

# GLOBAL MISSION 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 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		\$500		\$1,000		\$2,500		\$5,000		\$10,000	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
<b>14 days to 9 years**</b>	First 2 no additional cost* - Then 298		First 2 no additional cost* - Then 259		First 2 no additional cost* - Then 202		First 2 no additional cost* - Then 177		First 2 no additional cost* - Then 162		First 2 no additional cost* - Then 144	
<b>10 to 18**</b>	305		272		224		208		196		173	
*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 Mission Medical Insurance plan. On the first renewal date, premium will be 50% of the published rates. For subsequent renewals, the renewal premium will apply. **Dependent child rates are only available when at least one parent or guardian is insured under the Global Mission Medical Insurance plan. Children applying with no parent or guardian insured by Global Mission Medical Insurance must use the Male 19 to 24 rates.												
<b>19 to 24</b>	690	861	598	848	466	650	405	566	319	454	283	391
<b>25 to 29</b>	729	981	636	953	495	734	432	637	338	530	301	417
<b>30 to 34</b>	816	1,085	702	1,022	544	791	477	690	374	554	332	471
<b>35 to 39</b>	932	1,307	755	1,159	585	900	512	778	400	648	357	506
<b>40 to 44</b>	1,179	1,435	957	1,248	635	978	556	856	532	663	472	590
<b>45 to 49</b>	1,313	1,583	1,077	1,346	833	1,041	727	907	593	716	528	637
<b>50 to 54</b>	1,603	1,761	1,359	1,518	1,050	1,178	916	1,048	779	868	692	774
<b>55 to 59</b>	1,975	1,975	1,717	1,717	1,329	1,328	1,159	1,159	976	983	867	876
<b>60 to 64</b>	2,908	2,736	2,649	2,479	2,234	1,880	2,022	1,815	1,690	1,501	1,504	1,336
<b>65 to 69</b>	6,072	5,268	5,811	5,038	5,436	4,588	4,179	3,410	3,654	3,272	3,252	2,912
<b>70 to 74</b>	Please contact IMG or your agent for premium information concerning this age bracket											
<b>Optional Dental &amp; Vision Rider \$570 annual premium</b>							<b>Modal Payment Factors* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10</b>					

\*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(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.

# GLOBAL MISSION MEDICAL INSURANCE® - BRONZE

## 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		\$500		\$1,000		\$2,500		\$5,000		\$10,000	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
<b>14 days to 9 years**</b>	First 2 no additional cost* - Then 223		First 2 no additional cost* - Then 195		First 2 no additional cost* - Then 152		First 2 no additional cost* - Then 133		First 2 no additional cost* - Then 123		First 2 no additional cost* - Then 107	
<b>10 to 18**</b>	229		204		169		157		147		129	
*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 Mission Medical Insurance plan. On the first renewal date, premium will be 50% of the published rates. For subsequent renewals, the renewal premium will apply. **Dependent child rates are only available when at least one parent or guardian is insured under the Global Mission Medical Insurance plan. Children applying with no parent or guardian insured by Global Mission Medical Insurance must use the Male 19 to 24 rates.												
<b>19 to 24</b>	519	645	448	635	349	487	305	424	239	341	212	294
<b>25 to 29</b>	547	736	478	716	371	550	323	479	254	397	225	314
<b>30 to 34</b>	612	814	527	767	407	594	357	518	280	416	249	355
<b>35 to 39</b>	701	981	567	871	438	676	385	584	301	487	268	379
<b>40 to 44</b>	883	1,077	717	936	476	734	417	642	399	500	355	442
<b>45 to 49</b>	984	1,187	807	1,010	626	782	545	681	444	537	396	477
<b>50 to 54</b>	1,202	1,321	1,020	1,138	787	883	688	785	584	652	520	581
<b>55 to 59</b>	1,481	1,481	1,287	1,287	997	996	868	868	731	737	651	656
<b>60 to 64</b>	2,181	2,053	1,987	1,859	1,675	1,479	1,517	1,362	1,267	1,127	1,129	1,002
<b>65 to 69</b>	4,553	3,951	4,359	3,779	4,078	3,441	3,134	2,558	2,741	2,454	2,439	2,184
<b>70 to 74</b>	Please contact IMG or your agent for premium information concerning this age bracket											
<b>Optional Dental &amp; Vision Rider \$460 annual premium</b>							<b>Modal Payment Factors* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10</b>					

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# GLOBAL MISSION MEDICAL INSURANCE® - SILVER

