



## Price List

Company Name / Contact Person: .....

**Please enter your estimated annual premiums (price) per item.**

Cost in EUR (including VAT) for:

a) Employee (annual premium): .....

b) Employee + spouse (annual premium): .....

c) Family (annual premium): .....

d) Total price (annual insurance premium): .....

e) Amount of coverage for pre-existing conditions and chronic illnesses .....

f) Amount of coverage for inpatient treatment for congenital conditions and premature births.....

g) Maximum amounts for copayments at first-class hospitals.....

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Sprache: Kultur: Deutschland