



Best Doctors®  
INSURANCE

GLOBAL  
CARE™ *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	• \$5 million
Available Deductibles <ul style="list-style-type: none"> <li>• In and Out of Country</li> </ul>	<ul style="list-style-type: none"> <li>• \$2,000</li> <li>• \$3,000</li> <li>• \$5,000</li> <li>• \$10,000</li> <li>• \$20,000</li> <li>• \$50,000</li> </ul>
Deductible Waiver for Serious Accidents	• Yes
Deductible Waiver for Emergency While Traveling Outside Country of Residence	• Up to \$5,000
Eligibility	• From 18 to 74 years of age
Temporary Emergency Coverage While Application is Evaluated	• \$25,000
Renewal	• Lifetime guarantee, as long as Policy conditions are met
Geographical Coverage	• Worldwide

GENERAL BENEFITS (CONT.)	COVERAGE
Provider Network	<ul style="list-style-type: none"> <li>• Outside the U.S.: Free choice of Providers</li> <li>• In the U.S.: Within GlobalCare Network. Services outside the GlobalCare Network are covered at 60% up to \$600 for a hospital room and \$1,200 in the intensive care unit.</li> <li>• Emergency medical treatment: Covered at 100% up to the Policy limits.</li> </ul>
HOSPITALIZATION BENEFITS	COVERAGE
Hospital Admission <ul style="list-style-type: none"> <li>• Room and Board (Private and Semi-private Room)</li> </ul>	<ul style="list-style-type: none"> <li>• 100%</li> </ul>
Intensive Care Unit	<ul style="list-style-type: none"> <li>• 100%</li> </ul>
Accommodation and Meals Provided by Hospital for Companion of Hospitalized Insured <ul style="list-style-type: none"> <li>• No age limit</li> </ul>	<ul style="list-style-type: none"> <li>• \$200 per night, max. 30 nights</li> </ul>
Diagnostic Procedures During Hospitalization	<ul style="list-style-type: none"> <li>• 100%</li> </ul>
Prescription Medications During Hospitalization	<ul style="list-style-type: none"> <li>• 100%</li> </ul>
Rehabilitation During Hospitalization <ul style="list-style-type: none"> <li>• Physical therapy, respiratory therapy, cardiac rehabilitation, speech therapy, occupational therapy</li> </ul>	<ul style="list-style-type: none"> <li>• 100%</li> </ul>
INPATIENT AND DAY PATIENT BENEFITS	COVERAGE
Emergency Room	<ul style="list-style-type: none"> <li>• 100%</li> </ul>
Surgery	<ul style="list-style-type: none"> <li>• 100%</li> </ul>
Surgeon and Anesthesiologist Fees	<ul style="list-style-type: none"> <li>• 100%</li> </ul>
Organ and Tissue Transplants <ul style="list-style-type: none"> <li>• Per organ or tissue</li> </ul>	<ul style="list-style-type: none"> <li>• \$500,000 lifetime</li> <li>• Includes \$30,000 for Living Donor expenses</li> </ul>
Reconstructive or Corrective Surgery <ul style="list-style-type: none"> <li>• In case of covered illness, injury, or surgery</li> </ul>	<ul style="list-style-type: none"> <li>• 100%</li> </ul>
Bariatric Surgery, Gastric Bypass, and Other Weight Loss Surgical Procedures <ul style="list-style-type: none"> <li>• Includes Prescription Medication and complications</li> </ul>	<ul style="list-style-type: none"> <li>• \$5,000 lifetime</li> <li>• 24-month Benefit Waiting Period</li> </ul>
Prophylactic Surgery to Reduce Cancer Risk	<ul style="list-style-type: none"> <li>• \$22,000 lifetime</li> <li>• 12-month Benefit Waiting Period</li> </ul>
Surgical Treatment for Symptomatic Disorders of the Feet	<ul style="list-style-type: none"> <li>• 100%</li> <li>• 24-month Benefit Waiting Period except for covered Accident, trauma or infection</li> </ul>
Surgical Implants or Prosthesis <ul style="list-style-type: none"> <li>• Excludes dental</li> </ul>	<ul style="list-style-type: none"> <li>• 100%</li> </ul>
Cochlear Implants for Congenital Condition	<ul style="list-style-type: none"> <li>• \$20,000</li> </ul>
Oncology Treatment <ul style="list-style-type: none"> <li>• Tests, medication, chemotherapy, radiotherapy, immunotherapy, hormone therapy, and other clinically approved Oncology Treatment</li> </ul>	<ul style="list-style-type: none"> <li>• 100%</li> </ul>
Genetic Therapy / CAR T Cell Therapy	<ul style="list-style-type: none"> <li>• \$1,000,000</li> </ul>
Dialysis	<ul style="list-style-type: none"> <li>• 100%</li> </ul>
OUTPATIENT BENEFITS	COVERAGE
Physicians and Specialists Visits <ul style="list-style-type: none"> <li>• Includes visits for Dementia and Alzheimer's Disease</li> </ul>	<ul style="list-style-type: none"> <li>• 100%</li> </ul>
Diagnostic Procedures	<ul style="list-style-type: none"> <li>• 100%</li> </ul>
Prescription Medication	<ul style="list-style-type: none"> <li>• \$10,000</li> </ul>
Highly Specialized Medications (HSM) <ul style="list-style-type: none"> <li>• Includes medication for Dementia and Alzheimer's Disease</li> </ul>	<ul style="list-style-type: none"> <li>• \$400,000</li> </ul>

