



Best Doctors[®]
I N S U R A N C E

MY
CHOICE[™] *Pro*

TABLE OF BENEFITS



BRAZIL

EFFECTIVE MARCH 1, 2026

Things You Should Know

- All benefits apply per Insured, per Policy Year, and are subject to any applicable Individual and Family Deductibles, Coinsurance, fees, exclusions, and other terms of the Policy, except when otherwise specified in the Table of Benefits. Any limitations established during the underwriting process will supersede what is stipulated in the Table of Benefits. The Insurance Company shall pay the Usual, Customary, and Reasonable (UCR) charges for the Covered Expenses incurred by an Insured when indicated in the Table of Benefits.
- Certain types of incurred medical expenses may have limitations or specific conditions that must be met for them to be considered Covered Expenses under the Policy. Certain medical expenses will only be considered Covered Expenses to the extent that they are included in the Table of Benefits, and only under the terms and conditions set forth below in the Conditions of Coverage.
- The Policy has a thirty (30) day Policy Waiting Period that starts on the Cover Effective Date of each Insured. During this time, coverage will only apply to Illnesses or Injuries caused by a covered Accident or a condition of infectious origin that occurs or is manifested for the first time during this period. Any other condition or symptom that is not caused by a covered Accident or a condition of infectious origin that occurs during the Policy Waiting Period will be permanently excluded from coverage.
- Certain benefits contain a Benefit Waiting Period which is indicated in the Table of Benefits. The Benefit Waiting Period starts on the Cover Effective Date of each Insured. When a new benefit or a new Module is added, the Benefit Waiting Period will be calculated as of the Renewal Date when such benefit or Module becomes effective as shown in the Table of Benefits.
- The Insured must obtain pre-authorization before incurring any medical expenses associated with Emergency and non-Emergency medical treatment or services for any of the following benefits, medical treatments, and services when covered under the Policy. **The benefits, medical treatments, and services listed below will not be covered if they are not pre-authorized:**
 - All Hospital admissions
 - All inpatient and outpatient surgeries
 - Oncology Treatment
 - Genetic Therapy / CAR T Cell Therapy
 - Dialysis
 - Outpatient Major Diagnostic Procedures
 - Outpatient Highly Specialized Medications (HSM)
 - Outpatient Rehabilitation Therapy
 - Autism Spectrum Disorders
 - Occupational, Orthoptic, and Speech Therapies
 - Home Health Care (Private Nurse)
 - Maternity Care
 - Air Ambulance
 - Airfare Reimbursement After Air Ambulance Transportation
 - Airfare Reimbursement for Travel to Centers of Excellence
 - Congenital and Hereditary Disorders
 - HIV and AIDS
 - Sleep Apnea and Other Sleep Disorders
 - Durable Medical Equipment, External Prosthesis, Orthotic Devices
 - Palliative Care/Hospice Services
 - Repatriation of Mortal Remains or Cremation Services

GENERAL BENEFITS	COVERAGE
Maximum Annual Benefit	\$3 million
Available Deductibles <ul style="list-style-type: none"> • In and Out of Country 	<ul style="list-style-type: none"> • \$2,000 • \$3,000 • \$5,000 • \$10,000 • \$20,000 • \$50,000
Eligibility	<ul style="list-style-type: none"> • From 18 to 74 years of age
Temporary Emergency Coverage While Application is Evaluated	<ul style="list-style-type: none"> • \$25,000
Renewal	<ul style="list-style-type: none"> • Lifetime guarantee, as long as Policy conditions are met
Geographical Coverage	<ul style="list-style-type: none"> • Worldwide
Provider Network	<ul style="list-style-type: none"> • Free choice of Providers

