French Health Insurance & Social Security in France  
*(2012)*

Information on the French medical insurance system, the CMU and top-up insurance (or mutuel) and the purpose of a carte vitale: how, where and why to register in the system.

**NOTE:** Following information applies only to students older than 28 years in age

Non-European students above the age of 28 years are required to obtain a French social security cum insurance cover which is outside the purview of the “student social security” that applies to all students below 28 years of age.

**What does a student need?**
In France, the social security and medical cover are integrated as one. This means that any person (student or non-student) having a legal residence (temporary/permanent) in France will have to be registered with the French authorities for social security (which by default requires/includes medical cover).
Social security/health insurance coverage in France is annually renewable.

**What is the structure of the system of insurance and social security?**
Like other European countries, France uses taxation to fund health care for residents. It operates an insurance system in which the bulk of cover (60~70 %) comes from the State (government fund), and a top-up cover (30~40 %) comes from “mutuelles” or private health care insurance companies.
All medical facilities are part of the State system but the patient is free to choose their own doctors, specialists, medical facility or hospital.

**Who to contact to apply for the social security/insurance cover?**
All residents in France are *obliged by law* to have health insurance. Most qualify for the state health insurance (*sécurité sociale*); in local terms, this means affiliating to the CPAM or *Caisse Primaire d’Assurance Maladie*.

Upon arrival in France, students must contact the CPAM local office in their city of residence.
CPAM is *Caisse Primaire d’Assurance Maladie* - the French government agency responsible for management of health insurance across France. CPAMs are private legal entities with a public service vocation.

**Where is the local CPAM office in my city/department?**
To search for the CPAM local office in your department/city, please visit:  
[http://allocpam.fr/votre-cpam.html](http://allocpam.fr/votre-cpam.html)
What is the insurance program under CPAM?
The insurance program under CPAM is called *Couverture Maladie Universelle (CMU)* (Universal Health Insurance Coverage).

The CMU provides two different state insurances:

- *CMU de base* (basic cover) (obligatory)
- *CMU complémentaire* (supplementary Universal Health Insurance Coverage) (optional)

*CMU de base* or basic CMU is allocated for those with little or no income (there is a fixed ceiling). Basic CMU provides refund for care and drugs at much the same rates as other state insurance, with between 35 and 65 percent refund on medication and 60 to 100 percent for medical services and operations.

*CMU complémentaire* is complementary protection. It is granted based on the insured person's financial resources. It has all the advantages of a complementary protection and provides 100 percent cover and exemption from any payments.

What is the application procedure to follow at CPAM?
Students have to fill the form “S 3710b” and send it to the CPAM local office. The form can be downloaded here: [Download Form S 3710b](#)

What documents are required during application to CPAM?
To complete the application for social security and insurance cover at the CPAM, the following documents must be provided:

- Proof of identity/ passport
- Birth certificate showing parents’ names (translated in French)
- Declaration of financial condition (bank statement of French bank account of the student).
- Proof of residence in France for more than three months (lease agreement, university accommodation attestation, rent receipts, electricity bills)

What the CPAM provides after processing student file?

Upon the completion of the processing of the student’s application for social security and insurance, the CPAM will send, by post, a green colored health card called the “Carte Vitale” to the student’s postal address in France. This card will be required by the student for all visits to doctors/hospitals in France and also while purchasing any prescription based medicines from medical stores/pharmacy.

The Carte Vitale does not carry personal medical information. It gives evidence of membership and rights to French health insurance - an affiliation to CPAM.

It contains all the administrative information necessary for the refund of care:

- Social security number
- Details of health insurance scheme and top-up insurance
- Details of the relevant health insurance office
- Full name and date of birth of the card holder and their dependants
- Details of any exemption or reduction that applies to payments or entitlement to supplementary universal cover
How to obtain CPAM related information in English?
Students can contact the following helpline number for live information related to CPAM procedure in France:
CPAM  French Health Insurance Advice Line (English-speaking) is open Monday to Friday 09:00-18:00:  Tel: (+33) (0) 8 11 36 36 46

What Social Security/Insurance provides?
The Social Security decrees that on average 70 percent of the cost of medical treatment will be reimbursed but the exact figure received depends on:
• The treatment needed and its costs
• The income of the patient
It is the interaction of these two factors that determines the specific level of CPAM repayment:
1. The agreed price of the treatment is set by the Ministry of Health and known as Tarif de Convention. Repayments range from below 60 percent of this amount to full repayment of 100 percent. This is the level for:
   • Major surgery
   • Major diseases such as cancer
   • Disability and other long term care
2. The income levels of a person and their family. There are taxable income levels below which 100 percent of the Tarif de Convention is reimbursed, based on the status as a single person/couple/couple with dependants. Tariffs for these categories can be supplied by the CPAM offices.

