

# COMPARISON TABLE

## *Pro* PRODUCTS

Our next generation of health protection.



Best Doctors®  
I N S U R A N C E

2026  
MARCH

The next evolution of  Best Doctors<sup>®</sup>  
INSURANCE

We identified the need for more competitive products without losing what makes us strong.

**MORE**  
competitive rates  
designed to win in today's  
market without sacrificing  
coverage quality

**NEW**  
nuances and  
improved benefits, by smarter  
product design that supports  
long-term sustainability

**WITH**  
The same trusted medical  
network, operational  
excellence, and service  
standards

## NEW PORTFOLIO

*Pro* Products represent the future main portfolio of Best Doctors Insurance.



Pro Products embody the essence of Best Doctors Insurance: unwavering service, elevated benefits, and greater competitiveness.

**Built for today. Designed for the future.**

Benefits	MEDICAL ELITE™ Pro	PREMIER PLUS™ Pro	GLOBAL CARE™ Pro	MEDICAL CARE™ Pro	MEDICAL SELECT™ Pro INTERNATIONAL
<b>General Benefits</b>					
<b>Maximum Annual Benefit</b>	<b>\$10 million</b>	<b>\$7 million</b>	<b>\$5 million</b>	<b>\$3 million</b>	<b>\$1 million</b>
<b>Available Deductibles</b> • In and Out of Country	• \$2,000 • \$3,000 • \$5,000 • \$10,000 • \$20,000 • \$50,000	• \$2,000 • \$3,000 • \$5,000 • \$10,000 • \$20,000 • \$50,000	• \$2,000 • \$3,000 • \$5,000 • \$10,000 • \$20,000 • \$50,000	• \$2,000 • \$3,000 • \$5,000 • \$10,000 • \$20,000 • \$50,000	• \$2,000 • \$3,000 • \$5,000 • \$10,000 • \$20,000 • \$50,000
<b>Deductible Waiver for Serious Accidents</b>	• Yes	• Yes	• Yes	• Yes	• Yes
<b>Deductible Waiver for Emergency While Traveling Outside Country of Residence</b>	• Up to \$5,000	• Up to \$5,000	• Up to \$5,000	• Up to \$5,000	• Not available
<b>Eligibility</b>	• From 18 to 74 years of age	• From 18 to 74 years of age	• From 18 to 74 years of age	• From 18 to 74 years of age	• From 18 to 74 years of age
<b>Temporary Emergency Coverage While Application is Evaluated</b>	• \$30,000	• \$25,000	• \$25,000	• \$25,000	• \$25,000
<b>Renewal</b>	• Lifetime guarantee, as long as Policy conditions are met	• Lifetime guarantee, as long as Policy conditions are met	• Lifetime guarantee, as long as Policy conditions are met	• Lifetime guarantee, as long as Policy conditions are met	• Lifetime guarantee, as long as Policy conditions are met
<b>Geographical Availability</b> • Regions where it can be commercialized	• Worldwide (except USA, Canada, Guatemala, Ecuador and Brazil)	• Worldwide (except USA, Canada, Guatemala, Ecuador and Brazil)	• Worldwide (except USA, Canada, Guatemala, Ecuador and Brazil)	• Worldwide (except USA, Canada, Guatemala, Ecuador and Brazil)	• Worldwide (except USA, Canada, Guatemala, Ecuador and Brazil)
<b>Geographical Coverage</b>	• Worldwide	• Worldwide	• Worldwide	• Worldwide	• International (excl. U.S.)
<b>Provider Network</b>	• Free choice of Providers	• Free choice of Providers	• Outside the U.S.: Free choice of Providers • In the U.S.: Within GlobalCare Network • Services outside the GlobalCare Network covered at 60%	• Outside the U.S.: Free choice of Providers • In the U.S.: Within MedicalCare Network • Services outside the MedicalCare Network covered at 60%	• No coverage in the U.S. • Free choice of Providers • Services within Premium Providers Network covered at 60%
<b>Hospitalization Benefits</b>					
<b>Hospital Admission</b> • Room and Board (Private and Semi-private Room)	• 100%	• 100%	• 100%	• 100%	• 100%
<b>Intensive Care Unit</b>	• 100%	• 100%	• 100%	• 100%	• 100%
<b>Accommodation and Meals Provided by Hospital for Companion of Hospitalized Insured</b> • No age limit	• \$400 per night, max. 30 nights	• \$300 per night, max. 30 nights	• \$150 per night, max. 30 nights	• \$100 per night, max. 30 nights	• \$75 per night, max. 30 nights
<b>Diagnostic Procedures During Hospitalization</b>	• 100%	• 100%	• 100%	• 100%	• 100%
<b>Prescription Medications During Hospitalization</b>	• 100%	• 100%	• 100%	• 100%	• 100%
<b>Rehabilitation During Hospitalization</b> • Physical therapy, respiratory therapy, cardiac rehabilitation, speech therapy, occupational therapy	• 100%	• 100%	• 100%	• 100%	• 100%

