

Premium Notice

2022 |

GLOBAL
ASSURANCE
FOREVER



ever.®



Premium Notice

MAKE THE DECISION TO CONTINUE PROTECTING YOUR HEALTH!

Renewing your plan will guarantee the peace of mind that you and your loved ones can count on receiving the benefits and medical coverage when you need it most, anywhere in the world, maintaining the following outstanding **EVER®** services:



■ **TELEMEDICINE** **24/7/365**

- Medical consultation by call or videoconference.
- Consult in your language from anywhere in the world.
- No deductible payment.



■ **EVER EXPERT MEDICAL REVIEW®**

- For diagnoses of serious or unusual diseases.
- Consultation with a panel of experts.
- Receive an accurate diagnosis with guidance on necessary treatments.



■ **CONVENIENCE CLINICS***

- Medical care in the USA for minor medical conditions.
- Any day of the week with extended hours.
- No deductible payment.



■ **MEDICATION DELIVERY***

- Get your medications without leaving your home or hospital.



■ **PATIENT CONCIERGE**

- Coordinate your medical appointment with top international specialists and hospitals.
- Personalized attention at every stage of your treatment.
- Available 24/7 and in multiple languages.



■ **ELIMINATION AND/OR REDUCTION OF THE DEDUCTIBLE***

- Save the deductible payment for one (1) year, if there had not been any filed claims within three (3) years.
- Refer to the conditions in your information booklet.

*Benefits subject to the conditions of coverage of the contracted plan.



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Dear Mr(s). XXXXXXXXXXXXXXXX

Thanks you for choosing **EVER®** Insurance to take care of your health.

The purpose of this document is to provide you with information about your premium for the stipulated period.

■ SUMMARY OF COVERAGE

POLICY NUMBER:		XXXXXXXXXXXXXX
DATE OF BIRTH:		XXXXXXXXXXXXXX
EFFECTIVE DATE:		XXXXXXXXXXXXXX
ANNIVERSARY DATE:		XXXXXXXXXXXXXX
ZONE:		XXXXXXXXXXXXXX
PLAN/OPTION:		XXXXXXXXXXXXXX
DEDUCTIBLE (USD):	INSIDE USA	XXXXXXXXXXXXXX
	OUTSIDE USA	XXXXXXXXXXXXXX
PERIOD:	FROM:	XXXXXXXXXXXXXX
	TO:	XXXXXXXXXXXXXX
FREQUENCY OF PAYMENT:		XXXXXXXXXXXXXX
PREMIUM AMOUNT:		XXXXXXXXXXXXXX

Payment of the outstanding premium must be received in our office before the expiration date to prevent that the benefits expire.

Best regards,

Javier A Torres-Martinez
EVER® Insurance
 President



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NOTE: IF YOU HAVE SELECTED THE 'AUTOMATIC RENEWAL' OPTION, THE CORRESPONDING PREMIUM WILL BE AUTOMATICALLY DEBITED FROM YOUR ACCOUNT AS IT WAS INDICATED IN YOUR APPLICATION. IF YOU WANT TO REVOKE THIS AUTHORIZATION OR CHANGE YOUR PAYMENT FORM, YOU MUST CONTACT US 5 BUSINESS DAYS BEFORE THE PROCESSING DATE. THE AMOUNTS MAY VARY IF YOU HAD REQUESTED CHANGES TO THE POLICY.

PAYMENT METHODS



■ CREDIT CARD

VISA | MASTERCARD
AMERICAN EXPRESS | DISCOVER



■ PAY BY PHONE

This service allows you to process payments by phone with a credit card.



■ CHECK

The check must be issued by a US bank and in US dollars payable to EVER® Insurance.



■ WEB

Through the website www.everinsuranceglobal.com under the **ONLINE PAYMENTS** option on the main menu.



■ BANK TRANSFER

Premium payments via bank transfers must be made to:

BENEFICIARY	XXXXXXXXXX
BANK	XXXXXXXXXX
BANK ADDRESS	XXXXXXXXXX
ACCOUNT NUMBER	XXXXXXXXXX
ABA	XXXXXXXXXX
SWIFT	XXXXXXXXXX

REMEMBER TO INCLUDE THE POLICY NUMBER AND NAME OF THE POLICYHOLDER IN THE TRANSFER NOTES.



