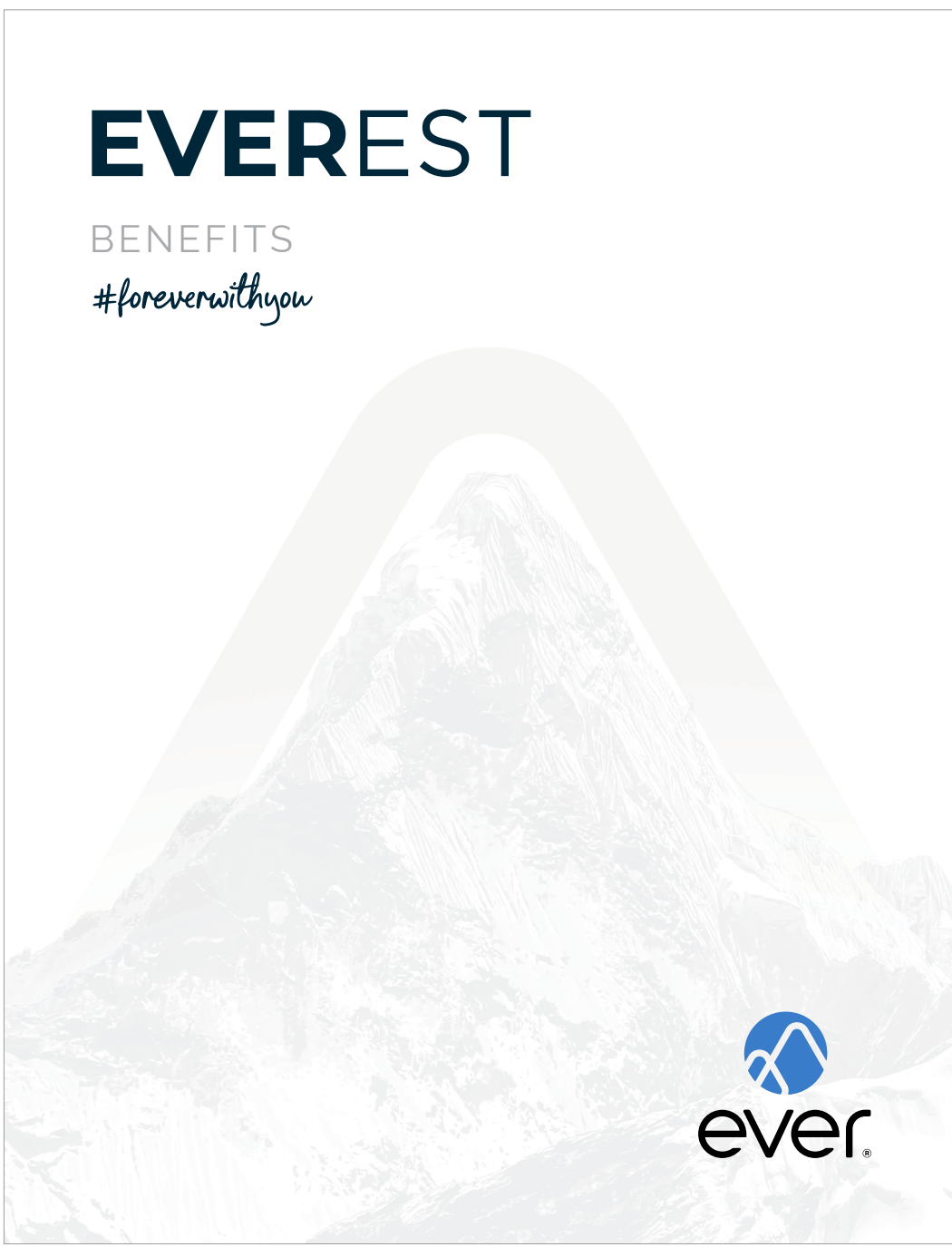


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