



Everest Plan Overview

Understanding the details and benefits of the **Everest Group Indemnity Insurance**

DISCLAIMER

This is a brief description of coverage and is subject to the terms, conditions, limitations, and exclusions of the policy. Please see the policy and certificate for complete details. Coverage may not be available in all states.

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Everest Group Indemnity Insurance Overview

- Supplemental coverage through **Everest**
- **Fixed Payments** for various medical expenses
- **Claritev Network** and support tools
- **Direct Payment** through simplified claims process
- **Flexible Use** support

Key Features and Benefits

Fixed Indemnity Benefits

Claritev Network Access

Direct Payment of Benefits

Simplified Claims Process (varies by plan)

Additional Savings through Claritev

Cost Management Tools

GapAfford Plus Program (GAP)

Pre-Negotiated Rates System

No Deductibles Support

How GapAfford Plus Works

1. Enroll through **Everest**
2. Access pre-negotiated rates
3. Use services without deductibles
4. Receive savings (**GAP**)
5. Pay at the time of service
6. **Financial Relief**

Preventive Care and Wellness

- **Dental Services** through Aetna Network
- **Vision Programs** with OUTLOOK Vision
- **Aetna** provides dental savings

Telehealth Services

- **24/7 Nurse Help Line**
- **Speech Therapy** via telepractice
- **Video Conferencing** available
- **Access** to care

Advocacy and Support Services

- **Patient Advocacy** healthcare support
- **Medical Bill Negotiations** assistance
- **Discount Programs** options
- **Hearing Services** support

Plan 100 (1/2)

Hospital Confinement Benefits

- \$100 per day
- ICU: \$200 per day
- ER Visits: \$50 per visit
- Surgery: Up to 3 days

Outpatient Benefits

- Lab Tests: \$50 per service
- X-rays: \$50 per service

Physician's Office Visits

- \$50 per visit
- Limited visits per year

Group Fixed Indemnity Plan Details



everest	Plan 100	Plan 200	Plan 200+	Plan 300
Benefit Eligibility				
Pre-existing Condition Limitation	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions
Underwriting Level	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue
	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year
Confinement Benefits				
Hospital Confinement	\$100	\$200	\$200	\$300
ICU Confinement	\$100	\$200	\$200	\$300
	Emergency Room 2 per certificate year			
Hospital Benefits				
Hospital Admission	N/A	N/A	N/A	N/A
Emergency Room	\$50	\$50	\$50	\$50
	N/A	N/A		
Procedure Benefits				
Surgery	N/A	N/A	Combined Inpatient & Outpatient \$250 per day	Combined Inpatient & Outpatient \$250 per day
Anesthesia	N/A	N/A	25%	25%
Outpatient Benefits				
Lab	N/A	\$50	\$50	N/A
X-Rays	N/A	\$50	\$50	N/A
Advanced Diagnostic	N/A	\$50	\$50	N/A
Physician's Office	\$50	\$50	\$50	\$50

This coverage contains a Pre-Existing Condition Exclusion. Pre-Existing Condition means a condition for which a Covered Person received medical treatment, diagnosis, care or advice, including diagnostic tests or medications, during the months prior to the Covered Person's effective date of coverage. There is no cancel age. There is no chiropractic or acupuncture coverage.

Benefits are per person.

Policy terms, conditions, exclusions and limitations may vary by state. This product may not be available in all states. See Certificate for details.

Plan 100 (2/2)

Exclusions

- No chiropractic or acupuncture
- Benefits per person

Policy Terms

- Vary by state
- Consult certificate for details

Group Fixed Indemnity Plan Details



everest	Plan 100	Plan 200	Plan 200+	Plan 300
Benefit Eligibility				
Pre-existing Condition Limitation	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions
Underwriting Level	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue
	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year
Confinement Benefits				
Hospital Confinement	\$100	\$200	\$200	\$300
ICU Confinement	\$100	\$200	\$200	\$300
	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year
Hospital Benefits				
Hospital Admission	N/A	N/A	N/A	N/A
Emergency Room	\$50	\$50	\$50	\$50
	N/A	N/A	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)
Procedure Benefits				
Surgery	N/A	N/A	Combined Inpatient & Outpatient \$250 per day	Combined Inpatient & Outpatient \$250 per day
Anesthesia	N/A	N/A	25%	25%
	Physician's Office-3 per certificate year	X-Rays & Labs-4 covered days per certificate year/Advanced Diagnostic-covered days per certificate year/Physician's Office- 3 per certificate year	X-Rays & Labs-4 covered days per certificate year/Advanced Diagnostic-covered days per certificate year/Physician's Office- 3 per certificate year	Physician's Office-3 per certificate year
Outpatient Benefits				
Lab	N/A	\$50	\$50	N/A
X-Rays	N/A	\$50	\$50	N/A
Advanced Diagnostic	N/A	\$50	\$50	N/A
Physician's Office	\$50	\$50	\$50	\$50

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Plan 200 (1/2)

Hospital Confinement Benefits

- \$200 per day
- ICU: \$300 per day
- ER Visits: \$50 per visit
- Surgery: Up to 3 days

