

A HEALTH PLAN **THAT CROSSES BORDERS**
 South America (Excluding Brazil, Ecuador & Venezuela) / Rate Table
 Sur América (Excluyendo Brasil, Ecuador y Venezuela) / 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	1990	1055	1584	840	1172	622	991	526	780	414	562	298
25 - 29	2274	1206	1809	959	1332	706	1127	598	886	470	638	339
30 - 34	2574	1365	2042	1083	1502	797	1270	674	997	529	718	381
35 - 39	2860	1516	2263	1200	1665	883	1406	746	1103	585	794	421
40 - 44	3237	1716	2559	1357	1877	995	1586	841	1246	661	897	476
45 - 49	3762	1994	2972	1576	2175	1153	1837	974	1441	764	1038	551
50 - 54	4125	2187	3256	1726	2379	1261	2009	1065	1576	836	1135	602
55 - 59	4884	2589	3851	2042	2811	1490	2376	1260	1866	989	1344	713
60 - 64	7003	3712	5516	2924	3976	2108	3366	1784	2641	1400	1902	1009
65 - 69	9441	5004	7426	3936	5340	2831	4525	2399	3554	1884	2559	1357
70 - 74	13663	7242	10735	5690	7715	4089	6542	3468	5139	2724	3700	1961
75 - 79	17084	9055	13422	7114	9636	5108	8170	4331	6420	3403	4622	2450
80+	22706	12035	17833	9452	12789	6779	10845	5748	8521	4517	6135	3252

CHILDREN

	ANNUAL	SEMI ANNUAL	ANNUAL	SEMI ANNUAL	ANNUAL	SEMI ANNUAL	ANNUAL	SEMI ANNUAL	ANNUAL	SEMI ANNUAL	ANNUAL	SEMI ANNUAL
1 child	863	458	676	359	483	256	406	216	349	185	251	134
2 children	1361	722	1066	565	762	404	637	338	554	294	399	212
3+ children	1974	1047	1547	820	1109	588	923	490	801	425	577	306

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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