

# Quote EVERYWHERE.

2022 |

GLOBAL  
ASSURANCE  
FOR



**Quote**  
EVERYWHERE.

#00000105

■ APPLICANT INFORMATION

APPLICANT NAME: **Test Test**  
 COUNTRY: **Argentina**  
 APPLICANT AGE: **25**  
 SPOUSE AGE:  
 CHILDRENS: -  
 EMAIL: **rolandogallardo70@gmail.com**

QUOTE DATE

09/29/2022

EFFECTIVE DATE

-

EFFECTIVE RATES 2022

**Deductible Options**

|             | OPTION I | OPTION II | OPTION III | OPTION IV | OPTION V | OPTION VI | OPTION VII |
|-------------|----------|-----------|------------|-----------|----------|-----------|------------|
| Outside USA | \$500    | \$2,000   | \$3,000    | \$5,000   | \$10,000 | \$20,000  | \$50,000   |
| Inside USA  | \$1,000  | \$2,000   | \$3,000    | \$5,000   | \$10,000 | \$20,000  | \$50,000   |

**ANNUAL**

|              |                    |                    |                    |                    |                    |                    |                    |
|--------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| Applicant    | \$4,740.00         | \$3,348.00         | \$2,848.00         | \$2,592.00         | \$1,763.00         | \$1,291.00         | \$929.00           |
| Spouse       | N/A                | N/A                | N/A                | N/A                | N/A                | N/A                | N/A                |
| Childrens    | N/A                | N/A                | N/A                | N/A                | N/A                | N/A                | N/A                |
| <b>TOTAL</b> | <b>\$ 4,815.00</b> | <b>\$ 3,423.00</b> | <b>\$ 2,923.00</b> | <b>\$ 2,667.00</b> | <b>\$ 1,838.00</b> | <b>\$ 1,366.00</b> | <b>\$ 1,004.00</b> |

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**Quote**  
INFORMATION  
EVERYWHERE.

| BENEFIT                                 | COVERAGE  |
|---|---|
| Max coverage per person per policy year | \$8,000.00  |
| Age limit to apply                      | To 79 years old                                       |
| Waiting period                          | 30 days   |
| Geographic coverage                     | Worldwide, no restrictions from doctors and hospitals |

## ■ INPATIENT PROVISIONS

| BENEFIT   |                    | COVERAGE   |
|---|--------------------|--|
| Standard Private Hospital Room                                    |                    | 100%   |
| Special Benefit For Suite Accommodation (subject To Availability) |                    | Up to US\$3,000 per day within the EVER® US Network® |
| Intensive Care Unit   |                    | 100%   |
| Adult Companion Accommodation Expenses Of A Hospitalized Insured  | Under 18 years old | US\$350 per night, max. of 30 nights                 |
|   | Over 18 years old  | 100% max. of, 30 nights                              |
| Prescribed Medications While Hospitalized                         |                    | 100%   |
| Psychiatric Treatments  |                    | US\$3,000  |

## ■ OUTPATIENT PROVISIONS

| BENEFIT  |                    | COVERAGE                      |
|--|--------------------|-------------------------------|
| Emergency Room Care  |                    | 100%                          |
| Physician And Specialist Visits  |                    | 100%                          |
| Physician And Specialist Home Visits   |                    | 100%                          |
| Prescription Medication  |                    | 100%                          |
| Complementary Therapy: Chiropractor, Psychologist, Psychiatrist, Osteopathy And/or Acupuncture |                    | US\$5,000                     |
| Nurse Or Therapist Care At Home  |                    | 100%                          |
| Hearing Aids   |                    | US\$2,500 per life time       |
| Alzheimer's Disease  |                    | 100%                          |
| Allergy Treatment  |                    | 100%                          |
| Preventive Health Checkup, Per Insured, No Deductible Applies                                  | Under 18 years old | US\$150 up to 17 years old    |
|  | Over 18 years old  | US\$350 at 18 years and older |



