

AON

**Practical guide
to healthcare
expenses**

S&P Global



Your guide to healthcare expenses

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Aon is entrusted with the management of your health insurance scheme.

The purpose of this document is to facilitate your administrative procedures with our teams.



1 Useful information



Your health cover in a few clicks with the **MySanté by Aon mobile app**.

Your healthcare extranet site is available on **monportailsante.aon.fr**

When you log in for the first time, identify yourself using your membership number indicated on your third-party payment card or your monthly statement of account.

You can also enter your email address if you provided it when you registered.

You will then be able to request a new password to be sent to you via email by clicking "Request my password".

Your employee healthcare space allows you to:

- Submit supporting documents, request hospital care, etc.
- Consult your healthcare reimbursement statements with the option of downloading them and printing them out,
- Find healthcare professionals using geolocation,
- Receive an email alert as soon as a reimbursement has been made by Aon,
- Download your third-party payer card.

Reimbursement request

Via the **MySanté by Aon app**
Via your **monportailsante.aon.fr** extranet



If you have a question or need cover for hospital treatment:

01 73 10 20 25
Code 226

Monday to Friday
from 8.30 am to
6.00 pm

monportailsante.aon.fr



**Aon – Service Medical
Expenses**

28 Allée de Bellevue – CS
70000 16918 Angoulême – Cedex 9

2 How to register

When you join the company

Registration online

Simple and fast, your registration in the health insurance scheme can be completed online.

On receiving your invitation e-mail sent by Aon, log on via the link sent to you and let guide you through the subscription process.

In advance, view the table of your coverage.



To facilitate your process, we recommend that you prepare the following documents which should be attached to your file:

- Your Social Security certificate and those of your beneficiaries to join,
- Your bank statement for the payment from your benefits and the deduction from contributions where applicable,
- The school attendance certificate for your children 18 years old and over,
- The proof of registration at pôle emploi for children seeking their first job.

If you have any questions, our customer service is available and welcomes you Monday to Friday from 8.30am to 6pm.

The completion of the underwriting path opens access to all Aon services:

- monportailsante.aon.fr
- The **MySanté by Aon** mobile app.

Your digital third-party payment card will be available in these spaces in a maximum of 72 hours.



Please inform your employer and Aon of any change of status.

(Marriage, birth, divorce, widowhood, civil partnership, cohabitation, termination of a civil partnership, termination of cohabitation, etc.)

3 Beneficiaries of the scheme

The mandatory premium for your healthcare expenses scheme is deducted from your salary every month by your employer.

It compulsorily covers you as an employee and, depending on the terms and conditions selected by your employer, covers the following if they are part of the policy:



Your spouse or partner in a civil partnership or your cohabitant.



A child under 21 pursuant to the terms stipulated by the insurer



A disabled child regardless of their age, whose disability has been officially recognised before their 21st birthday.

Multi-bank account management for healthcare reimbursement

You can allow each adult beneficiary (spouse and/or child/children) to have reimbursements paid to their own bank account.



4 Cover

The benefits below are complementary from those provided by the Social Security system