Outpatient Benefits

- Lab Tests: \$50 per service
- X-rays: \$50 per service

Physician's Office Visits

- \$50 per visit
- Limited visits per year

Group Fixed Indemnity Plan Details



	Plan 100	Plan 200	Plan 200+	Plan 300
Benefit Eligibility				
Pre-existing Condition Limitation	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions
Underwriting Level	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue
	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year
Confinement Benefits				
Hospital Confinement	\$100	\$200	\$200	\$300
ICU Confinement	\$100	\$200	\$200	\$300
	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year
Hospital Benefits				
Hospital Admission	N/A	N/A	N/A	N/A
Emergency Room	\$50	\$50	\$50	\$50
	N/A	N/A	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)
Procedure Benefits				
Surgery	N/A	N/A	Combined Inpatient & Outpatient \$250 per day	Combined Inpatient & Outpatient \$250 per day
Anesthesia	N/A	N/A	25%	25%
	Physician's Office-3 per certificate year	X-Rays & Labs-4 covered days per certificate year/Advanced Diagnostic-covered days per certificate year/Physician's Office- 3 per certificate year	X-Rays & Labs-4 covered days per certificate year/Advanced Diagnostic-covered days per certificate year/Physician's Office- 3 per certificate year	Physician's Office-3 per certificate year
Outpatient Benefits				
Lab	N/A	\$50	\$50	N/A
X-Rays	N/A	\$50	\$50	N/A
Advanced Diagnostic	N/A	\$50	\$50	N/A
Physician's Office	\$50	\$50	\$50	\$50

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Plan 200 (2/2)

Exclusions

- No chiropractic or acupuncture
- Benefits per person

Policy Terms

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- Consult certificate for details

Group Fixed Indemnity Plan Details



everest	Plan 100	Plan 200	Plan 200+	Plan 300
Benefit Eligibility				
Pre-existing Condition Limitation	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions
Underwriting Level	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue
	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year
Confinement Benefits				
Hospital Confinement	\$100	\$200	\$200	\$300
ICU Confinement	\$100	\$200	\$200	\$300
	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year
Hospital Benefits				
Hospital Admission	N/A	N/A	N/A	N/A
Emergency Room	\$50	\$50	\$50	\$50
	N/A	N/A	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)
Procedure Benefits				
Surgery	N/A	N/A	Combined Inpatient & Outpatient \$250 per day	Combined Inpatient & Outpatient \$250 per day
Anesthesia	N/A	N/A	25%	25%
	Physician's Office-3 per certificate year	X-Rays & Labs-4 covered days per certificate year/Advanced Diagnostic-covered days per certificate year/Physician's Office- 3 per certificate year	X-Rays & Labs-4 covered days per certificate year/Advanced Diagnostic-covered days per certificate year/Physician's Office- 3 per certificate year	Physician's Office-3 per certificate year
Outpatient Benefits				
Lab	N/A	\$50	\$50	N/A
X-Rays	N/A	\$50	\$50	N/A
Advanced Diagnostic	N/A	\$50	\$50	N/A
Physician's Office	\$50	\$50	\$50	\$50

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Plan 200+ (1/2)

Hospital Confinement Benefits

- \$200 per day
- 30 day per confinement limit
- 90 days per certificate year maximum
- ICU: \$200 per day
- ER Visits: \$50 per visit (2 visits/year)

Surgery Benefits

- Up to 3 days per certificate year
- \$250 per day (inpatient/outpatient)
- Anesthesia: 25% coverage

Outpatient Benefits

- Lab Tests: \$50 per service
- X-rays: \$50 per service
- Advanced diagnostics included
- 4 days coverage per certificate year

Group Fixed Indemnity Plan Details



everest	Plan 500	Plan 750	Plan 1000	Plan 1000+
Benefit Eligibility				
Pre-existing Condition Limitation	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions
Underwriting Level	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue
	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year
Confinement Benefits				
Hospital Confinement	\$500	\$750	\$1000	\$1000
ICU Confinement	\$500	\$750	\$1000	\$1000
	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year	Hospital Admission-5 per certificate year/Emergency Room- 2 per certificate year
Hospital Benefits				
Hospital Admission	N/A	N/A	N/A	\$1,000
Emergency Room	\$50	\$75	\$100	\$100
	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)
Procedure Benefits				
Surgery	Combined Inpatient & Outpatient, \$350 per day	Combined Inpatient & Outpatient, \$400 per day	Combined Inpatient & Outpatient, \$500 per day	Combined Inpatient & Outpatient, \$500 per day
Anesthesia	25%	25%	25%	25%
	X-Rays & Labs-8 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office- per certificate year	X-Rays & Labs-8 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office- 5 per certificate year	X-Rays & Labs-12 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office-5 per certificate year	X-Rays & Labs-12 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office-5 per certificate year
Outpatient Benefits				
Lab	\$50	\$50	\$75	\$100
X-Rays	\$50	\$50	\$75	\$100
Advanced Diagnostic	\$50	\$50	\$75	\$100
Physician's Office	\$50	\$50	\$75	\$75

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Per Agent Use Only

Plan 200+ (2/2)

