

(New Business Rates Effective 01/01/2018. IMG reserves the right to issue the most current rates online in the event these expire, are modified or replaced with a newer version.)

## 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>   | 343   |        | 298   |        | 232     |  | 204     |        | 186     |        | 166      |        |
| <b>10 to 18*</b>   | 351   |        | 313   |        | 258     |  | 239     |        | 225     |        | 199      |        |
| *Dependent child rates are only available when at least one parent or guardian is insured under the Global Crew Medical Insurance plan.<br>Children applying with no parent or guardian insured by Global Crew Medical Insurance must use the Female 19 to 24 rates. |   |        |       |        |         |  |         |        |         |        |          |        |
| <b>19 to 24</b>  | 794   | 990    | 688   | 975    | 536     | 748  | 466     | 651    | 367     | 522    | 325      | 450    |
| <b>25 to 29</b>  | 838   | 1,128  | 731   | 1,096  | 569     | 844  | 497     | 733    | 389     | 610    | 346      | 480    |
| <b>30 to 34</b>  | 938   | 1,248  | 807   | 1,175  | 626     | 910  | 549     | 794    | 430     | 637    | 382      | 542    |
| <b>35 to 39</b>  | 1,072   | 1,503  | 868   | 1,333  | 673     | 1,035  | 589     | 895    | 460     | 745    | 411      | 582    |
| <b>40 to 44</b>  | 1,356   | 1,650  | 1,101 | 1,435  | 730     | 1,125  | 639     | 984    | 612     | 762    | 543      | 679    |
| <b>45 to 49</b>  | 1,510   | 1,820  | 1,239 | 1,548  | 958     | 1,197  | 836     | 1,043  | 682     | 823    | 607      | 733    |
| <b>50 to 54</b>  | 1,843   | 2,025  | 1,563 | 1,746  | 1,208   | 1,355  | 1,053   | 1,205  | 896     | 998    | 796      | 890    |
| <b>55 to 59</b>  | 2,271   | 2,271  | 1,975 | 1,975  | 1,528   | 1,527  | 1,333   | 1,333  | 1,122   | 1,130  | 997      | 1,007  |
| <b>60 to 64</b>  | 3,344   | 3,146  | 3,046 | 2,851  | 2,569   | 2,162  | 2,325   | 2,087  | 1,944   | 1,726  | 1,730    | 1,536  |
| <b>65 to 69</b>  | 6,983   | 6,058  | 6,683 | 5,794  | 6,251   | 5,276  | 4,806   | 3,922  | 4,202   | 3,763  | 3,740    | 3,349  |
| <b>70 to 74</b>  | Please contact IMG or your Producer for premium information |        |       |        |         |  |         |        |         |        |          |        |
| <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 Crew Medical Insurance® - BRONZE

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



(New Business Rates Effective 01/01/2018. IMG reserves the right to issue the most current rates online in the event these expire, are modified or replaced with a newer version.)

## 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>  | 256   |        | 224   |        | 175     |  | 153     |        | 141     |        | 123      |        |
| <b>10 to 18*</b>  | 263   |        | 235   |        | 194     |  | 181     |        | 169     |        | 148      |        |
| *Dependent child rates are only available when at least one parent or guardian is insured under the Global Crew Medical Insurance plan. Children applying with no parent or guardian insured by Global Crew Medical Insurance must use the Female 19 to 24 rates. |   |        |       |        |         |  |         |        |         |        |          |        |
| <b>19 to 24</b>   | 597   | 742    | 515   | 730    | 401     | 560  | 351     | 488    | 275     | 392    | 244      | 338    |
| <b>25 to 29</b>   | 629   | 846    | 550   | 823    | 427     | 633  | 371     | 551    | 292     | 457    | 259      | 361    |
| <b>30 to 34</b>   | 704   | 936    | 606   | 882    | 468     | 683  | 411     | 596    | 322     | 478    | 286      | 408    |
| <b>35 to 39</b>   | 806   | 1,128  | 652   | 1,002  | 504     | 777  | 443     | 672    | 346     | 560    | 308      | 436    |
| <b>40 to 44</b>   | 1,015   | 1,239  | 825   | 1,076  | 547     | 844  | 480     | 738    | 459     | 575    | 408      | 508    |
| <b>45 to 49</b>   | 1,132   | 1,365  | 928   | 1,162  | 720     | 899  | 627     | 783    | 511     | 618    | 455      | 549    |
| <b>50 to 54</b>   | 1,382   | 1,519  | 1,173 | 1,309  | 905     | 1,015  | 791     | 903    | 672     | 750    | 598      | 668    |
| <b>55 to 59</b>   | 1,703   | 1,703  | 1,480 | 1,480  | 1,147   | 1,145  | 998     | 998    | 841     | 848    | 749      | 754    |
| <b>60 to 64</b>   | 2,508   | 2,361  | 2,285 | 2,138  | 1,926   | 1,701  | 1,745   | 1,566  | 1,457   | 1,296  | 1,298    | 1,152  |
| <b>65 to 69</b>   | 5,236   | 4,544  | 5,013 | 4,346  | 4,690   | 3,957  | 3,604   | 2,942  | 3,152   | 2,822  | 2,805    | 2,512  |
| <b>70 to 74</b>   | Please contact IMG or your Producer for premium information |        |       |        |         |  |         |        |         |        |          |        |
| <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.

