

# Maximum Benefit Summary - All Plans

	IMK PLATINUM PLAN	IMK GOLD PLAN	IMK SILVER PLAN
<b>MAXIMUM AGE ELIGIBILITY</b>	26 YEARS OF AGE (benefit limits for age 21 or over*)	26 YEARS OF AGE (benefit limits for age 21 or over*)	26 YEARS OF AGE (benefit limits for age 21 or over*)
<b>DENTAL</b> PERIOD FOR RECEIPT OF DENTAL TREATMENT UNLIMITED BENEFIT PERIOD FUTURE DENTAL DENTAL IMPLANTS ORTHODONTIC TREATMENT	60 DAYS FROM DATE OF ACCIDENT 10 YEARS \$1,650 \$2,000 PER IMPLANT (MAX 2 IMPLANTS PER ACCIDENT) \$2,500	60 DAYS FROM DATE OF ACCIDENT 10 YEARS \$1,400 \$1,800 PER IMPLANT (MAX 2 IMPLANTS PER ACCIDENT) \$2,500	60 DAYS FROM DATE OF ACCIDENT 10 YEARS \$1,250 \$1,500 PER IMPLANT (MAX 2 IMPLANTS PER ACCIDENT) \$1,500
<b>TOTAL AND PERMANENT DISABILITY</b> <b>LOSS OF LIMB/LOSS OF USE</b>	\$350,000 UP TO \$150,000	\$150,000 UP TO \$150,000	\$75,000 UP TO \$75,000
<b>ACCIDENTAL DEATH BENEFIT</b> <b>DOUBLE INDEMNITY</b> <b>SPECIAL TRAINING</b> <b>COUNSELLING</b> <b>PRIVATE TUTORING SERVICES</b> <b>TRAVEL EXPENSES FOR SPECIALIZED TREATMENT</b> <b>HOSPITAL ROOM EXPENSE</b> <b>PARAMEDICAL</b> <b>MEDICAL DEVICES</b> <b>CRITICAL ILLNESS</b> <b>HOME OR HOSPITAL CONFINEMENT</b> <b>FAMILY TRANSPORTATION</b> <b>EMERGENCY TRANSPORTATION</b> <b>DAMAGE TO EYEGLASSES AND CONTACT LENSES</b> <b>EYEGLASSES AND CONTACT LENSES NEEDED DUE TO INJURY</b>	\$30,000 YES \$10,000 \$1,000 \$6,000 \$3,000 FULL COST \$800 \$1,500 \$15,500 \$30,000 \$1,000 UNLIMITED BY AMBULANCE OR \$350 \$350 FULL COST \$500 \$5,500 \$150 - \$1,000 \$400	\$20,000 YES \$6,000 \$750 \$6,000 \$3,000 FULL COST \$500 \$1,500 \$12,000 \$20,000 \$1,000 UNLIMITED BY AMBULANCE OR \$350 \$300 FULL COST \$300 \$5,500 \$150 - \$750 \$400	\$15,000 YES \$6,000 \$750 \$6,000 \$3,000 FULL COST \$500 \$1,500 \$12,000 \$20,000 \$1,000 UNLIMITED BY AMBULANCE OR \$350 \$300 FULL COST \$300 \$5,500 \$150 - \$750 \$400
<b>PROSTHETIC DEVICE OR HEARING AIDS (FIX/REPAIR)</b> <b>PURCHASE OF PROSTHETIC DEVICE OR HEARING AIDS</b> <b>FRACTURE OR DISLOCATION</b> <b>SPECIAL CLOTHING</b>	UNLIMITED BY AMBULANCE OR \$350 FULL COST \$500 \$5,500 \$150 - \$1,000 \$400	UNLIMITED BY AMBULANCE OR \$350 FULL COST \$300 \$5,500 \$150 - \$750 \$400	UNLIMITED BY AMBULANCE OR \$350 FULL COST \$300 \$5,500 \$150 - \$750 \$400
<b>TRAVEL BENEFITS*</b> OUT OF PROVINCE/COUNTRY EMERGENCY MEDICAL TRIP CANCELLATION AIRFLIGHT ACCIDENT DEATH 24 HOUR EMERGENCY ASSISTANCE EMERGENCY RETURN FLIGHT REPATRIATION OR BURIAL	\$200,000 (MAXIMUM 30 DAYS) \$1,000 ADDITIONAL \$5,000 DEATH BENEFIT YES \$1,000 \$5,500	N/A N/A N/A N/A N/A N/A	N/A N/A N/A N/A N/A N/A

\*For ages 21 or over, Travel Benefits do not apply and some benefits are limited.