



Best Doctors®  
INSURANCE

# GLOBAL CARE™ SECURITY

## TABLE OF BENEFITS



**BRAZIL**

EFFECTIVE JULY 1, 2025

BENEFIT	COVERAGE
Maximum Benefit	<ul style="list-style-type: none"> <li>• \$5,000,000</li> </ul>
Eligibility to Apply	<ul style="list-style-type: none"> <li>• From 18 to 74 years old</li> </ul>
Geographical Coverage and Provider Network	<ul style="list-style-type: none"> <li>• <b>In Brazil:</b> Covered Expenses within Premium Providers Network<sup>(*)</sup> are subject to 20% coinsurance per treatment.</li> <li>• <b>In the USA:</b> Within the GLOBALCARE™ Network<sup>(*)</sup>. If medical care is performed outside the GLOBALCARE™ Network<sup>(*)</sup>, 60% of covered medical costs will be paid up to \$600 for a hospital room and \$1,200 in the intensive care unit.</li> <li>• <b>Rest of the World:</b> Free choice of Hospitals and physicians</li> <li>• <b>Emergency medical treatment:</b> covered at 100% up to the Policy limits.</li> <li>• <b>Advanced Medical Treatments:</b> Covered up to the limits indicated below when performed within the Advanced Medical Treatment Providers Network<sup>(*)</sup>. Covered medical expenses incurred outside the Advanced Medical Treatment Providers Network<sup>(*)</sup> are covered at 60%.</li> </ul>
Private and Semi-Private Room	<ul style="list-style-type: none"> <li>• 100%</li> </ul>
Intensive Care Unit	<ul style="list-style-type: none"> <li>• 100%</li> </ul>
Surgery (Including Outpatient Surgery)	<ul style="list-style-type: none"> <li>• 100%</li> </ul>
Emergency Room	<ul style="list-style-type: none"> <li>• 100%</li> </ul>
Hospital Accommodation for Companion of Hospitalized Child under 18	<ul style="list-style-type: none"> <li>• \$100 per night, up to 10 nights</li> </ul>
Surgeon and Anesthetist Fees	<ul style="list-style-type: none"> <li>• 100%</li> </ul>
Major Diagnostic Services	<ul style="list-style-type: none"> <li>• 100%</li> </ul>
Oncology Treatments <ul style="list-style-type: none"> <li>• Advanced Medical Treatments (Must be pre-approved and coordinated by the Insurance Company)</li> </ul>	<ul style="list-style-type: none"> <li>• 100%</li> <li>• Covered up to the limit indicated when performed within the Advanced Medical Treatment Providers Network.</li> </ul>
Dialysis	<ul style="list-style-type: none"> <li>• 100%</li> </ul>
Maternity Care (Available in deductible \$2,000)	<ul style="list-style-type: none"> <li>• \$5,000 per pregnancy</li> <li>• Includes cost for extraction and preservation of stem cells</li> <li>• No deductible applies</li> <li>• 10-month Benefit Waiting Period</li> </ul>
Complications of Maternity and Birth (Available in deductible \$2,000)	<ul style="list-style-type: none"> <li>• \$100,000 per Lifetime, per Policy (up to 6 weeks)</li> <li>• No deductible applies</li> <li>• 10-month Benefit Waiting Period</li> </ul>
Inclusion of Newborn	<ul style="list-style-type: none"> <li>• Automatically included without underwriting if born from a Covered Maternity</li> </ul>
Congenital and Hereditary Disorders <ul style="list-style-type: none"> <li>• Advanced Medical Treatments (Must be pre-approved and coordinated by the Insurance Company)</li> </ul>	<ul style="list-style-type: none"> <li>• \$250,000 per Lifetime, per Insured (when the condition is diagnosed before age 18)</li> <li>• \$1,000,000 per Lifetime, per Insured (when the condition is diagnosed at age 18 or after)</li> <li>• Covered up to the limit indicated when performed within the Advanced Medical Treatment Providers Network.</li> </ul>
Outpatient Physical Therapy, Rehabilitation and Home Health Care (Private Nurse)	<ul style="list-style-type: none"> <li>• \$12,000</li> </ul>
Surgical treatment of disorders of the feet and any treatment secondary to an accident, trauma, or infection	<ul style="list-style-type: none"> <li>• 100%</li> </ul>
Accidental Dental Coverage	<ul style="list-style-type: none"> <li>• 100%</li> </ul>
Physician and Specialist Visits	<ul style="list-style-type: none"> <li>• 100% up to 30 visits</li> </ul>
Reconstructive surgery in case of Illness or Accident	<ul style="list-style-type: none"> <li>• 100%</li> </ul>
Durable Medical Equipment Special Devices, (External prosthesis, Orthotic devices)	<ul style="list-style-type: none"> <li>• \$12,000</li> </ul>
Surgical Implants or prosthesis (Excluding dental)	<ul style="list-style-type: none"> <li>• 100%</li> </ul>
Prescribed Medications	<ul style="list-style-type: none"> <li>• \$6,000 outside of the Hospitalization. Including medications for allergy treatment</li> <li>• 100% during Hospitalization</li> </ul>
Palliative/Hospice Care	<ul style="list-style-type: none"> <li>• \$10,000 per Lifetime, per Insured</li> </ul>
Prophylactic surgery for reduction of cancer risk	<ul style="list-style-type: none"> <li>• \$15,000 per Lifetime, per Insured</li> <li>• 12-month Benefit Waiting Period</li> </ul>
HIV/AIDS Treatments	<ul style="list-style-type: none"> <li>• \$15,000 per Lifetime, per Insured</li> <li>• 24-month Benefit Waiting Period</li> </ul>
<b>Emergency Transportation</b>	
Air Ambulance to the closest hospital of qualified treatment	<ul style="list-style-type: none"> <li>• \$50,000</li> <li>• No deductible applies</li> </ul>
Ground Ambulance	<ul style="list-style-type: none"> <li>• 100%</li> <li>• No deductible applies</li> </ul>
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"> <li>• \$200 per Insured, per Policy year</li> <li>• No deductible applies</li> <li>• No waiting period</li> <li>• No coinsurance applies</li> </ul>

