

MyHEALTH FRANCE

INSURANCE FOR EXPATS IN FRANCE

2020



Follow us on Facebook and Twitter!

 www.facebook.com/AprilExpat

 www.twitter.com/AprilExpat



Insurance made easy.

MyHEALTH FRANCE, HEALTH INSURANCE SPECIALLY DESIGNED FOR EXPATS IN FRANCE

FRENCH TOP-UP HEALTH INSURANCE COMBINED WITH INTERNATIONAL ADMINISTRATION

- > **Simplified enrolment procedure:** no health questionnaire.
 - > **No cash advance required in France** for:
 - hospitalisation: you don't have to pay your hospital bill. We'll take care of it for you!
 - pharmacy items, radiology and lab work, with the direct billing card.
 - > **Life-time benefits:** you are covered for as long as you want and your premiums don't increase in line with your personal expenditure.
 - > **Benefits can be claimed in France** and, on a temporary basis, in the rest of the world if you unexpectedly require treatment.
 - > **Cost-effective** pricing.
 - > **Payment facilities:** possibility of monthly payments by SEPA direct debit with no additional charges.
 - > **Bilingual advisors and administrators** (French - English) at your service.
-



**NEED ADVICE TO CHOOSE YOUR COVER?
CONTACT YOUR INSURANCE AGENT OR GET IN TOUCH
DIRECTLY WITH OUR BILINGUAL ADVISORS:**



by phone: +33(0)1 73 03 41 29



by email: conseillers.expats@april-international.com



in our offices: 14 rue Gerty Archimède,
75012 Paris, France



A SOLUTION DESIGNED FOR EXPATS IN FRANCE

You can choose the cover which best suits your needs

UNIVERSAL HEALTH PROTECTION IN FRANCE (PUMA)

If you are living in France on a regular, uninterrupted basis for more than 3 months and/or you are employed or self-employed, you may be entitled to French Social Security universal health protection to cover your medical expenses.

For more information on universal health protection scheme enrolment conditions, please follow the link <http://www.securite-sociale.fr/La-mise-en-place-de-la-Protection-Universelle-Maladie-PUMA-au-1er-janvier-2016> or contact the French Health Insurance Advice Line:

0 811 36 36 46 (from France) or +33 811 36 36 46 (from other countries).

Choose the plan that best meets your needs:

ESSENTIAL
cover

Does not meet
criteria for
state-approved
plan

LEVEL 1

H

HOSPITALISATION




COMPREHENSIVE cover
Meets criteria for state-approved plans



LEVEL 2

LEVEL 3

LEVEL 4

LEVEL 5

H   

HOSPITALISATION  OUTPATIENT CARE  VISION/DENTAL

WITH MyHEALTH FRANCE, YOU ARE COVERED ALL YEAR ROUND IN FRANCE

COMPREHENSIVE BENEFITS DESIGNED FOR EXPATS IN FRANCE

> Discover our French Social Security top-up solution:

The benefit amounts include the reimbursements from your statutory French health insurance scheme. APRIL International Care France benefits can only be claimed once you have received the reimbursement from your statutory French health insurance scheme except for Dental care where the package shown below in the benefits schedule is added to the benefits of your statutory French health insurance scheme.

MyHealth France plans, with the exception of LEVEL 1, meet the criteria for state-approved health insurance: your benefits and levels of reimbursement will be automatically adjusted in line with legislative and regulatory developments governing state-approved health insurance.

> The arrangements for covering medical expenses under

The level of reimbursement of doctors' fees depends on the status of the doctor: whether or not they have signed up to a "DPTAM" (Controlled Pricing System). By consulting a doctor who is "DPTAM"-registered, your medical treatment, procedures and consultations will be reimbursed by French Social Security at a higher rate.

> How to tell if a doctor is "DPTAM"-registered

Simply visit the website <http://annuaire.sante.ameli.fr/> and search by name, specialty or medical procedure. The entry for "DPTAM"-registered doctors will say: "Honoraires avec dépassements maîtrisés (contrat d'accès aux soins)" or "Controlled excess fees (access to care contract)".

