

A HEALTH PLAN **THAT CROSSES BORDERS**

Venezuela / Rate Table

Venezuela / Tabla de Tarifas

July / Julio 2018

DEDUCTIBLE / DEDUCIBLE												
AGE • EDAD	Inside USA 1000		2000		3000		5000		10000		20000	
	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	3058	1621	2160	1145	1836	974	1681	891	1138	604	834	443
25 - 29	3374	1789	2384	1264	2026	1074	1843	977	1254	665	919	488
30 - 34	3701	1962	2726	1445	2316	1228	2031	1077	1439	763	1058	561
35 - 39	4072	2159	2951	1565	2508	1330	2233	1184	1652	876	1217	646
40 - 44	5011	2656	3682	1952	3130	1659	2744	1455	2121	1125	1561	828
45 - 49	5524	2928	4335	2298	3684	1953	3020	1601	2490	1320	1823	967
50 - 54	6337	3359	5102	2705	4337	2299	3352	1777	3017	1600	2210	1172
55 - 59	7309	3874	6003	3182	5103	2705	3821	2026	3404	1805	2490	1320
60 - 64	9252	4904	7155	3793	6081	3223	6219	3297	4701	2492	3453	1831
65 - 69	16536	8765	11505	6098	9779	5183	7674	4068	6077	3221	4875	2584
70 - 74	24074	12760	16741	8873	14230	7542	11150	5910	8857	4695	7070	3748
75 - 79	30133	15971	20945	11101	17802	9436	14610	7744	11073	5869	9259	4908
80+	42461	22505	29506	15639	25080	13293	20571	10903	15580	8258	13036	6910

CHILDREN

	ANNUAL	SEMI ANNUAL	ANNUAL	SEMI ANNUAL	ANNUAL	SEMI ANNUAL	ANNUAL	SEMI ANNUAL	ANNUAL	SEMI ANNUAL	ANNUAL	SEMI ANNUAL
1 child	1261	669	892	473	757	402	651	346	563	299	414	220
2 children	1978	1049	1402	744	1192	632	1013	537	893	474	599	318
3+ children	2879	1526	2035	1079	1730	917	1545	819	1290	684	1064	564

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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