Smart*Care Entrepreneur*

The group health insurance plan with the flexibility of protection

redefining / insurance

The Freedom To Create Your Own Policy

Get the most out of your health insurance plan, with **Smart***Care Entrepreneur - the policy that gives you flexibility of coverage to suit your unique needs and budgets.*

Smart*Care Entrepreneur* is a revolutionary health insurance plan that offers you flexibility of coverage and freedom of choice. It allows you to choose the limits and covers to create that optimum plan to suit your corporate needs and budget. Be it basic or comprehensive coverage, the choice is entirely yours...

Comprehensive group health coverage that gives you freedom of choice.

Benefit Table

(A) Basic Cover

	CHOICE OF BENEFITS	CHOICE OF LIMITS (S$)										
	PLAN	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
	In-Hospital Care											
1	Hospital Room & Board (Daily up to 91 days)	60	110	140	165	200	220	240	280	300	345	390
2	Intensive Care Unit (Daily up to 20 days)	120	220	280	330	400	440	480	560	600	620	650
3	Hospital Miscellaneous Expenses	500	1000	1500	2000	2500	2750	3250	3500	4000	4250	4500
4	Surgeon's Fees (Subject to Surgical Schedule)	1000	3000	4000	4500	4750	5250	5500	6000	6250	6500	7000
5	Anesthetist's Fees	25% of Surgeon's Fees										
	Professional Fees/Service (per disability)											
1	In-Hospital Physician's Visit (Daily up to 91 days)	35	50	60	65	70	75	80	85	90	100	110
2a	Pre-Hospitalisation/Surgery Specialist's Consultation (Up to 90 days before surgery)	150	300	350	400	450	500	550	600	650	700	750
2b	Pre-Hospitalisation/Surgery Diagnostic Services (Up to 90 days before surgery)	150	300	350	400	450	500	550	600	650	700	750
3	Post-Hospitalisation/Surgency Treatment (Up to 90 days)	350	500	550	600	650	700	750	800	850	900	1000
4	Claim Medical Report Fees	75	75	75	75	75	75	75	75	75	75	75

Optional Cover

(B) Riders

Please select any or all of the following riders

	CHOICE OF BENEFITS	CHOICE OF LIMITS (S$)										
	PLAN	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
	Rider 1 - Professional Fees/Service (per disability)											
a	Emergency Out-patient Treatment (due to accident only)	350	500	1000	1250	1500	2000	2500	3000	3500	4000	4500
b	Miscarriage (due to accident only)	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
c	Dental Treatment (due to accident only)	150	350	500	550	600	650	700	750	800	850	900
d	Ambulance Services	150	150	150	150	150	150	150	150	150	150	150
	Rider 2 - Professional Fees/Service (per disability)											
a	Out-patient Kidney Dialysis (Max per year)	5000	10000	15000	20000	25000	30000	35000	40000	45000	50000	55000
b	Out-patient Cancer Treatment (Max per year)	5000	10000	15000	20000	25000	30000	35000	40000	45000	50000	55000
	Rider 3 - Out-patient Consultation											
a	Out-patient Chinese Physician Treatment	15	20	25	30	35	40	45	50	55	60	65
b	Out-patient Physiotherapist/ Chiropractor Treatment	30	50	80	100	120	140	160	180	200	220	240
	Max. visits per year		4			7			10			
	Rider 4 - Maternity											
a	Normal Delivery		1750			2500			3000		4000	
b	Complications		2500			3500			4000		5000	
c	Abortion or Miscarriage		500			700			850		1000	
	Rider 5 - Dental											
	Overall Annual Limit		400			600			800		1000	
a	Consultation (twice a year)		15			25			35		50	
b	X-Rays											
	(i) Periapical Film		10			15			25		35	
	(ii) Bite-Wing		10			15			25		35	
	(iii) Occulusal Film		25			35			55		70	
	(iv) Orthopantomugraph		40			50			60		70	
c	Prophylaxis											
	(i) Scaling/Polishing		35			45			55		70	
	(ii) Fluoride applicable		20			25			30		35	
d	Amalgram Restorations - fillings											
	Per Surface		30			40			45		55	
e	Tooth-Coloured Restorations - fillings											
	Per Surface		30			40			50		60	
f	Extractions (inclusive of LA*)											
	(i) Anterior Tooth		30			50			70		90	
	(ii) Posterior Tooth		40			70			100		130	
g	Oral Surgery (inclusive of LA*)											
	(i) Surgical Root Removal (Per Tooth)		100			150			200		250	
	(ii) Surgical Removal of Wisdom Tooth		200			300			450		600	
h	Medication (inclusive of LA*)											
	Maximum amount per visit		10			15			25		35	
i	Pulp/Root Canal Treatment											
	(i) Pulp Capping		20			30			50		70	
	(ii) Root Canal Treatment (inclusive of temporary fillings											
	- One Canal		150			180			250		300	
	- Two Canals		200			300			400		500	
j	Periodontal Treatment											
	Root Planting (Per Tooth)		30			55			70		100	
k	Miscellaneous Treatment											
	(i) Sedative Dressings		20			30			45		65	
	(ii) Retention Pins - restoration of tooth		10			15			25		35	
l	Crowning											
	(i) Per Tooth		NA			NA			250		350	
m	Bridges		NA			NA			250		350	
	Rider 6											
a	Special Grant	500	1000	1500	2000	2500	3000	3500	4000	4500	5000	5500
	Rider 7 - In-Hospital Care											
a	In Hospital Daily Cash Allowance (Up to 365 days)	50	75	100	150	200	250	300	350	400	450	500

