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Healthcare
Smart Medicare
VHIS Certified Plan

**Comprehensive
medical protection
empowers your life**



Product brochure

Financial stability is vital if you and your loved ones are to achieve your plans in life. As illness can strike at any time and medical costs may increase year by year, it is always wise to safeguard yourself against enormous medical expenses which may easily disrupt your plans.

Providing you with comprehensive medical coverage, our **Smart Medicare** offers you reimbursement protection of actual medical expenses up to age 100¹. **You may choose Smart Medicare as stand-alone basic plan or supplement to other AXA basic plans.**

Certified by the government of the Hong Kong Special Administrative Region (“Hong Kong”) under the Voluntary Health Insurance Scheme (“VHIS”), **Smart Medicare** aims to give you accessible, continuous, quality and transparent protection.

Hong Kong taxpayers may claim tax deductions for qualifying premiums paid for **Smart Medicare** under VHIS if conditions are fulfilled.*

VHIS: Essential information

This is an individual indemnity hospital insurance plan certified under VHIS.

Registered VHIS providers	AXA China Region Insurance Company (Hong Kong) Limited / AXA China Region Insurance Company Limited
Type of certified plan	VHIS Flexi Plan
Name of certified plan	Smart Medicare
Eligible tax deduction amount*	A taxpayer is allowed a maximum annual deduction of HKD8,000 in respect of qualifying premiums paid for each insured person

* For more information, please refer to www.ird.gov.hk or seek independent tax advice.

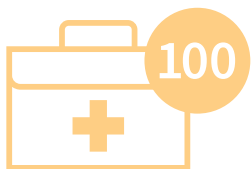




VHIS certification number

Registered VHIS providers	AXA China Region Insurance Company (Hong Kong) Limited		AXA China Region Insurance Company Limited	
Benefit level	VHIS certification number		VHIS certification number	
	HKD	USD	HKD	USD
Regular	F00017-01-000-04	F00017-04-000-04	F00018-01-000-03	F00018-04-000-03
Regular with supplementary major medical	F00017-01-001-04	F00017-04-001-04	F00018-01-001-03	F00018-04-001-03
Superior	F00017-02-000-04	F00017-05-000-04	F00018-02-000-03	F00018-05-000-03
Superior with supplementary major medical	F00017-02-001-04	F00017-05-001-04	F00018-02-001-03	F00018-05-001-03
Premier	F00017-03-000-04	F00017-06-000-04	F00018-03-000-03	F00018-06-000-03
Premier with supplementary major medical	F00017-03-001-04	F00017-06-001-04	F00018-03-001-03	F00018-06-001-03

Plan features*



Reimbursement
protection of medical
expenses up to age 100¹



Guaranteed renewal
up to age 100²



No lifetime
benefit limit



No waiting period



Choice of
3 different benefit
levels to meet your
unique needs



Optional
supplementary
major medical



No claim discount³



Worldwide
emergency
assistance⁴

* Please refer to the below section for more information.



Reimbursement protection of medical expenses up to age 100¹

Providing you with reimbursement protection of actual medical expenses (which are reasonable and customary) up to age 100¹, including inpatient benefits such as room and board, surgery, hospital expenses, and pre- and post- confinement / day case procedure outpatient care, our **Smart Medicare** allows you to obtain the medical treatment⁵ of your choice in any private hospitals or day case procedure centres. It also offers you the added peace of mind of coverage for intensive care, prescribed non-surgical cancer treatments, local psychiatric treatments and outpatient kidney dialysis. Please refer to the benefit schedule in this product brochure for quick reference.



Guaranteed renewal up to age 100²

Smart Medicare is open to everyone aged between 14 days and 80 years old. Renewal is guaranteed up to the age of 100².

Fit for every life stage, **Smart Medicare** guarantees that renewal premiums will not be raised as a result of any claims you made or any changes in your health conditions. Instead, your renewal premiums will be based on the prevailing premium rates at the time of policy anniversary.



No lifetime benefit limit

There is no lifetime benefit limit under **Smart Medicare**. You may claim up to the respective sub-limits for each benefit item as stated in the benefit schedule in this product brochure and the policy contract.



No waiting period

When you apply for **Smart Medicare**, it is important for you to disclose your current health conditions to us for underwriting purposes. If we identify any disabilities or conditions during the underwriting process, we will notify you of the case-based exclusion from coverage before policy issuance. Your coverage for declared and non-excluded conditions starts as soon as your policy becomes effective. If you have a pre-existing condition that you were not aware of at the time you applied for your policy, we will reimburse your eligible expenses on a sliding scale.