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## 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>   | 396   |        | 345   |        | 268     |        | 236  |        | 215     |        | 192      |        |
| <b>10 to 18*</b>   | 405   |        | 361   |        | 298     |        | 277  |        | 261     |        | 231      |        |
| *Dependent child rates are only available when at least one parent or guardian is insured under the Global Crew Medical Insurance plan.<br>Children applying with no parent or guardian insured by Global Crew Medical Insurance must use the Female 19 to 24 rates. |   |        |       |        |         |        |  |        |         |        |          |        |
| <b>19 to 24</b>  | 918   | 1,144  | 795   | 1,127  | 619     | 864    | 539  | 752    | 423     | 604    | 376      | 520    |
| <b>25 to 29</b>  | 969   | 1,304  | 846   | 1,267  | 658     | 976    | 574  | 848    | 450     | 705    | 400      | 554    |
| <b>30 to 34</b>  | 1,084   | 1,443  | 934   | 1,359  | 723     | 1,052  | 635  | 918    | 498     | 737    | 442      | 627    |
| <b>35 to 39</b>  | 1,239   | 1,738  | 1,004 | 1,541  | 777     | 1,197  | 681  | 1,034  | 531     | 861    | 475      | 673    |
| <b>40 to 44</b>  | 1,567   | 1,908  | 1,272 | 1,659  | 844     | 1,300  | 739  | 1,139  | 707     | 881    | 628      | 784    |
| <b>45 to 49</b>  | 1,746   | 2,105  | 1,432 | 1,791  | 1,109   | 1,383  | 966  | 1,206  | 789     | 951    | 702      | 848    |
| <b>50 to 54</b>  | 2,131   | 2,341  | 1,807 | 2,018  | 1,396   | 1,565  | 1,218  | 1,393  | 1,035   | 1,155  | 920      | 1,029  |
| <b>55 to 59</b>  | 2,627   | 2,627  | 2,283 | 2,283  | 1,768   | 1,765  | 1,541  | 1,541  | 1,297   | 1,308  | 1,153    | 1,165  |
| <b>60 to 64</b>  | 3,866   | 3,637  | 3,522 | 3,296  | 2,969   | 2,621  | 2,689  | 2,413  | 2,246   | 1,995  | 2,000    | 1,777  |
| <b>65 to 69</b>  | 8,073   | 7,004  | 7,726 | 6,698  | 7,227   | 6,100  | 5,556  | 4,534  | 4,858   | 4,349  | 4,323    | 3,872  |
| <b>70 to 74</b>  | Please contact IMG or your Producer for premium information |        |       |        |         |        |  |        |         |        |          |        |
| <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 Crew Medical Insurance® - SILVER

