Best Doctors®
INSURANCE

MEDICAL SELECT™ *Pro*

TABLE OF BENEFITS

INTERNATIONAL

EFFECTIVE MARCH 1, 2026

Table of Benefits

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 (PWP) 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 PWP will be permanently excluded from coverage.
- Certain benefits contain a Benefit Waiting Period (BWP) which is indicated in the Table of Benefits. The BWP 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	• $1 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
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	• International (excl. U.S.)
Provider Network	• No coverage in the U.S. • Free choice of Providers • Services within Premium Providers Network(*) covered at 60%

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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	• $75 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	• $300,000 lifetime • Includes $20,000 for Living Donor expenses
Reconstructive or Corrective Surgery • In case of covered Illness, Injury, or surgery	• 100%
Surgical Treatment for Symptomatic Disorders of the Feet	• 100%
Surgical Implants or Prosthesis • Excludes dental	• 100%
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	• $5,000
Highly Specialized Medications (HSM) • Includes medication for Dementia and Alzheimer's Disease	• $50,000
Rehabilitation Therapy • Physical therapy, respiratory therapy, cardiac rehabilitation	• $4,000
Autism Spectrum Disorders • Excludes educational therapies	• $1,000
Occupational, Orthoptic, and Speech Therapies • Excludes therapy in educational/school facilities	
Home Health Care • Private Nurse	• $4,000

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MATERNITY BENEFITS	COVERAGE
Maternity Care • Pre- and postnatal care • Normal delivery • Elective Cesarean section	• For Deductibles up to $3k • $3,000 • No Deductible • 10-month Benefit Waiting Period
Maternity Care for Dependent Daughters • Waiving of Benefit Waiting Period when moving to their own Policy	• Yes
Complications of Maternity and Birth	• For Deductibles up to $3k • $125,000 lifetime per Policy • No Deductible • 10-month Benefit Waiting Period
Newborn Inclusion Without Underwriting • When born from a Covered Maternity	• Yes

EMERGENCY TRANSPORTATION BENEFITS	COVERAGE
Air Ambulance • To nearest qualified Hospital to stabilize patient	• $30,000 • No Deductible
Ground Ambulance • To nearest qualified Hospital to stabilize patient	• 100% • No Deductible

OTHER BENEFITS	COVERAGE
Congenital and Hereditary Disorders • Diagnosed before 18 years old	• $100,000 lifetime
Congenital and Hereditary Disorders • Diagnosed at or after 18 years old	• 100%
HIV/AIDS	• $100,000 lifetime • 24-month Benefit Waiting Period
Sleep Apnea and Other Sleep Disorders • Sleep studies (polysomnogram), CPAP equipment, and related supplies	• $1,000
Durable Medical Equipment, External Prosthesis and Orthotic Devices	• $6,500
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	• 100%
Repatriation of Mortal Remains or Cremation Services • When death resulted from a covered Illness or Accident	• $5,000

(*) The Premium Providers Network is updated periodically. Please visit the Member Portal for the most current listing.

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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Best Doctors® INSURANCE

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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