First policy year	no coverage
Second policy year	25% reimbursement
Third policy year	50% reimbursement
Fourth policy year onwards	full coverage



Choice of 3 different benefit levels to meet your unique needs

Our Regular, Superior and Premier benefit levels allow you to choose precisely the level of cover that best suits your budget and personal needs.



Optional supplementary major medical

Available as an optional top-up for **Smart Medicare** customers, our supplementary major medical provides partial reimbursement of specified hospital expenses incurred in excess of those covered under **Smart Medicare**, please refer to the benefit schedule of supplementary major medical (optional) under **Smart Medicare** for more details.



No claim discount³

You can enjoy a no claim discount³ on your premium for staying healthy. If for the 3 consecutive years immediately prior to your policy renewal, (1) you are a customer of any benefit level of **Smart Medicare**, and (2) no benefit was paid under **Smart Medicare** and **Smart Medimoney, where applicable** (not being part of the certified plan), a premium discount will be offered upon renewal of your policy. The discount is equal to 15% of your annual premium (before no claim discount and including premium loading, if any) of **Smart Medicare** in the year immediately preceding the policy anniversary.



Worldwide emergency assistance⁴

As our valued customer, you will automatically be entitled to use the worldwide emergency assistance provided by AXA Assistance. In the event of an emergency during a business trip or holiday, you can simply contact the 24-hour AXA Assistance alarm centres for help. For details, please refer to the terms and conditions of AXA Assistance Program.





Smart Medicare at a glance

Premium payment term	Up to age 100
Benefit period	Up to age 100 ¹
Issue age	14 days old – age 80
Premium [#]	■ Will be adjusted based on the insured person's attained age ■ Premiums are not guaranteed
Policy currency	For Smart Medicare issued as basic plans: HKD For Smart Medicare issued as supplements: HKD / USD
Payment mode	Annual / Semi-annual / Monthly
Territorial scope of cover	Worldwide ⁵
Policy application	Underwriting required
Policy renewability	Guaranteed annual renewal until the insured person reaches the age of 100 ²
Tax deduction eligibility*	Applicable to Hong Kong taxpayers only

[#] Please refer to **Premium adjustment** under the section Important information for details.

* For more information, please refer to www.ird.gov.hk or seek independent tax advice.

Benefit schedule of Smart Medicare

A highlight of the key benefits of the policy is set out as below⁽⁸⁾. Please refer to the terms and benefits stated in the policy contract for the full list of the benefits and relevant terms, conditions and exclusions.

Benefit items ⁽¹⁾	Benefit limit		
	Regular	Superior	Premier
(a) Room and board Maximum 180 days per policy year	HKD800 per day	HKD1,600 per day	HKD4,500 per day
(b) Miscellaneous charges Per policy year	HKD14,000	HKD20,000	HKD35,000
(c) Attending doctor's visit fee Maximum 180 days per policy year	HKD750 per day	HKD1,500 per day	HKD4,500 per day
(d) Specialist's fee ⁽²⁾ Per policy year	HKD4,300	HKD5,000	HKD10,000
(e) Intensive care Maximum 90 days per policy year	HKD3,500 per day	HKD5,000 per day	HKD8,000 per day
(f) Surgeon's fee	Per surgery, subject to surgical category for the surgery / procedure in the Schedule of Surgical Procedures -		
	■ Complex HKD50,000 ■ Major HKD25,000 ■ Intermediate HKD12,500 ■ Minor HKD5,000	■ Complex HKD80,000 ■ Major HKD40,000 ■ Intermediate HKD20,000 ■ Minor HKD8,000	■ Complex HKD160,000 ■ Major HKD80,000 ■ Intermediate HKD40,000 ■ Minor HKD16,000
(g) Anaesthetist's fee	35% of surgeon's fee payable ⁽⁵⁾	35% of surgeon's fee payable ⁽⁵⁾	35% of surgeon's fee payable ⁽⁵⁾
(h) Operating theatre charges	35% of surgeon's fee payable ⁽⁵⁾	35% of surgeon's fee payable ⁽⁵⁾	35% of surgeon's fee payable ⁽⁵⁾
(i) Prescribed diagnostic imaging tests ^{(2) (3)} Per policy year	HKD20,000 (Subject to 30% coinsurance)	HKD25,000 (Subject to 30% coinsurance)	HKD30,000 (Subject to 30% coinsurance)
(j) Prescribed non-surgical cancer treatments ⁽⁴⁾ Per policy year	HKD80,000	HKD80,000	HKD80,000



