



ICBC 工银安盛人寿  
ICBC-AXA LIFE



微信订阅号



微信服务号



官方APP

全国客户服务热线:95359  
[www.icbc-axa.com](http://www.icbc-axa.com)



安心优选系列医疗保险  
SERENECARE MEDICAL INSURANCE

服务指南  
SERVICE GUIDE

# 前言

## 尊敬的客户：

感谢您选择工银安盛人寿保险有限公司（以下简称“工银安盛人寿”、“我们”），我们致力于为您和您的家人提供优质、专业的保险服务。

本服务指南旨在帮助您了解工银安盛人寿为您提供的各项保险服务及具体流程，主要包括联系我们、预授权服务、事后理赔服务、其它增值服务、手机自助服务以及常见问题与解答。

请您注意：本服务指南不构成保险合同的一部分，具体保险责任以您的保险合同及保险条款为准。

工银安盛人寿祝愿您及家人身体健康、更好地享受生活！

**工银安盛人寿保险有限公司**

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# 01 公司介绍

工银安盛人寿由中国工商银行、法国安盛集团、中国五矿集团合资组建，公司坚持保险姓保、回归本源，坚定走好中国特色保险发展之路，通过实施“七大工程”，向“七最目标”不断迈进，为金融强国建设贡献更大力量。



# 02 联系我们

## 📞 服务热线

服务热线请拨打：95359转1转8

如果您需要任何协助，您都可以随时随地拨打7\*24小时免费双语服务热线，我们的客户服务代表具有流利的中英文交流能力，会针对您的提问做出悉心的解答。

## ✉️ 电子邮箱

您可以通过电子邮件与我们联系，电子邮箱：[icbc-axa@windstone-service.com](mailto:icbc-axa@windstone-service.com)，我们的客户服务代表将会在24小时内回复您的邮件。您也可以直接联系您的销售服务人员获得相关的保险服务。

## 03 预授权服务

被保险人在合同指定的公立医院特需部、国际医疗部、VIP部准备接受住院治疗时，被保险人须在预定的治疗开始日期前（至少2个工作日）向我们提出申请，以便我们与医疗机构就被保险人的医疗项目进行预先审核与安排，确保被保险人能够顺利就诊与获得保险补偿。紧急情况下如未能及时申请预授权的，被保险人需在开始接受住院医疗或服务项目后的2个工作日之内通知我们。

### • 预授权的申请流程

被保险人在合同指定的公立医院特需部、国际医疗部、VIP部开始准备接受住院治疗，预授权申请由您或您就诊的医疗机构协助发起，可拨打24小时服务热线95359转1转8或者发送邮件至icbc-axa@windstoneservice.com获得帮助。

#### 发起预授权申请需要提供以下资料：

- ☑ 预授权申请表（医疗信息部分须由执业医师填写并签名），申请表可以通过登陆<https://hc.icbc-axa.com>下载，或者拨打24小时服务热线95359转1转8查询，或者向您的销售服务人员索取；
- ☑ 被保险人身份证明复印件；
- ☑ 如预授权申请表中医疗信息部分填写不够完整，我们可能会需要申请人提供相关病历、检查报告等资料；
- ☑ 预估费用明细（按照预授权申请表填写明细费用或者另附费用明细材料）。

### • 预授权申请注意事项



紧急情况下如未能及时申请预授权的，被保险人需在开始接受住院医疗或服务项目后2个工作日之内通知我们，相关医疗费用须由被保险人先行向医疗机构垫付，并按合同约定向我们提交事后理赔申请。



请您注意，批准预授权不等于承诺全额理赔，被保险人还需要支付其保险计划中可能涉及的自付部分。



## 04 事后理赔服务

事后理赔是指被保险人在就诊时自行支付医疗费用，通过填写《健康险事后理赔申请表》，递交理赔申请材料向我们索赔，我们根据保险合同的约定，对保险事实和保险责任进行审核、确认，处理保险赔偿。

### • 事后理赔申请流程

**第一步 前往医疗机构就诊并自行支付医疗费用。**

**第二步 准备事后理赔申请材料**

- ☑ 填写完整的《健康险事后理赔申请表》并署名和日期；
- ☑ 医疗机构出具的收费凭证（原件）及费用清单（接受复印件）；
- ☑ 医疗病历/出院小结/医疗诊断书和各类检验检查报告（接受复印件）；
- ☑ 药品明细及处方（接受复印件）；
- ☑ 被保险人及申请人的有效身份证明复印件；
- ☑ 其他所能提供的与确认保险事故的性质、原因等有关的证明和材料。

**第三步 递交事后理赔资料**

您可以将事后理赔申请材料递交给您的销售服务人员代为处理，或将事后理赔申请材料快递至您的销售服务人员所在的分公司，收件人为“运营部”。

### • 事后理赔时效

我们在收到完整理赔申请材料后应及时完成审核并反馈理赔结果；如果案件复杂，我们将在收到完整理赔申请材料后的30日内完成审核并反馈理赔结果。

### • 事后理赔注意事项

为顺利和及时为您提供理赔服务，请清晰完整地填写理赔申请表，递交完整的理赔申请材料；未成年人的理赔申请由其监护人作为申请人提出；

基于监管要求，请提供被保险人本人有效银行账户信息；被保险人为未成年人的，请提供监护人有效银行账户信息，理赔款将转账汇入指定的银行账户。

### • 理赔申诉

如果您对理赔结果不满意，请联系您的服务人员，他/她会帮助您处理整个流程。您可在收到理赔结果后**60天内**递出理赔申诉。理赔申诉受理小组收到申诉后会审核您的案例并尽快给予答复。

