



Best Doctors[®]

I N S U R A N C E

PLANS COMPARATIVES

EFFECTIVE MARCH 1, 2016



| BENEFITS | MEDICAL ELITE™ | PREMIER PLUS™ | GLOBAL CARE™ | ULTIMATE CARE™ | ADVANCED CARE PLUS™ | MEDICAL CARE™ |
|----------------------------|--------------------------------|--------------------------------|--|--|--|---|
| Maximum Annual Benefit | USD\$10 million | USD\$5 million | USD\$2 million | USD\$1 million | USD\$1.5 million (benefit available before 70 years) USD\$1.5 million per life (benefit available after 71 years) | USD\$1 million |
| Eligibility | Up to age 74 | Up to age 74 | Up to age 74 | Up to age 70 | Up to age 70 | Up to age 74 |
| Coverage Area | Worldwide | Worldwide | Worldwide | Worldwide | Worldwide | Options: Worldwide coverage or Latin American** coverage |
| Coinsurance | Without coinsurance | Without coinsurance | Without coinsurance | Without coinsurance | Without coinsurance | Without coinsurance |
| Hospital Network | Free Choice | Free Choice | Inside U.S.: through the GLOBALCARE™ Network Outside U.S. free choice | Inside U.S.: through the ULTIMATECARE™ Network Outside U.S. free choice | Inside U.S. through the ADVANCECAREPLUS™ Network Outside U.S. free choice | 100% - Outside U.S. Worldwide coverage Plan 100% in Latin America** through the MEDICALCARE™ Network Latin America** Coverage Plan 100% - Inside U.S. Worldwide coverage Plan through MEDICALCARE™ Network Outside U.S. free choice |
| Covered Medical Conditions | All covered medical conditions | All covered medical conditions | All covered medical conditions | Limited to 8 critical medical conditions* | All covered medical conditions | All covered medical conditions |

* ULTIMATECARE™ coverage is only for the 8 medical conditions described in the plan.

** Excluding Brazil.

Note:

- ADVANCECAREPLUS™ only available in Chile.
- MEDICALCARE™ available in all Latin America and the Caribbean, excluding Mexico, and Brazil.
- Only global coverage is available for the Caribbean.

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| HOSPITALIZATION | MEDICAL ELITE™ | PREMIER PLUS™ | GLOBAL CARE™ | ULTIMATE CARE™ | ADVANCED CARE PLUS™ | MEDICAL CARE™ |
|---|----------------------------------|----------------------------------|---|---|--|--|
| Hospitalization (unlimited days) | 100% | 100% | 100% - Outside USA 100% - GLOBALCARE™ Network - Inside USA | 100% - Outside USA 100% - ULTIMATECARE™ Network - Inside USA Outside U.S. free choice | Inside U.S. through the ADVANCECAREPLUS™ Network Outside U.S. free choice | 100% - Outside U.S. Worldwide coverage Plan 100% in Latin America** through the MEDICALCARE™ Network Latin America** Coverage Plan 100% - Inside U.S. Worldwide coverage Plan through MEDICALCARE™ Network |
| Room | Private and Semi-Private 100% | Private and Semi-Private 100% | 100% - Outside USA 100% - GLOBALCARE™ Network - Inside USA | Private and Semi-Private 100% - Outside USA Private and Semi-Private 100% - ULTIMATECARE™ Network - Inside USA | Standard 100% inside U.S. through the ADVANCECAREPLUS™ Network Outside U.S. free choice | 100% - Outside U.S. Worldwide coverage Plan 100% in Latin America** through the MEDICALCARE™ Network Latin America** Coverage Plan 100% - Inside U.S. Worldwide coverage Plan through MEDICALCARE™ Network |
| Intensive Care | 100% | 100% | 100% - Outside USA 100% - GLOBALCARE™ Network - Inside USA | 100% - Outside USA 100% - ULTIMATECARE™ Network - Inside USA | 100% inside U.S. through the ADVANCECAREPLUS™ Network Outside U.S. free choice | 100% - Outside U.S. Worldwide coverage Plan 100% in Latin America** through the MEDICALCARE™ Network Latin America** Coverage Plan 100% - Inside U.S. Worldwide coverage Plan through MEDICALCARE™ Network |
| Accommodation for Accompanying Minor | \$500 per night, up to 20 nights | \$300 per night, up to 10 nights | \$100 per night, up to 10 nights | Not Applicable | Not Applicable | Not Applicable |
| Reconstructive surgery in case of illness or accident | 100% | 100% | 100% | Limited to conditions specified in the plan | 100% | 100% |
| Surgery (including Outpatient Surgery) | 100% | 100% | 100% | 100% | 100% | 100% |
| Emergency Room | 100% | 100% | 100% | 100% | 100% | 100% |
| Additional Services: Nurses, Medicines, Bandages | 100% | 100% | 100% | 100% | 100% | 100% |
| Anesthesia | 100% | 100% | 100% | 100% | 100% | 100% |
| Major Diagnostic Tests | 100% | 100% | 100% | 100% for covered conditions | 100% | 100% |