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



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## 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>  | 297   |        | 260   |        | 201     |        | 177  |        | 163     |        | 143      |        |
| <b>10 to 18*</b>  | 305   |        | 270   |        | 224     |        | 208  |        | 196     |        | 171      |        |
| *Dependent child rates are only available when at least one parent or guardian is insured under the Global Crew Medical Insurance plan. Children applying with no parent or guardian insured by Global Crew Medical Insurance must use the Female 19 to 24 rates. |   |        |       |        |         |        |  |        |         |        |          |        |
| <b>19 to 24</b>   | 690   | 858    | 596   | 844    | 463     | 646    | 405  | 565    | 317     | 454    | 282      | 391    |
| <b>25 to 29</b>   | 727   | 979    | 636   | 951    | 492     | 730    | 430  | 637    | 337     | 528    | 300      | 417    |
| <b>30 to 34</b>   | 813   | 1,082  | 700   | 1,020  | 542     | 790    | 475  | 688    | 373     | 553    | 331      | 472    |
| <b>35 to 39</b>   | 932   | 1,304  | 753   | 1,158  | 583     | 899    | 512  | 776    | 400     | 646    | 357      | 504    |
| <b>40 to 44</b>   | 1,174   | 1,432  | 952   | 1,244  | 633     | 975    | 554  | 853    | 530     | 665    | 472      | 588    |
| <b>45 to 49</b>   | 1,309   | 1,578  | 1,073 | 1,342  | 833     | 1,040  | 725  | 905    | 590     | 714    | 527      | 635    |
| <b>50 to 54</b>   | 1,599   | 1,756  | 1,356 | 1,513  | 1,047   | 1,174  | 915  | 1,044  | 776     | 867    | 691      | 772    |
| <b>55 to 59</b>   | 1,969   | 1,969  | 1,711 | 1,711  | 1,325   | 1,324  | 1,155  | 1,155  | 972     | 980    | 865      | 873    |
| <b>60 to 64</b>   | 2,899   | 2,729  | 2,642 | 2,471  | 2,228   | 1,967  | 2,017  | 1,811  | 1,685   | 1,498  | 1,501    | 1,333  |
| <b>65 to 69</b>   | 6,054   | 5,252  | 5,795 | 5,024  | 5,421   | 4,576  | 4,166  | 3,401  | 3,644   | 3,263  | 3,243    | 2,903  |
| <b>70 to 74</b>   | Please contact IMG or your Producer for premium information |        |       |        |         |        |  |        |         |        |          |        |
| <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 Crew Medical Insurance® - GOLD

(For enhanced, long-term benefits, see Gold Plus plan option)

## WORLDWIDE COVERAGE

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## ANNUAL PREMIUMS

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| 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>  | 551   |        | 470   |        | 352     |        | 320  |        | 282     |        | 255      |        | 230      |        |
| <b>10 to 18*</b>  | 610   |        | 497   |        | 389     |        | 352  |        | 315     |        | 282      |        | 254      |        |
| *Dependent child rates are only available when at least one parent or guardian is insured under the Global Crew Medical Insurance plan. Children applying with no parent or guardian insured by Global Crew Medical Insurance must use the Female 19 to 24 rates. |   |        |       |        |         |        |  |        |         |        |          |        |          |        |
| <b>19 to 24</b>   | 1,272   | 1,674  | 1,095 | 1,587  | 875     | 1,173  | 757  | 1,014  | 590     | 818    | 466      | 618    | 420      | 557    |
| <b>25 to 29</b>   | 1,301   | 1,848  | 1,119 | 1,724  | 895     | 1,271  | 775  | 1,099  | 604     | 858    | 477      | 633    | 430      | 569    |
| <b>30 to 34</b>   | 1,381   | 1,988  | 1,187 | 1,829  | 950     | 1,388  | 826  | 1,208  | 650     | 980    | 513      | 734    | 461      | 660    |
| <b>35 to 39</b>   | 1,434   | 2,205  | 1,234 | 1,937  | 987     | 1,440  | 859  | 1,254  | 674     | 1,018  | 532      | 761    | 480      | 684    |
| <b>40 to 44</b>   | 1,884   | 2,463  | 1,724 | 2,241  | 1,379   | 1,655  | 1,186  | 1,565  | 925     | 1,194  | 730      | 935    | 658      | 758    |
| <b>45 to 49</b>   | 2,182   | 2,638  | 1,984 | 2,420  | 1,528   | 1,834  | 1,375  | 1,651  | 1,120   | 1,289  | 886      | 1,018  | 797      | 917    |
| <b>50 to 54</b>   | 2,593   | 2,796  | 2,335 | 2,544  | 1,866   | 2,034  | 1,727  | 1,883  | 1,381   | 1,505  | 1,091    | 1,189  | 982      | 1,071  |
| <b>55 to 59</b>   | 3,441   | 3,344  | 3,062 | 2,970  | 2,496   | 2,422  | 2,109  | 2,046  | 1,771   | 1,718  | 1,401    | 1,357  | 1,260    | 1,221  |
| <b>60 to 64</b>   | 4,832   | 4,557  | 4,518 | 4,234  | 3,616   | 3,343  | 3,398  | 3,143  | 2,854   | 2,525  | 2,340    | 2,084  | 2,107    | 1,875  |
| <b>65 to 69</b>   | 9,667   | 8,691  | 9,376 | 8,129  | 8,720   | 7,455  | 6,757  | 6,217  | 5,947   | 5,472  | 4,876    | 4,486  | 4,388    | 4,038  |
| <b>70 to 74</b>   | Please contact IMG or your Producer for premium information |        |       |        |         |        |  |        |         |        |          |        |          |        |
| <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 Crew 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