Benefits	MEDICAL ELITE™ Pro	PREMIER PLUS™ Pro	GLOBAL CARE™ Pro	MEDICAL CARE™ Pro	MEDICAL SELECT™ Pro INTERNATIONAL
<b>Inpatient and Day Patient</b>					
Emergency Room	• 100%	• 100%	• 100%	• 100%	• 100%
Surgery	• 100%	• 100%	• 100%	• 100%	• 100%
Surgeon and Anesthesiologist Fees	• 100%	• 100%	• 100%	• 100%	• 100%
Organ and Tissue Transplants • Per organ or tissue	• \$3,000,000 lifetime • Includes \$50,000 for Living Donor expenses	• \$1,100,000 lifetime • Includes \$40,000 for Living Donor expenses	• \$500,000 lifetime • Includes \$30,000 for Living Donor expenses	• \$300,000 lifetime • Includes \$20,000 for Living Donor expenses	• \$300,000 lifetime • Includes \$20,000 for Living Donor expenses
Reconstructive or Corrective Surgery • In case of covered illness, injury, or surgery	• 100%	• 100%	• 100%	• 100%	• 100%
Bariatric Surgery, Gastric Bypass, and Other Weight Loss Surgical Procedures • Includes Prescription Medication and complications	• \$15,000 lifetime • 24-month Benefit Waiting Period	• \$10,000 lifetime • 24-month Benefit Waiting Period	• \$5,000 lifetime • 24-month Benefit Waiting Period	• Not covered	• Not covered
Prophylactic Surgery to Reduce Cancer Risk	• \$35,000 lifetime • 12-month Benefit Waiting Period	• \$30,000 lifetime • 12-month Benefit Waiting Period	• \$25,000 lifetime • 12-month Benefit Waiting Period	• \$10,000 lifetime • 12-month Benefit Waiting Period	• Not covered
Surgical Treatment for Symptomatic Disorders of the Feet	• 100%	• 100%	• 100%	• 100%	• 100%
Surgical Implants or Prosthesis • Excludes dental	• 100%	• 100%	• 100%	• 100%	• 100%
Cochlear implants for Congenital Condition	• \$40,000	• \$30,000	• \$20,000	• Not covered	• Not covered
Refractive Eye Surgery	• \$800 lifetime per eye • 24-month Benefit Waiting Period	• \$500 lifetime per eye • 24-month Benefit Waiting Period	• Not covered	• Not covered	• Not covered
Oncology Treatment • Tests, medication, chemotherapy, radiotherapy, immunotherapy, hormone therapy, and other clinically approved Oncology Treatment	• 100%	• 100%	• 100%	• 100%	• 100%
Genetic Therapy / CART Cell Therapy	• \$1,000,000	• \$1,000,000	• \$1,000,000	• \$1,000,000	• \$500,000
Dialysis	• 100%	• 100%	• 100%	• 100%	• 100%
<b>Outpatient Benefits</b>					
Physicians and Specialists Visits • Includes visits for Dementia and Alzheimer's Disease	• 100%	• 100%	• 100%	• 100%	• 100%
Diagnostic Procedures	• 100%	• 100%	• 100%	• 100%	• 100%
Prescription Medication	• 100%	• 100%	• \$30,000	• \$10,000	• \$5,000
Highly Specialized Medications (HSM) • Includes medication for Dementia and Alzheimer's Disease	• 100%	• 100%	• \$400,000	• \$200,000	• \$50,000
Rehabilitation Therapy • Physical therapy, respiratory therapy, cardiac rehabilitation	• 100%	• 100%	• \$10,000	• \$6,000	• \$4,000
Autism Spectrum Disorders • Excludes educational therapies	• 100% for Insured born from a Covered Maternity • \$10,000 for all other Insureds	• \$4,000	• \$3,000	• \$1,500	• \$1,000
Occupational, Orthoptic, and Speech Therapies • Excludes therapy in educational/school facilities	• \$5,000				

