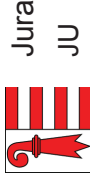


Tableau de primes 2019

Assurance obligatoire de soins



Helsana

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	132.70	123.50			122.00	113.50			390.80	363.50	488.50	454.40	112.70	104.90			361.00	335.80	451.30	419.80	110.10	102.40			352.50	327.90	440.70	409.90
300			424.80	395.10	531.00	493.90			390.80	363.50	488.50	454.40					361.00	335.80	451.30	419.80					352.50	327.90	440.70	409.90
500	103.60	96.40	413.20	384.30	519.40	483.10	92.90	86.40	379.20	352.70	476.90	443.60	83.60	77.80	349.40	325.00	349.40	325.00	439.70	409.00	81.00	75.40	340.90	317.10	429.10	399.10	399.10	399.10
1000			384.00	357.20	490.20	455.90			350.00	325.50	447.70	416.40			320.20	297.80	320.20	297.80	410.50	381.80			311.70	289.90	399.90	372.00	372.00	372.00
1500			354.80	330.00	461.00	428.80			320.80	298.40	418.50	389.30			291.00	270.70	291.00	270.70	381.30	354.70			282.50	262.80	370.70	344.80	344.80	344.80
2000			431.90	401.70							389.40	362.20							352.20	327.60					341.60	317.70	317.70	317.70
2500			402.70	374.60							360.20	335.00							323.00	300.40					312.40	290.60	290.60	290.60

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	112.70	104.90				
300			361.00	335.80	451.30	419.80
500	83.60	77.80	349.40	325.00	439.70	409.00
1000			320.20	297.80	410.50	381.80
1500			291.00	270.70	381.30	354.70
2000					352.20	327.60
2500					323.00	300.40

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			393.70	366.20	492.20	457.80	113.60	105.70			363.80	338.40	454.70	422.90	110.90	103.20			355.20	330.40	444.00	413.00
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	84.50	78.60	352.20	327.60	352.20	327.60	443.10	412.10	81.80	76.10	343.60	319.60	432.40	402.20	402.20	402.20
1000			387.20	360.10	494.20	459.70			352.90	328.20	451.40	419.90			323.00	300.40	323.00	300.40	413.90	385.00			314.40	292.40	403.20	375.00	375.00	375.00
1500			358.00	333.00	465.00	432.50			323.70	301.10	422.20	392.70			293.80	273.30	293.80	273.30	384.70	357.80			285.20	265.30	374.00	347.90	347.90	347.90
2000			435.90	405.40							393.10	365.60							355.60	330.80					344.90	320.80	320.80	320.80
2500			406.70	378.30							363.90	338.50							326.40	303.60					315.70	293.70	293.70	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

* a.a.: avec accident / s.a.: sans accident