

A HEALTH PLAN **THAT CROSSES BORDERS**

Mexico / Rate Table

México / Tabla de Tarifas

July / Julio 2018

DEDUCTIBLE / DEDUCIBLE												
AGE • EDAD	1000		2000		5000		10000		20000		50000	
	Inside USA	Outside USA										
	500											
	OPTION I OPCIÓN I		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	2689	1426	2151	1141	1585	841	1374	729	1058	561	762	404
25 - 29	3079	1632	2455	1302	1809	959	1564	829	1204	639	867	460
30 - 34	3491	1851	2781	1474	2037	1080	1763	935	1362	722	981	520
35 - 39	3878	2056	3088	1637	2262	1199	1957	1038	1507	799	1085	576
40 - 44	4393	2329	3495	1853	2553	1354	2207	1170	1698	900	1223	649
45 - 49	5111	2709	4062	2153	2962	1570	2562	1358	1970	1045	1418	752
50 - 54	5603	2970	4452	2360	3246	1721	2803	1486	2157	1144	1553	824
55 - 59	6646	3523	5278	2798	3836	2034	3307	1753	2551	1353	1837	974
60 - 64	9905	5250	7857	4165	5647	2993	4864	2578	3744	1985	2696	1429
65 - 69	13374	7089	10596	5616	7609	4033	6545	3469	5040	2672	3629	1924
70 - 74	19449	10308	15401	8163	11038	5851	9489	5030	7306	3873	5260	2788
75 - 79	24332	12896	19251	10204	13789	7309	11852	6282	9127	4838	6571	3483
80+	34265	18161	27080	14353	19381	10272	14808	7849	11404	6045	8211	4352

CHILDREN

1 child	1147	608	905	480	654	347	563	299	480	255	346	184
2 children	1801	955	1424	755	1029	546	882	468	749	397	539	286
3+ children	2621	1390	2067	1096	1493	792	1283	680	1090	578	785	417

ADDITIONAL COVERAGE (RIDER) • COBERTURA ADICIONAL (ANEXO)

MATERNITY COMPLICATIONS • COMPLICACIONES DE MATERNIDAD

250	133	250	133	N/A	N/A	N/A	N/A
-----	-----	-----	-----	-----	-----	-----	-----

ORGAN TRANSPLANT • TRASPLANTE DE ÓRGANOS

395	210	395	210	395	210	395	210	395	210	395	210
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

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.

8150 N. Central Expressway, Suite 1700, Dallas, TX 75206 • Telephone number: +1.214.276.6376 • Main Toll Free: +1.855.276.VUMI (8864) • Fax: +1.425.974.7867 • USA Toll Free Fax: +1.800.976.0972
info@vumigroup.com • www.vumigroup.com