Benefits	MEDICAL ELITE™ Pro	PREMIER PLUS™ Pro	GLOBAL CARE™ Pro	MEDICAL CARE™ Pro	MEDICAL SELECT™ Pro INTERNATIONAL
<b>Home Health Care</b> • Private Nurse	• 100%	• 100%	• \$10,000	• \$6,000	• \$4,000
<b>Complementary and Alternative Medicine</b> • Homeopathy, acupuncture, naturopathy, Chinese or Oriental medicine, chiropractic, osteopathy, and electromagnetic therapy	• \$500 • No Deductible	• \$200 • No Deductible	• \$150 • No Deductible	• Not covered	• Not covered
<b>Preventive Benefits</b>					
<b>Adult Routine Health Check-Up</b> • Insureds 18 years old and over	• For Deductibles up to \$3k • \$750 • No Deductible	• For Deductibles up to \$3k • \$500 • No Deductible	• For Deductibles up to \$3k • \$200 • No Deductible	• For Deductibles up to \$3k • \$150 • No Deductible	• Not covered
<b>Preventive screening</b> • Colon Cancer screening/colonoscopy (50+ years old) • Breast Cancer screening/mammogram (40+ years old) • Cervical Cancer screening/pap smear (21 to 65 years old) • Prostate Cancer screening/PSA (50+ years old)	• For Deductibles up to \$5k • \$1,200 every 10 years • \$400 per Policy Year • \$150 every 3 years • \$300 per Policy Year • No Deductible	• For Deductibles up to \$3k • \$1,200 every 10 years • \$400 per Policy Year • \$150 every 3 years • \$300 per Policy Year • No Deductible	• Not covered	• Not covered	• Not covered
<b>Pediatric Routine Health Check-up</b> • 1 to 17 years old: one visit per Policy Year • Newborn to 12 months old: up to 6 visits	• For Deductibles up to \$3k • \$400 • No Deductible	• For Deductibles up to \$3k • \$250 • No Deductible	• For Deductibles up to \$3k • \$150 • No Deductible • 10-month Benefit Waiting Period	• For Deductibles up to \$3k • \$100 • No Deductible • 10-month Benefit Waiting Period	• Not covered
<b>Maternity Benefits</b>					
<b>Maternity Care</b> • Pre- and postnatal care • Normal delivery • Elective Cesarean section	• For Deductibles up to \$3k • Normal Delivery: 100% within the Best Doctors Insurance Maternity Network; \$8,000 outside the Best Doctors Insurance Maternity Network • Elective Cesarean Section: \$10,000 at any Hospital • No Deductible • 10-month Benefit Waiting Period • Waiving of Benefit Waiting Period when moving to their own Policy	• For Deductibles up to \$3k • \$8,500 • No Deductible • 10-month Benefit Waiting Period • Waiving of Benefit Waiting Period when moving to their own Policy	• For Deductibles up to \$3k • \$4,000 • No Deductible • 10-month Benefit Waiting Period • Waiving of Benefit Waiting Period when moving to their own Policy	• For Deductibles up to \$3k • \$3,500 • No Deductible • 10-month Benefit Waiting Period • Waiving of Benefit Waiting Period when moving to their own Policy	• For Deductibles up to \$3k • \$3,000 • No Deductible • 10-month Benefit Waiting Period • Waiving of Benefit Waiting Period when moving to their own Policy
<b>Complications of Maternity and Birth</b>	• For Deductibles up to \$3k • \$1,000,000 lifetime per Policy • No Deductible • 10-month Benefit Waiting Period	• For Deductibles up to \$3k • \$1,000,000 lifetime per Policy • No Deductible • 10-month Benefit Waiting Period	• For Deductibles up to \$3k • \$500,000 lifetime per Policy • No Deductible • 10-month Benefit Waiting Period	• For Deductibles up to \$3k • \$250,000 lifetime per Policy • No Deductible • 10-month Benefit Waiting Period	• For Deductibles up to \$3k • \$125,000 lifetime per Policy • No Deductible • 10-month Benefit Waiting Period
<b>Newborn Inclusion Without Underwriting</b> • When born from a Covered Maternity	• Yes	• Yes	• Yes	• Yes	• Yes

