GLOBAL MEDICAL INSURANCE® - BRONZE

WORLDWIDE COVERAGE

(New Business Rates Effective 2/1/2016. IMG reserves the right to issue the most current rates online in the event these expire, are modified or replaced with a never version. Rates include premium tax and fees where applicable)



ANNUAL PREMIUMS
All amounts shown are in U.S. dollars. Please select your deductible carefully, as you will be unable ele to select a lower deductible when you renew your coverage.

Deductibles	\$:	250	\$5	000	\$1,	.000	\$2	,500	\$5	,000	\$1	0,000
AGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
14 days to 9 years**		additional Then 298		additional Then 259		additional Then 202		additional Then 177		additional Then 162		additional Then 144
10 to 18**	3	05	2	72	2	24	2	108		196		173
the Global Medi	ical Insurance vailable when	plan. On the fi at least one par	rst renewal da	te, premium w	ill be 50% of	the published	rates. For sub	year of coverage sequent renewa Children applyin	als, the renew	al premium wil	apply. **De	ependent child
19 to 24	690	861	598	848	466	650	405	566	319	454	283	391
25 to 29	729	981	636	953	495	734	432	637	338	530	301	417
30 to 34	816	1,085	702	1,022	544	791	477	690	374	554	332	471
35 to 39	932	1,307	755	1,159	585	900	512	778	400	648	357	506
40 to 44	1,179	1,435	957	1,248	635	978	556	856	532	663	472	590
45 to 49	1,313	1,583	1,077	1,346	833	1,041	727	907	593	716	528	637
50 to 54	1,603	1,761	1,359	1,518	1,050	1,178	916	1,048	779	868	692	774
55 to 59	1,975	1,975	1,717	1,717	1,329	1,328	1,159	1,159	976	983	867	876
60 to 64	2,908	2,736	2,649	2,479	2,234	1,880	2,022	1,815	1,690	1,501	1,504	1,336
65 to 69	6,072	5,268	5,811	5,038	5,436	4,588	4,179	3,410	3,654	3,272	3,252	2,912
70 to 74				Please contact I	MG or your a	gent for premi	um informatio	n concerning th	is age bracke	t		

*Except for Global Group, MKG will not accept checks, money orders or wire transfers for semi-annual, quarterly, or monthly payment modes. These alternative payment modes are only accepted with pre-authorization to debit your credit card on the due date(s) of your future premium installment(s) prior to the expiration date.

Note: Choosing the semi-annual payment option (modal payment factor 55) results in total payments of 110% of the annual premium, choosing the quarterly payment option (modal payment factor 28) results in total payments of 112% of the annual premium, and choosing the monthly payment option (modal payment factor 10) results in total payments of 120% of the annual premium.

Modal Payment Factors* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10

GLOBAL MEDICAL INSURANCE® - BRONZE

Optional Dental & Vision Rider \$570 annual premium

WORLDWIDE COVERAGE EXCLUDING THE U.S., CANADA, CHINA, HONG KONG, JAPAN, MACAU, SINGAPORE, AND TAIWAN



(New Business Rates Effective 2/1/2016. IMG reserves the right to issue the most current rates online in the event these expire, are modified or replaced with a newer version. Rates include premium tax and fees where applicable.)

ANNUAL PREMIUMS

All amounts shown are in U.S. dollars. Please select your deductible carefully, as you will be unable to select a lower deductible when you renew your coverage

Deductibles	\$:	250	\$1	500	\$1	,000	\$2	,500	\$5	,000	\$1	0,000
AGE	MALE	FEMALE										
14 days to 9 years**		additional Then 223		additional Then 195		additional Then 152		additional Then 133		additional Then 123		additional Then 107
10 to 18**	2	29	2	104		169	1	157		147		129
*The first two D												

and the published rates. For subsequent renewals, the renewal premium will be 50% of the published rates. For subsequent renewals, the renewal premium will apply. "Dependent child rates are only available when at less to no parent or guardian is insured under the Global Medical Insurance plan. Children applying with no parent or guardian insured by Global Medical Insurance must use the Male 19 to 24 rates.