## ■ GENERAL PROVISIONS

| BENEFIT  |                    | COVERAGE   |
|--|--------------------|--|
| Surgeon And Anesthesiologist Fees  |                    | 100%   |
| Diagnostic Study Services (laboratory Tests, Pathology, X-rays, Mri/ct/ Pet Scans)                   |                    | 100%   |
| Oncology: Cancer Tests, Treatment (chemotherapy And/or Radiotherapy) And Medication                  |                    | 100%   |
| Surgery To Reduce The Risk Of Cancer Or Prophylactic Surgery   |                    | US\$35,000 per lifetime (after a 12 month waiting period)      |
| Dialysis Services  |                    | 100%   |
| Prostheses And Medical Appliances Implanted During Surgery   |                    | 100%   |
| Organ Transplant (per Organ/tissue)  |                    | US\$1,500,000 per lifetime Includes expenses of the live donor |
| Durable Medical Equipment  |                    | 100%   |
| Physical Therapy And Rehabilitation  |                    | 100%   |
| Specialized Treatments (occupational Therapy, Speech Therapy, Sleep Apnea And Other Sleep Disorders) |                    | US\$4,000  |
| Congenital Conditions  | Under 18 years old | US\$2,100,000 per life time                                    |
|  | Over 18 years old  | 100%   |
| Miscellaneous  |                    | US\$1,000,000 per lifetime (after a 24 month waiting period)   |

|   |   |
|---|---|
| HIV-aids BENEFIT                                    | waiting period  |
| Bariatric Surgery                                   | US\$15,000 per lifetime (after a 24 month waiting period) |
| Surgical Treatment Of Symptomatic Foot Disorders    | 100% (after a 24 month waiting period)                    |
| Reconstructive Surgery After An Accident Or Illness | Up to the benefit limit                                   |

## ■ MATERNITY PROVISIONS

| BENEFIT   | COVERAGE   |   |
|---|--|---|
| Maternity   | Mother   | US\$8,500 for normal delivery (if only mother is insured)                                   |
|   | Both   | US\$10,000 for cesarean delivery (If both parents are insured)                              |
| Extraction And Storage Of Stem Cells                    | US\$1,000 per covered pregnancy                        |   |
| Maternity And Newborn Complications                     | US\$1,000,000 per life time                            |   |
| Inclusion Of The Newborn Within 90 Days After The Birth | Without underwriting, if born from a covered maternity |   |
| Cobertura Gratuita Para Dependientes Hasta 5 Años       | Mother   | Max. of 2 children born from a covered maternity, if both parents are insured in the policy |
|   | Both   | Max. of 1 child born from a covered maternity, if only the mother is insured in the policy  |



## ■ MEDICAL EVACUATION PROVISIONS

| BENEFIT  | COVERAGE             |                             |
|--|----------------------|-----------------------------|
| Emergency Transportation   | Ground ambulance     | 100%, no deductible applies |
|  | Air ambulance        | 100%, no deductible applies |
| Cost Of Return Ticket For The Insured And One Companion After An Evacuation By Air Ambulance | US\$1,200 per person |                             |
| Repatriation Or Cremation Of Mortal Remains  | 100%                 |                             |

## ■ OTHER PROVISIONS

| BENEFIT  | COVERAGE  |
|--|---|
| Injuries During The Training Or Practice Of Hazardous Hobbies And/or Professional Sports | 100%  |
| Emergency Dental Coverage  | 100% for treatment within the first 180 days of the covered accident  |
| Refractive Eye Surgery   | US\$550 per eye, per lifetime (after a 24 month waiting period)   |
| Palliative Care  | 100%  |
| Temporary Coverage For Accidents While Application Is Being Underwritten                 | US\$35,000  |
| Free Extended Coverage For Eligible Dependents After Policyholder's Death                | 2 years   |
| Deductible Elimination/reduction For No Claims For 3 Years                               | • Reduction of 50% of the deductible for 1 year after the 3 year, if the deductible was not met in any of the years |
| Executive Preventive Care  | Up to US\$1,000, after 24 months waiting period inside the EVER® Prevent Network®                                   |
| Nutritionist Visits  | Up to 5 visits per policy year  |
| Ever® Second Medical Interconsultation   | Access to unlimited second medical opinions of renowned experts from around the world, without deductible           |