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## 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>   | 406   |        | 347   |        | 260     |        | 237     |  | 209     |        | 190      |        | 170      |        |
| <b>10 to 18*</b>   | 450   |        | 367   |        | 288     |        | 261     |  | 233     |        | 209      |        | 189      |        |
| *Dependent child rates are only available when at least one parent or guardian is insured under the Global Crew Medical Insurance plan.<br>Children applying with no parent or guardian insured by Global Crew Medical Insurance must use the Female 19 to 24 rates. |   |        |       |        |         |        |         |  |         |        |          |        |          |        |
| <b>19 to 24</b>  | 942   | 1,240  | 810   | 1,174  | 649     | 867    | 560     | 751  | 437     | 605    | 345      | 458    | 311      | 412    |
| <b>25 to 29</b>  | 963   | 1,367  | 828   | 1,277  | 664     | 942    | 573     | 813  | 447     | 635    | 353      | 468    | 319      | 421    |
| <b>30 to 34</b>  | 1,021   | 1,472  | 879   | 1,354  | 703     | 1,027  | 612     | 892  | 480     | 725    | 380      | 543    | 342      | 489    |
| <b>35 to 39</b>  | 1,061   | 1,631  | 913   | 1,433  | 729     | 1,066  | 636     | 928  | 499     | 753    | 393      | 562    | 354      | 506    |
| <b>40 to 44</b>  | 1,394   | 1,822  | 1,277 | 1,658  | 1,020   | 1,225  | 877     | 1,158  | 684     | 882    | 541      | 692    | 486      | 623    |
| <b>45 to 49</b>  | 1,615   | 1,953  | 1,469 | 1,791  | 1,130   | 1,357  | 1,018   | 1,221  | 830     | 953    | 656      | 753    | 590      | 679    |
| <b>50 to 54</b>  | 1,919   | 2,069  | 1,727 | 1,883  | 1,381   | 1,505  | 1,278   | 1,393  | 1,022   | 1,114  | 807      | 880    | 727      | 792    |
| <b>55 to 59</b>  | 2,547   | 2,475  | 2,267 | 2,199  | 1,848   | 1,792  | 1,561   | 1,515  | 1,311   | 1,272  | 1,035    | 1,005  | 932      | 905    |
| <b>60 to 64</b>  | 3,577   | 3,372  | 3,343 | 3,133  | 2,675   | 2,475  | 2,515   | 2,325  | 2,113   | 1,869  | 1,732    | 1,542  | 1,559    | 1,388  |
| <b>65 to 69</b>  | 7,154   | 6,432  | 6,938 | 6,016  | 6,453   | 5,517  | 5,001   | 4,600  | 4,401   | 4,049  | 3,609    | 3,320  | 3,248    | 2,989  |
| <b>70 to 74</b>  | Please contact IMG or your Producer for premium information |        |       |        |         |        |         |  |         |        |          |        |          |        |
| <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.

(New Business Rates Effective 01/01/2018. IMG reserves the right to issue the most current rates online in the event these expire, are modified or replaced with a newer version.)

