

EVERYWHERE

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\$2,000	US\$3,000	US\$5,000	US\$10,000	US\$20,000
Inside the U.S.*	US\$1,000					

*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	US\$8,000,000
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/semi-private hospital room	100%*	
Special benefit for suite room use (subject to availability)	Up to US\$3,000 per day within the EVER® US network	
Intensive Care Unit	100%*	
Expenses for an accompanying adult of a hospitalized insured	Under 18 years old	US\$350 per night, up to 30 nights
	Over 18 years old	100%*, up to 30 nights
Prescribed medications during hospitalization	100%*	
Psychiatric treatments	US\$3,000	

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

■ OUTPATIENT BENEFITS

BENEFIT	COVERAGE
Emergency room care	100%*
Visits to doctors and specialists	100%*
Home visits by doctors and specialists	100%*
Prescribed medications	100%*
Complementary therapies (chiropractor, psychologist, psychiatrist, osteopathy, acupuncture)	US\$5,000
Home nurse or therapist care	100%*
Preventive medical check-up per insured, no deductible (after a 10-month waiting period)	<p>OPTIONS I, II & III</p> <ul style="list-style-type: none"> • US\$250 up to 17 years old • US\$450 from 18 years old <p>OPTIONS IV, V & VI</p> <ul style="list-style-type: none"> • US\$200, all ages
Hearing aids	US\$2,500 lifetime
Alzheimer's disease treatment	100%*
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, chemotherapy/radiotherapy, medications)	100%*
Cancer risk-reduction surgery or prophylactic surgery	US\$35,000 lifetime (after a 12-month waiting period)
Dialysis services	100%*
Prosthetics and implanted medical devices during surgery	100%*
Organ transplant (per organ/tissue)	US\$1,500,000 lifetime (including live donor expenses)
Durable medical equipment	100%*
Physical therapy and rehabilitation	100%*

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

■ 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\$4,000
Congenital conditions	Diagnosed before 18 years old	US\$2,100,000 lifetime
	Diagnosed after 18 years old	100%*
HIV/AIDS		US\$1,000,000 lifetime (after a 24-month waiting period)
Bariatric surgery		US\$15,000 lifetime (after a 24-month waiting period)
Surgical treatment for 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

BENEFIT		COVERAGE
Maternity (options I, II & III)		<ul style="list-style-type: none"> • US\$8,500 per normal delivery or C-section (if only the mother is insured) • US\$10,000 per normal delivery or C-section (if both parents are insured)
Stem cell extraction and storage (options I, II & III)		US\$1,000 per covered pregnancy
Maternity and newborn complications (options I, II & III)		US\$1,000,000 lifetime
Newborn inclusion within 90 days after birth (options I, II & III)		No medical evaluation if born in a covered maternity

■ MEDICAL EVACUATION BENEFITS

BENEFIT		COVERAGE
Emergency transportation	Ground ambulance	100%*, no deductible applies
	Air ambulance	100%*, no deductible applies
Return ticket cost for insured and companion after an air ambulance evacuation		US\$1,200 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%* (treatment within the first 180 days of a covered accident)
Refractive eye surgery	US\$550 per eye, lifetime (after a 24-month waiting period)
Palliative care	100%*
Temporary accident coverage while application is being processed	US\$35,000
Extended free coverage for policy dependents after the policyholder's death	2 years
Deductible waiver/reduction after 3 years without claims	<p>OPTIONS I, II, III & IV</p> <ul style="list-style-type: none"> • Elimination for 1 year if the deductible has not been reached in previous years <p>OPTIONS V & VI</p> <ul style="list-style-type: none"> • 50% reduction if the deductible has not been reached in previous years
Executive check-up	Up to US\$1,000 (after a 24-month waiting period within the EVER® Prevent network)
Nutrition services	Up to 5 visits per policy year
ForEVER® Fit	Up to US\$100 per insured, per policy year, via reimbursement
EVERGlow®, per insured, no deductible	<p>OPTIONS I & II</p> <ul style="list-style-type: none"> • Up to \$100 for treatment with botulinum toxin type A
EVER® Expert Medical Review	Unlimited access to world-renowned medical expert second opinions, no deductible applies

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