

EVEREST.

GLOBAL
ASSURANCE
FOREVER

2024 |



BENEFITS



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	VII
Outside USA	US\$500	US\$1,000	US\$2,000	US\$5,000	US\$10,000	US\$20,000	US\$50,000
Inside USA	US\$1,000	US\$2,000	US\$3,000				

■ PLAN INFORMATION

BENEFIT	COVERAGE
Maximum coverage per person, per policy year	Unlimited
Age limit to apply	Up to 79 years old
Waiting period	30 days
Geographical coverage	Worldwide, no physician and hospital restrictions

■ INPATIENT PROVISIONS

BENEFIT	COVERAGE	
Standard private room	100%*	
Special benefit for suite use (subject to availability)	100%*	
Intensive care unit	100%*	
Adult companion accomodation expenses of a hospitalized insured	Under 18 years old	100%*, unlimited nights
	Over 18 years old	100%, max. of 30 nights
Prescribed medications while hospitalized	100%*	
Psychiatric Treatments	US\$5,000*	

■ OUTPATIENT PROVISIONS

BENEFIT	COVERAGE
Emergency care	100%*
Physician and specialist visits	100%*
Physician and specialist home visits	100%*

(*)These benefits are subject to the usual, customary and reasonable (UCR) charges of the geographic area.

■ OUTPATIENT PROVISIONS

BENEFIT	COVERAGE
Prescription medication	100%*
Complementary therapies: chiropractor, psychologist, psychiatrist, osteopathy and/or acupuncture	US\$15,000
Nurse or therapist care at home	100%*
Preventive health checkup, per insured, no deductible applies (options I, II, III, IV, V & VI)	<ul style="list-style-type: none"> • US\$300 per visit, up to 6 visits, for insureds 0 to 12 months of age • Up to US\$500 from 12 months of age, including up to US\$75 per preventive dental checkup in options I, II and III
Hearing aids	US\$4,000 per lifetime
Alzheimer's disease	100%*
Autism treatment	<ul style="list-style-type: none"> • 100%* if the insured was born under covered maternity • US\$12,000 for insureds who were not born under a covered maternity and who developed the disease while insured
Allergy treatment	100%*

■ 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\$50,000 per lifetime (after a 12-month waiting period)	
Dialysis services	100%*	
Prostheses and medical appliances implanted during surgery	100%*	
Organ transplant (per organ/tissue)	US\$5,000,000 per lifetime Includes expenses of the live donor	
Durable medical equipment	100%*	
Physical therapy and rehabilitation	100%*	
Specialized treatments (occupational therapy, speech therapy, sleep apnea and other sleep disorders)	US\$6,000	
Congenital conditions	Diagnosed before age 18	US\$2,100,000 per lifetime
	Diagnosed after age 18	100%*
HIV-AIDS	US\$1,100,000 per lifetime (after a 24-month waiting period)	

(*These benefits are subject to the usual, customary and reasonable (UCR) charges of the geographic area.

■ GENERAL PROVISIONS

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

BENEFIT	COVERAGE
Bariatric surgery	US\$25,000 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 & III)	<ul style="list-style-type: none"> • 100%* normal delivery or scheduled cesarian delivery in a hospital with self-pay package • US\$10,000 for normal delivery (if only mother is insured) • US\$12,000 for cesarean delivery (if both parents are insured)
Stem cell collection and storage (options I, II & III)	US\$2,500 per pregnancy covered
Maternity and newborn complications (options I, II & III)	US\$1,250,000 per lifetime
Inclusion of the newborn within 90 days after the birth (options I, II & III)	Without underwriting, if born from a covered maternity
Free coverage for dependents up to 5 years old (option I)	<ul style="list-style-type: none"> • Max. of 2 children born from a covered maternity, if both parents are insured in the policy • Max. of 1 child born from a covered maternity, if only the mother is insured in the policy
Fertility treatment (options I & II)	US\$6,000 per lifetime, after deductible (after a 24-month waiting period)

■ MEDICAL EVACUATION PROVISIONS

BENEFIT	COVERAGE	
Emergency transportation	Ground ambulance	100%*, no deductible applies
	Air ambulance	100%*, no deductible applies
Cost of return ticket for the insured and one companion after an evacuation by air ambulance	US\$3,000 per person	
Repatriation or cremation of mortal remains	100%*	

■ OTHER PROVISIONS

BENEFIT	COVERAGE
High-risk sports and activities	100%*

(*These benefits are subject to the usual, customary and reasonable (UCR) charges of the geographic area.

■ OTHER PROVISIONS

BENEFIT	COVERAGE
Emergency dental coverage	100% for treatment within the first 180 days of the covered accident
Refractive eye surgery	US\$750 per eye, per lifetime (after a 24-month waiting period)
Palliative care	100%*
Temporary coverage for accidents while the application is being underwritten	US\$40,000
Free extended coverage for eligible dependents after the policyholder's death	2 years
Deductible elimination/reduction for no claims for 3 years	<p>OPTIONS I, II, III & IV:</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 V & VI:</p> <ul style="list-style-type: none"> • Reduction of 50% of the deductible for 1 year after the 3rd year without claims
Executive checkup	Up to US\$1,500, after a 24-month waiting period within the EVER® Prevent Network.
Female Sterilization (Tubal Ligation)	Up to US\$1,500 per lifetime, after 10-months waiting period (options I, II & III)
Male Sterilization (Vasectomy)	Up to US\$1,500 per lifetime, after 24-months waiting period (options I, II & III)
Nutritionist visits	Up to 5 visits per policy year
EVER Expert Medical Review®	Unlimited access to medical reviews from recognized world experts, deductible does not apply

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EFFECTIVE 2024