## 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>  | 737   |        | 621    |        | 473     |        | 429     |  | 384     |        | 332      |        | 299      |        |
| <b>10 to 18*</b>  | 799   |        | 652    |        | 505     |        | 460     |  | 408     |        | 371      |        | 334      |        |
| *Dependent child rates are only available when at least one parent or guardian is insured under the Global Crew Medical Insurance plan. Children applying with no parent or guardian insured by Global Crew Medical Insurance must use the Female 19 to 24 rates. |   |        |        |        |         |        |         |  |         |        |          |        |          |        |
| <b>19 to 24</b>   | 1,448   | 2,032  | 1,204  | 1,689  | 934     | 1,311  | 821     | 1,153  | 673     | 944    | 514      | 721    | 462      | 649    |
| <b>25 to 29</b>   | 1,458   | 2,186  | 1,254  | 1,880  | 972     | 1,458  | 854     | 1,282  | 699     | 1,049  | 534      | 803    | 481      | 722    |
| <b>30 to 34</b>   | 1,685   | 2,606  | 1,403  | 2,169  | 1,087   | 1,681  | 957     | 1,479  | 782     | 1,211  | 598      | 923    | 538      | 831    |
| <b>35 to 39</b>   | 1,880   | 2,930  | 1,564  | 2,439  | 1,212   | 1,891  | 1,067   | 1,663  | 874     | 1,362  | 667      | 1,041  | 600      | 936    |
| <b>40 to 44</b>   | 2,424   | 3,233  | 2,018  | 2,691  | 1,564   | 2,086  | 1,377   | 1,835  | 1,127   | 1,502  | 860      | 1,147  | 774      | 1,033  |
| <b>45 to 49</b>   | 3,031   | 3,486  | 2,522  | 2,900  | 1,955   | 2,248  | 1,722   | 1,979  | 1,408   | 1,619  | 1,075    | 1,237  | 968      | 1,113  |
| <b>50 to 54</b>   | 5,338   | 5,766  | 5,137  | 5,541  | 4,563   | 4,928  | 4,015   | 4,336  | 3,286   | 3,549  | 2,509    | 2,711  | 2,259    | 2,439  |
| <b>55 to 59</b>   | 7,175   | 7,043  | 6,976  | 6,843  | 6,245   | 6,179  | 5,496   | 5,437  | 4,497   | 4,448  | 3,435    | 3,398  | 3,091    | 3,058  |
| <b>60 to 64</b>   | 8,949   | 8,224  | 8,687  | 7,979  | 7,706   | 7,175  | 6,782   | 6,314  | 5,549   | 5,166  | 4,238    | 3,946  | 3,815    | 3,551  |
| <b>65 to 69</b>   | 20,064  | 17,406 | 19,266 | 16,728 | 18,602  | 15,945 | 15,440  | 13,234   | 11,533  | 9,885  | 10,232   | 8,770  | 9,208    | 7,892  |
| <b>70 to 74</b>   | Please contact IMG or your Producer for premium information |        |        |        |         |        |         |  |         |        |          |        |          |        |
| <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 Crew Medical Insurance® - GOLD PLUS

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



(New Business Rates Effective 01/01/2018. IMG reserves the right to issue the most current rates online in the event these expire, are modified or replaced with a newer version.)

