



## Helsana

Rabais à partir du 3ème enfant: 90%

Franchise	Standard						Premed24						Benefit Plus télémédecine						Benefit Plus Capitation (17%)										
	0-18		19-25		26-		0-18		19-25		26-		0-18		19-25		26-		0-18		19-25		26-						
	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*					
0	137.20	127.60					126.20	117.40				116.60	108.50				113.80	105.90											
300			439.20	408.50	549.00	510.60			404.00	375.80	505.00	469.70			373.30	347.20	466.60	434.00			364.50	339.00	455.60	423.80					
500	108.10	100.60	427.60	397.70	537.40	499.80	97.10	90.40	392.40	365.00	493.40	458.90			361.70	336.40	455.00	423.20			84.70	78.80	352.90	328.20	444.00	413.00			
1000			398.40	370.60	508.20	472.70			363.20	337.80	464.20	431.80			332.50	309.30	425.80	396.00							323.70	301.10	414.80	385.80	
1500			369.20	343.40	479.00	445.50			334.00	310.70	435.00	404.60			303.30	282.10	396.60	368.90							294.50	273.90	385.60	358.70	
2000					449.90	418.50					405.90	377.50					367.50	341.80									356.50	331.60	
2500					420.70	391.30					376.70	350.40					338.30	314.70										327.30	304.40

Franchise	Benefit Plus ohne Capitation (HEL 15% - PRO 12%)					
	0-18		19-25		26-	
	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*
0	116.60	108.50				
300			373.30	347.20	466.60	434.00
500	87.50	81.40	361.70	336.40	455.00	423.20
1000			332.50	309.30	425.80	396.00
1500			303.30	282.10	396.60	368.90
2000					367.50	341.80
2500					338.30	314.70

## Progrès

Rabais à partir du 3ème enfant: 90%

Franchise	Standard						Premed24						Benefit Plus télémédecine						Benefit Plus Capitation (17%)											
	0-18		19-25		26-		0-18		19-25		26-		0-18		19-25		26-		0-18		19-25		26-							
	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*						
0	133.70	124.40					123.00	114.40				113.60	105.70				110.90	103.20												
300			428.00	398.10	535.00	497.60			393.70	366.20	492.20	457.80			363.80	338.40	454.70	422.90							355.20	330.40	444.00	413.00		
500	104.60	97.30	416.40	387.30	523.40	486.80	93.90	87.40	382.10	355.40	480.60	447.00			352.20	327.60	443.10	412.10							81.80	76.10	343.60	319.60	432.40	402.20
1000			387.20	360.10	494.20	459.70			352.90	328.20	451.40	419.90			323.00	300.40	413.90	385.00									314.40	292.40	403.20	375.00
1500			358.00	333.00	465.00	432.50			323.70	301.10	422.20	392.70			293.80	273.30	384.70	357.80									285.20	265.30	374.00	347.90
2000					435.90	405.40					393.10	365.60					355.60	330.80										344.90	320.80	
2500					406.70	378.30					363.90	338.50					326.40	303.60										315.70	293.70	

Franchise	Benefit Plus ohne Capitation (HEL 15% - PRO 12%)					
	0-18		19-25		26-	
	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*
0	117.60	109.40				
300			376.60	350.30	470.80	437.90
500	88.50	82.40	365.00	339.50	459.20	427.10
1000			335.80	312.30	430.00	399.90
1500			306.60	285.20	400.80	372.80
2000					371.70	345.70
2500					342.50	318.60



## Helsana

Rabais à partir du 3ème enfant: 90%

Franchise	Standard						Premed24						Benefit Plus télémédecine						Benefit Plus Capitation (17%)							
	0-18		19-25		26-		0-18		19-25		26-		0-18		19-25		26-		0-18		19-25		26-			
	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*		
0	127.20	118.30					117.00	108.90				108.10	100.60				108.10	100.60				105.50	98.20			
300			407.20	378.70	509.00	473.40			374.60	348.40	468.20	435.50			346.10	321.90	432.60	402.40			337.90	314.30	422.40	392.90		
500	98.10	91.30	395.60	368.00	497.40	462.60	87.90	81.80	363.00	337.60	456.60	424.70	79.00	73.50	334.50	311.10	421.00	391.60			326.30	303.50	410.80	382.10		
1000			366.40	340.80	468.20	435.50			333.80	310.50	427.40	397.50			305.30	284.00	391.80	364.40			297.10	276.40	381.60	354.90		
1500			337.20	313.60	439.00	408.30			304.60	283.30	398.20	370.40			276.10	256.80	362.60	337.30			267.90	249.20	352.40	327.80		
2000					409.90	381.30					369.10	343.30					333.50	310.20					323.30	300.70		
2500					380.70	354.10					339.90	316.20					304.30	283.00					294.10	273.60		

Franchise	Benefit Plus ohne Capitation (HEL 15% - PRO 12%)					
	0-18		19-25		26-	
	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*
0	108.10	100.60				
300			346.10	321.90	432.60	402.40
500	79.00	73.50	334.50	311.10	421.00	391.60
1000			305.30	284.00	391.80	364.40
1500			276.10	256.80	362.60	337.30
2000					333.50	310.20
2500					304.30	283.00

## Progrès

Rabais à partir du 3ème enfant: 90%

Franchise	Standard						Premed24						Benefit Plus télémédecine						Benefit Plus Capitation (17%)							
	0-18		19-25		26-		0-18		19-25		26-		0-18		19-25		26-		0-18		19-25		26-			
	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*		
0	122.20	113.70					112.40	104.60				103.80	96.60				101.40	94.40								
300			391.20	363.90	489.00	454.80			359.90	334.80	449.80	418.40			332.50	309.30	415.60	386.60			324.60	301.90	405.80	377.40		
500	93.10	86.60	379.60	353.10	477.40	444.00	83.30	77.50	348.30	324.00	438.20	407.60	74.70	69.50	320.90	298.50	404.00	375.80			283.80	264.00	365.00	339.50		
1000			350.40	325.90	448.20	416.90			319.10	296.80	409.00	380.40			291.70	271.30	374.80	348.60			283.80	264.00	365.00	339.50		
1500			321.20	298.80	419.00	389.70			289.90	269.70	379.80	353.30			262.50	244.20	345.60	321.50			254.60	236.80	335.80	312.30		
2000					389.90	362.70					350.70	326.20					316.50	294.40					306.70	285.30		
2500					360.70	335.50					321.50	299.00					287.30	267.20					277.50	258.10		

Franchise	Benefit Plus ohne Capitation (HEL 15% - PRO 12%)					
	0-18		19-25		26-	
	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*
0	107.50	100.00				
300			344.20	320.20	430.30	400.20
500	78.40	73.00	332.60	309.40	418.70	389.40
1000			303.40	282.20	389.50	362.30
1500			274.20	255.10	360.30	335.10
2000					331.20	308.10
2500					302.00	280.90