Benefit items ⁽¹⁾	Benefit limit		
	Regular	Superior	Premier
(k) Pre- and post-confinement / day case procedure outpatient care ⁽²⁾	1 prior outpatient visit or emergency consultation per confinement / day case procedure 3 follow-up outpatient visits per confinement / day case procedure (within 90 days after discharge from hospital or completion of day case procedure)		
	HKD580 per visit, up to HKD3,000 per policy year	HKD780 per visit, up to HKD5,000 per policy year	HKD980 per visit, up to HKD7,000 per policy year
(l) Psychiatric treatments ⁽⁶⁾ Per policy year	HKD30,000	HKD30,000	HKD30,000
Enhanced benefits			
(I) Outpatient kidney dialysis Per policy year	HKD50,000	HKD100,000	HKD200,000
(II) Emergency outpatient treatment for accident Per policy year	HKD5,000	HKD10,000	HKD22,000
Other benefits			
(I) Medical negligence benefit Per policy	HKD60,000	HKD200,000	HKD550,000
(II) Compassionate death benefit Per policy	HKD15,000	HKD20,000	HKD30,000
Other limits			
Annual benefit limit for benefit items (a) – (l) and enhanced benefits (I) – (II)	Nil	Nil	Nil
Lifetime benefit limit for benefit items (a) – (l), enhanced benefits (I) – (II) and other benefits (I) – (II)	Nil	Nil	Nil

Benefit schedule of supplementary major medical⁽⁷⁾ (optional) under Smart Medicare (Applicable to confinement only)

Benefit items ⁽¹⁾	Benefit limit		
	Regular	Superior	Premier
Reimbursement percentage of hospital expenses (in excess of benefit paid under benefit items (a) to (h) above) subject to the following limits	80% (Equivalent to 20% coinsurance)	80% (Equivalent to 20% coinsurance)	80% (Equivalent to 20% coinsurance)
Aggregate annual limit for supplementary major medical Per policy year	HKD116,000	HKD180,000	HKD420,000
Supplementary major medical will also be subject to the following limits for the respective benefit items:			
(1) Room and board Starting from the 181 st day of confinement	HKD800 per day	HKD1,600 per day	HKD4,500 per day
(2) Attending doctor's visit fee Starting from the 181 st day of confinement	HKD750 per day	HKD1,500 per day	HKD4,500 per day
(3) Intensive care Starting from the 91 st day of confinement	HKD3,500 per day	HKD5,000 per day	HKD8,000 per day

Notes:

- (1) Eligible expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above, unless otherwise specified.
- (2) The Company shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or registered medical practitioner.
- (3) Tests covered here only include computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined.
- (4) Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
- (5) The percentage here applies to the surgeon's fee actually payable or the benefit limit for the surgeon's fee according to the surgical categorisation, whichever is the lower.
- (6) The benefit shall only be payable for the eligible expenses charged on psychiatric treatments during the confinement in Hong Kong as recommended by a specialist.
- (7) Extra premium will be charged if supplementary major medical is chosen.
- (8) This benefit schedule is subject to and shall be read together with the terms and benefits of the policy contract.



Important information

Disclosure obligation for underwriting

It is important for you to declare all requisite information that would affect the underwriting decisions of the Company. The Company has the right to declare the policy void as from the policy effective date due to any misrepresentation or fraud. If the non-health related information of the insured person (including but not limited to age, sex or smoking habit) is misstated in the application, the Company may adjust the premium, for the past, current or future policy year, or declare the policy void on the basis of the correct information.

Cooling-off period

If you are not completely satisfied with the policy, you have the right to cancel it by giving a written notice of cancellation to the Company. Such written notice of cancellation must be signed by you and received directly by our Customer Service at Suite 2001, 20/F, Tower Two, Times Square, 1 Matheson Street, Causeway Bay, Hong Kong within **21 calendar days** immediately following either the day of delivery of the policy or the cooling-off notice (notifying you of the cooling-off period) to you or your nominated representative (whichever is earlier). The policy will then be cancelled and a refund of any premium(s) paid will be returned to you on the condition that no claim payment under the policy has been made prior to your request for cancellation.

Cancellation

After the cooling-off period, you can request cancellation of the policy by giving 30 days prior written notice to the Company, provided that there has been no benefit payment under the terms and benefits during the relevant policy year.