19 to 24	519	645	448	635	349	487	305	424	239	341	212	294
25 to 29	547	736	478	716	371	550	323	479	254	397	225	314
30 to 34	612	814	527	767	407	594	357	518	280	416	249	355
35 to 39	701	981	567	871	438	676	385	584	301	487	268	379
40 to 44	883	1,077	717	936	476	734	417	642	399	500	355	442
45 to 49	984	1,187	807	1,010	626	782	545	681	444	537	396	477
50 to 54	1,202	1,321	1,020	1,138	787	883	688	785	584	652	520	581
55 to 59	1,481	1,481	1,287	1,287	997	996	868	868	731	737	651	656
60 to 64	2,181	2,053	1,987	1,859	1,675	1,479	1,517	1,362	1,267	1,127	1,129	1,002
65 to 69	4,553	3,951	4,359	3,779	4,078	3,441	3,134	2,558	2,741	2,454	2,439	2,184
70 to 74				Please contact	IMG or your a	gent for premi	ım informatio	n concerning thi	s age bracket			

Note: Choosing the semi-annual payment option (modal payment factor .55) results in total payments of 110% of the annual premium, choosing the quarterly payment option (modal payment factor .28) results in total payments of 112% of the annual premium, and choosing the monthly payment option (modal payment factor .10) results in total payments of 120% of the annual

Version 0216

GLOBAL MEDICAL INSURANCE® - SILVER

WORLDWIDE COVERAGE

(New Business Rates Effective 2/1/2016. BMG reserves the right to issue the most current rates online in the event these expire, are modified or replaced with a never version. Rates include premium tax and fees where applicable.)



ANNUAL PREMIUMS

All amounts shown are in U.S. dollars. Please select your deductible carefully, as you will be unable to select a lower deductible when you renew you

Deductibles	\$	250	\$1	500	\$1	,000	\$2	,500	\$5	,000	\$1	0,000
AGE	MALE	FEMALE										
14 days to 9 years**		additional Then 344		additional Then 300		additional Then 233		additional Then 205		additional Then 187		additional Then 167
10 to 18**	3	352	3	14		259	2	141	:	227		201

The first two Dependent Children from the ages of 14 days to 9 years are covered at no additional cost for the first year of coverage only when both parents or guardians are insured under the Global Medical Insurance plan. On the first menewal premium will apply. "Dependent Child rates are only wallable when at least one person for guardian is insured under the Global Medical Insurance plan. Children applying with no pearent or guardian is insured under the Global Medical Insurance (and Children applying with no pearent or guardian is insuranced under the Global Medical Insurance (and Children applying with no pearent or guardian is insuranced by Global Medical Insurance (and Children applying with no pearent or guardian is insuranced by Global Medical Insurance (and Children applying with no pearent or guardian is insuranced under the Global Medical Insurance (and Children applying with no pearent or guardian is insuranced under the Global Medical Insurance (and Children applying with no pearent or guardian is insuranced under the Global Medical Insurance (and Children applying with no pearent or guardian is insuranced under the Global Medical Insurance (and Children applying with no pearent or guardian is insuranced under the Global Medical Insurance (and Children applying with no pearent or guardian is insuranced under the Global Medical Insurance (and Children applying with no pearent or guardian is insuranced under the Global Medical Insurance (and Children applying with no pearent or guardian is insuranced under the Global Medical Insurance (and Children applying with no pearent or guardian is insuranced under the Global Medical Insurance (and Children applying with no pearent or guardian is insuranced under the Global Medical Insurance (and Children applying with no pearent or guardian is insuranced under the Global Medical Insurance (and Children applying with no pearent or guardian is insuranced under the Global Medical Insuranced under the Global Medical Insuranced under the Global Medical Insurance (

