



Best Doctors®  
INSURANCE

# GLOBAL CARE™ PRIME

## TABLE OF BENEFITS



**BRAZIL**

EFFECTIVE JULY 1, 2026

| 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 Latin America:</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<br>(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<br>(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>\$150,000 per Lifetime, per Insured (when the condition is diagnosed before age 18)</li> <li>\$500,000 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<br>(Excluding dental)                                                                                                                             | <ul style="list-style-type: none"> <li>100%</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Prescribed Medications                                                                                                                                                            | <ul style="list-style-type: none"> <li>\$2,000 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>\$5,000 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

| BENEFIT                                                                                                                                                                                                    | COVERAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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 to the closest hospital of qualified treatment                                                                                                                                            | <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</li> <li>• No deductible applies</li> <li>• No waiting period</li> <li>• No coinsurance applies</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Coverage Alzheimer disease                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>• 100% up to 50 visits</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Alternative and/or Complementary Treatments (Acupuncture, Hypnosis, Massage Therapy, and Reflexology)                                                                                                      | <ul style="list-style-type: none"> <li>• \$150</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> |

## Other Services

### Patient Navigation Services

A coordinated set of support activities designed to help Insureds understand, access, and effectively optimize the use of their covered health benefits under the Policy. The Patient Navigation Team assists patients in overcoming barriers to care by providing individualized guidance across healthcare systems; providing support in locating appropriate providers, schedule appointments, coordinate referrals, overcome logistical barriers, and connect with community or clinical resources. By using Patient Navigation Services, the Insured may be eligible for reduced cost sharing, including a reduction in the Individual Deductible, for certain procedures at designated medical facilities.

### InterConsultation®

A service that offers a meticulous review of the Insured's medical records performed by an independent Physician or medical professional which provides the patient with a Second Medical Opinion regarding diagnosis and treatment.

### Best Doctors Concierge™

A service that assists the Insured with the coordination of medical appointments, hospital admissions, travel arrangements, accommodations, and transportation when medical services are to be rendered outside the Insured's Country of Residence.

### Individual Case Management

A program that coordinates, supervises, and manages complex medical 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.

## Optional Additional Coverage

### 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 Rider

**Eligibility:**  
Age 3-59

**Renewable:**  
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 Illnesses or procedures: Acute Myocardial Infarction (heart attack); Aortic coronary by-pass; Benign brain tumor; Cancer (life-threatening); Cerebral Vascular Accident (life-threatening); Limb loss (arm or leg); Loss of hearing/bilateral deafness; Loss of vision/total blindness; Multiple sclerosis; Paralysis; Parkinson's disease; Renal failure; Systemic lupus erythematosus (SLE); Transplant of the following organs: kidneys, heart, lungs, liver, pancreas, and/or bone marrow.

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).**

GLOBAL CARE is a registerable trademark of Best Doctors Insurance Limited or its affiliate companies.

**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.



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