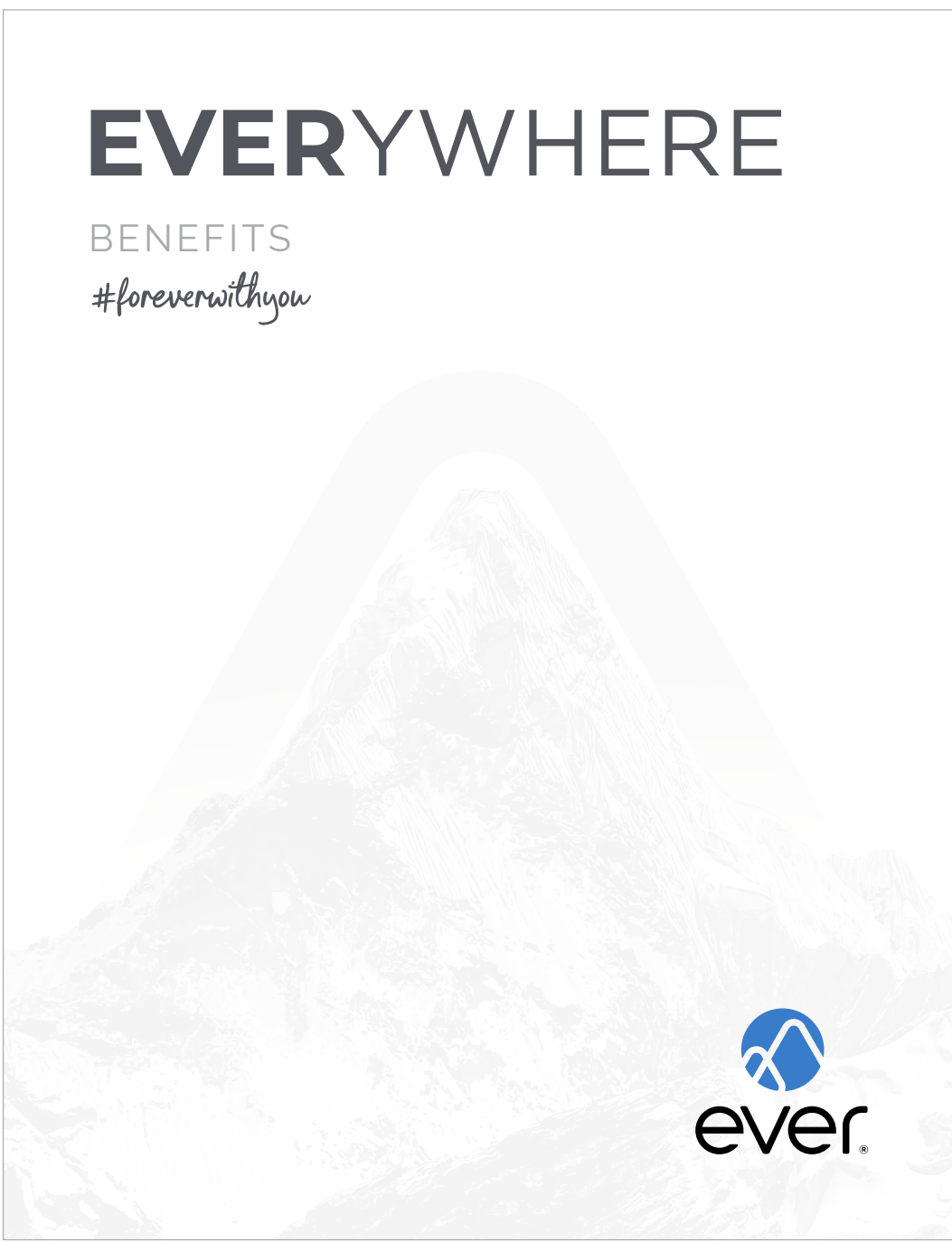
COMPARISON OF PLANS

