

Our supplementary healthcare treatments



la protection sociale des étudiants

Reimbursement rates
Reimbursements under Social Security + supplementary healthcare scheme⁽¹⁾ in the context of a coordinated healthcare plan

HOSPITALIZATION, INCLUDING OUT-PATIENT SURGERY

| | Social Security reimbursement rate as at 31/03/2020 | MINIMALE €66/year €5.50/month | ESSENTIELLE €126/year €10.50/month | CONFORT €240/year €20/month | TOUS RISQUES €414/year €34.50/month |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------|------------------------------------------|-----------------------------------|-------------------------------------------|
| Hospitalization, surgery, medical treatment & psychiatry | 80% - 100% | 100% | 100% | 100% | 100% |
| Fees | 80% - 100% | 100% | 100% | 100% | 100% à 130% ⁽⁷⁾ |
| Transport associated with hospitalization | 65% - 100% | 100% | 100% | 100% | 100% |
| Flat-rate daily charge | | Covered ⁽⁸⁾ | Covered ⁽⁸⁾ | Covered | Covered |
| Flat-rate contribution of €24 (expensive treatments), without limitation ⁽⁹⁾ | | Covered | Covered | Covered | Covered |
| Flat-rate private room charge ⁽⁸⁾ | | | | | €15/day |
| Flat-rate childbirth charge ⁽¹²⁾ | | | | €60/year | €120/year |
| Daily hospitalization allowance for employed students ⁽⁸⁾ | | | €15/day | €15/day | €15/day |

CARE EXCLUDING "CITY" HOSPITALIZATION, OUT-PATIENT CARE

| | | | | | |
|------------------------------------------------------|-----------|-----------|------|------|---------------------|
| GP consultation, specialist consultation, home visit | 70% | 70% | 100% | 100% | 130% ⁽⁷⁾ |
| Pharmacy | 15% - 65% | 15% - 65% | 100% | 100% | 130% ⁽⁷⁾ |
| Miscellaneous devices & accessories | 60% | 60% | 60% | 100% | 130% ⁽⁷⁾ |
| Dressings, aerosols, gluten-free food | 60% | 60% | 100% | 100% | 130% ⁽⁷⁾ |
| Transport not associated with hospitalization | 65% | 65% | 100% | 100% | 130% ⁽⁷⁾ |
| Radiology | 70% | 70% | 100% | 100% | 130% ⁽⁷⁾ |
| Analyses/laboratory services | 60% | 60% | 100% | 100% | 130% ⁽⁷⁾ |
| Nursing care | 60% | 60% | 60% | 100% | 130% ⁽⁷⁾ |
| Out-patient surgery | 70% | 70% | 70% | 100% | 130% ⁽⁷⁾ |
| Psychiatric & neuropsychiatric practitioner services | 70% | 70% | 70% | 100% | 130% ⁽⁷⁾ |
| Physiotherapy | 60% | 60% | 60% | 100% | 130% ⁽⁷⁾ |
| Speech therapist & orthoptist | 60% | 60% | 60% | 100% | 130% ⁽⁷⁾ |

OPTICS⁽¹⁰⁾

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|------|----------|--------------------------------|
| Class A (advanced cover), lenses & frames | 100% SANTÉ | 60% | 60% | 100% | 100% SANTÉ Limit sale price |
| Class B (unrestricted tariff: Social Security reimbursement rate €0.05) | | | | | a = €50 b = €125 c = €200 |
| Spectacles package (Art. R.871-2 of the Social Security Code: once every 2 years), with frames included in the above-mentioned packages ⁽¹³⁾ | 60% | 60% | 100% | 100% | d = €125 e = €200 f = €200 |
| Contact lenses | 60% | 60% | 100% | 100% | 130% ⁽⁷⁾ |
| Contact lens package | | | | €30/year | €120/year |

DENTAL

| | | | | | |
|----------------------------------------------------------|------------|------------|------------|------------|--------------------------------------------|
| Dental care & prostheses, Basket A (100% santé) | 100% SANTÉ | 70% | 70% | 70% | 100% SANTÉ HLF (Limit on invoiced fees) |
| Dental care & prostheses, Basket B (managed tariff) | | 70% | 70% | 70% | 130% ⁽⁷⁾ |
| Dental care & prostheses, Basket C (unregulated tariff) | | 70% | 70% | 70% | 130% ⁽⁷⁾ |
| Orthodontics | | 70% - 100% | 70% - 100% | 70% - 100% | 130% ⁽⁷⁾ |
| Dental prostheses & orthodontics package ⁽¹¹⁾ | | | | €30/year | €240/year |

HEALTHCARE PACKAGES

| | | | | | |
|-------------------------------------------|--|--|--|----------|-----------|
| Auditory prosthesis package | | | | €60/year | €150/year |
| Non-prescription medicines ⁽³⁾ | | | | €20/year | €30/year |

COMPLEMENTARY THERAPIES

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|----------|----------|
| - Consultations: osteopathy, acupuncture, dietician services, chiropractic treatment (for practitioners holding a qualification from the IFEC (Franco-European Chiropractic Institute)) | | | | €30/year | €40/year |
| - Excluding consultations: homeopathic medicines not reimbursed by Social Security | | | | | |

