

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	Inside USA 1000		2000		3000		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		OPTION VII OPCIÓN VII	
	OPTION I OPCIÓN I	SEMI ANNUAL	ANNUAL	SEMI ANNUAL	ANNUAL	SEMI ANNUAL	ANNUAL	SEMI ANNUAL	ANNUAL	SEMI ANNUAL	ANNUAL	SEMI ANNUAL	ANNUAL	SEMI ANNUAL
18 - 24	3968	2104	2800	1484	2379	1261	2180	1156	1478	784	1082	574	779	413
25 - 29	4382	2323	3096	1641	2632	1395	2396	1270	1630	864	1193	633	859	456
30 - 34	4801	2545	3537	1875	3006	1594	2637	1398	1870	992	1372	728	988	524
35 - 39	5285	2802	3831	2031	3256	1726	2903	1539	2143	1136	1580	838	1138	604
40 - 44	5821	3086	4277	2267	3635	1927	3191	1692	2464	1306	1817	964	1308	694
45 - 49	6420	3403	5039	2671	4283	2270	3509	1860	2898	1536	2118	1123	1525	809
50 - 54	7364	3903	5931	3144	5041	2672	3897	2066	3507	1859	2567	1361	1848	980
55 - 59	8495	4503	6975	3697	5929	3143	4441	2354	3958	2098	2898	1536	2087	1107
60 - 64	11555	6125	8937	4737	7596	4026	7638	4049	5775	3061	4239	2247	3052	1618
65 - 69	20456	10842	14233	7544	12098	6412	9425	4996	7459	3954	5989	3175	4312	2286
70 - 74	29786	15787	20711	10977	17604	9331	13695	7259	10877	5765	8682	4602	6251	3314
75 - 79	37284	19761	25913	13734	22026	11674	17947	9512	13598	7207	11370	6027	8186	4339
80+	52537	27845	36502	19347	31027	16445	25266	13391	19133	10141	16010	8486	11527	6110

CHILDREN

	1 child	2 children	3+ children
1 child	1677	889	1188
2 children	630	1010	536
3+ children	860	456	744
	2635	1397	1866
	989	1585	841
	1341	711	1182
	3833	2032	2713
	1438	2305	1222
	2039	1081	1702
	903	1407	746
	1013	537	

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

