



Ensure your health abroad with **MyHealth France**

And benefit from comprehensive top-up
insurance for the French Social Security



Download our Easy Claim app



A *mutuelle* for expats in France: what if it was easy?

As an expat in France, you won't have the same benefits as back home and you will need to learn about a new healthcare system with different, sometimes complex, access conditions and varying costs. Therefore, it is essential to choose a top-up health insurance tailored to your needs. With MyHealth France, you benefit from a French supplementary health insurance with international management.

Our mission



Insurance cover compliant with French regulatory requirements



No upfront payment for many expenses thanks to the direct billing service



Guaranteed lifelong benefits, no waiting periods, and 24/7 medical support



All your digital services available on the #1 app on the market

Our key figures

40

years
of experience

14

operating
countries

450+

multilingual
staff

26

nationalities

180

countries
covered

2M

partner healthcare
professionals



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Our guide to the French healthcare system

The Protection Universelle Maladie (PUMa)

The *Protection Universelle Maladie* (Universal Health Insurance) allows everyone to benefit from basic coverage of medical costs by the French Social Security. This system is one of the pillars of French social protection.

Anyone living in France (regardless of nationality) for a continuous and stable stay of at least 3 months can benefit from it.

To check if you are eligible for PUMa, click [here](#). You can also contact the English-speaking advisers at the French Social Security by phone at **09 74 75 36 46** (from France) or **+33 09 74 75 36 46** (from abroad).

Mutuelles, also known as supplementary health insurances

While the *Protection Universelle Maladie* provides a basic level of coverage, it is often insufficient. For example, in the case of medications, the French Social Security only covers between 30% and 65% of the costs, depending on the type of medication. To supplement these reimbursements from the French Social Security, you can choose a *mutuelle* (supplementary health insurance).

With MyHealth France, you benefit from the only French *mutuelle* designed specifically for expats. This will significantly reduce your out-of-pocket expenses, and you'll have access to multilingual advisers and services at every step. To help you choose the right plan for your needs, see examples of reimbursements on page 11.



Contrat Responsable (state-approved plan)

What is it?

A *Contrat Responsable*, or state-approved plan, **ensures healthcare coverage that meets at least the minimum requirements set by French law**. These plans also promote accountability for both patients and healthcare providers regarding the financing of the Social Security by implementing measures such as the coordinated care pathway and the requirement to designate a *médecin traitant* (primary care doctor).

How does coverage work?

The reimbursement levels for medical costs depend on whether the doctor is part of the DPTAM (*Dispositif de Pratique Tarifaire Maîtrisée*) or not.

(see Definitions on page 14)

By choosing a doctor who participates in DPTAM, you benefit from higher reimbursement rates for services and consultations through the French Social Security. To find out if your doctor is part of DPTAM, visit: <http://annuaire.sante.ameli.fr/>



A plan compliant with "100% Santé"

Since January 1, 2020, the French government has introduced a **reform aimed at improving access to healthcare where out-of-pocket expenses are often high—this is known as «100% Santé»**.

With this reform, you are fully reimbursed by the French Social Security and your supplementary health insurance for "100% Santé" equipment, which includes a selection of glasses, dental prostheses, and hearing aids, all at regulated prices. You still have the option to choose equipment outside of this selection, which will be reimbursed according to the limits of your policy coverage.

With MyHealth France, you can benefit from a plan **compliant with "100% Santé" starting from the Level 2 plan**.

How to choose the right insurance ?

By choosing the French leading provider of international insurance for your healthcare needs.

We understand that moving abroad is an exciting and enthusiastic adventure, but it can also raise health-related questions. At APRIL, we have been supporting expats worldwide for over 40 years, assisting you through every stage of your expatriation.

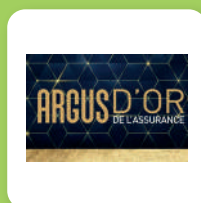
Our advisers are available 24/7

Our insurance specialists, fluent in both French and English, will help you choose your cover and assist you at every stage of your medical journey, 24 hours a day, 7 days a week, anywhere in the world. Our advisers are available by phone, email, chat, Facebook Messenger and through your Easy Claim app.

