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Healthcare
Smart Start
Medical Insurance

Protect your precious health



Product brochure

Medical expenses for treatment may be overwhelming and disruptive to your future plan. Our **Smart Start Medical Insurance** (“Smart Start”) offers you reimbursement protection of actual medical expenses up to age 100¹, safeguarding you against the unexpected medical costs. You may choose **Smart Start** as stand-alone basic plan or supplement to other AXA basic plans.

Smart Start Medical Insurance

Plan features



Reimbursement for
medical expenses



Optional Supplementary
Major Medical Benefit



Optional extra protection



Guaranteed renewability²



No claim discount³



Worldwide emergency
assistance⁴



Reimbursement for medical expenses

Smart Start reimburses the actual medical expenses up to age 100¹, including inpatient benefits such as room and board, surgery, hospital expenses and out-patient surgery, etc. **Smart Start** also offers you the coverage for intensive care, in-patient specialist, major illness treatment and medical negligence. Please refer to the benefit schedule in this product brochure for quick reference.



Optional Supplementary Major Medical Benefit

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



Optional extra protection

You may combine **Smart Start** with other optional supplements such as **Smart Medimoney** for even better protection. For details of **Smart Medimoney**, please refer to the relevant product brochure.



Guaranteed renewability²

Subject to the terms and conditions of the policy contract, you will enjoy guaranteed annual renewal² of your **Smart Start**, giving you added peace of mind.



No claim discount³

Subject to the terms and conditions of the policy contract, you can enjoy a no claim discount³ upon policy anniversary if (1) you are a customer of **Smart Start** throughout the 3 years immediately preceding the policy anniversary; and (2) no benefit was paid or payable under **Smart Start** and **Smart Medimoney** (where applicable) during the 3 years immediately preceding the policy anniversary. The discount is equal to 15% of your annual premium (before no claim discount³, if any) of **Smart Start** 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 assistance⁴ provided by AXA Assistance. In the event of an emergency during a business trip or holiday, you can simply contact the 24-hour worldwide alarm centres for help.

Smart Start at a glance

Premium payment term	Up to age 100
Benefit period	Up to age 100 ¹
Issue age	14 days old – age 65
Premium [#]	<ul style="list-style-type: none"> ■ Will be adjusted based on the insured's attained age ■ Premiums are not guaranteed
Policy currency	For Smart Start issued as basic plans: HKD For Smart Start issued as supplements: HKD / USD
Payment mode	Annual / Semi-annual / Monthly
Policy application	Underwriting required
Policy renewability	Guaranteed annual renewal until the insured reaches the age of 100 ²

^{*} Please refer to **Premium adjustment** under the section **Important information** for details.



Benefit schedule of Smart Start

Protection	Benefit items	Maximum benefit limit for Economy
Hospitalisation Per confinement ^a	Daily Room and Board	HKD680 / day (up to 120 days ^b)
	Medical Practitioner's Visit in Hospital	HKD650 / day (up to 120 days)
	Intensive Care ^c	HKD2,200 / day (up to 15 days ^b)
	In-patient Specialist's Fee	HKD2,500
	Miscellaneous Hospital Expense ^d (Dressings, drugs, etc.) Per confinement and per disability	HKD6,000
	Surgeon's Fee ^e ■ Critical major ■ Super major ■ Major ■ Intermediate ■ Minor ■ Investigative procedure	HKD40,000 HKD20,000 HKD15,000 HKD7,500 HKD3,000 HKD3,000
	Anaesthetist's Fee	Maximum 30% of Surgeon's Fee
	Operating Theatre	Maximum 30% of Surgeon's Fee
Major Illness Treatment Per policy	Radiotherapy and Chemotherapy for Cancer Benefit ^f	HKD50,000
	Kidney Dialysis Benefit ^f	HKD150,000
Out-patient Per disability	Out-patient Surgery Benefit	Follows the above Surgeon's Fee ^e , Anaesthetist's Fee and Operating Theatre
	Emergency Out-patient Treatment for Accident Benefit ^d	HKD2,000
Medical Negligence Per policy	Medical Negligence Benefit ⁱ (Total and permanent disablement or death)	HKD60,000
Life Per policy	Death Benefit	HKD15,000

Benefit schedule of Supplementary Major Medical Benefit^g (optional) under Smart Start

