

Centurion Plan \$2,000,000



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Best Global Insurance



Coverage **\$2,000,000**

Coverage and Provider Network

- Global coverage
 - Outside the country of residence declared in the application for insurance under a period of less than or equal **180 days**
 - In the US within the Global Network **100%**, outside of Network **70%**
 - Outside the US does not apply Network
- **100%** in Emergency Hospitalization outside of the Network

Deductible Options

(In the country of residence declared in the application, there is no applies deductible)

- Option I US\$ 500
- Option II US\$ 1,000
- Option III US\$ 2,500
- Option IV US\$ 5,000

Medical Services

- Standard Room (**300 days Max**)/**100%**
- Intensive Care Unit **100%**
- Other Services and Supplies at the Hospital **100%**
- Doctor/Surgeon **100%**
- Assistant according to the approved standard of main surgeon's fees **30%**
- Anesthesiologist - according to the approved standard main surgeon's fees **40%**
- Reconstructive Surgery **100%**
- Implants or Surgical Prosthesis **100%**
- Emergency Room **100%**
- Second Medical Opinion **100%**
- In-House Patient Rehabilitation, limit **30 days or US\$ 25,000**
- Medical Consultations, Specialists and Medical Exams with Primary Healthcare Network, 20 visits or **US\$ 3,000**
- Dialysis **100%**
- Radiotherapy, Chemotherapy and Brachytherapy **US\$ 150,000**
- Bariatric Surgery **US\$ 5,000**

***ALL 100% COVERAGE IS UNDER THE AVERAGE RANGE COST CLAUSE (ARC).**



Other Coverages

- Emergency Dental Accident Benefit **US\$ 2,000**
- Injuries caused by participation in dangerous activities or non-professional sports **100%**
- Injuries caused by aviation accident, private aircraft/commercial **100%**

Medicines and Medical Supplies

- Prescribed medicines outpatient Limit **US\$ 5,000**
- Durable Medical Equipment Limit **US\$ 5,000**

Organ Transplant

- Organ Transplant, lifetime limit **US\$ 300,000**
- Benefits for the living donor, included in the limit of Organ Transplant **US\$ 30,000**

Maternity Coverage

- Natural delivery or medically necessary C-section, pre-natal and post-natal care, and the first two pediatric visits **US\$ 10,000** Deductible applies outside the country of residence.
- Maternity Complications **US\$ 150,000**
- Newborn coverage, automatic if the baby is born under maternity coverage **100%**

Congenital Conditions

- • Congenital Conditions and Perinatal Complications before age 18, lifetime limit **US\$ 150,000**
- • Congenital Conditions, after 18 years, lifetime limit **100%**

Emergency Transportation

- Ground Ambulance in country of residence **unlimited**
- Ground Ambulance outside the country of residence **US\$ 5,000**
- Air Ambulance and Repatriation **US\$ 70,000**

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Immediate Coverage

Accidents covered by the policy and the following diseases acute infectious fever: rheumatic fever, appendicitis, bronchitis, pneumonia, gastroenteritis, abscesses (intraabdominal, intrathoracic and intracranial) adenoiditis, vertigo or labyrinthitis, pharyngotonsillitis (single or combined), otitis, hemorrhagic dengue, malaria, meningoencephalitis and pyelonephritis.

Waiting Periods

- This policy has a Waiting Period of **Thirty (30)** Consecutive Days to access the benefits of the policy.
- **Ten (10) Months** for Maternity Coverage
- **Twenty-four (24) Months** Organ Transplantation
- **Twenty-four (24) Months** Bariatric Surgery
- **Four (4) years** for the treatment of Human Immunodeficiency Virus (HIV)

This brochure is for reference purposes only. Benefits are governed by the clauses expressed in the policy conditions.
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