Important information regarding - the age factor (28 years and older)

If the student turns 28 years old during the first academic year in France:
In this case, the student will be entitled to regular social security and insurance cover for the entire duration of the first academic year. Therefore, they need not follow the above mentioned procedure of obtaining ss/insurance. Instead, the student should make the regular application as made by all other students less than 28 years in age.

If the student was 28 years old during first academic year, but turns 29 years before the beginning of second academic year in France:
In this case, the student will follow the CPAM procedure only in the second year of academics in France. The first year will be treated under same regulations as other students having less than 28 years of age.
Social Security in France: Terminology

Following is a useful alphabetical guide explaining terminology used in the French Social Security health insurance system.

**Affections de longue durée - Long term illnesses**
These are severe or chronic illnesses for which Social Security covers 100 percent of medical expenses.

**Assurance maladie - Health insurance**
Health insurance is one of the four branches constituting the Social Security System which provides universal, compulsory and interdependent Health Insurance. Irrespective of age and state of health, each beneficiary receives protection against the risk and consequences of disease, for which they contribute according to their means.

**Ayant-droit - Dependant**
A person who is eligible to the refund of medical expenses on the same basis as the insured (dependents include spouse, unmarried partner, PACS partner, child or any other dependant person who has been living with the insured for at least one year).

**Carte Vitale - National health insurance card**
The Carte Vitale (green health card) is the national insurance card issued to anyone eligible aged 16 and over. It gives evidence of membership and rights to French health insurance - an affiliation to CPAM. It is issued on application to CPAM.

It contains all the administrative information necessary for the refund of care:
- Social security number
- Details of health insurance scheme and top-up insurance
- Details of the relevant health insurance office
- Full name and date of birth of the card holder and their dependants
- Details of any exemption or reduction that applies to payments or entitlement to supplementary universal cover

The Carte Vitale does not carry personal medical information.
The Carte Vitale should be handed over at every health appointment (doctor, clinic, hospital, pharmacy) that is equipped with a computer able to read it. The patient will generally receive reimbursement for treatment or medicines directly into their bank account within five days. Reimbursement is made according to income level and the Tarif de Convention (or "approved treatment cost") currently in force.

A Carte Vitale has no expiry date but must be updated annually inserting it in the green box at town halls and some hospitals and pharmacies.

A person without a Carte Vitale eligible for state health insurance will receive a feuille de soins (a brown receipt form) from the doctor, pharmacist or hospital staff. This is recognised by CPAM as a legitimate medical payment. It should be posted to CPAM for reimbursement.

A person with a top-up insurance card (private complementary insurance) will have the treatment recorded and appropriate balance reimbursed by their mutuelle.

**CMU (Couverture Maladie Universelle) - Universal Health Coverage**
Universal Health Coverage (CMU) is to help those in financial difficulties have access to medical treatment. The aim is to allow people who were unable to get treatment because they do not have insurance, or for financial reasons, to receive necessary treatment without having to pay anything in advance.

The two levels are:
1. **CMU de base** (basic cover)
2. **CMU complémentaire** (supplementary Universal Health Insurance Coverage)
Basic CMU is affiliation to the French Social Security System providing health expenses cover for anyone living regularly or on a permanent basis in France. Supplementary CMU includes the possibility of top-up insurance. Anyone with low income living permanently in France can (under certain conditions) benefit from top-up insurance.

**Conventioné; Dépassement d'honoraires - Government regulated; Overstepping of fees**
A doctor's fee depends on their position regarding the Agreement which binds doctors with Social Security. Fees are set to a fixed rate, the *tarif de convention*.

