



Best Doctors®

BEST DOCTORS INSURANCE LIMITED

Medical Elite™

BEST DOCTORS SIGNATURE PLAN

Whenever you need medical support, you will have the assurance of our very best care and our very best service.

Unique benefits

A SPECIAL LEVEL OF CARE

Do not put your signature to anything less than Best Doctors Medical Elite Plan. ☺

YOUR BENEFITS INCLUDE:

Unique services

- Exclusive Medical Elite member phone number for priority service
- Priority processing of all insurance claims
- InterConsultation™ service to confirm diagnosis and treatment
- A dedicated personal advocate to support you during a medical situation
- Access to medical information and resources through the exclusive Elite Navigator™ program
- Concierge service to coordinate medical treatment internationally

Medical benefits

What's covered (once annual deductible has been met)

Unless otherwise shown, benefits are per person, per policy year. All benefits are in US Dollars (USD).

Maximum benefit per policy year	• \$5,000,000 per person
Eligibility	• Up to age 74
Renewal	• Lifetime guarantee
Coverage	• Worldwide
Temporary emergency cover	• \$35,000 for accidents, to cover you from the moment your application is submitted and paid, until the effective day or 60 days after, whichever date comes first
Private and semi-private room	• 100%
Intensive care unit	• 100%
Surgery and outpatient surgery	• 100%
Emergency room	• 100%
Diagnostic services	• 100%
Cancer treatment (chemotherapy/radiation therapy)	• 100%
Dialysis	• 100%
Accommodation charges for companion of a hospitalized child	• \$300 per day, up to 10 nights
Physicians and specialists visits	• 100%
Surgeon and anesthesiologists fees	• 100%
Emergency dental coverage	• 100%
Home health care	• \$5,000 up to 30 days (must be pre-approved)

Medical benefits continued	What's covered (once annual deductible has been met)
Maternity (option I, II and III only)	<ul style="list-style-type: none"> \$7,000 per event, no deductible applies. Includes normal maternity, cesarean delivery and all pre-and post natal treatment. A 10-month waiting period applies.
Complications of maternity and newborn (options I, II and III only)*	<ul style="list-style-type: none"> \$1,000,000 per lifetime, per policy. A 10-month waiting period applies.
Inclusion of newborn	<ul style="list-style-type: none"> Automatically included without underwriting, if born after the 10-month waiting period and if not born of a pregnancy that is a result of any type of fertility treatment.
Child well care	<ul style="list-style-type: none"> Before 12 months of age: 5 visits \$100 (at 12 months of age and before age 18) No deductible applies
Congenital and hereditary disorders	<ul style="list-style-type: none"> \$1,000,000 per lifetime when symptoms are manifested before age 18. 100% when symptoms are manifested at age 18 or after.
Transplants	<ul style="list-style-type: none"> \$1,400,000 per lifetime and \$30,000 for living donor
Physical therapy/rehabilitation	<ul style="list-style-type: none"> 100%
Durable medical equipment	<ul style="list-style-type: none"> 100%
Prescribed drugs	<ul style="list-style-type: none"> 100%
Treatment of allergies	<ul style="list-style-type: none"> 100%
AIDS	<ul style="list-style-type: none"> \$250,000 lifetime maximum (separate deductible applies)
Hospice/terminal care	<ul style="list-style-type: none"> \$15,000 lifetime maximum (must be pre-approved)
Air ambulance	<ul style="list-style-type: none"> \$125,000 anywhere in the world (must be pre-approved)
Ground ambulance	<ul style="list-style-type: none"> Unlimited
Routine health checkup	<ul style="list-style-type: none"> \$200 (age 18 and over) No deductible applies
Outpatient therapist (psychiatrist, speech therapy and sleep disorders)	<ul style="list-style-type: none"> \$100 per visit, maximum of 20 visits/sessions total
Repatriation	<ul style="list-style-type: none"> \$50,000 in the event of death resulting from a covered hospitalization, included within the air ambulance benefit
Additional benefit	<ul style="list-style-type: none"> In the event of death of the primary member, his/her dependents will have free coverage for a period of two years after the last paid period

Cumulative deductibles per person, per year. A maximum of two deductibles per family per year. No coinsurance applies. Costs are subject to being usual, customary and reasonable for the procedure and territory. The table of benefits is only a summary of coverage. Full details of the policy terms and conditions are in the Policy Conditions of Coverage.

* Complications of maternity and newborn rider up to \$500,000 available for options IV, V and VI.

DEDUCTIBLE OPTIONS:

Outside the USA	Inside the USA
\$500	\$1,000
\$1,000	\$2,000
\$2,000	\$3,000
\$5,000	\$5,000
\$10,000	\$10,000
\$20,000	\$20,000