## 06 其它增值服务

### • 7\*24小时中英文服务热线

#### 服务介绍

您可以随时随地拨打免费双语服务热线，我们的客户服务代表具有流利的中英文交流能力，会针对您的提问做出悉心的解答及协助您处理各项增值服务申请。

**服务热线：95359转1转8**

### • 电话医疗咨询服务

#### 服务介绍

您如果需要医疗建议、用药咨询、慢性病建议，营养建议等，请拨打服务热线95359转1转8向我们的医疗专家进行电话医疗咨询，**请注意此咨询仅为医疗建议，而非医疗诊断。**

### • 直付医疗网络门诊预约服务

#### 服务介绍

我们为您提供本公司直付医疗机构网络内的门诊专家预约服务，请您提前5个工作日电话拨打95359转1转8提出服务申请。

#### 注意事项

- ☑ 直付医疗机构网络门诊预约服务仅提供合作医院的国际部、特需部或VIP门诊预约，**不包含普通门诊。**  
\*直付医疗机构列表可登录本公司官网<https://hc.icbc-axa.com>进行查询。
- ☑ **门诊就诊过程中产生的医疗费用需要由您自行承担。**
- ☑ 预约成功后，您需按时前往就医，如需变更或取消预约，请提前3天致电95359转1转8提出申请。

### • 住院特需直付服务

#### 服务介绍

我们为您提供本公司直付医疗机构网络内的住院特需直付服务，如果住院医疗费用在您的保障范围内，则由我们按照保险合同约定与直付医疗机构直接结算相关医疗费用。

#### 注意事项

- ☑ 直付医疗机构网络内住院特需直付服务仅提供合作医院的国际部、特需部或VIP部的住院直付，**不包含普通病房。**  
\*直付医疗机构列表可登录本公司官网<https://hc.icbc-axa.com>进行查询。
- ☑ 您在本公司直付医疗机构网络内的住院特需直付服务，需要通过我们的预授权审批，如审批未通过您需要先向医疗机构**自行支付医疗费用**，并按合同约定再向我们提交事后理赔。
- ☑ 住院特需直付服务仅针对提供超过产品免赔额且在保险责任范围内的住院医疗服务需求。
- ☑ 根据您产品的保障责任您的住院特需费用要承担相应的赔付比例。

### • 住院垫付服务

#### 服务介绍

若您在保险期间内等待期后(意外伤害事故无等待期)患疾病，经条款约定的医院诊断必须住院治疗，就诊医院属于住院垫付服务网络医院范围内的普通部，且预估住院费用需求超过您产品计划的免赔额需个人承担的部分，可以申请住院垫付服务。

\*住院垫付服务医疗机构清单请登录本公司官网<https://hc.icbc-axa.com>进行查询

## 服务流程

1

### 服务申请

- 关注“工银安盛人寿官微”公众号，完成高级认证后，依次点击“客户服务”-“我的理赔”-“垫付/预赔申请”，根据页面指引填写客户信息、出险信息。
- 下载“工银安盛人寿”官方APP，完成注册认证后，进入首页，选择“理赔服务”-“垫付/预赔申请”，根据页面指引填写客户信息、出险信息。

2

### 上传资料

- 有效身份证件资料
- 相关病历及诊断证明。包括：病史资料、检查报告、入院记录。
- 住院费用类相关资料。包括：住院缴费凭证、预估费用证明等。

3

### 住院垫付审核

您成功申请后，服务商会联系签署授权委托声明，并审核垫付资格、核定住院垫付金额。

4

### 启动住院垫付服务

审核通过后，服务商将通知您本次核定的垫付金额及您需要自行承担的金额，并向医院垫付住院费用。支持垫付的费用类型范围：住院押金垫付、住院费用垫付、出院结算垫付。

5

### 出院理赔申请

您出院时(后)，服务商协助您办理出院手续、收集病历资料、医疗费用原始发票、医疗费用清单明细等，并向我公司申请理赔。

## 注意事项

- ☑ 住院垫付仅针对超过产品免赔额且在保险责任范围内的住院费用需求，且预计会由医保报销的部分不在垫付范围。
- ☑ 对于购买了有社保版本产品，却无法通过社保进行结算的，我们最多只垫付超过产品免赔额且在保险责任范围内住院费用需求的80%。
- ☑ 住院垫付服务由本公司授权的第三方服务商提供，服务商协助您申请理赔时，需要请您配合提供及填写相关必要的资料。
- ☑ **住院垫付服务不构成我们对于该垫付事项承担保险责任的承诺，也不代表我们认可该事故属于保险责任；若出现垫付金额高于我们实际应赔偿金额的情况，您有义务对差额部分进行偿还。如您未偿还差额部分，将会影响您下次申请垫付服务及享受我们提供的其他服务。**
- ☑ 请您在入院前5个工作日提出垫付服务申请。
- ☑ **住院垫付审核不通过常见原因：投保前疾病、属于除外责任、住院费用未达免赔额、就诊医院不符合条款约定或不在住院垫付服务医疗机构清单范围内。**
- ☑ **超出保险责任范围的医疗费用需要您自行承担。**

## 重疾住院绿通及手术安排服务

### 服务介绍

若您在保险期间内等待期后不幸罹患《特定疾病列表》中的特定疾病，我们提供重大疾病住院绿色就医通道及住院手术安排服务，请您提前5个工作日电话拨打95359转1转8提出服务申请，将为您优先安排全国优质医疗资源，提升客户就医效率及就医体验。

