

# PLANS COMPARISON

#foreverwithyou

2025



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## ■ PLAN INFORMATION

Maximum coverage per insured, 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 lifetime</b>
Age limit	Up to 79 years old	Up to 79 years old	Up to 79 years old	Up to 79 years old	60 - 90 years old
Waiting period	30 days	30 days	30 days	30 days	30 days
Coverage outside the U.S.	Worldwide, with no restrictions of doctors and hospitals.	Worldwide, with no restrictions of doctors and hospitals.	100%* with free choice of doctors and hospitals	100%* with free choice of doctors and hospitals	Worldwide, with no restrictions of doctors and hospitals
Coverage inside the U.S.	Worldwide, with no restrictions of doctors and hospitals.	Worldwide, with no restrictions of doctors and hospitals.	<ul style="list-style-type: none"> <li>• 100%* within the EVER® US Network</li> <li>• Outside the EVER® US Network: Coverage 70%, with a daily maximum rate of US\$800 for a standard room and US\$1,500 for intensive care</li> <li>• Emergency medical treatment: 100%* up to 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 60%, with a daily maximum rate of US\$700 for a standard room and US\$1,400 for intensive care</li> <li>• Emergency medical treatment: 100%* up to policy limits</li> </ul>	Worldwide, with no restrictions of doctors and hospitals

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## ■ HOSPITAL BENEFITS

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 use (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, for up to 30 days. US\$1,000 per day, for additional days
Accommodation expenses for an adult companion of a hospitalized insured under 18 years of age	100%*, no night limit.	US\$350 per night, up to 30 nights	US\$150 per night, up to 45 nights	US\$150 per night, up to 45 nights	US\$150 per night, up to 30 nights
Accommodation expenses for an adult companion of a hospitalized insured over 18 years of age	100%*, maximum of 30 nights	100%*, up to 30 nights	100%*, up to 30 nights	100%*, up to 30 nights	US\$150 per night, up to 30 nights
Prescribed medications during hospitalization	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%*	Up to US\$100 per visit, with a maximum of 30 visits.

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## ■ OUTPATIENT BENEFITS

Emergency Room Care	100%*	100%*	100%*	100%*	US\$5,000 per visit, maximum of 5 visits per policy year
Visits to doctors and specialists	100%*	100%*	100%*	100%*	Up to US\$125 per consultation, max of 15 consultations per year
Home visits by doctors and specialists	100%*	100%*	100%*	100%*	Up to US\$125 per consultation, max of 15 consultations per year
Prescription medications	100%*	100%*	US\$55,000	US\$15,000	Up to US\$125 per consultation, max of 15 consultations per year
Complementary therapies: chiropractor, psychologist, psychiatrist, osteopathy, and/or acupuncture	US\$15,000	US\$5,000	N/A	N/A	N/A
Home nurse or therapist care	100%*	100%*	US\$12,000	US\$7,000	Up to US\$150 per day, max of 30 days per policy year
Preventive medical check-up per insured, no deductible	<b>ALL OPTIONS</b> • US\$300 per visit, up to 6 visits, for insureds from 0 to 12 months  <b>OPTIONS I, II y III</b> • Up to US\$500 from 12 months old, including up to US\$75 for a preventative dental check up	<b>OPTIONS I, II y III</b> • US\$150 up to 17 years old • US\$350 from 18 years old  <b>OPTIONS IV, V y VI</b> • US\$100 for all ages	<b>OPTIONS I y II</b> • US\$100 up to 17 years old • US\$150 from 18 years old	<b>OPTION I</b> • US\$100 from 18 years old	<b>ALL OPTIONS</b> • US\$250 per insured (after a 12 month waiting period)

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## ■ OUTPATIENT BENEFITS

Preventative Vision Care	<b>OPTION I</b> US\$500, max 2 visits per policy year.	N/A	N/A	N/A	N/A
Preventative Dental Care	<b>OPTION I</b> US\$500, maximum 2 consults per policy year.	N/A	N/A	N/A	N/A
Hearing Aids	US\$4,000 lifetime	US\$2,500 lifetime	US\$1,200 lifetime	US\$550 lifetime	US\$1,250, per insured, lifetime
Alzheimer's Disease	100%*	100%*	100%*	100%*	N/A
Autism Treatment	• 100%* if the insured was born under covered maternity • US\$12,000 if not born under covered maternity and developed the condition while insured	Included within the specialized treatment benefit	Included within the specialized treatment benefit	Included within the specialized treatment benefit	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 BENEFITS

These benefits apply equally to both inpatient and outpatient procedures.

