

Healthcare in France

PREMIÈRE HEALTHCARE PLAN

EFFECTIVE 1st NOVEMBER 2009

(Produced as an information document to foreign residents of France).

This document can only give a brief description of the healthcare system in France and how permanent expatriate residents can and should affiliate thereto. Affiliation procedures can certainly appear daunting but well worthwhile. Aetna Global Benefits (AGB) has access to expert advice on this subject.

Medical Services in France

The quality of healthcare in France is indisputably high. The World Health Organisation in their 2000 survey placed France Number One in the world in the provision of universal healthcare for its citizens. With one or two specific exceptions waiting lists, such as those that occur in the UK, do not exist in France. One has choice of doctor, hospital and specialist and in the latter case referral by a GP is not necessary. Most wards have two or four beds and private rooms are readily available.

Most doctors, specialists and hospitals/clinics adhere to a laid down scale of charges, with certain variations, for the whole range of medical treatment from a routine visit to the doctor up to major surgery. This is known as the "Tarif de Convention". Those subject to this tarif are described as "conventionnée" and are in the vast majority. Only about 3% of doctors/clinics do not follow this tarif and are defined as "non-conventionnée" and can charge what they like. AGB only works with "conventionnée" establishments. It is worth emphasising here that the public and private sector work in harmony and there is no real difference in the overall standard of care. Indeed private clinics tend to contain their costs through administrative efficiencies and they do not have the teaching function that public hospitals have.

The Funding of Healthcare in France

The high standard of healthcare has to be paid for. Those in employment pay high obligatory social security contributions to a sickness organisation. There are several of these "caisses" depending on the nature of the business activity. For example, those expatriates who are retired or have taken early retirement will affiliate to the "Caisse Primaire Assurance Maladie" (CPAM) of which there is a nationwide network of offices. But CPAM will still only cover a proportion of the costs (typically 70%). Even with hospitalisation the individual could face up to 20% of the costs depending on the specific treatment received.

It is for this reason that most residents of France take out a "top up" insurance to cover the difference. These policies are called "mutuelles" or "polices complémentaires". The underlying principle of this type of insurance is that if CPAM pay their share of the costs the insurer will pay the difference within the policy limits.

For minor medical expenses eg; a routine visit to the doctor it is usual to pay direct and then seek reimbursement from CPAM/insurer. In the event of major expenses such as hospitalisation arrangements can be made for both CPAM and the insurer to pay direct.

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Affiliation

On 1st January 2000 two pieces of legislation came into force in France which have fundamental consequences for healthcare provision:

1. Law 99-641 CMU of 27th July 1999. This provides for universal health cover for all those who:

Have no entitlement to state healthcare

Have at least 90 days stable residence in France and have complied with the legal requirements in obtaining French residence, eg; carte de séjour.

In addition, for the poorest of households whose income is below certain thresholds there would be free healthcare. Above a certain (different) threshold a financial contribution would be required.

2. Law DDOS of 4th February 1995. This law provides for penalties (fines and/or imprisonment) for those offering policies that would otherwise take the place of cover provided by the state. (Top up policies are not included in this legislation).

There are not many exceptions to this legislation. The one that probably affects the greatest number of expatriate residents is those affiliating via E Forms.

Affiliation via E Forms

Nationals of other EU states who come to live in France can, in many cases, take advantage of various E Forms in issue to obtain their basic healthcare without cost. The two most common forms are E121 and E106.

E121. For those of state retirement age and in receipt of a state pension E121 will be issued by the home nation authorities (in the UK this is the Department of Work and Pensions in Newcastle-upon-Tyne). With E121 affiliation for life is possible.

E106. Issued to those under state retirement age and are not working in France. E106 will have limited life and is usually only valid for up to 2 years.

Affiliation via these E Forms still only covers the typically 70% proportion covered by CPAM so a "top up" insurance is still required to make up the difference.

Affiliation under Residence Criteria

If one is not eligible for an E Form then qualification under residence criteria is the remaining option but in this case a financial contribution is required.

Under a certain income basic healthcare costs are still free. These thresholds (after tax allowances) are as follows.

Single Person	€16,913
Couple	€10,370
Three Persons	€12,444
Four Persons	€14,518

In addition, for those under these income thresholds it is possible to apply for a free "police complémentaire" as well. However it is far from automatic that this will be permitted since CPAM can apply what is little more than means testing to establish entitlement.

The above thresholds do NOT apply for the calculation of any financial contribution. A threshold of €6,849 applies and it is per household ("le foyer fiscal") and NOT per person. Over and above this a contribution of 8% of the difference is payable.

Example:

A couple whose income after allowances is €16,609 so the contribution is calculated as follows:

$$\text{€}16,849 - \text{€}6,849 = \text{€}10,000 \times 8\% = \text{€}800 \text{ per year.}$$

The contribution will still only be for basic healthcare and a top up insurance is still required to cover any difference.

All thresholds above are reviewed annually and are correct at time of going to press.

Again AGB has access to expert knowledge on affiliation procedures whether by E Forms or residence criteria. Your AGB agent can explain how their Première and Première Plus policies complement the healthcare cover from CPAM.

If you need help or advice at any time do not hesitate to call us. We will gladly assist you whether you are insured with us or not.



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