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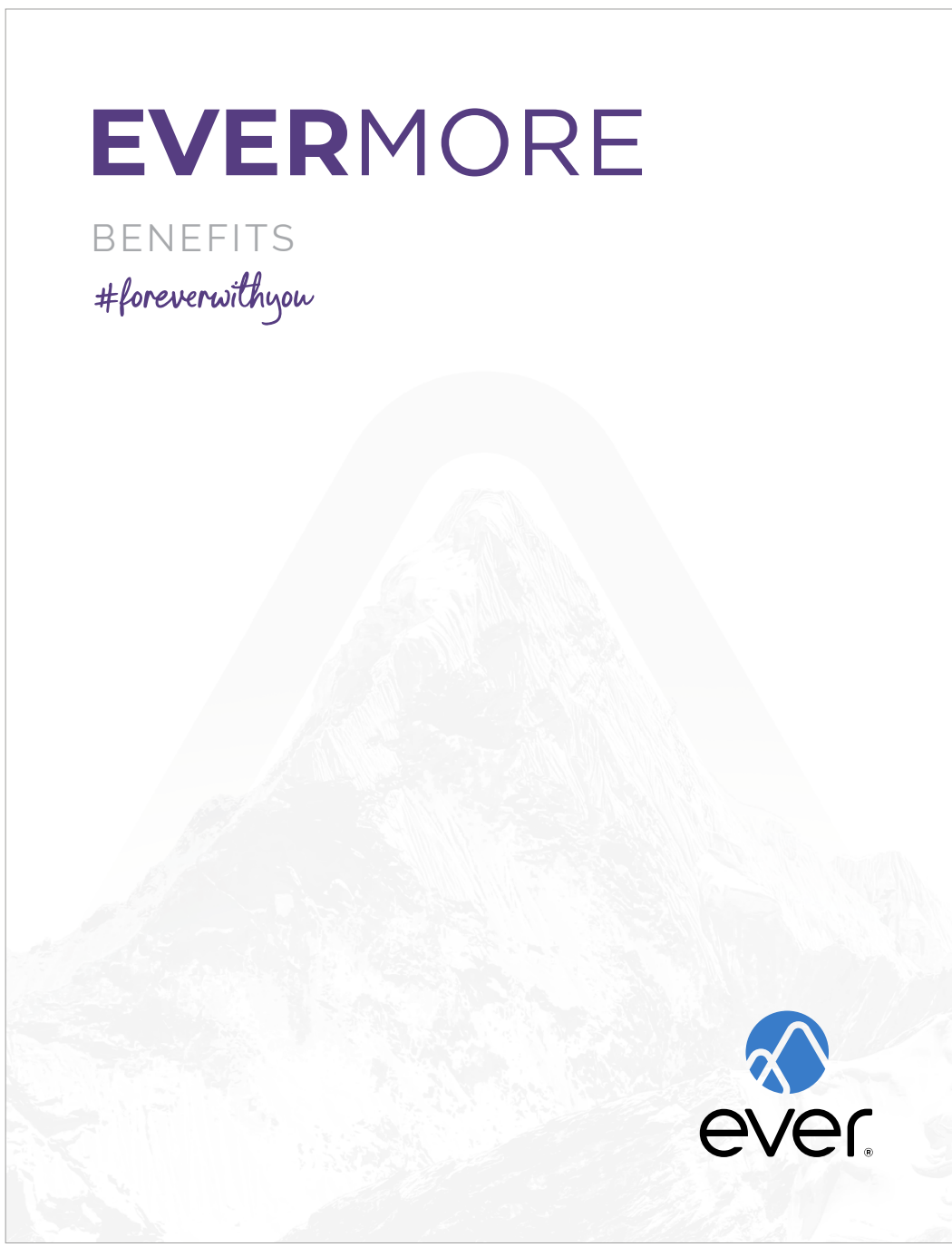




