Best Doctors® INSURANCE

PREMIER PLUS™ Pro

TABLE OF BENEFITS

BRAZIL

EFFECTIVE MARCH 1, 2026

Things You Should Know

- All benefits apply per Insured, per Policy Year, and are subject to any applicable Individual and Family Deductibles, Coinsurance, fees, exclusions, and other terms of the Policy, except when otherwise specified in the Table of Benefits. Any limitations established during the underwriting process will supersede what is stipulated in the Table of Benefits. The Insurance Company shall pay the Usual, Customary, and Reasonable (UCR) charges for the Covered Expenses incurred by an Insured when indicated in the Table of Benefits.
- Certain types of incurred medical expenses may have limitations or specific conditions that must be met for them to be considered Covered Expenses under the Policy. Certain medical expenses will only be considered Covered Expenses to the extent that they are included in the Table of Benefits, and only under the terms and conditions set forth below in the Conditions of Coverage.
- The Policy has a thirty (30) day Policy Waiting Period that starts on the Cover Effective Date of each Insured. During this time, coverage will only apply to Illnesses or Injuries caused by a covered Accident or a condition of infectious origin that occurs or is manifested for the first time during this period. Any other condition or symptom that is not caused by a covered Accident or a condition of infectious origin that occurs during the Policy Waiting Period will be permanently excluded from coverage.
- Certain benefits contain a Benefit Waiting Period which is indicated in the Table of Benefits. The Benefit Waiting Period starts on the Cover Effective Date of each Insured. When a new benefit or a new Module is added, the Benefit Waiting Period will be calculated as of the Renewal Date when such benefit or Module becomes effective as shown in the Table of Benefits.
- The Insured must obtain pre-authorization before incurring any medical expenses associated with Emergency and non-Emergency medical treatment or services for any of the following benefits, medical treatments, and services when covered under the Policy. **All Covered Expenses for the benefits, medical treatments, and services listed below will be subject to a penalty of forty percent (40%) if the corresponding pre-authorization has not been obtained:**

  - All Hospital admissions
  - All inpatient and outpatient surgeries
  - Oncology Treatment
  - Gene Therapy / CAR T Cell Therapy
  - Dialysis
  - Outpatient Highly Specialized Medications (HSM)
  - Outpatient Rehabilitation Therapy
  - Autism Spectrum Disorders
  - Occupational, Orthoptic, and Speech Therapies
  - Home Health Care (Private Nurse)
  - Maternity Care
  - Air Ambulance
  - Airfare Reimbursement After Air Ambulance Transportation
  - Airfare Reimbursement for Travel to Centers of Excellence
  - Congenital and Hereditary Disorders
  - HIV and AIDS
  - Sleep Apnea and Other Sleep Disorders
  - Durable Medical Equipment, External Prosthesis, Orthotic Devices
  - Palliative Care/Hospice Services
  - Repatriation of Mortal Remains or Cremation Services

GENERAL BENEFITS	COVERAGE
Maximum Annual Benefit	• $7 million
Available Deductibles • In and Out of Country	• $2.000 • $3.000 • $5.000 • $10.000 • $20.000 • $50.000
Deductible Waiver for Serious Accidents	• Yes
Deductible Waiver for Emergencies, Urgencies, and Accidents While Traveling Outside Country of Residence but within the Area of Coverage	• Up to $5.000
Deductible will be reduced by 50% for the Insured that has not filed claims for 3 consecutive Policy Years	• For Deductibles up to $5.000
Eligibility	• From 18 to 74 years of age
Temporary Emergency Coverage While Application is Evaluated	• $25.000
Renewal	• Lifetime guarantee, as long as Policy conditions are met
Area of Coverage	• Worldwide
Provider Network	• Free choice of Providers

PREMIERPLUS™ Pro

Table of Benefits

HOSPITALIZATION BENEFITS	COVERAGE
Hospital Admission • Room and Board (Private and Semi-private Room)	• 100%
Intensive Care Unit	• 100%
Accommodation and Meals Provided by Hospital for Companion of Hospitalized Insured • No age limit	• $300 per night, max. 30 nights
Diagnostic Procedures During Hospitalization	• 100%
Prescription Medications During Hospitalization	• 100%
Rehabilitation During Hospitalization • Physical therapy, respiratory therapy, cardiac rehabilitation, speech therapy, occupational therapy	• 100%

