per visit	每年最多10次, 每次就诊最高350元 Max 10 visits per year, up to RMB350 per visit
物理治疗及脊柱指压治疗** Physiotherapy & Chiropractic Treatment**		
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%
自然牙齿或牙龈、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:
- 所有费用必须合理且必需。All expenses must be reasonable, necessary and customary.
 - 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.
 - 全额赔付及各项保险金均受限于各险种的保险金额, 且上述各项保险责任的合计给付金额不超过800万人民币。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.
 - * 中国大陆地区公立医院是指由政府出资创办和管理的非营利性医疗机构。* Mainland China's Public Hospitals refer to those non-profit hospitals funded and owned by the local government.
 - ** 需由主治医生推荐或转诊 ** Recommended or referred by the attending physician.
 - ##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. # 最新特定医疗机构名单 List of specified providers: (1) 上海美华妇儿医院及上海美华丁香妇儿门诊部 American-Sino Women's & Children's Hospital and American-Sino OB/GYN/Pediatrics Services; (2) 北京港澳国际医务诊所 Hong Kong International Medical Clinic Beijing; (3) 上海浦东医院 Shanghai Ruidong Hospital; (4) 上海百诺门诊部 Shanghai Columbia Clinic ; (5) 北京五洲妇儿医院 Beijing Wuzhou Women's & Children's Hospital; (6) 北京东区儿童医院 Beijing Children's Hospital East Branch (7) 成都鹰阁医院和成都百汇馨康门诊部 Gleneagles Chengdu Hospital and Chengdu Shenton Health Clinic (8) 深圳新风和睦家医院 Shenzhen New Frontier United Family Hospital.
 8. 若最近一个保单年度无理赔, 则可享5%无理赔续保折扣。For the insured who have no claim record in recent 1 year, the renewal discount can be 5%.

最新昂贵医疗机构 List of high cost providers

机构中文名称	English name of Providers
(1) 和睦家所有医院或诊所(除深圳)	(1) All the United Family Hospitals and Clinics (except Shenzhen)
(2) 莱佛士医疗北京/深圳/天津/天津泰达/南京/大连诊所(北京/深圳/天津/天津泰达/南京/大连国际(SOS)救援中心)及重庆莱佛士医院	(2) Raffles Medical Beijing/Shenzhen/Tianjin/Tianjintaida/Nanjing/Dalian Clinics (Beijing/Shenzhen/Tianjin/Tianjintaida/Nanjing/ Dalian International SOS Clinics) and Raffles Hospital Chongqing
(3) 上海东方联合医院	(3) Shanghai East International Medical Center
(4) 上海天坛普华医院及北京天坛普华医院及门诊部	(4) St. Michael Hospital and Beijing Puhua International Hospital & Clinic
(5) 百汇医疗集团旗下中国大陆及中国香港所有的医疗机构 (除成都鹰阁医院和成都百汇馨康门诊部)	(5) All the medical centers including hospitals belonging to Parkway Shenton Group in Mainland China and Hong Kong (except Chengdu Gleneagles Hospital and Chengdu Shenton Health Clinic)
(6) 曜影医疗旗下所有医疗诊所	(6) All the Sino United Health Clinics
(7) 全康所有医疗中心及齿科中心	(7) All the Global Health Care Medical & Dental Centers
(8) 北京国际医疗中心	(8) International Medical Center-Beijing
(9) 北京明德医疗	(9) OASIS Healthcare (Beijing Oasis International Hospital)
(10) 国际外科手术中心	(10) Institute of Western Surgery
(11) 所有加美医疗中心	(11) All CanAm International Medical Center
(12) 新世纪集团旗下所有的医疗机构 (含北京怡德医院、深圳怡和侨香门诊部, 除成都、苏州和青岛)	(12) All the medical centers including hospitals belonging to New Century Group (including Beijing Eden Hospital and Shenzhen Yihe Clinic, except Chengdu, Suzhou and Qingdao)
(13) 沃德医疗集团旗下所有的医疗机构	(13) All WorldPath Clinics International
(14) 上海国际医学中心	(14) Shanghai International Medical Center
(15) 北京维世达诊所	(15) Beijing Vista Clinic
(16) 上海仁爱医院国际医疗中心	(16) Shanghai Ren-Ai International Medical Center
(17) 上海德达德西门诊部	(17) Shanghai DeltaWest Clinic
(18) 上海禾新医院国际部	(18) Shanghai Landseed Hospital International Department
(19) 港安医院	(19) Adventist Hospital
(20) 香港明德医院	(20) Matilda Hospital
(21) 香港养和医疗集团旗下所有医疗机构	(21) All Medical Institutions belong to HKSH Medical Group
(22) 香港运动医学中心	(22) Sports Medical Centre (Hong Kong)
(23) 香港嘉诺撒医院	(23) Canossa Hospital
(24) 香港播道医院	(24) Evangel Hospital
(25) 香港浸信会医院	(25) Hong Kong Baptist Hospital
(26) 香港宝血医院(明爱)	(26) Precious Blood Hospital (Caritas)
(27) 香港圣保禄医院	(27) St. Paul's Hospital
(28) 香港圣德肋撒医院	(28) St. Teresa's Hospital
(29) 香港仁安医院	(29) Union Hospital
(30) 上海红枫国际妇儿医院	(30) Shanghai Redleaf International Women' s & Children' s Hospital
(31) 港怡医院	(31) Gleneagles Hong Kong Hospital