Physician's Office Visits

- \$50 per visit
- Pre-existing condition limitation: 12-12
- Guaranteed issue

Policy Terms

- Vary by state
- Consult certificate for details

Group Fixed Indemnity Plan Details



everest	Plan 100	Plan 200	Plan 200+	Plan 300
Benefit Eligibility				
Pre-existing Condition Limitation	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions
Underwriting Level	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue
	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year
Confinement Benefits				
Hospital Confinement	\$100	\$200	\$200	\$300
ICU Confinement	\$100	\$200	\$200	\$300
	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year
Hospital Benefits				
Hospital Admission	N/A	N/A	N/A	N/A
Emergency Room	\$50	\$50	\$50	\$50
	N/A	N/A	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)
Procedure Benefits				
Surgery	N/A	N/A	Combined Inpatient & Outpatient \$250 per day	Combined Inpatient & Outpatient \$250 per day
Anesthesia	N/A	N/A	25%	25%
	Physician's Office-3 per certificate year	X-Rays & Labs-4 covered days per certificate year/Advanced Diagnostic-covered days per certificate year/Physician's Office- 3 per certificate year	X-Rays & Labs-4 covered days per certificate year/Advanced Diagnostic-covered days per certificate year/Physician's Office- 3 per certificate year	Physician's Office-3 per certificate year
Outpatient Benefits				
Lab	N/A	\$50	\$50	N/A
X-Rays	N/A	\$50	\$50	N/A
Advanced Diagnostic	N/A	\$50	\$50	N/A
Physician's Office	\$50	\$50	\$50	\$50

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For Agent Use Only

Plan 300 (1/2)

Hospital Confinement Benefits

- \$300 per day
- ICU: \$300 per day
- ER Visits: \$50 per visit
- Surgery: Up to 3 days

Outpatient Benefits

- Lab Tests: \$50 per service
- X-rays: \$50 per service

Physician's Office Visits

- \$50 per visit
- Limited visits per year

Group Fixed Indemnity Plan Details



everest	Plan 500	Plan 750	Plan 1000	Plan 1000+
Benefit Eligibility				
Pre-existing Condition Limitation	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions
Underwriting Level	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue
	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year
Confinement Benefits				
Hospital Confinement	\$500	\$750	\$1000	\$1000
ICU Confinement	\$500	\$750	\$1000	\$1000
	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year	Hospital Admission-5 per certificate year/Emergency Room- 2 per certificate year
Hospital Benefits				
Hospital Admission	N/A	N/A	N/A	\$1,000
Emergency Room	\$50	\$75	\$100	\$100
	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)
Procedure Benefits				
Surgery	Combined Inpatient & Outpatient, \$350 per day	Combined Inpatient & Outpatient, \$400 per day	Combined Inpatient & Outpatient, \$500 per day	Combined Inpatient & Outpatient, \$500 per day
Anesthesia	25%	25%	25%	25%
	X-Rays & Labs-8 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office- per certificate year	X-Rays & Labs-8 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office- per certificate year	X-Rays & Labs-12 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office-5 per certificate year	X-Rays & Labs-12 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office-5 per certificate year
Outpatient Benefits				
Lab	\$50	\$50	\$75	\$100
X-Rays	\$50	\$50	\$75	\$100
Advanced Diagnostic	\$50	\$50	\$75	\$100
Physician's Office	\$50	\$50	\$75	\$75

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Per Agent Use Only

Plan 300 (2/2)

Exclusions

- No chiropractic or acupuncture
- Benefits per person

Policy Terms

- Vary by state
- Consult certificate for details

Group Fixed Indemnity Plan Details



everest	Plan 500	Plan 750	Plan 1000	Plan 1000+
Benefit Eligibility				
Pre-existing Condition Limitation	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions
Underwriting Level	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue
	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year
Confinement Benefits				
Hospital Confinement	\$500	\$750	\$1000	\$1000
ICU Confinement	\$500	\$750	\$1000	\$1000
	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year	Hospital Admission-5 per certificate year/Emergency Room- 2 per certificate year
Hospital Benefits				
Hospital Admission	N/A	N/A	N/A	\$1,000
Emergency Room	\$50	\$75	\$100	\$100
	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)
Procedure Benefits				
Surgery	Combined Inpatient & Outpatient, \$350 per day	Combined Inpatient & Outpatient, \$400 per day	Combined Inpatient & Outpatient, \$500 per day	Combined Inpatient & Outpatient, \$500 per day
Anesthesia	25%	25%	25%	25%
	X-Rays & Labs-8 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office- per certificate year	X-Rays & Labs-8 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office-5 per certificate year	X-Rays & Labs-12 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office-5 per certificate year	X-Rays & Labs-12 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office-5 per certificate year
Outpatient Benefits				
Lab	\$50	\$50	\$75	\$100
X-Rays	\$50	\$50	\$75	\$100
Advanced Diagnostic	\$50	\$50	\$75	\$100
Physician's Office	\$50	\$50	\$75	\$75

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Plan 500 (1/2)

Hospital Confinement Benefits

- \$500 per day
- ICU: \$500 per day
- ER Visits: \$50 per visit
- Surgery: Up to 3 days