INPATIENT AND DAY PATIENT BENEFITS	COVERAGE
Emergency Room	• 100%
Surgery	• 100%
Surgeon and Anesthesiologist Fees	• 100%
Organ and Tissue Transplants • Per organ or tissue	• $1.100.000 lifetime • Includes $60.000 for Living Donor expenses
Reconstructive or Corrective Surgery • In case of covered Illness, Injury, or surgery	• 100%
Bariatric Surgery, Gastric Bypass, and Other Weight Loss Surgical Procedures • Includes Prescription Medication and complications	• $10.000 lifetime • 24-month Benefit Waiting Period
Prophylactic Surgery to Reduce Cancer Risk	• $25.000 lifetime • 12-month Benefit Waiting Period
Surgical Treatment for Symptomatic Disorders of the Feet	• 100% • 24-month Benefit Waiting Period except for covered Accident, trauma or infection
Surgical Implants or Prosthesis • Excludes dental	• 100%
Cochlear Implants for Congenital Condition	• $30.000
Refractive Eye Surgery	• $500 lifetime per eye • 24-month Benefit Waiting Period
Oncology Treatment • Tests, medication, chemotherapy, radiotherapy, immunotherapy, hormone therapy, and other clinically approved Oncology Treatment	• 100%
Gene Therapy / CAR T Cell Therapy	• 100%
Dialysis	• 100%

OUTPATIENT BENEFITS	COVERAGE
Physicians and Specialists Visits • Includes visits for Dementia and Alzheimer's Disease	• 100%
Diagnostic Procedures	• 100%
Prescription Medication	• 100%
Highly Specialized Medications (HSM) • Includes medication for Dementia and Alzheimer's Disease	• 100%
Rehabilitation Therapy • Physical therapy, respiratory therapy, cardiac rehabilitation	• 100%
Autism Spectrum Disorders • Excludes educational therapies	• $5.000

OUTPATIENT BENEFITS (CONT.)	COVERAGE
Occupational, Orthoptic, and Speech Therapies • Excludes therapy in educational/school facilities	• $7.500
Psychologist Visits • Referred by a psychiatrist	
Home Health Care • Private Nurse	• 100%
Complementary and Alternative Medicine • Homeopathy, acupuncture, naturopathy, Chinese or Oriental medicine, chiropractic, osteopathy, and electromagnetic therapy	• $200

PREVENTIVE BENEFITS	COVERAGE
Adult Routine Health Check-Up • Insureds 18 years old and over	• For Deductibles up to $20.000 • $600 • No Deductible
Preventive Colon Cancer Screening/Colonoscopy • Insureds 45+ years old, every 10 years	• $1.200 • 12-month Benefit Waiting Period
Pediatric Routine Health Check-up • 1 to 17 years old: one visit per Policy Year • Newborn to 12 months old: up to 6 visits	• For Deductibles up to $3.000 • $400 • No Deductible

MATERNITY BENEFITS	COVERAGE
Maternity Care • Pre- and postnatal care • Normal delivery • Elective Cesarean section	• For Deductibles up to $3.000 • $8.500 • No Deductible • 10-month Benefit Waiting Period • Waiving of Benefit Waiting Period for Insured Dependent daughter when moving to their own Policy
Complications of Maternity and Birth	• For Deductibles up to $3.000 • $1.000.000 lifetime per Policy • No Deductible • 10-month Benefit Waiting Period
Newborn Inclusion Without Underwriting • When born from a Covered Maternity	• Yes
Premium Waiver for Dependent Children • Only for children born from Covered Maternity • For 2 children when both parents covered under the Policy • For 1 child when only one parent covered the Policy • Requires uninterrupted coverage for the child under the plan where they were born • Waiver will not be transferred if child moves to another plan/product	• For Deductibles up to $2.000 • Dependents up to 5 years old
Stem Cell Extraction and Preservation For One Year After Extraction	• For Deductibles up to $3.000 • $1.000 • No Deductible • 10-month Benefit Waiting Period

EMERGENCY TRANSPORTATION BENEFITS	COVERAGE
Ground Ambulance • To nearest qualified Hospital to stabilize patient	• 100% • No Deductible
Air Ambulance • To nearest qualified Hospital to stabilize patient	• 100% • No Deductible
Airfare Reimbursement for Insured and One Companion • After Air Ambulance evacuation	• $1.000 per ticket
Airfare Reimbursement for Insured and One Companion • Travel to Centers of Excellence	• $1.500 per ticket

OTHER BENEFITS	COVERAGE
Congenital and Hereditary Disorders • Diagnosed before 18 years old	• $3.000.000 lifetime
Congenital and Hereditary Disorders • Diagnosed at or after 18 years old	• 100%
HIV/AIDS	• $1.000.000 lifetime • 24-month Benefit Waiting Period
Sleep Apnea and Other Sleep Disorders • Sleep studies (polysomnogram), CPAP equipment, and related supplies	• $3.000
Durable Medical Equipment, External Prosthesis and Orthotic Devices	• 100%
Palliative Care/Hospice Services	• 100%
Accidents Related to the Practice of Professional Sports or High Risk Activities	• 100%
Illness or Injury in Private Aircraft	• 100%
Dental Treatment Due to Covered Accident • Treatment within 180 days of event	• Yes
Hearing Aids	• $2.000 lifetime
Repatriation of Mortal Remains or Cremation Services • When death resulted from a covered Illness or Accident	• 100%
Primary Insured's Death Benefit	• 2 years

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.

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.

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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 administration 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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