GATEWAY TO GLOBAL AGING DATA

g2aging.org

Gateway Policy Explorer: Retirement Series

France

Public Old-Age Health Insurance Plan Details

1992-2022

Authors
Qinyi Ouyang
David Knapp

Contributors
Ah Reum Lee
Jinkook Lee
Maciej Lis†
Drystan Phillips
Thomas Rapp
Kanghong Shao
Yixin Sun
Alejandra Tantamango
Michael Upchurch

Version: 2.1 (August 2023)

This project is funded by the National Institutes of Health, National Institute of Aging, R01 AG030153.

Please cite as "Gateway to Global Aging Data (2024). *Gateway Policy Explorer: France, Public Old-Age Health Insurance Plan Details, 1992-2022*, Version: 2.1 (August 2023), University of Southern California, Los Angeles. https://doi.org/10.25553/gpe.ret.hi.fra"

Preface

This document is intended for researchers who want to understand the evolution of policy or the policy in place at a particular point in time. This document is not intended for financial advice or to aid in decision-making. The authors have made significant effort to identify and collect historical information pertaining to these policies, to accurately represent these policies, and to communicate how policies may interact to determine legal requirements, eligibility for benefits, and/or benefits levels. The policies presented in this document focus on rules applicable to most individuals aged 50 and older from 1992. Many systems include special policies or alternative eligibility rules for specific groups. We encourage all users to complete their own review of literature in this area depending on the research questions they have in mind.

If you have feedback or questions or identify an error, please contact policy@g2aging.org.

Background — *Gateway Policy Explorer: Retirement Series*

The *Gateway Policy Explorer* (http://g2aging.org/policy-explorer) is part of the Gateway to Global Aging Data (http://g2aging.org) project. The *Retirement Series* captures historical policy that affects the birth cohorts of respondents in the surveys covered by the Gateway. It was motivated by the rapid evolution of policies affecting older people across the world. As the Health and Retirement Study (HRS) began in 1992 and many of the international network of studies (HRS-INS) cover more than a decade, understanding the policies in place at the time of the survey has become more demanding for researchers.

Why are we tracking past policy? Individuals make choices based on current policies and the outcomes we see today may reflect responses to past policies. When interpreting the survey responses of individuals, an understanding of the policy environment under which those individuals operate is critical. The collection of contextual information in the *Gateway Policy Explorer* aims to support researchers who want to understand or use policy changes in their research and provide context for longitudinal or cross-country differences. Over the period 2023–2026 the *Gateway Policy Explorer* will be expanded to include information on retirement, long-term care, education, and other policies affecting the life cycle.

The key dimensions to the *Gateway Policy Explorer: Retirement Series* are country and time. We prioritize data collection for each country based on its first interview wave and are continuing to expand our data collection back in time to 1992, the earliest survey date in the HRS-INS.

A separate document, like this one, is developed for each country and each broad category of policies covered in the *Gateway Policy Explorer: Retirement Series*.

Author and Contributor Disclaimers

† The opinions expressed here are those of authors and do not necessarily reflect the views of the OECD or of its member countries.

France

Old-Age Health Insurance
Plan details 1992-2022 * †

The French health care system provides universal health care largely financed by government national health insurance. There are three main health insurance schemes: the general statutory health insurance (SHI) system which covers most people, the agricultural SHI system for agricultural workers, and the special system for self-employed non-agricultural workers. Prior to 2000, the general SHI system covered only employees in commerce and industry and their families. Since 2000, SHI has covered everyone who works or has continuously lived in France for at least 3 months a year. SHI does not fully reimburse medical costs and most people participate in complementary health insurance to cover out-of-pocket costs.

Key Dates
First law: 1928
Major changes since 1992: 2000

Contents

* If you have questions or suggestions, please contact policy@g2aging.org.

† Detailed information and definitions are provided in tables, formulas and a glossary at the end of this document. To facilitate switching back and forth, this document is designed with hyperlinks. Most PDF readers have shortcuts that permit a reader to return to the previous location after selecting a hyperlink. In Adobe Acrobat on a PC: "Alt" + "←"; In Adobe Acrobat on a MAC: "command" + "←"; In Preview on a MAC: "command" + "[".

Chapter 1: Policy enacted 1992-1999

Overview

The French healthcare system provides universal health care largely financed by government national health insurance. Depending on professions, three main health insurance systems apply to the French population. The general health insurance system covers employees and retirees in commerce and industry and their families. The other two systems are the agricultural system for people working in agriculture and their dependents, and the special system for self-employed non-agricultural workers. The statutory health insurance discussed in this document refers to the health insurance branch of the general system.

During this period, statutory health insurance is managed by the National Health Insurance Fund for Salaried Workers (Caisse nationale de l'Assurance Maladie des travailleurs salariés, CNAMTS) and its local network is made up of the primary health insurance funds (Caisse Primaire d'Assurance Maladie, CPAM). CPAM administers reimbursement of medical costs.

Additionally, the insured can take out complementary health insurance by themselves to cover costs that are not reimbursed by the statutory health insurance.

Other reforms during this period include:
- Decree No. 1993-965, effective August 1, 1993, decreased the reimbursement rates for some forms of care and services
- Law No. 1995-116, effective February 5, 1995, included vaccination in statutory health insurance
- Law No. 1998-1194, effective December 27, 1998, included preventive care in statutory health insurance

The French long-term care (LTC) system supports dependent older adults through three main types of in-kind benefits for home and institutional care —
- Specific Dependency Benefit (Prestation Spécifique Dépendance - PSD): Law No. 97-60, enacted January 24, 1997 and effective from 1997, introduced the PSD, which is an allowance for LTC-related expenses
- Home-Helper benefit (Aide-ménagère à domicile - AMD): AMD was introduced in 1953 to assist the elderly with household tasks. People aged 55 or older who are not receiving APA benefits are eligible for AMD
- Institutional care

This document focuses on the general SHI system.

Eligibility

- **Qualifications**
  Statutory Health Insurance (SHI)
  Employees and retirees in commerce and industry are covered by statutory health insurance. A SHI contribution is payable by the insured themselves or their employer, depending on the amount of income, profession, and place of residence —
  - Employees:
    - 12.8% of earned income payable by employer (1992 rate)
    - 6.8% of earned income payable by employee themselves (1992 rate)
      —See Table 1 for changes over time
  - Pensioners:
    - 1.4% of pension benefit for CNAV beneficiaries (1992 rate)
    - 2.4% of pension benefit for beneficiaries of other types of pensions (1992 rate)
      —See Table 2 for contribution rates depending on types of pensions over time

  Complementary Health Insurance (CHI)
  The insured can take out complementary health insurance by themselves. The contribution rate depends on the specific insurance plan that the insured is enrolled in.

  Long-term Care (LTC)
  For details about long-term care benefit eligibility, please refer to the policy document France Long-Term Care In-Kind Benefit Plan Details, 1997-2021.

