

## Expat guide to France: health care

In the latest of our country guides, Peter Pallot examines health care options in France.



France offers some of the world's best health care Photo: Robert Harding Picture Library Ltd / Alamy

No two health care systems in the Western world are the same. The French approach shows the usual Gallic individualism. It has worked well for its citizens, giving excellent all-round care and greater consumer choice than in Britain.

Access to new drugs is less restricted than in the UK, hospital patients can expect not to succumb to MRSA or other infections. France has a centuries-long tradition of pioneering research, including the virologist and 2008 Nobel prize winner Luc Montagnier, who isolated HIV, the trigger for Aids.

France has consistently emerged better than Britain – and always near the top – of attempts to rate national health agencies for customer satisfaction and value for money.

Overall life expectancy at birth in France is 81.7 years (UK 80.05 years) with comparable male longevity either side of the Channel. But French women live more than two years longer than their UK counterparts.

Advances have not been achieved without a decent health budget. That budget has been under strain for several years. Economies came in in 2007 and have since been significantly reinforced.

As the cash squeeze grew, patients lost their right to see any doctor they wished and be compensated by the state system – a luxury difficult for British NHS patients to envisage.

Patients were increasingly obliged to register with a single GP and follow the state care path with that particular doctor if they wanted the maximum state refund. This is closer to the British position in which the GP is “gate-keeper” to hospital care.

President Nicolas Sarkozy’s renewed austerity drive, in 2012, launched just before he was standing for re-election, could have a further impact.

### Only one real option for residents

Even international medical insurance companies admit that for expatriates permanently living in France, it makes sense to join the national state health insurance system. Despite the recent limits on self-referral, the [CMU scheme](#) (Couverture Maladie Universelle) remains the best option by far.

A huge advantage of the scheme is that you are accepted as you are. In insurance jargon, pre-existing medical conditions are disregarded.

No commercial insurer would undertake this liability, even with heavily loaded premiums. The downside, of course, is high running costs, reflecting in high “premiums” or taxes. (The French system eats up 11 per cent of GDP, compared with nine per cent in the UK.)

### Who qualifies?

If you are employed in France, you will be docked an average of around six to seven per cent of your income to pay for health cover. (The tax is levied at eight per cent, but reductions apply for parents and in other circumstances.)

### Other categories:

Also eligible for CMU use are expatriate retirees who have the E121/S1 form. (The EU is re-categorising a range of “E” forms, covering categories of access to healthcare across the EEA, with in a generic “S1” form). E121/S1 is issued by the Department of Work and Pensions. It acknowledges the holder’s long-term commitment to remain abroad and gives automatic access.

Form E106/S1 extends cover for up to two years for those who have paid into the plan, and retire early. (A British woman resident in France who retired at 58 could keep cover by this means.)

Form E109/S1 maintains cover for a family in cases such as when an employee moves abroad but leaves his or her family in France.

## EHIC

The European Health Insurance Card is primarily designed to give all essential care for European holidaymakers in another EU state. But it also holds good for businessmen abroad for short periods.

It is not meant for British people going to France (or any other EU state) intending to settle. But a Briton in this situation might get away with its use for a short period, and would do so in case of injury or acute illness.

### So how do you register?

The CMU is administered through hundreds of local offices across the country. They are known as CPAM offices (Caisse Primaire Assurance Maladie), and handle reimbursements. They will also affiliate new arrivals on production of items such as identity and proof of long-term residence.

The self employed use one of many "Regime Social des Indépendants" offices.

### Mandatory cover for early retirees.

Before 2007, several thousand Britons who had taken early retirement and settled in France were using the health system without contributing financially. From November 23, 2007 they were excluded, and required to buy appropriate health insurance. After protests from the international community, restrictions were eased for some:

- people with chronic illness (who would be uninsurable commercially).
- those undergoing treatment for serious diseases.
- non-working expats who had been continually resident in France for five years.

