

PREMIUM RATE TABLES

2026

Area I

Ages	TOTAL	ULTRA	SUPERIOR	STANDARD	BASIC
0 - 5	\$8,736	\$8,128	\$6,829	\$5,834	\$2,903
6 - 17	\$7,947	\$7,391	\$6,209	\$5,302	\$2,637
18 - 24	\$11,116	\$10,340	\$8,689	\$6,102	\$3,035
25 - 29	\$13,233	\$12,308	\$10,342	\$7,017	\$3,492
30 - 34	\$13,900	\$12,931	\$10,867	\$7,723	\$3,843
35 - 39	\$14,874	\$13,833	\$11,626	\$9,076	\$4,516
40 - 44	\$15,916	\$14,803	\$12,440	\$10,625	\$5,285
45 - 49	\$21,167	\$19,689	\$16,544	\$14,130	\$7,030
50 - 54	\$25,825	\$24,024	\$20,189	\$17,241	\$8,577
55 - 59	\$35,121	\$32,670	\$27,453	\$23,452	\$11,668
60 - 64	\$48,464	\$45,083	\$37,884	\$32,357	\$16,099
65 - 69	\$60,100	\$55,906	\$46,977	\$40,130	\$19,963
70 - 74	\$74,519	\$69,320	\$58,253	\$49,755	\$24,754
75 - 79	\$81,975	\$76,256	\$64,079	\$54,742	\$27,235

*Annual Premium

OPTIONAL BENEFITS	
Extended Evacuation	\$75
Non-Emergency Evacuation	\$100
Wellness and Optical - \$500	\$300
Wellness and Optical - \$1,000	\$600
Outpatient Treatment - \$5,000	65%

ADDITIONAL SURCHARGES	
Annual	0%
Semi-Annual	2%
Quarterly	4%
Monthly	6%

*Wellness and Optical is not available in Basic. Optional Outpatient Treatment is only available in Basic plan

DEDUCTIBLE, OUTPATIENT PER VISIT EXCESS AND OUTPATIENT COINSURANCE	
Excess per person	Premium reduction
-	0%
\$1,000	10.0%
\$2,000	16.0%
\$5,000	28.0%
\$10,000	37.0%
\$15,000	50.0%
\$20,000	58.0%
\$15 Outpatient Per Visit Excess	4.5%
\$30 Outpatient Per Visit Excess	12.5%
10% Outpatient Coinsurance, up to a maximum of \$2,000 out-of-pocket	7.5%
20% Outpatient Coinsurance, up to a maximum of \$4,000 out-of-pocket	12.5%
30% Outpatient Coinsurance, up to a maximum of \$6,000 out-of-pocket	17.5%

The excess does not apply to Optional Benefits other than Optional Outpatient Treatment - US\$5,000. Outpatient per Visit Excess and Outpatient Coinsurance are not available in Basic.

VUMI® GROUP

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PREMIUM RATE TABLES

2026

Area 3

Ages	TOTAL	ULTRA	SUPERIOR	STANDARD	BASIC
0 - 5	\$4,349	\$4,045	\$3,399	\$2,905	\$1,446
6 - 17	\$3,955	\$3,680	\$3,092	\$2,641	\$1,314
18 - 24	\$5,535	\$5,149	\$4,326	\$3,036	\$1,512
25 - 29	\$6,590	\$6,128	\$5,150	\$3,493	\$1,739
30 - 34	\$6,921	\$6,437	\$5,409	\$3,843	\$1,912
35 - 39	\$7,406	\$6,887	\$5,789	\$4,519	\$2,248
40 - 44	\$7,922	\$7,370	\$6,193	\$5,288	\$2,630
45 - 49	\$10,539	\$9,804	\$8,236	\$7,032	\$3,499
50 - 54	\$12,858	\$11,961	\$10,051	\$8,584	\$4,271
55 - 59	\$17,488	\$16,268	\$13,669	\$11,676	\$5,809
60 - 64	\$24,131	\$22,448	\$18,862	\$16,113	\$8,014
65 - 69	\$29,925	\$27,834	\$23,392	\$19,979	\$9,941
70 - 74	\$37,107	\$34,517	\$29,005	\$24,774	\$12,325
75 - 79	\$40,818	\$37,969	\$31,907	\$27,256	\$13,561