> Focus on the "100% santé" healthcare reform:

The aim of the 100% santé healthcare reform is to improve access to quality services in vision, hearing and dental care. It will be introduced gradually by the French government until 2021.

With this reform, you will be able to benefit from a full reimbursement after the combined payments by the statutory health insurance and supplementary health insurance schemes on a basket of defined benefits. This is known as the "100% Santé" basket. Vision, dental and hearing health professionals based in France will therefore have to offer services with no co-payment required (a 100% Santé basket) subject to providing a quote. You can however choose equipment or devices outside this basket, known as "free-pricing". They will be reimbursed within the cover limits of your plan.

		PLAN				
TREATMENT OR PROCEDURE		LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
HOSPITALISATION * (Medical and surgical hospitalisation, home hospitalisation and maternity)						
Room and board		300% of the SSRR <small>Definitions p6</small>	100% of the SSRR	300% of the SSRR	150% of the SSRR	300% of the SSRR
Daily hospital charge <small>Definitions p6</small>		100% of actual costs <small>Definitions p6</small>	100% of actual costs	100% of actual costs	100% of actual costs	100% of actual costs
Medical and surgical fees and expenses	"DPTAM"-registered doctors <small>Definitions p6</small>	300% of the SSRR	100% of the SSRR	300% of the SSRR	170% of the SSRR	300% of the SSRR
	Non "DPTAM"-registered doctors	300% of the SSRR	100% of the SSRR	200% of the SSRR	150% of the SSRR	200% of the SSRR
Private room (maximum 30 days per year)		€50 /day	€25/day	€50 /day	€25/day	€75/day
Cost of staying in hospital with a child under 12 (maximum 30 days per year)		€25/day	€25/day	€25/day	€25/day	€50 /day
Patient transportation costs reimbursed by the statutory scheme <small>Definitions p6</small>		300% of the SSRR	100% of the SSRR	300% of the SSRR	150% of the SSRR	300% of the SSRR
OUTPATIENT CARE						
Medical fees: Consultations/Visits - GPs and specialists	"DPTAM"-registered doctors	—	100% of the SSRR	100% of the SSRR	170% of the SSRR	220% of the SSRR
Specialist treatment or procedures, surgery and technical medical procedures, including on an outpatient basis	Non "DPTAM"-registered doctors	—	100% of the SSRR	100% of the SSRR	150% of the SSRR	200% of the SSRR

TREATMENT OR PROCEDURE		LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
Radiology	“DPTAM”-registered doctors	–	100% of the SSRR	100% of the SSRR	170% of the SSRR	220% of the SSRR
	Non “DPTAM”-registered doctors	–	100% of the SSRR	100% of the SSRR	150% of the SSRR	200% of the SSRR
Medical auxiliaries and diagnostic tests		–	100% of the SSRR	100% of the SSRR	150% of the SSRR	200% of the SSRR
Medicines reimbursed by the SS		–	100% of the SSRR	100% of the SSRR	100% of the SSRR	100% of the SSRR
Spa therapies covered by the statutory scheme		–	100% of the SSRR	100% of the SSRR	150% of the SSRR	200% of the SSRR

DENTAL (Cover limited to 100% of the SSRR for the first 6 months except for “100% Santé” baskets)

Treatment reimbursed by the SS	–	100% of the SSRR	100% of the SSRR	150% of the SSRR	300% of the SSRR
Treatment and dentures from the “100% Santé” basket which are reimbursed by the SS ¹	–	100% of real costs			
Dentures from the “Controlled pricing” and “Free pricing” baskets which are reimbursed by Social Security ¹	–	100% of the SSRR	100% of the SSRR	150% of the SSRR	300% of the SSRR
Orthodontics covered by the SS	–	100% of the SSRR	100% of the SSRR	150% of the SSRR	300% of the SSRR
Cover limit for dentures in the “Controlled pricing” and “Free pricing” baskets which are reimbursed by the SS ¹ Except for treatment and dentures from the “100% Santé” basket which are reimbursed by the SS ¹	–	–	–	€250 per year Above this limit: 100% of the SSRR	€500 per year Above this limit: 100% of the SSRR

