Best Doctors® INSURANCE

MY CHOICE™

TABLE OF BENEFITS

BRAZIL NET

EFFECTIVE JULY 1, 2026

MYCHOICE™

Table of Benefits

Provider Network

Geographic Coverage: Worldwide. Free choice of Hospitals and Physicians anywhere in the world. In Brazil, Covered Expenses within thePremium Providers Network(*) are subject to 20% Coinsurance up to a maximum of $20.000 per Insured per Policy Year.

STANDARD PLAN	COVERAGE
Maximum Benefit	• $3,000,000
Renewal	• Lifetime guarantee, as long as Policy conditions are met
Eligibility to Apply	• From 18 to 74 years old
Private and Semi-Private Room	• 100%
Intensive Care Unit	• 100%
Therapy and Rehabilitation • During Hospitalization • Following a covered Hospitalization or surgery, up to 30 days after Hospital discharge	 • 100% • $10,000
Home health care (Private Nurse) • Following a covered Hospitalization or surgery	 • 100%
Durable Medical Equipment, Special Devices, External Prosthesis, and Orthotic Devices	• $7,000
Surgery (Inpatient or Outpatient)	• 100%
Reconstructive surgery in case of illness or Accident	• 100%
Surgical Implants or prosthesis (Excluding dental)	• 100%
Prescribed Medications during Hospitalization	• 100%
Hospital Accommodation for Companion of Hospitalized Child under 18	• $150 per day, up to 10 nights • Includes food charges in hospital bill in Brazil
Surgeon and Anesthetist Fees	• 100%
Emergency Room	• 100%
Routine Pediatric Health Checkup Includes laboratory tests, X-rays, vaccines, and any other medical expense related to the checkup	• $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	• 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	• 100% • When related to a surgery, covered at 100% for 30 days before the surgery and 30 days after date of discharge
Oncology Treatments • Advanced Medical Treatments (Must be pre-approved and coordinated by the Insurance Company)	• 100% • It is recommended to use the Advanced Medical Treatment Provider Network.
Dialysis	• 100%
HIV/AIDS	• $500,000 per Lifetime, per Insured • 24-month Benefit Waiting Period
Congenital Conditions and Hereditary Conditions • Advanced Medical Treatments (Must be pre-approved and coordinated by the Insurance Company)	• $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	• 100%
Temporary Emergency coverage while application is evaluated	• $25,000
Emergency Transportation	
Air Ambulance to the closest hospital of qualified treatment Ground Ambulance to the closest hospital of qualified treatment	• $50,000 • No Deductible applies • 100%
Repatriation of Mortal Remains or Cremation Services for Death Resulting From a Covered Accident or Condition	• $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	• 100%
Outpatient Diagnostic Services	• $10,000
Specialized Treatments (psychiatry, psychology, alternative and/or complementary treatment, occupational therapy, autism, sleep apnea and any other sleep disorder)	• $2,000
Outpatient Prescribed Medications	• $7,000
Emergency Dental Coverage	• 100%
Bariatric surgery, gastric bypass, and other procedures for weight loss, including medications and complications	• $5,000 per Lifetime, per Insured • 24-month Benefit Waiting Period
Ground Ambulance	• 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	• $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	• $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	• 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.

(*) 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**

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 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.

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.

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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.

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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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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