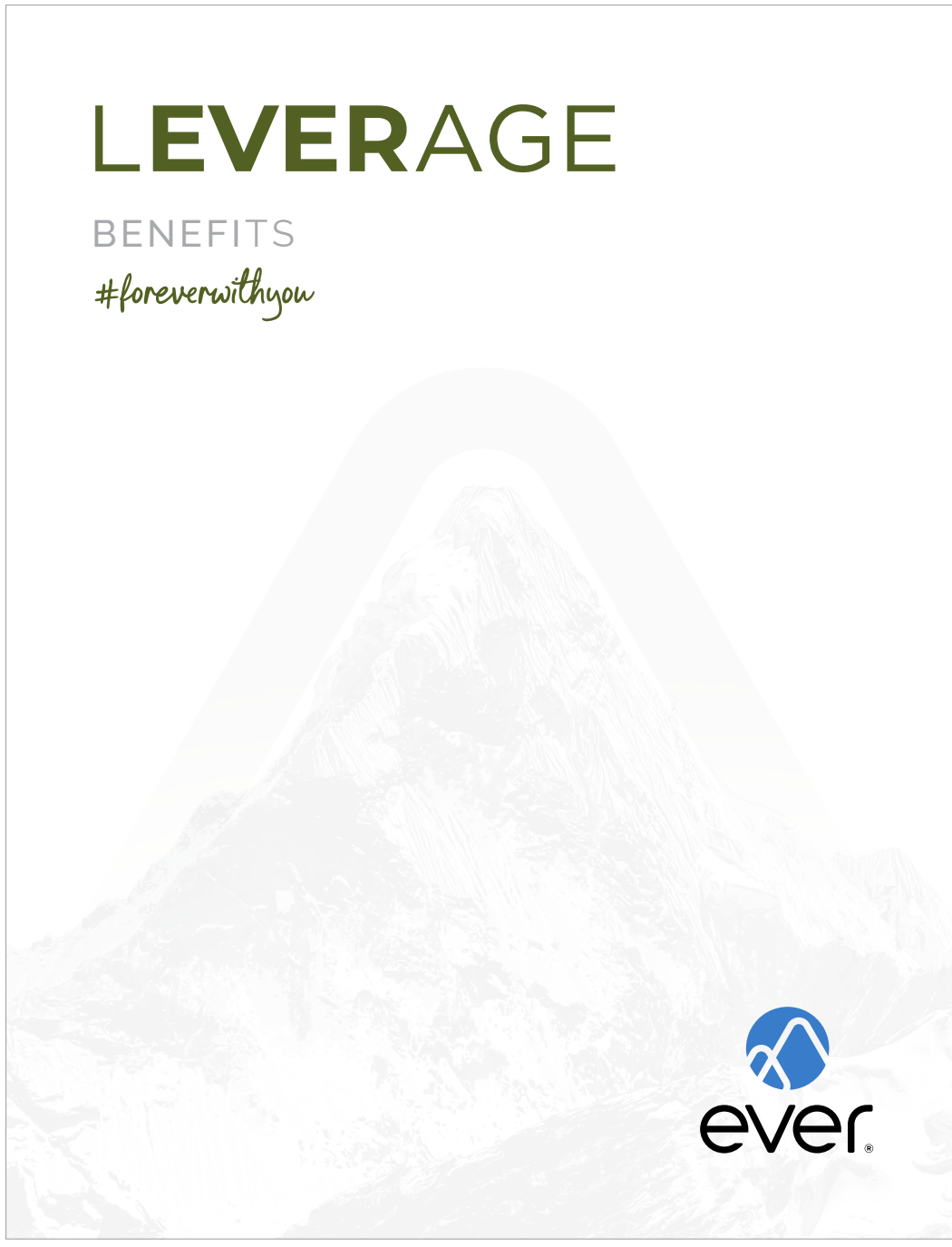
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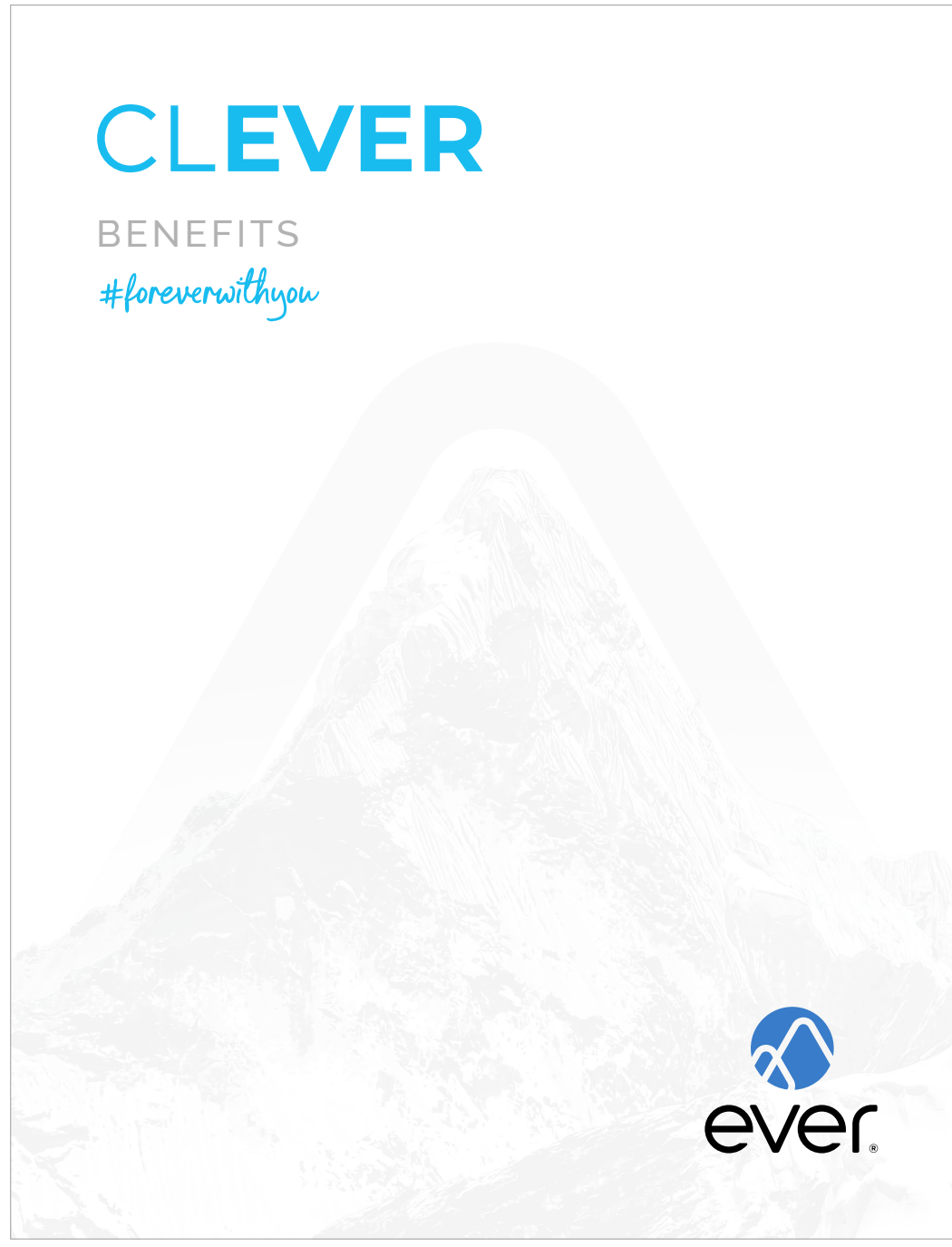
