

A HEALTH PLAN **THAT CROSSES BORDERS**

Venezuela / Rate Table

Venezuela / Tabla de Tarifas

July / Julio 2018

DEDUCTIBLE / DEDUCIBLE										
AGE • EDAD	1000 Inside USA		2000		5000		10000		20000	
	500 Outside USA		OPTION II OPCIÓN II		OPTION III OPCIÓN III		OPTION IV OPCIÓN IV		OPTION V OPCIÓN V	
	ANNUAL	SEMI ANNUAL	ANNUAL	SEMI ANNUAL	ANNUAL	SEMI ANNUAL	ANNUAL	SEMI ANNUAL	ANNUAL	SEMI ANNUAL
18 - 24	1698	900	1349	715	1027	545	869	461	684	363
25 - 29	1937	1027	1536	815	1167	619	985	523	776	412
30 - 34	2192	1162	1737	921	1314	697	1112	590	874	464
35 - 39	2432	1289	1929	1023	1456	772	1229	652	966	512
40 - 44	2754	1460	2178	1155	1642	871	1387	736	1091	579
45 - 49	3204	1699	2532	1342	1906	1011	1610	854	1264	670
50 - 54	3509	1860	2771	1469	2082	1104	1760	933	1383	733
55 - 59	4158	2204	3278	1738	2458	1303	2077	1101	1632	865
60 - 64	5800	3074	4567	2421	3417	1812	2892	1533	2271	1204
65 - 69	7816	4143	6148	3259	4591	2434	3888	2061	3055	1620
70 - 74	11314	5997	8893	4714	6628	3513	5618	2978	4417	2342
75 - 79	14146	7498	11114	5891	8274	4386	7023	3723	5515	2923
80+	18803	9966	14765	7826	10986	5823	9320	4940	7319	3880

CHILDREN

1 child	686	364	537	285	396	210	333	177	290	154
2 children	1083	574	845	448	626	332	520	276	454	241
3+ children	1568	832	1230	652	907	481	756	401	655	348

ADDITIONAL COVERAGE (RIDER) • COBERTURA ADICIONAL (ANEXO)

MATERNITY COMPLICATIONS • COMPLICACIONES DE MATERNIDAD

250	133	250	133	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
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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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