TYPE OF TREATMENT	MANDATORY BASIC SCHEME – MANAGER		VOLUNTARY SUPPLEMENTARY SCHEME Mandatory Manager Basic cover included	
STANDARD TREATMENTS				
Medical fees				
• GP or specialist consultation/appointment with a doctor who is a member of a DPTAM	400 % BR		400 % BR	
• GP or specialist consultation/appointment with a doctor who is not a member of a DPTAM	TM + 100 % BR		400 % BR	
• Imaging procedures (radiology, ultrasound, etc.) by a doctor who is a member of a DPTAM	400 % BR		400 % BR	
• Imaging procedures (radiology, ultrasound, etc.) by a doctor who is not a member of a DPTAM	TM + 100 % NR		400 % BR	
• Technical medical and surgical procedures performed by a doctor who is a member of a DPTAM	400 % BR		400 % BR	
• Technical medical and surgical procedures performed by a doctor who is not a member of a DPTAM	TM + 100 % BR		400 % BR	
Laboratory analyses and examinations				
• Laboratory analyses and examinations	300 % BR		300 % BR	
Paramedical fees				
• Medical auxiliaries: nurses, physiotherapists, speech therapists, orthoptists and chiropodists covered by Social Security	400 % BR		400 % BR	
Medication				
• Prescribed and covered by Social Security	100 % TM		100 % TM	
Medical supplies				
• Healthcare aids (excluding optical, dental and hearing aids)	400 % BR		400 % BR	
Other treatment				
• Travel costs	100 % TM		100 % TM	
• Flu vaccine not covered by Social Security	100 % FR		100 % FR	
• Alternative medicine	60€ /session with limit of 5/year in number or amount		60€ /session with limit of 5/year in number or amount	
• Spa treatment covered by Social Security	15 % PMSS on presentation of invoices paid, limited to costs incurred		15 % PMSS on presentation of invoices paid, limited to costs incurred	
MEDICAL AND SURGICAL HOSPITAL TREATMENT + MATERNITY CARE	REGULATED SECTOR	UNREGULATED SECTOR	REGULATED SECTOR	UNREGULATED SECTOR
• Daily flat rate	100 % FR		100 % FR	
• Medical and surgical fees of a doctor who is a member of a DPTAM	100 % FR-SS		100 % FR-SS	
• Medical and surgical fees of a doctor who is not a member of a DPTAM	TM + 100 % BR		TM + 100 % BR	
• Hospitalisation fees	100 % FR - SS with mini TM	90 % FR - SS with mini TM	100 % FR - SS with mini TM	90 % FR - SS with mini TM
• Private room	100 % FR	90 % FR	100 % FR	90 % FR
• Expenses or accompanying person's bed - Child under 16 years of age	2 % PMSS/day		2 % PMSS/day	

4 Cover

The benefits below are complementary from those provided by the Social Security system

TYPE OF TREATMENT	MANDATORY BASIC SCHEME – MANAGER	VOLUNTARY SUPPLEMENTARY SCHEME Mandatory Manager Basic cover included
DENTAL		
100% Healthcare treatment and prostheses (*)		
	100 % Maximum Fee - MR	
(*) 100 % Health treatment and prostheses as defined by regulations. Cover for prosthetic dental care costs, up to a maximum of Invoiced Fees (HLF) and after deduction of the Social Security (SS) reimbursement		
Non-100% Healthcare treatment and prostheses		
• Treatment	400% BR	400% BR
• Inlays - Onlays	400% BR	400% BR
Dentures		
• Covered by Social Security (including temporary crowns)	70% PMSS (above this 125% BR-SS)	70 % PMSS (above this 125% BR-SS)
• Not covered by Social Security		
Other dental treatments		
• Implant not covered by Social Security	1250€ per implant. Lilimited to 2 implants per year/beneficiary	1250€ per implant. Lilimited to 2 implants per year/beneficiary
• Orthodontics reimbursed by Social Security	400% BR	400% BR
• Orthodontics not reimbursed by Social Security	400% BRR	400% BRR
HEARING AIDS		
Cover for a hearing aid cannot be renewed within less than four years following the date of issue of the previous hearing aid. This period applies for each ear independently.		
100% Healthcare aids (Class 1) (*)		
• Hearing aid (limit per hearing aid)	100% Maximum Retail Price - MR	
(*) 100% Healthcare aids as defined by regulations. Cover for class 1 hearing aids, up to a maximum of the Sale Price Limits (SPL) and after deduction of Social Security (SS) reimbursement.		
Non-100% Healthcare aids (Class 2)		
• Hearing aid (limit per hearing aid)	400% BR /ear with a maximum of €1700 – MR	400% BR /ear with a maximum of €1700 – MR
• Incidental cover: Batteries, maintenance covered by Social Security	100% TM	100% TM
PREVENTIVE PROCEDURES		
• Covered by Social Security	All of the preventive procedures listed in the ruling of 8 June, 2006 are covered for the medical procedures for which they must pay at least 100% of the co-payment.	
MATERNITY/ADOPTION		
• Maternity/Adoption	20% PMSS lump sum (paid to father if the mother is not registered)	20% PMSS lump sum (paid to father if the mother is not registered)
ASSISTANCE	YES	YES

Only the insurer's leaflet is valid.

