



Best Doctors®
INSURANCE

MY CHOICE™

TABLE OF BENEFITS



BRAZIL

EFFECTIVE JULY 1, 2025

Provider Network

My Choice: Free choice of Hospitals and Physicians anywhere in the world.

My Choice Net: Worldwide. Free choice of Hospitals and Physicians anywhere in the world. In Brazil, Covered Expenses within the Premium Providers Network^(*) are subject to 20% Coinsurance per treatment.

STANDARD PLAN	COVERAGE
Maximum Benefit	<ul style="list-style-type: none"> \$3,000,000
Renewal	<ul style="list-style-type: none"> Lifetime guarantee, as long as Policy conditions are met
Eligibility to Apply	<ul style="list-style-type: none"> From 18 to 74 years old
Geographical Coverage	<ul style="list-style-type: none"> Worldwide
Private and Semi-Private Room	<ul style="list-style-type: none"> 100%
Intensive Care Unit	<ul style="list-style-type: none"> 100%
Therapy and Rehabilitation <ul style="list-style-type: none"> During Hospitalization Following a covered Hospitalization or surgery, up to 30 days after Hospital discharge 	<ul style="list-style-type: none"> 100% \$10,000
Home health care (Private Nurse) <ul style="list-style-type: none"> Following a covered Hospitalization or surgery 	<ul style="list-style-type: none"> 100%
Durable Medical Equipment, Special Devices, External Prosthesis, and Orthotic Devices	<ul style="list-style-type: none"> \$7,000
Surgery (Inpatient or Outpatient)	<ul style="list-style-type: none"> 100%
Reconstructive surgery in case of illness or Accident	<ul style="list-style-type: none"> 100%
Surgical Implants or prosthesis (Excluding dental)	<ul style="list-style-type: none"> 100%
Prescribed Medications during Hospitalization	<ul style="list-style-type: none"> 100%
Hospital Accommodation for Companion of Hospitalized Child under 18	<ul style="list-style-type: none"> \$150 per day, up to 10 nights Includes food charges in hospital bill in Brazil
Surgeon and Anesthetist Fees	<ul style="list-style-type: none"> 100%
Emergency Room	<ul style="list-style-type: none"> 100%
Routine Pediatric Health Checkup Includes laboratory tests, X-rays, vaccines, and any other medical expense related to the checkup	<ul style="list-style-type: none"> \$150 No Deductible applies No Benefit Waiting Period
Routine Health Checkup (age 18 and over) Includes laboratory tests, X-rays, vaccines, chiropractic, nutritionist treatments, smoking cessation therapy, sterilization procedure and any other medical expense related to the checkup	<ul style="list-style-type: none"> For deductibles \$1,000/2,000, \$2,000, \$3,000 and \$5,000): \$500 For deductibles \$10,000/\$10,000 and \$20,000/\$20,000: \$300 No Deductible applies No Benefit Waiting Period No Coinsurance applies
Major Diagnostic Services	<ul style="list-style-type: none"> 100% When related to a surgery, covered at 100% for 30 days before the surgery and 30 days after date of discharge
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% It is recommended to use the Advanced Medical Treatment Provider Network.
Dialysis	<ul style="list-style-type: none"> 100%
HIV/AIDS	<ul style="list-style-type: none"> \$500,000 per Lifetime, per Insured 24-month Benefit Waiting Period
Congenital Conditions and Hereditary Conditions <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"> \$750,000 per Lifetime, per Insured when diagnosed before age 18 100% when diagnosed at age 18 or after It is recommended to use the Advanced Medical Treatment Provider Network.
Surgical treatment of disorders of the feet and any treatment secondary to an accident, trauma, or infection	<ul style="list-style-type: none"> 100%
Temporary Emergency coverage while application is evaluated	<ul style="list-style-type: none"> \$25,000
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%
Repatriation of Mortal Remains or Cremation Services for Death Resulting From a Covered Accident or Condition	<ul style="list-style-type: none"> \$50,000 No Deductible applies

Module 1: Outpatient

REQUIRES STANDARD PLAN: The availability of this Module is limited to certain geographical regions. Therefore, this coverage is offered according to where it is available once it is requested and approved at the time or underwriting.