- **To receive health benefits, does an individual have to claim them?** Answer: Yes
- **To continue to receive health benefits, does an individual have to remain qualified?** Answer: No

Coverage

Statutory health insurance (SHI)

Health care covers both preventive and curative care required for maintaining and restoring health (e.g., physician and outpatient care, in-patient care, dental care). A number of conditions need to be satisfied in order to access health care (e.g., registration with a health insurance fund and payment of a minimum amount of contributions or a minimum insurance period). Article L321-1 of the Social Security Code (Legislation.cnav.fr, 1985) determines the coverage of SHI during this period, which includes:

- Hospital care and treatment in public or private rehabilitation or physiotherapy institutions
- Outpatient care provided by general practitioners, specialists, dentists, and midwives
- Diagnostic services prescribed by doctors and carried out by laboratories and paramedical professionals
- Prescription drugs, medical appliances, and prostheses that have been approved for reimbursement
- Prescribed health care-related transportation and home care. SHI also partially covers long-term hospice and mental health care and provides only minimal coverage of outpatient vision and dental care
- Effective February 4, 1995, health insurance covers vaccinations
- Effective December 27, 1998, health insurance covers preventive health screening examinations

In general, most medical needs are covered by the system (e.g., nurses providing care at home or in nursing homes).

Outpatient Care

Outpatient care is provided by self-employed doctors, dentists and medical auxiliaries (e.g., nurses, physiotherapists, speech therapists) working in their own practices, and, to a lesser extent, by salaried staff in hospitals and health centers. SHI covers visits to practitioners, i.e., doctors, dental surgeons and midwives, and visits to medical auxiliaries. Patients can freely choose their providers, but may face lower reimbursement rates without general practitioner's referral and be responsible for additional costs depending on the sector that the doctor practices in —see the *Costs* section for more details.

Inpatient Care

Inpatient care is provided at public and private hospitals. It is recommended for the patients to visit their general practitioners first for advice. Inpatient care typically includes provisions of medical and surgical services, drugs, examinations, and operations during hospitalization.

Home Hospitalization

Home hospitalization (L'hospitalisation à domicile, HAD) is prescribed on request by the insured's attending physician or hospital doctor. Patients at nursing homes are evaluated based on their medical needs for which nursing homes may receive additional payments. Nursing homes accepting more complex residents receive greater payments. HAD aims at shortening or avoiding hospitalization and typically includes medical services, rehabilitative care, and palliative care. The insured may be eligible for home hospitalization if they satisfy the following conditions:

- The care needed can be provided at home
- The insured or their family agree
- The insured's living condition allows for home hospitalization

Pharmaceuticals

Any pharmaceutical drugs needed must be on the list of reimbursable pharmaceuticals and must be prescribed by a health care professional to be reimbursed by SHI. Drugs are classified into four categories depending on their actual benefit or therapeutic value (service médical rendu, SMR): major or significant SMR, moderate SMR, and low SMR. Different reimbursement rates apply to pharmaceutical drugs based on their SMR —see *Costs* section for more information.

Medical Aids

SHI covers optics, hearing aids, accessories and similar small equipment, orthopedics, major equipment (e.g., ocular and facial protheses, ortho-prostheses, vehicles for the disabled), and transplants.

Dental Care

Dental care typically includes consultations with dentists, conservative care such as scaling, treatment of decay or devitalization, dental surgery, and dental prosthesis.

Travel Costs

SHI reimburses prescribed travel costs in the following cases:

- Travel for hospitalization (entering and/or leaving the hospital)
- Travel for treatment or care for long-term illness (affection de longue durée, ALD) and if the insured has difficulty traveling
- Travel related to the insured's condition which requires lying down or supervision

- Travel for long distance (more than 150km one way)
- Multiple trips: At least 4 trips with a distance of more than 50km one way in 2 months for the same consultation or treatment
- Travel for a regulatory control, e.g., call for medical control, expert doctor, or approved equipment supplier
- Travel to an early medical-social action center or medical-psycho-educational center
- Travel for treatment or examination related to accident at work or occupational disease

Complementary Health Insurance (CHI)

If the insured takes out complementary health insurance, the medical expenses not reimbursed by SHI can be supplemented by CHI, in whole or in part, depending on the contracted insurance plan.

Long-term Care (LTC)

For details about long-term care benefits, please refer to the policy document France Long-Term Care In-Kind Benefit Plan Details, 1997-2021.

Costs

Statutory health insurance (SHI)

SHI reaches an agreement with contracted doctors and sets a negotiated standard rate for each medical service. Doctors in Sector 1 follow the agreement and charge the negotiated rates, while doctors in Sectors 2, and 3 may charge extra. Prices of medical services provided by health professionals are available through the health directory. SHI reimburses a certain percentage of the medical expenses, depending on the type of service, up to the amount of the negotiated rates.

Out-of-pocket payment consists of three parts:

- Copayment: A flat-rate contribution for hospitalization stays
- Coinsurance: A certain percentage of covered health care service costs after copayment has been paid
- Balance billing: Difference between the total costs of service or care and the negotiated rates

Additionally, the insured must pay for health care that is not among the listed services covered by SHI (e.g., care provided by psychotherapists or psychoanalysts). These services may be partially or fully reimbursed by the CHI one takes out.

Copayment

For hospital stays, the insured must pay 50 F per day (1992 rate). These fees, referred to as "hospital package" (forfait hospitalier), are intended for hospital accommodation and maintenance costs. See Table 3 for rates over time.

Coinsurance (ticket modérateur)

Coinsurance applies to all health services and care. The coinsurance rates vary by:

- Type of care:
  - Outpatient care:
    - For visits to practitioners, i.e., doctors, dental surgeons, midwives: 30%
    - For visits to medical auxiliaries: 40%
  - Inpatient care: 20%
  - Home hospitalization: 20%
  - Pharmaceuticals: The coinsurance rates differ by their SMR category —
    - Drugs recognized as irreplaceable and particularly expensive: 0%
    - Drugs with major or significant SMR: 35%
    - Drugs with moderate SMR: 65%
    - Drugs with low SMR: 65%

    Table 4 summarizes changes in coinsurance rates for prescribed pharmaceuticals over time
  - Medical aids:
    - Optics, hearing aids, accessories and similar small equipment, orthopedics: 35%
    - Major equipment (e.g., ocular and facial protheses, ortho-prostheses, vehicles for the disabled), transplants: 0%, fully reimbursed by SHI
  - Dental care: 35%
  - Travel costs: 35%
- Compliance with the health care pathway: The insured must visit their general practitioner prior to consulting a specialist. Otherwise, they are responsible for an additional coinsurance equal to 40% of the fees for services and care

Certain population groups are exempted from coinsurance:

- Recipients of disability pension

- Recipients of survivor's pension who are permanently disabled or who are entitled to a disability pension
- Recipients of disability pension, aged 60 and older, who continue to work
- Recipients of military pension
- Recipients of solidary allowance for the elderly (Allocation de Solidarité aux Personnes Agées, ASPA)
- Recipients of occupational disease pension and their dependents
- Pregnant women (from the 6th month of pregnancy up to 12 days after delivery)
- Newborns within 30 days
- People hospitalized for over 30 days
- People with long-term illness (affection de longue durée, ALD)
- People in need of service for the diagnosis and treatment of infertility
- People under age 18

Balance billing

SHI reimburses costs of covered health care services up to the amount of the negotiated rates. The insured is responsible for paying the difference between the actual costs and the negotiated rates if they receive services from doctors in Sectors 2 and 3. The determination of remaining costs in this way is referred to as balance billing. Most balance billing occurs for dental and vision services, for which the negotiated rates are low. These costs may be partly or fully reimbursed by CHI, depending on individual contract.