Expats who are still excluded from CMU are continuing to press through Brussels for more exemptions to the 2007 circular. A circular issued in June 2011 makes clear that the five-year eligibility rule applies. However, it says new CMU applicants can be accepted in cases of:

- unforeseen financial collapse making purchase of health insurance impossible.
- the cost of private insurance becoming too onerous because of expensive treatment.
- loss of health cover through loss of employment of a spouse.

- loss of health cover due to unforeseen events and problems beyond their control.

People moving to France seeking later to join CMU should retain documents showing they are in permanent residence. After five years, they should get access to the system.

### What non-CMU expats might pay

Premiums for those required to buy international private medical insurance are spread widely. For instance, a couple aged 50/44 would expect to pay a total of £6,236 a year for [ExpaCare Executivecare](#) (Budget £3,653). [Axa PPP's](#) plan is priced at £3,038 (Budget £1,900).

Budget cover is largely hospital only, while comprehensive also includes out-patient fees. But plans within these categories all differ both in benefits offered and the caps on them. In addition, some plans extend across Europe and may reach into Asia. Best advice is to shop around and research carefully.

A single person aged 21 with an average plan would expect to pay around £1,100 a year for comprehensive private cover in France. ExpaCare Executivecare at £1,671 is among the most expensive (Budget £978). Axa PPP would be £785 a year (Budget £491).

### Top-up insurance

Unfortunately, simply affiliating to the French system does not mean free use. CMU membership gets you reimbursement of about 70 per cent of fees.

Nearly everyone in France buys top-up insurance to cover the rest. And the "rest" can be rather more than 30 per cent.

This is because reimbursement is set to 70 per cent of what CMU says a procedure might cost, not what it actually costs. Reimbursement for GP visits is 70 per cent.

Drug costs are reimbursed at a rate of 15, 30, 65 and 100 per cent depending on their perceived necessity, efficacy and other factors.

Over recent years, medications were increasingly moved from high reimbursement categories to low. This provoked some top-up insurers, most of which are "mutual" associations, to refuse to fund the shortfall. So the extent to which a plan pays for medication is among a host of factors to be weighed.

Hospital costs are reimbursed 80 per cent but "hotel" charges – food linen and so on – are not repaid. A case reported in 2011 involved a bill for €1,000 for a two-day resuscitation service. This is where top-up insurance can be particularly useful. Insurers offer very different levels of cover.

### **Insurance tax**

[Exclusive Healthcare](#), a broker and insurance provider specialising in foreign nationals living in France, offers cover on seven levels. All the plans are designed to dovetail with state care. It points out that since 2010 top-up insurance has been subject to a seven per cent tax. "This along with other increases has caused the cost of insurance to rise significantly, a problem for those on a very modest income," it says. Some people have been forced to renounce top-up cover altogether because of cost.

But, according to the insurer – which played a significant role in the campaign to include non-working expats and others in CMU – some state aid is forthcoming for hard-up individuals and families. But they have to undergo close vetting.

### **Channel hoppers**

Thousands of Britons spend half their time in France. Under French law, those who spend more than 183 days a year in the country have to register and pay the CMU levy.

For those who stick under the six-month barrier, [Bupa International](#) has devised a specific plan. This gives the policyholder continuing "portable" cover between the two countries. This avoids some of the premium charged for full international insurance.

A similar plan comes from [IMG Europe](#). Axa is also active here, with documents in English.

### **The international set**

For widely travelling business people located in France, full international private medical insurance may come as an added expense on top of routine CMU tax, unless you can claim that you are not actually resident there.

However, Stephen Walker, of [Medical Insurance Services](#) in Brighton, advises that the most economic way around this is to buy holiday travel cover for each trip. "Since the CMU system does not exclude pre-existing conditions, you would of course be able to continue treatment on your return, or expiry of the travel policy," he said.

With health care taking growing slices of family budgets across the Western world, such savings are not to be sniffed at.

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