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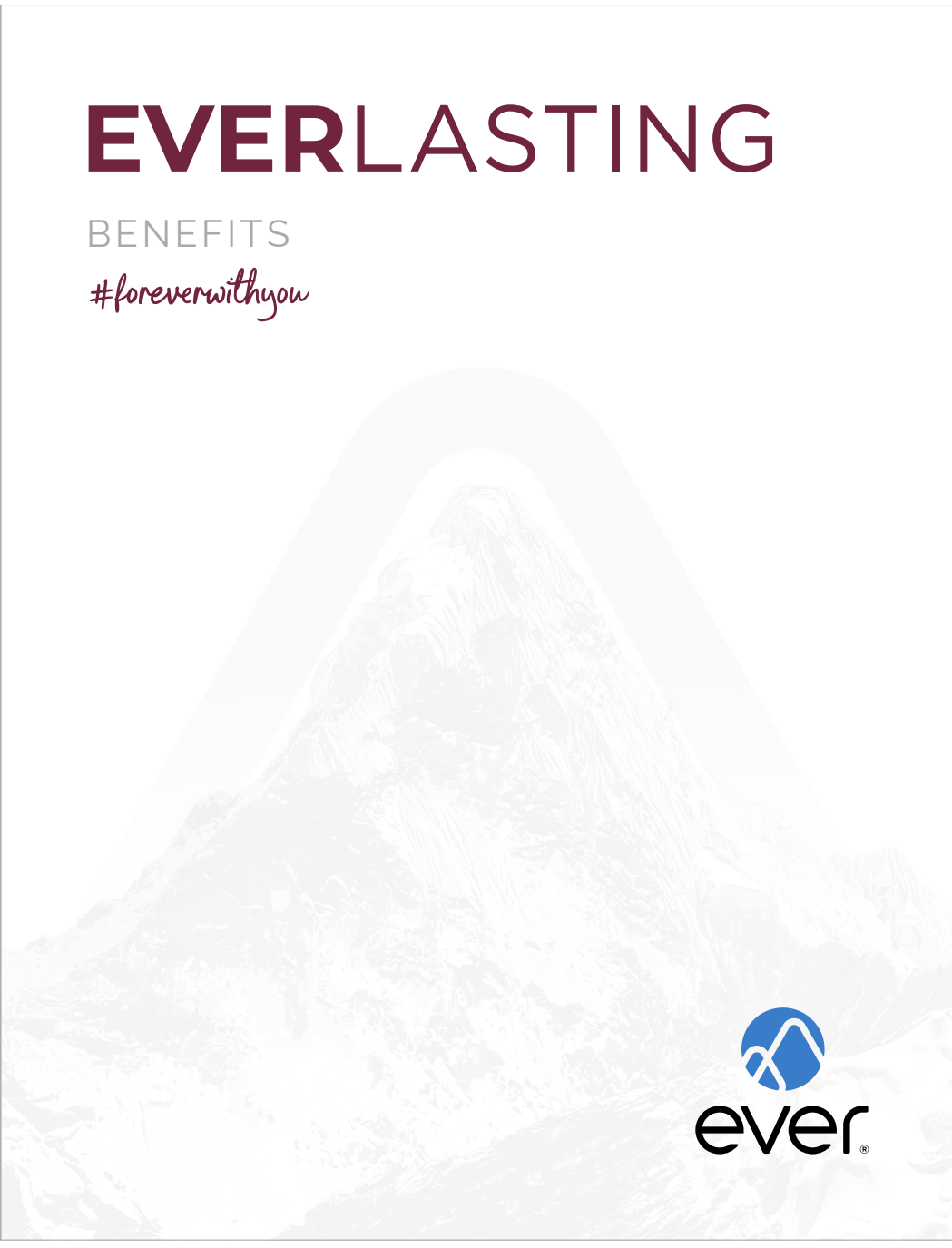
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PLAN INFORMATION