Our expertise recognized

In the past years, we have received multiple awards for outstanding service quality and our ability to innovate-making healthcare more accessible for our members worldwide.

[Read more](#)



Our clients are satisfied

★★★★☆ 4.6/5

APRIL International rating on [ekomi](#)

Choose the cover that's right for you

Depending on your personal needs, healthcare habits and budget, you may have different expectations. That's why we offer you 6 plans to choose from.

And to help you settle down in France, MyHealth France benefits are guaranteed for life. You can rest assured that you will be covered for as long as you want.



Advantages of MyHealth France

- > No medical forms required
- > No upfront payment on many expenses: hospitalisation, pharmacy, radiology, laboratory, etc.
- > Unlimited telehealth services included on all plans

Choose the plan that best meets your needs

Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
 Hospitalisation +++++	 Hospitalisation +++++	 Hospitalisation +++++	 Hospitalisation +++++	 Hospitalisation +++++	 Hospitalisation +++++
	 Outpatient care +++++	 Outpatient care +++++	 Outpatient care +++++	 Outpatient care +++++	 Outpatient care +++++
	 Dental care +++++	 Dental care +++++	 Dental care +++++	 Dental care +++++	 Dental care +++++
	 Optical care +++++	 Optical care +++++	 Optical care +++++	 Optical care +++++	 Optical care +++++

Get support in the event of an hospitalisation



association
des assurés
april

ÉCOUTER - AGIR - SOUTENIR

To assist you during challenging times, we offer services to ease your daily life in the event of hospitalisation. As a MyHealth France member you automatically join the Association and receive additional support for hospitalisations lasting more than 3 nights, beyond your insurance coverage:

During your hospitalisation:

- > Childcare for children under 15, covered up to €215 per hospital stay.
- > Pet care, covered up to €215 per hospital stay.

After your hospitalisation:

We provide a home help service for up to 16 hours, including during chemotherapy or radiotherapy.

Your benefits

The benefits are expressed in euros, actual expenses, or as a percentage of the *base de remboursement* (reimbursement base - BRSS) set by the French Social Security, after deducting the reimbursement from the French Social Security, and within the limit of the actual costs incurred. The allowances and benefit limits listed in the benefits table apply per insured individual.

		Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Hospitalisation* (Medical and surgical hospitalisation, home hospitalisation and maternity)							
Room and board		300% of the BRSS (see Definitions p14)	100% of the BRSS	300% of the BRSS	150% of the BRSS	300% of the BRSS	300% of the BRSS
Daily hospital charge (see Definitions p14)		100% of actual costs (see Definitions p14)	100% of actual costs	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 (see Definitions p14)	300% of the BRSS	100% of the BRSS	300% of the BRSS	170% of the BRSS	300% of the BRSS	300% of the BRSS
	Non "DPTAM"-registered doctors	300% of the BRSS	100% of the BRSS	200% of the BRSS	150% of the BRSS	200% of the BRSS	200% of the BRSS
Private room (maximum 30 days per year)		€50 per day	€25 per day	€50 per day	€25 per day	€75 per day	€75 per day
Visitor's bed (maximum 30 days per year)		€25 per day	€25 per day	€25 per day	€25 per day	€50 per day	€50 per day
Patient transportation costs reimbursed by the French Social Security (except for thermal therapies) (see Definitions p14)		300% of the BRSS	100% of the BRSS	300% of the BRSS	150% of the BRSS	300% of the BRSS	300% of the BRSS
Outpatient care							
Medical fees: Consultations/ Visits - GPs and specialists Specialist treatment or procedures, surgery and technical medical procedures, including outpatient and home care	"DPTAM"-registered doctors	-	100% of the BRSS	100% of the BRSS	170% of the BRSS	220% of the BRSS	220% of the BRSS
	Non "DPTAM"-registered doctors	-	100% of the BRSS	100% of the BRSS	150% of the BRSS	200% of the BRSS	200% of the BRSS
Radiology	"DPTAM"-registered doctors	-	100% of the BRSS	100% of the BRSS	170% of the BRSS	220% of the BRSS	220% of the BRSS
	Non "DPTAM"-registered doctors	-	100% of the BRSS	100% of the BRSS	150% of the BRSS	200% of the BRSS	200% of the BRSS
Medical auxiliaries and diagnostic tests		-	100% of the BRSS	100% of the BRSS	150% of the BRSS	200% of the BRSS	200% of the BRSS
Emergency patient charge (see Definitions p14)		-	100% of actual costs	100% of actual costs	100% of actual costs	100% of actual costs	100% of actual costs
Medicines reimbursed by the French Social Security		-	100% of the BRSS	100% of the BRSS	100% of the BRSS	100% of the BRSS	100% of the BRSS
Prescription medicines not reimbursed by the French Social Security		-	-	-	-	-	€30 per year
Psychological consultations reimbursed by the French Social Security		-	100% of the BRSS	100% of the BRSS	100% of the BRSS	100% of the BRSS	100% of the BRSS
Alternative medicine (osteopaths, chiropractors, acupuncturists and chiropractists)		-	-	-	-	-	€50 per session/max 3 sessions per year
Thermal therapies reimbursed by the French Social Security		-	100% of the BRSS	100% of the BRSS	150% of the BRSS	200% of the BRSS	200% of the BRSS

* Reimbursement of the flat-rate contribution that the Social Security may leave for patients to pay if they receive treatments or services with a cost equal to or above the threshold set by French Social Security regulations.

Dental care

Treatments reimbursed by the French Social Security. Limited to 100% of the BRSS for the first 6 months	-	100% of the BRSS	100% of the BRSS	150% of the BRSS	300% of the BRSS	300% of the BRSS
"100% Santé" treatments and prostheses fully reimbursed by the French Social Security¹	-	100% of actual costs	100% of actual costs	100% of actual costs	100% of actual costs	100% of actual costs
Prostheses under the "Offre modérée" and "Offre libre" categories, reimbursed by the French Social Security¹. Limited to 100% of the BRSS for the first 6 months	-	100% of the BRSS	100% of the BRSS	150% of the BRSS	300% of the BRSS	300% of the BRSS
Cap for prostheses from the "Offre modérée" and "Offre libre" reimbursed by the French Social Security¹. Excludes «100% Santé» care and prostheses¹	-	-	-	€50 per year Above this limit: 100% of the BRSS	€500 per year Above this limit: 100% of the BRSS	€1,000 per year Above this limit: 100% of the BRSS
Prostheses and procedures not covered by the French Social Security	-	-	-	-	-	€300 per year
Orthodontics covered by the French Social Security. Limited to 100% of the BRSS for the first 6 months	-	100% of the BRSS	100% of the BRSS	150% of the BRSS	300% of the BRSS	350% of the BRSS

Optical Care

The benefit applies to expenses incurred for the purchase of a pair of lenses and a frame, once every two years from the date of the last purchase, or once a year for children under 16 or in the case of a change in vision. Early renewal is possible if justified by one of the conditions listed under Article L165-1 of the French Social Security Code.