*Annual Premium

OPTIONAL BENEFITS	
Extended Evacuation	\$75
Non-Emergency Evacuation	\$100
Wellness and Optical - \$500	\$300
Wellness and Optical - \$1,000	\$600
Outpatient Treatment - \$5,000	65%

ADDITIONAL SURCHARGES	
Annual	0%
Semi-Annual	2%
Quarterly	4%
Monthly	6%

DISCOUNT FOR COVERAGE RESTRICTION	
Asia	7.5%

*Wellness and Optical is not available in Basic. Optional Outpatient Treatment is only available in Basic plan

DEDUCTIBLE, OUTPATIENT PER VISIT EXCESS AND OUTPATIENT COINSURANCE	
Excess per person	Premium reduction
-	0%
\$1,000	10.0%
\$2,000	16.0%
\$5,000	28.0%
\$10,000	37.0%
\$15,000	50.0%
\$20,000	58.0%
\$15 Outpatient Per Visit Excess	4.5%
\$30 Outpatient Per Visit Excess	12.5%
10% Outpatient Coinsurance, up to a maximum of \$2,000 out-of-pocket	7.5%
20% Outpatient Coinsurance, up to a maximum of \$4,000 out-of-pocket	12.5%
30% Outpatient Coinsurance, up to a maximum of \$6,000 out-of-pocket	17.5%

The excess does not apply to Optional Benefits other than Optional Outpatient Treatment - US\$5,000. Outpatient per Visit Excess and Outpatient Coinsurance are not available in Basic.

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PREMIUM RATE TABLES

2026

Area 4

Ages	TOTAL	ULTRA	SUPERIOR	STANDARD	BASIC
0 - 5	\$3,782	\$3,518	\$2,957	\$2,526	\$1,256
6 - 17	\$3,441	\$3,198	\$2,689	\$2,295	\$1,141
18 - 24	\$4,812	\$4,476	\$3,762	\$2,641	\$1,314
25 - 29	\$5,728	\$5,328	\$4,477	\$3,036	\$1,512
30 - 34	\$6,019	\$5,598	\$4,703	\$3,341	\$1,662
35 - 39	\$6,439	\$5,989	\$5,032	\$3,928	\$1,955
40 - 44	\$6,888	\$6,409	\$5,385	\$4,600	\$2,289
45 - 49	\$9,164	\$8,524	\$7,161	\$6,115	\$3,042
50 - 54	\$11,178	\$10,399	\$8,738	\$7,466	\$3,714
55 - 59	\$15,207	\$14,142	\$11,886	\$10,150	\$5,051
60 - 64	\$20,985	\$19,518	\$16,403	\$14,008	\$6,969
65 - 69	\$26,020	\$24,204	\$20,340	\$17,371	\$8,644
70 - 74	\$32,267	\$30,015	\$25,222	\$21,541	\$10,716
75 - 79	\$35,495	\$33,017	\$27,744	\$23,701	\$11,792

*Annual Premium

OPTIONAL BENEFITS	
Extended Evacuation	\$75
Non-Emergency Evacuation	\$100
Wellness and Optical - \$500	\$300
Wellness and Optical - \$1,000	\$600
Outpatient Treatment - \$5,000	65%

ADDITIONAL SURCHARGES	
Annual	0%
Semi-Annual	2%
Quarterly	4%
Monthly	6%

DISCOUNT FOR COVERAGE RESTRICTION	
Indian Sub-Continent	20%
Asia	7.5%

*Wellness and Optical is not available in Basic. Optional Outpatient Treatment is only available in Basic plan