\*特定疾病列表请登录本公司官网<https://hc.icbc-axa.com>进行查询

### 注意事项

- ☑ 根据您提供的医院科室开具的住院单并提交相关资料，明确住院及手术需求（包括但不限于入院通知书/手术通知单、门诊病历、血液检测报告、CT报告、MRI报告或病理报告等。）后经我们审核通过安排服务，本服务不可指定医院及医生。
- ☑ **本服务所产生相关医疗费用（如挂号费、治疗费、药费、检查费、床位费等）需由您自行承担。**

## 国内第二诊疗意见服务

### 服务介绍

若您在保险期间内等待期后不幸罹患《特定疾病列表》中的特定疾病，在已经获得诊断(第一医疗意见)的基础上，根据您提供的完整医疗资料，我们为您提供国内医疗专家的第二诊疗意见，帮助您获取更全面的医疗建议。您提前5个工作日电话拨打95359转1转8提出服务申请。

\*特定疾病列表请登录本公司官网<https://hc.icbc-axa.com>进行查询

### 注意事项

本服务由本公司授权的第三方服务商提供，服务商协助您安排服务，需要请您配合提供及填写相关必要的资料。

## 院外特定药品配送服务

### 服务介绍

若您在保险期间内等待期后不幸罹患恶性肿瘤及罕见病，根据您提供的病历资料、病理报告、药品处方等资料，我们为您提供保险产品保障的【特定药品清单】内院外药品的配送服务，包括协助预约购药、药品直付、到店取药、送药上门等服务。

\*【恶性肿瘤特定药品清单】、【罕见病特定药品清单】请登录本公司官网<https://hc.icbc-axa.com>进行查询

本服务在您保险期间内等待期后，首次确诊保险合同约定的“恶性肿瘤 - 重度”、“恶性肿瘤 - 轻度”、罕见病，按照保险合同约定备齐相关资料提出服务申请，您可以通过工银安盛人寿官微、工银安盛人寿 APP 或电话拨打95359转1转8提出服务申请。

本服务用于治疗“恶性肿瘤 - 重度”、“恶性肿瘤 - 轻度”、罕见病的特定药品处方必须是符合条款约定的就诊医院的专科医生开具、且须符合国家药品监督管理部门批准的特定药品说明书中所列明的适应症及用法用量。

### 注意事项

本服务需要通过本公司审批同意后方可安排，药品配送范围仅限中国大陆地区。

本服务由本公司授权的第三方服务商提供，服务商协助您安排服务，需要请您配合提供及填写相关必要的资料。

本服务可能因服务商合作药房断货，或因国家法令、政策变化导致药品无法配送等情况。

\*【服务商合作药房清单】请登录本公司官网<https://hc.icbc-axa.com>进行查询

## 免责声明

增值服务内容及服务细则以我司官方网站最新的公告为准，同时我司保留对各类服务内容、服务条款的最终解释权。

- 1 我们对医疗机构或医生提供的医疗服务内容、过程和结果不承担任何责任。
- 2 服务由我们的第三方服务商为您提供，若您在接受第三方服务商的服务过程中遇到争议或纠纷，将由该服务合作机构负责处理，我们会尽力协调解决，但我们对此不承担任何法律责任
- 3 服务内容不是保险合同的组成部分，服务是否实施与理赔结论无直接关联。
- 4 我们将结合相关法律法规、监管规定及医疗服务环境等情况动态优化、调整服务有关条款，并保留对本服务所有细则的解释、服务内容的变更等权利。
- 5 由于不可抗力（自然灾害、恶劣天气、群体性安全事件、突发医疗事件、重大疫情等）导致不能落实服务的，我们免责并保留您的服务权益。
- 6 为了更好的提供服务，本公司及第三方服务商可能会就您申请的服务向您收集个人基本信息及医疗健康信息，包括但不限于个人身份信息、病理报告、检查报告、影像检查资料以及手术记录，您有权决定是否提供相关信息，但本公司不承担由信息不全导致的损失。

### 服务使用条件

- 1 本服务在保险合同有效期内等待期满后生效。
- 2 本服务的使用对象仅限被保险人，简称“您”。
- 3 本服务覆盖的罹患疾病种类以保险合同约定的为准。（不含保险合同除外的疾病）

# 06 手机自助服务

## 首次登录

### 方式一：工银安盛人寿APP

1 扫描右边“工银安盛人寿”官方APP二维码进行下载。



2 点击“高端医疗”专区，跳转至注册页面。

3 输入手机号、验证码，点击“注册登录”完成注册。



4 点击“立即认证”，按提示输入相关信息后跳转至身份认证页面，按页面提示进行后续操作，完成高级认证。

### 温馨提示

若之前已在工银安盛人寿官微完成身份认证，则直接用微信认证时填写的手机号登录。

### 方式二：微信

1 扫描右方微信服务号二维码进行关注，或在微信界面右上方“+”处点击“添加朋友”，搜索“ICBC-AXA95359”或“工银安盛人寿官微”后关注我司微信服务号。



2 在左图“客户服务”中点击“我的信息”，进入会员中心页面后，点击“客户信息”跳转至客户身份认证页面，按照页面提示进行操作，完成高级认证。

3 外籍客户可点击微信底部【微商城】-【GlobalCare Service】进入英文界面获得英语服务。



### 线上服务内容

查询保单信息  
了解保险福利  
涵盖范围

查询理赔情况  
在线递交  
自助理赔申请

查询最新的  
直付医疗机构  
列表

查询电子会员卡  
e卡在手  
就诊无忧

## 01 常见问题与解答

Q 工银安盛人寿安心优选医疗/团体医疗保险保证续保吗?