## 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.)



INTERNATIONAL MEDICAL GROUP

## 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		\$500		\$1,000		\$2,500		\$5,000		\$10,000	
	AGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE
<b>14 days to 9 years**</b>	First 2 no additional cost* - Then 344		First 2 no additional cost* - Then 300		First 2 no additional cost* - Then 233		First 2 no additional cost* - Then 205		First 2 no additional cost* - Then 187		First 2 no additional cost* - Then 167	
<b>10 to 18**</b>	352		314		259		241		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 Mission Medical Insurance plan. On the first renewal date, premium will be 50% of the published rates. For subsequent renewals, the renewal premium will apply. **Dependent child rates are only available when at least one parent or guardian is insured under the Global Mission Medical Insurance plan. Children applying with no parent or guardian insured by Global Mission Medical Insurance must use the Male 19 to 24 rates.												
<b>19 to 24</b>	798	995	691	980	538	751	469	654	368	525	327	452
<b>25 to 29</b>	843	1,134	736	1,102	572	849	499	737	391	613	348	482
<b>30 to 34</b>	943	1,255	812	1,182	629	915	552	798	433	641	384	545
<b>35 to 39</b>	1,077	1,511	873	1,340	676	1,041	592	899	462	749	413	585
<b>40 to 44</b>	1,363	1,659	1,106	1,443	734	1,130	643	990	615	766	546	682
<b>45 to 49</b>	1,518	1,830	1,245	1,557	964	1,203	840	1,049	686	827	610	737
<b>50 to 54</b>	1,853	2,036	1,571	1,755	1,214	1,361	1,059	1,211	900	1,004	800	895
<b>55 to 59</b>	2,284	2,284	1,985	1,985	1,537	1,535	1,340	1,340	1,128	1,137	1,003	1,013
<b>60 to 64</b>	3,362	3,163	3,063	2,866	2,582	2,279	2,338	2,098	1,953	1,735	1,739	1,545
<b>65 to 69</b>	7,020	6,090	6,718	5,824	6,284	5,304	4,831	3,943	4,224	3,782	3,759	3,367
<b>70 to 74</b>	Please contact IMG or your agent for premium information concerning this age bracket											
<b>Optional Dental &amp; Vision Rider \$570 annual premium</b>							<b>Modal Payment Factors* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10</b>					

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# GLOBAL MISSION MEDICAL INSURANCE® - SILVER

## 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		\$500		\$1,000		\$2,500		\$5,000		\$10,000	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
<b>14 days to 9 years**</b>	First 2 no additional cost* - Then 258		First 2 no additional cost* - Then 226		First 2 no additional cost* - Then 175		First 2 no additional cost* - Then 154		First 2 no additional cost* - Then 142		First 2 no additional cost* - Then 124	
<b>10 to 18**</b>	265		235		195		181		170		149	
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<b>19 to 24</b>	600	746	518	734	403	562	352	491	276	395	245	340
<b>25 to 29</b>	632	851	553	827	428	635	374	554	293	459	261	363
<b>30 to 34</b>	707	941	609	887	471	687	413	598	324	481	288	410
<b>35 to 39</b>	810	1,134	655	1,007	507	782	445	675	348	562	310	438
<b>40 to 44</b>	1,021	1,245	828	1,082	550	848	482	742	461	578	410	511
<b>45 to 49</b>	1,138	1,372	933	1,167	724	904	630	787	513	621	458	552
<b>50 to 54</b>	1,390	1,527	1,179	1,316	910	1,021	796	908	675	754	601	671
<b>55 to 59</b>	1,712	1,712	1,488	1,488	1,152	1,151	1,004	1,004	845	852	752	759
<b>60 to 64</b>	2,521	2,373	2,297	2,149	1,937	1,710	1,754	1,575	1,465	1,303	1,305	1,159
<b>65 to 69</b>	5,264	4,567	5,039	4,369	4,714	3,979	3,623	2,957	3,169	2,837	2,820	2,524
<b>70 to 74</b>	Please contact IMG or your agent for premium information concerning this age bracket											
<b>Optional Dental &amp; Vision Rider \$460 annual premium</b>							<b>Modal Payment Factors* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10</b>					