Protection	Benefit items	Maximum benefit limit for Economy
Hospitalisation Per confinement ^a	1. Maximum benefit	HKD105,000
	2. Deductible	HKD8,000
	3. Percentage of the hospital expenses (in excess of the benefit paid under Hospitalisation protection per confinement in the above table of Smart Start) after deducting the deductible (if applicable), subject to the maximum benefit amount ^h	75%
	Supplementary Major Medical Benefit will also be subject to the following limits for the respective benefit items:	
	(i) Daily Room and Board ⁱ (Starting from the 121 st day)	HKD680 / day
	(ii) Medical Practitioner's Visit in Hospital ⁱ (Starting from the 121 st day)	HKD650 / day
	(iii) Intensive Care ⁱ (Starting from the 16 th day)	HKD2,200 / day

Note:

- When **Smart Start** is issued as a supplement, the supplement should be denominated in the same currency in which the basic plan is denominated.
- a Confinements resulting from the same disability are treated as the same confinement unless the insured has been able to resume his normal activities in full without the need of medical attention for a period of at least 90 days between the 2 successive confinements.
- b The aggregate period of the Daily Room and Board benefit and Intensive Care benefit will not exceed 120 days per confinement.
- c In respect of a confinement, the period during which the Intensive Care benefit is payable will not exceed 15 days. In cases where the confinement is in a place other than North America, Europe, Australia, New Zealand, Japan, Singapore, Taiwan, Hong Kong or Macau, the amount payable under the Intensive Care benefit will not exceed the maximum amount of the Daily Room and Board benefit for any 1 day.
- d For each disability, the aggregate of the amount payable under Miscellaneous Hospital Expense benefit and Emergency Out-patient Treatment for Accident Benefit will not exceed the maximum amount of the Miscellaneous Hospital Expense benefit.
- e Procedures are classified in accordance with the Schedule of Surgical Fees in the policy contract. If more than 1 procedure (whether inpatient or out-patient surgery) is performed resulting from the same disability, only the largest benefit is payable. If more than 1 procedure is performed during a confinement resulting from different disabilities, the aggregate of all amounts payable will not exceed the maximum amount for critical major class of Surgeon's Fee benefit.
- f Radiotherapy and Chemotherapy for Cancer Benefit and Kidney Dialysis Benefit will not be payable if treatment is provided in a place outside North America, Europe, Australia, New Zealand, Japan, Singapore, Taiwan, Hong Kong or Macau.
- g Extra premium will be charged if Supplementary Major Medical Benefit is chosen.
- h Subject to the maximum benefit amount as stated in the benefit schedules of **Smart Start** and its Supplementary Major Medical Benefit (optional) under **Smart Start** in the relevant policy.
- i The Daily Room and Board benefit and Medical Practitioner's Visit in Hospital benefit will not be paid for the first 120 days of the confinement whilst Intensive Care benefit will not be paid for the first 15 days of the confinement. In cases where the confinement is in a place other than North America, Europe, Australia, New Zealand, Japan, Singapore, Taiwan, Hong Kong or Macau, the amount payable under the Intensive Care benefit will not exceed the maximum amount of the Daily Room and Board benefit for any 1 day.
- j The Medical Negligence Benefit is only payable if
 - Daily Room and Board benefit or Intensive Care benefit is payable in respect of a confinement; and
 - the insured died or suffered from total permanent disablement resulting from the negligence of a medical practitioner or a hospital in Hong Kong or Macau occurred in any medical procedure carried out in respect of the insured's disability during the confinement; and
 - the death or total permanent disablement commences within 30 days from the said negligence; and
 - a public admission of the negligence was made by the medical practitioner or hospital or the negligence is verified and confirmed by the relevant government authority or by court in Hong Kong or Macau.

Important information

Disclosure obligation for underwriting

Subject to our rights in the case of fraud, if the insured's age or sex has been misstated, all benefits will be calculated on the basis of the correct age and sex and the premiums paid. If at the correct age, the insured was not insurable according to our requirements, the policy and any attached endorsement and supplements will be void from the policy date.

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, the policyholder can request cancellation by giving 30 days prior written notice to the Company, provided that there has been no benefit payment during the relevant policy year. No premium or proportion of the premium will be refunded to the policyholder if cancellation is initiated by the policyholder and accepted by the Company before the expiry date.

Submission of claims

We must receive due proof in the form specified by the Company within 60 days after the disability was first attended or treated. Original statement of accounts and receipts showing itemised expenses are required.

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 at the time of policy issuance and other factors including but not limited to gender and risk class of the insured and the benefit level of your policy. Premium rates are not guaranteed and may be adjusted by the Company 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.

Automatic revision of benefits

In order to keep the level of benefits in line with the changing medical situation and costs, the Company may, subject to the policy contract, revise the terms and benefit coverage and future premiums from time to time, such that the adequacy of coverage under the plan can be maintained. The Company will notify you in writing no less than 21 days in advance of the policy anniversary effecting such revision.

Termination

When **Smart Start** is issued as a basic plan, it will automatically terminate on the policy anniversary on or immediately following the insured's 100th birthday.