Maximum coverage per insured, per policy year	Unlimited	US\$8,000,000	US\$5,000,000	US\$2,500,000	US\$1,000,000	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	Up to 79 years old	60 - 90 years old
Waiting period	30 days	30 days	30 days	30 days	30 days	30 days

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

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■ PLAN INFORMATION

Coverage inside the U.S.	Free choice of doctors and hospitals	Free choice of doctors and hospitals	• 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	• 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	• 100%* at LEVERAGE® US Network Providers • 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 per day for intensive care • Emergency medical treatment will be covered at 100%* up to the policy limits	Free choice of doctors and hospitals
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(*) These benefits are subject to the usual, customary and reasonable (UCR) charges of the geographic area.

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■ PLAN INFORMATION

Coverage outside the U.S.	Worldwide, with no restrictions of doctors and hospitals.	Worldwide, with no restrictions of doctors and hospitals.	Worldwide, with no restrictions of doctors and hospitals.	Worldwide, with no restrictions of doctors and hospitals.	Worldwide, with no restrictions of doctors and hospitals.	Worldwide, with no restrictions of doctors and hospitals.
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■ HOSPITAL BENEFITS

Standard private/semi-private hospital room	100%*	100%*	100%*	100%*	100%*	US\$2,500 per day, up to 120 days. US\$750 per day for additional days
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	N/A
Intensive Care Unit	100%*	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	US\$150 per night, up to 30 nights