DPTAM = Controlled Tariff Practice for extra fees charged by sector 2 health professionals under agreement. - **PMSS** = Percentage of the Social Security Monthly Ceiling - **BR** = Reimbursement Base: Tariff used as a reference by Social Security to determine the amount of its reimbursement. - **TM** = Co-payment is equal to the Reimbursement Base (BR) minus the amount reimbursed by Social Security, before any deduction of the €2 fixed contribution and deductibles for pharmacy, medical transport and medical auxiliaries. - **MR** = Amount reimbursed by Social Security. - **FR** = Actual costs. - **BR - MR** = Social Security reimbursement base less the amount reimbursed by Social Security. - **PLV** = Sale Price Limit (PLV) of a medical device corresponds to the maximum sale price to the insured party. If no maximum retail price is fixed, the price is unrestricted. Healthcare professionals are obliged to comply with the PLVs as defined by the French Social Security Code. - **HLF** = Fee Limit for Billing (HLF) : Maximum amount that can be charged for a given procedure by a regulated dental surgeon under mandatory health insurance. Healthcare professionals have an obligation to adhere to the HLF as defined by the French Social Security Code.

4

Cover: Optical table

The benefits below are complementary from those provided by the Social Security system

TYPE OF TREATMENT	MANDATORY BASIC SCHEME – MANAGER	VOLUNTARY SUPPLEMENTARY SCHEME Mandatory Manager Basic cover included
OPTICAL		
Cover for aids consisting of 2 lenses and a frame may not take place before a period of 2 years following the date of issue of the previous aids, with the exception of cases for which early renewal is provided for in the list mentioned in article L. 165-1 of the French Social Security Code, particularly for children under the age of 16 and in the event of changes in eyesight.		
100% Healthcare aids (Class A)(*)		
• Frame and lenses	100% Maximum Retail Price - MR	
(*) 100% Healthcare aids as defined by regulations. Cover for Class A lenses and frames, up to a maximum of the Sale Price Limits (PLV) and after deduction of Social Security (SS) reimbursement.		
Non-100% Healthcare aids (Category B)		
• Frame	See optical table Class B OPTI	See optical table Class B OPTI
• Lenses		
Other optical items		
• Contact lenses (including disposables) covered by Social Security	8% PMSS/year/beneficiary	8% PMSS/year/beneficiary
• Contact lenses (including disposables) not covered by Social Security	8% PMSS/year/beneficiary	8% PMSS/year/beneficiary
• Eye surgery	600€ per eye	600€ per eye

The benefits below are after deduction from those provided by the Social Security system

TYPE OF TREATMENT	BASIC SCHEME	SUPPLEMENTARY SCHEME Mandatory Basic cover included
OPTICAL TABLE		
Limited to 1 pair of spectacles (2 lenses + 1 frame) every 2 years for adults, reduced to 1 year if eyesight changes, and for children under the age of 16		
Reimbursement for 2 lenses		
• Frame	100€	200€
• a) - Single vision lenses with a sphere between -6.00 and +6.00 dioptries -Spherical-cylindrical unifocal lens with a sphere of between -6.00 and 0 dioptries and a cylinder of less than or equal to + 4.00 dioptries -Spherical-cylindrical unifocal lens with a positive sphere and a sum S (sphere + cylinder) of less than or equal to 6.00 dioptries	320€	380€
• b) – A lens mentioned in a) and a lens mentioned in c)	460€	550€
• c) -Spherical unifocal lens with a sphere outside the -6.00 to +6.00 dioptr zone -Spherical-cylindrical unifocal lens with a sphere between -6.00 and 0 dioptries and a cylinder greater than +4.00 dioptries -Spherical-cylindrical unifocal lens with a sphere of less than -6.00 dioptries and a cylinder of greater than or equal to 0.25 dioptries -Spherical-cylindrical unifocal lens with a positive sphere and a sum S greater than 6.00 dioptries -Spherical multifocal or progressive lenses with a sphere of between -4.00 and + 4.00 dioptries -Spherical-cylindrical multifocal or progressive lenses with a sphere of between -8.00 and 0.00 dioptries and a cylinder of less than or equal to +4.00 dioptries "Spherical-cylindrical multifocal or progressive lenses with a positive sphere and a sum S of less than or equal to 8.00 dioptries	600€	720€
• d) – A lens mentioned in a) and a lens mentioned in f)	510€	610€
• e) – A lens mentioned in c) and a lens mentioned in f)	650€	780€
• f) -Multifocal or progressive spherical lenses with a sphere outside the -4.00 to + 4.00 dioptr zone -Spherical-cylindrical multifocal or progressive lenses with a sphere between -8.00 and 0 dioptries and a cylinder greater than + 4.00 dioptries -Spherical-cylindrical multifocal or progressive lenses with a sphere of less than -8.00 dioptries and a cylinder of greater than or equal to 0.25 dioptries -Spherical-cylindrical multifocal or progressive lenses with a positive sphere and a sum S greater than 8.00 dioptries	700€	840€