must use the M	ale 19 to 24 ra	ites.										
19 to 24	798	995	691	980	538	751	469	654	368	525	327	452
25 to 29	843	1,134	736	1,102	572	849	499	737	391	613	348	482
30 to 34	943	1,255	812	1,182	629	915	552	798	433	641	384	545
35 to 39	1,077	1,511	873	1,340	676	1,041	592	899	462	749	413	585
40 to 44	1,363	1,659	1,106	1,443	734	1,130	643	990	615	766	546	682
45 to 49	1,518	1,830	1,245	1,557	964	1,203	840	1,049	686	827	610	737
50 to 54	1,853	2,036	1,571	1,755	1,214	1,361	1,059	1,211	900	1,004	800	895
55 to 59	2,284	2,284	1,985	1,985	1,537	1,535	1,340	1,340	1,128	1,137	1,003	1,013
60 to 64	3,362	3,163	3,063	2,866	2,582	2,279	2,338	2,098	1,953	1,735	1,739	1,545
65 to 69	7,020	6,090	6,718	5,824	6,284	5,304	4,831	3,943	4,224	3,782	3,759	3,367
70 to 74				Please contact	IMG or your	agent for premiu	ım informatio	n concerning thi	is age bracket			

Modal Payment Factors* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10

*Ducpt for Global Group, IMG will not accept checks, money orders or wire transfers for semi-annual, quarterly, or monthly payment modes. These alternative payment modes are only accepted with pre-authorization to debit your credit card on the due date(s) of your future premium installment(s) prior to the explication date.

Note: Choosing the semi-annual payment option (modal payment factor .55) results in total payments of 110% of the annual premium, choosing the quarterly payment option (modal payment factor .28) results in total payments of 112% of the annual premium, and choosing the monthly payment option (modal payment factor .10) results in total payments of 120% of the annual

GLOBAL MEDICAL INSURANCE® - SILVER

WORLDWIDE COVERAGE EXCLUDING THE U.S., CANADA, CHINA, HONG KONG, JAPAN, MACAU, SINGAPORE, AND TAIWAN





ANNUAL PREMIUMS

All amounts shown are in U.S. dollars. Please select your deductible carefully, as you will be unable to select a lower deductible when you renew your coverage.

Deductibles	\$	250	\$1	500	\$1,	,000	\$2	,500	\$5	,000	\$1	0,000
AGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
14 days to 9 years**		additional Then 258		additional Then 226		additional Then 175		additional Then 154		additional Then 142		o additional Then 124
10 to 18**		265	2	135	1	95	1	81	1	170		149
the Global Med ates are only a	e first two Dependent Children from the ages of 14 days to 9 years are covered at no additional cost for the first year of coverage only when both parents or guardian are insured under Global Medical Insurance plan. On the first neeway dates, present minimal to 85 days to 9 years are covered at no additional cost for the first year of coverage only when both parents or guardian are insured under the Global Medical Insurance plan. On the first present or guardian in insured under the Global Medical Insurance plan. Children applying with no parent or guardian insured by Global Medical Insurance plan. Children applying with no parent or guardian insured by Global Medical Insurance plan.											
19 to 24	600	746	518	734	403	562	352	491	276	395	245	340
25 to 29	632	851	553	827	428	635	374	554	293	459	261	363
30 to 34	707	941	609	887	471	687	413	598	324	481	288	410
35 to 39	810	1,134	655	1,007	507	782	445	675	348	562	310	438
40 to 44	1,021	1,245	828	1,082	550	848	482	742	461	578	410	511
45 to 49	1,138	1,372	933	1,167	724	904	630	787	513	621	458	552
50 to 54	1,390	1,527	1,179	1,316	910	1,021	796	908	675	754	601	671
55 to 59	1,712	1,712	1,488	1,488	1,152	1,151	1,004	1,004	845	852	752	759
60 to 64	2,521	2,373	2,297	2,149	1,937	1,710	1,754	1,575	1,465	1,303	1,305	1,159
65 to 69	5,264	4,567	5,039	4,369	4,714	3,979	3,623	2,957	3,169	2,837	2,820	2,524

