

PLANS COMPARISON

#foreverwithyou

2026



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■ **PLAN INFORMATION**

Maximum coverage per insured, per policy year	Unlimited	US\$8,000,000	US\$5,000,000	US\$2,500,000	US\$3,500,000 lifetime
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.	Free choice of doctors and hospitals	Free choice of doctors and hospitals	<ul style="list-style-type: none"> • 100%* within the EVER® US Network • Outside the EVER® US Network, coverage will be 70%, with a maximum daily rate of up to US\$800 for a standard room and up to US\$1,500 for intensive care Emergency medical treatment will be covered 100%*, up to the limits of the policy	<ul style="list-style-type: none"> • 100%* within the LEVERAGE® US Network • Outside the LEVERAGE® US Network, coverage will be 60%, with a maximum daily rate of up to US\$700 for a standard room and up to US\$1,400 for intensive care Emergency medical treatment will be covered at 100%*, up to the limits of the policy	Free choice of doctors and hospitals

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



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■ **HOSPITAL BENEFITS**

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%*, maximum of 30 nights	100%*, maximum of 30 nights	100%*, maximum of 30 nights	
Prescribed medications during hospitalization	100%*	100%*	100%*	100%*	Included in the benefits of Standard Private Room and ICU
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, maximum 30 visits (inpatient or outpatient)
Additional hospital benefits (operating room and surgical implants)	N/A	N/A	N/A	N/A	Up to US\$35,000 per surgery, maximum of 2 surgeries per policy year

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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%*	N/A
Prescription medications	100%*	100%*	US\$55,000	US\$15,000	Up to US\$2,500 per insured person after outpatient surgery or medical consultation
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, maximum 30 days per policy year
Hearing Aids	US\$4,000 lifetime	US\$2,500 lifetime	US\$1,200 lifetime	US\$550 lifetime	US\$1,250 lifetime
Preventative Vision Care	OPTION I US\$500, max 2 visits per policy year	N/A	N/A	N/A	N/A
Preventative Dental Care	OPTION I US\$500, max 2 visits per policy year	N/A	N/A	N/A	N/A

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■ **OUTPATIENT BENEFITS**

Alzheimer's Disease	100%*	100%*	100%*	100%*	N/A
Preventive medical check-up per insured, no deductible After a waiting period of 10 months	<p>ALL OPTIONS</p> <ul style="list-style-type: none"> • US\$400 per visit, up to 6 visits, for insureds from 0 to 12 months <p>OPTIONS I, II & III</p> <ul style="list-style-type: none"> • Up to US\$600 from 12 months old, including up to US\$75 for a preventative dental check up 	<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\$100 for all ages 	<p>OPTIONS I & II</p> <ul style="list-style-type: none"> • US\$200 up to 17 years old • US\$250 from 18 years old 	<p>OPTION I</p> <ul style="list-style-type: none"> • US\$200 from 18 years old 	<p>ALL OPTIONS</p> <ul style="list-style-type: none"> • US\$250 per insured (after a 12 month waiting period)
Autism Treatment	<ul style="list-style-type: none"> • 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	Up to US\$100 per visit, maximum 30 visits (inpatient or outpatient)
Outpatient surgery (all-inclusive)	100%*	100%*	100%*	100%*	Up to US\$50,000 per year policy
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

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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
Endoscopic procedures	Included in the benefit of Laboratory tests and diagnostic services	Included in the benefit of Laboratory tests and diagnostic services	Included in the benefit of Laboratory tests and diagnostic services	Included in the benefit of Laboratory tests and diagnostic services	Up to US\$1,250 per exam per insured person
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)	Option I • US\$5,000 lifetime (after a 12-month waiting period)	N/A
Dialysis Services	100%*	100%*	100%*	100%*	N/A
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. US\$25,000, lifetime allowance for live donor expenses

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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, maximum 30 visits (inpatient or outpatient)
Specialized Treatments (Occupational Therapy, Speech Therapy, Sleep Apnea, and Other Sleep Disorders)	US\$6,000	US\$4,000 including autism	US\$3,500 including autism	US\$2,000 including autism	N/A

■ **GENERAL BENEFITS**

These benefits apply equally to both inpatient and outpatient procedures.