5 Healthcare services

Remote medical consultation

- Call a doctor 24/7,
- Talk to a doctor,
- Medical confidentiality guaranteed,
- Your prescriptions online.

My Assistance

At difficult moments, your health policy supports you with comprehensive assistance services:

- Home hospital care
- Home assistance, etc.

Access:

- By phone at **01 70 73 56 02** (cost of call),
- From abroad **+33 1 70 73 56 02**

Convention number : **SWISS0004**



6 Reimbursements

In order to speed up reimbursement times, we are introducing remote transmission.

The information will be automatically processed between your CPAM and Aon.

In order for remote transmission to take effect, you must give your consent and provide a copy of the CPAM entitlement certificate for each beneficiary covered by the policy.

You will be reimbursed by bank transfer. Your statements can be viewed via your MySanté by Aon mobile app or via your Aon monportail.sante.aon.fr extranet

Your reimbursement requests must be submitted no later than two years from the date of care.

NOTE

If your Social Security statement contains the phrase "information transmitted to your supplementary health insurer Aon", remote transmission is active. If not, send your statement to Aon.

You can verify if remote transmission is active with Aon via your [ameli](#) account and on your monportail.sante.aon.fr extranet



Remote transmission cannot be active with several supplementary health insurance schemes.

Supporting documents to submit to Aon

Additional information is required for the reimbursement of certain treatments:

Hospital treatment

Invoice paid (AMC slip or notice of amounts payable and attestation of payment) from the hospital and note of practitioners' fees.

Dentures / orthodontics + Remember to get a quote!

Paid and detailed invoice from the dental surgeon or orthodontist.

Maternity care

The child's birth certificate .

Spa treatment

The invoices, the attendance certificate from the spa and administrative management.

Optical

Remember to compare and negotiate the price of your aids!

If you have not used the third-party payment system: invoice from the optician and medical prescription detailing the visual correction.

Other expenses not reimbursed by Social Security (alternative medicine, etc.)

Paid invoice from the healthcare professional.