VISION CARE

Category A glasses from the “100% Santé” basket ² : 1 frame + 2 lenses, including lens matching and adjustments to the frames	–	100% of real costs			
Category B glasses from the “free pricing” basket ² : 1 frame + 2 lenses	–	100% of the SSRR	100% of the SSRR	100% of the SSRR	100% of the SSRR
Mixed glasses: combination of category A and B lenses and frames ²	–	Cover of category B glasses up to 100% of the SSRR and Category A items up to the level of actual costs			

HEARING AIDS from 01/01/2021

(Cover of one device per ear every four years, from the date of the previous purchase)

Hearing aids - Until 31/12/2020	–	100% of the SSRR	100% of the SSRR	100% of the SSRR	100% of the SSRR
Hearing aids from 01/01/2021	–	Cover of one device per ear every four years, from the date of the previous purchase			
Category 1 devices from the “100% Santé” basket ³	–	100% of real costs			
Category 2 devices from the “Free pricing” basket and accessories up to €1,700/year - less the Social Security reimbursement ³	–	100% of the SSRR	100% of the SSRR	100% of the SSRR	100% of the SSRR

TREATMENT OR PROCEDURE	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
OTHER BENEFITS					
Preventive screening under the decree of 08/06/2006	–	100% of the SSRR	100% of the SSRR	100% of the SSRR	100% of the SSRR
Unforeseen medical expenses incurred abroad and reimbursed by the statutory scheme	100% of the SSRR Hospital charges only	100% of the SSRR	100% of the SSRR	100% of the SSRR	100% of the SSRR
Medical equipment: Orthopedic appliances and costs (excluding hearing devices and vision care accessories)	–	100% of the SSRR	100% of the SSRR	100% of the SSRR	100% of the SSRR
Direct billing certificate	–	yes	yes	yes	yes

* €18 flat-rate charge covered

¹ As set out in the regulation. The cost of dentures from the “100% Santé” basket is fully covered under your plan less the reimbursement from the statutory scheme and up to the amount of the fees charged for this type of treatment or procedure in application of decree No. 2019 -21 of 11 January 2019.

² As set out in the regulation. Lenses and frames reimbursed at a higher rate (from the “100% Santé” basket) will be fully covered under your plan less the reimbursement from the statutory scheme and up to the level of the retail price set for this type of treatment or procedure. Lenses and frames which are not reimbursed at a higher level (from the “Free-pricing” basket) will be covered less the reimbursement from the statutory scheme and up to the level set by decree No. 2019-21 of 11 January 2019

In both cases, cover applies to costs incurred for the purchase of one pair of glasses consisting of two lenses and a frame per two-year period from the replacement of the previous glasses or a period of one year for children under 16 or if there is a change in the prescription. It is possible to replace the glasses earlier in one of the cases listed under article L165-1 of the French Social Security Code

³ As set out in the regulation. Hearing devices which are reimbursed at a higher rate (from the “100% Santé” basket) will be fully covered under your plan less the reimbursement from the statutory scheme and up to the level of the retail price set for this type of treatment or procedure. Cover applies to costs incurred for the purchase of a hearing aid per 4-year period as of the last invoice.

DEFINITIONS

- > **Actual costs:** total medical expenses charged to you.
- > **Daily hospital charge:** portion of the cost of a day in hospital which is not covered by French Social Security.
- > **DPTAM:** “DPTAM” is a generic term for the various systems designed to control excess fees charged by health professionals in the approved sector. This includes doctors who have signed up to the Access to Care Agreement (CAS) or who have chosen the Controlled Pricing Option (OPTAM/OPTAM-CO).
- > **French Social Security reimbursement rate (SSRR):** statutory rate of reimbursement used by French Social Security for treatments, procedures and prescriptions performed or issued by health professionals. It varies depending on the sector to which the health professional or hospital belongs. Where generic medicines exist, the reimbursement rate is the flat rate corresponding to the price of the generic version.
- > **Hospitalisation:** stay in a (public or private) hospital following an accident or illness.
- > **Statutory scheme:** the French Social Security scheme to which you belong.