Please contact IMG or your agent for premium information concerning this age bracket

Optional Dental & Vision Rider \$460 annual premium

Modal Payment Factors* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10

Version 0216

$\textbf{GLOBAL MEDICAL INSURANCE}^{\textcircled{\$}} \textbf{-} \textbf{GOLD} \textit{ (For enhanced, long-term benefits, see Gold Plus plan option)}$

WORLDWIDE COVERAGE

TO CLUMBER COVERRAGE

Now Busines Road Effective 27/2016. IMC reserves the right to issue the most current rotes online in the event these expire, are modified or replaced with a newer version. Raises include premium tax and files where applicable)



ANNUAL PREMIUMS

All amounts shown are in U.S. dollars. Please select your deductible carefully, as you will be unable to select a lower deductible when you renew your coverage.

Deductibles	\$2	250	\$1	500	\$1,	000	\$2,	500	\$5,	000	\$10	,000	\$25	5,000
AGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
14 days to 9 years**		additional Then 479		additional Then 409		additional Then 306		additional Then 278		additional hen 245		additional Then 222		additional Then 200
10 to 18**	5	30	4	32	3	38	3	06	2	74	2	45	2	221
*The first two De Medical Insuranc														

when at least one parent or guardian is insured under the Global Medical Insurance plan. Children applying with no parent or guardian insured by Global Medical Insurance plan. Children applying with no parent or guardian insured by Global Medical Insurance must use the Male 19 to 24 rates.

19 to 24	1,106	1,456	952	1,380	761	1,020	658	882	513	711	405	537	365	484
25 to 29	1,131	1,607	973	1,499	778	1,105	674	956	525	746	415	550	374	495
30 to 34	1,201	1,729	1,032	1,590	826	1,207	718	1,050	565	852	446	638	401	574
35 to 39	1,247	1,917	1,073	1,684	858	1,252	747	1,090	586	885	463	662	417	595
40 to 44	1,638	2,142	1,499	1,949	1,199	1,439	1,031	1,361	804	1,038	635	813	572	659
45 to 49	1,897	2,294	1,725	2,104	1,329	1,595	1,196	1,436	974	1,121	770	885	693	797
50 to 54	2,255	2,431	2,030	2,212	1,623	1,769	1,502	1,637	1,201	1,309	949	1,034	854	931
55 to 59	2,992	2,908	2,663	2,583	2,170	2,106	1,834	1,779	1,540	1,494	1,218	1,180	1,096	1,062
60 to 64	4,202	3,963	3,929	3,682	3,144	2,907	2,955	2,733	2,482	2,196	2,035	1,812	1,832	1,630
65 to 69	8,406	7,557	8,153	7,069	7,583	6,483	5,876	5,406	5,171	4,758	4,240	3,901	3,816	3,511
70 to 74				Ple	ase contact IA	MG or your ag	ent for prem	ium informat	ion concerni	ng this age br	acket			

Except for Goldod Goug, IMG will not accept checks, money orders or wire transfers for semi-annual, quartenly, or monthly payment modes. These alternative payment modes are only accepted with pre-authorization to debt you credit card on the due deated of your future premium installmentility price to the expiration date.

Netter Choosing the exemi-annual payment option (modal payment factor 55) results in total payments of 110% of the annual premium, choosing the quarterly payment option (modal payment factor 110% of the annual premium, and choosing the monthly payment option (modal payment factor 110% of the annual premium, and choosing the monthly payment option (modal payment factor 110% or the annual premium).

Version 0216

GLOBAL MEDICAL INSURANCE® - GOLD (For enhanced, long-term benefits, see Gold Plus plan option)

WORLDWIDE COVERAGE EXCLUDING THE U.S., CANADA, CHINA, HONG KONG, JAPAN, MACAU, SINGAPORE, AND TAIWAN

(New Business Rates Effective 2/1/2016. IMG reserves the right to version. Rates include premium tax and fees where applicable.)