100% Healthcare = ZERO excess

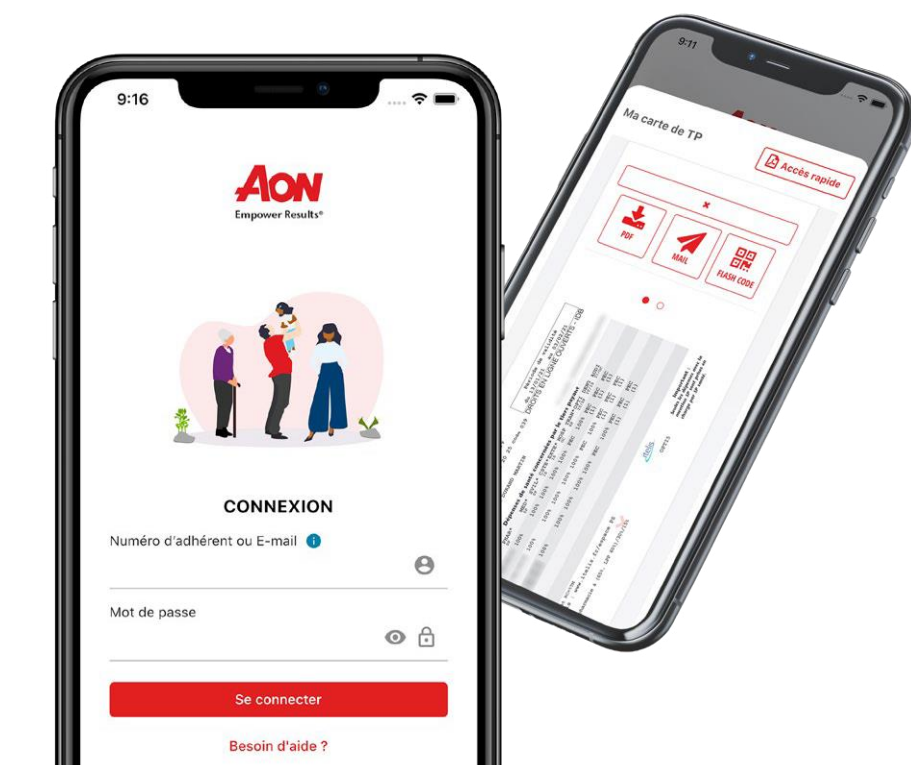
Thanks to "100% Healthcare", you can benefit, under certain conditions, from a ZERO excess for your optical, dental and audiology expenses.

7 MySanté by Aon

The mobile app for managing your healthcare cover in a few clicks!
With **MySanté by Aon**, you can now easily manage your healthcare cover.

All the features you need in your daily life can now be accessed quickly and securely with your smartphone:

- View and access all features directly,
- With or without a connection, access your third-party payment card with a single click,
- View the details of your Aon Health reimbursements,
- Submit your requests easily,
- Identify your local healthcare professionals



