

# Plans Comparison

GLOBAL  
ASSURANCE  
**FOREVER**





# Plans Comparison



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## ■ PLAN INFORMATION

Maximum coverage per person, per policy year	<b>Unlimited</b>	<b>US\$8,000,000</b>	<b>US\$5,000,000</b>	<b>US\$2,500,000</b>	<b>US\$3,500,000 per lifetime</b>
Age limit to apply	Up to 79 years old	Up to 79 years old	Up to 79 years old	Up to 79 years old	60 - 90 years
Waiting period	30 days	30 days	30 days	30 days	30 days
Coverage outside USA	Worldwide, no physician and hospital restrictions	Worldwide, no physician and hospital restrictions	100%* with free choice of hospitals and doctors	100%* with free choice of hospitals and doctors	Worldwide, no physician and hospital restrictions
Coverage inside USA	Worldwide, no physician and hospital restrictions	Worldwide, no physician and hospital restrictions	<ul style="list-style-type: none"> <li>• 100% within the EVER® US Network</li> <li>• 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</li> <li>• Emergency medical treatment will be covered 100%, up to the policy limits</li> </ul>	<ul style="list-style-type: none"> <li>• 100%* within the LEVERAGE® US Network</li> <li>• Outside the LEVERAGE US® Network coverage will be 60%, with a maximum daily rate of up to US\$700 per standard room and up to US\$1,400 for intensive care</li> <li>• Emergency medical treatment will be covered at 100%*, up to policy limits</li> </ul>	Worldwide, no physician and hospital restrictions

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## ■ INPATIENT PROVISIONS

Standard private/ semi-private hospital room	100%*	100%*	100%*	100%*	US\$2,500 per day, up to 120 days US\$750 per day for additional days
Special benefit for suite accommodation (subject to availability)	100%*	Up to US\$3,000 per day within the EVER® US Network	N/A	N/A	N/A
Intensive care unit	100%*	100%*	100%*	100%*	Up to US\$3,300 per day, up to 30 days US\$1,000 per day for additional days
Adult companion accommodation expenses of a hospitalized insured under 18 years old	100%*, unlimited nights	US\$350 per night, max. of 30 nights	US\$150 per night, max. of 45 nights	US\$150 per night, max. of 30 nights	US\$150 per night, max. of 30 nights
Adult companion accommodation expenses of a hospitalized insured over 18 years old	100%, max. of 30 nights	100%*, max. of 30 nights	100%*, max. of 30 nights	100%*, max. of 30 nights	US\$150 per night, max. of 30 nights
Prescribed medications while hospitalized	100%*	100%*	100%*	100%*	100%*
Psychiatric treatments	US\$5,000	US\$3,000	US\$2,000	US \$1,000	N/A
Physical therapy and rehabilitation	100%*	100%*	100%*	100%*	US\$150 per night, maximum 30 nights

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## ■ OUTPATIENT PROVISIONS

Emergency care	100%*	100%*	100%*	100%*	US\$5,000 per visit, maximum 5 visits per policy year
Physician and specialist visits	100%*	100%*	100%*	100%*	Up to US\$50,000 per policy year
Physician and specialist home visits	100%*	100%*	100%*	100%*	Up to US\$125 per consultation, maximum 15 consultations per year
Prescription medication	100%*	100%*	US\$15,000	US\$6,000	Up to US\$2,500 per insured
Complementary therapies: chiropractor, psychologist, psychiatrist, osteopathy and/or acupuncture	US\$15,000	US\$5,000	N/A	N/A	N/A
Nurse or therapist care at home	100%*	100%*	US\$12,000	US\$7,000	Up to US\$150 per day, maximum 30 days per policy year
Preventive health checkup, per insured, no deductible applies	ALL OPTIONS • US\$300 per visit, up to 6 visits, for insureds 0 to 12 months of age  OPTIONS I, II & III • Up to US\$500 from 12 months of age, including up to US\$75 per preventive dental checkup	OPTIONS I, II & III • US\$150 up to 17 years old • US\$350 at 18 years and older  OPTIONS IV, V & VI • US\$100, all ages	OPTIONS I & II • US\$100 up to 17 years old • US\$150 at 18 years and older	N/A	ALL OPTIONS • US\$250 per insured (after a 12-month waiting period)
Hearing aids	US\$4,000 per lifetime	US\$2,500 per lifetime	US\$1,200 per lifetime	US\$550 per lifetime	US\$1,250 per lifetime
Alzheimer's disease	100%*	100%*	100%*	100%*	N/A