Benefits	MEDICAL ELITE™ Pro	PREMIER PLUS™ Pro	GLOBAL CARE™ Pro	MEDICAL CARE™ Pro	MEDICAL SELECT™ Pro INTERNATIONAL
<b>Premium Waiver for Dependent Children</b> <ul style="list-style-type: none"> <li>Only for children born from Covered Maternity</li> <li>For 2 children when both parents covered under the Policy</li> <li>For 1 child when only one parent covered the Policy</li> <li>Requires uninterrupted coverage for the child under the plan where they were born</li> <li>Waiver will not be transferred if child moves to another plan/product</li> </ul>	<ul style="list-style-type: none"> <li>For Deductibles up to \$2k</li> <li>Dependents up to 10 years old</li> </ul>	<ul style="list-style-type: none"> <li>For Deductibles up to \$2k</li> <li>Dependents up to 5 years old</li> </ul>	<ul style="list-style-type: none"> <li>Not covered</li> </ul>	<ul style="list-style-type: none"> <li>Not covered</li> </ul>	<ul style="list-style-type: none"> <li>Not covered</li> </ul>
<b>Stem Cell Extraction and Preservation For One Year After Extraction</b>	<ul style="list-style-type: none"> <li>For Deductibles up to \$3k</li> <li>\$2,000</li> <li>No Deductible</li> <li>10-month Benefit Waiting Period</li> </ul>	<ul style="list-style-type: none"> <li>Included in Maternity Care benefit</li> </ul>	<ul style="list-style-type: none"> <li>Included in Maternity Care benefit</li> </ul>	<ul style="list-style-type: none"> <li>Not covered</li> </ul>	<ul style="list-style-type: none"> <li>Not covered</li> </ul>
<b>Emergency Transportation Benefits</b>					
<b>Air Ambulance</b> <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>	<ul style="list-style-type: none"> <li>\$100,000</li> <li>No Deductible</li> </ul>	<ul style="list-style-type: none"> <li>\$50,000</li> <li>No Deductible</li> </ul>	<ul style="list-style-type: none"> <li>\$30,000</li> <li>No Deductible</li> </ul>	<ul style="list-style-type: none"> <li>\$30,000</li> <li>No Deductible</li> </ul>
<b>Local Ground Ambulance</b> <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>	<ul style="list-style-type: none"> <li>100%</li> <li>No Deductible</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> <li>No Deductible</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> <li>No Deductible</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> <li>No Deductible</li> </ul>
<b>Airfare Reimbursement for Insured and One Companion</b> <ul style="list-style-type: none"> <li>After Air Ambulance evacuation</li> </ul>	<ul style="list-style-type: none"> <li>\$2,000 per ticket</li> </ul>	<ul style="list-style-type: none"> <li>\$1,500 per ticket</li> </ul>	<ul style="list-style-type: none"> <li>Not covered</li> </ul>	<ul style="list-style-type: none"> <li>Not covered</li> </ul>	<ul style="list-style-type: none"> <li>Not covered</li> </ul>
<b>Airfare Reimbursement for Insured and One Companion</b> <ul style="list-style-type: none"> <li>Travel to Centers of Excellence</li> </ul>	<ul style="list-style-type: none"> <li>\$2,000 per ticket</li> </ul>	<ul style="list-style-type: none"> <li>\$1,500 per ticket</li> </ul>	<ul style="list-style-type: none"> <li>Not covered</li> </ul>	<ul style="list-style-type: none"> <li>Not covered</li> </ul>	<ul style="list-style-type: none"> <li>Not covered</li> </ul>
<b>Other Benefits</b>					
<b>Congenital and Hereditary Disorders</b> <ul style="list-style-type: none"> <li>Diagnosed before 18 years old</li> </ul>	<ul style="list-style-type: none"> <li>\$5,000,000 lifetime</li> </ul>	<ul style="list-style-type: none"> <li>\$3,000,000 lifetime</li> </ul>	<ul style="list-style-type: none"> <li>\$500,000 lifetime</li> </ul>	<ul style="list-style-type: none"> <li>\$100,000 lifetime</li> </ul>	<ul style="list-style-type: none"> <li>\$100,000 lifetime</li> </ul>
<b>Congenital and Hereditary Disorders</b> <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>	<ul style="list-style-type: none"> <li>100%</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> </ul>
<b>HIV/AIDS</b>	<ul style="list-style-type: none"> <li>\$1,200,000 lifetime</li> <li>24-month Benefit Waiting Period</li> </ul>	<ul style="list-style-type: none"> <li>\$1,000,000 lifetime</li> <li>24-month Benefit Waiting Period</li> </ul>	<ul style="list-style-type: none"> <li>\$500,000 lifetime</li> <li>24-month Benefit Waiting Period</li> </ul>	<ul style="list-style-type: none"> <li>\$300,000 lifetime</li> <li>24-month Benefit Waiting Period</li> </ul>	<ul style="list-style-type: none"> <li>\$100,000 lifetime</li> <li>24-month Benefit Waiting Period</li> </ul>
<b>Sleep Apnea and Other Sleep Disorders</b> <ul style="list-style-type: none"> <li>Sleep studies (polysomnogram), CPAP equipment, and related supplies</li> </ul>	<ul style="list-style-type: none"> <li>\$5,000</li> </ul>	<ul style="list-style-type: none"> <li>\$4,000</li> </ul>	<ul style="list-style-type: none"> <li>\$3,000</li> </ul>	<ul style="list-style-type: none"> <li>\$1,500</li> </ul>	<ul style="list-style-type: none"> <li>\$1,000</li> </ul>
<b>Durable Medical Equipment, External Prosthesis and Orthotic Devices</b>	<ul style="list-style-type: none"> <li>100%</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> </ul>	<ul style="list-style-type: none"> <li>\$12,000</li> </ul>	<ul style="list-style-type: none"> <li>\$8,000</li> </ul>	<ul style="list-style-type: none"> <li>\$6,500</li> </ul>
<b>Palliative Care/Hospice Services</b>	<ul style="list-style-type: none"> <li>100%</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> </ul>
<b>Accidents Related to the Practice of Professional Sports or High Risk Activities</b>	<ul style="list-style-type: none"> <li>100%</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> </ul>
<b>Illness or Injury in Private Aircraft</b>	<ul style="list-style-type: none"> <li>100%</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> </ul>
<b>Dental Treatment Due to Covered Accident</b> <ul style="list-style-type: none"> <li>Treatment within 180 days of event</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> </ul>
<b>Hearing Aids</b>	<ul style="list-style-type: none"> <li>\$3,000 lifetime</li> </ul>	<ul style="list-style-type: none"> <li>\$2,000 lifetime</li> </ul>	<ul style="list-style-type: none"> <li>\$1,000 lifetime</li> </ul>	<ul style="list-style-type: none"> <li>\$500 lifetime</li> </ul>	<ul style="list-style-type: none"> <li>Not covered</li> </ul>