Submission of claims

All claims with relevant information must be submitted to the Company within 90 days after the date on which the insured person is discharged from the hospitals, or (where there is no confinement) the date on which the relevant medical service is performed and completed. Relevant information includes, without limitation, (a) all original receipts and/or original itemised bills together with the diagnosis, type of treatment, procedure, test or service provided; and (b) certificates, reports, evidence, referral letter and other data or materials as reasonably required by AXA for processing of such claim.

You have to notify us if claims cannot be submitted within the above timeframe, otherwise we shall have the right to reject such claims.

Policy currency

If your policy is denominated in a currency other than your local currency, you may face an exchange rate risk. Upon currency conversion, the amounts you receive and the premiums you pay may vary as a result of changes in exchange rate.

Premium adjustment

The initial premium is based on the age of the insured person at the time of policy issuance and other factors including but not limited to gender and risk class of the insured person and the benefit level of your policy. Premium rates are not guaranteed and may be adjusted by the Company on a portfolio basis at any of the policy anniversaries if necessary. We consider factors including but not limited to (i) the Company's claims and policy persistency experience and (ii) expected claim outgo from all policies under this plan in future years, reflecting the impact of medical trend, medical cost inflation and product feature revisions.

Non-payment of premium

You should pay premiums for the whole of your premium payment term. Any premiums remaining outstanding at the end of the grace period (i.e. 31 days after premium due date) may lead to termination of your policy. You may lose the insurance protection offered by the policy.

Inflation

The Company may, subject to the policy contract, revise the future premiums from time to time, such that the adequacy of coverage under the plan can be maintained. Any future premium changes shall be applied on a portfolio basis.

Termination

The policy will be automatically terminated on the earliest of the followings:

- (a) non-payment of premiums after a grace period of 31 days after the premium due date;
- (b) the day immediately following the death of the insured person; or
- (c) the Company has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write the policy.

Other insurance coverage

If the policy holder has taken out other insurance coverage besides this certified plan, the policy holder shall have the right to claim under any such other insurance coverage or this certified plan. However, if the policy holder or the insured person has already recovered all or part of the expenses from any such other insurance coverage, the Company shall only be liable for such amount of eligible expense, if any, which is not compensated by any such other insurance coverage.

Cost-sharing requirement

The policy holder is required to pay coinsurance and/or deductible as stated in the Policy Schedule. For the avoidance of doubt, coinsurance and deductible do not refer to any amount that the policy holder is required to pay if the actual expenses exceed the benefit limits.

Key exclusions

Under the terms and benefits of the policy contract, the Company shall not pay any benefits in relation to or arising from the following expenses:

1. Expenses incurred for treatments, procedures, medications, tests or services which are not medically necessary.
2. Expenses incurred for the whole or part of the confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy, unless such procedure or service is recommended by a registered medical practitioner for medically necessary investigation or treatment of a disability which cannot be effectively performed in a setting for providing medical services to a day patient.
3. Expenses arising from Human Immunodeficiency Virus ("HIV") and its related disability, which is contracted or occurs before the policy effective date. Irrespective of whether it is known or unknown to the policy holder or insured person at the time of submission of application, including any updates of and changes to such requisite information (if so requested by the Company under section 8 of part 1 of the policy contract) such disability shall be generally excluded from any



coverage of the terms and benefits of the policy contract if it exists before the policy effective date. If evidence of proof as to the time at which such disability is first contracted or occurs is not available, manifestation of such disability within the first 5 years after the policy effective date shall be presumed to be contracted or occur before the policy effective date, while manifestation after such 5 years shall be presumed to be contracted or occur after the policy effective date.

However, the exclusion under this entire section 3 shall not apply where HIV and its related disability is caused by sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth, and in such cases the other terms of the terms and benefits of the policy contract shall apply.