DEDUCTIBLE, OUTPATIENT PER VISIT EXCESS AND OUTPATIENT COINSURANCE	
Excess per person	Premium reduction
-	0%
\$1,000	10.0%
\$2,000	16.0%
\$5,000	28.0%
\$10,000	37.0%
\$15,000	50.0%
\$20,000	58.0%
\$15 Outpatient Per Visit Excess	4.5%
\$30 Outpatient Per Visit Excess	12.5%
10% Outpatient Coinsurance, up to a maximum of \$2,000 out-of-pocket	7.5%
20% Outpatient Coinsurance, up to a maximum of \$4,000 out-of-pocket	12.5%
30% Outpatient Coinsurance, up to a maximum of \$6,000 out-of-pocket	17.5%

The excess does not apply to Optional Benefits other than Optional Outpatient Treatment - US\$5,000. Outpatient per Visit Excess and Outpatient Coinsurance are not available in Basic.

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PREMIUM RATE TABLES

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Area 5

Ages	TOTAL	ULTRA	SUPERIOR	STANDARD	BASIC
0 - 5	\$3,428	\$3,189	\$2,681	\$2,289	\$1,139
6 - 17	\$3,116	\$2,900	\$2,436	\$2,079	\$1,036
18 - 24	\$4,365	\$4,061	\$3,410	\$2,394	\$1,190
25 - 29	\$5,196	\$4,831	\$4,061	\$2,754	\$1,370
30 - 34	\$5,456	\$5,074	\$4,263	\$3,030	\$1,508
35 - 39	\$5,839	\$5,431	\$4,562	\$3,560	\$1,772
40 - 44	\$6,247	\$5,811	\$4,883	\$4,169	\$2,074
45 - 49	\$8,308	\$7,729	\$6,492	\$5,544	\$2,759
50 - 54	\$10,139	\$9,432	\$7,923	\$6,766	\$3,366
55 - 59	\$13,788	\$12,826	\$10,776	\$9,203	\$4,579
60 - 64	\$19,027	\$17,700	\$14,873	\$12,701	\$6,319
65 - 69	\$23,596	\$21,949	\$18,443	\$15,752	\$7,837
70 - 74	\$29,259	\$27,218	\$22,873	\$19,532	\$9,718
75 - 79	\$32,188	\$29,942	\$25,160	\$21,492	\$10,692

*Annual Premium

OPTIONAL BENEFITS	
Extended Evacuation	\$75
Non-Emergency Evacuation	\$100
Wellness and Optical - \$500	\$300
Wellness and Optical - \$1,000	\$600
Outpatient Treatment - \$5,000	65%

ADDITIONAL SURCHARGES	
Annual	0%
Semi-Annual	2%
Quarterly	4%
Monthly	6%

DISCOUNT FOR COVERAGE RESTRICTION	
Indian Sub-Continent	20%
Asia	7.5%

*Wellness and Optical is not available in Basic. Optional Outpatient Treatment is only available in Basic plan

DEDUCTIBLE, OUTPATIENT PER VISIT EXCESS AND OUTPATIENT COINSURANCE	
Excess per person	Premium reduction
-	0%
\$1,000	10.0%
\$2,000	16.0%
\$5,000	28.0%
\$10,000	37.0%
\$15,000	50.0%
\$20,000	58.0%
\$15 Outpatient Per Visit Excess	4.5%
\$30 Outpatient Per Visit Excess	12.5%
10% Outpatient Coinsurance, up to a maximum of \$2,000 out-of-pocket	7.5%
20% Outpatient Coinsurance, up to a maximum of \$4,000 out-of-pocket	12.5%
30% Outpatient Coinsurance, up to a maximum of \$6,000 out-of-pocket	17.5%

