

LEVERAGE

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
Outside the U.S.	US\$500	US\$2,000	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\$2,500,000
Age limit	Up to 79 years old
Waiting period	30 days
Coverage outside the U.S.	100%* with free choice of doctors and hospitals
Coverage inside the U.S.	<ul style="list-style-type: none"> • 100%* within the LEVERAGE® US network • 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 • Emergency medical treatment: 100%* up to policy limits

■ HOSPITAL BENEFITS

BENEFIT	COVERAGE	
Standard private / semi-private room	100%*	
Intensive Care Unit	100%*	
Expenses for an accompanying adult of a hospitalized insured	Under 18 years old	US\$150 per night, up to 45 nights
	Over 18 years old	100%*, up to 30 nights
Prescribed medications during hospitalization	100%*	
Physical therapy and rehabilitation	100%*	
Psychiatric treatments	US\$1,000	

(*)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	US\$15,000
Home nurse or therapist care	US\$7,000
Preventive medical check-up per insured, no deductible (after a 10-month waiting period)	OPTION I • US\$200 from 18 years old
Hearing aids	US\$550 lifetime
Alzheimer's disease	100%*
Allergy treatment	100%*
Physical therapy and rehabilitation	US\$7,000

■ 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\$5,000 lifetime (after a 12-month waiting period)	
Dialysis services	100%*	
Prosthetics and implanted medical devices during surgery	100%*	
Organ transplant (per organ/tissue)	US\$350,000 lifetime. Includes live donor expenses	
Durable medical equipment	US\$8,000	
Specialized treatments (occupational therapy, speech therapy, sleep apnea, and other sleep disorders)	US\$2,000	
Congenital conditions	Diagnosed before 18 years old	US\$150,000 lifetime
	Diagnosed after 18 years old	100%*
Reconstructive surgery after an accident or illness	Up to the benefit limit	

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

■ MATERNITY BENEFITS

10-month waiting period, no deductible

BENEFIT	COVERAGE
Maternity (options I & II)	US\$4,000, no deductible applies
Maternity and newborn complications (options I & II)	US\$150,000 lifetime
Newborn inclusion within 90 days after birth (options I & II)	No medical evaluation if born in a covered maternity

■ MEDICAL EVACUATION BENEFITS

BENEFIT	COVERAGE	
Emergency transportation	Ground ambulance	100%*, no deductible applies
	Air ambulance	US\$45,000, no deductible applies
Repatriation or cremation of mortal remains	US\$12,000	

■ 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)
Palliative care	100%*
Temporary accident coverage while application is being processed	US\$30,000
Elimination/reduction of the policy deductible for not meeting the deductible during the last 3 years	<p>OPTIONS 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 if the deductible has not been reached in previous years
EVER® Expert Medical Review	Unlimited access to world-renowned medical expert second opinions, no deductible applies

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



CONTACT US

COLLECT CALL USA:
+1 305 800 EVER (3837)

TOLL FREE USA:
+1 866 800 EVER (3837)

BOLIVIA: 800 10 0515 • **BRASIL:** +55 11 2394 7817
EL SALVADOR: +503 2113 9066 • **MEXICO:** +52 55 4169 6572
PERU: +51 1 700 9758 • **VENEZUELA:** +58 212 335 7542 | +58 212 335 7543