"100% Santé" Equipment Class A²: 1 frame + 2 lenses, including fitting and adjustment for visual correction	-	100% of actual costs	100% of actual costs	100% of actual costs	100% of actual costs	100% of actual costs
"Offre libre" Equipment Class B²: 1 frame + 2 lenses	-	100% of the BRSS	100% of the BRSS	100% of the BRSS	100% of the BRSS	€300 (frame limited to €100)
Mixed Equipment: A combination of lenses and frames from Classes A and B²	-	Class B items are covered up to the specified caps, and Class A items are covered at the actual costs.				
Contact Lenses: approved and reimbursed by the French Social Security	-	100% of the BRSS	100% of the BRSS	100% of the BRSS	100% of the BRSS	€50 per year
Refractive surgery	-	-	-	-	-	€200 per eye

Hearing aids

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

"100% Santé" Equipment Class I³	-	100% of actual costs	100% of actual costs	100% of actual costs	100% of actual costs	100% of actual costs
"Panier Libre" Equipment Class II and accessories: covered up to €1,700 per ear, after deducting the reimbursement from the French Social Security³	-	100% of the BRSS	100% of the BRSS	100% of the BRSS	100% of the BRSS	150% of the BRSS

Other benefits

Preventive screening as outlined in the decree of 08/06/2006	-	100% of the BRSS	100% of the BRSS	100% of the BRSS	100% of the BRSS	100% of the BRSS
Unexpected medical expenses incurred abroad and reimbursed by the French Social Security	100% of the BRSS Hospital charges only	100% of the BRSS	100% of the BRSS	100% of the BRSS	100% of the BRSS	100% of the BRSS
Medical equipment: devices and orthopaedic costs (excluding hearing aids and optical accessories)	-	100% of the BRSS	100% of the BRSS	100% of the BRSS	100% of the BRSS	150% of the BRSS

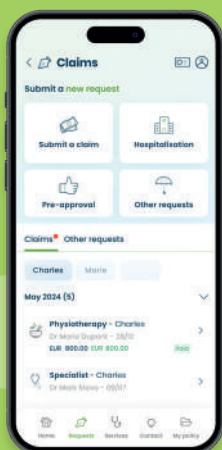
* Reimbursement of the flat-rate contribution that French Social Security may require members to cover if they undergo procedures whose costs meet or exceed a threshold set by French Social Security regulations.

¹ As defined by regulation, dental prostheses included in the "100% Santé" category are fully covered by your plan, after deduction of the reimbursement from the French Social Security, and within the billing limits set for such procedures, as per decree no. 2019-21 of January 11, 2019.

² As defined by regulation, lenses and frames with enhanced coverage under the "100% Santé" category are fully covered by your plan, after deduction of the French Social Security reimbursement, and within the sale price limits set for these procedures. Lenses and frames not covered under the enhanced category (Offre Libre) will be reimbursed after deduction of the French Social Security reimbursement, and within the limits set by decree no. 2019-21 of January 11, 2019. In both cases, coverage applies to expenses for the purchase of a pair of lenses and a frame once every two years, starting from the last complete renewal, or once a year for children under 16 or in the case of vision changes. Early renewal is also possible under Article L165-1 of the French Social Security Code.

³ As defined by regulation, hearing aids included in the "100% Santé" category are fully covered by your plan, after deduction of the French Social Security reimbursement, and within the sale price limits for such items. Hearing aids not included in the enhanced category (Offre Libre) are reimbursed after deduction of the French Social Security reimbursement, and within the limits set by decree no. 2019-21 of January 11, 2019. In both cases, coverage applies to the cost of one hearing aid per ear every 4 years from the date of acquisition.

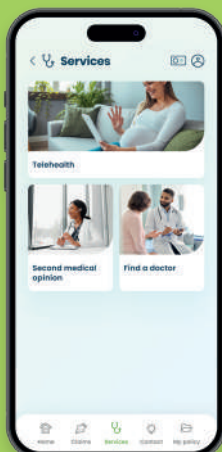
Digital services to make insurance easier



1

Easy Claim, all your services in the market-leading app

Download Easy Claim and manage your health insurance in just a few clicks.



2

Telehealth service available 24/7

Use the Easy Claim app to contact a doctor whenever you need to, thanks to the free and unlimited telehealth service included in your policy.



