



Best Doctors®
INSURANCE

GLOBAL CARE™ PRIME

TABLE OF BENEFITS



BRAZIL

EFFECTIVE JULY 1, 2025

BENEFIT	COVERAGE
Maximum Benefit	<ul style="list-style-type: none"> • \$5,000,000
Eligibility to Apply	<ul style="list-style-type: none"> • From 18 to 74 years old
Geographical Coverage and Provider Network	<ul style="list-style-type: none"> • In Brazil: Covered Expenses within Premium Providers Network^(*) are subject to 20% coinsurance per treatment. • In Latin America: Free choice of hospitals and physicians. • Emergency medical treatment: covered at 100% up to the Policy limits. • Advanced Medical Treatments: Covered up to the limits indicated below when performed within the Advanced Medical Treatment Providers Network^(*). Covered medical expenses incurred outside the Advanced Medical Treatment Providers Network^(*) are covered at 60%.
Private and Semi-Private Room	<ul style="list-style-type: none"> • 100%
Intensive Care Unit	<ul style="list-style-type: none"> • 100%
Surgery (Including Outpatient Surgery)	<ul style="list-style-type: none"> • 100%
Emergency Room	<ul style="list-style-type: none"> • 100%
Hospital Accommodation for Companion of Hospitalized Child under 18	<ul style="list-style-type: none"> • \$100 per night, up to 10 nights
Surgeon and Anesthetist Fees	<ul style="list-style-type: none"> • 100%
Major Diagnostic Services	<ul style="list-style-type: none"> • 100%
Oncology Treatments <ul style="list-style-type: none"> • Advanced Medical Treatments (Must be pre-approved and coordinated by the Insurance Company) 	<ul style="list-style-type: none"> • 100% • Covered up to the limit indicated when performed within the Advanced Medical Treatment Providers Network.
Dialysis	<ul style="list-style-type: none"> • 100%
Maternity Care (Available in deductible \$2,000)	<ul style="list-style-type: none"> • \$5,000 per pregnancy • Includes cost for extraction and preservation of stem cells • No deductible applies • 10-month Benefit Waiting Period
Complications of Maternity and Birth (Available in deductible \$2,000)	<ul style="list-style-type: none"> • \$100,000 per Lifetime, per Policy (up to 6 weeks) • No deductible applies • 10-month Benefit Waiting Period
Inclusion of Newborn	<ul style="list-style-type: none"> • Automatically included without underwriting if born from a Covered Maternity
Congenital and Hereditary Disorders <ul style="list-style-type: none"> • Advanced Medical Treatments (Must be pre-approved and coordinated by the Insurance Company) 	<ul style="list-style-type: none"> • \$150,000 per Lifetime, per Insured (when the condition is diagnosed before age 18) • \$500,000 per Lifetime, per Insured (when the condition is diagnosed at age 18 or after) • Covered up to the limit indicated when performed within the Advanced Medical Treatment Providers Network.
Outpatient Physical Therapy, Rehabilitation and Home Health Care (Private Nurse)	<ul style="list-style-type: none"> • \$12,000
Surgical treatment of disorders of the feet and any treatment secondary to an accident, trauma, or infection	<ul style="list-style-type: none"> • 100%
Accidental Dental Coverage	<ul style="list-style-type: none"> • 100%
Physician and Specialist Visits	<ul style="list-style-type: none"> • 100% up to 30 visits
Reconstructive surgery in case of Illness or Accident	<ul style="list-style-type: none"> • 100%
Durable Medical Equipment Special Devices, (External prosthesis, Orthotic devices)	<ul style="list-style-type: none"> • \$12,000
Surgical Implants or prosthesis (Excluding dental)	<ul style="list-style-type: none"> • 100%
Prescribed Medications	<ul style="list-style-type: none"> • \$2,000 outside of the Hospitalization. Including medications for allergy treatment • 100% during Hospitalization
Palliative/Hospice Care	<ul style="list-style-type: none"> • \$10,000 per Lifetime, per Insured
Prophylactic surgery for reduction of cancer risk	<ul style="list-style-type: none"> • \$5,000 per Lifetime, per Insured • 12-month Benefit Waiting Period
HIV/AIDS Treatments	<ul style="list-style-type: none"> • \$15,000 per Lifetime, per Insured • 24-month Benefit Waiting Period

