

A HEALTH PLAN **THAT CROSSES BORDERS**

Ecuador / Rate Table

Ecuador / Tabla de Tarifas

July / Julio 2018

DEDUCTIBLE / DEDUCIBLE												
AGE • EDAD	Inside USA 1000		2000		5000		10000		20000		50000	
	Outside USA 500		OPTION II OPCIÓN II		OPTION III OPCIÓN III		OPTION IV OPCIÓN IV		OPTION V OPCIÓN V		OPTION VI OPCIÓN VI	
	ANNUAL	SEMI ANNUAL	ANNUAL	SEMI ANNUAL	ANNUAL	SEMI ANNUAL	ANNUAL	SEMI ANNUAL	ANNUAL	SEMI ANNUAL	ANNUAL	SEMI ANNUAL
18 - 24	2149	1139	1711	907	1279	678	1078	572	849	450	611	324
25 - 29	2460	1304	1954	1036	1453	771	1229	652	966	512	696	369
30 - 34	2784	1476	2207	1170	1637	868	1384	734	1088	577	783	415
35 - 39	3091	1639	2449	1298	1814	962	1532	812	1202	638	865	459
40 - 44	3500	1855	2768	1468	2046	1085	1730	917	1357	720	977	518
45 - 49	4068	2157	3213	1703	2373	1258	2003	1062	1573	834	1133	601
50 - 54	4503	2387	3553	1884	2597	1377	2191	1162	1720	912	1238	657
55 - 59	5332	2826	4202	2228	3066	1625	2592	1374	2036	1080	1466	777
60 - 64	6986	3703	5499	2915	4077	2161	3416	1811	2683	1422	1932	1024
65 - 69	9510	5041	7481	3965	5479	2904	4598	2437	3610	1914	2599	1378
70 - 74	13765	7296	10816	5733	7915	4195	6647	3523	5220	2767	3758	1992
75 - 79	17216	9125	13522	7167	9882	5238	8303	4401	6522	3457	4696	2489
80+	22880	12127	17969	9524	13120	6954	11021	5842	8659	4590	6234	3305

CHILDREN

1 child	850	451	656	348	490	260	410	218	354	188	255	136
2 children	1343	712	992	526	774	411	644	342	559	297	402	214
3+ children	1946	1032	1441	764	1125	597	935	496	812	431	585	311

ADDITIONAL COVERAGE (RIDER) • COBERTURA ADICIONAL (ANEXO)

MATERNITY COMPLICATIONS • COMPLICACIONES DE MATERNIDAD

250	133	250	133	N/A	N/A	N/A	N/A
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ORGAN TRANSPLANT • TRASPLANTE DE ÓRGANOS

395	210	395	210	395	210	395	210	395	210	395	210
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Maximum age to apply 75 years. An additional \$75 administration fee (annual, per policy) applies. Rates are in US dollars.

La edad límite para solicitar cobertura es 75 años. Aplica un costo adicional administrativo de \$75 (anual, por póliza). Las tarifas están expresadas en dólares de EE. UU.

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