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|--|--|--|--|--|--|--|
| Surgical Treatment for symptomatic disorders of the feet | 100% | 100% | 100% | Not Applicable | 100% | 100% |
| Cancer risk reduction surgery (Prophylactic surgery) | \$25,000 per Insured per Lifetime | \$20,000 per Insured per Lifetime | \$15,000 per Insured per lifetime | Not Applicable | Not Applicable | Not Applicable |
| Bariatric Surgery, Gastric by-pass, and any surgical procedure intended for weight loss, its complications, treatments | \$15,000 per Insured per Lifetime | \$10,000 per Insured per Lifetime | Not Applicable | Not Applicable | Not Applicable | Not Applicable |
| Cancer Treatment (chemotherapy/radiation therapy) | 100% | 100% | 100% | USD\$200,000 | 100% | 100% |
| Dialysis | 100% | 100% | 100% | USD\$100,000 | 100% | 100% |
| Emergency Dental Coverage | Only covered within the first 180 days of the accident | Only covered within the first 180 days of the accident | Only covered within the first 180 days of the accident | Only covered within the first 180 days of the accident | Only covered within the first 180 days of the accident | Only covered within the first 180 days of the accident |
| Physicians and Specialists Visits (usual and customary) | 100% | 100% | 100% | 100% | 100% | 100% |
| Surgeon and Anesthetist Fees | 100% | 100% | 100% GLOBALCARE™ Network | 100% ULTIMATECARE™ Network | 100% ADVANCEDCAREPLUS™ Network | 100% MEDICALCARE™ Network |
| Prescribed Medications | 100% | 100% | USD\$7,000 outside hospitalization | 100% | 100% if has ISAPRE coverage; 35% otherwise | USD\$2,500 as an outpatient |
| Outpatient Physical Therapy, Rehabilitation and Home Health Care (private nurse) | 100% | 100% | USD\$10,000 per Insured per Policy Year | Not Applicable | 100% | USD\$3,000 |
| Illness or injury in Private Aircraft | 100% | 100% | 100% | Not Applicable | 100% | 100% |
| Free coverage for dependants in case of death of Main Insured | 2 years | 2 years | Not Applicable | Not Applicable | 2 years | Not Applicable |
| Surgical Implants or Prosthesis (excluded dental) | 100% | 100% | 100% | Not Applicable | 100% | 100% |

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|--|---|---|---|---|---|---|
| Durable Medical Equipment, Special devices (External Prosthesis, Orthotic devices) | 100% | 100% | USD\$10,000 per Insured per Policy year | Not Applicable | 100% | USD\$3,000 |
| Maternity | Normal delivery 100% within Best Doctors Maternity Network, no Deductible applies. In other Hospitals USD\$7,000, no Deductible applies. Available for options I, II and III. For Elective or Selected Cesarean delivery USD\$8,500 in any hospital | USD\$5,000 (options I, II and III) per event, no Deductible applies | USD\$3,000 (options I and II), no Deductible applies | Not Applicable | Not Applicable | USD\$2,000 (Deductible options \$1,000/\$1,000 and \$2,000/\$2,000 only), no Deductible applies |
| Stem Cells | USD\$2,000 per covered pregnancy for extraction and one year preservation of stem cells. Only options I, II & III | Included in maternity benefit | Included in maternity benefit | Not Applicable | Not Applicable | Not Applicable |
| Maternity Complications and Birth Complications | USD\$1 million lifetime per Policy (options I, II and III) | Rider (USD\$500,000 lifetime Options I, II and III only USD\$300 annual cost | Rider (USD\$500,000 lifetime) Options I and II only USD\$300 annual cost | Not Applicable | Rider (USD\$500,000 lifetime) USD\$300 annual cost | USD\$75,000 per Policy per lifetime (Deductible options \$1,000/\$1,000 and \$2,000/\$2,000 only) |
| Inclusion of Newborn | Automatically included without underwriting if born from a covered maternity and if not born of a pregnancy that is a result of any type of fertility treatment | Automatically included without underwriting if born from a covered maternity and if not born of a pregnancy that is a result of any type of fertility treatment | Automatically included without underwriting if born from a covered maternity and if not born of a pregnancy that is a result of any type of fertility treatment | Subject to underwriting | Automatically included without underwriting with Maternity Complications and Birth Complications Rider and if not born of a pregnancy that is a result of any type of fertility treatment | Automatically included without underwriting if born from a covered maternity and if not born of a pregnancy that is a result of any type of fertility treatment |
| Congenital and Hereditary Disorders (<18 years old) | USD\$2 millions lifetime per Insured | USD\$1 million lifetime per Insured | USD\$500,000 lifetime per Insured | 2 years waiting period 10% of Maximum Benefits of covered expenses | USD\$250,000 lifetime per Insured | USD\$100,000 lifetime per Insured |
| Congenital and Hereditary Disorders (≥18 years old) | 100% | 100% | 100% | 2 years waiting period 10% of Maximum Benefits of covered expenses | 100% | 100% per Insured per lifetime, subject to the Maximum Benefit of the Policy |
| Organ and Tissue Transplants | USD\$2 million per organ/tissue per Insured per lifetime and USD\$50,000 for Living Donor | USD\$1 million per organ/tissue per Insured per lifetime and USD\$40,000 for Living Donor | Rider (USD\$500,000 lifetime) USD\$400 annual cost | Heart USD\$300,000 lifetime Heart/Lung USD\$300,000 lifetime Lung USD\$250,000 lifetime Pancreas USD\$250,000 lifetime Pancreas/Kidney USD\$300,000 lifetime Kidney USD\$200,000 lifetime Liver USD\$200,000 lifetime Bone Marrow USD\$250,000 | USD\$1 million per organ/tissue per Insured per lifetime and USD\$20,000 for Living Donor | USD\$300,000 per organ/tissue per Insured per lifetime and USD\$20,000 for Living Donor |