The Easy Claim app

Easy Claim: all your healthcare services, in one app



Speak to a doctor using
the telehealth service



Find a healthcare provider



Access your Direct Billing Card
to avoid upfront payment



View and download all
your policy documents



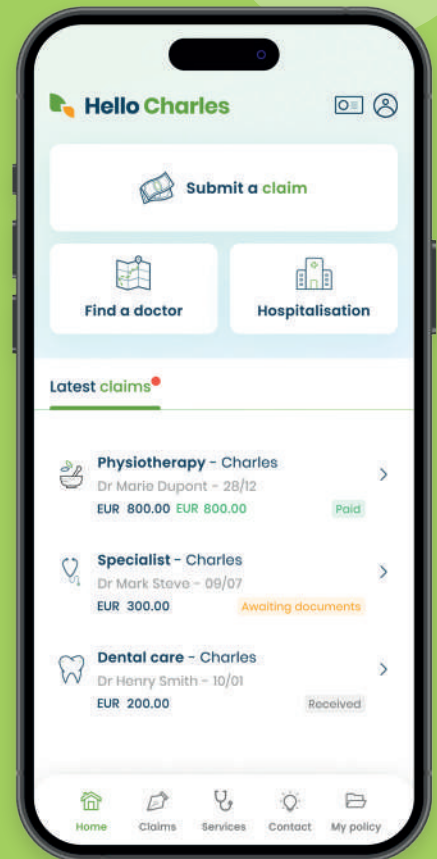
Talk to your dedicated
advisers

Voted best app

in the international health insurance market,
as praised by our clients!

★★★★★ 4.7/5
App Store rating

★★★★☆ 4.3/5
Google Play rating



Download Easy Claim

Download on the
App Store

GET IT ON
Google Play

Additional services to make your life easier

Bilingual Support

Our French/English bilingual team is available to assist you over the phone with information about your reimbursements, coverage levels, or any questions related to your insurance.

Direct Billing Card

Benefit from your Direct Billing Card, accepted by over 156,000 partner healthcare providers. This card allows you to avoid upfront payments for covered expenses such as tests, pharmacy, radiology, or hospital stays. Access your Direct Billing Card directly through your Easy Claim app!

Digital Member Portal

With just a few clicks from your computer, smartphone or tablet, you can access your secure Member Portal to:

- > Pay and track your premiums if you are the policyholder
- > Download your Direct Billing Card
- > View the documents related to your contract and useful contacts (Insurance certificate, General conditions...)
- > Review or update your bank details and personal information
- > Check your claims if you are the insured member



A doctor just a click away, 24/7

Thanks to the telehealth service included in your policy, in partnership with Teladoc Health, the world leader in telemedicine.

This service is very useful:

- > for minor conditions such as flu-like symptoms, headaches, sore throat, etc,
- > for information on current treatments,
- > to help you prepare for a trip,
- > to get prescriptions.

Teladoc
HEALTH



Exclusive offers

With your health insurance policy, you benefit from exclusive advantages with our partners:

- > opticians: Krys, Lynx Optique, and Vision Plus, offering **discounts of 10% to 25%** on your optical equipment!
- > hearing: Audika, providing a **free hearing assessment and up to 15% off** on hearing aids.



How much will you be reimbursed?

Calculations are based on the French Social Security reimbursement base (BRSS) in effect as of January 1, 2026.

