



EXPATRIATION HEALTH INSURANCE

Your health secured with APRIL International

MyHealth France, comprehensive Social Security top-up insurance specially designed for expats in France

MANAGED
100% IN
ENGLISH



COVID-19 covered

Download Easy Claim, our mobile app!





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1

Why choose APRIL International?



Because we are the leader of international insurance for expats

Our teams are never far away and always ready to answer your questions. They are fully aware of the specificities of the French health system. Our advisors will be able to respond quickly to your questions.



APRIL International awarded "Leading Health Insurance Provider Europe 2022" and "Most Trusted Insurance Services Provider Europe 2022" by *International Business Magazine*

French top-up health insurance combined with international administration

- › **Simplified enrolment procedure:** no health questionnaire or age limit
- › **No cash advance in France** for many health expenses (hospitalisation, medicines, radiology, laboratory...) 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

Your exclusive services to support you



Unlimited medical teleconsultation included, 24/7



All your procedures online via the Easy Claim app



Express reimbursement of your expenses thanks to instant transfer



Advisors available via chat and Facebook Messenger

Understanding and choosing your cover

Universal health protection (PUMA)

What is the objective?

Universal health protection allows everyone to benefit from the coverage of medical expenses by the social security system. This system is one of the pillars of French social protection.

Who can benefit from it?

Any person living in France (regardless of nationality) on a stable and uninterrupted basis for at least 3 months from the date of application for entitlement to the statutory scheme (see **Definitions** on page 12).

Thereafter, you must reside in France for at least 6 months a year and/or be in paid employment or self-employment. It is up to you to check whether you are concerned and eligible for the PUMA. For more information on the conditions of affiliation, go to:

<https://www.ameli.fr/paris/assure/droits-demarches/principes/protection-universelle-maladie>

You can also contact the English-speaking advisors of the Social Security by phone at **09 74 75 36 46** (from France) or **+33 09 74 75 36 46** (from abroad).



Social security top-up insurance

What does it mean?

Universal health protection provides a first level of cover for health expenses. However, this often remains insufficient. This is why the purpose of MyHealth France is to **cover some or all of the health costs that are not, or are only partially, reimbursed by the French social security.**

Understanding reimbursements:

The table of benefits shows the total reimbursements: **French social security + APRIL International.**

At APRIL International, simplifying insurance means helping you to understand your reimbursements. See our detailed examples from page 13.

State-approved plan

What is it?

A State-approved plan ensures the coverage of health expenses at least up to the minimum set by French legislation. It also encourage patients and practitioners to take responsibility for the financing of the Social security by introducing, for example, the coordinated healthcare pathway, the declaration of a single GP...

What are the terms and conditions for reimbursement of medical expenses?

The levels of reimbursement of doctors' fees depend 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 (see **Definitions** on page 12), your medical treatment, procedures and consultations will be reimbursed by French Social Security at a higher rate.

How to know 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)".

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

Your benefits

Choose the plan that best meets your needs:

	LEVEL 1	LEVEL 2 State-approved	LEVEL 3 State-approved	LEVEL 4 State-approved	LEVEL 5 State-approved	LEVEL 6 State-approved
Hospitalisation	●●●●	●●	●●●●	●●●	●●●●●	●●●●●
Outpatient care	×	●●	●●	●●●	●●●●	●●●●●
Dental	×	●●	●●	●●●	●●●●	●●●●●
Vision care	×	●●	●●	●●	●●	●●●●

Your levels of reimbursement in detail:

TREATMENT OR PROCEDURE	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 SSRR <small>(see Definitions p12)</small>	100% of the SSRR	300% of the SSRR	150% de la BRSS	300% of the SSRR	300% of the SSRR	
Daily hospital charge <small>(see Definitions p12)</small>	100% of actual costs <small>(see Definitions p12)</small>	100% of actual costs	100% of actual costs	100% of actual costs	100% of actual costs	100% of actual costs	
Emergency patient charge <small>(see Definitions p12)</small>	100% of actual costs	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 <small>(see Definitions p12)</small>	300% of the SSRR	100% of the SSRR	300% of the SSRR	170% of the SSRR	300% 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	200% of the SSRR
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 jours par an)	€25 per day	€25 per day	€25 per day	€25 per day	€50 per day	€50 per day	
Patient transportation costs reimbursed by the Statutory scheme (except for spa therapies) <small>(see Definitions p12)</small>	300% of the SSRR	100% of the SSRR	300% of the SSRR	150% of the SSRR	300% of the SSRR	300% of the SSRR	