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

## 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.

Deductibles	\$250		\$500		\$1,000		\$2,500		\$5,000		\$10,000		\$25,000		
	AGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
<b>14 days to 9 years**</b>	First 2 no additional cost* - Then 479		First 2 no additional cost* - Then 409		First 2 no additional cost* - Then 306		First 2 no additional cost* - Then 278		First 2 no additional cost* - Then 245		First 2 no additional cost* - Then 222		First 2 no additional cost* - Then 200		
<b>10 to 18**</b>	530		432		338		306		274		245		221		
<b>19 to 24</b>	1,106	1,456	952	1,380	761	1,020	658	882	513	711	405	537	365	484	
<b>25 to 29</b>	1,131	1,607	973	1,499	778	1,105	674	956	525	746	415	550	374	495	
<b>30 to 34</b>	1,201	1,729	1,032	1,590	826	1,207	718	1,050	565	852	446	638	401	574	
<b>35 to 39</b>	1,247	1,917	1,073	1,684	858	1,252	747	1,090	586	885	463	662	417	595	
<b>40 to 44</b>	1,638	2,142	1,499	1,949	1,199	1,439	1,031	1,361	804	1,038	635	813	572	659	
<b>45 to 49</b>	1,897	2,294	1,725	2,104	1,329	1,595	1,196	1,436	974	1,121	770	885	693	797	
<b>50 to 54</b>	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	
<b>55 to 59</b>	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	
<b>60 to 64</b>	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	
<b>65 to 69</b>	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	
<b>70 to 74</b>	Please contact IMG or your agent for premium information concerning this age bracket														
<b>Optional Dental &amp; Vision Rider \$570 annual premium</b>								<b>Modal Payment Factors* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10</b>							

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**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.

# GLOBAL MISSION 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 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		\$500		\$1,000		\$2,500		\$5,000		\$10,000		\$25,000	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
<b>14 days to 9 years**</b>	First 2 no additional cost* - Then 353		First 2 no additional cost* - Then 302		First 2 no additional cost* - Then 226		First 2 no additional cost* - Then 206		First 2 no additional cost* - Then 182		First 2 no additional cost* - Then 165		First 2 no additional cost* - Then 148	
<b>10 to 18**</b>	391		319		250		227		203		182		164	
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<b>19 to 24</b>	819	1,078	704	1,021	564	754	487	653	380	526	300	398	270	358
<b>25 to 29</b>	837	1,189	720	1,110	577	819	498	707	389	552	307	407	277	366
<b>30 to 34</b>	888	1,280	764	1,177	611	893	532	776	417	630	330	472	297	425
<b>35 to 39</b>	923	1,418	794	1,246	634	927	553	807	434	655	342	489	308	440
<b>40 to 44</b>	1,212	1,584	1,110	1,442	887	1,065	763	1,007	595	767	470	602	423	542
<b>45 to 49</b>	1,404	1,698	1,277	1,557	983	1,180	885	1,062	722	829	570	655	513	590
<b>50 to 54</b>	1,669	1,799	1,502	1,637	1,201	1,309	1,111	1,211	889	969	702	765	632	689
<b>55 to 59</b>	2,215	2,152	1,971	1,912	1,607	1,558	1,357	1,317	1,140	1,106	900	874	810	787
<b>60 to 64</b>	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
<b>65 to 69</b>	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
<b>70 to 74</b>	Please contact IMG or your agent for premium information concerning this age bracket													
<b>Optional Dental &amp; Vision Rider \$460 annual premium</b>								<b>Modal Payment Factors* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10</b>						

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# GLOBAL MISSION MEDICAL INSURANCE® - GOLD PLUS

## 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

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Deductibles	\$250		\$500		\$1,000		\$2,500		\$5,000		\$10,000		\$25,000	
	MALE	FEMALE												
<b>14 days to 9 years**</b>	First 2 no additional cost* - Then 641		First 2 no additional cost* - Then 540		First 2 no additional cost* - Then 411		First 2 no additional cost* - Then 373		First 2 no additional cost* - Then 334		First 2 no additional cost* - Then 289		First 2 no additional cost* - Then 260	
<b>10 to 18**</b>	695		567		439		400		355		323		290	

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

<b>19 to 24</b>	1,259	1,767	1,047	1,469	812	1,140	714	1,003	585	821	447	627	402	564
<b>25 to 29</b>	1,268	1,901	1,090	1,635	845	1,268	743	1,115	608	912	464	698	418	628
<b>30 to 34</b>	1,465	2,266	1,220	1,886	945	1,462	832	1,286	680	1,053	520	803	468	723
<b>35 to 39</b>	1,635	2,548	1,360	2,121	1,054	1,644	928	1,446	760	1,184	580	905	522	814
<b>40 to 44</b>	2,108	2,811	1,755	2,340	1,360	1,814	1,197	1,596	980	1,306	748	997	673	898
<b>45 to 49</b>	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
<b>50 to 54</b>	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
<b>55 to 59</b>	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
<b>60 to 64</b>	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
<b>65 to 69</b>	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
<b>70 to 74</b>	Please contact IMG or your agent for premium information concerning this age bracket													

**Optional Dental & Vision Rider \$570 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(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.