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## ■ OUTPATIENT PROVISIONS

Autism treatment	<ul style="list-style-type: none"> <li>• 100%* if the insured was born under covered maternity</li> <li>• US\$12,000 for insureds who were not born under a covered maternity and who developed the disease while insured</li> </ul>	Included within the benefits of specialized treatments	Included within the benefits of specialized treatments	Included within the benefits of specialized treatments	N/A
Allergy treatment	100%*	100%*	100%*	100%*	100%*
Physical therapy and rehabilitation	100%*	100%*	US\$12,500	US\$7,000	N/A

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## ■ GENERAL PROVISIONS

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

Surgeon and anesthesiologist fees	100%*	100%*	100%*	100%*	Up to US\$50,000 per surgery, maximum 2 surgeries per policy year
Diagnostic study services (laboratory tests, pathology, X-rays, MRI/CT/ PET scans)	100%*	100%*	100%*	100%*	Only as pre-operative with pre-approval. Up to US\$1,000, per exam, per insured
Oncology: cancer tests, treatment (chemotherapy and/or radiotherapy) and medication	100%*	100%*	100%*	100%*	Up to US\$200,000 per insured
Surgery to reduce the risk of cancer or prophylactic surgery	US\$50,000 per lifetime (after a 12-month waiting period)	US\$35,000 per lifetime (after a 12-month waiting period)	US\$35,000 per lifetime (after a 12-month waiting period)	N/A	N/A
Dialysis services	100%*	100%*	100%*	100%*	100%*
Prostheses and medical appliances implanted during surgery	100%*	100%*	100%*	100%*	100%*
Organ transplant (per organ/tissue)	US\$5,000,000 per lifetime Includes expenses of the live donor	US\$1,500,000 per lifetime Includes expenses of the live donor	US\$500,000 per lifetime, with an additional US\$500,000 available (with annex). Includes expenses of the live donor	US\$350,000 per lifetime Includes expenses of the live donor	US\$200,000, per lifetime. US\$25,000, per lifetime, in expenses of the live donor
Durable medical equipment	100%*	100%*	US\$12,000	US\$8,000	Up to US\$2,250 per insured

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## ■ GENERAL PROVISIONS

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

Physical therapy and rehabilitation	100%*	100%*	100%*	100%*	Up to US\$100 per visit, maximum 30 visits
Specialized treatments (occupational therapy, speech therapy, sleep apnea and other sleep disorders)	US\$6,000	US\$4,000	US\$3,500	US\$2,000	N/A
Congenital conditions diagnosed before age 18	US\$2,100,000 per lifetime	US\$2,100,000 per lifetime	US\$500,000 per lifetime	US\$150,000 per lifetime	N/A
Congenital conditions diagnosed after age 18	100%*	100%*	100%*	100%*	N/A
HIV-AIDS	US\$1,100,000 per lifetime (after a 24-month waiting period)	US\$1,000,000 per lifetime (after a 24-month waiting period)	US\$250,000 per lifetime (after a 48-month waiting period)	N/A	N/A
Bariatric surgery	US\$25,000 per lifetime (after a 24-month waiting period)	US\$15,000 per lifetime (after a 24-month waiting period)	US\$5,000 per lifetime (after a 24-month waiting period)	N/A	N/A
Surgical treatment of symptomatic foot disorders	100%* (after a 24-month waiting period)	100%* (after a 24-month waiting period)	100%* (after a 24-month waiting period)	N/A	N/A
Reconstructive surgery after an accident or illness	Up to the benefit limit	Up to the benefit limit	Up to the benefit limit	Up to the benefit limit	Up to the benefit limit

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## ■ MATERNITY PROVISIONS

10-month waiting period, no deductible applies.