When **Smart Start** is issued as a supplement, it will automatically terminate:

- (a) on the policy anniversary on or immediately following the insured's 100th birthday; or
- (b) if the basic plan to which **Smart Start** is attached terminates or an option on non-payment takes effect.

Key exclusions

(a) No benefit (other than the Death Benefit) is payable in respect of any disability resulting directly or indirectly from or in respect of any of the following:

- covered sickness which is contracted and commences within 30 days following the policy date or within 10 days following any date of reinstatement, whichever is later; or
- pregnancy, childbirth or miscarriage, sterilisation or infertility and any related treatment or treatment of congenital anomalies; or
- any drug or alcohol abuse; or
- any self-inflicted injury or suicide, whether sane or insane; or
- cosmetic surgery, eye glasses, corrective aids and treatment of refractive errors or any optional surgery; or
- dental care or surgery unless resulting (directly and independently of all other causes) from a covered injury (excluding denture and related expenses); or
- general check-up, convalescence, custodial or rest care; or
- treatment or surgery for tonsils, adenoids, hernia or a disease peculiar to the female generative organs unless the insured has been continuously covered under the **policy** for a period of 120 days from the policy date or any date of reinstatement, whichever is later; or
- circumcision before attaining the age of 12; or
- disease or infection with any human immunodeficiency virus (HIV) and / or any HIV-related illness including Acquired Immune Deficiency Syndrome (AIDS) and / or any mutations, derivations or variations thereof; or
- any attempt or commission of assault or unlawful act by the insured; or
- any act due to war, declared or not, military, naval or air service for any country at war, declared or not; or
- any confinement, treatment, procedure, supplies or other medical services which are not medically necessary; or
- any charges exceeding the reasonable and customary charges; or
- pre-existing conditions or recurrence of chronic pre-existing conditions prior to the policy date or supplement effective date or any date of reinstatement, whichever is later.

(b) Radiotherapy and Chemotherapy for Cancer Benefit is not payable if:

- the cancer occurs within 60 days following the policy date or any date of reinstatement, whichever is later; or
- treatment of Radiotherapy or Chemotherapy is not provided in a hospital or a cancer treatment clinic in North America, Europe, Australia, New Zealand, Japan, Singapore, Taiwan, Hong Kong or Macau.

(c) Kidney Dialysis Benefit is not payable if:

- the chronic and irreversible kidney failure occurs within 60 days following the policy date or any date of reinstatement, whichever is later; or
- regular haemodialysis or peritoneal dialysis is not provided in a hospital or a kidney dialysis clinic in North America, Europe, Australia, New Zealand, Japan, Singapore, Taiwan, Hong Kong or Macau.

(d) Medical Negligence Benefit is not payable if the incident occurs in a place outside Hong Kong or Macau.

(e) Death Benefit is not payable if the insured commits suicide within 1 year from the policy date or any date of reinstatement, whichever is later, whether sane or insane.

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

Levy on insurance premium

Levy collected by the Insurance Authority through the Company will be imposed on the policy at the applicable rate. Policyholders 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.

Reasonable and customary charges and medically necessary treatments

We will only reimburse the reasonable and customary charges actually incurred for eligible treatments that are covered under the policy and are medically necessary. If the charges are higher than the reasonable and customary charges, we will only pay the amount which is reasonably and customarily charged.

Remarks

1. The benefit period of **Smart Start** is up to age 100 (age at last birthday) of the insured, subject to the termination of policy as stated in section Important information of this product brochure.
2. Subject to the terms and conditions 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 a benefit in respect of any previous year becomes payable under **Smart Start** or **Smart Medimoney** (where applicable), the no claim discount given will be deducted from the benefit payable.
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 from time to time without prior notice. Service is provided by third-party service provider(s). The Company shall not be responsible for any services so provided or any act or failure to act on the part of the third- party service provider(s).

Notes

- Unless otherwise specified, all ages mentioned in this product brochure refer to the age of the insured on his or her last birthday.
- Please contact your financial consultant for availability of other policy currency(ies).
- The Company reserves the right to revise the benefits and reclassify the procedures in the Schedule of Surgical Fees in the policy contract on any policy anniversary.
- All types of waiver of premium supplements do not apply to **Smart Start**.
- According to the rules of the Voluntary Health Insurance Scheme ("VHIS"), a one-off migration facilitation will be offered to existing policyholders of individual indemnity hospital insurance within 10 years since the full implementation of VHIS on 01 April 2019. Invitation will be issued to the relevant policyholders when we initiate the migration offer.

Smart Start Medical Insurance 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.**



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Product brochure

Find out more about **Smart Start Medical Insurance**



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