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EVERMORE.

BENEFITS CHART

Unless otherwise stated, the benefits are offered on a per insured / per policy year basis, in which the chosen deductible applies. All amounts are in U.S. Dollars (USD). The benefits are limited to the medical expenses covered under the policy and are subject to the usual, customary and reasonable expenses (UCR) for the geographic area where the expenses were incurred.

■ DEDUCTIBLE OPTIONS

	I	II	III	IV	V	VI
Outside USA	US\$500	US\$2,000	US\$5,000	US\$10,000	US\$20,000	US\$50,000
Inside USA	US\$1,000					

■ PLAN INFORMATION

BENEFIT	COVERAGE
Maximum coverage per person, per policy year	US\$5,000,000
Age limit to apply	Up to 79 years old
Waiting period	30 days
Coverage outside USA	100% with free choice of hospitals and doctors
Coverage inside USA	<ul style="list-style-type: none"> • 100% within the EVER[®]US Network[®] • Outside the EvermoreUS Network[®], the coverage will be at 70%, with a maximum daily room rate of up to US\$800 for a standard room and up to US\$1,500 for intensive care • Emergency medical treatment will be covered 100%, upto the policy limits

■ INPATIENT PROVISIONS

BENEFIT	COVERAGE
Standard private/semi-private hospital room	100%
Intensive care unit	100%



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■ INPATIENT PROVISIONS

BENEFIT		COVERAGE
Adult companion accommodation expenses of a hospitalized insured	Under 18 years old	US\$150 per night, max. of 45 nights
	Over 18 years old	100%, max. of 30 nights
Prescribed medications while hospitalized		100%
Physical therapy and rehabilitation		100%
Psychiatric Treatments		US\$2,000

■ OUTPATIENT PROVISIONS

BENEFIT	COVERAGE
Emergency room care	100%
Physician and specialist visits	100%
Physician and specialist home visits	100%
Prescription medication	US\$15,000
Nurse or therapist care at home	US\$12,000
Preventive health checkup per insured, no deductible applies (options I & II) (after a 10-month waiting period)	<ul style="list-style-type: none"> • US\$100 up to 17 years old • US\$150 at 18 years and older
Hearing aids	US\$1,200 per lifetime
Alzheimer's disease	100%
Allergy treatment	100%
Physical therapy and rehabilitation	US\$12,500

■ GENERAL PROVISIONS

The following benefits offer the same coverage for both inpatient and outpatient procedures.

BENEFIT	COVERAGE
Surgeon and anesthesiologist fees	100%
Diagnostic study services (laboratory tests, pathology, X-rays, MRI/CT/ PET scans)	100%
Oncology: cancer tests, treatment (chemotherapy and/or radiotherapy) and medication	100%
Surgery to reduce the risk of cancer or prophylactic surgery	US\$35,000 per lifetime (after a 12-month waiting period)



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■ GENERAL PROVISIONS

The following benefits offer the same coverage for both inpatient and outpatient procedures.

BENEFIT		COVERAGE
Dialysis services		100%
Prostheses and medical appliances implanted during surgery		100%
Organ transplant (per organ/tissue)		US\$500,000 per lifetime and US\$500,000 additional available with ryder. Includes expenses of the live donor
Durable medical equipment		US\$12,000
Specialized treatments (occupational therapy, speech therapy, sleep apnea and other sleep disorders)		US\$3,500
Congenital conditions	Diagnosed before age 18	US\$500,000 per lifetime
	Diagnosed after age 18	100%
HIV-AIDS		US\$250,000 per lifetime (after a 48-month waiting period)
Bariatric surgery		US\$5,000 per lifetime (after a 24-month waiting period)
Surgical treatment of symptomatic foot disorders		100% (after a 24-month waiting period)
Reconstructive surgery after an accident or illness		Up to the benefit limit

■ MATERNITY PROVISIONS

10-month waiting period, no deductible applies.

