

HEALTHCARE POLICIES

Choosing a 'mutuelle' top-up policy can be confusing for expats unused to the French system. **Catharine Higginson** navigates her way through the healthcare maze

Almost everyone moving to France needs to become affiliated to the French healthcare system, which is administered by the *sécurité sociale*, commonly referred to as *le sécu*.

Gaining an *attestation des droits* (a statement of entitlement to healthcare) and then the famous green *carte vitale* (the physical card which you produce when consulting healthcare professionals) is no mean feat but, once that is achieved, you need to think about choosing 'top-up' health cover - and this is where the fun really starts!

A top-up healthcare insurance policy is generally referred to as a *mutuelle* and its usefulness can be complicated for foreigners to grasp. It works nothing like having private

healthcare in the UK and this is why some expats assume they don't need one as they already have a *carte vitale* and believe that to be sufficient. Well, yes and no! Obviously, the choice is an entirely individual one but given that according to official French statistics, only 5% of French people do not have top-up cover, it is worth looking at exactly how the system works before making that decision.

CHARGES & REFUNDS

The most important point to understand is that French healthcare cover works on an index known as the BRSS (*barème de remboursement de la sécurité sociale*) whereby the reimbursement of each type of medical visit or treatment has its own percentage. For example, a visit to the GP will

result in a charge of €25. The *assurance maladie* (health insurance) branch of the *secur* will refund €17.50, leaving the patient €7.50 out of pocket.

This is a small amount of money so people often assume that they will be better off not paying for a top-up policy and meeting the additional costs themselves. However, although you are refunded whether you go public or private, the prices charged in the private sector are not the same and most consultants operate in the private sector.

This means that should you need to consult a cardiologist, even if sent by your GP, the consultation fee may well be around €70-90 if not more, and the BRSS is only €55, leaving you with €15-35 to pay. The lower end of top-up insurance policies tend to only offer 100% cover for specialist consultations; a figure that sounds good, but as the doctor or consultant's charges may exceed the official rate, it will actually leave the policyholder with a shortfall to be met out of their own pocket. Policies which offer 150-200% are a much better bet for those who might require any specialist consultations, as these policies will cover a higher percentage of the actual costs.

At this point it seems easy to argue that being in good health should suffice and that extra cover isn't required. However,

any accident or illness that results in hospitalisation can result in hefty charges and with variable reimbursement percentages (for example, a consultation with the anaesthetist is refunded at 60-80%) it is entirely possible to find yourself facing a very large bill. In addition, without a *mutuelle* the hospital can (legally) ask for the stay and charges to be paid in full and upfront, whereas with top-up insurance the hospital will invoice the insurers directly.

REMEMBER!

The French *secur* doesn't refund 100% of their own index. The rate varies but most of the time it will be around 70%. Your *mutuelle* compensates for the missing 30%.

Once you have a *mutuelle*, you will need to make sure your claims are automatically processed and refunded. This is known as *télétransmission*. You will need an *attestation de droit* from the *secur* to benefit from this and this means that the *mutuelle* information is sent automatically alongside that from the *carte vitale* when it is processed.



HELPING HAND

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The entry level (and cheapest) *mutuelles* therefore offer ‘hospitalisation only’ cover. These will meet 100% of the surgical and medical charges but won’t cover the €18 daily charge known as the *forfait journalier* (daily charge) which is applied after the first 24 hours, nor any extras such as a private room, TV and internet or a bed if you want to stay with your child or partner. And again, these charges soon add up.

TEETH & EYES

Then there are pharmacy charges which are refunded at a rate of between 15-100% depending on the type and cost of the medicines prescribed unless, of course, the doctor has prescribed a non-refundable product; in this case, the more comprehensive top-up policies may well cover it anyway.

Orthodontics, dentistry and spectacles are other sectors which are notorious for being under-reimbursed by the *sécu*. Things are changing though; for example, dentists are now required to provide crowns which are refunded at 100%, thus leaving the patient with zero to pay. However, as Fabien

Pelissier, an insurance expert specialising in the British market, points out: “Although it may seem like you should have nothing to pay, in reality it’s up to your dentist to provide you with a quote that’s ‘100% refunded’ and as you can imagine, most of the time those quotes are based on lower grade materials such as metal crowns for example. Let’s be honest, with less than 300% cover from your *mutuelle*, you would not get much in the case of dentistry, despite the alleged ‘100% *santé*’ cover.

“Spectacles are also expensive here. Most French *mutuelle* policies include glasses as part of the package but that inflates the premium and you can only file one claim every two years, so it may well be worth checking the price of spectacles before deciding to include them on your policy. It may be cheaper to buy online and thus lower the premium, especially as removing cover for glasses doesn’t remove the cover for ophthalmologists, so you can still have an eye test to ascertain the correction level required.”

COMPARE & CONTRAST

So, having decided that like 95% of French people you need a *mutuelle*, how on earth do you choose a provider, let alone a policy, from the hundreds of firms competing for business? If you are employed you will be

in the fortunate position of having one provided by your employer. Although you do have to pay towards this (it is deducted from your salary), these almost always work out at incredibly good value for money, providing extensive benefits for relatively little cost.

However, the self-employed and retirees will need to arrange their own cover. If you understand the percentage refund rates and can evaluate your needs as an individual and a family, you can try looking at a comparison site. You will need to think about your health cover requirements as well as your finances and attitude to risk.

For example, if you have children they are likely to need orthodontic treatment and the *sécu* will reimburse €193.50 per semester for a maximum of six semesters. The average cost is between €600 and €1,200 per semester and treatment time frequently extends beyond six semesters. This can prove to be a massive financial outlay for families so in this situation it makes complete sense to opt for a policy which provides maximum cover and may even offer an annual fixed-fee payment for years which fall outside the six semester period.

Equally, if you are a retired couple whose only dental requirements are general maintenance then you will



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Top tip

It can take a while for *mutuelles* to pay up, so if you pay your bill by cheque then hopefully by the time it’s cashed the money will be in your account from the insurance company. *Mutuelles* generally say they will pay within 48 hours or so but it can take a lot longer – not a big deal if it is €25 at the doctor but x-rays and dentist top-ups can be eye-watering.

be able to select a policy with a much lower level of cover. Many policies will offer extra benefits such as home help in the case of incapacity and treatments such as osteopathy as well as smoking cessation assistance and contraceptives.

Given that individual requirements vary so much, using an independent broker who is not tied to any one company is generally a much easier and better way to proceed than trying to work it all out for yourself.

It will also mean that you end up with personalised cover that is appropriate for your individual situation. You will almost invariably obtain better cover for the same (if not considerably less) outlay too and have the reassurance of someone being able to deal with claims for you should the need arise. ■

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