Outpatient Benefits

- Lab Tests: \$50 per service
- X-rays: \$50 per service

Physician's Office Visits

- \$50 per visit
- Limited visits per year

Group Fixed Indemnity Plan Details



	Plan 500	Plan 750	Plan 1000	Plan 1000+
Benefit Eligibility				
Pre-existing Condition Limitation	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions
Underwriting Level	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue
	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year
Confinement Benefits				
Hospital Confinement	\$500	\$750	\$1000	\$1000
ICU Confinement	\$500	\$750	\$1000	\$1000
	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year	Hospital Admission-5 per certificate year/Emergency Room- 2 per certificate year
Hospital Benefits				
Hospital Admission	N/A	N/A	N/A	\$1,000
Emergency Room	\$50	\$75	\$100	\$100
	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)
Procedure Benefits				
Surgery	Combined Inpatient & Outpatient, \$350 per day	Combined Inpatient & Outpatient, \$400 per day	Combined Inpatient & Outpatient, \$500 per day	Combined Inpatient & Outpatient, \$500 per day
Anesthesia	25%	25%	25%	25%
	X-Rays & Labs-8 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office- per certificate year	X-Rays & Labs-8 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office- per certificate year	X-Rays & Labs-12 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office-5 per certificate year	X-Rays & Labs-12 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office-5 per certificate year
Outpatient Benefits				
Lab	\$50	\$50	\$75	\$100
X-Rays	\$50	\$50	\$75	\$100
Advanced Diagnostic	\$50	\$50	\$75	\$100
Physician's Office	\$50	\$50	\$75	\$75

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Per Agent Use Only

Plan 500 (2/2)

Exclusions

- No chiropractic or acupuncture
- Benefits per person

Policy Terms

- Vary by state
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Group Fixed Indemnity Plan Details



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Benefit Eligibility				
Pre-existing Condition Limitation	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions
Underwriting Level	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue
	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year
Confinement Benefits				
Hospital Confinement	\$500	\$750	\$1000	\$1000
ICU Confinement	\$500	\$750	\$1000	\$1000
	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year	Hospital Admission-5 per certificate year/Emergency Room- 2 per certificate year
Hospital Benefits				
Hospital Admission	N/A	N/A	N/A	\$1,000
Emergency Room	\$50	\$75	\$100	\$100
	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)
Procedure Benefits				
Surgery	Combined Inpatient & Outpatient, \$350 per day	Combined Inpatient & Outpatient, \$400 per day	Combined Inpatient & Outpatient, \$500 per day	Combined Inpatient & Outpatient, \$500 per day
Anesthesia	25%	25%	25%	25%
	X-Rays & Labs-8 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office- per certificate year	X-Rays & Labs-8 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office-5 per certificate year	X-Rays & Labs-12 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office-5 per certificate year	X-Rays & Labs-12 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office-5 per certificate year
Outpatient Benefits				
Lab	\$50	\$50	\$75	\$100
X-Rays	\$50	\$50	\$75	\$100
Advanced Diagnostic	\$50	\$50	\$75	\$100
Physician's Office	\$50	\$50	\$75	\$75

This coverage contains a Pre-Existing Condition Exclusion. Pre-Existing Condition means a condition for which a Covered Person received medical treatment, diagnosis, care or advice, including diagnostic tests or medications, during the months prior to the Covered Person's effective date of coverage. There is no cancel age. There is no chiropractic or acupuncture coverage.

Benefits are per person.

Policy terms, conditions, exclusions and limitations may vary by state. This product may not be available in all states. See Certificate for details..

Per Agent Use Only

Plan 750 (1/2)

Hospital Confinement Benefits

- \$750 per day
- ICU: \$750 per day
- ER Visits: \$50 per visit
- Surgery: Up to 3 days

Outpatient Benefits

- Lab Tests: \$50 per service
- X-rays: \$50 per service

Physician's Office Visits

- \$50 per visit
- Limited visits per year

Group Fixed Indemnity Plan Details



everest	Plan 500	Plan 750	Plan 1000	Plan 1000+
Benefit Eligibility				
Pre-existing Condition Limitation	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions
Underwriting Level	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue
	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year
Confinement Benefits				
Hospital Confinement	\$500	\$750	\$1000	\$1000
ICU Confinement	\$500	\$750	\$1000	\$1000
Hospital Benefits				
Hospital Admission	N/A	N/A	N/A	\$1,000
Emergency Room	\$50	\$75	\$100	\$100
Procedure Benefits				
Surgery	Combined Inpatient & Outpatient, \$350 per day	Combined Inpatient & Outpatient, \$400 per day	Combined Inpatient & Outpatient, \$500 per day	Combined Inpatient & Outpatient, \$500 per day
Anesthesia	25%	25%	25%	25%
Outpatient Benefits				
Lab	\$50	\$50	\$75	\$100
X-Rays	\$50	\$50	\$75	\$100
Advanced Diagnostic	\$50	\$50	\$75	\$100
Physician's Office	\$50	\$50	\$75	\$75

This coverage contains a Pre-Existing Condition Exclusion. Pre-Existing Condition means a condition for which a Covered Person received medical treatment, diagnosis, care or advice, including diagnostic tests or medications, during the months prior to the Covered Person's effective date of coverage. There is no cancel age. There is no chiropractic or acupuncture coverage.

Benefits are per person.