ANNUAL PREMIUMS uctible carefully, as you will be unable to select a lower deductible when you renew your coverage. All amounts shown are in U.S. dollars. Please select your deductible car

De	ductibles	\$2	50	\$5	000	\$1,	000	\$2,	500	\$5	,000	\$10	,000	\$25	5,000
	AGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
	days to 9 years**		additional hen 353		additional Then 302		additional hen 226		additional hen 206		additional Then 182		additional Then 165		additional Then 148
1	10 to 18** 391 319 250 227 203 182											1	64		
Med	lical Insurance in at least one	e plan. On t	ne first renew	al date, prer	nium will be	50% of the p	ublished rate:	. For subseq	uent renewa	ls, the renew	al premium w	ill apply. **E		ld rates are o	ler the Global only available ne Male 19 to
	19 to 24	819	1,078	704	1,021	564	754	487	653	380	526	300	398	270	358

Г	19 to 24	819	1,078	704	1,021	564	754	487	653	380	526	300	398	270	358
Г	25 to 29	837	1,189	720	1,110	577	819	498	707	389	552	307	407	277	366
	30 to 34	888	1,280	764	1,177	611	893	532	776	417	630	330	472	297	425
Г	35 to 39	923	1,418	794	1,246	634	927	553	807	434	655	342	489	308	440
	40 to 44	1,212	1,584	1,110	1,442	887	1,065	763	1,007	595	767	470	602	423	542
	45 to 49	1,404	1,698	1,277	1,557	983	1,180	885	1,062	722	829	570	655	513	590
Г	E0 40 E4	1 660	1 700	1 502	1 437	1 201	1 200		1311	oon	060	702	745	627	400

i	30 10 34	1,009	1,799	1,302	1,037	1,201	1,309	1,111	1,411	007	707	/02	703	032	007
	55 to 59	2,215	2,152	1,971	1,912	1,607	1,558	1,357	1,317	1,140	1,106	900	874	810	787
	60 to 64	3,110	2,932	2,907	2,724	2,326	2,152	2,187	2,022	1,837	1,625	1,506	1,341	1,356	1,207
	65 to 69	6,221	5,593	6,033	5,231	5,611	4,797	4,349	4,000	3,827	3,521	3,138	2,887	2,824	2,599
	70 to 74				Ples	ase contact IA	MG or your ag	ent for prem	ium informat	ion concernir	ng this age br	acket			

Optional Dental & Vision Rider \$460 annual premium

Modal Payment Factors* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10

*Except for Global Group, IMG will not accept checks, money orders or wire transfers for semi-annual, quarterly, or monthly payment modes. These alternative payment modes are only accepted with pre-authorization to debit your credit card on the due date(g) of your future premium installment(g) prior to the explication date.

Version 0216

GLOBAL MEDICAL INSURANCE® - GOLD PLUS

WORLDWIDE COVERAGE

(New Business Rates Effective 21/2016. IMG reserves the right to issue the most current rates online in the event these expire, are modified or replaced with a never version. Rates include premium tax and fees where applicable)



ANNUAL PREMIUMS
All amounts shown are in U.S. dollars. Please select your deductible carefully, as you will be unable

Deductibles	\$2	50	\$50	00	\$1,	000	\$2,5	00	\$5,0	000	\$10	,000	\$25	,000
AGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
14 days to 9 years**	9 years** cost* - Then 641		First 2 no a cost* - Ti		First 2 no cost* - T	additional hen 411	First 2 no a cost* - Ti		First 2 no a cost* - Ti			additional Then 289		additional Then 260
10 to 18**	69	15	56	7	43	39	40	0	35	5	3	23	2	90
*The first two D Medical Insurar	nce plan. On	the first rene	wal date, prer	nium will be	50% of the pu	blished rates.	For subseque	nt renewals, t	he renewal pr	emium will a	pply. **Dep	endent child	rates are or	nly available

