

# EVERLASTING

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
Outside the U.S.	US\$2,500	US\$5,000	US\$10,000	US\$20,000
Inside the U.S.*	US\$5,000			

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

## ■ PLAN INFORMATION

BENEFIT	COVERAGE
Maximum coverage per insured	US\$3,500,000 lifetime
Maximum charges incurred per policy year, per insured	US\$500,000
Age range to apply	60 - 90 years old
Waiting period	30 days
Geographic coverage	Worldwide, with no restrictions of doctors and hospitals

## ■ HOSPITAL BENEFITS

BENEFIT	COVERAGE
Standard private room and hospitalization services (Includes hospital food, medications, laboratory tests, imaging studies, diagnostic procedures, specialized nurses and medical/surgical materials, among others)	US\$2,500 per day, up to 120 days US\$750 per day, for additional days
Intensive Care Unit	Up to US\$3,300 per day, up to 30 days. US\$1,000 per day, for additional days
Surgeon and anesthesiologist fees	Up to US\$50,000 per surgery, maximum 2 surgeries per policy year
Additional hospital benefits (operating room and surgical implants)	Up to US\$35,000 per surgery, maximum 2 surgeries per policy year
Expense for accompanying a hospitalized insured	US\$150 per night, maximum 30 nights

## ■ OUTPATIENT BENEFITS

BENEFIT	COVERAGE
Emergency room care	US\$5,000 per visit, maximum 5 visits per policy year
Outpatient surgery (included)	Up to US\$50,000 per policy year
Nurse or therapist care at home	Up to US\$150 per day, max 30 days per policy year
Visits to doctors and specialists	Up to US\$125 per consultation, max 15 consultations per year
Diagnostic study services (pathology, x-rays, magnetic resonance imaging/computed tomography/positron emission tomography, echocardiogram, stress test, etc.). Only as pre-op with pre-approval	Up to US\$1,000, per exam, per insured
Endoscopic procedures. Only as pre-op with pre-approval	Up to US\$1,250, per exam, per insured
Prescription medications after outpatient surgery or medical consultation	Up to US\$2,500 per insured
Preventive medical check-up per insured, no deductible (after a 12-month waiting period)	US\$250 per insured
Hearing aids	Up to US\$1,250 per insured, lifetime
Allergy treatment	100%*

## ■ GENERAL BENEFITS

These benefits apply equally to both inpatient and outpatient procedures

BENEFIT	COVERAGE
Oncology (cancer tests, chemotherapy/radiotherapy, medications)	Up to US\$200,000 per insured
Prostheses and medical devices implanted during surgery	100%*
Organ transplant (per organ/tissue)	US\$200,000, lifetime
Living donor expenses included in the organ transplant	US\$25,000, lifetime
Durable medical equipment	Up to US\$2,250 per insured
Physical therapy and rehabilitation (in-hospital or outpatient)	Up to US\$100 per visit, maximum 30 visits
Reconstructive surgery after an accident or illness	100%*

## ■ MEDICAL EVACUATION BENEFITS

BENEFIT	COVERAGE	
Emergency transportation	Ground ambulance	100%*, no deductible applies
	Air ambulance	Up to US\$30,000, no deductible applies
Repatriation or cremation of mortal remains	US\$10,000	

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

# ■ OTHER BENEFITS

BENEFIT	COVERAGE
Emergency dental treatment due to an accident	US\$25,000 for treatment within the first 90 days of covered accident
Palliative care	US\$750 per day, up to 120 days
Temporary accident coverage while application is being processed	US\$40,000
EVER® Expert Medical Review	Unlimited access to world-renowned medical expert second opinions, no deductible applies



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