

# PREMIER PLUS™

## TABLE OF BENEFITS



**BRAZIL**

EFFECTIVE JULY 1, 2025

Provider Network

**Premier Plus:** Free choice of Hospitals and Physicians anywhere in the world.

**Premier Plus Net:** Free choice of Hospitals and Physicians anywhere in the world. In Brazil, Covered Expenses within the Premium Providers Network<sup>(\*)</sup> are subject to 20% Coinsurance per treatment.

BENEFIT	COVERAGE
Maximum Benefit	<ul style="list-style-type: none"> <li>\$7,000,000</li> </ul>
Eligibility to Apply	<ul style="list-style-type: none"> <li>From 18 to 74 years old</li> </ul>
Geographical Coverage	<ul style="list-style-type: none"> <li>Worldwide</li> </ul>
Renewal	<ul style="list-style-type: none"> <li>Lifetime guarantee, as long as Policy conditions are met</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>\$300 per day, up to 10 nights</li> <li>Includes food charges in hospital bill in Brazil</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>It is recommended to use the Advanced Medical Treatment Provider Network.</li> </ul>
Dialysis	<ul style="list-style-type: none"> <li>100%</li> </ul>
Maternity Care (Available in deductibles \$2,000 and \$5,000)	<ul style="list-style-type: none"> <li>\$8,500 per pregnancy</li> <li>Includes pre- and post-natal care</li> <li>Automatic inclusion of newborn without underwriting if born from a Covered Maternity</li> <li>No Deductible applies</li> <li>10-month Benefit Waiting Period</li> </ul>
Complications of Maternity and Birth (Available in deductibles \$2,000 and \$5,000)	<ul style="list-style-type: none"> <li>\$125,000 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>Automatic without underwriting if born from a Covered Maternity</li> </ul>
Pediatric Check-up, including vaccines	<ul style="list-style-type: none"> <li>Before 12 months: 5 visits, maximum \$200 per visit</li> <li>From 1 to 18 years old: \$100</li> <li>No Benefit Waiting Period</li> <li>No deductible</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>100%</li> <li>It is recommended to use the Advanced Medical Treatment Provider Network.</li> </ul>
Organ and Tissue Transplants <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>\$1,000,000 per Organ or Tissue, per Lifetime, per Insured, including \$40,000 for living donor</li> <li>It is recommended to use the Advanced Medical Treatment Provider Network.</li> </ul>
Outpatient Physical Therapy, Rehabilitation and Home Health Care (Private Nurse)	<ul style="list-style-type: none"> <li>100%</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>
Emergency Dental Coverage	<ul style="list-style-type: none"> <li>100%</li> </ul>
Physician and Specialist Visits	<ul style="list-style-type: none"> <li>100%</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>100%</li> </ul>

# Table of Benefits

BENEFIT	COVERAGE
Prophylactic surgery for cancer risk reduction	<ul style="list-style-type: none"> <li>• \$30,000 per Lifetime, per Insured</li> <li>• 12-month Benefit Waiting Period</li> </ul>
Bariatric surgery, gastric bypass, and other procedures for weight loss, including medications and complications	<ul style="list-style-type: none"> <li>• \$10,000 per Lifetime, per Insured</li> <li>• 24-month Benefit Waiting Period</li> </ul>
Surgical Implants or prosthesis (Excluding dental)	<ul style="list-style-type: none"> <li>• 100%</li> </ul>
Cochlear Implants	<ul style="list-style-type: none"> <li>• \$30,000 per Lifetime, per Insured</li> </ul>
Prescribed Medications	<ul style="list-style-type: none"> <li>• 100%</li> </ul>
Treatment of Allergies	<ul style="list-style-type: none"> <li>• 100%</li> </ul>
HIV/AIDS	<ul style="list-style-type: none"> <li>• \$1,000,000 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>• \$100,000</li> <li>• No deductible applies</li> </ul>
Ground Ambulance to the closest hospital of qualified treatment	<ul style="list-style-type: none"> <li>• 100%</li> <li>• No deductible applies</li> </ul>
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"> <li>• \$500</li> <li>• No deductible applies</li> <li>• No Benefit Waiting Period applies</li> </ul>
Specialized Treatments (psychiatry, psychology, occupational therapies, autism, homeopathic treatment or alternative medicine treatment, sleep apnea and any other sleep disorders)	<ul style="list-style-type: none"> <li>• \$7,500</li> </ul>
Repatriation of Mortal Remains or Cremation Services	<ul style="list-style-type: none"> <li>• \$50,000 in the event of death resulting from a covered Accident, Illness, or Injury</li> </ul>
Palliative/Hospice Care	<ul style="list-style-type: none"> <li>• \$15,000 per Lifetime, per Insured</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>
Additional Benefits	<ul style="list-style-type: none"> <li>• In the event of death of the Primary Insured, his/her Insured Dependents will have free coverage for two years after the last paid period.</li> <li>• Deductible will be waived up to a \$5,000 maximum in case of an Emergency or Accident 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>• The Insurer will reimburse up to a maximum of \$1,500 for the cost of airline tickets for member and companion to travel from the country of residence to one of the providers included in the Best Doctors Centers of Excellence Network, previously approved by the Insurer.</li> <li>• In case of a Dependant daughter who has been insured more than ten (10) months under their parents Policy, the ten (10) month Benefit Waiting Period to receive Maternity Benefits (including Maternity Complications and Stem cells preservation) will be waived, at the time of issuing their own coverage under a similar plan with same Maternity benefits identical to the one she had under their parents' plan (available in deductibles \$2,000, \$2,500, and \$5,000).</li> <li>• Deductible will be reduced by 50% for the Insured that has not filed claims for 3 consecutive Policy Years.</li> </ul>

## 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 the case of a serious Accident, no Deductible will apply for the first Hospitalization.
- All Covered Expenses will be paid according to the Usual, Customary, and Reasonable costs and fees.

## Additional Coverage Available (Rider)

### Complications of Maternity and Birth

- Up to \$500,000 additional lifetime cover with an annual premium of \$300
- Available in deductibles \$2,000 and \$5,000
- 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.

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).**

PREMIER PLUS is a registrable 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](http://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.