A 本产品为一年期不保证续保产品。

Q 一年保险期间届满后，我需要重新投保吗?

A 保险期间届满，您需要重新向我们申请投保本产品，并经我们同意，交纳保险费，获得新的保险合同。

Q 工银安盛人寿安心优选医疗/团体医疗保险产品有等待期吗？等待期内患病是否影响理赔?

A 合同生效日起30天内(含第30天)为等待期。等待期内因疾病(非意外)产生的医疗费用或津贴不予赔付(如住院/手术/院外药械等)。例外情况：意外伤害事故导致的医疗费用不受等待期限制；安心优选医疗保险个人业务重新投保时，在无新增保险责任的前提下，新合同无等待期。

Q 我有社保或公费医疗身份投保，但就诊时未使用社保或公费医疗结算的，会影响我的赔付吗?

A 如您在公立医院普通部就诊会受到影响。以社保身份投保的，经社保结算：按100%比例赔付；未经社保结算：赔付比例降至80%。

**提醒：若以社保身份参保，在公立医院普通部就诊务必优先使用社保结算，否则可能损失20%赔付金额。**

Q 我购买的计划有免赔额，免赔额如何计算？哪些情况可免扣除?

免赔额为年度累计免赔额，需客户自行承担。

A 免扣除情形：①首次确诊的特定疾病相关医疗费用；②续保后继续治疗既往确诊的特定疾病。

其他商业保险报销金额、自费部分(含社保个人账户支出)可抵扣免赔额的费用，但社保/公费医疗报销部分不可抵扣。

Q 就诊后，我应当如何申请理赔?

A 如您在工银安盛人寿直付医疗机构就诊并且使用直付服务，您无需向我们申请理赔，直付医疗机构会与我们进行结算；如您未在我们的直付医疗机构就诊并且已经向医疗机构支付医疗费用，请您填写事后理赔申请表，并将与本次就诊相关的病例资料和发票原件通过您的销售服务人员将材料递送给我们或者通过工银安盛人寿官微或工银安盛人寿官方APP递交自助理赔。除了在您首次递交的资料，后续可能存在我们要求您补充其他相关资料的情况，还请您知晓。

Q 我应当在就诊后多久向工银安盛人寿申请理赔?

A 您应当在就诊后的30天内通知我们，并在60天内向我们申请理赔。我们建议您尽早向我们递交理赔，使您的权益能尽早得到保障。

Q 申请理赔时，可以使用发票复印件吗?

A 发票必须是由医院出具，并且须同时有医院收费章与税务章的原始发票。

Q 理赔款会支付给谁?

A 理赔款应当支付给被保险人本人或其监护人。

Q 安心优选系列医疗保险医院范围是否包含私立或特需部、国际部/VIP?

根据您购买的保障计划类型决定了就诊医院的范围。

保障计划一：医院范围主要指由国家卫生行政部门评定的二级或二级以上公立医院的普通部、特需部、国际医疗部、VIP部。

保障计划二：除上述机构，还包含本公司指定的医疗机构（名单可能动态调整，需定期查看官网）。**注意：非指定私立医院就诊可能拒赔！**

Q 如我对理赔结论有异议该怎么办?

A 如您对理赔结论有异议，请您将您的意见形成书面材料并通过快递或电子邮件的方式递交给我们。我们在收到您的申诉后，将重新审核您的理赔申请。如您有新的证明材料，也请一并递交给我们。

Q 为什么我在工银安盛的官微和APP上都不能注册认证成功呢?

A 请确保您在注册和认证页面输入的证件信息与您持有的合同信息保持一致，建议与您的销售服务人员联系，在销售服务人员的帮助下完成相关申请。

## BRIEFING

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### Dear customers:

Thank you for choosing ICBC-AXA Assurance Co., Ltd. (hereinafter referred to as ICBC-AXA Life or We). We are committed to providing quality and professional insurance services for you and your family.

This Customer Service Guide is designed to help you understand the various insurance services and detailed process offered by ICBC-AXA Life, including contact us, pre-authorization service, direct-billing service, reimbursement claim service, network providers, value-added services, mobile self service and FAQs.

Please note that this Service Guide is not a formal part of insurance contracts. For benefits, please refer to your insurance contract and insurance clauses.

We wish you and your family good health and a better life!

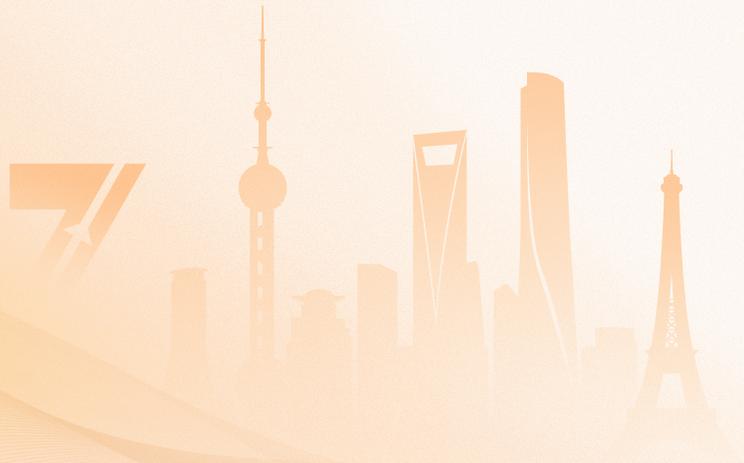
**ICBC-AXA Assurance Co., Ltd.**

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## 01 Company Profile

ICBC-AXA Life is a joint venture established by the Industrial and Commercial Bank of China, the AXA Group, and China Minmetals Corporation. Committed to the core insurance principle that insurance is about protection and guided by a development path with Chinese characteristics, ICBC-AXA Life pursues “Seven Initiatives” to achieve the “Seven Goals” and makes more contribution to building China into a financial powerhouse.