4. Expenses incurred for medical services as a result of disability arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae (except for HIV and its related disability, where section 3 above applies).
5. Any charges in respect of services for –
 - (a) beautification or cosmetic purposes, unless necessitated by injury caused by an accident and the insured person receives the medical services within 90 days of the accident; or
 - (b) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.
6. Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the insured person and / or his family members, Hair Mineral Analysis (HMA), immunisation or health supplements. For the avoidance of doubt, this section 6 does not apply to –
 - (a) treatments, monitoring, investigation or procedures with the purpose of avoiding complications arising from any other medical services provided;
 - (b) removal of pre-malignant conditions; and
 - (c) treatment for prevention of recurrence or complication of a previous disability.
7. Expenses incurred for dental treatment and oral and maxillofacial procedures performed by a dentist except for emergency treatment and surgery during confinement arising from an accident. Follow-up dental treatment or oral surgery after discharge from hospital shall not be covered.
8. Expenses incurred for medical services and counselling services relating to maternity conditions and its complications, including but not limited to diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy; or sexual dysfunction including but not limited to impotence, erectile dysfunction or pre-mature ejaculation, regardless of cause.
9. Expenses incurred for the purchase of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, over-the-counter drugs, air purifiers or conditioners and heat appliances for home use. For the avoidance of doubt, this exclusion shall not apply to rental of medical equipment or appliances during confinement or on the day of the day case procedure.
10. Expenses incurred for traditional Chinese medicine treatment, including but not limited to herbal treatment, bone-setting, acupuncture, acupressure and tui na, and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydrotherapy, homeotherapy and other similar treatments.

11. Expenses incurred for experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority, in the locality where the treatment, procedure, test or service is received.
12. Expenses incurred for medical services provided as a result of congenital condition(s) which have manifested or been diagnosed before the insured person attained the age of 8 years.
13. Eligible expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party.
14. Expenses incurred for treatment for disability arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

For details and the latest list of exclusions, please refer to the policy contract.

If the insured person commits suicide within 1 year from the policy effective date, whether sane or insane, the compassionate death benefit will be limited to a refund of the premiums paid without interest. The amount of paid premiums to be refunded will be calculated from the policy effective date.

Levy on insurance premium

Levy collected by the Insurance Authority through the Company will be imposed on the policy at the applicable rate. Policy holders must pay the levy in order to avoid any legal consequences.

Rights of third parties

The policy is excluded from the application of the Contracts (Rights of Third Parties) Ordinance (Cap 623 of the Laws of Hong Kong) ("TP Ordinance"). Any person or entity which is not a party to the policy shall have no rights under the TP Ordinance to enforce any terms of the policy.



Remarks

1. The benefit period of **Smart Medicare** is up to age 100 (age at last birthday) of the insured person, subject to the termination of policy as stated in section Important information of this product brochure and in the policy contract.
2. Subject to the terms and benefits of the policy contract, you have a guaranteed right to renew the policy by making payment of the prevailing premium on each policy anniversary.
3. If after a no claim discount has been deducted, a claim incurred in respect of previous 3 policy years is paid under **Smart Medicare** or **Smart Medimoney** (where applicable), the no claim discount shall be re-calculated by taking into account the relevant claim paid, and the policy holder shall return to the Company the difference between the recalculated amount and the no claim discount actually paid to the policy holder immediately upon the Company's reasonable request.
4. The provision of services is subject to the terms and conditions of the worldwide emergency assistance. AXA reserves the right to amend the terms and conditions thereof from time to time without prior notice. This is an optional service. Clients can opt-out from the services by writing to AXA.
5. Except for the psychiatric treatment and medical negligence benefit, all covered benefits shall be applicable worldwide.

Notes:

- Unless otherwise specified, all ages mentioned in this product brochure refer to the age of the insured person on his or her last birthday.
- The words and expressions “policy anniversary” and “supplement” shown in this product brochure shall carry the same meanings as “renewal date” and “rider” (respectively and where applicable) stated in the policy contract.
- The Company may revise the terms and benefits upon policy renewal for complying with the latest VHIS requirements. All types of waiver of premium supplements do not apply to **Smart Medicare**.

Smart Medicare is underwritten by AXA China Region Insurance Company (Hong Kong) Limited / AXA China Region Insurance Company Limited (collectively “AXA”, the “Company”, or “we”).

The plan is subject to the terms, conditions and exclusions of the relevant policy contract. AXA reserves the final right to approve any application. **This product brochure contains general information only and does not constitute any contract between any parties and AXA. It is not a policy. For detailed terms, conditions and exclusions of the plan, please refer to the relevant policy provisions, which will be made available by the Company upon request and can be downloaded from the Company website.**



**Smart Medicare
Product brochure**

Find out more about **Smart Medicare**



Tel : (852) 2802 2812
Fax : (852) 2598 7623

www.axa.com.hk

We value your feedback which will help us serve you better. You may reach us at:

Email: feedback@axa.com.hk

Mail: 5/F, AXA Southside, 38 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong

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