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
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
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
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 & III</p> <ul style="list-style-type: none"> • 100%* for normal delivery or scheduled cesarean section in a hospital with a self-pay package • US\$10,000 for normal delivery or cesarean section (if only the mother is insured) • US\$15,000 for normal delivery or cesarean section (if both parents are insured) 	<p>OPTIONS I, II & III</p> <ul style="list-style-type: none"> • US\$8,500 for normal delivery or cesarean section (if only the mother is insured) • US\$10,000 for normal delivery or cesarean section (if both parents are insured) 	<p>OPTIONS I & II</p> <ul style="list-style-type: none"> • US\$5,000, no deductible applies • Includes stem cell extraction and storage 	<p>OPTIONS I & II</p> <ul style="list-style-type: none"> • US\$4,000, no deductible applies 	N/A
Maternity and newborn complications	<p>OPTIONS I, II & III</p> <ul style="list-style-type: none"> • US\$1,250,000 lifetime 	<p>OPTIONS I, II & III</p> <ul style="list-style-type: none"> • US\$1,000,000 lifetime 	<p>OPTIONS I & II</p> <ul style="list-style-type: none"> • US\$500,000 lifetime 	<p>OPTIONS I & II</p> <ul style="list-style-type: none"> • US\$150,000 lifetime 	N/A
Stem cell extraction and storage	<p>OPTIONS I, II & III</p> <ul style="list-style-type: none"> • US\$2,500 per covered pregnancy 	<p>OPTIONS I, II & III</p> <ul style="list-style-type: none"> • US\$1,000 per covered pregnancy 	N/A	N/A	N/A
Newborn inclusion within 90 days of birth	<p>OPTIONS I, II & III</p> <p>Without underwriting if born under covered maternity</p>	<p>OPTIONS I, II & III</p> <p>Without underwriting if born under covered maternity</p>	<p>OPTIONS I & II</p> <p>Without underwriting if born under covered maternity</p>	<p>OPTIONS I & II</p> <p>Without underwriting 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"> • Maximum of 2 children born to a covered mother, if both parents are insured under the policy • Maximum of 1 child born to a covered mother, if only the mother is insured under the policy 	N/A	N/A	N/A	N/A

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■ **MATERNITY BENEFITS**

10-month waiting period, no deductible applies.

Fertility treatment	OPTIONS I & II US\$6,000 lifetime, after deductible (after a 24-month waiting period)	N/A	N/A	N/A	N/A
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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
Repatriation or cremation of mortal remains	100%*	100%*	US\$45,000	US\$12,000	US\$10,000
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

■ **OTHER BENEFITS**

High-risk activities and sports	100%*	100%*	100%*	100%*	N/A
Emergency dental treatment due to an 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)	100%* (treatment within the first 180 days of a covered accident)	US\$25,000 for treatment within the first 90 days of covered accident

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■ **OTHER BENEFITS**

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
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
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\$100 from 18 years old, per insured, per policy year, via reimbursement	Up to US\$50 from 18 years old, per insured, per policy year, via reimbursement	N/A	N/A

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■ **OTHER BENEFITS**

<p>Deductible waiver/ reduction after 3 years without claims</p>	<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 for 1 year if the deductible has not been reached in previous years 	<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 for 1 year if the deductible has not been reached in previous years 	<p>OPTIONS I, II & III</p> <ul style="list-style-type: none"> Elimination for 1 year if the deductible has not been reached in previous years <p>OPTIONS IV & V</p> <ul style="list-style-type: none"> 50% reduction for 1 year if the deductible has not been reached in previous years 	<p>OPTION I & II</p> <ul style="list-style-type: none"> Elimination for 1 year if the deductible has not been reached in previous years <p>OPTIONS III & IV</p> <ul style="list-style-type: none"> 50% reduction for 1 year if the deductible has not been reached in previous years 	<p>N/A</p>
<p>EVERGlow®</p>	<p>OPTIONS I & II</p> <p>Up to \$350 for type A botulinum toxin treatment</p>	<p>OPTIONS I & II</p> <p>Up to \$100 for type A botulinum toxin treatment</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
<p>EVER Expert Medical Review®</p>	<p>Access to unlimited second medical opinions from renowned experts around the world, with no deductible</p>				

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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