SCANNEZ MOI



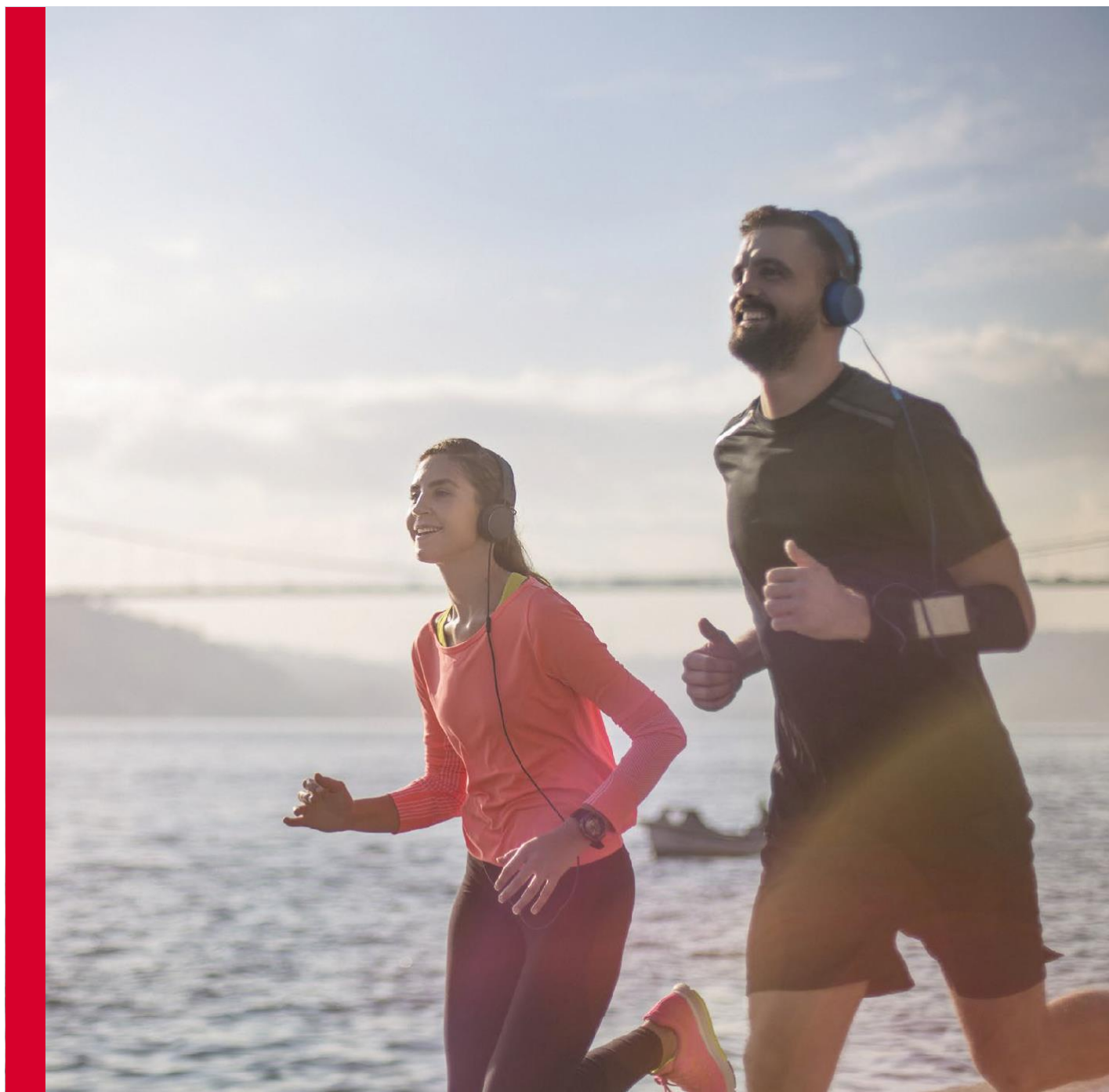
8 Third-party payment

Aon provides you with a third-party payment certificate, which is available via your MySanté by Aon app .

You can present it to your healthcare professional along with your Carte Vitale (medical card). This means that you will only pay for the products and treatments that Social Security does not cover as well as any surcharges. For the treatments appearing on the third-party payment card, you are exempted from having to pay the costs in advance if the healthcare professional accepts third-party payments.

The Aon reimbursement or cover cannot exceed the co-payment, i.e. the amount that remains payable by the policyholder after the Health Insurance reimbursement.

For optics, dentures or hearing aids, if these are open to third-party payment, the level of cover is equal to the cover provided for in the policy.



9 Best practices

When you visit the optician, dentist or hearing care professional

Do not hesitate to shop around by visiting several professionals and getting quotes (every policyholder has the right to know the amount that will be billed before treatment is provided and has the right to seek another healthcare professional should they think that the price charged is too high).

Never disclose your healthcare expenses cover to your practitioner

Your quote must be based on the treatment provided and not on your cover. If your spouse is covered by a healthcare expenses scheme taken out by their employer, use the AON scheme as a secondary mutual insurance policy.

Respect the care pathway

Remember to declare your GP. Any consultation outside this framework is not reimbursed to the same degree by Social Security and the difference cannot be covered by the mutual insurance.

Use sector 1 doctors at regulated rates

This way, you are guaranteed to be fully reimbursed. **Be wary of surcharges: you can check a healthcare professional's fees on the ameli.fr website, the Social Security website.**

At the pharmacy

Ask for quarterly packaging to reduce your medical deductibles for long-term treatments (diabetes, cholesterol, high blood pressure, etc.). This way, the 1euro excess is only paid once and the price of medication decreases with the quantity.

Remember to make use of Ameli

annuaire.sante.ameli.fr to :

- Find a healthcare professional,
- Compare prices,
- Find out if your doctor is a member of a **DPTAM (Regulated Pricing Scheme Option)**. Since 2013, the Regulated Pricing Scheme has been available to doctors who apply surcharges.

Doctors' commitments:

- Not to increase their prices,
- Not to exceed an average excess rate of 100% of the price chargeable to Social Security,
- To maintain or increase the share of chargeable pricing in their practice.

Advantage for doctors:

- A proportion of their social security contributions is paid by health insurance.

Objective for policyholders:

- To reduce the excess.

Shop around and get quotes!