BENEFIT		COVERAGE
Maternity (options I & II)		<ul style="list-style-type: none"> • US\$5,000, no deductible applies • Includes extraction and storage of umbilical cord blood stem cells
Maternity and newborn complications (options I & II)		US\$500,000
Inclusion of the newborn within 90 days after the birth (options I & II)		Without underwriting, if born from a covered maternity

■ MEDICAL EVACUATION PROVISIONS

BENEFIT		COVERAGE
Emergency transportation	Ground ambulance	100%, no deductible applies
	Air ambulance	US\$65,000, no deductible applies
Cost of return ticket for the insured and one companion after an evacuation by air ambulance		US\$550 per person



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■ MEDICAL EVACUATION PROVISIONS

BENEFIT	COVERAGE
Repatriation or cremation of mortal remains	US\$45,000

■ OTHER PROVISIONS

BENEFIT	COVERAGE
Injuries during the training or practice of hazardous hobbies and/or professional low-risk sports	100%
Emergency dental coverage	100% for treatment within the first 180 days of the covered accident
Palliative care	100%
Temporary coverage for accidents while application is being underwritten	US\$35,000
Free extended coverage for eligible dependents after policyholder's death	1 year
Deductible elimination/reduction for no claims for 3 years	<p>OPTIONS I, II & III:</p> <ul style="list-style-type: none"> • Elimination for 1 year after the 3rd year without claims • Reduction of 50% of the deductible for 1 year after the 3rd year, if the deductible was not met in any of the years <p>OPTIONS IV & V:</p> <ul style="list-style-type: none"> • Reduction of 50% of the deductible for 1 year after the 3rd year without claims
Executive Preventive Care	Up to US\$750 (After 24-months waiting period inside the EVER® Prevent Network®)
EVER Expert Medical Review®	Unlimited access to medical reviews from recognized world experts, deductible does not apply



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FREQUENTLY ASKED QUESTIONS

WHAT IS THE PAYMENT DEADLINE FOR MY POLICY?

After its anniversary, the insured has a grace period of thirty (30) calendar days to remit the corresponding payment for their new policy year

WHAT HAPPENS IF I DON'T PAY MY POLICY BEFORE THE ANNIVERSARY YEAR?

After the grace period, starting the sixtieth day (60) from the effective date of the policy, the payment of the premium must be accompanied by a completed declaration of good health form signed by the policy holder. **EVER**[®] reserves the right to cancel, modify or terminate the policy if the first payment or full payment of the premium is not received, according to the selected modality, so you and yours dependents will only have coverage up to the period covered by the paid premium.

DO I HAVE COVERAGE DURING THE GRACE PERIOD?

During the grace period, no benefits will be provided or paid for expenses incurred after the due date of your policy. If the premium is paid during this period, the policy will be renewed.

WHAT DO I DO IF I REQUIRE MEDICAL SERVICES, OR HAVE AN EMERGENCY OR ACCIDENT?

You must pay the corresponding premium to reactivate your insurance coverage. During a medical emergency or accident, you will be responsible for the expenses incurred and may submit expenses for reimbursement after renewing your policy.

CAN I RENEW MY POLICY AFTER SIXTY (60) DAYS?

Policies canceled for non-payment after this period must have

a new application submitted which will be subject to a new risk evaluation. All previously existing medical conditions will be considered and treated as pre-existing conditions. A new ten (10) month maternity waiting period will begin for policies that contain maternity coverage.

CAN I REQUEST MODIFICATIONS TO MY INSURANCE POLICY?

Yes, before the anniversary date.

CAN I ADD ADDITIONAL COVERAGE?

Yes, before the anniversary date you can purchase additional coverage according to availability for your plan and option of deductible.

WHY DID MY POLICY RATE CHANGE?

The rate may be generally impacted, due to factors such as the country of residence, medical inflation and the age of the members of the policy at the moment of renewal.

IS THERE AN AGE LIMIT FOR THE RENEWAL OF MY INSURANCE POLICY?

There is no age limit for renewal. However, dependents reaching 24 years of age must obtain their own individual policy under the same conditions as the previous policy, if desired. They must also pay the corresponding premium.

IS THE RENEWAL OF MY INSURANCE POLICY GUARANTEED?

EVER[®] guarantees a life-long renewal of all the policies for the insured, as long as the premium is paid according to the terms of the policy.