# Quote EVEREST.

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■ APPLICANT INFORMATION

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 APPLICANT AGE: **25**  
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EFFECTIVE RATES 2022

**Deductible Options**

|             | OPTION I | OPTION II | OPTION III | OPTION IV | OPTION V | OPTION VI | OPTION VII |
|-------------|----------|-----------|------------|-----------|----------|-----------|------------|
| Outside USA | \$500    | \$1,000   | \$2,000    | \$5,000   | \$10,000 | \$20,000  | \$50,000   |
| Inside USA  | \$1,000  | \$2,000   | \$3,000    | \$5,000   | \$10,000 | \$20,000  | \$50,000   |

**ANNUAL**

|              |                   |                   |                   |                   |                   |                   |                   |
|--------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Applicant    | \$9,047.00        | \$5,622.00        | \$4,862.00        | \$3,027.00        | \$2,089.00        | \$1,595.00        | \$1,148.00        |
| Spouse       | N/A               | N/A               | N/A               | N/A               | N/A               | N/A               | N/A               |
| Childrens    | N/A               | N/A               | N/A               | N/A               | N/A               | N/A               | N/A               |
| <b>TOTAL</b> | <b>\$9,122.00</b> | <b>\$5,697.00</b> | <b>\$4,937.00</b> | <b>\$3,102.00</b> | <b>\$2,164.00</b> | <b>\$1,670.00</b> | <b>\$1,223.00</b> |



| BENEFIT                                 | COVERAGE  |
|---|---|
| Max coverage per person per policy year | \$8,000.00  |
| Age limit to apply                      | To 79 years old                                       |
| Waiting period                          | 30 days   |
| Geographic coverage                     | Worldwide, no restrictions from doctors and hospitals |

## ■ INPATIENT PROVISIONS

| BENEFIT   | COVERAGE           |                         |
|---|--------------------|-------------------------|
| Standard Private Hospital Room                                    | 100%               |                         |
| Special Benefit For Suite Accommodation (subject To Availability) | 100%               |                         |
| Intensive Care Unit   | 100%               |                         |
| Adult Companion Accommodation Expenses Of A Hospitalized Insured  | Under 18 years old | 100% unlimited nights   |
|   | Over 18 years old  | 100% max. of, 30 nights |
| Prescribed Medications While Hospitalized                         | 100%               |                         |
| Psychiatric Treatments  | US\$5,000          |                         |

## ■ OUTPATIENT PROVISIONS

| BENEFIT  | COVERAGE           |   |
|--|--------------------|---|
| Emergency Room Care  | 100%               |   |
| Physician And Specialist Visits  | 100%               |   |
| Physician And Specialist Home Visits   | 100%               |   |
| Prescription Medication  | 100%               |   |
| Complementary Therapy: Chiropractor, Psychologist, Psychiatrist, Osteopathy And/or Acupuncture | US\$15,000         |   |
| Nurse Or Therapist Care At Home  | 100%               |   |
| Preventive Health Checkup, Per Insured, No Deductible Applies.                                 | First Year         | US\$300 per visit, up to 6 visits, for insureds from 0 to 12 months of age  |
|  | Other Year         | up to US\$500 12 months of age and older, including up to US\$75 for preventive dental checkup in options I, II & III |
| Hearing Aids   | US\$4,000,per life |   |
| Alzheimer's Disease  | 100%               |   |
| Autism Treatment   | Covered            | 100% if the insured was born under a covered maternity  |
|  | Uncovered          | US\$12,000 for insureds not born under a covered maternity, and who developed the condition while they were insured   |
| Allergy Treatment  | 100%               |   |

