

A HEALTH PLAN **THAT CROSSES BORDERS**

Panama / Rate Table

Panamá / 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	2072	1099	1628	863	1203	638	1043	553	793	421	571	303
25 - 29	2286	1212	1830	970	1342	712	1161	616	880	467	634	337
30 - 34	2615	1386	2153	1142	1558	826	1348	715	1019	541	734	390
35 - 39	2883	1528	2407	1276	1732	918	1498	794	1129	599	813	431
40 - 44	3234	1715	2750	1458	1961	1040	1696	899	1275	676	918	487
45 - 49	3721	1973	3219	1707	2279	1208	1970	1045	1482	786	1067	566
50 - 54	4061	2153	3547	1880	2500	1325	2162	1146	1620	859	1166	618
55 - 59	4887	2591	4335	2298	3149	1669	2722	1443	2036	1080	1466	777
60 - 64	6400	3392	5794	3071	4174	2213	3603	1910	2697	1430	1942	1030
65 - 69	8951	4745	8227	4361	5892	3123	5083	2694	3798	2013	2735	1450
70 - 74	12779	6773	11936	6327	8492	4501	7323	3882	5445	2886	3920	2078
75 - 79	16717	8861	15718	8331	11151	5911	9614	5096	7144	3787	5144	2727
80+	18723	9924	17603	9330	12489	6620	10767	5707	8003	4242	5762	3054

**CHILDREN**

1 child	1001	531	590	313	486	258	418	222	308	164	222	118
2 children	1685	894	875	464	766	406	661	351	489	260	352	187
3+ children	2477	1313	1262	669	1110	589	959	509	707	375	509	270

**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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