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Area 6

Ages	TOTAL	ULTRA	SUPERIOR	STANDARD	BASIC
0 - 5	\$3,044	\$2,831	\$2,379	\$2,032	\$1,011
6 - 17	\$2,766	\$2,575	\$2,163	\$1,847	\$920
18 - 24	\$3,876	\$3,606	\$3,027	\$2,125	\$1,056
25 - 29	\$4,613	\$4,290	\$3,606	\$2,445	\$1,216
30 - 34	\$4,845	\$4,505	\$3,785	\$2,690	\$1,339
35 - 39	\$5,184	\$4,823	\$4,051	\$3,161	\$1,573
40 - 44	\$5,547	\$5,160	\$4,335	\$3,701	\$1,842
45 - 49	\$7,377	\$6,862	\$5,765	\$4,922	\$2,450
50 - 54	\$9,002	\$8,375	\$7,035	\$6,007	\$2,989
55 - 59	\$12,242	\$11,387	\$9,568	\$8,172	\$4,066
60 - 64	\$16,893	\$15,715	\$13,206	\$11,277	\$5,610
65 - 69	\$20,951	\$19,488	\$16,376	\$13,985	\$6,958
70 - 74	\$25,979	\$24,166	\$20,308	\$17,343	\$8,628
75 - 79	\$28,578	\$26,585	\$22,339	\$19,081	\$9,493

*Annual Premium

OPTIONAL BENEFITS	
Extended Evacuation	\$75
Non-Emergency Evacuation	\$100
Wellness and Optical - \$500	\$300
Wellness and Optical - \$1,000	\$600
Outpatient Treatment - \$5,000	65%

ADDITIONAL SURCHARGES	
Annual	0%
Semi-Annual	2%
Quarterly	4%
Monthly	6%

DISCOUNT FOR COVERAGE RESTRICTION	
Africa	23.5%

*Wellness and Optical is not available in Basic. Optional Outpatient Treatment is only available in Basic plan

DEDUCTIBLE, OUTPATIENT PER VISIT EXCESS AND OUTPATIENT COINSURANCE	
Excess per person	Premium reduction
-	0%
\$1,000	10.0%
\$2,000	16.0%
\$5,000	28.0%
\$10,000	37.0%
\$15,000	50.0%
\$20,000	58.0%
\$15 Outpatient Per Visit Excess	4.5%
\$30 Outpatient Per Visit Excess	12.5%
10% Outpatient Coinsurance, up to a maximum of \$2,000 out-of-pocket	7.5%
20% Outpatient Coinsurance, up to a maximum of \$4,000 out-of-pocket	12.5%
30% Outpatient Coinsurance, up to a maximum of \$6,000 out-of-pocket	17.5%

The excess does not apply to Optional Benefits other than Optional Outpatient Treatment - US\$5,000. Outpatient per Visit Excess and Outpatient Coinsurance are not available in Basic.

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PREMIUM RATE TABLES

2026

Area 10

Ages	TOTAL	ULTRA	SUPERIOR	STANDARD	BASIC
0 - 5	\$6,907	\$6,425	\$5,173	\$4,421	\$2,103
6 - 17	\$6,278	\$5,842	\$4,704	\$4,017	\$1,913
18 - 24	\$8,789	\$8,174	\$6,581	\$4,621	\$2,200
25 - 29	\$10,460	\$9,730	\$7,836	\$5,314	\$2,529
30 - 34	\$10,990	\$10,219	\$8,231	\$5,850	\$2,783
35 - 39	\$11,756	\$10,936	\$8,807	\$6,877	\$3,271
40 - 44	\$12,583	\$11,705	\$9,423	\$8,048	\$3,829
45 - 49	\$16,733	\$15,565	\$12,533	\$10,703	\$5,094
50 - 54	\$20,417	\$18,991	\$15,292	\$13,061	\$6,215
55 - 59	\$27,764	\$25,828	\$20,798	\$17,769	\$8,455
60 - 64	\$38,312	\$35,640	\$28,702	\$24,513	\$11,664
65 - 69	\$47,510	\$44,194	\$35,590	\$30,401	\$14,467
70 - 74	\$58,909	\$54,797	\$44,130	\$37,694	\$17,938
75 - 79	\$64,805	\$60,281	\$48,544	\$41,470	\$19,735