Formula 1 illustrates how out-of-pocket costs without CHI are calculated.

Long-term Care (LTC)

For details about long-term care costs, please refer to the policy document France Long-Term Care In-Kind Benefit Plan Details, 1997-2021.

Chapter 2: Policy enacted 2000-2022

Policy change in 2000

Effective January 1, 2000, the Universal Health Coverage Act (CMU Act, Law No. 99-641 of July 27, 1999) introduced universal health coverage for all residents of mainland France and overseas territories. The Universal Health Coverage (CMU) extended the coverage of statutory health insurance to everyone who lives in France on a stable and regular basis and is of legal age. Effective January 1, 2016, the Universal Health Protection (Protection Universelle Maladie, PUMa) unified CMU and the general SHI system for employees. The health care coverage and benefit remain the same while PUMa eliminates procedures due to changes in one's professional or private life and helps avoid disruption in SHI coverage. PUMa applies to people who work or reside in France on a stable and regular basis.

Additionally, effective January 1, 2000, the Universal Health Coverage Act (CMU Act, Law No. 99-641 of July 27, 1999) started providing free complementary health insurance (Complementary Universal Health Coverage, CMU-C) to people with low income. CMU-C continued to provide this complementary health insurance coverage to low-income individuals through November 2019. During this period the Complementary Health Assistance (Aide Complémentaires Santé, ACS) provided a cash benefit based on household situation to cover medical costs. Effective November 1, 2019, the CMU-C and ACS were replaced by the Complementary Health Care (Complémentaire Santé Solidaire, CSS), however, coverage and benefits remain largely the same.

Other reforms during this period include:

- Effective January 1, 2000, Decree No. 99-1013, introduced a new statutory health insurance premium (Cotisation Subsidiaire Maladie, CSM) for people satisfying certain income conditions
- Effective January 1, 2005, Decree No. 2004-1490 introduced a flat-rate co-payment of 1 € for every doctor's visit, and Decree No. 2004-1453 introduced a daily maximum co-payment of 4 € per day and an annual maximum of 50 € per year for every patient. Effective January 1, 2016, Article R160-19 serves as the legal basis for this copayment (replacing Article R322-9-2)
- Effective June 20, 2006, Decree No. 2006-707 introduced a new copayment for certain major services or care listed in Article R162-52 of the Social Security Code
- Effective January 1, 2008, Decree No. 2007-1937 introduced medical deductibles for consultations, prescription drugs, nursing care, and medical transportation
- Effective January 7, 2010, Decree No. 2010-6 introduced a 15% reimbursement rate for drugs with low actual benefit (SMR), which replaced the previous 35% reimbursement rate
- Effective January 16, 2011, Decree No. 2011-56 decreased the reimbursement rate for drugs with moderate SMR from 35% to 30%
- Effective January 1, 2016, Law 2015-1702 required all employers to offer complementary health insurance to their employees
- Effective July 22, 2016, Decree No. 2016-979 changed the amount and requirement of the statutory health insurance premium that was introduced by Decree No. 99-1013
- Effective January 1, 2019, Decree No. 2018-1257 increased the copayment rate and price condition for certain major services or care listed in Article R162-52 of the Social Security Code
- Effective January 1, 2019, Decree No. 2019-349 changed the amount and requirement of the statutory health insurance premium that was last amended by Decree No. 2016-979 and Decree No. 99-1013

Overview

The French health care system provides universal health care largely financed by government national health insurance. Three main health insurance systems apply to the French population, depending on the insured's profession:

- The general SHI system covers people who work or reside in France on a stable and regular basis, i.e., at least 3 months a year (continuously)
- The agricultural SHI system for people working in agriculture
- The special system for self-employed non-agricultural workers

The general SHI system is managed by the National Health Insurance Fund (Caisse nationale de l'Assurance Maladie, CNAM) and its local network is made up of the primary health insurance funds (Caisse Primaire d'Assurance Maladie, CPAM). CPAM administers reimbursement of medical costs.

Additionally, the insured can take out complementary health insurance either on an individual basis or collectively through their employer or professional insurers. Effective January 1, 2016, Decree No. 2015-1702 required that employees be automatically enrolled in

complementary collective health insurance. Free complementary health insurance is provided to people with low income if they satisfy certain conditions.

The French long-term care (LTC) system supports dependent older adults through three main types of in-kind benefits for home and institutional care:

- Personalized Autonomy Allowance (Allocation Personnalisée d'Autonomie - APA): Law No. 2001-647, enacted in July 2001, and effective from 2002, introduced the APA to replace the Specific Dependency Benefit (Prestation specifique dependance - PSD). APA is an allowance for LTC-related expenses
- Home-Helper benefit (Aide-ménagère à domicile - AMD): AMD was introduced in 1953 to assist older adults with household tasks. People aged 55 or older who are not receiving APA benefits are eligible for AMD
- Institutional care

Additionally, the 2021 social security financing bill (Law No. 2021-1754 of December 23, 2021) introduced a new disability pillar to the existing social security system. This new pillar will be funded to finance needs for disabled older people, and the money will be administered by the "Caisse nationale de solidarité pour l'Autonomie" (CNSA). This document focuses on the general SHI system and does not provide further information on this new pillar.

Eligibility

- **Qualifications**
  Statutory Health Insurance (SHI)
  The general SHI scheme (PUMa, previously CMU or SHI for employees) provides universal health coverage to people who work or reside in France on a stable and regular basis, i.e., who have been residing in France continuously for more than 3 months a year, or if they satisfy one of the following conditions —
  - They are enrolled in an educational institution or internship in France under cultural, technical, and scientific cooperation agreements
  - They are beneficiaries of family benefits, allowance for older adults, housing allowance, allowance for disabled adults, or social assistance benefits
  - They are refugees or registered asylum seekers and are granted the right to stay
  - They are returning to France after having completed international volunteering abroad, if they are not entitled to any other benefit
  - They are family members planning to live with relatives who are residents of France

  A SHI contribution is payable by the insured themselves or their employer, depending on their level of income, profession, and place of residence —
  - For employees:
    * 12.8% of earned income payable by employer (2000 rate)
    * 0.75% of earned income payable by employee themselves if they reside in France, or 5.5% if they reside outside France (2000 rate)
      —See Table 1 for contribution rates payable by the insured themselves and their employer over time
  - For pensioners:
    * SHI contribution is waived for CNAV beneficiaries if they reside in France. The contribution is 5.5% of pension benefit if they reside outside France (2000 rate)
    * Contribution is 1% of pension benefit for beneficiaries of other types of pensions if they reside in France, or 3.8% if they reside outside France (2000 rates)
      —See Table 2 for contribution rates by type of pension over time