Surgeon and anesthesiologist fees	100%*	100%*	100%*	100%*	Up to US\$50,000 per surgery, max of 2 surgeries per policy year
Laboratory tests and diagnostic services (laboratory tests, pathology, X-rays, MRI/CT/PET scans)	100%*	100%*	100%*	100%*	Only as preoperative with prior 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 cancer risk or prophylactic surgery	US\$50,000 lifetime (after a 12-month waiting period)	US\$35,000 lifetime (after a 12-month waiting period)	US\$35,000 lifetime (after a 12-month waiting period)	N/A	N/A
Dialysis Services	100%*	100%*	100%*	100%*	100%*
Prosthetics and medical Devices implanted during surgery	100%*	100%*	100%*	100%*	100%*
Organ transplant (per organ/tissue)	US\$5,000,000 lifetime (includes live donor expenses)	US\$1,500,000 lifetime (includes live donor expenses)	US\$500,000 lifetime, with an additional US\$500,000 available (with rider), includes live donor expenses	US\$350,000 lifetime. Includes live donor expenses	US\$200,000, lifetime

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## ■ GENERAL BENEFITS

These benefits apply equally to both inpatient and outpatient procedures.

Durable medical equipment	100%*	100%*	US\$12,000	US\$8,000	Up to US\$2,250 per insured
Physical therapy and rehabilitation	100%*	100%*	100%*	100%*	Up to US\$100 per visit, max 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 under the age of 18	US\$2,100,000 lifetime	US\$2,100,000 lifetime	US\$500,000 lifetime	US\$150,000 lifetime	N/A
Congenital conditions diagnosed after the age of 18	100%*	100%*	100%*	100%*	N/A
HIV-AIDS	US\$1,100,000 lifetime (after a 24-month waiting period)	US\$1,000,000 lifetime (after a 24-month waiting period)	US\$250,000 lifetime (after a 48-month waiting period)	N/A	N/A
Bariatric surgery	US\$25,000 lifetime (after a 24-month waiting period)	US\$15,000 lifetime (after a 24-month waiting period)	US\$5,000 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 BENEFITS

10-month waiting period, no deductible applies.

Maternity	<p>OPTIONS I, II &amp; III</p> <ul style="list-style-type: none"> <li>• 100%* for normal delivery or scheduled C-section with a self-pay package</li> <li>• US\$10,000 for normal delivery or scheduled C-section (if only the mother is insured)</li> <li>• US\$15,000 for normal delivery or scheduled C-section (if both parents are insured)</li> </ul>	<p>OPTION I, II &amp; III</p> <ul style="list-style-type: none"> <li>• US\$8,500 per normal delivery or C-section (if only the mother is insured)</li> <li>• US\$10,000 per normal delivery or C-section (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 stem cell extraction and storage</li> </ul>	<p>OPTIONS I &amp; II</p> <p>US\$4,000, no deductible applies</p>	N/A
Stem cell extraction and storage	<p>OPTIONS I, II &amp; III</p> <p>US\$2,500 per covered pregnancy</p>	<p>OPTIONS I, II &amp; III</p> <p>US\$1,000 per covered pregnancy</p>	N/A	N/A	N/A
Maternity and newborn complications	<p>OPTIONS I, II &amp; III</p> <p>US\$1,250,000 lifetime</p>	<p>OPTIONS I, II &amp; III</p> <p>US\$1,000,000 lifetime</p>	<p>OPTIONS I &amp; II</p> <p>US\$500,000 lifetime</p>	<p>OPTIONS I &amp; II</p> <p>US\$150,000 lifetime</p>	N/A
Newborn inclusion within 90 days of birth	<p>OPTIONS I, II &amp; III</p> <p>No risk assessment if born under covered maternity</p>	<p>OPTIONS I, II &amp; III</p> <p>No risk assessment if born under covered maternity</p>	<p>OPTIONS I &amp; II</p> <p>No risk assessment if born under covered maternity</p>	<p>OPTIONS I &amp; II</p> <p>No risk assessment if born under covered maternity</p>	N/A
Free coverage for dependents up to 5 years old	<p>OPTION I</p> <ul style="list-style-type: none"> <li>• Max 2 children if both parents are insured</li> <li>• Max 1 child if only the mother is insured</li> </ul>	N/A	N/A	N/A	N/A
Fertility treatment	<p>OPTIONS I &amp; II</p> <p>US\$6,000 lifetime, after deductible (after a 24-month waiting period)</p>	N/A	N/A	N/A	N/A

