

PRIVATE HEALTH INSURANCE SYSTEM IN FRANCE



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- Majoritary a complementary compulsory health insurance– usually “mutuelles” – covers insurable co-payments (ticket modérateur) and co-insurance
- 2015 – private health insurance in France accounted for 13.3% of total spending on health
- 95% of French population covered by complementary private health insurance (the low-income population is covered by publicly funded complementary health insurance, *Couverture maladie Universelle Complementaire (CMU-C)*)
- Since Jan 2016 – all employers are required by law to provide complementary health insurance for their employees; they either pay the whole fee or a minimum of 50% of the monthly contribution
- *Source* : European Health Observatory on Health Systems and Policies – *Private Health Insurance : History, Politics and Performance*, edited by Thomson, S., Sagan, A., Mosialos, E., 2020 – pg. 142-179

Table 5.1 User charges for publicly financed health care in France, 2016

	Statutory coverage rates (%)	Co-insurance rates (%)	Additional insurable co-payment	Additional non-insurable co-payment ^d
Physician visit, GP home visit	70 ^b	30	€18 for procedures of €120 or more	€1 per visit (max €4 per day per doctor)
Dental treatment	70 ^b	30	None	None ^e
Other health services providers	60	40	None	None
Laboratory tests	60 / 70 ^d	40 / 30	€18 on procedures of €120 or more	€1 per laboratory test (max €4 per day per laboratory)
Prescription medicines	15 / 30 / 65 / 100 ^e	85 / 70 / 35 / 0	If generics are available, the reimbursement is based on the average price of generics	€0,50 per packer
Hospital care	80	20	€18 catering day fee	€1 per outpatient visit

Source: Public Health Insurance website, www.ameli.fr

Notes: ^a The amount is deducted from public reimbursement and limited to €50 per patient per year.

^b Falls to 30% if the patient does not obtain a referral to ambulatory specialist care.

^c €1 deductible applies only to dentists, not dental surgeons.

^d The rate depends on the type of test and the qualification of the health professional performing the test. The HIV diagnostic test is free of charge.

^e Depending on the type of medicine.

Source : European Health Observatory on Health Systems and Policies – *Private Health Insurance : History, Politics and Performance*, edited by Thomson, S., Sagan, A., Mosialos, E., 2020 – pg. 142-179

- Mandatory/compulsory
- For the working population, paid at least partially (min. 50%) by the employer
- For low socio-economic status people paid from public funds
- The complementary health insurance pays for the co-insurance (30% of the cost of GP/specialist visits, 20% of hospital costs, 40% of specific medical acts and lab tests, 30% of dental care (+a certain percentage from the difference between the cost of the intervention and the reference price reimbursed by SHI), optical care within certain limits) and certain lump sums (see slide 3)
- There are some expenses (called deductibles) which cannot be covered by complementary health insurance, in order to create awareness on the costs of healthcare (see slide 4)
- In order to make patients respect a pre-established care pathway (GP as gatekeeper for example), the SHI pays less if the patient does not follow the care pathway
- Examples: <https://unocam.fr/?mdocs-file=1680>

1. Co-insurance (Fr. *Ticket modérateur*) = the % that is not covered by statutory health insurance (SHI) ; exceptions for the payment : persons suffering from chronic diseases included in a specific list and pregnant women. **The co-insurance can be increased if the patient does not follow a pre-established care pathway.**

- Ex : a GP visit costs 25EUR ; SHI pays 70% = 17.5 EUR ; **ticket modérateur = 7,5 EUR (30%)**. If the patient does not follow the care pathway (does not see first his/hers GP), the SHI will pay only 30%, meaning a **ticket modérateur of 17.5 EUR**.

2. Lump sums for specific health services or medical interventions

- 24 EUR for medical interventions that cost >120 EUR
- 19.61 EUR/8.49 EUR (for specific categories) for ER visits not followed by hospitalisation
- 1 EUR (with a maximum of 4 EUR/day/HCP) for each consultation/medical intervention/biology or radiology investigation ; the yearly limit/person = 50EUR

Source : <https://www.service-public.fr/particuliers/vosdroits/F20739>

WHAT TYPE OF EXPENSES **CANNOT** BE REIMBURSED BY COMPLEMENTARY PRIVATE HEALTH INSURANCE?

1. Increase in co-insurance if the patient did not follow the pre-established care pathway
2. Lump sums for specific health services or medical interventions
 - 1 EUR (with a maximum of 4 EUR/day/HCP) for each consultation/medical intervention/biology or radiology investigation ; the yearly limit/person = 50EUR
 - For medicines, medicalized transportation (except emergency), paramedical activities (performed by kinetherapists, orthophonists, etc). The lump sum has a ceiling of 50 EUR/person/year
 - 0.5 EUR/medicine package
 - 0.5 EUR/paramedical activities with a max. of 2 EUR/day
 - 2 EUR/medical transportation with a max. of 4 EUR/day
3. **For medicines reimbursed by SHI at 15% or 30% (with a low therapeutic benefit) – no specific obligation to pay**
4. Homeopathy, balneotherapy

Source : <https://www.service-public.fr/particuliers/vosdroits/F165>



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