  Additionally, PUMa beneficiaries must pay premiums (Cotisation Subsidiaire Maladie, CSM) to maintain SHI coverage if they satisfy certain conditions —
  - From January 1, 2000 - July 21, 2016: Their income from assets or capital (e.g., investment income, rental income and capital gains) exceeds the annual social security ceiling (Plafond Annuel de la Sécurité Sociale, PSS) —see Table 5 for values of PSS over time
  - From July 22, 2016 - December 31, 2018: They satisfy both of the following conditions —
    * Their income from employment is lower than 10% of the PSS
    * Their income from assets or capital exceeds the PSS
  - From January 1, 2019: They satisfy both of the following conditions —

    - Their income from employment is lower than 20% of the PSS
    - Their income from assets or capital exceeds 50% of the PSS

Recipients of pension, disability pension, annuity, or unemployment benefits are exempted from this premium.

See formulas below for calculation of PUMa (previously CMU or SHI for employees) premiums over time:

- Formula 2: CMU premium calculation (January 1, 2000 - July 21, 2016)
- Formula 3: PUMa premium calculation (July 22, 2016, December 31, 2018)
- Formula 4: PUMa premium calculation (From January 1, 2019)

Complementary Health Insurance (CHI)

The insured can take out complementary health insurance either on an individual basis or collectively through their employer or professional insurers. Effective January 1, 2016, Decree No. 2015-1702 required all employers to offer complementary health insurance to their employees. Employees are automatically enrolled in complementary collective health insurance.

People with low income may benefit from a free complementary health insurance plan, called Complémentaire Santé Solidaire (CSS, e.g., previously CMU-C or ACS), if they satisfy the following conditions:

- Coverage by SHI: They are insured under the general SHI system, i.e., they work or reside in France on a stable and regular basis
- Means-testing: Their household income during the 12 months preceding the month of application does not exceed an annual ceiling. The income ceiling depends on the number of people in a household. Income includes family allowances and housing benefits. See Table 6 for individual annual income ceiling over time and Table 7 for annual income ceilings applicable to households of different sizes (effective July 1, 2022)
    - If the insured's household income exceeds the annual ceiling but is below 135% of the ceiling, they can be covered by CSS by paying a monthly contribution —see Table 8 for rates for beneficiaries of different age groups
- They are not covered by other CHI plans
- Annual renewal of benefit: An application must be submitted every year to review whether the insured is entitled to CSS

Long-term Care (LTC)

For details about long-term care benefit eligibility, please refer to the policy document France Long-Term Care In-Kind Benefit Plan Details, 1997-2021.

- **To receive health benefits, does an individual have to claim them?** Answer: Yes
- **To continue to receive health benefits, does an individual have to remain qualified?** Answer: No

Coverage

Statutory health insurance (SHI)

Health care covers both preventive and curative care required for maintaining and restoring health (e.g. physician and outpatient care, in-patient care, dental care). A number of conditions need to be satisfied in order to access health care (e.g., registration with a health insurance fund and payment of a minimum amount of contributions or minimum insurance period). The Social Security Code (Legislation.cnav.fr, 1985) determines the scope of SHI and the coverage changes over time. From 2000 to 2015, Article L321-1 of the Social Security Code defined the scope of SHI. Effective January 1, 2016, due to the introduction of PUMa, Article L160-8 serves as the legal basis for SHI and provides coverage for the following services and care:

- General and special medicine costs, dental treatment and prosthesis costs, pharmaceutical and appliance costs, laboratory analysis and examination costs, health checks, inpatient care, rehabilitative care, and surgical interventions for the insured and their family. Additionally, SHI covers prescribed contraceptive services and goods
- Travel costs associated with prescribed services and care
- Treatment and hospitalization costs relating to the voluntary termination of pregnancy
- Preventive care
- Costs for services and care related to the preservation of fertility and medically-assisted procreation

In general, most medical needs are covered by the system (e.g., nurses providing care at home or in nursing homes).

Outpatient Care

Outpatient care is provided by self-employed doctors, dentists and medical auxiliaries (e.g., nurses, physiotherapists, speech therapists) working in their own practices, and, to a lesser extent, by salaried staff in hospitals and health centers. SHI covers visits to practitioners, i.e., doctors, dental surgeons and midwives, and visits to medical auxiliaries. Patients can freely choose their providers, but may face lower reimbursement rates without a general practitioner's referral. Patients may also be responsible for additional costs

depending on the sector that the doctor practices in —see the *Costs* section for more details.

Inpatient Care
Inpatient care is provided at public and private hospitals. It is recommended for the patients to visit their general practitioners first for advice. Inpatient care typically includes provision of medical and surgical services, pharmaceutical drugs, examinations, and operations during hospitalization.

Home Hospitalization
Home hospitalization (L'hospitalisation à domicile, HAD) is prescribed on request by the insured's attending physician or hospital doctor. Patients at nursing homes are evaluated based on their medical needs for which nursing homes may receive additional payments. Nursing homes accepting more complex residents receive greater payments. HAD aims at shortening or avoiding hospitalization and typically includes medical services, rehabilitative care, and palliative care. The insured may be eligible for home hospitalization if they satisfy the following conditions:

- The care needed can be provided at home
- The insured or their family consent to home hospitalization
- The insured's living condition allows for home hospitalization

Pharmaceuticals
Any pharmaceutical drugs needed must be on the list of reimbursable pharmaceuticals and must be prescribed by a health care professional to be reimbursed by SHI. Drugs are classified into four categories depending on their actual benefit or therapeutic value (service médical rendu, SMR): major or significant SMR, moderate SMR, and low SMR. Different reimbursement rates apply to pharmaceutical drugs based on their SMR —see the *Costs* section for more information.

Medical Aids
SHI covers optics, hearing aids, accessories and similar small equipment, orthopedics, major equipment (e.g., ocular and facial protheses, ortho-prostheses, vehicles for the disabled), and transplants.

Dental Care
Dental care typically includes consultations with dentists, conservative care such as scaling, treatment of decay or devitalization, dental surgery, and dental prosthesis.

Travel Costs
SHI reimburses prescribed travel costs in the following cases:

- Travel for hospitalization (entering and/or leaving the hospital)
- Travel for treatment or care for long-term illness (affection de longue durée, ALD) and if the insured has difficulty traveling
- Travel related to the insured's condition which requires lying down or supervision
- Travel for long distance (more than 150km one way)
- Multiple trips: At least 4 trips with a distance of more than 50km one way in 2 months for the same consultation or treatment
- Travel for a regulatory control, e.g., call for medical control, expert doctor, or approved equipment supplier
- Travel to an early medical-social action center or medical-psycho-educational center
- Travel for treatment or examination related to accident at work or occupational disease

Complementary Health Insurance

If the insured takes out complementary health insurance, the medical expenses not reimbursed by SHI can be supplemented by CHI, in whole or in part, depending on the contracted insurance plan. Free CHI is provided to people with low income who are eligible for CSS (previously CMU-C or ACS).