*Annual Premium

OPTIONAL BENEFITS	
Extended Evacuation	\$75
Non-Emergency Evacuation	\$100
Wellness and Optical - \$500	\$300
Wellness and Optical - \$1,000	\$600
Outpatient Treatment - \$5,000	65%

ADDITIONAL SURCHARGES	
Annual	0%
Semi-Annual	2%
Quarterly	4%
Monthly	6%

*Wellness and Optical is not available in Basic. Optional Outpatient Treatment is only available in Basic plan

DEDUCTIBLE, OUTPATIENT PER VISIT EXCESS AND OUTPATIENT COINSURANCE	
Excess per person	Premium reduction
-	0%
\$1,000	10.0%
\$2,000	16.0%
\$5,000	28.0%
\$10,000	37.0%
\$15,000	50.0%
\$20,000	58.0%
\$15 Outpatient Per Visit Excess	4.5%
\$30 Outpatient Per Visit Excess	12.5%
10% Outpatient Coinsurance, up to a maximum of \$2,000 out-of-pocket	7.5%
20% Outpatient Coinsurance, up to a maximum of \$4,000 out-of-pocket	12.5%
30% Outpatient Coinsurance, up to a maximum of \$6,000 out-of-pocket	17.5%

The excess does not apply to Optional Benefits other than Optional Outpatient Treatment - US\$5,000. Outpatient per Visit Excess and Outpatient Coinsurance are not available in Basic.

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PREMIUM RATE TABLES

2026

Area II

Ages	TOTAL	ULTRA	SUPERIOR	STANDARD	BASIC
0 - 5	\$5,416	\$5,036	\$4,231	\$3,616	\$1,798
6 - 17	\$4,922	\$4,579	\$3,847	\$3,286	\$1,635
18 - 24	\$6,890	\$6,409	\$5,383	\$3,780	\$1,881
25 - 29	\$8,200	\$7,628	\$6,410	\$4,347	\$2,163
30 - 34	\$8,615	\$8,011	\$6,733	\$4,785	\$2,378
35 - 39	\$9,217	\$8,573	\$7,204	\$5,625	\$2,798
40 - 44	\$9,865	\$9,175	\$7,708	\$6,583	\$3,274
45 - 49	\$13,117	\$12,202	\$10,251	\$8,756	\$4,356
50 - 54	\$16,005	\$14,887	\$12,509	\$10,684	\$5,314
55 - 59	\$21,765	\$20,245	\$17,013	\$14,534	\$7,230
60 - 64	\$30,034	\$27,939	\$23,478	\$20,052	\$9,977
65 - 69	\$37,245	\$34,645	\$29,113	\$24,867	\$12,372
70 - 74	\$46,179	\$42,957	\$36,099	\$30,833	\$15,340
75 - 79	\$50,801	\$47,255	\$39,709	\$33,923	\$16,877

*Annual Premium

OPTIONAL BENEFITS	
Extended Evacuation	\$75
Non-Emergency Evacuation	\$100
Wellness and Optical - \$500	\$300
Wellness and Optical - \$1,000	\$600
Outpatient Treatment - \$5,000	65%

ADDITIONAL SURCHARGES	
Annual	0%
Semi-Annual	2%
Quarterly	4%
Monthly	6%

*Wellness and Optical is not available in Basic. Optional Outpatient Treatment is only available in Basic plan

DEDUCTIBLE, OUTPATIENT PER VISIT EXCESS AND OUTPATIENT COINSURANCE	
Excess per person	Premium reduction
-	0%
\$1,000	10.0%
\$2,000	16.0%
\$5,000	28.0%
\$10,000	37.0%
\$15,000	50.0%
\$20,000	58.0%
\$15 Outpatient Per Visit Excess	4.5%
\$30 Outpatient Per Visit Excess	12.5%
10% Outpatient Coinsurance, up to a maximum of \$2,000 out-of-pocket	7.5%
20% Outpatient Coinsurance, up to a maximum of \$4,000 out-of-pocket	12.5%
30% Outpatient Coinsurance, up to a maximum of \$6,000 out-of-pocket	17.5%

The excess does not apply to Optional Benefits other than Optional Outpatient Treatment - US\$5,000. Outpatient per Visit Excess and Outpatient Coinsurance are not available in Basic.