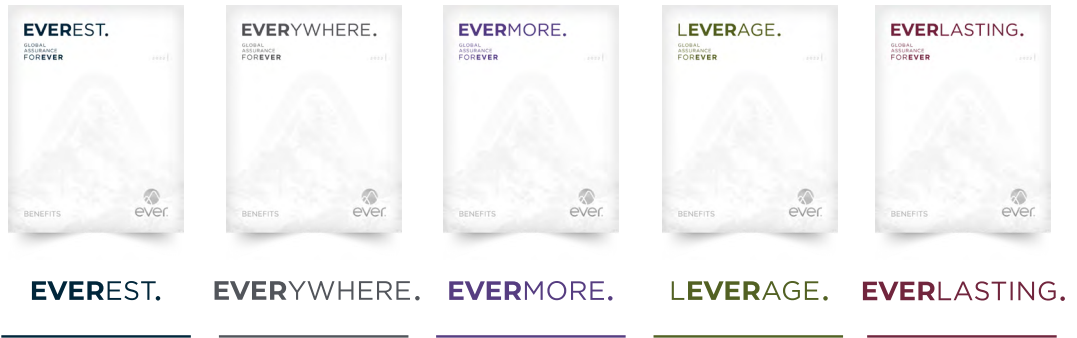
Maternity	<p>OPTIONS I, II &amp; III</p> <ul style="list-style-type: none"> <li>• 100%* normal delivery or scheduled cesarian delivery in a hospital with self-pay package</li> <li>• US\$10,000 for normal delivery (if only mother is insured)</li> <li>• US\$12,000 for cesarean delivery (if both parents are insured)</li> </ul>	<p>OPTIONS I, II &amp; III</p> <ul style="list-style-type: none"> <li>• US\$8,500 for normal delivery (if only mother is insured)</li> <li>• US\$10,000 for cesarean delivery (if both parents are insured)</li> </ul>	<p>OPTIONS I &amp; II</p> <ul style="list-style-type: none"> <li>• US\$5,000, no deductible applies</li> <li>• Includes extraction and storage of umbilical cord blood stem cells</li> </ul>	<p>OPTIONS I &amp; II</p> <p>US\$4,000, no deductible applies</p>	N/A
Stem cell collection and storage	<p>OPTIONS I, II &amp; III</p> <p>US\$2,500 per pregnancy covered</p>	<p>OPTIONS I, II &amp; III</p> <p>US\$1,000 per pregnancy covered</p>	N/A	N/A	N/A
Maternity and newborn complications	<p>OPTIONS I, II &amp; III</p> <p>US\$1,250,000 per lifetime</p>	<p>OPTIONS I, II &amp; III</p> <p>US\$1,000,000 per lifetime</p>	<p>OPTIONS I &amp; II</p> <p>US\$500,000 per lifetime</p>	<p>OPTIONS I &amp; II</p> <p>US\$150,000 per lifetime</p>	N/A
Inclusion of the newborn within 90 days after the birth	<p>OPTIONS I, II &amp; III</p> <p>Without underwriting, if born from a covered maternity</p>	<p>OPTIONS I, II &amp; III</p> <p>Without underwriting, if born from a covered maternity</p>	<p>OPTIONS I &amp; II</p> <p>Without underwriting, if born from a covered maternity</p>	<p>OPTIONS I &amp; II</p> <p>Without underwriting, if born from a covered maternity</p>	N/A

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## ■ MATERNITY PROVISIONS

10-month waiting period, no deductible applies.

Free coverage for dependents up to 5 years old	<p>OPTION I</p> <ul style="list-style-type: none"> <li>• Max. of 2 children born from a covered maternity, if both parents are insured in the policy</li> <li>• Max. of 1 child born from a covered maternity, if only the mother is insured in the policy</li> </ul>	N/A	N/A	N/A	N/A
Fertility treatment	<p>OPTIONS I &amp; II</p> <p>US\$6,000 per lifetime, after deductible (after a 24-month waiting period)</p>	N/A	N/A	N/A	N/A

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## ■ MEDICAL EVACUATION PROVISIONS

Emergency transportation by ground ambulance	100%*, no deductible applies	100%*, no deductible applies	100%*, no deductible applies	100%*, no deductible applies	100%*, no deductible applies
Emergency transportation by air ambulance	100%*, no deductible applies	100%*, no deductible applies	US\$65,000, no deductible applies	US\$45,000, no deductible applies	US\$30,000, no deductible applies
Cost of return ticket for the insured and one companion after an evacuation by air ambulance	US\$3,000 per person	US\$1,200 per person	US\$550 per person	N/A	N/A
Repatriation or cremation of mortal remains	100%*	100%*	US\$45,000	US\$7,000	US\$10,000