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HOSPITAL BENEFITS

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	100%*, maximum of 21 nights	US\$150 per night, up to 30 nights
Prescribed medications during hospitalization	100%*	100%*	100%*	100%*	100%*	100%*
Psychiatric treatments	US\$5,000	US\$3,000	US\$2,000	US \$1,000	N/A	N/A
Physical therapy and rehabilitation	100%*	100%*	100%*	100%*	100%* UCR under Covered Conditions	Up to US\$100 per visit, maximum 30 visits (inpatient or outpatient)

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

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■ OUTPATIENT BENEFITS

Emergency Room Care	100%*	100%*	100%*	100%*	100%* under Covered Conditions	US\$5,000 per visit, maximum 5 visits per policy year
Visits to doctors and specialists	100%*	100%*	100%*	100%*	100%* under Covered Conditions	Up to US\$125 per consultation, maximum 15 consultations per year
Home visits by doctors and specialists	100%*	100%*	100%*	100%*	100%* under Covered Conditions	N/A
Prescription medications	100%*	100%*	US\$55,000	US\$15,000	US\$5,000	Up to US\$2,500 per insured
Complementary therapies: chiropractor, psychologist, psychiatrist, osteopathy, and/or acupuncture	US\$15,000	US\$5,000	N/A	N/A	N/A	N/A
Home nurse or therapist care	100%*	100%*	US\$12,000	US\$7,000	US\$7,000	Up to US\$150 per day, maximum 30 days per policy year

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■ OUTPATIENT BENEFITS

Preventive medical check-up per insured, no deductible	ALL OPTIONS US\$400 per visit, up to 6 visits, for insureds from 0 to 12 months OPTIONS I, II & III Up to US\$600 from 12 months old, including up to US\$75 for a preventative dental check up	OPTIONS I, II & III US\$250 UP TO 17 YEARS OLD US\$450 FROM 18 YEARS OLD OPTIONS IV, V & VI US\$200 FOR ALL AGES	OPTIONS I & II US\$200 UP TO 17 YEARS OLD US\$250 FROM 18 YEARS OLD	OPTION I US\$200 from 18 years old	N/A	ALL OPTIONS US\$250 per insured (after a 12 month waiting period)
Cuidados de visión preventivos	OPTION I US\$500, max 2 visits per policy year	N/A	N/A	N/A	N/A	N/A
Cuidados odontológicos preventivos	OPTION I US\$500, max 2 visits per policy year	N/A	N/A	N/A	N/A	N/A

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■ OUTPATIENT BENEFITS

Hearing Aids	US\$4,000 lifetime	US\$2,500 lifetime	US\$1,200 lifetime	US\$550 lifetime	N/A	US\$1,250 lifetime
Alzheimer's Disease	100%*	100%*	100%*	100%*	N/A	N/A
Autism Treatment	• 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	N/A
Allergy Treatment	100%*	100%*	100%*	100%*	N/A	100%*
Physical Therapy and Rehabilitation	100%*	100%*	US\$12,500	US\$7,000	US\$7,000	N/A

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

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■ GENERAL BENEFITS

These benefits apply equally to both inpatient and outpatient procedures.

Surgeon and anesthesiologist fees	100%*	100%*	100%*	100%*	100%* under Covered Conditions	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%*	100%* under Covered Conditions	Only as preoperative with prior approval. Up to US\$1,000 per exam, per insured
Oncology: cancer tests, treatment (chemotherapy and/or radiotherapy), and medication	100%*	100%*	100%*	100%*	US\$250,000	Up to US\$200,000 per insured

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■ GENERAL BENEFITS

These benefits apply equally to both inpatient and outpatient procedures.

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)	N/A	N/A	N/A
Dialysis Services	100%*	100%*	100%*	100%*	US\$200,000	100%*
Prosthetics and medical Devices implanted during surgery	100%*	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\$550,000 Lifetime + US\$100,000 for Living Donor expenses	US\$200,000, lifetime. US\$25,000, lifetime allowance for live donor expenses

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

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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	US\$7,000 under Covered Conditions	Up to US\$2,250 per insured
Physical therapy and rehabilitation	100%*	100%*	100%*	100%*	100%* UCR under Covered Conditions	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	US\$3,500	US\$2,000	N/A	N/A
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	10% of the benefit under Covered Conditions, Lifetime	N/A
Congenital conditions diagnosed after the age of 18	100%*	100%*	100%*	100%*	50% of the benefit under Covered Conditions, Lifetime	N/A

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■ GENERAL BENEFITS

These benefits apply equally to both inpatient and outpatient procedures.