## 02 Contact Us

### Service Hotline

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For the service hotline in the Chinese mainland region, please dial **95359** and then press **1** followed by pressing **8**.

No matter where you are, we offer a 24/7 toll-free bilingual service hotline. Our customer service representatives can fluently speak English and Chinese and will answer your questions in detail.

### Email

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You can also contact us via email at [icbc-axa@windstoneservice.com](mailto:icbc-axa@windstoneservice.com). Our customer service representatives will reply to your email within 24 hours. You can also contact your sales advisor directly to obtain relevant insurance services.

## 03 Pre-authorization Service

If the Insured is scheduled to commence inpatient treatment at the Special Needs Ward, International Medical Ward, and VIP Ward of the designated public hospitals, a pre-authorization application must be submitted to us at least two business days prior to the scheduled treatment start date. This allows us to conduct pre-approval and make arrangement with the medical institution for the Insured's medical treatment, ensuring smooth treatment and insurance compensation. In emergency situations where a pre-authorization application cannot be submitted in time, the Insured is required to notify us within two business days after the commencement of inpatient care or service.

### • Application procedures for pre-authorization

When the Insured is scheduled to receive inpatient treatment at the Special Needs Ward, International Medical Ward, and VIP Ward of the designated public hospitals, the pre-authorization application shall be initiated by either the policyholder or the attending medical institution. Assistance is available via the 24/7 service hotline at 95359 (press 1 then 8) or by email to [icbc-axa@windstoneservice.com](mailto:icbc-axa@windstoneservice.com).

### The following materials are required to initiate the application for pre-authorization:

- ✔ Pre-authorization Application Form (The part on medical information must be filled out and signed by a certified doctor). You can download the form from <https://hc.icbc-axa.com>, or call the 24-hour hotline 95359 and then press 1 followed by pressing 8 or ask for it from your sales advisor.
- ✔ Copy of the identity certificate of the Insured;
- ✔ If the part on medical information of the Pre-authorization Application Form is not filled out completely, we may need the applicant to provide relevant medical records, medical examination reports, and so on;
- ✔ Estimated cost details (Fill out cost details according to the Pre-authorization Application Form or attached materials on cost details).

### • Notes on pre-authorization application



In case of failure to apply for pre-authorization beforehand under an emergent circumstance, the Insured shall notify us within two business days after the commencement of inpatient care or service. The Insured is required to pay the related medical expenses upfront to the medical institution and submit a reimbursement claim to us in accordance with the terms of the contract.



Please note that approval of your pre-authorization application does not mean that we commit to paying the full amount of your claim. The Insured also needs to pay any deductible or co-payment applicable under their insurance plan.



Reimbursement claim service refers to the situation where the Insured pays their medical expenses directly at the time of service, then fills in the Medical Reimbursement Claim Form and submits claim materials to us for reimbursement. As agreed in the insurance contract, we will review and confirm the insurance facts and insurance coverage and process insurance compensation.

## • Application procedures for reimbursement claim

### Step 1 Visit medical institutions and pay your medical expenses yourself.

### Step 2 Prepare reimbursement claim materials

- ✔ A Medical Reimbursement Claim Form fully completed and signed by the applicant with date;
- ✔ The original invoice and breakdown (copy is acceptable) issued by medical institutions;
- ✔ Medical records/summary of discharge/formal diagnosis and various examination reports (copy is acceptable);
- ✔ Drug list and prescription (copy is acceptable);
- ✔ Copy of the identity certificate of the Insured/applicant;
- ✔ Other proofs and materials helpful in determining the nature and cause of the insured event, and other relevant proofs and materials.

### Step 3 Submit reimbursement claim materials

You can submit your reimbursement claim materials to your sales advisor or send them via express to the branch office where your sales advisor is located. The recipient shall be "Operation Department".

## • Processing time for reimbursement claim

After receiving the complete claim materials, we will complete the assessment and provide the claim result promptly. In case of complicated cases, the above procedures will be completed within 30 days of receiving the complete claim materials.

## • Notes on reimbursement claim

For a smooth and timely claim service, please clearly and completely fill out the claim application form and submit complete claim materials. The reimbursement claim for minors shall be submitted by their guardian.

Pursuant to regulatory stipulations, the applicant is required to provide a valid bank account belonging to the Insured. In the event that the Insured is a minor, the applicant is required to provide a valid bank account of the legal guardian. The reimbursement will be transferred to the designated bank account.

## • Claim appeal

If you are not satisfied with the decision of your claim, please contact your sales advisor, who will assist you with the appeal process. You can submit an appeal **within 60 days** after being notified of the claim result. After receiving your appeal, the claim appeal team will review your case and notify you of their decision as soon as possible.