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## OTHER PROVISIONS

High-risk sports and activities	100%*	100%*	100%*	100%*	N/A
Emergency dental coverage	100%* for treatment within the first 180 days of the covered accident	100%* for treatment within the first 180 days of the covered accident	100%* for treatment within the first 180 days of the covered accident	100%* for treatment within the first 180 days of the covered accident	US\$25,000 pfor treatment within the first 90 days of the covered accident
Refractive eye surgery	US\$750 per eye, per lifetime (after a 24-month waiting period)	US\$550 per eye, per lifetime (after a 24-month waiting period)	N/A	N/A	N/A
Palliative care	100%*	100%*	100%*	100%*	US\$750 per day, up to 120 days
Temporary coverage for accidents while the application is being underwritten	US\$40,000	US\$35,000	US\$35,000	US\$30,000	US\$40,000
Free extended coverage for eligible dependents after the policyholder's death	2 years	2 years	1 year	N/A	N/A

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## OTHER PROVISIONS

Deductible elimination/reduction for no claims for 3 years	<p>OPTIONS I, II, III &amp; IV</p> <ul style="list-style-type: none"> <li>Elimination for 1 year after the 3rd year without claims</li> <li>Reduction of 50% of the deductible for 1 year after the 3rd year, if the deductible was not met in any of the years</li> </ul> <p>OPTIONS V &amp; VI</p> <ul style="list-style-type: none"> <li>Reduction of 50% of the deductible for 1 year after the 3rd year without claims</li> </ul>	<p>OPTIONS I, II, III &amp; IV</p> <ul style="list-style-type: none"> <li>Elimination for 1 year after the 3rd year without claims</li> <li>Reduction of 50% of the deductible for 1 year after the 3rd year, if the deductible was not met in any of the years</li> </ul> <p>OPTIONS V &amp; VI</p> <ul style="list-style-type: none"> <li>Reduction of 50% of the deductible for 1 year after the 3rd year without claims</li> </ul>	<p>OPTIONS I, II &amp; III</p> <ul style="list-style-type: none"> <li>Elimination for 1 year after the 3rd year without claims</li> <li>Reduction of 50% of the deductible for 1 year after the 3rd year, if the deductible was not met in any of the years</li> </ul> <p>OPTIONS IV &amp; V</p> <ul style="list-style-type: none"> <li>Reduction of 50% of the deductible for 1 year after the 3rd year without claims</li> </ul>	<p>OPTIONS I &amp; II</p> <ul style="list-style-type: none"> <li>Elimination for 1 year after the 3rd year without claims</li> <li>Reduction of 50% of the deductible for 1 year after the 3rd year, if the deductible was not met in any of the years</li> </ul> <p>OPTIONS III &amp; IV</p> <ul style="list-style-type: none"> <li>Reduction of 50% of the deductible for 1 year after the 3rd year without claims</li> </ul>	N/A
Executive checkup	Up to US\$1,500, after a 24-month waiting period within the EVER® Prevent Network.	Up to US\$1,000, after a 24-month waiting period within the EVER® Prevent Network.	Up to US\$750, after a 24-month waiting period within the EVER® Prevent Network.	N/A	N/A
Female Sterilization (Tubal Ligation)	OPTIONS I, II & III Up to US\$1,500 per lifetime, after 10-months waiting period	N/A	N/A	N/A	N/A
Male Sterilization (Vasectomy)	OPTIONS I, II & III Up to US\$1,500 per lifetime, after 24-months waiting period	N/A	N/A	N/A	N/A

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## ■ OTHER PROVISIONS

Nutritionist visits	Up to 5 visits per policy year	Up to 5 visits per policy year	N/A	N/A	N/A
EVER Expert Medical Review®	Unlimited access to medical reviews from recognized world experts, deductible does not apply	Unlimited access to medical reviews from recognized world experts, deductible does not apply	Unlimited access to medical reviews from recognized world experts, deductible does not apply	Unlimited access to medical reviews from recognized world experts, deductible does not apply	Unlimited access to medical reviews from recognized world experts, deductible does not apply

ALL CONTENTS OF THIS COMPARATIVE ARE ONLY FOR INFORMATIONAL PURPOSES.  
THE BENEFITS ARE GOVERNED BY THE TERMS DESCRIBED IN THE CONDITIONS OF COVERAGE OF EACH POLICY.

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