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Per Agent Use Only

Plan 750 (2/2)

Exclusions

- No chiropractic or acupuncture
- Benefits per person

Policy Terms

- Vary by state
- Consult certificate for details

Group Fixed Indemnity Plan Details



everest	Plan 500	Plan 750	Plan 1000	Plan 1000+
Benefit Eligibility				
Pre-existing Condition Limitation	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions
Underwriting Level	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue
	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year
Confinement Benefits				
Hospital Confinement	\$500	\$750	\$1000	\$1000
ICU Confinement	\$500	\$750	\$1000	\$1000
	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year	Hospital Admission-5 per certificate year/Emergency Room- 2 per certificate year
Hospital Benefits				
Hospital Admission	N/A	N/A	N/A	\$1,000
Emergency Room	\$50	\$75	\$100	\$100
	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)
Procedure Benefits				
Surgery	Combined Inpatient & Outpatient, \$350 per day	Combined Inpatient & Outpatient, \$400 per day	Combined Inpatient & Outpatient, \$500 per day	Combined Inpatient & Outpatient, \$500 per day
Anesthesia	25%	25%	25%	25%
	X-Rays & Labs-8 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office- per certificate year	X-Rays & Labs-8 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office- 5 per certificate year	X-Rays & Labs-12 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office-5 per certificate year	X-Rays & Labs-12 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office-5 per certificate year
Outpatient Benefits				
Lab	\$50	\$50	\$75	\$100
X-Rays	\$50	\$50	\$75	\$100
Advanced Diagnostic	\$50	\$50	\$75	\$100
Physician's Office	\$50	\$50	\$75	\$75

This coverage contains a Pre-Existing Condition Exclusion. Pre-Existing Condition means a condition for which a Covered Person received medical treatment, diagnosis, care or advice, including diagnostic tests or medications, during the months prior to the Covered Person's effective date of coverage. There is no cancel age. There is no chiropractic or acupuncture coverage.

Benefits are per person.

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Per Agent Use Only

Plan 1000 (1/2)

Hospital Confinement Benefits

- \$1000 per day
- ICU: \$1000 per day
- ER Visits: \$100 per visit
- Surgery: Up to 3 days

Outpatient Benefits

- Lab Tests: \$100 per service
- X-rays: \$100 per service

Physician's Office Visits

- \$100 per visit
- Limited visits per year

Group Fixed Indemnity Plan Details



everest	Plan 500	Plan 750	Plan 1000	Plan 1000+
Benefit Eligibility				
Pre-existing Condition Limitation	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions
Underwriting Level	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue
	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year
Confinement Benefits				
Hospital Confinement	\$500	\$750	\$1000	\$1000
ICU Confinement	\$500	\$750	\$1000	\$1000
	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year	Hospital Admission-5 per certificate year/Emergency Room- 2 per certificate year
Hospital Benefits				
Hospital Admission	N/A	N/A	N/A	\$1,000
Emergency Room	\$50	\$75	\$100	\$100
	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)
Procedure Benefits				
Surgery	Combined Inpatient & Outpatient, \$350 per day	Combined Inpatient & Outpatient, \$400 per day	Combined Inpatient & Outpatient, \$500 per day	Combined Inpatient & Outpatient, \$500 per day
Anesthesia	25%	25%	25%	25%
	X-Rays & Labs-8 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office- per certificate year	X-Rays & Labs-8 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office- per certificate year	X-Rays & Labs-12 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office-5 per certificate year	X-Rays & Labs-12 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office-5 per certificate year
Outpatient Benefits				
Lab	\$50	\$50	\$75	\$100
X-Rays	\$50	\$50	\$75	\$100
Advanced Diagnostic	\$50	\$50	\$75	\$100
Physician's Office	\$50	\$50	\$75	\$75

This coverage contains a Pre-Existing Condition Exclusion. Pre-Existing Condition means a condition for which a Covered Person received medical treatment, diagnosis, care or advice, including diagnostic tests or medications, during the months prior to the Covered Person's effective date of coverage. There is no cancel age. There is no chiropractic or acupuncture coverage.

Benefits are per person.

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Per Agent Use Only

Plan 1000 (2/2)

Exclusions

- No chiropractic or acupuncture
- Benefits per person

Policy Terms

- Vary by state
- Consult certificate for details

Group Fixed Indemnity Plan Details



everest	Plan 500	Plan 750	Plan 1000	Plan 1000+
Benefit Eligibility				
Pre-existing Condition Limitation	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions
Underwriting Level	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue
	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year
Confinement Benefits				
Hospital Confinement	\$500	\$750	\$1000	\$1000
ICU Confinement	\$500	\$750	\$1000	\$1000
	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year	Hospital Admission-5 per certificate year/Emergency Room- 2 per certificate year
Hospital Benefits				
Hospital Admission	N/A	N/A	N/A	\$1,000
Emergency Room	\$50	\$75	\$100	\$100
	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)
Procedure Benefits				
Surgery	Combined Inpatient & Outpatient, \$350 per day	Combined Inpatient & Outpatient, \$400 per day	Combined Inpatient & Outpatient, \$500 per day	Combined Inpatient & Outpatient, \$500 per day
Anesthesia	25%	25%	25%	25%
	X-Rays & Labs-8 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office- per certificate year	X-Rays & Labs-8 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office- per certificate year	X-Rays & Labs-12 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office-5 per certificate year	X-Rays & Labs-12 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office-5 per certificate year
Outpatient Benefits				
Lab	\$50	\$50	\$75	\$100
X-Rays	\$50	\$50	\$75	\$100
Advanced Diagnostic	\$50	\$50	\$75	\$100
Physician's Office	\$50	\$50	\$75	\$75

This coverage contains a Pre-Existing Condition Exclusion. Pre-Existing Condition means a condition for which a Covered Person received medical treatment, diagnosis, care or advice, including diagnostic tests or medications, during the months prior to the Covered Person's effective date of coverage. There is no cancel age. There is no chiropractic or acupuncture coverage.