Long-term Care (LTC)

For details about long-term care benefits, please refer to the policy document France Long-Term Care In-Kind Benefit Plan Details, 1997-2021.

Costs

Statutory health insurance (SHI)

SHI reaches an agreement with contracted doctors and sets a negotiated standard rate for each medical service. Doctors in Sector 1 follow the agreement and charge the negotiated rates, while doctors in Sectors 2, and 3 may charge extra. Prices of medical services provided by health professionals are available through the health directory. SHI reimburses a certain percentage of the medical expenses, depending on the type of service, up to the amount of the negotiated rates.

Out-of-pocket payment consists of four parts:

- Copayment: A flat-rate contribution of 1 € for any consultation or medical service, radiological examination and laboratory analysis, effective January 1, 2005. For hospitalization, a flat-rate contribution of 20 € (2022 rate) applies —see Table 3 for rates over time. Flat-rate payments also apply to certain major services or care.
- Medical deductibles for consultations, prescription drugs, nursing care, and medical transportation, effective January 1, 2008
- Coinsurance: A certain percentage of covered health care service costs after copayment and medical deductibles have been paid
- Balance billing: The difference between the total costs of service or care and the statutory tariff set by SHI

Additionally, the insured must pay for health care that is not among the listed services covered by SHI (e.g., care provided by psychotherapists or psychoanalysts). These services may be partially or fully reimbursed by an insured person's CHI policy.

Copayment

A flat-rate copayment of 1 € applies to any consultation or act carried out by a doctor, radiological examination, and laboratory analysis. Copayment rates for hospital stays differ (see below). The copayment is limited to 4 € per day per doctor and 50 € per year for one person. This copayment is usually not reimbursed by complementary health insurance. Certain population groups are exempted from this copayment:

- People covered by CSS (previously CMU-C or ACS)
- Pregnant women (from the 6th month of pregnancy up to 12 days after delivery)
- People under age 18
- Beneficiaries of the State Medical Assistance (l'aide médicale de l'État, AME), i.e., people qualified for CSS (previously CMU-C or ACS) and who have not had a residence permit for more than 3 months

For hospital stays, the insured must pay 20 € per day (2022 rate). These fees, referred to as "hospital package" (forfait hospitalier), are intended for hospital accommodation and maintenance costs. See Table 3 for rates over time.

A copayment applies to certain major services or care listed in Article R162-52 of the Social Security Code (Legislation.cnav.fr, 1985). The copayment rates and conditions change over time:

- Before June 20, 2006: No copayment
- From June 20, 2006 to December 31, 2018: According to Article R322-8 of the Social Security Code (Legislation.cnav.fr, 1985), a copayment of 18 € applies. The cost of the service rendered must be at least 91 €
- From January 1, 2019: According to Article R160-16 of the Social Security Code (Legislation.cnav.fr, 1985), a copayment of 24 € applies. The cost of the service rendered must be at least 120 €

If several major medical services are performed during the same consultation or hospitalization, the insured only pays this copayment once. The following services are exempted from this copayment and are fully reimbursed by SHI:

- Emergency transportation
- Radiodiagnostic service
- MRI
- Sonography

Medical deductibles

A medical deductible applies to consultations, prescription drugs, nursing care, and medical transportation, and is usually not reimbursed by complementary health insurance. Prescribed drugs or services during hospitalization are exempted. The amount of deductible varies by type of service and is capped at 50 € per year per person:

- 0.5 € per pack of medication
- 0.5 € per consultation, up to 2 € per day
- 2 € per medical transportation

People exempt from the flat-rate copayment of 1 € are exempted from medical deductibles.

Coinsurance (ticket modérateur)

Coinsurance applies to all health services and care. The coinsurance rates vary by:

- Type of care:
  - Outpatient care:

    - For visits to practitioners, i.e., doctors, dental surgeons, midwives: 30%
    - For visits to medical auxiliaries: 40%
  - Inpatient care: 20%
  - Home hospitalization: 20%
  - Pharmaceuticals: The coinsurance rates differ by their SMR category —
    - Drugs recognized as irreplaceable and particularly expensive: 0%
    - Drugs with major or significant SMR: 35%
    - Drugs with moderate SMR: 70%
    - Drugs with low SMR: 85%

    Table 4 summarizes changes in coinsurance rates for prescribed pharmaceuticals over time
  - Medical aids:
    - Optics, hearing aids, accessories and similar small equipment, orthopedics: 40%
    - Major equipment (e.g., ocular and facial protheses, ortho-prostheses, vehicles for the disabled), transplants: 0%
  - Dental care: 30%
  - Travel costs: 35%
- Compliance with the health care pathway: The insured must visit their general practitioner prior to consulting a specialist. Otherwise, they are responsible for an additional coinsurance equal to 40% of the fees for services and care

Certain population groups are exempted from coinsurance:

- People covered by CSS (previously CMU-C or ACS)
- Recipients of disability pension
- Recipients of survivor's pension who are permanently disabled or who are entitled to a disability pension
- Recipients of disability pension, aged 60 and older, who continue to work
- Recipients of military pension
- Recipients of Solidary Allowance for the Elderly (Allocation de Solidarité aux Personnes Agées, ASPA)
- Recipients of occupational disease pension and their dependents
- Pregnant women (from the 6th month of pregnancy up to 12 days after delivery)
- Newborns within 30 days
- People hospitalized for over 30 days
- People with long-term illness (affection de longue durée, ALD)
- People in need of service for the diagnosis and treatment of infertility
- People under age 18

Balance billing

SHI reimburses costs of covered health care services up to the amount of the negotiated rates. Doctors in Sectors 2 and 3 can charge higher than the negotiated rates. The insured is responsible for paying the difference between the actual costs and the negotiated rates. The determination of remaining costs in this way is referred to as balance billing. Most balance billing occurs for dental and vision services, for which the negotiated rates are low. These costs may be partly or fully reimbursed by CHI, depending on individual contract.

Formula 1 illustrates how out-of-pocket costs without CHI are calculated.

Long-term Care (LTC)

For details about long-term care costs, please refer to the policy document France Long-Term Care In-Kind Benefit Plan Details, 1997-2021.