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	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	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	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	Up to the benefit limit

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■ MATERNITY BENEFITS

10-month waiting period, no deductible applies.

Maternity	OPTIONS I, II & III • 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)	OPTIONS I, II & III • 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)	OPTIONS I & II • US\$5,000, no deductible applies • Includes stem cell extraction and storage	OPTIONS I & II US\$4,000, no deductible applies	N/A	N/A
Stem cell extraction and storage	OPTIONS I, II & III US\$2,500 per covered pregnancy	OPTIONS I, II & III US\$1,000 per covered pregnancy	N/A	N/A	N/A	N/A

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■ MATERNITY BENEFITS

10-month waiting period, no deductible applies.

Maternity and newborn complications	OPTIONS I, II & III US\$1,250,000 lifetime	OPTIONS I, II & III US\$1,000,000 lifetime	OPTIONS I & II US\$500,000 lifetime	OPTIONS I & II US\$150,000 lifetime	N/A	N/A
Newborn inclusion within 90 days of birth	OPTIONS I, II & III Without underwriting if born under covered maternity	OPTIONS I, II & III Without underwriting if born under covered maternity	OPTIONS I & II Without underwriting if born under covered maternity	OPTIONS I & II Without underwriting if born under covered maternity	N/A	N/A
Free coverage for dependents up to 5 years old	OPTION I • 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	N/A

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

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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	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%* under Covered Conditions,	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 under Covered Conditions, deductible does not apply	US\$30,000, no deductible applies

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MEDICAL EVACUATION BENEFITS

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	N/A
Repatriation or cremation of mortal remains	100%*	100%*	US\$45,000	US\$12,000	US\$10,000	US\$10,000

OTHER BENEFITS

High-risk activities and sports	100%*	100%*	100%*	100%*	US\$100,000 Lifetime, for Multiple Trauma or Severe Burns	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)	N/A	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	N/A
Palliative care	100%*	100%*	100%*	100%*	100%* under Covered Conditions	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	N/A	US\$40,000
Extended free coverage for policy dependents after policyholder's death	2 years	2 years	1 years	N/A	N/A	N/A

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■ OTHER BENEFITS

Deductible waiver/ reduction after 3 years without claims	OPTIONS I, II, III & IV • Waiver for 1 year following the third claim-free year • 50% reduction in the deductible for 1 year following the third year, provided the deductible has not been reached in any of the years OPTIONS V & VI • 50% reduction in the deductible for 1 year following the third claim-free year	OPTIONS I, II, III & IV • Waiver for 1 year following the third claim-free year • 50% reduction in the deductible for 1 year following the third year, provided the deductible has not been reached in any of the years OPTIONS V & VI • 50% reduction in the deductible for 1 year following the third claim-free year	OPTIONS I, II & III • Eliminación durante 1 año después del tercer año sin reclamos • Reducción del 50% del deducible durante 1 año después del tercer año, si no se ha alcanzado el deducible en alguno de los años OPTIONS IV & V • Reducción del 50% del deducible durante 1 año después el 3er. año sin reclamos	OPTIONS I & II • Waiver for 1 year following the third claim-free year • 50% reduction in the deductible for 1 year following the third year, if the deductible has not been reached in any of those years OPTIONS III & IV • 50% reduction in the deductible for 1 year following the third claim-free year	N/A	N/A
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■ OTHER BENEFITS

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	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	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	N/A

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■ OTHER BENEFITS

Nutrition services	Up to 5 visits per policy year	Up to 5 visits per policy year	N/A	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	N/A
EVER Expert Medical Review®	Access to unlimited second medical opinions from world-renowned experts, no deductible	Access to unlimited second medical opinions from world-renowned experts, no deductible	Access to unlimited second medical opinions from world-renowned experts, no deductible	Access to unlimited second medical opinions from world-renowned experts, no deductible	Access to unlimited second medical opinions from world-renowned experts, no deductible	Access to unlimited second medical opinions from world-renowned experts, no deductible

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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