19 to 24	1,259	1,767	1,047	1,469	812	1,140	714	1,003	585	821	447	627	402	564
25 to 29	1,268	1,901	1,090	1,635	845	1,268	743	1,115	608	912	464	698	418	628
30 to 34	1,465	2,266	1,220	1,886	945	1,462	832	1,286	680	1,053	520	803	468	723
35 to 39	1,635	2,548	1,360	2,121	1,054	1,644	928	1,446	760	1,184	580	905	522	814
40 to 44	2,108	2,811	1,755	2,340	1,360	1,814	1,197	1,596	980	1,306	748	997	673	898
45 to 49	2,636	3,031	2,193	2,522	1,700	1,955	1,497	1,721	1,224	1,408	935	1,076	842	968
50 to 54	4,642	5,014	4,467	4,818	3,968	4,285	3,491	3,770	2,857	3,086	2,182	2,357	1,964	2,121
55 to 59	6,239	6,124	6,066	5,950	5,430	5,373	4,779	4,728	3,910	3,868	2,987	2,955	2,688	2,659
60 to 64	7,782	7,151	7,554	6,938	6,701	6,239	5,897	5,490	4,825	4,492	3,685	3,431	3,317	3,088
65 to 69	17,447	15,136	16,753	14,546	16,176	13,865	13,426	11,508	10,029	8,596	8,897	7,626	8,007	6,863
70 to 74				Plea	se contact IMC	or your ager	t for premium	information	concerning th	is age bracke	t			

GLOBAL MEDICAL INSURANCE® - GOLD PLUS

WORLDWIDE COVERAGE EXCLUDING THE U.S., CANADA, CHINA, HONG KONG, JAPAN, MACAU, SINGAPORE, AND TAIWAN





ANNUAL PREMIUMS

All amounts shown are in U.S. dollars. Please select your deductible carefully, as you will be unable to select a lower deductible when you renew your coverage.

Deductibles	\$2	50	\$50	00	\$1,0	000	\$2,5	500	\$5,0	000	\$10	,000	\$25	,000
AGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
14 days to 9 years**	First 2 no a cost* - Ti		First 2 no a cost* - Ti		First 2 no cost* - T		First 2 no a cost* - Ti		First 2 no a cost* - Ti			additional Then 222	First 2 no cost* - T	
10 to 18**	52	1	426		331		299		269		2	41	2	17
*The first two E Medical Insurar when at least of 24 rates.	nce plan. On	the first rene	wal date, prer	mium will be	50% of the pu	blished rates.	For subseque	nt renewals, t	he renewal pr	emium will a	pply. **Dep	endent child	rates are or	ıly available
19 to 24	944	1,325	786	1,103	609	855	536	753	439	616	335	470	301	423
25 to 29	950	1,427	818	1,226	633	950	558	836	456	685	349	522	314	470
30 to 34	1,100	1,699	915	1,414	710	1,097	623	965	510	789	390	603	351	542
35 to 39	1,226	1,912	1,020	1,591	791	1,234	697	1,086	570	888	435	678	391	610
40 to 44	1,582	2,108	1,316	1,755	1,020	1,360	898	1,197	735	980	561	748	505	673
45 to 49	1,977	2,276	1,645	1,893	1,275	1,468	1,123	1,292	918	1,057	702	808	632	727
50 to 54	3,952	4,121	3,481	3,631	2,976	3,213	2,618	2,829	2,143	2,314	1,637	1,768	1,473	1,591
55 to 59	4,679	4,593	4,550	4,464	4,073	4,030	3,584	3,547	2,932	2,902	2,240	2,217	2,016	1,995
60 to 64	5,836	5,364	5,666	5,204	5,026	4,679	4,423	4,118	3,619	3,369	2,764	2,573	2,488	2,316
65 to 69	13,085	11,352	12,566	10,911	12,132	10,399	10,069	8,631	7,522	6,447	6,673	5,719	6,006	5,147
70 to 74				Plea	se contact IMC	or your agen	nt for premium	information	concerning th	is age bracke	t			

*Stopp for Global Group, IMCs will not accept checks, money orders or wire transfers for semi-annual quarterly, or monthly payment modes. These alternative payment modes are only accepted with pre-authorist to delity your certific and mit the deep denied of your future premium installmentity prior to the expiration date.