*LA refers to Local Anaesthesia

How it Works

Step 1: Select your choice of limits for the Basic Cover

Instead of being restricted to the limits under a particular plan, you have the flexibility of choosing from a range of options.

For example, you can choose:

- Hospital Room & Board Benefit under Plan 8, $280
- Intensive Care Unit Benefit Under Plan 7, $480
- Hospital Miscellaneous Services under Plan 2, $1,000
- Surgeon's Fees under Plan 11, $7,000

E.g.

	CHOICE OF BENEFITS	CHOICE OF LIMITS (S$)										
	PLAN	1	2	3	4	5	6	7	8	9	10	11
	In-Hospital Care											
1	Hospital Room & Board (Daily up to 91 days)	60	110	140	165	200	220	240	280	300	345	390
2	Intensive Care Unit (daily up to 20 days)	120	220	280	330	400	440	480	560	600	620	650
3	Hospital Miscellaneous Services	500	1000	1500	2000	2500	2750	3250	3500	4000	4250	4500
4	Surgeon's Fees (Subject to Surgical Schedule)	1000	3000	4000	4500	4750	5250	5500	6000	6250	6500	7000
5	Anesthetist's Fees	25% of Surgeon's Fee										

Step 2: Select your choice of riders

For added protection, you have the option of choosing any or all of Riders 1 to 7 for more comprehensive coverage. You will be entitled to all the benefits and limits listed under the Rider and Plan of your choice.

E.g.

	CHOICE OF BENEFITS	CHOICE OF LIMITS (S$)										
	PLAN	1	2	3	4	5	6	7	8	9	10	11
	Rider 3 - Out-patient Consultation											
a	Out-patient Chinese Physician Treatment	15	20	25	30	35	40	45	50	55	60	65
b	Out-patient Physiotherapist/ Chiropractor Treatment	30	50	80	100	120	140	160	180	200	220	240
	Max. visits per year	4			7				10			
	Rider 4 - Maternity											
a	Normal Delivery	1750			2500				3000		4000	
b	Complications	2500			3500				4000		5000	
c	Abortion or Miscarriage	500			700				850		1000	

Make The Smart Choice Today!

Get **Smart***Care Entrepreneur* and safeguard against high medical costs now!

For more information, contact your agency, broker or direct servicing team. Please complete the Group Insurance Fact Find Form if you wish to obtain a quote. The form can be obtained from your Agent or Broker. Alternatively, you can call our AXA Customer Care Hotline at 1800 - 880 4888, or email us at customer.care@axa.com.sg

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- Over 170 years of local experience in Asia

AXA Insurance Pte Ltd in 2015

- Leading General Insurer in Singapore
- Business ranking
  - No. 1 in Work Injury Compensation
  - No. 2 in Motor, Health, Engineering, Cargo

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