Complies with the "100% Santé" reform

NOT STATE
APPROVED

Level 1

Level 2

Level 3

Level 4

Level 5

Level 6

Hospitalisation

Daily hospital charge	Cost ⁽¹⁾	€20.00 (€15.00 in psychiatric care)					
	Social Security reimbursement	€0.00					
	APRIL International reimbursement	€20.00 (€15.00)					
	Patient's contribution (out-of-pocket)	€0.00	€0.00	€0.00	€0.00	€0.00	€0.00
Private room for one night (upon patient request)	Cost ⁽²⁾	€67.00					
	Social Security reimbursement	€0.00					
	APRIL International reimbursement	€50.00	€25.00	€50.00	€25.00	€67.00	€67.00
	Patient's contribution (out-of-pocket)	€17.00	€42.00	€17.00	€42.00	€0.00	€0.00
Hospital stay with costly medical services: cataract surgery in the private sector, for example Public hospitals include the practitioners' remuneration in the cost of the stay, whereas their fees are charged separately in the private sector.							
Room and board in the private sector	Cost ⁽²⁾	€838.98					
	Social Security reimbursement	€814.98					
	APRIL International reimbursement	€24.00					
	Patient's contribution (out-of-pocket)	€0.00	€0.00	€0.00	€0.00	€0.00	€0.00
Surgeon's fees with controlled excess fees (member of a DPTAM scheme: OPTAM or OPTAM-CO)	Cost ⁽²⁾	€433.00					
	Social Security reimbursement	€271.70					
	APRIL International reimbursement	€171.30	€0.00	€171.30	€171.30	€171.30	€171.30
	Patient's contribution (out-of-pocket)	€0.00	€171.30	€0.00	€0.00	€0.00	€0.00
Surgeon's fees with unregulated excess fees (not a member of a DPTAM scheme: OPTAM or OPTAM-CO)	Cost ⁽²⁾	€486.00					
	Social Security reimbursement	€271.70					
	APRIL International reimbursement	€214.30	€0.00	€214.30	€135.85	€214.30	€214.30
	Patient's contribution (out-of-pocket)	€0.00	€214.30	€26.00	€78.45	€0.00	€0.00
Hospital stay with no costly medical services: monitoring of pneumonia or pleurisy for a patient over the age of 17 in a public hospital, for example. Public hospitals include the practitioners' remuneration in the cost of the stay, whereas their fees are charged separately in the private sector.							
Room and board	Cost ⁽²⁾	€3,754.00					
	Social Security reimbursement	€3,003.20					
	APRIL International reimbursement	€750.80					
	Patient's contribution (out-of-pocket)	€0.00	€0.00	€0.00	€0.00	€0.00	€0.00

Outpatient care

Fees charged by general practitioners or specialists in sector 1

Consultation with a general practitioner for a patient over the age of 18	Cost ⁽³⁾	—	€30.00				
	Social Security reimbursement		€19.00				
	APRIL International reimbursement		€9.00				
	Patient's contribution (out-of-pocket)		€2.00	€2.00	€2.00	€2.00	€2.00

⁽¹⁾ Regulatory tariff ⁽²⁾ National average price of the medical service ⁽³⁾ State-approved rate

Outpatient care (continued)

Consultation with a paediatrician for a child under the age of 6	Cost ⁽³⁾	—	€35.00				
	Social Security reimbursement		€24.50				
	APRIL International reimbursement		€10.50				
	Patient's contribution (out-of-pocket)		€0.00	€0.00	€0.00	€0.00	€0.00
Consultation with a specialist doctor for a patient over the age of 18 (gynaecology, ophthalmology, dermatology etc.)	Cost ⁽³⁾		€40.00				
	Social Security reimbursement		€26.00				
	APRIL International reimbursement		€12.00				
	Patient's contribution (out-of-pocket)		€2.00	€2.00	€2.00	€2.00	€2.00
Doctors' fees with controlled excess fees (members of a DPTAM scheme: OPTAM or OPTAM-CO)							
Consultation with a paediatrician for a child under the age of 6	Cost ⁽³⁾	—	€50.00				
	Social Security reimbursement		€24.50				
	APRIL International reimbursement		€25.50				
	Patient's contribution (out-of-pocket)		€0.00	€0.00	€0.00	€0.00	€0.00
Consultation with a specialist doctor for a patient over the age of 18 (gynaecology, ophthalmology, dermatology etc.)	Cost ⁽³⁾		€53.00				
	Social Security reimbursement		€26.00				
	APRIL International reimbursement		€12.00	€12.00	€25.00	€25.00	€25.00
	Patient's contribution (out-of-pocket)		€15.00	€15.00	€2.00	€2.00	€2.00
Fees charged by doctors in sector 2 (not members of a DPTAM scheme: OPTAM or OPTAM-CO)							
Consultation with a paediatrician for a child aged 2 to 16 years	Cost ⁽³⁾	—	€62.00				
	Social Security reimbursement		€16.10				
	APRIL International reimbursement		€6.90	€6.90	€18.40	€29.90	€29.90
	Patient's contribution (out-of-pocket)		€39.00	€39.00	€27.50	€16.00	€16.00
Consultation with a specialist doctor for a patient over 18 years of age (gynaecology, ophthalmology, dermatology etc.)	Cost ⁽³⁾		€66.00				
	Social Security reimbursement		€14.10				
	APRIL International reimbursement		€6.90	€6.90	€18.40	€29.90	€29.90
	Patient's contribution (out-of-pocket)		€45.00	€45.00	€33.50	€22.00	€22.00
Medical equipment (excluding hearing aids and vision care accessories)							
Purchase of a pair of crutches	Cost ⁽³⁾	—	€26.71				
	Social Security reimbursement		€14.64				
	APRIL International reimbursement		€9.76	€9.76	€9.76	€9.76	€12.07
	Patient's contribution (out-of-pocket)		€2.31	€2.31	€2.31	€2.31	€0.00