PREVENTATIVE PACKAGE

| | | | | | |
|------------------------------------------------------------------------------|-----|------|------|----------|----------|
| Vaccines & boosters | 65% | 100% | 100% | 100% | 100% |
| Annual dental descaling | 70% | 100% | 100% | 100% | 100% |
| Hepatitis B testing | 60% | 100% | 100% | 100% | 100% |
| Vaccine & booster package (not reimbursed by Social Security) ⁽²⁾ | | | | €60/year | €90/year |
| Pregnancy test package ⁽²⁾ | | | | €10/year | €10/year |
| Contraceptive pill & implant package ⁽²⁾ | | | | €40/year | €60/year |
| Male & female condoms package ⁽⁴⁾ | | | | €20/year | €30/year |
| Fruits & vegetables package ⁽⁵⁾ | | | | €30/year | €40/year |
| Night-time taxi fares [between 10:00 p.m. and 6:00 a.m.] ⁽⁶⁾ | | | | €15/year | €15/year |

SOLIDARITY PACKAGE

| | | | | | |
|-------------------------------------------------|--|-----|-----|-----|-----|
| Mutual solidarity fund allowance | | yes | yes | yes | yes |
| Fund for the assistance of handicapped students | | yes | yes | yes | yes |

Payment by direct debit: 2 – 5 monthly instalments – the complementary health care Minimale, Essentielle, Confort, Tous risques and Healthcare + insurance packages are subject to tacit renewal on an annual basis for a period of 12 months up to 31st August of the following year. For persons joining before 1st October, covers will commence with effect from 1st September 2020 (the start of the academic year); after 1st October, covers will commence from the day after joining.

The complementary health Confort and Tous risques healthcare schemes are compliant with Articles L.871-1, R.871-1 and R.871-2 of the Social Security Code relating to "qualifying contracts". These schemes do not cover any increases associated with failure to observe a coordinated healthcare programme, the flat-rate 1-euro contribution, excesses, and any non-refundable element associated with an overrun.

If you have a child: you are required to complete a family declaration form, if your child is to receive cover. Please contact your agency.

Full details of what is, and what is not included in our covers can be found in:

Mutual scheme regulations, available at smerra.fr/31-informations-legales

Supplementary healthcare treatments

(1) Rates of reimbursement are applied on the basis of the tariff of liability defined under the Social Security scheme (Social Security reimbursement rate) as at 12/03/2020, and include Social Security reimbursement. Any adjustment to Social Security rates will not entail any increase in rates of reimbursement for supplementary healthcare treatments. Moreover, the reimbursement of expenses further to sickness or accident shall not exceed the amount of costs incurred. The flat-rate contribution of €1 and excesses are not covered by the mutual scheme.

(2) The settlement of flat-rate amounts is subject to the presentation of the prescription and a nominative invoice, acknowledged and duly certified by the healthcare professional concerned. Any flat-rate amounts under the mutual scheme will be calculated over a 12-month period. The actual amount

of your flat-rate payment will be calculated on a pro rata basis, according to the number of contributory months.

(3) Settlement is subject to the presentation of a nominative and acknowledged invoice. Settlement is restricted to medicines which are the subject of a marketing authorization.

(4) For male and female condoms, settlement is subject to the presentation of a nominative and acknowledged invoice.

(5) For the fruits and fresh vegetables package, settlement is subject to the presentation of a nominative and acknowledged invoice.

(6) Settlement is subject to the presentation of a nominative and acknowledged invoice, bearing the date and time.

(7) Figures of 130% indicate that the Social Security system and the mutual scheme will reimburse you over and above the reference tariff (Social Security reimbursement rate), wherein the mutual scheme will contribute to any overruns of tariffs or

fees. Moreover, in the case of All Risks cover, the coverage of healthcare up to the amount of 130% is dependent upon the subscription of the practitioner concerned to the managed tariff option (OPTAM or OPTAM-CO): in the absence of any such prescription, a reduction of 20% will apply to the percentage indicated in the schedule of benefits.

(8) Limited to 30 days per person and per academic year.

(9) Coverage of the flat-rate contribution of €24 provided by Article R.322-8 of the Social Security Code.

(10) Frames, lenses and contact lenses reimbursed under the Social Security system.

(11) The flat-rate package applies to dental prostheses and orthodontics, whether reimbursed under the Social Security system or otherwise.

(12) Payable to the mother, provided that the date of subscription to the supplementary healthcare scheme precedes the date of

birth by at least 10 months. The package is limited to one bonus per child.

(13) The amount reimbursed will vary, according to the type of equipment and the level of correction (simple, complex or hypercomplex lenses), c.f. the qualifying contract. The package amounts indicated correspond to the maximum sum covered (inclusive of frames and user fees). These packages do not apply on a pro rata basis.

Terms of withdrawal. You are permitted a withdrawal period of 14 days with effect from the conclusion of the contract. You may cancel your subscription by sending a registered letter with acknowledgement of receipt to: SMERRA, 43 Rue Jaboulay, 69349 Lyon CEDEX 07.