Benefits are per person.

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Per Agent Use Only

Plan 1000+ (1/2)

Hospital Confinement Benefits

- \$1000 per day
- ICU: \$1000 per day
- ER Visits: \$100 per visit
- Surgery: Up to 3 days

Outpatient Benefits

- Lab Tests: \$100 per service
- X-rays: \$100 per service

Physician's Office Visits

- \$100 per visit
- Limited visits per year

Group Fixed Indemnity Plan Details



everest	Plan 500	Plan 750	Plan 1000	Plan 1000+
Benefit Eligibility				
Pre-existing Condition Limitation	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions
Underwriting Level	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue
	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year
Confinement Benefits				
Hospital Confinement	\$500	\$750	\$1000	\$1000
ICU Confinement	\$500	\$750	\$1000	\$1000
	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year	Hospital Admission-5 per certificate year/Emergency Room- 2 per certificate year
Hospital Benefits				
Hospital Admission	N/A	N/A	N/A	\$1,000
Emergency Room	\$50	\$75	\$100	\$100
	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)
Procedure Benefits				
Surgery	Combined Inpatient & Outpatient, \$350 per day	Combined Inpatient & Outpatient, \$400 per day	Combined Inpatient & Outpatient, \$500 per day	Combined Inpatient & Outpatient, \$500 per day
Anesthesia	25%	25%	25%	25%
	X-Rays & Labs-8 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office- per certificate year	X-Rays & Labs-8 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office- per certificate year	X-Rays & Labs-12 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office-5 per certificate year	X-Rays & Labs-12 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office-5 per certificate year
Outpatient Benefits				
Lab	\$50	\$50	\$75	\$100
X-Rays	\$50	\$50	\$75	\$100
Advanced Diagnostic	\$50	\$50	\$75	\$100
Physician's Office	\$50	\$50	\$75	\$75

This coverage contains a Pre-Existing Condition Exclusion. Pre-Existing Condition means a condition for which a Covered Person received medical treatment, diagnosis, care or advice, including diagnostic tests or medications, during the months prior to the Covered Person's effective date of coverage. There is no cancel age. There is no chiropractic or acupuncture coverage.

Benefits are per person.

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Per Agent Use Only

Plan 1000+ (2/2)

Exclusions

- No chiropractic or acupuncture
- Benefits per person

Policy Terms

- Vary by state
- Consult certificate for details

Group Fixed Indemnity Plan Details



everest	Plan 500	Plan 750	Plan 1000	Plan 1000+
Benefit Eligibility				
Pre-existing Condition Limitation	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions	12-12 Pre-Existing Conditions
Underwriting Level	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue	Guaranteed Issue
	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year	30 Days Per Confinement/ 90 Days Per Certificate Year
Confinement Benefits				
Hospital Confinement	\$500	\$750	\$1000	\$1000
ICU Confinement	\$500	\$750	\$1000	\$1000
	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year	Emergency Room 2 per certificate year	Hospital Admission-5 per certificate year/Emergency Room- 2 per certificate year
Hospital Benefits				
Hospital Admission	N/A	N/A	N/A	\$1,000
Emergency Room	\$50	\$75	\$100	\$100
	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)	Surgery-3 maximum days per certificate year (maximum days are shared between inpatient and outpatient)
Procedure Benefits				
Surgery	Combined Inpatient & Outpatient, \$350 per day	Combined Inpatient & Outpatient, \$400 per day	Combined Inpatient & Outpatient, \$500 per day	Combined Inpatient & Outpatient, \$500 per day
Anesthesia	25%	25%	25%	25%
	X-Rays & Labs-8 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office- per certificate year	X-Rays & Labs-8 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office- 5 per certificate year	X-Rays & Labs-12 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office-5 per certificate year	X-Rays & Labs-12 covered days per certificate year/Advanced Diagnostic-6 covered days per certificate year/Physician's Office-5 per certificate year
Outpatient Benefits				
Lab	\$50	\$50	\$75	\$100
X-Rays	\$50	\$50	\$75	\$100
Advanced Diagnostic	\$50	\$50	\$75	\$100
Physician's Office	\$50	\$50	\$75	\$75

This coverage contains a Pre-Existing Condition Exclusion. Pre-Existing Condition means a condition for which a Covered Person received medical treatment, diagnosis, care or advice, including diagnostic tests or medications, during the months prior to the Covered Person's effective date of coverage. There is no cancel age. There is no chiropractic or acupuncture coverage.

Benefits are per person.

