

# EVEREST

BENEFITS

*#foreverwithyou*

2026



ever®

# SUMMARY OF BENEFITS

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

## ■ DEDUCTIBLE OPTIONS

	I	II	III	IV	V	VI
Outside the U.S.	US\$500	US\$1,000	US\$2,000	US\$5,000	US\$10,000	US\$20,000
Inside the U.S.*	US\$1,000	US\$2,000	US\$3,000			

\*For plans that exclude coverage in the U.S., this deductible does not apply.

## ■ PLAN INFORMATION

BENEFIT	COVERAGE
Maximum coverage per insured, per policy year	Unlimited
Age limit	Up to 79 years old
Waiting period	30 days
Geographic coverage	Worldwide, with no restrictions of doctors and hospitals

## ■ HOSPITAL BENEFITS

BENEFIT	COVERAGE	
Standard private room	100%*	
Special benefit for suite room use (subject to availability)	100%*	
Intensive care unit	100%*	
Expenses for an adult companion of a hospitalized insured	Under 18 years old	100%*, no night limit
	Over 18 years old	100%*, maximum of 30 nights
Prescribed medications during hospitalization	100%*	
Psychiatric treatments	US\$5,000*	

## ■ OUTPATIENT BENEFITS

BENEFIT	COVERAGE
Emergency room care	100%*
Visits to doctors and specialists	100%*

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

## ■ OUTPATIENT BENEFITS

BENEFIT	COVERAGE
Home visits from doctors and specialists	100%*
Prescription medications	100%*
Complementary therapies: chiropractor, psychologist, psychiatrist, osteopathy, and/or acupuncture	US\$15,000
Home nurse or therapist care	100%*
Preventive medical check-up per insured, no deductible (after a waiting period of 10 months)	ALL OPTIONS US\$400 per visit, up to 6 visits, for insureds from 0 to 12 months old  OPTIONS I, II & III Up to US\$600 from 12 months old, including up to US\$75 for preventive dental check-up
Preventive vision care (option I)	US\$500, max 2 visits per policy year
Preventive dental care (option I)	US\$500, max 2 visits per policy year
Hearing aids	US\$4,000 lifetime
Alzheimer's disease	100%*
Autism treatment	<ul style="list-style-type: none"> <li>• 100%* if the insured was born under covered maternity</li> <li>• US\$12,000 if not born under covered maternity and developed the condition while insured</li> </ul>
Allergy treatment	100%*

## ■ GENERAL BENEFITS

These benefits apply equally to both inpatient and outpatient procedures.

BENEFIT	COVERAGE
Surgeon and anesthesiologist fees	100%*
Laboratory tests and diagnostic services (blood tests, pathology, X-rays, MRI/CT/PET scans)	100%*
Oncology: cancer tests, treatment (chemotherapy and/or radiotherapy) and medication	100%*
Surgery to reduce cancer risk or prophylactic surgery	US\$50,000 lifetime (after a 12-month waiting period)
Dialysis services	100%*
Prosthetics and medical devices implanted during surgery	100%*
Organ transplant (per organ/tissue)	US\$5,000,000 lifetime (includes live donor expenses)
Durable Medical Equipment	100%*
Physical Therapy and Rehabilitation	100%*

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## ■ GENERAL BENEFITS

These benefits apply equally to both inpatient and outpatient procedures.

BENEFIT		COVERAGE
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 lifetime
	Diagnosed after age 18	100%*
HIV/AIDS		US\$1,100,000 lifetime (after a 24-month waiting period)
Bariatric Surgery		US\$25,000 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 BENEFITS

10-month waiting period, no deductible applies

BENEFIT	COVERAGE
Maternity (options I, II, and III)	<ul style="list-style-type: none"> <li>• 100%* for normal delivery or scheduled C-section in a hospital 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>
Stem cell extraction and storage (options I, II, and III)	US\$2,500 per covered pregnancy
Maternity and newborn complications (options I, II, and III)	US\$1,250,000 lifetime
Inclusion of newborn within 90 days of birth (options I, II, and III)	No risk assessment if born under covered maternity
Free coverage for dependents up to 5 years old (option I)	<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>
Fertility treatment (options I and II)	US\$6,000 lifetime, after deductible (after a 24-month waiting period)

## ■ MEDICAL EVACUATION BENEFITS

BENEFIT	COVERAGE	
Emergency transport	Ground ambulance	100%*, no deductible applies
	Air ambulance	100%*, no deductible applies
Return ticket cost for insured and one companion after an air ambulance evacuation	US\$3,000 per insured	
Repatriation or cremation of mortal remains	100%*	

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

## ■ OTHER BENEFITS

BENEFIT	COVERAGE
High-risk activities and sports	100%*
Emergency dental treatment due to an accident	100%* within the first 180 days of a covered accident
Refractive eye surgery	US\$750 per eye, lifetime (after a 24-month waiting period)
Palliative care	100%*
Temporary accident coverage while application is processed	US\$40,000
Extended free coverage for policy dependents after policyholder's death	2 years
Deductible waiver/reduction after 3 years without claims	<p>OPTIONS I, II, III &amp; IV</p> <ul style="list-style-type: none"> <li>• Elimination for 1 year if the deductible has not been reached in previous years</li> </ul> <p>OPTIONS V &amp; VI</p> <ul style="list-style-type: none"> <li>• 50% reduction if the deductible has not been reached in previous years</li> </ul>
Executive check-up	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, lifetime, after a 10-month waiting period (options I, II, and III)
Male sterilization (vasectomy)	Up to US\$1,500, lifetime, after a 24-month waiting period (options I, II, and III)
Nutrition services	Up to 5 visits per policy year
ForEVER® Fit	Up to US\$150 per insured, per policy year, via reimbursement
EVERGlow®, per insured, no deductible	<p>OPTIONS I &amp; II</p> <ul style="list-style-type: none"> <li>• Up to \$350 for treatment with botulinum toxin type A</li> </ul>
EVER® Expert Medical Review	Unlimited access to world-renowned medical expert second opinions, no deductible applies

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