STANDARD PLAN	COVERAGE
Hospital Admission <ul style="list-style-type: none"> Room and Board (Private and Semi-private Room) 	<ul style="list-style-type: none"> 100%
Intensive Care Unit	<ul style="list-style-type: none"> 100%
Accommodation and Meals Provided by Hospital for Companion of Hospitalized Insured <ul style="list-style-type: none"> No age limit 	<ul style="list-style-type: none"> \$150 per night, max. 30 nights
Diagnostic Procedures <ul style="list-style-type: none"> During covered Hospitalization Following covered Hospitalization 	<ul style="list-style-type: none"> 100% 100% 30 days before surgery and 30 days after discharge
Prescription Medications <ul style="list-style-type: none"> During covered Hospitalization Following covered Hospitalization 	<ul style="list-style-type: none"> 100% \$5,000 up to 30 days after Hospital discharge
Rehabilitation (Physical therapy, respiratory therapy, cardiac rehabilitation) <ul style="list-style-type: none"> During covered Hospitalization Related to covered Hospitalization event 	<ul style="list-style-type: none"> 100% \$10,000 up to 30 days after Hospital discharge
Emergency Room	<ul style="list-style-type: none"> 100%
Surgery	<ul style="list-style-type: none"> 100%
Surgeon and Anesthesiologist Fees	<ul style="list-style-type: none"> 100%
Organ and Tissue Transplants <ul style="list-style-type: none"> Per organ or tissue 	<ul style="list-style-type: none"> \$3,000,000 lifetime Includes \$40,000 for Living Donor expenses
Reconstructive or Corrective Surgery <ul style="list-style-type: none"> In case of covered Illness, Injury, or surgery 	<ul style="list-style-type: none"> 100%
Prophylactic Surgery to Reduce Cancer Risk	<ul style="list-style-type: none"> \$20,000 lifetime 12-month Benefit Waiting Period
Surgical Treatment for Symptomatic Disorders of the Feet	<ul style="list-style-type: none"> 100% 24-month Benefit Waiting Period except for covered Accident, trauma or infection
Surgical Implants or Prosthesis <ul style="list-style-type: none"> Excludes dental 	<ul style="list-style-type: none"> 100%
Oncology Treatment <ul style="list-style-type: none"> Tests, medication, chemotherapy, radiotherapy, immunotherapy, hormone therapy, and other clinically approved Oncology Treatment 	<ul style="list-style-type: none"> 100%
Genetic Therapy / CAR T Cell Therapy	<ul style="list-style-type: none"> \$1,000,000
Dialysis	<ul style="list-style-type: none"> 100%
Home Health Care <ul style="list-style-type: none"> Private Nurse following covered Hospitalization 	<ul style="list-style-type: none"> 100%
Congenital and Hereditary Disorders <ul style="list-style-type: none"> Diagnosed before 18 years old 	<ul style="list-style-type: none"> \$750,000 lifetime
Congenital and Hereditary Disorders <ul style="list-style-type: none"> Diagnosed at or after 18 years old 	<ul style="list-style-type: none"> 100%
HIV/AIDS	<ul style="list-style-type: none"> \$500,000 lifetime 24-month Benefit Waiting Period
Palliative Care/Hospice Services	<ul style="list-style-type: none"> 100%
Pediatric Routine Health Check-up <ul style="list-style-type: none"> 1 to 17 years old: one visit per Policy Year Newborn to 12 months old: up to 6 visits 	<ul style="list-style-type: none"> For Deductibles up to \$10,000 \$200 No Deductible
Adult Routine Health Check-Up <ul style="list-style-type: none"> Insureds 18 years old and over 	<ul style="list-style-type: none"> For Deductibles up to \$5,000: \$500 For Deductibles \$10,000 and \$20,000: \$300 No Deductible

