## **Product Eligibility**

- Adultfrom 18 to 74 years old (age as of last birthday).
   Children from 15 days to 18 years old (age as of last birthday).
   Juveniles whose age below 18 years old can not be Main insured
- 2. Can accept those whose Usual Country of Residence is Mainland China, which means the Insured Person has resided in Mainland China for more than 185 days in one year. Please inform the Insurance company in writing immediately if you do not meet the above requirement when you submit the application or when you no longer meet the above requirement during the policy year. The company reserves the right to change underwriting term, decline to cover or not to renew the insurance.
- 3. Where the Insured Person is not Chinese, the Insured Person shall hold the work permit issued by the Chinese government or the residence permit or the right of permanent residence in China.
- 4. Please provide the copy of valid passport/ID and a bona-fide residential address.

#### **Main Exclusion**

- 1. Pre-existing Condition or any related or subsequent condition and any expenses arising therefrom, except as disclosed by the Insured Person to the Company in the application form and approved in writing by the Company and Section (X) and (XII) under Article 14 Insuring Agreement.
- The cost of venereal disease, human immunodeficiency virus (HIV)-related diseases (including AIDS and AIDS-related syndromes (ARC) and any mutations, derivations or mutations thereof).
- 3. Any hereditarydisease, congenital condition, congenital malformation or defect and any related costs.
- 4. The costs of use of any drugs not licensed by the governmental authorities of the country in which the drug is given, or the use of any drugs against the physician's advice or instructions and any costs arising therefrom; any vitamins and nutraceuticals, any nourishing Chinese medicine, including but not limited to herbal paste (Gao Fang), ginseng, Ejiao (colla corii asini), Deerhorn glue, Guilu Erxian Jiao (glue of the two ingredients tortoise plastron and antler), Gui Ban Jiao (glue of tortoise plastron), turtle carapace glue, horse bezoar, Shan Hu (Japanese coral), Dai Mao (carapax eretmochelyos), cordyceps sinensis. saffron, antelope. Xi Jiao (rhinoceros horn), bezoar, musk, velvet antler, iron maple.
- The costs of any experimental medical investigation and treatment, any investigation and treatmen that has not been proven safe and effective by a public authority.
- 6. The costs of treatment, evaluation and rating of physical and mnental retardation, precocious puberty, learning disabilities, and behavioral problems in children.
- 7. The costs of fatigue or weakness; The cost of treatment for sleep disorder, including but not limited to snoring, insomnia, sleep apnea hyperpnoea syndrome and sleep test.
- Any preventive or predictive genetic testing and related costs

#### Notes

- Policyholder has the right to cancel the policy within 14 working days after you received the contract. We
  will refund the premium you have paid in full. The contract is null and void from the beginning and we
  are not liable for any insurance benefits. You still have the right to cancel the policy after the 14 working
  days but you will undertake certain loss of value.
- 2. The brochure is consist of both Chinese and English versions, in caseof any discrepancy. Chinese version should prevail.
- This brochure is not a contract of insurance. Please refer to your policy wording and policy contract for complete Benefits and Exclusions information.

As one of the largest global insurers,

# our purpose is to act for human progress by protecting what matters.

#### About US

AXA, is a worldwide leader in insurance and asset management. Our purpose is shared by each and every employee throughout our organization, as we tailor our services and solutions to each of about 100 million customers around the world, one person at a time.

As our global brand signature  $\lceil Know You Can \rfloor$  expressed, AXA aims to be a partner that encourages and helps individual and enterprise to reach their goals.

We want to be a partner for our customers for whom we strive to deliver useful products, services, and innovation. We also want to be a partner for our employees, who we must empower to continually develop their personal and professional skills. Finally, we want to be a partner for society at large, with a meaningful strategy of covering and anticipating risks to enable people to plan for their future.

#### 95550

#### WWW.axa.cn

AXA Tianping Property & Casualty Insurance Company Limited

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.