- **Médecin Secteur 1**: Doctors who choose to adhere to the Agreement are "government-regulated" (*conventioné*) and the fees charged are in line with fixed rates.
- **Médecin Secteur 2**: Doctors who choose not to adhere are "non-government-regulated" (*non-conventioné*). In this case, they may fix their fees freely while Social Security only refunds the patient in line with the government-set tariff.

**Degré d'invalidité - Grade of incapacity**
Loss of physical capacity of an individual, assessed as a percentage of normal capacity.

**Forfait journalier - Daily hospital fee**
This is the minimum amount that any inpatient has to pay for any hospital stay exceeding 24 hours. (It covers accommodation expenses).

**Foyer - Household**
The "household" includes the applicant and dependents: husband and wife, or cohabitant, or partner bound by a PACS, children, parents and the other persons in charge.

**Frais de soins - Health expenses**
Expenses incurred to receive health care (medicine, doctor's visits, hospital stay, laboratory tests, etc.)

**Incapacité permanente - Permanent incapacity**
This is a permanent loss of the ability to work resulting from an occupational injury (or travel accident) or disease. Such loss can be either total or partial.

**Indemnités journalières - Daily allowances**
Benefits paid to offset wage loss during a sickness leave, a maternity leave, a paternity leave or an occupational injury leave.

**Médecin traitant - Primary care physician**
The primary care physician is the medical practitioner who knows the patient best and maintains records of health problems, past and present, way of life and habits. Having a primary care physician helps to avoid repeating tests; it also helps to stop the multiplication of prescriptions. The primary care physician's role is to coordinate the different consultations and tests necessary for the health of the patient (*parcours de soins*). The primary care physician can be a General Practitioner or specialist. For any medical matter a patient should first visit their primary care physician who will refer the patient to the necessary health professional.

**Médicament générique - Generic drug**
Generic drugs are copies of other medicines. They are made of the same principal ingredients as the brand-name medicines, have the same effect and are as reliable. They are generally between 20 and 30 times cheaper than the brand originals.

**Mutuelle - Mutual insurance company**
A *mutuelle* is an “association” which provides top-up or complementary health insurance to its members in exchange for payment. The top-up insurance allows for better reimbursement for health expenses by complementing the percentage reimbursed by the Social Security.

**Parcours de soins coordonnés - Coordination of care**
Coordination of care is determined by the primary care physician who coordinates the involvement of other doctors, and by the personal medical file which records the main information necessary about the patient. Medical monitoring coordinated by a doctor who knows the patient well means that the patient can be better and more suitably treated. This also helps to avoid consultations and tests that can be costly both for the patient and the French National Health Service.

**Régime d'assurance maladie - Health insurance**
There are several types of health insurance:

- General regime (often called simply "Assurance maladie"), which covers most people under the system (the employed and retired people from the private sector)
- Specific regimes which cover certain professions such as farming and artisans
- Special regimes (about 100), which cover civil servants, mainly, and other workers from the public sector (SNCF, EDF-GDF) and ministers of religion

An obligatory regime is a health insurance to which a person is automatically adhered to because of their personal situation. Top-up insurance can be added to the basic cover provided by the social security.

**Rente - Occupational injury pension**
Regular payment paid in compensation for a permanent incapacity.

**Sécurité sociale - Social Security**
Created in 1945 and founded on the principle of national solidarity, the Social Security system is made up of four branches:

1. Health
2. Old-age
3. Family
4. Dependence

It guarantees workers against any kind of risk that could mean a reduction in income: illness, maternity, invalidity, accidents at work and professional illnesses, old age, death, death of a partner and family. This guarantee works by the insured and their dependents being affiliated to one (or several) obligatory regime.

The Social Security is made up of several dozen regimes, the most important one being the general workers' (non-agricultural) regime from which two thirds of its payments are made.

**Ticket modérateur - Top-up**
The top-up represents the part of the charges not covered by health insurance and which is paid either by the patient or by the additional medical cover.

**Tiers-payant - Third-party payment**
This is when the top-up insurance automatically pays all or part of the sum spent on health care. It applies generally to payment for prescription medicines prescribed by a doctor. The insured presents the top-up insurance card (white) and the *carte vitale* (green) to the pharmacist and makes no cash payment. The pharmacist is reimbursed directly by the top-up insurance and the social security. Third-party payment can include other services, particularly hospitalisation costs, once agreed to by the insurance company.