EXAMPLE OF A REIMBURSEMENT IN FRANCE



You are hospitalised for 5 days with acute appendicitis.
Your hospital bill comes to €4,747.

> How will you be reimbursed?

In a public hospital or a private clinic in the approved sector,
the costs which make up the hospital package are covered by
French Social Security at between 80% and 100%.

However, excess fees and private rooms are not covered.

Example of covered costs for a 5-day stay in hospital

Depending on the plan you selected, you will be reimbursed as follows:

	ACTUAL COSTS	SOCIAL SECURITY reimbursement	APRIL reimbursement under the LEVEL 2 plan	APRIL reimbursement under the LEVEL 3 plan	APRIL reimbursement under the LEVEL 5 plan
Room and board	€2,952	€2,952	€2,952	€2,952	€2,952
Daily hospital charge	€120	—	€120	€120	€120
Surgical fees	€926	€463	€463	€926	€926
Anaesthetic fees	€399	€199	€199	€399	€399
Private room	€350	—	€125	€250	€350
Total	€4,747	€3,614	€3,859	€4,647	€4,747
Your contribution	—	€1,133	€888	€100	€0



The examples of APRIL reimbursements include the Social Security reimbursement. For example, for anaesthesia, Social Security covers part of the costs (€199) and APRIL, with LEVEL 3 and LEVEL 5, covers the rest, i.e. all of the costs.

EXAMPLE OF A REIMBURSEMENT IN FRANCE

You've had a stomach ache and headache for two days and decide to consult a general practitioner. This doctor has signed up to a controlled pricing system, «DPTAM» and their fees for the consultation are €45.

> How will you be reimbursed?

Social Security uses a standard rate to calculate the amount they will reimburse.

This standard rate is its reimbursement basis and is set at €25.

Social Security reimburses 70% of this basis with a €1 contribution from the patient.

Their reimbursement is therefore €16.50.



Depending on the plan you selected, you will be reimbursed as follows:



**SOCIAL SECURITY REIMBURSEMENT
(CPAM)**



**APRIL
REIMBURSEMENT**



**YOUR
CONTRIBUTION**

YOU ARE COVERED BY FRENCH SOCIAL SECURITY (OR AN EQUIVALENT FRENCH SCHEME)

Example of covered costs

Your reimbursement under the **LEVEL 3** plan



Your reimbursement under the **LEVEL 4** plan



Your reimbursement under the **LEVEL 5** plan



HOW DOES THE POLICY WORK?

USEFUL INFORMATION BEFORE YOU APPLY

WHO IS THE PLAN DESIGNED FOR?

Any expatriate person residing in France and covered by a French statutory scheme.

IN WHICH COUNTRIES ARE YOU COVERED?

You are covered all year round in France. Benefits can also be claimed during temporary stays of up to 90 consecutive days in the event of unforeseen illness anywhere in the world, as well as in your country of nationality if your costs are covered by your statutory scheme.

As a result of events taking place there, cover is excluded in certain countries.

The complete list of excluded countries is available at www.april-international.com or by calling +33 (0)1 53 05 30 57 or by email at myhealth.france@april-international.com. This list of excluded countries is subject to change.

WHEN DOES YOUR PLAN START?

On the date shown on the Membership certificate and, at the earliest, on the 16th of the month or the first day of the month following receipt of the full membership application (including a completed and signed Application form for all Insured members), subject to payment of the first Premium. Your cover is subject to you being eligible for benefits from your basic scheme.

WHEN DOES YOUR PLAN COME TO AN END?

Benefits cease to be payable automatically:

- > if the premium is not paid,
- > when you are no longer an expatriate in France, on presentation of an official document attesting to this. Membership of the plan is for a minimum period of one year (unless otherwise stipulated) and may be cancelled at each annual renewal date with two months' notice. Otherwise, it is automatically renewed.