- 24/7 bilingual service hotline

#### Introduction

You can call the toll-free bilingual service hotline anytime and anywhere. Our customer service representatives can fluently speak English and Chinese and will answer your questions in detail and assist you in handling various value-added service applications.

For the service hotline, please dial 95359 and then press 1 followed by pressing 8.

- Telephone medical consultation service

#### Introduction

For medical advice, medication inquiries, chronic disease management guidance, or nutritional recommendations, please contact our medical experts via telephone by dialing 95359, then pressing 1, followed by pressing 8. **Please note that this consultation is for medical advice only and does not constitute a medical diagnosis.**

- Outpatient appointment service within the direct-billing medical institution network

#### Introduction

We offer the outpatient specialist appointment service (hereinafter referred to as this "service") within our company's direct-billing medical institution network. Please submit your service request by calling 95359, then pressing 1, then 8, at least five business days in advance.

#### Important notes

- ✔ This service is limited to appointments at the International Medical Ward, Special Needs Ward, or VIP Ward of partnered hospitals only, **excluding general outpatient services.**

\*A list of direct-billing medical institutions is available on the company's official website: <https://hc.icbc-axa.com>.

- ✔ **You are solely responsible for all medical expenses incurred during the outpatient visit.**
- ✔ Upon successful appointment booking, you are required to attend the appointment as scheduled. If you need to change or cancel the appointment, please call 95359, then press 1, then 8, to submit your request at least three days in advance.

- Inpatient direct billing service (for special needs)

#### Introduction

We offer the inpatient direct billing service (for special needs) (hereinafter referred to as this "service") within our company's direct-billing medical institution network. If the inpatient medical expenses are within the scope of your coverage, we will directly settle the relevant medical expenses with the direct-billing medical institution in accordance with the insurance contract stipulations.

#### [Important notes

- ✔ This service is limited to direct billing for inpatient stays in the International Medical Ward, Special Needs Ward, or VIP Ward of partnered hospitals only, **excluding stays in ordinary wards.**  
\*A list of direct-billing medical institutions is available on the company's official website: <https://hc.icbc-axa.com>.
- ✔ To use this service at our company's direct-billing medical institution, you must obtain pre-authorization approval from us. If the approval is not granted, you must **pay the medical expenses** to the medical institution **yourself** first and then submit a reimbursement claim to us in accordance with the contract stipulations.
- ✔ This service is only applicable to inpatient medical service needs that exceed the product deductible and are within the scope of insurance coverage.
- ✔ Based on the coverage liability of your product, the expenses of your inpatient special needs will be subject to the corresponding reimbursement ratio.

- Inpatient advance payment service

#### Introduction

If, during the insurance period and after the waiting period (no waiting period for accidental injury), you contract an illness that requires inpatient treatment as diagnosed by a hospital stipulated in the policy terms, and the treating hospital is an ordinary ward within the network of hospitals offering inpatient advance payment services, and the estimated inpatient expenses exceed the deductible amount to be borne by you under your product plan, you may apply for the inpatient advance payment service.

\*The [List of medical institutions providing inpatient advance payment services] is available on the company's official website: <https://hc.icbc-axa.com>.

## Service process

1

### Service application

- Follow the "工银安盛人寿官微" Official WeChat Account, complete the advanced verification, click "客户服务"-“我的理赔”-“垫付/预赔申请” then follow the on-screen instructions to fill in customer information and incident details.
- Download "工银安盛人寿" ICBC-AXA Life Official APP, complete registration and identity verification, enter the homepage and click "理赔服务"-“垫付/预赔申请” button then follow the on-screen instructions to fill in customer information and incident details.

2

### Upload required documents

- Valid ID documents.
- Relevant medical records and diagnostic reports, including medical history, inspection reports, and resident admit notes.
- Inpatient expense-related materials, including payment receipts and estimated cost statements.

3

### Inpatient advance payment review

After your successful application, the service provider will contact you to sign an authorization agreement and review your eligibility for advance payment, including the approved amount.

4

### Initiate the inpatient advance payment service

Upon approval, the service provider will notify you of the approved advance payment amount and any out-of-pocket expenses, and then advance the payment to the hospital. Covered expenses include hospital deposit advance, inpatient expense advance, and discharge settlement advance.

5

### Discharge claim application

At or after discharge, the service provider will assist you with completing discharge procedures, collecting medical records, original invoices, detailed expense lists, and submitting the claim to our company.

## Important notes

- Inpatient advance payment only applies to eligible inpatient expenses exceeding the deductible and within the insurance coverage. Expenses expected to be reimbursed by public medical insurance are not covered.
- For policyholders who purchased social insurance-included plans but cannot settle through social insurance, we will advance up to 80% of the eligible inpatient expenses exceeding the deductible and within the insurance coverage.
- The inpatient advance payment service is provided by third-party service providers authorized by our company. You will need to cooperate by providing and completing the necessary documents when the service provider assists you in filing a claim.
- The inpatient advance payment does not constitute our commitment to assume insurance liability for the advanced matter, nor does it imply that we recognize the incident as covered. If the advanced amount exceeds the actual claimable amount, you are obligated to repay the difference. Failure to do so may affect future advance payment applications and your access to other services we provide.**
- Please submit your advance payment application at least five business days before admission.
- Common reasons for rejection of advance payment applications include the following: pre-existing conditions before policy inception, exclusions under the policy terms, inpatient expenses below the deductible, and the treating hospital not meeting the requirements stipulated in the policy terms or being outside the list of medical institutions providing inpatient advance payment services.**
- Medical expenses beyond the insurance coverage must be borne by you.**

## Critical illness hospitalization green channel & surgery arrangement service

### Introduction

If you are diagnosed with a specific disease listed in the List of Specific Diseases after the waiting period during the policy term, we provide a green channel for hospitalization and surgery arrangement services for critical illnesses. Please call 95359, press 1 then 8 at least five business days in advance to submit your request. We will prioritize access to high-quality medical resources nationwide, improving your healthcare efficiency and experience.