⁽³⁾ State-approved rate

Understanding the *reste à charge* (out-of-pocket expenses)

Medical charges and flat-rate fees applied by French Social Security that are not reimbursed by your insurance plan:

- > €2 per consultation, procedure, or laboratory work
- > €1 per box of medication and for each paramedical service
- > €4 for medical transportation

What is DPTAM?

DPTAM is a generic term referring to various schemes aimed at controlling excess fees charged by healthcare professionals who are contracted with the French Social Security system. This mainly applies to doctors who have signed up to the "*Contrat d'Accès aux Soins*" (Care Access Contract) or have opted for the "*Option de Pratique Tarifaire Maîtrisée*" (Controlled Pricing Option - OPTAM/OPTAM-CO). By consulting a doctor who participates in DPTAM, you benefit from better reimbursement for treatments and consultations by the French Social Security.

Dental care

"100% Santé" care and dentures

Metal-ceramic crown on incisors, canines and first premolars (100% Santé dentures)	Cost ⁽⁵⁾	—	€515.00				
	Social Security reimbursement		€120.00				
	APRIL International reimbursement		€443.00				
	Patient's contribution (out-of-pocket)		€0.00	€0.00	€0.00	€0.00	€0.00

Treatment (excluding "100% Santé")

Descaling	Cost ⁽⁵⁾	—	€43.38				
	Social Security reimbursement		€26.03				
	APRIL International reimbursement		€17.35				
	Patient's contribution (out-of-pocket)		€0.00	€0.00	€0.00	€0.00	€0.00

Dentures (excluding "100% Santé")

Metal-ceramic crown on molars	Cost ⁽²⁾	—	€557.00				
	Social Security reimbursement		€72.00				
	APRIL International reimbursement		€48.00	€48.00	€108.00	€288.00	€288.00
	Patient's contribution (out-of-pocket)		€437.00	€437.00	€377.00	€197.00	€197.00

Orthodontics (for a child under 16)

Orthodontic treatment (6 semesters maximum)	Cost ⁽²⁾	—	€707.00				
	Social Security reimbursement		€193.50				
	APRIL International reimbursement		€0.00	€0.00	€96.75	€387.00	€483.75
	Patient's contribution (out-of-pocket)		€520.60	€520.60	€423.85	€133.60	€36.85

Optical care

"100% Santé" glasses

Category A single-vision lenses and frames	Cost ⁽⁴⁾	—	€115.00				
	Social Security reimbursement		€20.70				
	APRIL International reimbursement		€94.30				
	Patient's contribution (out-of-pocket)		€0.00	€0.00	€0.00	€0.00	€0.00
Category A progressive lenses and frames	Cost ⁽⁴⁾	—	€210.00				
	Social Security reimbursement		€37.80				
	APRIL International reimbursement		€172.20				
	Patient's contribution (out-of-pocket)		€0.00	€0.00	€0.00	€0.00	€0.00

