



HEALTH INSURANCE

John and Ellen are moving to France

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

**MANAGED
100%
IN ENGLISH**

Download Easy Claim, our mobile app!



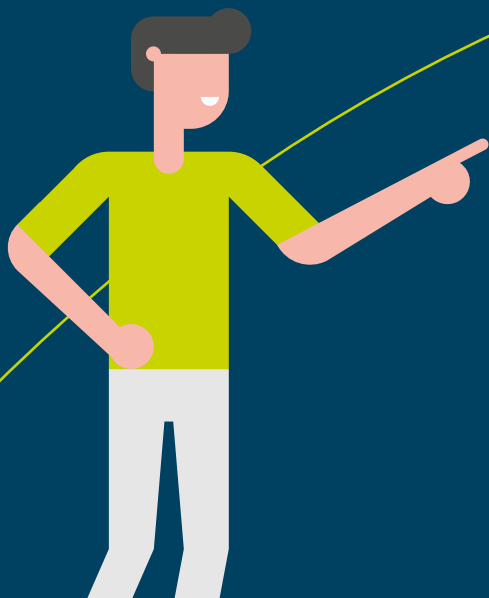
Follow us on Facebook and Twitter!

 www.facebook.com/APRIL.International/

 www.twitter.com/APRIL_Inter



Insurance made easy.



Contents



- 1 - HOW DOES THE POLICY WORK? > **P3**
- 2 - HOW TO CHOOSE YOUR COVER > **P4**
- 3 - YOUR DIGITAL SERVICES > **P9**
- 4 - WHY CHOOSE APRIL INTERNATIONAL? > **P11**

MyHEALTH FRANCE, health insurance specially designed for expats in France



1. 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.

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.

2. How to choose your cover



WHAT IS 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:

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

You can also contact the French Health Insurance Advice Line on **09 74 75 36 46** (from France) or **+33 09 74 75 36 46** (from other countries).



WHAT IS SOCIAL SECURITY TOP-UP INSURANCE?

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 reimbursement levels will be automatically adjusted in line with legislative and regulatory developments governing state-approved health insurance.

The arrangements for covering medical expenses under state-approved health insurance

The reimbursement level 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 (see **Definitions p3**), 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)*".

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	×	●●	●●	●●	●●	●●●●

With MyHEALTH FRANCE, you are covered all year round in France



NEW!

The “Association des Assurés APRIL” now 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	PLAN						NEW
	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	LEVEL 6	
HOSPITALISATION* (Medical and surgical hospitalisation, home hospitalisation and maternity)							H
Room and board	300% of the SSRR <small>(see Definitions p3)</small>	100% of the SSRR	300% of the SSRR	150% of the SSRR	300% of the SSRR	300% of the SSRR	
Daily hospital charge <small>(see Definitions p3)</small>	100% of actual costs <small>(see Definitions p3)</small>	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 p3)</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 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 Statutory scheme (except for spa therapies) <small>(see Definitions p3)</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.

NEW

TREATMENT OR PROCEDURE		LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	LEVEL 6
OUTPATIENT CARE							
Medical fees: Consultations/Visits - GPs and specialists		-	100% of the SSRR	100% of the SSRR	170% of the SSRR	220% of the SSRR	220% of the SSRR
Specialist treatment or procedures, surgery and technical medical procedures, including on an outpatient basis		-	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
Alternative medicine (osteopaths, chiropractors, acupuncturists and chiroprodists)		-	-	-	-	-	€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	€1,000 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 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 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

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.

How will you be reimbursed?



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 his fees for the consultation are €45.

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



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

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

With your Easy Claim mobile app, you can:

- › request a guarantee of payment before going into hospital,
- › 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.



You can also:

- › 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, forms, etc.).

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



Teladoc HEALTH

Doctor available by phone

To have easy access to medical treatment wherever you are, discover your new free services in partnership with Teladoc Health, available now!

1 Teleconsultation:

With this new service, get confidential advice from a health professional who will answer all your medical questions. A doctor will call you back **within 3 hours at any time 24/7, anywhere in the world**, in your preferred language, including in English.

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 new 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.

Other services

provided under your plan to make your life simpler!



YOUR CUSTOMER ZONE

Simple and 100% online!

In just a few clicks from your PC, tablet or smartphone, you can access your secured zone to view and pay 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,
- › 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



A **bilingual French/English administrators** 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.

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.



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 • Why choose APRIL International?

● 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.

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**



**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: advisors.expats@april-international.com**
- **in our office: 14 rue Gerty Archimède, 75012 Paris, France**

About APRIL, insurance made easy

APRIL's mission is simply to offer people support and protection when it matters. APRIL is a major player in insurance distribution, the inventor of wholesale brokering in France and leader in this market. The company strives to nurture the confidence of its customers and offer them an outstanding experience, combining the best of people and technology. Its 2,300 employees design, manage and distribute insurance solutions in 22 countries and in five priority markets: loan insurance, individual health and personal protection, international health insurance (iPMI), pros and VSEs, and property and casualty niches.

APRIL's ambition by 2023 is to become a digital, omnichannel, agile player, focusing on 4 essential pillars #CustomerExperience #Growth #Performance #Teams.

In 2019, the APRIL Group recorded a turnover of €1,017.3 million.

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.

CONTACT
YOUR INSURANCE CONSULTANT:

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.expats@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

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

NAF6622Z - VAT N° FR603009707727



Insurance made easy.