\*The [List of specific diseases] is available on the company's official website: <https://hc.icbc-axa.com>.

### Important notes

- After submitting the hospital admission notice (or surgery notice) and required documents (including but not limited to outpatient records, blood test reports, CT/MRI reports, or pathology reports) from the hospital department confirming the need for hospitalization and surgery, we will review and arrange the service upon approval. Specific hospitals or doctors cannot be requested.
- All related medical expenses (e.g., registration fees, treatment fees, medication, tests, and hospital bed fees) must be covered by you.**

## Domestic second medical opinion service

### Introduction

If you are diagnosed with a specific disease listed in the List of Specific Diseases after the waiting period during the policy term, we will provide a second medical opinion from medical experts in China based on your complete medical records after you have obtained your initial diagnosis (first medical opinion). This service helps you obtain more comprehensive medical advice. Please call 95359, press 1 then 8 at least five business days in advance to submit your request.

\*The [List of specific diseases] is available on the company's official website: <https://hc.icbc-axa.com>.

### Important notes

This service is provided by our authorized third-party service providers, who will assist in arranging the service. You will need to cooperate by providing and completing all necessary documentation.

## • Off-site specialty drug delivery service

### Introduction

If you are diagnosed with malignant tumors or rare diseases after the waiting period during the policy term, we will provide specialty drug delivery services covered by the insurance product for medications listed in the [List of Specialty Drugs], based on your medical records, pathology reports, and prescriptions. Services include medication purchase appointment assistance, direct drug payment, pharmacy pickup arrangement, and home delivery.

\*The [List of Cancer Specialty Drugs] and [List of Rare Disease Specialty Drugs] are available on the company's official website: <https://hc.icbc-axa.com>.

This service is available after the waiting period during your policy term, upon first diagnosis of "Malignant Tumor - Severe", "Malignant Tumor - Mild" or rare diseases as specified in the insurance contract. You may submit your service application through ICBC-AXA Life Official WeChat Account, ICBC-AXA Life APP, or by calling 95359 and pressing 1 then 8, with all required documents prepared according to the insurance contract terms.

Prescriptions for specialty drugs used to treat "Malignant Tumor - Severe", "Malignant Tumor - Mild" or rare diseases must be issued by specialists from hospitals recognized under the policy terms, and must comply with the approved indications and dosage specifications listed in the drug instructions approved by the National Medical Products Administration.

### Important notes

This service requires prior approval from our company before arrangement, and drug delivery is limited to the Chinese mainland only.

This service is provided by our authorized third-party service providers, who will assist in arranging the service. You will need to cooperate by providing and completing all necessary documentation.

This service may be unavailable due to out-of-stock situations at partner pharmacies, or changes in national laws and policies that prevent drug delivery.

\*The [List of Partner Pharmacies] is available on the company's official website: <https://hc.icbc-axa.com>.

## • Disclaimer

The value-added services and their specific terms are subject to the latest announcements on our official website. We reserve the final right to interpret all service contents and terms.

- 1 We assume no responsibility for the medical services provided by medical institutions or doctors, including their content, processes, and outcomes.**
- 2 Services are provided by our third-party partners. Any disputes arising during the service process shall be handled by the respective service provider. While we will assist in coordination, we bear no legal liability.**
- 3 These services are not part of the insurance contract, and their provision does not directly affect claim decisions.**
- 4 We may dynamically adjust or optimize service terms based on laws, regulations, and the healthcare environment, retaining the right to interpret and modify all service details.**
- 5 We shall not be liable for service failures caused by force majeure (e.g., natural disasters, severe weather, group safety incidents, medical emergencies, or major epidemics), but your service entitlements will remain valid.**
- 6 To better provide services, we or our third-party service providers may collect personal and medical information, including but not limited to identity details, pathology reports, inspection reports, imaging data, and surgical records. You may choose whether to provide such information, but we shall not be liable for any losses due to incomplete information.**

### Service terms

- 1 This service takes effect after the waiting period under a valid insurance contract.**
- 2 Services are exclusively available to the Insured ("you").**
- 3 Covered illnesses are limited to those specified in the insurance contract (excluding exclusions).**

# 06 Mobile Self Service

## • First login

### Method 1: Log in via the "工银安盛人寿" APP

1 Scan ICBC-AXA Life Official APP"工银安盛人寿" QR code (shown on the right) to download.



2 Open the app and tap the "高端医疗" High-end Medical section to jump to the registration page.

3 Enter the mobile phone number and verification code, and tap "注册登录" Register and Login button to complete the registration.



4 Enter the relevant information according to the prompt and jump to the identity authentication page and tap "立即认证" button, and perform subsequent operations according to the page prompt to complete the advanced authentication.

### Tips

If the identity authentication has been completed in the ICBC-AXA Life Official WeChat Account, you can directly log in with the mobile phone number filled in the WeChat authentication.