*Reimbursement of the patient's fixed contribution to costs which may not be covered by Social Security if the medical service is billed at a rate equal to or higher than the upper limit set under Social Security regulations.

The "Association des Assurés APRIL" offers Hospitalisation Support

To assist you in difficult times, we provide you with additional services to make your day-to-day life easier in case of hospitalisation.

By joining the MyHealth France plan, arranged by the Association, you become a member. And, in addition to your insurance cover, you also benefit from support if you are hospitalised for more than 3 nights:

- **During your hospitalisation:**

- › Childcare for children under the age of 15 covered up to €250 per hospitalisation.
- › Pet care covered up to €250 per hospitalisation.

- **After your hospitalisation:**

In addition, we can provide you with home help services, including if you are having chemotherapy or radiotherapy.





TREATMENT OR PROCEDURE	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	LEVEL 6	
OUTPATIENT CARE							
Medical fees: Consultations/ Visits – GPs and specialists Specialist treatment or procedures, surgery and technical medical procedures, including on an outpatient basis	“DPTAM”-registered doctors	–	100% of the SSRR	100% of the SSRR	170% of the SSRR	220% 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	200% of the SSRR
Radiology	“DPTAM”-registered doctors	–	100% of the SSRR	100% of the SSRR	170% of the SSRR	220% 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	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	200% of the SSRR	
Medicines reimbursed by the Statutory scheme	–	100% of the SSRR	100% of the SSRR	100% of the SSRR	100% of the SSRR	100% of the SSRR	
Prescription medicines not reimbursed by the Statutory scheme	–	–	–	–	–	€30 per year	
Psychological consultations	–	1 st session of 55 min reimbursed at €40, subsequent sessions of 40 min at €30. Max 8 sessions per year.					
Alternative medicine (osteopaths, chiropractors, acupuncturists and chiropractists)	–	–	–	–	–	€50 per session/max 3 sessions per year	
Spa therapies covered by the Statutory scheme	–	100% of the SSRR	100% of the SSRR	150% of the SSRR	200% 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 Statutory scheme	–	100% of the SSRR	100% of the SSRR	150% of the SSRR	300% of the SSRR	300% of the SSRR
Treatment and dentures from the “100% Santé” basket which are reimbursed by the Statutory scheme ¹	–	100% of actual costs				
Dentures from the “Controlled pricing” and “Free pricing” baskets which are reimbursed by the Statutory scheme ¹	–	100% of the SSRR	100% of the SSRR	150% of the SSRR	300% of the SSRR	300% of the SSRR
Orthodontics covered by the Statutory scheme	–	100% of the SSRR	100% of the SSRR	150% of the SSRR	300% of the SSRR	350% of the SSRR
Dentures and treatment not covered by the Statutory scheme	–	–	–	–	–	€300 per year
Cover limit for dentures in the “Controlled pricing” and “Free pricing” baskets which are reimbursed by the Statutory scheme ¹ Except for treatment and dentures from the “100% Santé” basket which are reimbursed by the Statutory scheme ¹	–	–	–	€250 per year Above this limit: 100% of the SSRR	€500 per year Above this limit: 100% of the SSRR	€1000 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 actual 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	€350 (frame limited to €100)
Mixed glasses: combination of category A and B lenses and frames ²	–	Cover of category B glasses according to respective limits and Category A items up to the level of actual costs				
Contact lenses accepted and reimbursed by the Statutory scheme	–	100% of the SSRR	100% of the SSRR	100% of the SSRR	100% of the SSRR	€250 per year
Refractive surgery	–	–	–	–	–	€200 per eye

TREATMENT OR PROCEDURE

LEVEL 1

LEVEL 2

LEVEL 3

LEVEL 4

LEVEL 5

LEVEL 6



HEARING AIDS

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 actual 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	150% of the SSRR



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	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	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	150% of the SSRR
Direct billing certificate	yes	yes	yes	yes	yes	yes

WITH PACKAGES FROM LEVEL 2 TO LEVEL 6, YOUR VISION, HEARING AND DENTAL COVER COMPLIES WITH THE FRENCH HEALTHCARE REFORM "100% SANTÉ".