*Netter: Choosing the exima-manual payment profile modes playment factor SS) results in total payments of 110% of the annual premium, choosing the quarterly payment option fmodal payment factor x30 results in total payments of 112% of the annual premium, and choosing the monthly payment option (modal payment factor x10 results in total payments of 120% of the annual premium, and choosing the monthly payment option (modal payment factor x10 results in total payments of 120% of the annual premium.

GLOBAL MEDICAL INSURANCE® - PLATINUM

Optional Dental & Vision Rider \$460 annual premium

WORLDWIDE COVERAGE

(New Business Rates Effective 2/1/2016. IMG reserves the right to issue the most current rates online in the event these expire, are modified or replaced with a newer version. Rates include premium tax and fees where applicable.)



ANNUAL PREMIUMS

All amounts shown are in U.S. dollars. Please select your deductible carefully, as you will be unable to select a lower deductible when you renew your coverage.

	MALE FEMALE	FEMALE	MALE			2,500		1,000		500		250		00	100			
14 days to First 2 no additional First 2 no			moree	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	AGE		
	First 2 no additional cost* - Then 1,255	First 2 no additional cost* - Then 1,394										First 2 no additional cost* - Then 2,145						14 days to 9 years**
10 to 18** 2,493 2,266 1,985 1,704 1,611 1,521 1,442	1,298	1,442		521	1,521		1,611		1,3	1,985		2,266		2,493		10 to 18**		

when a 24 rate:		one paren	t or guardia	n is insured	under the	Global Med	ical Insuran	ce plan. Ch	ildren appl	ying with n	o parent or	guardian ins	sured by Glo	bal Medica	Insurance i	must use the	Male 19 to
19 to	24	3,908	5,947	3,569	5,373	3,152	5,142	2,605	3,837	2,371	3,453	2,058	2,762	1,745	2,418	1,571	2,176

25 to 29	4021	7,324	3,672	6,615	3,244	6,332	2,680	4,725	2,439	4,253	2,118	3,733	1,796	2,788	1,617	2,509
30 to 34	4,386	8,299	4,006	7,496	3,538	6,961	2,924	5,354	2,661	4,819	2,310	4,230	1,959	3,267	1,763	2,940
35 to 39	4,630	9,216	4,229	8,324	3,735	7,552	3,087	5,946	2,809	5,351	2,438	4,697	2,068	3,389	1,861	3,050
40 to 44	5,687	10,080	5,194	9,105	4,587	8,195	3,791	6,503	3,450	5,853	2,994	5,138	2,464	3,902	2,218	3,512
45 to 49	6,956	8,028	6,354	7,251	5,751	6,008	4,638	5,180	4,220	4,662	3,663	4,092	2,968	3,108	2,671	2,797
50 to 54	14,707	16,712	13,342	15,253	13,131	14,020	10,505	11,216	9,559	10,094	8,299	8,861	6,723	7,066	6,051	6,360
55 to 59	20,921	20,621	19,109	18,684	17,435	17,299	13,948	13,840	12,693	12,455	11,019	10,933	8,648	8,580	7,783	7,722
60 to 64	23,227	22,058	21,070	20,194	19,576	18,486	16,591	15,535	15,098	13,981	13,106	12,272	10,783	9,787	9,705	8,808
65 to 69	47,212	41,347	42,990	37,709	41,454	36,055	38,383	33,078	29,939	27,455	26,101	23,817	21,878	19,847	19,691	17,862
7040 74					Diagram	ontact BAC		et for prop	ium inform	ation conce	main a this a	an bracket				

Modal Payment Factors* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10

*Bicept for Global Group, IMG will not accept check, money orders or wire transfers for semi-annual, quarterly, or monthly payment modes. These alternative payment modes are only accepted with pre-auth to debit your credit card on the due date(g) of your future premium installment(g) prior to the expiration date.