OUTPATIENT BENEFITS (CONT.)	COVERAGE
Rehabilitation Therapy <ul style="list-style-type: none"> <li>Physical therapy, respiratory therapy, cardiac rehabilitation</li> </ul>	<ul style="list-style-type: none"> <li>\$12,000</li> </ul>
Autism Spectrum Disorders <ul style="list-style-type: none"> <li>Excludes educational therapies</li> </ul>	<ul style="list-style-type: none"> <li>\$3,000</li> </ul>
Occupational, Orthoptic, and Speech Therapies <ul style="list-style-type: none"> <li>Excludes therapy in educational/school facilities</li> </ul>	
Home Health Care <ul style="list-style-type: none"> <li>Private Nurse</li> </ul>	<ul style="list-style-type: none"> <li>\$10,000</li> </ul>
Complementary and Alternative Medicine <ul style="list-style-type: none"> <li>Homeopathy, acupuncture, naturopathy, Chinese or Oriental medicine, chiropractic, osteopathy, and electromagnetic therapy</li> </ul>	<ul style="list-style-type: none"> <li>\$150</li> </ul>
PREVENTIVE BENEFITS	COVERAGE
Adult Routine Health Check-Up <ul style="list-style-type: none"> <li>Insureds 18 years old and over</li> </ul>	<ul style="list-style-type: none"> <li>For Deductibles up to \$20,000</li> <li>\$400</li> <li>No Deductible</li> <li>3-month Benefit Waiting Period</li> </ul>
Preventive Colon Cancer Screening/Colonoscopy <ul style="list-style-type: none"> <li>Insureds 45+ years old, every 10 years</li> </ul>	<ul style="list-style-type: none"> <li>\$500</li> <li>12-month Benefit Waiting Period</li> </ul>
Pediatric Routine Health Check-up <ul style="list-style-type: none"> <li>1 to 17 years old: one visit per Policy Year</li> <li>Newborn to 12 months old: up to 6 visits</li> </ul>	<ul style="list-style-type: none"> <li>For Deductibles up to \$3,000</li> <li>\$300</li> <li>No Deductible</li> </ul>
MATERNITY BENEFITS	COVERAGE
Maternity Care <ul style="list-style-type: none"> <li>Pre- and postnatal care</li> <li>Normal delivery</li> <li>Elective Cesarean section</li> </ul>	<ul style="list-style-type: none"> <li>For Deductibles up to \$3,000</li> <li>\$4,000</li> <li>No Deductible</li> <li>10-month Benefit Waiting Period</li> <li>Waiving of Benefit Waiting Period for Insured Dependent daughter when moving to their own Policy</li> </ul>
Complications of Maternity and Birth	<ul style="list-style-type: none"> <li>For Deductibles up to \$3,000</li> <li>\$500,000 lifetime per Policy</li> <li>No Deductible</li> <li>10-month Benefit Waiting Period</li> </ul>
Newborn Inclusion Without Underwriting <ul style="list-style-type: none"> <li>When born from a Covered Maternity</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
Stem Cell Extraction and Preservation For One Year After Extraction	<ul style="list-style-type: none"> <li>Included in Maternity Care benefit</li> </ul>
EMERGENCY TRANSPORTATION BENEFITS	COVERAGE
Ground Ambulance <ul style="list-style-type: none"> <li>To nearest qualified Hospital to stabilize patient</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> <li>No Deductible</li> </ul>
Air Ambulance <ul style="list-style-type: none"> <li>To nearest qualified Hospital to stabilize patient</li> </ul>	<ul style="list-style-type: none"> <li>\$50,000</li> <li>No Deductible</li> </ul>
Airfare Reimbursement for Insured and One Companion <ul style="list-style-type: none"> <li>After Air Ambulance evacuation</li> </ul>	<ul style="list-style-type: none"> <li>\$800 per ticket</li> </ul>
OTHER BENEFITS	COVERAGE
Congenital and Hereditary Disorders <ul style="list-style-type: none"> <li>Diagnosed before 18 years old</li> </ul>	<ul style="list-style-type: none"> <li>\$500,000 lifetime</li> </ul>
Congenital and Hereditary Disorders <ul style="list-style-type: none"> <li>Diagnosed at or after 18 years old</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> </ul>
HIV/AIDS	<ul style="list-style-type: none"> <li>\$500,000 lifetime</li> <li>24-month Benefit Waiting Period</li> </ul>

OTHER BENEFITS (CONT.)	COVERAGE
Sleep Apnea and Other Sleep Disorders <ul style="list-style-type: none"> <li>Sleep studies (polysomnogram), CPAP equipment, and related supplies</li> </ul>	<ul style="list-style-type: none"> <li>\$1,500</li> </ul>
Durable Medical Equipment, External Prosthesis and Orthotic Devices	<ul style="list-style-type: none"> <li>\$12,000</li> </ul>
Palliative Care/Hospice Services	<ul style="list-style-type: none"> <li>100%</li> </ul>
Accidents Related to the Practice of Professional Sports or High Risk Activities	<ul style="list-style-type: none"> <li>100%</li> </ul>
Illness or Injury in Private Aircraft	<ul style="list-style-type: none"> <li>100%</li> </ul>
Dental Treatment Due to Covered Accident <ul style="list-style-type: none"> <li>Treatment within 180 days of event</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
Repatriation of Mortal Remains or Cremation Services <ul style="list-style-type: none"> <li>When death resulted from a covered Illness or Accident</li> </ul>	<ul style="list-style-type: none"> <li>\$20,000</li> </ul>
Primary Insured's Death Benefit	<ul style="list-style-type: none"> <li>1 year</li> </ul>

### 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).**

**Best Doctors Insurance Services, LLC.**  
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