

MEDICAL
CARE™
WORLDWIDE

TABLE OF BENEFITS

BENEFIT	COVERAGE
Maximum Benefit	\$3,000,000
Eligibility to Apply	From 18 to 74 years old
Renewal	Lifetime guarantee, as long as Policy conditions are met
Area of Coverage and Provider Network	Outside the USA: Free choice of Hospitals and physicians In the USA: Restricted access to the MEDICALCARE™ Network^(*): Covered medical expenses incurred outside of the MEDICALCARE™ Network^(*) in the United States will be covered at 60%, up to a maximum of \$600 per day for a private or semi-private room and \$1,200 per day for the intensive care unit. Emergency Medical Treatment will be covered at 100% up to the maximum benefit of the Policy. Advanced Medical Treatments: Covered up to the limits indicated below when performed within the Advanced Medical Treatment Providers Network^(*). Covered medical expenses incurred outside the Advanced Medical Treatment Providers Network^(*) are covered at 60%.
Private and Semi-Private Room	100% with no limit as to the number of days within the MEDICALCARE™ Network^(*)
Intensive Care Unit	100% with no limit as to the number of days within the MEDICALCARE™ Network^(*)
Surgery (Including Outpatient Surgery)	100%
Emergency Room	100%
Surgeon and Anesthetist Fees	100%
Major Diagnostic Services	100%
Oncology Treatments Advanced Medical Treatments (Must be pre-approved and coordinated by the Insurance Company)	100% - Covered up to the limit indicated when performed within the Advanced Medical Treatment Providers Network.
Dialysis	100%
Maternity (Available in deductibles \$1,000/\$1,000 and \$2,000/\$2,000)	\$3,500 per event, includes newborn care - No deductible applies - A 10-month Benefit Waiting Period
Complications of Maternity and Birth (Available in deductibles \$1,000/\$1,000 and \$2,000/\$2,000)	\$75,000 per Lifetime, per Policy (up to 6 weeks) - No deductible applies - A 10-month Benefit Waiting Period
Inclusion of Newborn	Automatically included without underwriting if born from a Covered Maternity
Congenital and Hereditary Disorders Advanced Medical Treatments (Must be pre-approved and coordinated by the Insurance Company)	\$100,000 per Lifetime, per Insured (When the condition is diagnosed before age 18) 100% (When the condition is diagnosed at age 18 or after) - Covered up to the limit indicated when performed within the Advanced Medical Treatment Providers Network.
Organ and Tissue Transplants Advanced Medical Treatments (Must be pre-approved and coordinated by the Insurance Company)	\$300,000 per Organ or Tissue, per Lifetime, per Insured, including \$20,000 for living donor - Covered up to the limit indicated when performed within the Advanced Medical Treatment Providers Network.
Outpatient Physical Therapy, Rehabilitation and Home Health Care (Private nurse)	\$4,000
Surgical treatment of disorders of the feet and any treatment secondary to an accident, trauma, or infection	100%
Emergency Dental Coverage	100%
Physician and Specialist Visits	100%
Reconstructive Surgery in case of illness or accident	100%
Durable Medical Equipment Special Devices, External prosthesis, Orthotic devices	\$8,000
Surgical Implants or prosthesis (Excluding dental)	100%
Palliative Care	\$5,000 per Lifetime, per Insured
Prescribed Medications	\$30,000 (outside hospitalization) including medications for allergy treatment 100% during hospitalization

BENEFIT	COVERAGE
Prophylactic surgery for reduction of cancer risk	• \$10,000 per Lifetime, per Insured • 12a-month Benefit Waiting Period
Emergency Transportation	
Air Ambulance	• \$30,000 to the closest hospital of qualified treatment • No deductible applies
Ground Ambulance	• 100% to the closest hospital of qualified treatment • No deductible applies
Routine Health Check Up (age 18 and over) (Available in deductibles \$1,000/\$1,000, \$2,000/\$2,000 and \$5,000/\$5,000) Includes laboratory tests, X-rays, vaccines and any other medical expense related to the checkup	• \$150 • No deductible applies • No Benefit Waiting Period
Preventive Care (Available in deductibles \$1,000/\$1,000, \$2,000/\$2,000 and \$5,000/\$5,000)	• 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
Specialized Treatments (Psychiatry, autism, occupational therapies, sleep apnea and any other sleep disorders)	• \$2,000
Repatriation of Mortal Remains or Cremation Services	• \$5,000 in the event of death resulting from a covered Accident or condition
Coverage for accidents that occurred during the practice of high risk activities	• 100%
Temporary Emergency coverage while application is evaluated	• \$25,000
Coverage Alzheimer disease	• 100%
Alternative and/or Complementary Treatments (Acupuncture, Hypnosis, Massage Therapy, and Reflexology)	• \$100 • No deductible applies
Additional Benefits	• Deductible will be waived up to a \$5,000 maximum in case of an Emergency, Urgency, or Accident that occurs while the Insured is traveling outside of his/her Country of Residence but within their Area of Coverage. • 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.

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. 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

Complications of
Maternity and Birth

- Up to \$500,000 with an annual premium of \$300
- Available in deductibles \$1,000/\$1,000 and \$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.

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The policy providing your coverage and the insurer providing this policy have not been approved by the Florida Office of Insurance Regulation (FLOIR).

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

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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.