# Table of Benefits

BENEFIT	COVERAGE
Preventive Care (Available in deductibles \$2,000/\$2,000 and \$5,000/\$5,000)	<ul style="list-style-type: none"> <li>• Colon cancer screening (50 years or older): \$1,200 per Insured, every ten years</li> <li>• Mammogram (from 40 years or older): \$400</li> <li>• Pap Smear (Papanicolaou) (21 to 65 years old): \$150 per Insured, every three years</li> <li>• Prostate cancer screening (50 years or older): \$300</li> <li>• No deductible applies</li> <li>• No Benefit Waiting Period applies</li> </ul>
Specialized Treatments (Psychiatry, autism, occupational therapies, sleep apnea and any other sleep disorders)	<ul style="list-style-type: none"> <li>• \$5,000</li> </ul>
Repatriation of Mortal Remains or Cremation Services	<ul style="list-style-type: none"> <li>• \$20,000 in the event of death resulting from a covered Accident or condition</li> </ul>
Illness or Injury in a Private Aircraft	<ul style="list-style-type: none"> <li>• 100%</li> </ul>
Coverage for accidents that occurred during the practice of sports professionally or high risk activities	<ul style="list-style-type: none"> <li>• 100%</li> </ul>
Temporary Emergency coverage while application is evaluated	<ul style="list-style-type: none"> <li>• \$25,000</li> </ul>
Alternative and/or Complementary Treatments (Acupuncture, Hypnosis, Massage Therapy, and Reflexology)	<ul style="list-style-type: none"> <li>• \$150 per Insured, per Policy year</li> <li>• No deductible applies</li> </ul>
Additional Benefits	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Deductible will be reduced by 50% for the Insured that has not filed claims for 3 consecutive Policy Years.</li> </ul>

(\*) The GLOBALCARE™ Network, The Advanced Medical Treatment Provider Network and the Premium Providers Network are updated periodically. Please visit our website for the most current listing . [BestDoctorsInsurance.com](http://BestDoctorsInsurance.com)

## Unique Services

 <p><b>InterConsultation®</b></p> <p>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.</p>	 <p><b>Best Doctors Concierge™</b></p> <p>Coordination of medical appointments, hospital admission, travel arrangements, accommodation and transportation when services are rendered outside of the Insured's Country of Residence.</p>	 <p><b>Individual Case Management</b></p> <p>A program to coordinate, supervise and manage complex cases of long duration.</p>
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## 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)

<p><b>Organ Transplant</b></p>	<ul style="list-style-type: none"> <li>• Up to \$500,000 per organ or tissue, per Lifetime, per Insured, including \$30,000 for Living Donor, with an annual premium of \$400</li> <li>• 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. .</li> </ul>
<p><b>Complications of Maternity and Birth</b></p>	<ul style="list-style-type: none"> <li>• Up to \$500,000 Lifetime cover with an annual premium of \$300</li> <li>• Available in deductible \$2,000/\$2,000</li> <li>• No deductible applies</li> <li>• 10-month Benefit Waiting Period</li> </ul>
<p><b>CriticalSelect™</b> Eligibility: Age 3-59, renewable cover up to age 65</p>	<ul style="list-style-type: none"> <li>• Cash payment to cover immediate or unexpected expenses, existing debts and lifestyle changes you might need to make if faced with a critical illness</li> <li>• 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</li> </ul>

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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**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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**Best Doctors Insurance Services, LLC.**

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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