## ■ GENERAL PROVISIONS

| BENEFIT   | COVERAGE |
|---|----------|
| Surgeon And Anesthesiologist Fees   | 100%     |
| Diagnostic Study Services (laboratory Tests, Pathology, X-rays, Mri/ct/ Pet Scans)  | 100%     |
| Oncology: Cancer Tests, Treatment (chemotherapy And/or Radiotherapy) And Medication | 100%     |

| BENEFIT  | COVERAGE   |                        |
|--|--|------------------------|
| To Reduce The Risk Of Cancer Or Prophylactic Surgery   | US\$50,000 per lifetime (after a 12 - month waiting period)    |                        |
| Dialysis Services  | 100%   |                        |
| Prostheses And Medical Appliances Implanted During Surgery   | 100%   |                        |
| Organ Transplant (per Organ/tissue)  | US\$5,000,000 per lifetime Includes expenses of the live donor |                        |
| Durable Medical Equipment  | 100%   |                        |
| Physical Therapy And Rehabilitation  | 100%   |                        |
| Specialized Treatments (occupational Therapy, Speech Therapy, Sleep Apnea And Other Sleep Disorders) | US\$6,000  |                        |
| Congenital Conditions  | Under 18 years old   | US\$2,100,000 per life |
|  | Over 18 years old  | 100%                   |
| Hiv-aids   | US\$1,100,000 per lifetime (after a 24 - month waiting period) |                        |
| Bariatric Surgery  | US\$25,000 per life (after a 24 - month waiting period)        |                        |
| Surgical Treatment Of Symptomatic Foot Disorders   | 100% (after a 24 - month waiting period)                       |                        |
| Reconstructive Surgery After An Accident Or Illness  | Up to the benefit limit  |                        |

## ■ MATERNITY PROVISIONS

| BENEFIT   | COVERAGE   |   |
|---|--|---|
| Maternity   | Mother   | US\$10,000 for normal delivery (if only mother is insured)                                  |
|   | Both   | US\$12,000 for cesarean DELIVERY (If both parents are insured)                              |
| Extraction And Storage Of Stem Cells                    | US\$2,500 per covered pregnancy.   |   |
| Maternity And Newborn Complications                     | US\$1,250,000 per life   |   |
| Inclusion Of The Newborn Within 90 Days After The Birth | Without underwriting, if born from a covered maternity                     |   |
| Free Coverage For Dependents Up To 10 Years Old         | Mother   | Max. of 2 children born from a covered maternity, if both parents are insured in the policy |
|   | Both   | Max. of 1 from a covered maternity, if both parents are insured in the policy               |
| Fertility Treatment                                     | US\$6,000 per lifetime, after deductible (after a 24 month waiting period) |   |



## ■ MEDICAL EVACUATION PROVISIONS

| BENEFIT  | COVERAGE             |                            |
|--|----------------------|----------------------------|
| Emergency Transportation   | Ground ambulance     | 100% no deductible applies |
|  | Air ambulance        | 100% no deductible applies |
| Cost Of Return Ticket For The Insured And One Companion After An Evacuation By Air Ambulance | US\$3,000 per person |                            |
| Repatriation Or Cremation Of Mortal Remains  | 100%                 |                            |

## ■ OTHER PROVISIONS

| BENEFIT  | COVERAGE   |
|--|--|
| Injuries During The Training Or Practice Of Hazardous Hobbies And/or Professional Sports | 100%   |
| Emergency Dental Coverage  | 100% for treatment within the first 180 days of the covered accident |
| Refractive Eye Surgery   | US\$750 per eye, per lifetime (after a 24-month waiting period)      |
| Palliative Care  | 100%   |
| Temporary Coverage For Accidents While Application Is Being Underwritten                 | US\$30,000   |
| Free Extended Coverage For Eligible Dependents After Policyholder's Death                | 2 Years  |
| Deductible Elimination/reduction For No Claims For 3                                     | Reduction of 50% of the deductible for 1 after the 3, if the         |

|  |   |
|--|---|
| Years                                  | deductible was not met in any of the years  |
| BENEFIT                                | COVERAGE  |
| Executive Preventive Care              | Up to US\$2, after 24-months waiting period inside the EVER®<br>Prevent Network®                          |
| Female Sterilization (tubal Ligation)  | Up to US\$2 per lifetime, after @ waiting:period.time-months waiting period                               |
| Male Sterilization (vasectomy)         | Up to US\$2 per lifetime, after @ waiting:period.time-months waiting period                               |
| Nutritionist Visits                    | Up to 5 visits per policy year  |
| Ever® Second Medical Interconsultation | Access to unlimited second medical opinions of renowned experts from around the world, without deductible |