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|--------------------------------|--|--|---|--|--|--|
| Specialized Treatments | Psychiatry, autism, occupational therapies, sleep apnea and any other sleep disorders \$3,000 per Insured per Policy Year | Psychiatrist, autism and occupational therapies \$2,500 per Insured per Policy Year | Treatment related to psychiatrist, autism, occupational therapies USD\$2,000 per Insured, per Policy Year | Not Applicable | Not Applicable | Not Applicable |
| Routine Health Checkup | One Medical checkup a year USD\$300 (≥18 years old) per Policy Member | Newborns | Newborns | Not Applicable | Not Applicable | Newborns |
| Child Well Care | 5 visits per year up to USD\$300 per visit (before 12 months of age) Up to USD\$100 per visit (from 12 months and until 18 years of age) | Not Applicable | Not Applicable | Not Applicable | Not Applicable | Not Applicable |
| Palliative / Hospice Care | 100% per Insured per Lifetime Max 30 days | \$15,000 per Insured per Lifetime Max 30 days | USD\$10,000 | Not Applicable | Not Applicable | Not Applicable |
| HIV/AIDS | USD\$1,000,000 lifetime Waiting period of 24 months applies | USD\$500,000 lifetime Waiting period of 24 months applies | Excluded | Excluded | USD\$250,000 lifetime | N/A |
| Sports | Professional Included | Professional Included | Only non-professional | Not applicable | Not applicable | Only non-professional |
| Air Ambulance (pre-approved) | 100% to the closest hospital of qualified treatment. No deductible applies | USD\$100,000 per Insured per Policy Year to the closest hospital of qualified treatment. No deductible applies | USD\$50,000 per Insured per Policy Year to the closest hospital of qualified treatment. No deductible applies | USD\$25,000 per Insured per Policy Year to the closest hospital of qualified treatment | USD\$50,000 per Insured per Policy Year to the closest hospital of qualified treatment | USD\$30,000 per Insured per Policy Year to the closest hospital of qualified treatment |
| Ground Ambulance | 100% No Deductible applies | 100% No Deductible applies | 100% No Deductible applies | 100% No Deductible applies | 100% No Deductible applies | 100% No Deductible applies |
| Repatriation of Mortal Remains | 100% | USD\$50,000 | USD\$15,000 | Not applicable | USD\$5,000 | USD\$5,000 |
| Unique Services | InterConsultation® Best Doctors Concierge™ Elite Navigator™ | InterConsultation® Best Doctors Concierge™ | InterConsultation® Best Doctors Concierge™ | InterConsultation® Best Doctors Concierge™ | InterConsultation® Best Doctors Concierge™ | InterConsultation® Best Doctors Concierge™ |
| Optional Coverage Available | Critical Select | Critical Select Maternity Complications (Options I, II and III)" | Critical Select Maternity Complications (Options I and II) Organ Transplants | Critical Select | Critical Select Maternity Complications | Critical Select |

Exclusive Benefits:

InterConsultation®: An exclusive service patented by Best Doctors that offers a meticulous review by a Best Doctors Expert of the information found in your medical records, to help you get the right diagnosis and treatment.

Best Doctors Concierge™: A Best Doctors exclusive service, appointments medical admissions, to help you coordinate medical travel and transportation services.

Elite Navigator™: A Medical Elite exclusive service; VIP access to your own Best Doctors Physician team.