

Maximum Benefit Summary - All Plans

	IMK PLATINUM PLAN	IMK GOLD PLAN	IMK SILVER PLAN
MAXIMUM AGE ELIGIBILITY	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*)
DENTAL 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
TOTAL AND PERMANENT DISABILITY LOSS OF LIMB/LOSS OF USE	\$350,000 UP TO \$150,000	\$150,000 UP TO \$150,000	\$75,000 UP TO \$75,000
ACCIDENTAL DEATH BENEFIT DOUBLE INDEMNITY SPECIAL TRAINING COUNSELLING PRIVATE TUTORING SERVICES TRAVEL EXPENSES FOR SPECIALIZED TREATMENT HOSPITAL ROOM EXPENSE PARAMEDICAL MEDICAL DEVICES CRITICAL ILLNESS HOME OR HOSPITAL CONFINEMENT FAMILY TRANSPORTATION EMERGENCY TRANSPORTATION DAMAGE TO EYEGLASSES AND CONTACT LENSES EYEGLASSES AND CONTACT LENSES NEEDED DUE TO INJURY	\$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
PROSTHETIC DEVICE OR HEARING AIDS (FIX/REPAIR) PURCHASE OF PROSTHETIC DEVICE OR HEARING AIDS FRACTURE OR DISLOCATION SPECIAL CLOTHING	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
TRAVEL BENEFITS* 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.