Physicians and Specialists Visits	<ul style="list-style-type: none"> • 100%
Outpatient Diagnostic Services	<ul style="list-style-type: none"> • \$10,000
Specialized Treatments (psychiatry, psychology, alternative and/or complementary treatment, occupational therapy, autism, sleep apnea and any other sleep disorder)	<ul style="list-style-type: none"> • \$2,000
Outpatient Prescribed Medications	<ul style="list-style-type: none"> • \$7,000
Emergency Dental Coverage	<ul style="list-style-type: none"> • 100%
Bariatric surgery, gastric bypass, and other procedures for weight loss, including medications and complications	<ul style="list-style-type: none"> • \$5,000 per Lifetime, per Insured • 24-month Benefit Waiting Period
Ground Ambulance	<ul style="list-style-type: none"> • 100%

Module 2: Maternity

REQUIRES STANDARD PLAN: This Module is available only for Deductible options \$1,000/\$2,000, \$2,500 and \$3,500. The availability of this Module is limited to certain geographical regions. Therefore, this coverage is offered according to where it is available once it is requested and approved at the time or underwriting.

Maternity Care	<ul style="list-style-type: none"> • \$4,500 per pregnancy • Cost of extraction and preservation of stem cells included in maternity benefit • Automatic inclusion of newborn without underwriting if born from a Covered Maternity • No Deductible applies • 10-month Benefit Waiting Period
Complications of Maternity and Birth	<ul style="list-style-type: none"> • \$500,000 per Lifetime, per Policy (up to 6 weeks) • No deductible applies • 10-month Benefit Waiting Period
Routine Pediatric Health Checkup Includes laboratory tests, X-rays, vaccines, and any other medical expense related to the checkup	<ul style="list-style-type: none"> • Before 12 months of age: 5 visits up to \$200 per visit • From 12 months of age and until the age of 18: one annual checkup, up to \$100 • No Deductible applies • No Benefit Waiting Period applies

Module 3: Organ and Tissue Transplant

REQUIRES STANDARD PLAN: The availability of this Module is limited to certain geographical regions. Therefore, this coverage is offered according to where it is available once it is requested and approved at the time or underwriting.

- Advanced Medical Treatments (Must be pre-approved and coordinated by the Insurance Company)
- \$1,000,000 per Organ or Tissue, per Lifetime, per Insured, including \$40,000 for living donor
- It is recommended to use the Advanced Medical Treatment Provider Network.

Unique Services

 <p>InterConsultation®</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>Best Doctors Concierge™</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>Individual Case Management</p> <p>A program to coordinate, supervise and manage complex cases of long duration.</p>
---	--	---

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 the event of a Serious Accident, as defined in this Policy, Deductible will be waived only on the first Hospitalization that follows the Serious Accident. Any subsequent Treatment will incur the Deductible.
- All Covered Expenses will be paid according to the Usual, Customary, and Reasonable costs and fees. Unless otherwise specified, all benefits in the Standard Plan will not cover outpatient services.
- Deductible option selected for Standard Plan applies to all Modules. The selected Deductible applies per Insured, per Policy Year. Maximum two Deductibles per family per Policy Year.

Additional Coverage Available (Rider)

CriticalSelect™
 Eligibility: Age 3–59, renewable cover up to age 65

- Cash payment to cover immediate or unexpected expenses, existing debts, and lifestyle changes if faced with a Critical Illness
- Covered conditions and surgeries: Cancer, Cerebral Vascular Accident (stroke), Myocardial infarction (heart attack), Myocardial Revascularization Surgery (coronary artery by-pass surgery), Renal Failure (kidney failure), multiple sclerosis, benign brain tumor, paralysis (paraplegia), Organ or Tissue 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.

Best Doctors, the Star-In-Cross logo, and InterConsultation are registrable trademarks or registered trademarks of Best Doctors, Inc. and have been licensed for use under agreement by 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).

MY CHOICE is a registerable trademark of Best Doctors Insurance Limited or its affiliate companies.

Best Doctors Insurance Services, LLC.

5201 Blue Lagoon Drive, Suite 300
Miami, FL 33126

Call USA 1.305.269.2521

USA Toll Free 1.866.902.7775

Fax 1.800.476.1160

[BestDoctorsInsurance.com](https://www.BestDoctorsInsurance.com)

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