What is the «100% Santé» reform?

The "100% Santé" reform made changes to vision, hearing and dental cover from January 1st 2020.

It aims to improve access to quality services in vision, hearing and dental care. With this reform, you 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.

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.



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.

3 Your digital services

To help you manage your plan, we're continually developing new services 100% online and available in english

Your Easy Claim app



Connect with a doctor using the teleconsultation service. It's free, unlimited and available 24/7!



Find the nearest healthcare professional with our geolocation service



Access your direct billing card to avoid advance payment



Communicate with your dedicated advisors

Your app allows you to manage all your requests related to your health insurance.

With your Easy Claim app, you can:

- › find a healthcare professional near you, recommended by APRIL,
- › find your dedicated points of contact so you can reach us easily,
- › make a teleconsultation request.
- › update and add new bank details,
- › view and update other personal information,
- › view the details of your reimbursements,
- › upload your documents (insurance certificates, reimbursement statements, etc.).

DOWNLOAD THE APRIL EASY CLAIM APP FROM THE APP STORE OR GOOGLE PLAY





Doctor available by phone

To have easy access to medical treatment wherever you are, discover our Telehealth service in partnership with Teladoc Health!

1 Telehealth:

With this new service, get confidential advice from a health professional who will answer all your medical questions.

A doctor will call you within **3 hours at any time 24/7**, anywhere in the world, in your preferred language.

Simple and convenient to use, without you having to leave home to see a doctor!

2 Second medical opinion:

**Received a diagnosis by a first doctor and want a second opinion?
Have you been prescribed a treatment and wish to know if there are any alternatives?**

With this service, get in touch with one of the 50,000 medical specialists in the Teladoc Health network and get a Second Medical Opinion on a diagnosis you have been given and the treatment being proposed. A medical specialist will check your medical file and get in touch with you within a maximum of 24 hours to give you their advice on your situation.

To learn more about these two services, watch our video [here!](#)

Your customer zone

Simple and 100% online!

In just a few clicks from your PC, tablet or smartphone, access to your Customer Zone [here](#) to:

- › consult your useful documents and contacts (insurance certificate, general conditions, etc.),
- › view or modify your banking information and personal data,
- › access your reimbursements, if you are the insured,
- › pay and follow the details of your premiums, if you are the policyholder.



Other services

provided under your plan to make your life simpler!



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,
- › sign up to new options,
- › update a new address or new 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

Bilingual French/English administrators



Our **bilingual French/English administrator** are 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.

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, radiography or expenses related to a hospitalisation)).

Find your direct billing card directly from your Easy Claim app!



YOUR SPECIAL OFFERS

With your health insurance plan, you benefit from exclusive deals from our partners:

- › opticians: **Krys, Lynx Optique** and **Vision Plus**, offering discounts of between 10% and 25% on your glasses!
- › hearing specialist: **Audika**, offering a free hearing test and up to 15% discount on your hearing aid.



4

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, the day following the reception 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?

The benefits cease automatically:

- › when you want to cancel on the annual due date of 31/12, by registered letter with a notice period of at least 2 months (i.e. sent by 31/10) when you want to terminate at any time, after twelve (12) months,
 - › when you want to cancel at any time, after twelve (12) months of membership. The cancellation will take effect one month after from the date of receipt of your notification and must be sent to APRIL International Care France by:
 - simple or registered mail to the following address Service Courrier - 1 rue du Mont - CS 80010 - 81700 Blan - FRANCE
- or**
- by email to care@april-international.com
- › in the event of non-payment of premiums,
 - › in the event of termination of the agreement by the insurer or the Association des Assurés APRIL on the annual due date (in this case, the Association undertakes to inform each insured of this),
 - › if you no longer reside in France, upon presentation of an official document attesting to this fact.