AXA 安盛

# **SmartCare Elite**



# **Product Features**



The complete solution to make your life easy



Flexible geographical plans can be selected



Direct billing service for OP & IP

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



Unlimited coverage for 24-hour emergency assi-stance service

# **List of Restricted Medical Institutions**

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

<sup>\*</sup>We do not cover any expenses charged by the above providers

### **Benefits Schedule of Smartcare Elite**

Currency: RMB

| Inpatient Cover  | Platinum   | Diamond                  | Platinum                    | Diamond                  | Diamond                  |  |
|--|--|--------------------------|-----------------------------|--------------------------|--------------------------|--|
|  | China Plan<br>(including HK, Macau,Taiwan)   |                          | International Plan (ex. US) |                          | Worldwide<br>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   | Nil/15,000               | Nil/15,000                  | Nil/15,000               | Nil/15,000               |  |
| Daily Room & Board Limit Per Day   | Standard<br>Private Room   | Standard<br>Private Room | Standard<br>Private Room    | Standard<br>Private Room | Standard<br>Private Room |  |
| Intensive Care Unit  |  |                          | Full<br>Coverage            | Full<br>Coverage         | Full<br>Coverage         |  |
| Hospital Miscellaneous Expenses<br>(Prescription drugs, inpatient diagnostic procedures, Nursing,<br>Operating theatre charges)        | Full<br>Coverage   |                          |                             |                          |                          |  |
| 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<br>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<br>(Up to 90 days before admission, limited to one visit for each<br>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              | Not Covered                 | Not Covered              | Not Covered              |  |
| Public Hospitals allowance of Mainland China*(Up to30 days per policy year)  | RMB 1,000<br>per day   | RMB 1,000<br>per day     | RMB 1,000<br>per day        | RMB 1,000<br>per day     | RMB 1,000<br>per day     |  |
| Part 2: Major Organ Transplant ##  |  |                          | Full<br>Coverage            | Full<br>Coverage         | Full<br>Coverage         |  |
| Part 3: Artificial Prosthesis (Surgical Implants) **   |  | Full<br>Coverage         |                             |                          |                          |  |
| Part 4: Cancer Treatment, Outpatient Kidney dialysis and anti-rejection treatment after organ transplant as an Outpatient              | - "  |                          |                             |                          |                          |  |
| Part 5: Outpatient Emergency Dental Treatment<br>(Due to accidents only)   | Full<br>Coverage   |                          |                             |                          |                          |  |
| Part 6: Outpatient Emergency Treatment<br>(Due to accidents only)  |  |                          |                             |                          |                          |  |
| Part 7: Outpatient Surgery   |  |                          |                             |                          |                          |  |
| Part 8: Durable medical equipment<br>(Annual limit per policy year)  | 5,000  | 5,000                    | 5,000                       | 5,000                    | 5,000                    |  |
| Part 9: Usage of High Cost Provider#   | Not Covered  | Full Coverage            | Not Covered                 | Full Coverage            | Full Coverage            |  |
| 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;<br>Annual medicine limit 5,000,Max 4 visits per month and up to 500 per visit |                          |                             |                          |                          |  |

#### NB:

- 1. All expenses must be reasonable, necessary and customary.
- 2. 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. 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.
- 4.\*\* recommended or referred by the attending physician.
- 5.\*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.
- $6. \# Include \ all \ expenses \ of \ operating \ the are \& \ materials, \ an esthetists, \ surgeon \ and \ hospital \ service \ relating \ to \ the \ organ \ transplantation.$
- 7.# List of high cost 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/Nan jing/DalianClinics(Beijing/Shenzhen/Tianjin/Tianjintaida/

| Outpatient Cover   | Platinum  | Diamond   | Platinum                                   | Diamond                                    | Diamond                                    |
|--|---|---|--|--|--|
|  | China Plan<br>(including HK, Macau,Taiwan )                     |   | International Plan (ex. US)                |  | Worldwide<br>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<br>Coverage  | Full<br>Coverage  | Full<br>Coverage                           | Full<br>Coverage                           | Full<br>Coverage                           |
| X-Ray and Laboratory Fees**  |   |   |  |  |  |
| Chinese Herbalist, Bonesetter, and Acupuncturist**   | Max 10 visits<br>per year<br>and Up to<br>RMB 1000<br>per visit | Max 10 visits<br>per year<br>and Up to<br>RMB 1000<br>per visit | Max 12 visits<br>per year<br>Full Coverage | Max 12 visits<br>per year<br>Full Coverage | Max 12 visits<br>per year<br>Full Coverage |
| Routine physical examinations, health screening & health check-ups, and vaccinations, optical care**   | 3,000   | 3,000   | 4,000                                      | 4,000                                      | 5,000                                      |
| Usage of High Cost Provider#   | Not Covered   | Full Coverage   | Not Covered                                | Full Coverage                              | Full Coverage                              |
| Dental Cover   | Platinum  | Diamond   | Platinum                                   | Diamond                                    | Diamond                                    |
|  | China Plan<br>(including HK, Macau,Taiwai )                     |   | International Plan (ex. US)                |  | Worldwide<br>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   | Coverage  | Covered                                    | Coverage                                   | Coverage                                   |
| 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  | Platinum  | Diamond   | Platinum                                   | Diamond                                    | Diamond                                    |
|  | China Plan<br>(including HK, Macau,Taiwai )                     |   | International Plan (ex. US)                |  | Worldwide<br>Plan                          |
| Annual Limit   | 80,000  |   | 110,000                                    |  | 140,000                                    |
| 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<br>Coverage  | Full<br>Coverage  | Full<br>Coverage                           | Full<br>Coverage                           | Full<br>Coverage                           |
| Usage of High Cost Provider#   | Not Covered   | Full Coverage   | Not Covered                                | Full Coverage                              | Full Coverage                              |

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; (6) Adventist Hospital; (7) Matildal 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;

Please refer to the Restricted medical institutions(We do not cover any expenses charged by these providers) in this material.

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 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.

<sup>\*</sup>These lists above will be updated timely if have changes and the latest list is available at www.axa.c