Tables and Formulas

Table 1: SHI Contribution Rate for Employees (1992-present)

Time Period	Payable By	Contribution Rate
From Jan 1, 2019	Employer	13% of earned income, or 7% of earned income if their income does not exceed 2.5 times the minimum wage
	Employee	0.0% of earned income if they reside in France 5.5% of earned income if they reside outside France
Mar 8, 2018 - Dec 31, 2018	Employer	13% of earned income
	Employee	0.0% of earned income if they reside in France 5.5% of earned income if they reside outside France
Jan 1, 2018 - Mar 7, 2018	Employer	13% of earned income
	Employee	0.0% of earned income if they reside in France 6.45% of earned income if they reside outside France
Jan 1, 2017 - Dec 31, 2017	Employer	12.89% of earned income
	Employee	0.75% of earned income if they reside in France 5.5% of earned income if they reside outside France
Jan 1, 2016 - Dec 31, 2016	Employer	12.84% of earned income
	Employee	0.75% of earned income if they reside in France 5.5% of earned income if they reside outside France
Dec 30, 1997 - Dec 31, 2015	Employer	12.8% of earned income
	Employee	0.75% of earned income if they reside in France 5.5% of earned income if they reside outside France
Dec 29, 1996 - Dec 29, 1997	Employer	12.8% of earned income
	Employee	5.5% of earned income
Jan 1, 1992 - Dec 28, 1996	Employer	12.8% of earned income
	Employee	6.8% of earned income

Source: Article D242-3 of Code de la sécurité sociale (Legislation.cnav.fr, 1985), and Law No. 2017-1836

Table 2: SHI Contribution Rate for Pensioners (1992-present)

Time Period	Type of Pension	Contribution Rate
From Mar 8, 2018	CNAV	Waived if they reside in France 3.2% if they reside outside France
	Other types	1% if they reside in France 4.2% if they reside outside France
Jan 1, 2018 - Mar 7, 2018	CNAV	Waived if they reside in France 4.9% if they reside outside France
	Other types	1% if they reside in France 5.9% if they reside outside France
Nov 20, 2004 - Dec 31, 2017	CNAV	Waived if they reside in France 3.2% if they reside outside France
	Other types	1% if they reside in France 4.2% if they reside outside France
Dec 30, 1997 - Nov 19, 2003	CNAV	Waived if they reside in France 2.8 % if they reside outside France
	Other types	1% if they reside in France 3.8 % if they reside outside France
Dec 29, 1996 - Dec 29, 1997	CNAV	2.8%
	Other types	3.8%
Jan 1, 1996 - Dec 28, 1996	CNAV	2.6%
	Other types	3.6%
Jan 1, 1992 - Dec 31, 1995	CNAV	1.4%
	Other types	2.4%

Source: Articles D242-8, L131-2 (previously L241-2), L131-9 (previously L131-7-1) of Code de la sécurité sociale (Legislation.cnav.fr, 1985)

Table 3: Daily Rate for Hospitalization Stay (1992-present)

Time Period	Daily Fee
From 2018	20 €/day
2010 - 2017	18
2007 - 2009	16
2006	15
2005	14
2004	13
Jan 1, 1996 - Dec 31, 2003	70 F/day
Aug 1, 1993 - Dec 31, 1995	55
1992	50

Source: Authors' search of annual updates to amounts of the hospital daily rate (i.e., "montants du forfait journalier hospitalier") on www.legifrance.gouv.fr. For example, see JORF n° 0147 of June 27, 2019. Article R174-5 - R174-4-2 of Code de la sécurité sociale (Legislation.cnav.fr, 1985)

Notes

1. The daily rate for hospitalization in a psychiatric department of a health establishment must not exceed 75% of the standard daily rate for hospitalization

Table 4: Coinsurance Rate for Prescribed Pharmaceuticals (1992-present)

Time Period	Drugs recognized as irreplaceable and particularly expensive	Drugs with Major or Significant SMR	Drugs with Moderate SMR	Drugs with Low SMR
From Jan 16, 2011	0%	35%	70%	85%
Jan 7, 2010 - Jan 15, 2011	0%	35%	65%	85%
Aug 1, 1993 - Dec 31, 1999	0%	35%	65%	65%
Jan 1, 1992 - Jul 31, 1993	0%	35%	60%	65%

Source: Article R160-5 and R322-1 of Code de la sécurité sociale (Legislation.cnav.fr, 1985)

Formula 1: Out-of-pocket Payment without Complementary Health Insurance (1992-present)

$$OOP_{i,t} = \begin{cases} Copayment_{i,t} + \min\left\{Cost_{i,t}, NR_{i,t}\right\} \times CR_{i,t} + BB_{i,t} & \text{if } 1992 \leq t \leq 2007 \\ Copayment_{i,t} + Deductibles_{i,t} + \min\left\{Cost_{i,t}, NR_{i,t}\right\} \times CR_{i,t} + BB_{i,t} & \text{if } 2008 \leq t \end{cases}$$

- $OOP_{i,t}$ = Out-of-pocket payment for individual i at time t if i is not insured with any complementary health insurance
- $Copayment_{i,t}$ = Copayment that individual i needs to pay for the service or care they receive at time t:
  - For hospitalization, the insured must pay 20 € (2022 rate) for each day of stay. See Table 3 for rates over time
  - For certain major services or care listed in Article R162-52 of the Social Security Code, a copayment applies. The copayment rates and conditions change over time:
    - Before June 20, 2006: No copayment
    - June 20, 2006 - December 31, 2018: According to Article R322-8 of the Social Security Code (Legislation.cnav.fr, 1985), a copayment of 18 € applies. The cost of the service rendered must be at least 91 €
    - From January 1, 2019: According to Article R160-16 of the Social Security Code (Legislation.cnav.fr, 1985), a copayment of 24 € applies. The cost of the service rendered must be at least 120 €

    If several major medical services are performed during the same consultation or hospitalization, the insured only pays this copayment once. The following services are exempted from this copayment and are fully reimbursed by SHI:
    - Emergency transportation
    - Radiodiagnostic service
    - MRI
    - Sonography
  - Effective January 1, 2005, a flat-rate copayment of 1 € applies for consultation or act carried out by a doctor, radiological examination, and laboratory analysis. This copayment is limited to 4 € per day per doctor and 50 € per year for one person
- $Cost_{i,t}$ = The cost of the service or care that individual i receives at time t
- $NR_{i,t}$ = The negotiated rates set by SHI for the service or care that individual i receives at time t
- $CR_{i,t}$ = The coinsurance rate applicable to the service that individual i receives at time t, which is determined by statutory health insurance —see *Costs* section for more information
- $BB_{i,t}$ = The difference between the actual costs of the service or care that individual i receives at time t and the negotiated rates set by SHI, which only applies to service or care provided by doctors practising in Sectors 2 and 3

$$BB_{i,t} = Cost_{i,t} - NR_{i,t}$$

  - $BB_{i,t} = 0$ if the computed value is negative
- $Deductibles_{i,t}$ = Medical deductibles for the service or care that individual i receives at time t. Medical deductibles apply to consultations, prescription drugs, nursing care, and medical transportation. Prescribed drugs or services during hospitalization are exempted. The amount of deductibles varies by type of service and is capped at 50 € per year per person:
  - 0.5 € per pack of medication
  - 0.5 € per consultation, up to 2 € per day
  - 2 € per medical transportation