Devices outside the "100% Santé" system

Category B single-vision lenses and frames	Cost ⁽⁴⁾	—	€372.00				
	Social Security reimbursement		€0.09				
	APRIL International reimbursement		€0.06	€0.06	€0.06	€0.06	€350.00
	Patient's contribution (out-of-pocket)		€371.85	€371.85	€371.85	€371.85	€21.91
Category B progressive lenses and frames	Cost ⁽⁴⁾	—	€640.00				
	Social Security reimbursement		€0.09				
	APRIL International reimbursement		€0.06	€0.06	€0.06	€0.06	€350.00
	Patient's contribution (out-of-pocket)		€639.85	€639.85	€639.85	€639.85	€289.91

(4) Maximum selling price (5) Maximum billable fees

Optical care (continued)

Lenses							
Corrective lenses	Cost ⁽⁴⁾	—	€156.87				
	Social Security reimbursement		€0.00				
	APRIL International reimbursement		€0.00	€0.00	€0.00	€0.00	€150.00
	Patient's contribution (out-of-pocket)		€156.87	€156.87	€156.87	€156.87	€6.87
Refractive surgery							
Corrective surgery for myopia	Cost ⁽⁴⁾	—	€1,846.60				
	Social Security reimbursement		€0.00				
	APRIL International reimbursement		€0.00	€0.00	€0.00	€0.00	€400.00
	Patient's contribution (out-of-pocket)		€1,846.60	€1,846.60	€1,846.60	€1,846.60	€1,446.60

Hearing aids

"100% Santé" devices							
Category I hearing aids per ear for a patient over the age of 20	Cost ⁽⁴⁾	—	€950.00				
	Social Security reimbursement		€240.00				
	APRIL International reimbursement		€710.00				
	Patient's contribution (out-of-pocket)		€0.00	€0.00	€0.00	€0.00	€0.00
Devices outside the "100% Santé" system							
Category II hearing aids per ear for a patient over the age of 20	Cost ⁽²⁾	—	€1,515.00				
	Social Security reimbursement		€240.00				
	APRIL International reimbursement		€160.00	€160.00	€160.00	€160.00	€360.00
	Patient's contribution (out-of-pocket)		€1,115.00	€1,115.00	€1,115.00	€1,115.00	€915.00

⁽²⁾ National average price of the medical service ⁽⁴⁾ Maximum selling price

These examples are based on the profile of an insured adult residing in France, respecting the coordinated care pathway and not exempt from co-payment (i.e. not covered at 100% by the French Social Security). This document provides examples of reimbursements in euros from the statutory health insurance and your supplementary health insurance, covering some of the most common cases and according to the chosen level of coverage. These examples may not necessarily reflect your specific needs or circumstances but are intended to help you understand, select, or compare the Benefit Schedules. They do not replace the contractual documents, which alone bind the supplementary health insurance provider. These examples have been prepared based on data provided by the compulsory health insurance system and by referring to the Glossary of Complementary Health Insurance issued by UNOCAM (<https://unocam.fr/ressources/documents-a-telecharger/>).



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:** a genetic term referring to various schemes aimed at controlling excess fees charged by contracted healthcare professionals. This particularly concerns doctors who have signed up to the "Contrat d'Accès aux Soins" (Care Access Contract) or opted for the "Option de Pratique Tarifaire Maîtrisée" (Controlled Pricing Option - OPTAM/OPTAM-CO).
- **Emergency patient charge:** contribution the patient must pay after visiting an emergency department, provided the visit doesn't result in admission to a medical, surgical, obstetric, or dental department of the establishment.

- **French Social Security reimbursement rate ("Base de remboursement de la Sécurité sociale Française" or BRSS):** 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.

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