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

注: 本公司不承担在下述医疗机构发生的任何费用。 Note: We do not cover any expenses charged by the below providers.

机构中文名称	English name of Providers
上海王志伟中西医结合诊所	Shanghai Wangzhiwei Clinic
上海五雷中医诊所	Shanghai Wulei Clinic
亚洲专科医生	Asia Medical Specialists
济南中西医结合慢性病医院	Chronic Disease Hospital of Ji'nan Traditional Chinese Medicine
深圳陈裕坤西医内科诊所	Shenzhen Chenyukun Clinic
明经堂所有中医诊所	All Ming Jing Tang TCM Clinics
上海优仕美地巨富里医院及上海优仕美地门诊部	Shanghai Yosemite Hospital (Jingan) and Shanghai Yosemite Clinic
所有脊近完美中医诊所及脊近完美按摩/推拿馆(包括上海、昆明、丹阳市)	All Jijin Perfect TCM Clinics and Massage (including Shanghai,Kunming, Danyang)
所有上海颈卫卫中医诊所	All Shanghai Jingyiwei TCM Clinics
上海博苑中医诊所有限公司	Shanghai Bowan Traditional Chinese Medicine Clinic
上海近博中医诊所有限公司	Shanghai Jin Bo TCM Clinic
上海博近中医诊所有限公司	Shanghai Bo Jin TCM Clinic
上海镭博中医诊所有限公司	Shanghai Gaobo TCM Clinic
上海脊安中医诊所有限公司	Shanghai Ji An TCM Clinic
上海泰脊中医诊所有限公司	Shanghai Tai Ji TCM Clinic.
上海镐然实业有限公司财富店及健康店	Shanghai Gaoran TCM Clinics, Wealth Branch and Health Branch
明珍健康信息咨询	Klinoerth Therapy Clinic
上海全程玖玖健康门诊部	Shanghai Whole Jiujiu Health Clinic
北京臻世堂中医诊所	Beijing Zhenshitang Chinese Medicine Clinic
北京医嘉家阖诊所	Beijing Yijia Jiahe Clinic

注: 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.

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

全额赔偿癌症治疗、门诊肾
透析及器官移植后抗排斥门
诊治疗

Fully cover for cancer treatment
,outpatient kidney dialysis and
anti-rejection treatment after
organ transplant as an
outpatient

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*

同个家庭可选不同计划，附
属被保险人计划需低于主被

One family policy can include
different plans and allow the
plan of insured persons lower
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-added
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.

费率演示 Premium

*以人民币为货币单位 *Currency: RMB

计划 Plan 年龄 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	16851	15324	20056	18529
10	11163	10030	14259	13126
20	11963	10840	15058	13935
30	13250	11920	16347	15017
40	17616	15489	20712	18585
50	25868	22317	28964	25413
60	39560	33054	43962	37456

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2024年09月01日至2025年08月31日。
This quotation is valid from September 1st, 2024 to August 31st, 2025.