Table of Benefits

BENEFIT

COVERAGE

Emergency Transportation

Air Ambulance to the closest hospital of qualified treatment	<ul style="list-style-type: none"> • \$50,000 • No deductible applies
Ground Ambulance to the closest hospital of qualified treatment	<ul style="list-style-type: none"> • 100% • No deductible applies
Routine Health Check Up (age 18 and over) (Available in deductibles \$2,000/\$2,000 and \$5,000/\$5,000) Includes laboratory tests, X-rays, vaccines, and any other medical expense related to the checkup	<ul style="list-style-type: none"> • \$200 • No deductible applies • No waiting period • No coinsurance applies
Preventive Care (Available in deductibles \$2,000/\$2,000 and \$5,000/\$5,000)	<ul style="list-style-type: none"> • Colon cancer screening (50 years or older): \$1,200 per Insured, every ten years • Mammogram (from 40 years or older): \$400 • Pap Smear (Papanicolaou) (21 to 65 years old): \$150 per Insured, every three years • Prostate cancer screening (50 years or older): \$300 • No deductible applies • No Benefit Waiting Period applies
Specialized Treatments (Psychiatry, autism, occupational therapies, sleep apnea and any other sleep disorders)	<ul style="list-style-type: none"> • \$5,000
Repatriation of Mortal Remains or Cremation Services	<ul style="list-style-type: none"> • \$20,000 in the event of death resulting from a covered Accident or condition
Illness or Injury in a Private Aircraft	<ul style="list-style-type: none"> • 100%
Coverage for accidents that occurred during the practice of sports professionally or high risk activities	<ul style="list-style-type: none"> • 100%
Temporary Emergency coverage while application is evaluated	<ul style="list-style-type: none"> • \$25,000
Coverage Alzheimer disease	<ul style="list-style-type: none"> • 100% up to 50 visits
Alternative and/or Complementary Treatments (Acupuncture, Hypnosis, Massage Therapy, and Reflexology)	<ul style="list-style-type: none"> • \$150 • No deductible applies
Additional Benefits	<ul style="list-style-type: none"> • In the event of death of the Primary Insured, any eligible Dependents currently Insured will have free coverage for a period of one (1) year for the Policy and Riders which are currently in force, subsequent to the last paid period of the Policy, provided that the cause of death is due to a condition or Accident covered under this Policy. • Deductible will be waived up to a \$5,000 maximum in case of an Accident or Emergency that occurs while the Insured is traveling outside of his/her country of residence. • In the event of a Serious Accident, as defined in this Policy, no deductible will apply for the first Hospitalization that follows the Serious Accident. Any subsequent Treatment will incur the deductible. • Deductible will be reduced by 50% for the Insured that has not filed claims for 3 consecutive Policy Years.

Unique Services



InterConsultation®

Confirmation of diagnosis and recommendation of the best treatment and specialists. Immediate access to this benefit available regardless of any exclusion applicable under this Policy.



Best Doctors Concierge™

Coordination of medical appointments, hospital admission, travel arrangements, accommodation and transportation when services are rendered outside of the Insured's Country of Residence.



Individual Case Management

A program to coordinate, supervise and manage complex cases of long duration.

Things You Should Know

- Unless otherwise stated, all benefits are per Insured per Policy Year, subject to the selected Deductible and Coinsurance, if applicable. All benefits are in U.S. Dollars (US\$).
- The selected Deductible applies per Insured per Policy Year. Maximum two Deductibles per family per Policy Year.
- In case of Serious Accident no deductible will apply for first Hospitalization.
- All Covered Expenses will be paid according to the Usual, Customary, and Reasonable costs and fees.

Additional Coverage Available (Rider)

Organ Transplant

- Up to \$500,000 per organ or tissue, per Lifetime, per Insured, including \$30,000 for Living Donor, with an annual premium of \$400
- Advanced Medical Treatments (Must be pre-approved and coordinated by the Insurance Company): Covered up to the limit indicated when performed within the Advanced Medical Treatment Providers Network.

Complications of Maternity and Birth

- Up to \$500,000 Lifetime cover with an annual premium of \$300
- Available in deductible \$2,000/\$2,000
- No deductible applies
- 10-month Benefit Waiting Period

CriticalSelect™

Eligibility: Age 3-59, renewable cover 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 conditions and surgeries: Cancer, stroke, heart attack (myocardial infarction), coronary artery by-pass surgery, kidney/renal failure, multiple sclerosis, benign brain tumor, paralysis (paraplegia), organ transplant (kidney, heart, lung, liver, pancreas or bone marrow), blindness, deafness

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 administrative services are offered by Best Doctors Insurance Services LLC, on behalf of Best Doctors Insurance Limited.

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Best Doctors Insurance Services, LLC., and its affiliate, Best Doctors Insurance Limited, were founded with one goal: to facilitate access to the best and most advanced medical care. This goal is the starting point for every health plan, benefit and service we offer. Our undisputable medical expertise allows our members to be absolutely sure that they are receiving the right diagnosis and the right treatment when most needed.



Best Doctors®
I N S U R A N C E