Source: Author's interpretation of Articles R321-2 to R325-4 of Code de la sécurité sociale (Legislation.cnav.fr, 1985)

Table 5: Caisse Nationale d'Assurance Vieillesse (CNAV) Maximum Monthly Earnings by Year

Effective Dates	Social Security Threshold (PSS) *Monthly*	Social Security Threshold (PSS) *Annual*
2022	3,428 €	41,136 €
2021	3,428	41,136
2020	3,428	41,136
2019	3,377	40,524
2018	3,311	39,732
2017	3,269	39,228
2016	3,218	38,616
2015	3,170	38,040
2014	3,129	37,548
2013	3,086	37,032
2012	3,031	36,372
2011	2,946	35,352
2010	2,885	34,620
2009	2,859	34,308
2008	2,773	33,276
2007	2,682	32,184
2006	2,589	31,068
2005	2,516	30,192
2004	2,476	29,712
2003	2,432	29,184
2002	2,352	28,224
2001	14,950 Francs (F)	179,400 F
2000	14,700	176,400
1999	14,470	173,640
1998	14,090	169,080
1997	13,720	164,640
July - December 1996	13,540	161,220
January - June 1996	13,330	161,220
July - December 1995	13,060	155,940
January - June 1995	12,930	155,940
July - December 1994	12,840	153,120
January - June 1994	12,680	153,120
July - December 1993	12,610	149,820
January - June 1993	12,360	149,820
July - December 1992	12,150	144,120
January - June 1992	11,870	144,120

Source: Barèmes, Salaire plafond, Salaire plafond soumis à cotisations (Legislation.cnav.fr, 2022)

Formula 2: CMU (or PUMa, effective January 1, 2016) Premium Formula (January 1, 2000 - July 21, 2016)

$$CSM_{i,t} = 8\% \times (INCOME_{i,t} - PSS_t)$$

- $CSM_{i,t}$ = The amount of CMU (or PUMa, effective January 1, 2016) premium (Cotisation Subsidiaire Maladie, CSM) that is applicable to individual i at time t
  - $CSM_{i,t} = 0$, if the computed value is negative
- $INCOME_{i,t}$ = The income of individual i at time t from assets or capital (e.g., investment income, rental income and capital gains). Couples are jointly assessed and the premium is allocated to each member by share of income.
- PSS_t = The annual social security ceiling (Plafond Annuel de la Sécurité Sociale, PSS) at time t —see Table 5 for values over time

Source: Articles L380-2, R380-3 to R380-7, D380-1 to D380-5 of Code de la sécurité sociale (Legislation.cnav.fr, 1985)

Formula 3: PUMa Premium Formula (July 22, 2016 - December 31, 2018)

$$CSM_{i,t} = \begin{cases} 8\% \times (INCOME_{i,t} - PSS_t) & \text{if } EARN_{i,t} \leq 5\% \times PSS_t \\ 8\% \times (INCOME_{i,t} - PSS_t) \times 2 \times (1 - \frac{EARN_{i,t}}{0.1 \times PSS_t}) & \text{if } 5\% \times PSS_t \leq EARN_{i,t} < 10\% \times PSS_t \\ 0 & \text{if } EARN_{i,t} \geq 10\% \times PSS_t \end{cases}$$

- $CSM_{i,t}$ = The amount of PUMa premium (Cotisation Subsidiaire Maladie, CSM) that is applicable to individual i at time t
  - $CSM_{i,t} = 0$, if the computed value is negative
- $INCOME_{i,t}$ = The income of individual i at time t from assets or capital (e.g., investment income, rental income and capital gains). Couples are jointly assessed and the premium is allocated to each member by share of income.
- PSS_t = The annual social security ceiling (Plafond Annuel de la Sécurité Sociale, PSS) at time t —see Table 5 for values over time
- $EARN_{i,t}$ = The amount of income from employment of individual i at time t.

Source: Articles L380-2, R380-3 to R380-7, D380-1 to D380-5 of Code de la sécurité sociale (Legislation.cnav.fr, 1985)

Formula 4: PUMa Premium Formula (2019-present)

$$CSM_{i,t} = \begin{cases} 6.5\% \times (\min\{INCOME_{i,t}, 8 \times PSS_t\} - 0.5 \times PSS_t) \times (1 - \frac{EARN_{i,t}}{0.2 \times PSS_t}) & \text{if they reside in France} \\ 8\% \times (INCOME_{i,t} - 0.25 \times PSS_t) & \text{if they are cross-border workers} \end{cases}$$

- $CSM_{i,t}$ = The amount of PUMa premium (Cotisation Subsidiaire Maladie, CSM) that is applicable to individual i at time t
  - $CSM_{i,t} = 0$, if the computed value is negative
- $INCOME_{i,t}$ = The income of individual i at time t from assets or capital (e.g., investment income, rental income and capital gains). Couples are jointly assessed and the premium is allocated to each member by share of income.
- PSS_t = The annual social security ceiling (Plafond Annuel de la Sécurité Sociale, PSS) at time t —see Table 5 for values over time
- $EARN_{i,t}$ = The amount of income from employment of individual i at time t.

Source: Articles L380-2, R380-3 to R380-7, D380-1 to D380-5 of Code de la sécurité sociale (Legislation.cnav.fr, 1985)

Table 6: Annual Income Ceiling for CSS (previously CMU-C or ACS)

Time Period	Amount
From Jul 1, 2022	9,571.00 €/year
Apr 1, 2022 - Jun 30, 2022	9,203.00
Apr 1, 2021 - Mar 31, 2022	9,041.00
Apr 1, 2020 - Mar 31, 2021	9,032.00
Apr 1, 2019 - Mar 31, 2020	8,951.00
Apr 1, 2018 - Mar 31, 2019	8,810.00
Apr 1, 2017 - Mar 31, 2018	8,723.00
Jul 1, 2014 - Mar 31, 2017	8,644.52
Jul 1, 2013 - Jun 30, 2014	8,592.96
Jul 1, 2012 - Jun 30, 2013	7,934.40
Jul 1, 2011 - Jun 30, 2012	7,771.20
Jul 1, 2010 - Jun 30, 2011	7,611.36
Jul 1, 2009 - Jun 30, 2010	7,521.11
Jul 1, 2008 - Jun 30, 2009	7,446.64
Jul 1, 2007 - Jun 30, 2008	7,272.1
Jul 1, 2006 - Jun 30, 2007	7,178.79
Jul 1, 2005 - Jun 30, 2006	7,045.97
Jul 1, 2004 - Jun 30, 2005	6,913.57
Sep 1, 2003 - Jun 30, 2004	6,798
Jul 1, 2003 - Aug 30, 2003	6,798
Feb 17, 2002 - Jun 30, 2003	6,744
Jan 11, 2001 - Feb 16, 2002	43,200 F/year
2000	42,000

Source: Article D861-1 of Code de la sécurité sociale (Legislation.cnav.fr, 1985)

Note:

1. These rates apply to households of 1 person. Annual income ceilings are higher for household of 2 or more people
2. From 2016, values were updates from April of the year listed. Between 2003 and 2015, values were updated in July of the year listed
3. Effective September 1, 2003, the annual income ceiling is increased by 10.8% for people residing in Guadeloupe, Guyana, Martinique and Réunion. Effective July 1, 2007, this percentage is increased to 11.3%

Table 7: Annual Income Ceiling for CSS (previously CMU-C or ACS) since July 1, 2022

Number of People in the Household	Annual Income Ceiling
1 person	9,571 €
2 people	14,357
3 people	17,229
4 people	20,100
5 or more people	3,829 € per additional person

Source: Authors' search of annual updates to resource ceilings (i.e., "fixant le montant du plafond de ressources de la protection complémentaire" or "plafond des ressources prises en compte pour l'attribution de la protection complémentaire") on www.legifrance.gouv.fr. For example, see Decree 2010-1105. Article R861-3 of Code de la sécurité sociale (Legislation.cnav.fr, 1985).