HOW TO APPLY

- 1 Complete and sign the Application form.
- 2 Please send the payment of your 1st premium together with the Application form:
 - fill in the SEPA direct debit mandate if you wish to pay your premiums by direct debit from a bank account in euros located in one of the SEPA countries and enclose details of your bank account, **or**
 - enter your bank card details in the Application form.
- 3 Send your application to: APRIL International Care France - Service Courrier - 1 rue du Mont - CS 80010 - 81700 Blan - FRANCE.

SERVICES

PROVIDED UNDER YOUR PLAN
TO MAKE YOUR LIFE SIMPLER



YOUR CUSTOMER ONLINE ZONE HASSLE-FREE, INTUITIVE AND FAST!

With a few clicks from your computer, tablet or smartphone, you can access:

- > all the documents you need (insurance certificate, insurance card, general conditions etc.),
- > your bank and personal contact details,
- > your reimbursements, if you are the insured,
- > a breakdown of your premiums.



CUSTOMER SERVICE

Throughout your period of insurance, our Customer Service team is available to provide you with any assistance you may require in connection with your policy.

You can:

- > change the level of cover to suit your needs at any time throughout the period of cover,
- > add a beneficiary,
- > declare a birth,
- > sign up to new options,
- > update contact or bank details,
- > make any other changes to your cover.

For information and assistance, contact our team:

Tel: +33 (0)1 53 05 30 57

Email: myhealth.france@april-international.com



DIRECT BILLING CARD

You benefit from a direct billing card which is accepted by more than 156,000 healthcare professionals.

With the card there's no cash advance required for certain types of expenses covered under the MyHealth France plan (including diagnostic tests, pharmacy items and radiography).

What's more, with the electronic transfer service, if you are insured on a French Social Security top-up basis, your health insurance scheme sends us your reimbursement statements directly.



A bilingual French/English administrator

is at your service to provide you with information by telephone on the status of your reimbursements, the level of your benefits or, more generally, to answer any questions you may have about your cover.

APRIL, INSURANCE MADE EASY

WORLDWIDE
PRESENCE IN
28 COUNTRIES

Established in 1988, APRIL is an international insurance group operating in 28 countries. Its goal is to offer a simpler and more accessible experience for policyholders. Its 3,900 staff design, distribute, and manage specialized insurance solutions (health, damage, mobility and legal protection), and provide support for APRIL's partners and clients, including private individuals, professionals and companies. Listed on Euronext Paris (Compartment B), the group recorded 997.2 million euros in sales in 2018.

FOR EVERY EXPATRIATE SITUATION, AN INTERNATIONAL INSURANCE SOLUTION

Whether you're a student, on an internship, planning a working holiday, in work or retired, travelling alone or with your family, APRIL International Care France will support you during your time abroad with a range of comprehensive and flexible insurance solutions suitable for all kinds of expatriates and all budgets.

FOR MORE INFORMATION, CONTACT YOUR INSURANCE CONSULTANT:

PartirAssur
britassur@partirassur.com

4 rue de la Thibaudière,
69007 Lyon, FRANCE

APRIL International Care

Headquarters:

14 rue Gerty Archimède - 75012 Paris - FRANCE

Tel.: +33 (0)1 73 02 93 93 - Fax: +33 (0)1 73 02 93 90

Email: info.expatrie@april-international.com - www.april-international.com

A French simplified joint-stock company (S.A.S.) with capital of €200,000 - RCS Paris 309 707 727 Insurance intermediary

Registered with ORIAS under number 07 008 000 (www.orias.fr)

Prudential Supervision and Resolution Authority - 4 place de Budapest - CS 92459 - 75436 PARIS CEDEX 09 - FRANCE

NAF6622Z - Intra-community VAT N° FR603009707727

This product is conceived and managed by APRIL International Care France and insured by Axévia Prévoyance.



Insurance made easy.