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Per Agent Use Only

Comparing the Plans

Feature	Plan 100	Plan 200	Plan 200+	Plan 300	Plan 500	Plan 750	Plan 1000	Plan 1000+
Hospital Confinement	\$100/day	\$200/day	\$200/day	\$300/day	\$500/day	\$750/day	\$1000/day	\$1000/day
ICU Confinement	\$100/day	\$200/day	\$200/day	\$300/day	\$500/day	\$750/day	\$1000/day	\$1000/day
Emergency Room	\$50/visit	\$50/visit	\$50/visit	\$50/visit	\$50/visit	\$75/visit	\$100/visit	\$100/visit
Surgery	N/A	N/A	\$250/day	\$250/day	\$350/day	\$400/day	\$500/day	\$500/day
Anesthesia	N/A	N/A	25%	25%	25%	25%	25%	25%
Lab/X-Rays	N/A	\$50/service	\$50/service	N/A	\$50/service	\$50/service	\$75/service	\$100/service
Physician's Office	\$50/visit	\$50/visit	\$50/visit	\$50/visit	\$50/visit	\$50/visit	\$75/visit	\$75/visit

Definitions and Limitations

Pre-existing Conditions

- 12-month limitation
- Applies to all plans

Exclusions

- No chiropractic or acupuncture
- No cosmetic surgery

Policy Terms

- Vary by state
- Consult certificate for details

Limitations

- No coverage for hazardous activities
- No benefits for illegal acts

PLAN EXCLUSIONS AND LIMITATIONS

Expenses for any services, supplies, and treatment as described below will not be considered Covered Benefit/Covered Services on a Covered Loss and no benefits will be payable for such expenses, unless expressly provided otherwise.

Breast Surgery - Capstal contraction, augmentation or reduction immediately, except for all stages and revisions of reconstruction of the breast following a Medically Necessary mastectomy occurring while covered under this policy. This does not include reconstructive surgery for removal of the cancerous tissue to produce a symmetrical appearance and Treatment of lymphedema.

Certain services or treatment - No benefits are payable if provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.

Cosmetic Surgery - No benefits are payable, except for reconstructive surgery when such service is incidental to or results from an injury or disease other than the disease of the patient and reconstructive surgery because of Congenital Condition of a covered Dependent Child which has resulted in functional deficit.

Donor care and treatment - No benefits are payable, except for dental care or treatment due to accidental injury to the mouth, teeth, or jaw. This does not include dental services or treatment due to injuries necessary due to congenital disease or anomaly. Sound Natural Teeth means teeth that are free of active or chronic disease, are anatomically sound, and are functional in the arch.

Elective treatment or surgery - No benefits are payable.

Emergency or investigational treatment - No benefits are payable.

Extreme Sports - No benefits are payable for any Accident caused by or resulting from, directly or indirectly, a Covered Person's participation in a sport involving speed, height, danger, a high level of physical exertion, highly specialized equipment, or skill, such as, but not limited to, skydiving, hang gliding, scuba diving, hang gliding, parachuting, paragliding or parascending, bungee jumping, mountainbiking or rock climbing normally requiring the use of a position or position change, flight in an aircraft other than a regularly scheduled flight by an airline, racing, racing in any type of vehicle, any type of competition, competition in any type of vehicle, competition, operating or driving in or on any motorized or non-motorized vehicle engaged in automobile trials, offroad trials, or any other activity involving a vehicle.

Family Member - No benefits are payable for Treatment, services or supplies which are received from a Family Member.

Foreign Travel - No benefits are payable for Treatment, services or supplies received or purchased outside the United States or its possessions, territories, or dependencies, or for services or supplies received or purchased outside the United States or its possessions, territories, or dependencies, if the time of stay exceeds 30 days, and the charges incurred for an Emergency, provided the treatment, services or supplies used in connection with the Emergency are approved for use in the United States.



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Misdiagnosis of the Medical-Assisted System or Aspiration - No benefits are payable for care in connection with the detection and correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of a medical condition, disease, or disorder, or the result of a surgical or orthopedic treatment. This does not include dependent children participating in local recreational community sports activities.

Sports - No benefits are payable for loss resulting from participation in inappropriate sports, intrascholastic sports, interscholastic sports, or extracurricular sports, or club sports, professional athletics. This does not include dependent children participating in local recreational community sports activities.

Suicide or Intentional Injury - No benefits are payable for loss caused or aggravated by suicide, attempted suicide or self-inflicted injury, or for any other intentional act of self-harm, or for any other act of self-harm that did not intend to cause the harm which resulted from the act which led to the self-inflicted Medical Condition.

Uninsured Driver - No benefits are payable for an Accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Covered Person holds a valid motor vehicle operator's license in another state or country; or (b) the Covered Person is a minor.

War - No benefits are payable for War or Act of War, Riot, Insurrection, Service in Armed Forces, War or act of war (whether declared or undeclared); participation in a riot or insurrection; service in the Armed Forces or units designated as National Guard or Selected Reserves; or service in the Armed Forces of the United States, or units thereof, or in the service of any foreign power, or in the service of any organization or unit of the armed forces of any country or international organization, including military units supporting such forces.