Benefits	MEDICAL ELITE™ Pro	PREMIER PLUS™ Pro	GLOBAL CARE™ Pro	MEDICAL CARE™ Pro	MEDICAL SELECT™ Pro INTERNATIONAL
Repatriation of Mortal Remains or Cremation Services • When death resulted from a covered Illness or Accident	• 100%	• \$50,000	• \$20,000	• \$5,000	• \$5,000
Primary Insured's Death Benefit	• 2 years	• 2 years	• 1 year	• Not covered	• Not covered
Optional Coverage					
CriticalSelect Rider	• Yes	• Yes	• Yes	• Yes	• Yes
Other Services					
Patient Navigation Services	• Yes	• Yes	• Yes	• Yes	• Yes
InterConsultation®	• Yes	• Yes	• Yes	• Yes	• Yes
Best Doctors Concierge™	• Yes	• Yes	• Yes	• Yes	• Yes
Individual Case Management	• Yes	• Yes	• Yes	• Yes	• Yes
Elite Navigator™	• Yes	• Not available	• Not available	• Not available	• Not available

## 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 (PWP) 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 PWP will be permanently excluded from coverage.
- Certain benefits contain a Benefit Waiting Period (BWP) which is indicated in the Table of Benefits. The BWP 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, when covered under the Policy. These benefits, medical treatments, and services will not be covered if they are not pre-authorized.