

EVERMORE.

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
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 EVER® US 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%, up to the policy limits

■ INPATIENT PROVISIONS

BENEFIT	COVERAGE	
Standard private/semi-private hospital room	100%*	
Intensive care unit	100%*	
Adult companion accomodation 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	

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

■ OUTPATIENT PROVISIONS

BENEFIT	COVERAGE
Emergency 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)	
Dialysis services	100%*	
Prostheses and medical appliances implanted during surgery	100%*	
Organ transplant (per organ/tissue)	US\$500,000 per lifetime, with an additional US\$500,000 available (with annex). 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	

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

■ MATERNITY PROVISIONS

10-month waiting period, no deductible applies.

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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 per lifetime
Inclusion of the newborn within 90 days after the birth (options I & II)	Without underwriting, if born from a covered maternity

■ MEDICAL EVACUATION PROVISIONS

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

■ OTHER PROVISIONS

BENEFIT

COVERAGE

High-risk sports and activities	100%*
Emergency dental coverage	100%* for treatment within the first 180 days of the covered accident
Palliative care	100%*
Temporary coverage for accidents while the application is being underwritten	US\$35,000
Free extended coverage for eligible dependents after the 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 checkup	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

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



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EFFECTIVE 2024