Note: Choosing the semi-annual payment option (modal payment factor 55) results in total payments of 110% of the annual premium, choosing the quarterly payment option (modal payment factor 28) results in total payment option (modal payment factor 10) results in total payment option (modal payment factor 10) results in total payments of 120% of the annual premium, and choosing the monthly payment option (modal payment factor 10) results in total payments of 120% of the annual

GLOBAL MEDICAL INSURANCE® - PLATINUM

70 to 74

WORLDWIDE COVERAGE EXCLUDING THE U.S., CANADA, CHINA, HONG KONG, JAPAN, MACAU, SINGAPORE, AND TAIWAN



ANNUAL PREMIUMS
All amounts shown are in U.S. dollars. Please select your deductible carefully, as you will be unable to select a lower deductible when you renew your coverage.

ŀ	Deductibles	\$1	00	\$2	50	\$5	00	\$1,	000	\$2,	500	\$5,	000	\$10,	,000	\$25	,000
ſ	AGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
	14 days to 9 years**		additional hen 1,971	First 2 no cost* - Th	additional nen 1,790	First 2 no cost* - Th	additional nen 1,625	First 2 no cost* - Th			additional nen 1,344	First 2 no cost* - Th		First 2 no cost* - Th	additional nen 1,230	First 2 no cost* - Th	additional nen 1,107
ſ	10 to 18**	2,0	068	1,8	180	1,0	573	1,4	162	1,3	392	1,3	24	1,2	165	1,1	39
*The first two Dependent Children from the ages of 14 c Medical Insurance plan. On the first renewal date, prem when at least one parent or guardian is insured under the 24 rates.					ite, premiur	n will be 50	% of the pu	blished rate	s. For subs	equent ren	ewals, the re	newal pren	nium will ap	ply. **Depe	ndent child	rates are or	ıly available
	19 to 24	3,169	4,825	2,894	4,358	2,556	4,171	2,112	3,113	1,923	2,801	1,669	2,241	1,415	1,961	1,273	1,765
ľ	25 to 29	3257	5,935	2,975	5,440	2,627	4,516	2,171	3,726	1,976	3,353	1,716	2,910	1,455	2,474	1,310	2,227
	30 to 34	3,531	6,682	3,224	6,034	2,848	5,604	2,353	4,311	2,142	3,879	1,860	3,405	1,577	2,629	1,420	2,366
	35 to 39	3,704	7,373	3,382	6,659	2,988	6,041	2,469	4,757	2,246	4,280	1,950	3,757	1,655	2,711	1,489	2,440
	40 to 44	4,493	7,964	4,103	7,193	3,624	6,474	2,995	5,137	2,725	4,624	2,366	4,058	1,947	3,083	1,752	2,774
	45 to 49	5,496	6,343	5,019	5,729	4,543	4,747	3,663	4,092	3,334	3,683	2,894	3,233	2,345	2,456	2,110	2,210
	50 to 54	11,471	13,034	10,406	11,897	10,242	10,935	8,194	8,748	7,457	7,873	6,474	6,911	5,244	5,511	4,720	4,960
	55 to 59	16,256	16,022	14,848	14,517	13,548	13,442	10,838	10,753	9,862	9,678	8,562	8,495	6,720	6,668	6,048	6,001
	60 to 64	17,884	16,985	16,224	15,550	15,074	14,234	12,774	11,962	11,625	10,766	10,091	9,450	8,304	7,536	7,473	6,783
	65 to 69	35,881	31,424	32,672	28,658	31,505	27,402	29,172	25,139	22,754	20,866	19,837	18,101	16,628	15,083	14,965	13,575
Г																	

Please contact IMG or your agent for premium information concerning this age bracket Modal Payment Factors* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10

Except for Global Group, BMG will not accept checks, money orders or wire transfers for semi-arruad, quarterly, or monthly payment modes. These alternative payment modes are only accepted with pre-authorization to debt year credit card on the due distribly on future premium installmentility pare to the explaints distributed by the control of the con