# GLOBAL MISSION MEDICAL INSURANCE® - GOLD PLUS

## 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		\$500		\$1,000		\$2,500		\$5,000		\$10,000		\$25,000	
	AGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE
<b>14 days to 9 years**</b>	First 2 no additional cost* - Then 479		First 2 no additional cost* - Then 405		First 2 no additional cost* - Then 312		First 2 no additional cost* - Then 278		First 2 no additional cost* - Then 251		First 2 no additional cost* - Then 222		First 2 no additional cost* - Then 200	
<b>10 to 18**</b>	521		426		331		299		269		241		217	
*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 Mission Medical Insurance plan. On the first renewal date, premium will be 50% of the published rates. For subsequent renewals, the renewal premium will apply. **Dependent child rates are only available when at least one parent or guardian is insured under the Global Mission Medical Insurance plan. Children applying with no parent or guardian insured by Global Mission Medical Insurance must use the Male 19 to 24 rates.														
<b>19 to 24</b>	944	1,325	786	1,103	609	855	536	753	439	616	335	470	301	423
<b>25 to 29</b>	950	1,427	818	1,226	633	950	558	836	456	685	349	522	314	470
<b>30 to 34</b>	1,100	1,699	915	1,414	710	1,097	623	965	510	789	390	603	351	542
<b>35 to 39</b>	1,226	1,912	1,020	1,591	791	1,234	697	1,086	570	888	435	678	391	610
<b>40 to 44</b>	1,582	2,108	1,316	1,755	1,020	1,360	898	1,197	735	980	561	748	505	673
<b>45 to 49</b>	1,977	2,276	1,645	1,893	1,275	1,468	1,123	1,292	918	1,057	702	808	632	727
<b>50 to 54</b>	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
<b>55 to 59</b>	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
<b>60 to 64</b>	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
<b>65 to 69</b>	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
<b>70 to 74</b>	Please contact IMG or your agent for premium information concerning this age bracket													
<b>Optional Dental &amp; Vision Rider \$460 annual premium</b>								<b>Modal Payment Factors* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10</b>						

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**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.

# GLOBAL MISSION MEDICAL INSURANCE® - PLATINUM

## 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.

Deductibles	100		250		500		1,000		2,500		5,000		10,000		25,000	
	AGE	MALE	FEMALE	MALE												
<b>14 days to 9 years**</b>	First 2 no additional cost* - Then 2,357		First 2 no additional cost* - Then 2,145		First 2 no additional cost* - Then 1,923		First 2 no additional cost* - Then 1,638		First 2 no additional cost* - Then 1,550		First 2 no additional cost* - Then 1,466		First 2 no additional cost* - Then 1,394		First 2 no additional cost* - Then 1,255	
<b>10 to 18**</b>	2,493		2,266		1,985		1,704		1,611		1,521		1,442		1,298	
*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 Mission Medical Insurance plan. On the first renewal date, premium will be 50% of the published rates. For subsequent renewals, the renewal premium will apply. **Dependent child rates are only available when at least one parent or guardian is insured under the Global Mission Medical Insurance plan. Children applying with no parent or guardian insured by Global Mission Medical Insurance must use the Male 19 to 24 rates.																
<b>19 to 24</b>	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
<b>25 to 29</b>	4,021	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
<b>30 to 34</b>	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
<b>35 to 39</b>	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
<b>40 to 44</b>	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
<b>45 to 49</b>	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
<b>50 to 54</b>	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
<b>55 to 59</b>	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
<b>60 to 64</b>	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
<b>65 to 69</b>	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
<b>70 to 74</b>	Please contact IMG or your agent for premium information concerning this age bracket															
<b>Modal Payment Factors* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10</b>																

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**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.

# GLOBAL MISSION MEDICAL INSURANCE® - PLATINUM

## 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	\$100		\$250		\$500		\$1,000		\$2,500		\$5,000		\$10,000		\$25,000	
	AGE	MALE	FEMALE	MALE												
<b>14 days to 9 years**</b>	First 2 no additional cost* - Then 1,971		First 2 no additional cost* - Then 1,790		First 2 no additional cost* - Then 1,625		First 2 no additional cost* - Then 1,414		First 2 no additional cost* - Then 1,344		First 2 no additional cost* - Then 1,281		First 2 no additional cost* - Then 1,230		First 2 no additional cost* - Then 1,107	
<b>10 to 18**</b>	2,068		1,880		1,673		1,462		1,392		1,324		1,265		1,139	
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<b>19 to 24</b>	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
<b>25 to 29</b>	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
<b>30 to 34</b>	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
<b>35 to 39</b>	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
<b>40 to 44</b>	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
<b>45 to 49</b>	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
<b>50 to 54</b>	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
<b>55 to 59</b>	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
<b>60 to 64</b>	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
<b>65 to 69</b>	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
<b>70 to 74</b>	Please contact IMG or your agent for premium information concerning this age bracket															
<b>Modal Payment Factors* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10</b>																

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