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: myhealth.france@april-international.com
-



**Need advice to choose your cover?
Contact your insurance agent or get
in touch directly with our bilingual
advisors:**

- By phone:
+33(0)173 03 41 29
- By email:
conseillers.expats@april-international.com



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).
- › **Emergency patient charge:** contribution payable by the patient following a visit to the emergency department not followed by hospitalisation in a medical, surgical, obstetrical or dental department within the establishment.
- › **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.

5 How much will you be reimbursed?



Calculations based on the Social Security reimbursement rate in force at 1st January 2022

PRODUCT 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	€20.00	€20.00	€20.00	€20.00	€20.00
	Social Security reimbursement	€0.00	€0.00	€0.00	€0.00	€0.00	€0.00
	APRIL International reimbursement	€20.00	€20.00	€20.00	€20.00	€20.00	€20.00
	Patient's contribution (out-of-pocket)	€0.00	€0.00	€0.00	€0.00	€0.00	€0.00
Private room for one night (at the patient's request)	Cost ⁽²⁾	€66.59	€66.59	€66.59	€66.59	€66.59	€66.59
	Social Security reimbursement	€0.00	€0.00	€0.00	€0.00	€0.00	€0.00
	APRIL International reimbursement	€50.00	€25.00	€50.00	€25.00	€66.59	€66.59
	Patient's contribution (out-of-pocket)	€16.59	€41.59	€16.59	€41.59	€0.00	€0.00
Hospital stay with costly medical services: cataract surgery in the private sector, for example <i>Public hospitals include the practitioners' remuneration in the cost of the stay, whereas their fees are charged separately in the private sector.</i>							
Room and board in the private sector	Cost ⁽²⁾	€745.54	€745.54	€745.54	€745.54	€745.54	€745.54
	Social Security reimbursement	€721.54	€721.54	€721.54	€721.54	€721.54	€721.54
	APRIL International reimbursement	€24.00	€24.00	€24.00	€24.00	€24.00	€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⁾	€355.00	€355.00	€355.00	€355.00	€355.00	€355.00
	Social Security reimbursement	€271.70	€271.70	€271.70	€271.70	€271.70	€271.70
	APRIL International reimbursement	€83.30	€0.00	€83.30	€83.30	€83.30	€83.30
	Patient's contribution (out-of-pocket)	€0.00	€0.00	€0.00	€0.00	€0.00	€0.00
Surgeon's fees with no cap on excess fees (not a member of a DPTAM scheme: OPTAM or OPTAM-CO)	Cost ⁽²⁾	€447.00	€447.00	€447.00	€447.00	€447.00	€447.00
	Social Security reimbursement	€271.70	€271.70	€271.70	€271.70	€271.70	€271.70
	APRIL International reimbursement	€175.30	€0.00	€175.30	€136.00	€175.30	€175.30
	Patient's contribution (out-of-pocket)	€0.00	€175.30	€0.00	€39.30	€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. <i>Public hospitals include the practitioners' remuneration in the cost of the stay, whereas their fees are charged separately in the private sector.</i>							
Room and board	Cost ⁽²⁾	€3,270.12	€3,270.12	€3,270.12	€3,270.12	€3,270.12	€3,270.12
	Social Security reimbursement	€2,616.10	€2,616.10	€2,616.10	€2,616.10	€2,616.10	€2,616.10
	APRIL International reimbursement	€654.02	€654.02	€654.02	€654.02	€654.02	€654.02
	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⁾	-	€25.00	€25.00	€25.00	€25.00	€25.00
	Social Security reimbursement		€16.50	€16.50	€16.50	€16.50	€16.50
	APRIL International reimbursement		€7.50	€7.50	€7.50	€7.50	€7.50
	Patient's contribution (out-of-pocket)		€1.00	€1.00	€1.00	€1.00	€1.00