### Method 2: Log in via WeChat

1 Scan the QR code of the Wechat official service account on the right to follow, or tap "+" > "添加朋友" Add Contacts at the upper right corner of the Wechat interface, then search for "ICBC-AXA95359" or "工银安盛人寿官微" Official WeChat Account and follow our official WeChat account.



2 Tap "客户服务" Customer Service > "我的信息" My Information in the lower right corner. After entering the Member Center page, tap "客户信息" to jump to the Customer Identity Authentication page. Follow the instructions on the page to complete the advanced authentication.

3 Customers outside China may tap "微商城" WeMail > "GlobalCare Service" at the bottom to access the English interface for English-language services.



### Online services

- Inquire about policy information to find out more about your coverage.
- Inquire about claim status and submit self-service claim applications online.
- Inquire about the latest list of medical institutions in our direct billing network.
- Inquire about electronic membership card to make billing easier.

## 01

## Frequently Asked Questions (FAQs)

**Q** Is ICBC-AXA Life SereneCare Medical Insurance/Group Medical Insurance guaranteed renewable?

**A** This is a one-year non-guaranteed renewable product.

**Q** Do I need to reapply for coverage after the one-year policy term expires?

**A** Upon policy expiration, you will need to reapply for this product with us. Renewal is subject to our underwriting approval, premium payment, and issuance of a new insurance contract.

**Q** Does ICBC-AXA Life SereneCare Medical Insurance/Group Medical Insurance have a waiting period? How does falling ill during the waiting period affect claims?

**A:** The waiting period is 30 days (including the 30th day) from the effective date of the contract. Medical expenses or allowances (e.g., hospitalization/surgery/out-of-hospital medical supplies and equipment) due to illness (non-accidental) will not be covered. Exceptions: Expenses from accidental injuries are exempt from the waiting period. In case of SereneCare Medical Insurance individual policies, if renewing the policy without adding new coverage benefits, the new contract will have no waiting period.

**Q** If I purchased the policy as someone with social insurance or public medical coverage but didn't use it when receiving treatment, will this affect my claim?

**A** Yes, it will impact the reimbursement if you seek treatment at the ordinary wards of public hospitals. If you purchased the policy as someone with social insurance/public medical coverage: if settled through social insurance /public medical coverage, you can receive 100% reimbursement. If not settled through social insurance /public medical coverage, the reimbursement ratio is reduced to 80%.

**Reminder: If enrolled as a social insurance participant, you must use your social insurance coverage first for medical expenses when you seek treatment at the ordinary wards of public hospitals. Failure to do so may result in a 20% reduction in your reimbursement amount.**

**Q** My purchased plan have a deductible. How is it calculated, and what situations are exempt from the deductible?

**A** The deductible is the annual cumulative deductible, which shall be borne by the insured person.

Exemptions from deductible include the following: (1) medical expenses related to first-time diagnosis of specific critical illnesses. (2) continued treatment of previously diagnosed specific critical illnesses after policy renewal.

Reimbursements from other commercial insurance plans, and out-of-pocket expenses (including personal social insurance account payments) can be used to offset the deductible. Amounts already reimbursed by social insurance /public medical coverage cannot be applied toward the deductible.

**Q** How should I file a claim after receiving medical treatment?

**A** If treated at an ICBC-AXA Life direct-billing medical institution and using direct billing services, you do not need to submit a claim. The medical institution will settle directly with us. If treated at a non-direct-billing medical institution and you have already paid the medical expenses, you can file a claim by performing the following steps: complete a Medical Reimbursement Claim Form, submit the original medical records and invoices related to the treatment through one of the following channels: your assigned sales advisor, ICBC-AXA Life Official WeChat Account or ICBC-AXA Life Official APP (for self-service claims). In addition to the initial documents, we may later request supplementary materials. Please be aware of this possibility.

**Q** How soon after medical treatment should I file a claim with ICBC-AXA Life?

**A** You must notify us within 30 days and submit your claim application to us within 60 days after receiving treatment. To ensure your rights are protected promptly, we strongly advise submitting your claim as early as possible.

**Q** Can I submit a photocopy of the invoice when filing a claim?

**A** The invoice must be issued by the hospital and must be the original document bearing both the hospital's charge seal and the tax seal.

**Q** To whom will the claim reimbursement be paid?

**A** The claim reimbursement should be paid to the Insured or their guardian thereof.

**Q** Does the hospital coverage of SereneCare Medical Insurance include private hospitals, Special Needs Wards, International Medical Wards, and VIP Wards?

**A** The scope of eligible hospitals depends on the type of coverage plan you purchased.  
Plan 1: The hospital coverage primarily includes Ordinary Ward, Special Needs Ward, International Medical Ward, and VIP Ward of public hospitals at or above the secondary level accredited by the national health administration.

Plan 2: In addition to the institutions mentioned in Plan 1, it also includes medical institutions designated by our company (the list may be dynamically adjusted, so please check the official website regularly). **Note: Claims may be denied for treatment received at non-designated private hospitals!**

**Q** What should I do if I disagree with the claim decision?

**A** If you disagree with the claim decision, please submit your objection in writing via express delivery or email. Upon receiving your appeal, we will re-evaluate your claim application. If you have any additional supporting documents, please provide them along with your appeal.

**Q** Why am I unable to successfully complete registration and authentication on the ICBC-AXA Life Official WeChat Account or ICBC-AXA Life Official APP?

**A** Please ensure that the ID information entered during registration and authentication matches the details on your policy contract. If the issue persists, we recommend contacting your sales advisor for assistance in completing the application process.