Send your quotes to Aon

Via the app:
MySanté by Aon

Via the extranet :
monportailsante.aon.fr

By post:
Aon Service Medical Fees
28 Allée de Bellevue - CS
70000 16 918 Angoulême Cedex 9

10 Terminating & Maintaining cover

The insurance ends on the date:

- On which you leave the company,
- On which you benefit from a Social Security retirement pension,
- From termination of your contract by the company.

Portability of rights

Pursuant to Article 1 of the law of 14 June 2013 relating to job security, you may benefit from your group cover being maintained insofar as the termination of your employment contract results in the payment of unemployment benefits:

- Dismissal except for gross misconduct,
- Mutual termination of an employment contract,
- Legitimate resignation (e.g. to accompany your spouse following a transfer),
- Termination of an apprenticeship contract,
- Interruption of a trial period.

You must submit proof of your cover by the unemployment insurance scheme. This period is counted in months and may not exceed 12 months.

Maintenance of this cover ceases as soon as the payment of unemployment insurance benefits ceases.

For example:

On the first day of your return to work or when you claim your pension entitlement.

**AON
PLUS**
Particuliers

After the portability period or when you retire, we can offer an individual supplementary health insurance policy.

Contact our Aon Plus
Particuliers team:
aonplus.particuliers@aon.com ▼
01 84 89 10 07

Aon France,
Aon Plus Particuliers
28 Allée de Bellevue - CS 70000
16918 Angoulême - Cedex 9



Useful definitions - General information

Social Security reimbursement rate

This is the base rate determined by French Social Security and taken into account for calculating the reimbursement of medical procedures performed by regulated practitioners.

This is referred to as the regulated rate - TC or the unregulated rate - TA.

DPTAM - Regulated Pricing Scheme

Refers to the mechanisms for controlling medical expenditure provided for by the national medical agreements referred to in Article L.162-5 of the Social Security Code.

These include the Access to Care contracts (CAS) and the Regulated Pricing Scheme Options (OTPA-M-OPTAMCO).

Example: for a consultation with a sector 2 specialist €33 is charged: Doctor who is a member of a DPTAM: the pricing reimbursement rate is €31,50. Doctor who is not a member of a DPTAM: the pricing reimbursement rate will be €23.

Surcharges not covered

Specialist doctors are authorised to charge more than within certain limits for each procedure performed, based on tariffs applicable in the coordinated care pathway.

Actual costs or expenses incurred

Amount of medical expenses actually paid by

the insured to the healthcare professional.

Daily hospital charge

This is the patient's financial contribution for the accommodation costs incurred as a result of their hospital treatment. It is not covered by Social Security.

Increase in the financial contribution

If you do not have a GP or if you consult a doctor directly without a prescription from your GP (except in an emergency or for a consultation outside of the place of your primary residence) or in certain cases if you refuse access to your personal medical file, an increased co-payment will be applied.

PMSS

Monthly Social Security Cap, the value of which is established by the government on 1 January every year.

Mandatory scheme

The French Social Security system by which you are covered. This can be either the general system or the local Alsace Moselle system.

TFR (Reference Pricing)

This is the reference tariff for the reimbursement of certain medications. It equates to the price of the cheapest generic medication.

TM (Co-payment) This is the difference between the Social Security Reimbursement Rate and what it actually reimburses you, excluding the flat fee and the increase in

financial participation maintained at your expense.

Implant and root implant

Dental implants are usually put in place in two or three stages. First, the dentist places the root implant in the mouth. The implant remains hidden under the gum for a period of about three to six months to attach firmly to the bone (osteointegration phase). This is followed by the prosthetic phase with the crown being fitted. Lastly, during follow-up visits, the dentist may make some adjustments for the patient's comfort.

Inlay, Onlay

Reconstruction of a portion of a tooth using an inlay or overlay.

Core inlay

Inlay-core anchored in the root of the tooth by a pin which serves as the anchor for the crown.

Periodontal procedures

Area of dentistry that specialises in the treatment of the supporting structures of the teeth, i.e. the tissues supporting the teeth: gingiva (gums), alveolar bone, cementum and periodontal ligament.

Orthodontics

Treatment of misaligned teeth, particularly in children.

Dental sealing

Prevention of cavities.

Saliva test

A procedure intended to prevent cavities.

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