



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	138.00	128.40					126.90	118.10				117.30	109.10						114.50	106.50						
300			441.60	410.70	552.00	513.40			406.20	377.80	507.80	472.30			375.30	349.10	469.20	436.40			366.50	340.90	458.10	426.10		
500	108.90	101.30	430.00	399.90	540.40	502.60	97.80	91.00	394.60	367.00	496.20	461.50	88.20	82.10	363.70	338.30	457.60	425.60	85.40	79.50	354.90	330.10	446.50	415.30		
1000			400.80	372.80	511.20	475.50			365.40	339.90	467.00	434.40			334.50	311.10	428.40	398.50			325.70	303.00	417.30	388.10		
1500			371.60	345.60	482.00	448.30			336.20	312.70	437.80	407.20			305.30	284.00	399.20	371.30			296.50	275.80	388.10	361.00		
2000					452.90	421.20					408.70	380.10					370.10	344.20					359.00	333.90		
2500					423.70	394.10					379.50	353.00					340.90	317.10					329.80	306.80		

Benefit Plus ohne Capitation (HEL 15% - PRO 12%)

Franchise	0-18		19-25		26-	
	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*
	0	117.30	109.10			
300			375.30	349.10	469.20	436.40
500	88.20	82.10	363.70	338.30	457.60	425.60
1000			334.50	311.10	428.40	398.50
1500			305.30	284.00	399.20	371.30
2000					370.10	344.20
2500					340.90	317.10

Progrès

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	143.70	133.70					132.20	123.00				122.10	113.60						119.20	110.90						
300			460.00	427.80	575.00	534.80			423.20	393.60	529.00	492.00			391.00	363.70	488.70	454.50			381.80	355.10	477.20	443.80		
500	114.60	106.60	448.40	417.10	563.40	524.00	103.10	95.90	411.60	382.80	517.40	481.20	93.00	86.50	379.40	352.90	477.10	443.80	90.10	83.80	370.20	344.30	465.60	433.10		
1000			419.20	389.90	534.20	496.90			382.40	355.70	488.20	454.10			350.20	325.70	447.90	416.60			341.00	317.20	436.40	405.90		
1500			390.00	362.70	505.00	469.70			353.20	328.50	459.00	426.90			321.00	298.60	418.70	389.40			311.80	290.00	407.20	378.70		
2000					475.90	442.60					429.90	399.90					389.60	362.40					378.10	351.70		
2500					446.70	415.50					400.70	372.70					360.40	335.20					348.90	324.50		

Benefit Plus ohne Capitation (HEL 15% - PRO 12%)

Franchise	0-18		19-25		26-	
	a.a.*	s.a.*	a.a.*	s.a.*	a.a.*	s.a.*
	0	126.40	117.60			
300			404.80	376.50	506.00	470.60
500	97.30	90.50	393.20	365.70	494.40	459.80
1000			364.00	338.60	465.20	432.70
1500			334.80	311.40	436.00	405.50
2000					406.90	378.50
2500					377.70	351.30