Weight Loss - No benefits are payable for any Treatment, services, supplies, diagnosis, drugs, medications or regimen, whether or not weight reduction is a primary purpose of the treatment, services, supplies, diagnosis, drugs, medications or regimen, unless the treatment, services, supplies, diagnosis, drugs, medications or regimen is medically necessary, or if weight reduction is a secondary purpose of the treatment, services, supplies, diagnosis, drugs, medications or regimen, whether or not weight reduction is Medically Necessary or optional or regardless of potential benefit to the patient. This does not include dependent children participating in local recreational community sports activities, gastric bypass surgery, suction lipectomy, physical fitness programs, exercise equipment or exercise therapy, indoor tanning, or dieting.

Workers' Compensation - No benefits are payable for a Medical Condition arising out of, or as the result of, any work for wage or profit, a work-related condition that is a eligible for benefits under workers' compensation programs, disability, occupational disease law or act, or similar laws even when the Covered Person does not be a claim for benefits.

Pre-existing Condition Limitation - No benefits are payable for a Pre-Existing Condition for a continuous period of months, as outlined in PART II - SCHEDULE OF BENEFITS, following the effective date of a Covered Person's coverage under this Certificate. This does not include a Covered Person's coverage under this policy which is added to coverage in accordance with PART II - ELIGIBILITY AND EFFECTIVE DATE OF INSURANCE.

Waiting Period - A waiting period may apply to a Waiting Period before becoming eligible for benefits. A Waiting Period is the consecutive period of days during which no benefits are payable if a Covered Person must be covered under this Certificate before benefits are payable. If a Covered Person is diagnosed with an injury or disease during the waiting period, benefits are payable for the first time the Covered Person is diagnosed, unless this does not apply to any Newborn Child or Adopted Children added to this Certificate as noted in PART IV - EFFECTIVE DATE OF INSURANCE. Any applicable Waiting Period will be shown in PART II - SCHEDULE OF BENEFITS.

Gender - No benefits are payable for Treatment, services, and supplies related in the following conditions, regardless of underlying cause: sex reassignment; gender dysphoria disorder; gender reassignment; treatment of sexual function, dysfunction or inadequacy; Treatment to enhance, restore or improve sexual energy; performance of gender.

Hazardous Activity Occupation - No benefits are payable for Treatment or services required due to injury received while engaging in any hazardous occupation, unless for which compensation is received in any form, including wages, salary, severance, or fringe money, such as, but not limited to, mining, logging, prospecting, guiding or accompanying others in logging, horse riding, rodeo activities, professional or semi-professional contact sports, or other hazardous occupations.

Illegal Acts - No benefits are payable for loss caused by or resulting from, directly or indirectly, the Covered Person's commission or attempted commission of a criminal act or being engaged in an illegal occupation.

Intoxication - No benefits are payable for loss caused by or resulting from, directly or indirectly any occurrence which is the result of alcohol or drug abuse.

Intravenous Extrusion - No benefits are payable for loss caused by or resulting from, directly or indirectly, the Covered Person being intruded. The Insured Person is conclusively deemed to be intoxicated if the level of his blood alcohol content is .08% or greater, or if he is under the influence of alcohol, or if he is drunk, regardless of whether he is a in fact operating a motor vehicle. An autopsy report from a licensed medical examiner, law enforcement officer's report, toxicology test result, or other evidence of intoxication may be required to establish a Covered Person's intoxication.

Not Medically Necessary - No benefits are payable.

Mental Illness/Substance Abuse - No benefits are payable for Mental Illness or Substance Abuse, whether organic or inorganic, chemical or non-chemical, integral or non-integral, in single and irrespective cases, basic or independent, or multiple and/or simultaneous, except as provided in the Mental Health Benefit or the Psychiatry Benefit, Substance Abuse Facility Conference Benefit, Mental Health Outpatient Benefit, or Substance Abuse Outpatient Benefit.

Nervous Excitation - No benefits are payable for loss caused by or resulting from, directly or indirectly, the Covered Person being under the influence of any narcotics or other contraband substance at the time of the loss. This section does not apply to any narcotic or other contraband substance in a vein and used as prescribed by a Physician.

Overshoot - No benefits are payable for a Medical Condition resulting from abuse or overdose of any illegal or controlled substance, except as provided in the Narcotics Benefit.

Pregnancy - No benefits are payable for Treatment, services, and supplies related in the following conditions, regardless of voluntary or elective abortion, except with respect to where a Covered Person may be endangered if the fetus were carried to term, except as provided under the Neonatal Intensive Care Benefit in PART VI - ELIGIBILITY AND EFFECTIVE DATE OF INSURANCE.

Service in the Armed Forces - No benefits are payable for loss caused by or resulting from, directly or indirectly, the Covered Person participating in military action while in active military service with the armed forces of any country or international organization, including military units supporting such forces.



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Key Takeaways

- The Everest Group Indemnity Insurance provides **supplemental coverage** with fixed payments for medical expenses
- Access to the **Claritev Network** and support tools enhances your clients' healthcare experience
- The **GapAfford Plus Program** offers financial relief through pre-negotiated rates and no deductibles
- Each plan tier offers **different levels of benefits**, allowing you to help your clients choose the coverage that best fits their needs

Thank You!

Continue to be great!



DISCLAIMER

This is a brief description of coverage and is subject to the terms, conditions, limitations, and exclusions of the policy. Please see the policy and certificate for complete details. Coverage may not be available in all states.

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