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PREMIUM RATE TABLES

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Countries by Area

AREA 1				
USA				

AREA 3				
Andorra	Cocos Island	Greenland	Jersey	St Kitts & Nevis
Anguilla	Colombia	Grenada	Kuwait	St Lucia
Antigua & Barbuda	Cook Islands	Guadeloupe	Lebanon	St Martin
Argentina	Costa Rica	Guatemala	Malta	St Vincent & The Grenadines
Aruba	Cyprus	Guernsey	Martinique	Suriname
Bahamas	Dominica	Guyana	Netherlands Antilles	Sweden
Barbados	Dominican Republic	Haiti	Nicaragua	Trinidad & Tobago
Belize	Ecuador	Honduras	Panama	Turkey
Bermuda	El Salvador	Hungary	Paraguay	Turks & Caicos Islands
Bolivia	Faroe Islands	Iceland	Peru	Tuvalu
British Virgin Islands	Fiji	Iraq	Portugal	Uruguay
Cayman Islands	French Polynesia	Isle of Man	Qatar	Venezuela
Chile	Gibraltar	Israel	San Marino	
Christmas Island	Greece	Jamaica	Spain	

AREA 4				
Afghanistan	Croatia	Kyrgyzstan	Oman	Tajikistan
Albania	Czech Republic	Latvia	Palestine (West Bank & Gaza)	Turkmenistan
Armenia	Estonia	Liechtenstein	Poland	Uzbekistan
Azerbaijan	Georgia	Lithuania	Romania	Yemen
Bahrain	India	Macedonia	Serbia	
Bosnia & Herzegovina	Jordan	Moldova	Slovakia	
Bulgaria	Kazakhstan	Montenegro	Slovenia	

AREA 5				
Bangladesh	Kiribati	Myanmar	Palau	Taiwan
Bhutan	Laos	Nauru	Papa New Guinea	Thailand
Brunei	Malaysia	Nepal	Philippines	Tonga
Cambodia	Maldives	New Caledonia	Solomon Islands	Vanuatu
East Timor	Marshall Islands	Outer Mongolia	South Korea	Vietnam
Indonesia	Mongolia	Pakistan	Sri Lanka	

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Countries by Area

AREA 6				
Algeria	Cote d'Ivoire (Ivory Coast)	Guinea-Bissau	Mozambique	South Africa
Angola	Democratic Republic of the Congo	Kenya	Namibia	South Sudan
Benin	Djibouti	Lesotho	Niger	Sudan
Botswana	Egypt	Liberia	Nigeria	Swaziland
Burkina Faso	Equatorial Guinea	Libya	Republic of The Congo	Tanzania
Burundi	Eritrea	Madagascar	Rwanda	Togo
Cameroon	Ethiopia	Malawi	Sao Tome and Principe	Tunisia
Cape Verde	Gabon	Mali	Senegal	Uganda
Central African Republic	Gambia	Mauritania	Seychelles	Zambia
Chad	Ghana	Mauritius	Sierra Leone	Zimbabwe
Comoros	Guinea	Morocco	Somalia	

AREA 10		
China	Hong Kong	Singapore

AREA 11				
Australia	Finland	KSA	Netherlands	United Kingdom
Austria	France	Luxembourg	New Zealand	
Belgium	Germany	Macau SAR	Norway	
Brazil	Italy	Mexico	Switzerland	
Denmark	Japan	Monaco	UAE	

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