STANDARD PLAN (CONT.)	COVERAGE
Durable Medical Equipment, External Prosthesis and Orthotic Devices <ul style="list-style-type: none"> • Following covered Hospitalization 	<ul style="list-style-type: none"> • \$7,000
Repatriation of Mortal Remains or Cremation Services <ul style="list-style-type: none"> • When death resulted from a covered Illness or Accident 	<ul style="list-style-type: none"> • \$50,000
Ground Ambulance <ul style="list-style-type: none"> • To nearest qualified Hospital to stabilize patient 	<ul style="list-style-type: none"> • 100% • No Deductible
Air Ambulance <ul style="list-style-type: none"> • To nearest qualified Hospital to stabilize patient 	<ul style="list-style-type: none"> • \$50,000 • No Deductible
OPTIONAL OUTPATIENT MODULE	COVERAGE
Physicians and Specialists Visits <ul style="list-style-type: none"> • Includes visits for Dementia and Alzheimer's Disease 	<ul style="list-style-type: none"> • 100%
Diagnostic Procedures	<ul style="list-style-type: none"> • \$10,000
Prescription Medication <ul style="list-style-type: none"> • Includes medication for Dementia and Alzheimer's Disease and Highly Specialized Medications (HSM) 	<ul style="list-style-type: none"> • \$7,000
Autism Spectrum Disorders <ul style="list-style-type: none"> • Excludes educational therapies 	<ul style="list-style-type: none"> • \$2,000
Occupational, Orthoptic, and Speech Therapies <ul style="list-style-type: none"> • Excludes therapy in educational/school facilities 	
Psychologist Visits <ul style="list-style-type: none"> • Referred by a psychiatrist 	
Complementary and Alternative Medicine <ul style="list-style-type: none"> • Homeopathy, acupuncture, naturopathy, Chinese or Oriental medicine, chiropractic, osteopathy, and electromagnetic therapy 	
Sleep Apnea and Other Sleep Disorders <ul style="list-style-type: none"> • Sleep studies (polysomnogram), CPAP equipment, and related supplies 	
Dental Treatment Due to Covered Accident <ul style="list-style-type: none"> • Treatment within 180 days of event 	
Bariatric Surgery, Gastric Bypass, and Other Weight Loss Surgical Procedures <ul style="list-style-type: none"> • Includes Prescription Medication and complications 	<ul style="list-style-type: none"> • \$10,000 lifetime • 24-month Benefit Waiting Period
OPTIONAL MATERNITY MODULE	COVERAGE
Maternity Care <ul style="list-style-type: none"> • Pre- and postnatal care • Normal delivery • Elective Cesarean section 	<ul style="list-style-type: none"> • For Deductibles up to \$3,000 • \$4,500 • No Deductible • 10-month Benefit Waiting Period • Waiving of Benefit Waiting Period for Insured Dependent daughter when moving to their own Policy
Complications of Maternity and Birth	<ul style="list-style-type: none"> • For Deductibles up to \$3,000 • \$500,000 lifetime per Policy • No Deductible • 10-month Benefit Waiting Period
Newborn Inclusion Without Underwriting <ul style="list-style-type: none"> • When born from a Covered Maternity 	<ul style="list-style-type: none"> • Yes
Stem Cell Extraction and Preservation For One Year After Extraction	<ul style="list-style-type: none"> • Included in Maternity Care benefit

Optional Additional Coverage

**CriticalSelect
Rider****Eligibility:**

Age 3-59

Renewable:

Up to age 65

- Cash payment to cover immediate or unexpected expenses, existing debts and lifestyle changes you might need to make if faced with a critical illness.
- Covered Illnesses or procedures: Acute Myocardial Infarction (heart attack); Aortic coronary by-pass; Benign brain tumor; Cancer (life-threatening); Cerebral Vascular Accident (life-threatening); Limb loss (arm or leg); Loss of hearing/bilateral deafness; Loss of vision/total blindness; Multiple sclerosis; Paralysis; Parkinson's disease; Renal failure; Systemic lupus erythematosus (SLE); Transplant of the following organs: kidneys, heart, lungs, liver, pancreas, and/or bone marrow.

Other Services

**Patient Navigation
Services**

A coordinated set of support activities designed to help Insureds understand, access, and effectively optimize the use of their covered health benefits under the Policy. The Patient Navigation Team assists patients in overcoming barriers to care by providing individualized guidance across healthcare systems; providing support in locating appropriate providers, schedule appointments, coordinate referrals, overcome logistical barriers, and connect with community or clinical resources. By using Patient Navigation Services, the Insured may be eligible for reduced cost sharing, including a reduction in the Individual Deductible, for certain procedures at designated medical facilities.

InterConsultation®

A service that offers a meticulous review of the Insured's medical records performed by an independent Physician or medical professional which provides the patient with a Second Medical Opinion regarding diagnosis and treatment.

Best Doctors Concierge™

A service that assists the Insured with the coordination of medical appointments, hospital admissions, travel arrangements, accommodations, and transportation when medical services are to be rendered outside the Insured's Country of Residence.

Individual Case Management

A program that coordinates, supervises, and manages complex medical cases of long duration.



The insurance policy is issued by Best Doctors Insurance Limited, a company registered in Bermuda and is, therefore, subject to Bermuda's laws and jurisdiction. The administration services are offered by Best Doctors Insurance Services, LLC, on behalf of Best Doctors Insurance Limited.

The policy providing your coverage and the insurer providing this policy have not been approved by the Florida Office of Insurance Regulation (FLOIR).

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