



Best Doctors®
I N S U R A N C E

MEDICAL ELITE™

TABLE OF BENEFITS



EFFECTIVE JULY 1, 2026

BENEFIT	COVERAGE
Maximum Benefit	<ul style="list-style-type: none"> • \$10,000,000
Eligibility to Apply	<ul style="list-style-type: none"> • From 18 to 74 years old
Renewal	<ul style="list-style-type: none"> • Lifetime guarantee, as long as Policy conditions are met
Geographical Coverage and Provider Network	<ul style="list-style-type: none"> • Worldwide. Flexibility to choose doctors and hospitals anywhere in the world
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"> • \$500 per day, up to 20 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% • It is recommended to use the Advanced Medical Treatment Provider Network.
Dialysis	<ul style="list-style-type: none"> • 100%
Maternity (Available in deductibles \$500/\$1,000, \$1,000/\$2,000 and \$2,000/\$3,000)	<ul style="list-style-type: none"> • 100% for normal delivery within the Maternity Hospital Network^(*), including up to \$10,500 for pre- and post-natal care • Up to \$10,500 for normal delivery outside the Maternity Hospital Network^(*), including pre- and post-natal care • Up to \$12,000 for elective cesarean delivery at any hospital • No deductible applies • 10-month Benefit Waiting Period
Stem Cells (Available in deductibles \$500/\$1,000, \$1,000/\$2,000 and \$2,000/\$3,000)	<ul style="list-style-type: none"> • \$2,000 per covered pregnancy for extraction and preservation of stem cells • No deductible applies • 10-month Benefit Waiting Period
Complications of Maternity and Birth (Available in deductibles \$500/\$1,000, \$1,000/\$2,000 and \$2,000/\$3,000)	<ul style="list-style-type: none"> • \$1,000,000 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"> • Automatic without underwriting if born from a Covered Maternity
Routine Health Checkups for Minor Children	<ul style="list-style-type: none"> • Before 12 months of age: up to \$300 per visit • From 12 months of age and until the age of 18: one annual checkup, up to \$100 • No deductible applies
Congenital and or 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"> • 100% • It is recommended to use the Advanced Medical Treatment Provider Network.
Organ and Tissue Transplants <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"> • \$3,000,000 per Organ or Tissue, Lifetime per Insured, including \$50,000 for living donor • It is recommended to use the Advanced Medical Treatment Provider Network.
Outpatient Physical Therapy, Rehabilitation and Home Health Care (Private Nurse)	<ul style="list-style-type: none"> • 100%
Surgical treatment of disorders of the feet and any treatment secondary to an accident, trauma, or infection	<ul style="list-style-type: none"> • 100%
Emergency Dental Coverage	<ul style="list-style-type: none"> • 100%
Physician and Specialist Visits	<ul style="list-style-type: none"> • 100%
Reconstructive Surgery in case of Illness or Accident	<ul style="list-style-type: none"> • 100%
Prophylactic surgery for reduction in cancer risk	<ul style="list-style-type: none"> • \$35,000 per Lifetime, per Insured • 12-month Benefit Waiting Period
Bariatric surgery, gastric bypass, and other procedures for weight loss, including medications and complications	<ul style="list-style-type: none"> • \$15,000 per Lifetime, per Insured • 24-month Benefit Waiting Period
Durable Medical Equipment, Special Devices (External prosthesis, Orthotic devices)	<ul style="list-style-type: none"> • 100%

BENEFIT	COVERAGE
Surgical Implants or Prosthesis (Excluded dental)	<ul style="list-style-type: none"> • 100%
Cochlear Implants	<ul style="list-style-type: none"> • \$50,000 per Lifetime, per Insured
Prescribed Medications	<ul style="list-style-type: none"> • 100%
Treatment of Allergies	<ul style="list-style-type: none"> • 100%
HIV/AIDS	<ul style="list-style-type: none"> • \$1,000,000 per Lifetime, per Insured • 24-month Benefit Waiting Period
Palliative/Hospice Care	<ul style="list-style-type: none"> • 100% per Lifetime, per Insured
Preventive Care (Available in deductibles \$500/\$1,000, \$1,000/\$2,000, \$2,000/\$3,000 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
Emergency Transportation	
Air Ambulance	<ul style="list-style-type: none"> • 100% to the closest hospital of qualified treatment • No deductible applies
Ground Ambulance	<ul style="list-style-type: none"> • Coverage of the cost of a return air ticket up to \$2,000, deductible applies • 100% to the closest hospital of qualified treatment • No deductible applies
Routine Health Checkup (age 18 and over) (includes laboratory tests, X-rays, vaccines, chiropractic, nutritionist treatments, therapies for quitting smoking, sterilization procedure and any other medical expense related to the checkup)	<ul style="list-style-type: none"> • For deductibles \$500/\$1,000, \$1,000/\$2,000, \$2,000/\$3,000 and \$5,000/\$5,000: \$750 • For deductibles \$10,000/\$10,000 and \$20,000/\$20,000: \$500 • No deductible applies • No Benefit Waiting Period
Specialized Treatments (Psychiatry, occupational therapies, sleep apnea and any other sleep disorder)	<ul style="list-style-type: none"> • \$10,000
Autism	<ul style="list-style-type: none"> • 100% Dependents born from a Covered Maternity • \$10,000 for Dependents not born from a Covered Maternity who develop the condition while covered by the Policy
Repatriation of Mortal Remains or Cremation Services	<ul style="list-style-type: none"> • 100% per Insured in the event of death resulting from a Covered Accident or condition
Illness or Injury in 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"> • \$30,000
Coverage Alzheimer disease	<ul style="list-style-type: none"> • 100%
Alternative and/or Complementary Treatment (Acupuncture, Hypnosis, Massage Therapy, and Reflexology)	<ul style="list-style-type: none"> • \$200 • No deductible applies
Additional Benefits	<ul style="list-style-type: none"> • 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. • 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 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. • The Insurer will reimburse up to a maximum of \$2,000 for the cost of a ticket in economy class to travel from the country of residence to one of the providers included in the Centers of Excellence Network in Latin America, previously approved by the Insurer. • Deductible will be reduced by 50% for the Insured that has not filed claims for 3 consecutive Policy Years.

ⓘ The Maternity Hospital Network and the Advanced Medical Treatment Provider Network are updated periodically.

Please visit our website for the most current listing BestDoctorsInsurance.com

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.

Elite Navigator™:

A service that provides access to a personal physician advocate that helps Insureds understand their diagnostic tests and medical checkup results and provides support to empower them to have more effective conversations with their own treating physician.

Things You Should Know

- Unless otherwise stated, all benefits are per Insured, per Policy Year, subject to the selected Deductible. 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.

Optional Additional Coverage

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.

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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.



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