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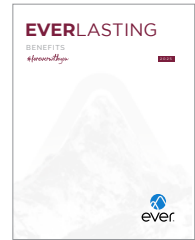
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## ■ MEDICAL EVACUATION BENEFITS

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
Return ticket cost for insured and one companion after an air ambulance evacuation	US\$3,000 per insured	US\$1,200 per insured	US\$550 per insured	N/A	N/A
Repatriation or cremation of mortal remains	100%*	100%*	US\$45,000	US\$7,000	US\$10,000

## ■ OTHER BENEFITS

High-risk activities and sports	100%*	100%*	100%*	100%*	N/A
Emergency dental treatment due to an accident	100%* within the first 180 days of a covered accident	100%* (treatment within the first 180 days of a covered accident)	100%* (treatment within the first 180 days of a covered accident)	100%* (treatment within the first 180 days of a covered accident)	US\$25,000 for treatment within the first 90 days of covered accident
Refractive eye surgery	US\$750 per eye, lifetime (after a 24-month waiting period)	US\$550 per eye, 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

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## ■ OTHER BENEFITS

Temporary accident coverage while application is processed	US\$40.000	US\$35.000	US\$35.000	US\$30.000	US\$40.000
Extended free coverage for policy dependents after policyholder's death	2 years	2 years	1 year	N/A	N/A
Deductible waiver/reduction after 3 years without claims	<p><b>OPTIONS I, II, III &amp; IV</b></p> <ul style="list-style-type: none"> <li>• Elimination for 1 year after the third year without claims</li> <li>• 50% reduction of the deductible for 1 year after the third year, if the deductible has not been met in any of the years</li> </ul> <p><b>OPTIONS V y VI</b></p> <ul style="list-style-type: none"> <li>• 50% deductible reduction for 1 year after the third claim-free year</li> </ul>	<p><b>OPTIONS I, II, III &amp; IV</b></p> <ul style="list-style-type: none"> <li>• Elimination for 1 year after the third year without claims</li> <li>• 50% reduction of the deductible for 1 year after the third year, if the deductible has not been met in any of the years</li> </ul> <p><b>OPTIONS V y VI</b></p> <ul style="list-style-type: none"> <li>• 50% deductible reduction for 1 year after the third claim-free year</li> </ul>	<p><b>OPTIONS I, II &amp; III</b></p> <ul style="list-style-type: none"> <li>• Elimination for 1 year after the third year without claims</li> <li>• 50% reduction of the deductible for 1 year after the third year, if the deductible has not been met in any of the years</li> </ul> <p><b>OPTIONS IV y V</b></p> <ul style="list-style-type: none"> <li>• 50% deductible reduction for 1 year after the third claim-free year</li> </ul>	<p><b>OPTIONS I &amp; II</b></p> <ul style="list-style-type: none"> <li>• Eliminación durante 1 año después del tercer año sin reclamos</li> <li>• Reducción del 50% del deducible durante 1 año después del tercer año, si no se ha alcanzado el deducible en ninguno de los años</li> </ul> <p><b>OPTIONS III y IV</b></p> <ul style="list-style-type: none"> <li>• Reducción del 50% del deducible durante 1 año después el 3er. año sin reclamos</li> </ul>	N/A
Executive check-up	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

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## ■ OTHER BENEFITS

Female sterilization (tubal ligation)	OPTIONS I, II & III Up to US\$1,500, lifetime, after a 10-month waiting period	N/A	N/A	N/A	N/A
Male sterilization (vasectomy)	OPTIONS I, II & III Up to US\$1,500, lifetime, after a 24-month waiting period	N/A	N/A	N/A	N/A
Nutrition services	Up to 5 visits per policy year	Up to 5 visits per policy year	N/A	N/A	N/A
ForEVER® Fit	Up to US\$150 from 18 years old, per insured, per policy year, via reimbursement	Up to US\$150 from 18 years old, per insured, per policy year, via reimbursement	Up to US\$150 from 18 years old, per insured, per policy year, via reimbursement	N/A	N/A
EVER Expert Medical Review®	Unlimited access to world-renowned medical expert second opinions, no deductible applies	Unlimited access to world-renowned medical expert second opinions, no deductible applies	Unlimited access to world-renowned medical expert second opinions, no deductible applies	Unlimited access to world-renowned medical expert second opinions, no deductible applies	Unlimited access to world-renowned medical expert second opinions, no deductible applies

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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