



## Smart Medicare at a glance

Premium payment term	Up to age 100
Benefit period	Up to age 100 <sup>1</sup>
Issue age	14 days old – age 80
Premium <sup>#</sup>	<ul style="list-style-type: none"> <li>■ Will be adjusted based on the insured person's attained age</li> <li>■ Premiums are not guaranteed</li> </ul>
Policy currency	For <b>Smart Medicare</b> issued as basic plans: HKD For <b>Smart Medicare</b> issued as supplements: HKD / USD
Payment mode	Annual / Semi-annual / Monthly
Territorial scope of cover	Worldwide <sup>5</sup>
Policy application	Underwriting required
Policy renewability	Guaranteed annual renewal until the insured person reaches the age of 100 <sup>2</sup>
Tax deduction eligibility*	Applicable to Hong Kong taxpayers only

<sup>#</sup> Please refer to **Premium adjustment** under the section Important information for details.

\* For more information, please refer to [www.ird.gov.hk](http://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<sup>(8)</sup>. 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 <sup>(1)</sup>	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 <sup>(2)</sup> 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 -		
	<ul style="list-style-type: none"> <li>■ Complex HKD50,000</li> <li>■ Major HKD25,000</li> <li>■ Intermediate HKD12,500</li> <li>■ Minor HKD5,000</li> </ul>	<ul style="list-style-type: none"> <li>■ Complex HKD80,000</li> <li>■ Major HKD40,000</li> <li>■ Intermediate HKD20,000</li> <li>■ Minor HKD8,000</li> </ul>	<ul style="list-style-type: none"> <li>■ Complex HKD160,000</li> <li>■ Major HKD80,000</li> <li>■ Intermediate HKD40,000</li> <li>■ Minor HKD16,000</li> </ul>
(g) Anaesthetist's fee	35% of surgeon's fee payable <sup>(5)</sup>	35% of surgeon's fee payable <sup>(5)</sup>	35% of surgeon's fee payable <sup>(5)</sup>
(h) Operating theatre charges	35% of surgeon's fee payable <sup>(5)</sup>	35% of surgeon's fee payable <sup>(5)</sup>	35% of surgeon's fee payable <sup>(5)</sup>
(i) Prescribed diagnostic imaging tests <sup>(2) (3)</sup> 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 <sup>(4)</sup> Per policy year	HKD80,000	HKD80,000	HKD80,000



Benefit items <sup>(1)</sup>	Benefit limit		
	Regular	Superior	Premier
(k) Pre- and post-confinement / day case procedure outpatient care <sup>(2)</sup>	<ul style="list-style-type: none"> <li>1 prior outpatient visit or emergency consultation per confinement / day case procedure</li> <li>3 follow-up outpatient visits per confinement / day case procedure (within 90 days after discharge from hospital or completion of day case procedure)</li> </ul>		
	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 <sup>(6)</sup> Per policy year	HKD30,000	HKD30,000	HKD30,000
<b>Enhanced benefits</b>			
(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
<b>Other benefits</b>			
(I) Medical negligence benefit Per policy	HKD60,000	HKD200,000	HKD550,000
(II) Compassionate death benefit Per policy	HKD15,000	HKD20,000	HKD30,000
<b>Other limits</b>			
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<sup>(7)</sup> (optional) under Smart Medicare (Applicable to confinement only)

Benefit items <sup>(1)</sup>	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
<b>Supplementary major medical will also be subject to the following limits for the respective benefit items:</b>			
(1) Room and board Starting from the 181 <sup>st</sup> day of confinement	HKD800 per day	HKD1,600 per day	HKD4,500 per day
(2) Attending doctor's visit fee Starting from the 181 <sup>st</sup> day of confinement	HKD750 per day	HKD1,500 per day	HKD4,500 per day
(3) Intensive care Starting from the 91 <sup>st</sup> 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 (Bermuda) Limited (Incorporated in Bermuda with limited liability) / 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.**

#### ABOUT AXA HONG KONG AND MACAU

AXA Hong Kong and Macau is a member of the AXA Group, a leading global insurer with presence in 51 markets and serving 93 million customers worldwide. Our purpose is to act for human progress by protecting what matters.

As one of the most diversified insurers offering integrated solutions across Life, Health and General Insurance, our goal is to be the insurance and holistic wellness partner to the individuals, businesses and community we serve.

At the core of our service commitment is continuous product innovation and customer experience enrichment, which is achieved through actively listening to our customers and leveraging technology and digital transformation.

We embrace our responsibility to be a force for good to create shared value for our community. We are proud to be the first insurer in Hong Kong and Macau to address the importance of mental health through different products and services such as offering free mindfulness practice resources through Mind Charger which is fully accessible to our customers and the public via our holistic wellness platform AXA BetterMe.

AXA also takes part in a wide range of ESG initiatives and programmes both globally and locally. AXA Group established AXA Climate School and Net-Zero Insurance Alliance in 2021 and set out various global green targets such as reaching €26 billion in green investments by 2023 and achieving carbon neutrality by 2025. In Hong Kong, AXA pledges to reduce paper usage via digitisation and is the first insurer to join the ‘Green Monday ESG Coalition’. As of Feb 2022, AXA Hong Kong’s green investments have exceeded HKD4 billion. We strive to contribute to a sustainable future as an investor, insurer and an exemplary company.