## 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>  | 551   |        | 466    |        | 359     |        | 320     |  | 289     |        | 255      |        | 230      |        |
| <b>10 to 18*</b>  | 599   |        | 490    |        | 381     |        | 344     |  | 309     |        | 277      |        | 250      |        |
| *Dependent child rates are only available when at least one parent or guardian is insured under the Global Crew Medical Insurance plan. Children applying with no parent or guardian insured by Global Crew Medical Insurance must use the Female 19 to 24 rates. |   |        |        |        |         |        |         |  |         |        |          |        |          |        |
| <b>19 to 24</b>   | 1,086   | 1,524  | 904    | 1,268  | 700     | 983    | 616     | 866  | 505     | 708    | 385      | 541    | 346      | 486    |
| <b>25 to 29</b>   | 1,093   | 1,641  | 941    | 1,410  | 728     | 1,093  | 642     | 961  | 524     | 788    | 401      | 600    | 361      | 541    |
| <b>30 to 34</b>   | 1,265   | 1,954  | 1,052  | 1,626  | 817     | 1,262  | 716     | 1,110  | 587     | 907    | 449      | 693    | 404      | 623    |
| <b>35 to 39</b>   | 1,410   | 2,199  | 1,173  | 1,830  | 910     | 1,419  | 802     | 1,249  | 656     | 1,021  | 500      | 780    | 450      | 702    |
| <b>40 to 44</b>   | 1,819   | 2,424  | 1,513  | 2,018  | 1,173   | 1,564  | 1,033   | 1,377  | 845     | 1,127  | 645      | 860    | 581      | 774    |
| <b>45 to 49</b>   | 2,274   | 2,617  | 1,892  | 2,177  | 1,466   | 1,688  | 1,291   | 1,486  | 1,056   | 1,216  | 807      | 929    | 727      | 836    |
| <b>50 to 54</b>   | 4,545   | 4,739  | 4,003  | 4,176  | 3,422   | 3,695  | 3,011   | 3,253  | 2,464   | 2,661  | 1,883    | 2,033  | 1,694    | 1,830  |
| <b>55 to 59</b>   | 5,381   | 5,282  | 5,233  | 5,134  | 4,684   | 4,635  | 4,122   | 4,079  | 3,372   | 3,337  | 2,576    | 2,550  | 2,318    | 2,294  |
| <b>60 to 64</b>   | 6,711   | 6,169  | 6,516  | 5,985  | 5,780   | 5,381  | 5,086   | 4,736  | 4,162   | 3,874  | 3,179    | 2,959  | 2,861    | 2,663  |
| <b>65 to 69</b>   | 15,048  | 13,055 | 14,451 | 12,548 | 13,952  | 11,959 | 11,579  | 9,926  | 8,650   | 7,414  | 7,674    | 6,577  | 6,907    | 5,919  |
| <b>70 to 74</b>   | Please contact IMG or your Producer for premium information |        |        |        |         |        |         |  |         |        |          |        |          |        |
| <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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## 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 |        |
|--|---|--------|--------|--------|--------|--------|---------|--------|---------|--------|---------|--------|----------|--------|----------|--------|
|  | MALE  | FEMALE | MALE   | FEMALE | MALE   | FEMALE | MALE    | FEMALE | MALE    | FEMALE | MALE    | FEMALE | MALE     | FEMALE | MALE     | FEMALE |
| <b>14 days to 9 years*</b>   | 2,357   |        | 2,145  |        | 1,923  |        | 1,638   |        | 1,550   |        | 1,466   |        | 1,394    |        | 1,255    |        |
| <b>10 to 18*</b>   | 2,493   |        | 2,266  |        | 1,985  |        | 1,704   |        | 1,611   |        | 1,521   |        | 1,442    |        | 1,298    |        |
| *Dependent child rates are only available when at least one parent or guardian is insured under the Global Crew Medical Insurance plan.<br>Children applying with no parent or guardian insured by Global Crew Medical Insurance must use the Female 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 Producer for premium information |        |        |        |        |        |         |        |         |        |         |        |          |        |          |        |
| <b>Modal Payment Factors** Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10</b>   |   |        |        |        |        |        |         |        |         |        |         |        |          |        |          |        |

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# Global Crew Medical Insurance® - PLATINUM

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



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## ANNUAL PREMIUMS

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| Deductibles  | \$100   |        | \$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 | MALE     | FEMALE |
| <b>14 days to 9 years*</b>   | 1,971   |        | 1,790  |        | 1,625  |        | 1,414   |        | 1,344   |        | 1,281   |        | 1,230    |        | 1,107    |        |
| <b>10 to 18*</b>   | 2,068   |        | 1,880  |        | 1,673  |        | 1,462   |        | 1,392   |        | 1,324   |        | 1,265    |        | 1,139    |        |
| *Dependent child rates are only available when at least one parent or guardian is insured under the Global Crew Medical Insurance plan.<br>Children applying with no parent or guardian insured by Global Crew Medical Insurance must use the Female 19 to 24 rates. |   |        |        |        |        |        |         |        |         |        |         |        |          |        |          |        |
| <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>  | 3,257   | 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 Producer for premium information |        |        |        |        |        |         |        |         |        |         |        |          |        |          |        |
| <b>Modal Payment Factors** Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10</b>   |   |        |        |        |        |        |         |        |         |        |         |        |          |        |          |        |

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