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

		Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
OUTPATIENT CARE (continued)							
Consultation with a paediatrician for a child under the age of 6	Cost ⁽³⁾	–	€32.00	€32.00	€32.00	€32.00	€32.00
	Social Security reimbursement	–	€22.40	€22.40	€22.40	€22.40	€22.40
	April International reimbursement	–	€9.60	€9.60	€9.60	€9.60	€9.60
	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⁾	–	€30.00	€30.00	€30.00	€30.00	€30.00
	Social Security reimbursement	–	€20.00	€20.00	€20.00	€20.00	€20.00
	April International reimbursement	–	€9.00	€9.00	€9.00	€9.00	€9.00
	Patient's contribution (out-of-pocket)	–	€1.00	€1.00	€1.00	€1.00	€1.00
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⁾	–	€32.00	€32.00	€32.00	€32.00	€32.00
	Social Security reimbursement	–	€22.40	€22.40	€22.40	€22.40	€22.40
	April International reimbursement	–	€9.60	€9.60	€9.60	€9.60	€9.60
	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⁾	–	€44.00	€44.00	€44.00	€44.00	€44.00
	Social Security reimbursement	–	€20.00	€20.00	€20.00	€20.00	€20.00
	April International reimbursement	–	€14.00	€14.00	€23.00	€23.00	€23.00
	Patient's contribution (out-of-pocket)	–	€10.00	€10.00	€1.00	€1.00	€1.00
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⁾	–	€55.00	€55.00	€55.00	€55.00	€55.00
	Social Security reimbursement	–	€16.10	€16.10	€16.10	€16.10	€16.10
	April International reimbursement	–	€6.90	€6.90	€18.40	€29.90	€29.90
	Patient's contribution (out-of-pocket)	–	€32.00	€32.00	€20.50	€9.00	€9.00
Consultation with a specialist doctor for a patient over 18 years of age (gynaecology, ophthalmology, dermatology etc.)	Cost ⁽³⁾	–	€57.00	€57.00	€57.00	€57.00	€57.00
	Social Security reimbursement	–	€15.10	€15.10	€15.10	€15.10	€15.10
	April International reimbursement	–	€7.90	€7.90	€19.40	€30.90	€30.90
	Patient's contribution (out-of-pocket)	–	€34.00	€34.00	€22.50	€11.00	€11.00
Medical equipment (excluding hearing aids and vision care accessories)							
Purchase of a pair of crutches	Cost ⁽³⁾	–	€25.80	€25.80	€25.80	€25.80	€25.80
	Social Security reimbursement	–	€14.64	€14.64	€14.64	€14.64	€14.64
	April International reimbursement	–	€9.76	€9.76	€9.76	€9.76	€11.16
	Patient's contribution (out-of-pocket)	–	€1.40	€1.40	€1.40	€1.40	€0.00

⁽³⁾ State-approved rate

The €1 contribution to costs

The excess and fixed contribution introduced by French Social Security are not reimbursed under your insurance plan:

- €1 per consultation, technical medical procedure and laboratory test
- €0.50 per pack of medicines and per paramedical service
- €2 per patient transportation

What is the DPTAM scheme?

DPTAM is a generic term for the various measures designed to control the excess fees charged by stateregistered health professionals. This includes doctors who have signed up to the Access to Care Agreement (*Contrat d'Accès aux Soins* or CAS) or the Controlled Pricing Option (*Option de Pratique Tarifaire Maîtrisée* (OPTAM/OPTAM-CO).

By consulting a doctor who has signed up to a DPTAM scheme, your medical services and consultations will be reimbursed by French Social Security at a higher level.

Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
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DENATAL

100% Santé and dentures						
Metal-ceramic crown on incisors, canines and first premolars (100% Santé dentures)	Cost ⁽⁵⁾	-	€500.00	€500.00	€500.00	€500.00
	Social Security reimbursement		€84.00	€84.00	€84.00	€84.00
	April International reimbursement		€416.00	€416.00	€416.00	€416.00
	Patient's contribution (out-of-pocket)		€0.00	€0.00	€0.00	€0.00
Treatment (excluding 100% Santé)						
Descaling	Cost ⁽⁵⁾	-	€43.38	€43.38	€43.38	€43.38
	Social Security reimbursement		€30.36	€30.36	€30.36	€30.36
	April International reimbursement		€13.02	€13.02	€13.02	€13.02
	Patient's contribution (out-of-pocket)		€0.00	€0.00	€0.00	€0.00
Dentures (excluding 100% Santé)						
Metal-ceramic crown on molars	Cost ⁽²⁾	-	€537.48	€537.48	€537.48	€537.48
	Social Security reimbursement		€75.25	€75.25	€75.25	€75.25
	April International reimbursement		€32.25	€32.25	€86.00	€247.25
	Patient's contribution (out-of-pocket)		€429.98	€429.98	€376.23	€214.98
Orthodontics (for a child under 16)						
Orthodontic treatment	Cost ⁽²⁾	-	€720.00	€720.00	€720.00	€720.00
	Social Security reimbursement		€193.50	€193.50	€193.50	€193.50
	April International reimbursement		€0.00	€0.00	€96.75	€387.00
	Patient's contribution (out-of-pocket)		€526.50	€526.50	€429.75	€139.50

VISION CARE

100% Santé glasses						
Category A single-vision lenses and frames	Cost ⁽⁴⁾	-	€112.00	€112.00	€112.00	€112.00
	Social Security reimbursement		€34.50	€34.50	€34.50	€34.50
	April International reimbursement		€91.30	€91.30	€91.30	€91.30
	Patient's contribution (out-of-pocket)		€0.00	€0.00	€0.00	€0.00
Category A progressive lenses and frames	Cost ⁽⁴⁾	-	€210.00	€210.00	€210.00	€210.00
	Social Security reimbursement		€37.80	€37.80	€37.80	€37.80
	April International reimbursement		€172.20	€172.20	€172.20	€172.20
	Patient's contribution (out-of-pocket)		€0.00	€0.00	€0.00	€0.00
Équipements hors 100% santé (offre libre)						
Category B single-vision lenses and frames	Cost ⁽⁴⁾	-	€339.00	€339.00	€339.00	€339.00
	Social Security reimbursement		€0.09	€0.09	€0.09	€0.09
	April International reimbursement		€0.06	€0.06	€0.06	€338.91
	Patient's contribution (out-of-pocket)		€338.85	€338.85	€338.85	€0.00
Category B progressive lenses and frames	Cost ⁽⁴⁾	-	€601.00	€601.00	€601.00	€601.00
	Social Security reimbursement		€0.09	€0.09	€0.09	€0.09
	April International reimbursement		€0.06	€0.06	€0.06	€350.00
	Patient's contribution (out-of-pocket)		€600.85	€600.85	€600.85	€250.91

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

VISION CARE (CONTINUED)

Lenses						
Corrective lenses	Cost ⁽⁴⁾	—	€156.87	€156.87	€156.87	€156.87
	Social Security reimbursement		€0.00	€0.00	€0.00	€0.00
	April International reimbursement		€0.00	€0.00	€0.00	€150.00
	Patient's contribution (out-of-pocket)		€156.87	€156.87	€156.87	€6.87
Refractive surgery						
Corrective surgery for myopia	Cost ⁽⁴⁾	—	€1,846.60	€1,846.60	€1,846.60	€1,846.60
	Social Security reimbursement		€0.00	€0.00	€0.00	€0.00
	April International reimbursement		€0.00	€0.00	€0.00	€400.00
	Patient's contribution (out-of-pocket)		€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	€950.00	€950.00	€950.00
	Social Security reimbursement		€240.00	€240.00	€240.00	€240.00
	April International reimbursement		€710.00	€710.00	€710.00	€710.00
	Patient's contribution (out-of-pocket)		€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 ⁽⁴⁾	—	€1,476.00	€1,476.00	€1,476.00	€1,476.00
	Social Security reimbursement		€240.00	€240.00	€240.00	€240.00
	April International reimbursement		€160.00	€160.00	€160.00	€360.00
	Patient's contribution (out-of-pocket)		€1,076.00	€1,076.00	€1,076.00	€876.00

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

i 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 statutory scheme).

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