

ExpatPlus Individual Premiums¹

EURO

Effective 1st January 2008

Core plan: Medical and Evacuation

Globe

Monthly premiums

Age	Deductible 0		Deductible 100		Deductible 300	
	Zone A	Zone B	Zone A	Zone B	Zone A	Zone B
< 18	95,79	72,16	74,56	56,99	65,46	50,49
18-30	149,18	110,29	127,95	95,13	118,85	88,63
31-40	175,06	128,78	153,83	113,62	144,73	107,12
41-50	206,21	151,03	184,97	135,86	175,87	129,36
51-60	271,52	197,68	250,29	182,52	241,19	176,02
61-70	431,08	311,65	409,84	296,48	400,74	289,98

Annual premiums

Age	Deductible 0		Deductible 100		Deductible 300	
	Zone A	Zone B	Zone A	Zone B	Zone A	Zone B
< 18	1.149,51	865,93	894,71	683,93	785,51	605,93
18-30	1.790,15	1.323,53	1.535,35	1.141,53	1.426,15	1.063,53
31-40	2.100,76	1.545,40	1.845,96	1.363,40	1.736,76	1.285,40
41-50	2.474,47	1.812,33	2.219,67	1.630,33	2.110,47	1.552,33
51-60	3.258,28	2.372,20	3.003,48	2.190,20	2.894,28	2.112,20
61-70	5.172,92	3.739,80	4.918,12	3.557,80	4.808,92	3.479,80

Orbit

Monthly premiums

Age	Deductible 0		Deductible 100		Deductible 300	
	Zone A	Zone B	Zone A	Zone B	Zone A	Zone B
< 18	152,76	112,89	146,26	106,39	131,09	91,23
18-30	201,15	147,42	194,65	140,92	179,48	125,75
31-40	247,23	180,35	240,73	173,85	225,56	158,68
41-50	302,69	219,93	296,19	213,43	281,03	198,26
51-60	418,54	302,69	412,04	296,19	396,87	281,03
61-70	702,23	505,35	695,73	498,85	680,56	483,68

Annual premiums

Age	Deductible 0		Deductible 100		Deductible 300	
	Zone A	Zone B	Zone A	Zone B	Zone A	Zone B
< 18	1.833,13	1.354,73	1.755,13	1.276,73	1.573,13	1.094,73
18-30	2.413,80	1.769,00	2.335,80	1.691,00	2.153,80	1.509,00
31-40	2.966,73	2.164,20	2.888,73	2.086,20	2.706,73	1.904,20
41-50	3.632,33	2.639,13	3.554,33	2.561,13	3.372,33	2.379,13
51-60	5.022,47	3.632,33	4.944,47	3.554,33	4.762,47	3.372,33
61-70	8.426,73	6.064,20	8.348,73	5.986,20	8.166,73	5.804,20

Universe

Monthly premiums

Age	Deductible 0		Deductible 100		Deductible 300	
	Zone A	Zone B	Zone A	Zone B	Zone A	Zone B
< 18	190,17	131,09	NA	NA	NA	NA
18-30	251,42	171,97	NA	NA	NA	NA
31-40	309,92	210,97	NA	NA	NA	NA
41-50	379,97	257,63	NA	NA	NA	NA
51-60	526,87	355,56	NA	NA	NA	NA
61-70	886,25	595,19	NA	NA	NA	NA

Annual premiums

Age	Deductible 0		Deductible 100		Deductible 300	
	Zone A	Zone B	Zone A	Zone B	Zone A	Zone B
< 18	2.282,07	1.573,13	NA	NA	NA	NA
18-30	3.017,00	2.063,67	NA	NA	NA	NA
31-40	3.719,00	2.531,67	NA	NA	NA	NA
41-50	4.559,67	3.091,53	NA	NA	NA	NA
51-60	6.322,47	4.266,73	NA	NA	NA	NA
61-70	10.635,00	7.142,33	NA	NA	NA	NA

¹ All premiums quoted are monthly or annual and apply to each person covered, unless stated otherwise. Insurance tax is excluded.

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Optional covers

Dental plan

Monthly premiums

Age	Basic		Comprehensive	
	Zone A	Zone B	Zone A	Zone B
< 18	31,92	22,82	46,94	33,51
18-30	43,04	30,77	63,27	45,21
31-40	53,73	38,42	79,01	56,48
41-50	66,30	47,38	97,50	69,62
51-60	86,38	61,68	126,97	90,71
61-70	112,23	80,17	164,96	117,87

Annual premiums

Age	Basic		Comprehensive	
	Zone A	Zone B	Zone A	Zone B
< 18	383,07	273,87	563,33	402,13
18-30	516,53	369,20	759,20	542,53
31-40	644,80	461,07	948,13	677,73
41-50	795,60	568,53	1.170,00	835,47
51-60	1.036,53	740,13	1.523,60	1.088,53
61-70	1.346,80	962,00	1.979,47	1.414,40

Accidental Death & Disability

Premium: 0,13% of the sum insured

Example	% of sum insured	Premium	
		Monthly	Annual
Sum insured: 150.000	0,13%	16,25	195,00

Loss of income

Temporary incapacity

Age	% of insured allowance	Example: monthly allowance is 2000	
		Monthly	Annual
18-30	6,60%	11,00	132,00
31-40	7,20%	12,00	144,00
41-50	11,40%	19,00	228,00
51-60	16,20%	27,00	324,00
61-70	17,80%	29,67	356,00

Permanent incapacity

Age	% of insured allowance	Example: monthly allowance is 2000	
		Monthly	Annual
18-30	6,00%	10,00	120,00
31-40	12,80%	21,33	256,00
41-50	38,20%	63,67	764,00
51-60	92,60%	154,33	1.852,00
61-70	92,60%	154,33	1.852,00

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