

**Organ trasnplant:** : **Spouse age** :

**Maternity complications:** : **Number of children** :

### Comparativa de Planes Anuales

Deductibles	Option I	Option II	Option III	Option IV	Option V	Option VI
Outside USA	\$500	\$1,000	\$2,000	\$5,000	\$10,000	\$20,000
Inside USA	\$1,000	\$2,000	\$3,000	\$5,000	\$10,000	\$20,000

### Annual

Policeholder						
Spouse						
Children						
Organ Transplant						
Maternity Complications						
Expenses						
<b>Total</b>						

### Semi-Annual

Policeholder						
Spouse						
Children						
Organ Transplant						
Maternity Complications						
Expenses						
<b>Total 1st pay</b>						
<b>Total 2nd pay</b>						

### Quaterly

Policeholder						
Spouse						
Children						
Organ Transplant						
Maternity Complications						
Expenses						
<b>Total 1st pay</b>						
<b>Total 2nd, 3rd, 4th pay</b>						

This quote is for informational purposes and it is still subject to underwriting

\*Only one deductible per person, per policy year applies. For family policies, a maximum of two deductibles accumulated per policy, per policy year will be applied.

For more information, please refer to the Conditions of coverage of the policy