Notes: The annual ceiling is increased by 50% per additional person for households of 2 people, 30% for households of 3 or 4 people, and 40% for households of 5 or more people.

Table 8: Monthly Contribution per Beneficiary (2019-present)

Age	Amount
0 to 29	8 €/month
30 to 49	14
50 to 59	21
60 to 69	25
70 and older	30

Source: JORF n°0144 of June 23, 2019

Note: The age of the beneficiary refers to their age on January 1 of the year when CSS is provided.

Sources

This section records key sources consulted when we collected the institutional details reported in this document. Archived versions of these sources are available at the Gateway Policy Explorer website (http://g2aging.org/policy-explorer).

Arrêté du 21 juin 2019 fixant les montants de la participation financière à la protection complémentaire en matière de santé et la majoration applicable aux organismes complémentaires au titre des frais de gestion [Order of 21 June 2019 setting the amounts of the financial contribution to complementary health protection and the increase applicable to complementary organizations for management costs], Journal Officiel de la République Française [J.O.] [Official Gazette of France], June 21, 2019. Available only in French. As of August 23, 2022. [Link]

Code de la sécurité sociale [Code of Social Security], Journal Officiel de la République Française [J.O.] [Official Gazette of France], December 21, 1985. Available only in French. As of March 2, 2023. [Link]

Décret n°93-965 du 29 juillet 1993 relatif à la participation des assurés sociaux aux tarifs servant de base au calcul des prestations en nature de l'assurance maladie et modifiant le code de la sécurité sociale (deuxième partie : Décrets en Conseil d'Etat) [Decree No. 93-965 of July 29, 1993 relating to the participation of socially insured persons in the tariffs used as the basis for the calculation of health insurance benefits in kind and modifying the social security code (second part: Decrees in Council of State)], Journal Officiel de la République Française [J.O.] [Official Gazette of France], July 29, 1993. Available only in French. As of August 4, 2022. [Link]

Décret no 99-1013 du 2 décembre 1999 pris pour l'application de l'article L. 380-2 du code de la sécurité sociale et modifiant ce code (troisième partie : Décrets) [Decree No. 99-1013 of December 2, 1999 issued for the application of Article L. 380-2 of the Social Security Code and amending this code (third part: Decrees)], Journal Officiel de la République Française [J.O.] [Official Gazette of France], December 2, 1999. Available only in French. As of November 10, 2022. [Link]

Décret n° 2004-1453 du 23 décembre 2004 relatif à l'application de la participation forfaitaire prévue au II de l'article L. 322-2 du code de la sécurité sociale et modifiant ledit code (troisième partie : Décrets) [Decree No. 2004-1453 of December 23, 2004 relating to the application of the flat-rate contribution provided for in II of Article L. 322-2 of the Social Security Code and amending the said code (third part: Decrees)], Journal Officiel de la République Française [J.O.] [Official Gazette of France], December 30, 2004. Available only in French. As of August 23, 2022. [Link]

Décret n°2004-1490 du 30 décembre 2004 relatif à la participation de l'assuré prévue à l'article L. 322-2 du code de la sécurité sociale et modifiant le code de la sécurité sociale (deuxième partie : Décrets en Conseil d'Etat) [Decree No. 2004-1490 of December 30, 2004 relating to the participation of the insured provided for in Article L. 322-2 of the Social Security Code and amending the Social Security Code (second part: Decrees in the Council of 'State)], Journal Officiel de la République Française [J.O.] [Official Gazette of France], December 31, 2004. Available only in French. As of August 23, 2022. [Link]

Décret n° 2006-707 du 19 juin 2006 modifiant l'article R. 322-8 du code de la sécurité sociale [Decree No. 2006-707 of June 19, 2006 amending Article R. 322-8 of the Social Security Code], Journal Officiel de la République Française [J.O.] [Official Gazette of France], June 20, 2006. Available only in French. As of November 2, 2022. [Link]

Décret n° 2007-1937 du 26 décembre 2007 relatif à l'application de la franchise prévue au III de l'article L. 322-2 du code de la sécurité sociale [Decree No. 2007-1937 of December 26, 2007 relating to the application of the deductible provided for in III of Article L. 322-2 of the Social Security Code], Journal Officiel de la République Française [J.O.] [Official Gazette of France], December 30, 2007. Available only in French. As of August 23, 2022. [Link]

Décret n° 2010-6 du 5 janvier 2010 relatif à la participation de l'assuré prévue à l'article L. 322-2 du code de la sécurité sociale [Decree No. 2010-6 of January 5, 2010 relating to the participation of the insured provided for in Article L. 322-2 of the Social Security Code], Journal Officiel de la République Française [J.O.] [Official Gazette of France], January 6, 2010. Available only in French. As of August 23, 2022. [Link]

Décret n° 2010-1105 du 20 septembre 2010 relevant le plafond des ressources prises en compte pour l'attribution de la protection complémentaire en matière de santé [Decree 2010-1105 of September 20, 2010 raising the ceiling of resources taken into account for the allocation of additional health protection], Journal Officiel de la République Française [J.O.] [Official Gazette of France], September 20, 2010. Available only in French. As of May 10, 2022. [Link]

Décret n° 2011-56 du 14 janvier 2011 relatif à la participation de l'assuré prévue à l'article L. 322-2 du code de la sécurité sociale [Decree No. 2011-56 of January 14, 2011 relating to the participation of the insured provided for in Article L. 322-2 of the Social Security Code], Journal Officiel de la République Française [J.O.] [Official Gazette of France], January 15, 2011. Available only in French. As

of August 23, 2022. [Link]

Décret n° 2016-979 du 19 juillet 2016 relatif aux modalités de calcul de la cotisation prévue à l'article L. 380-2 du code de la sécurité sociale [Decree No. 2016-979 of July 19, 2016 relating to the methods for calculating the contribution provided for in Article L. 380-2 of the Social Security Code], Journal Officiel de la République Française [J.O.] [Official Gazette of France], July 19, 2016. Available only in French. As of November 10, 2022. [Link]

Décret n° 2018-1257 du 27 décembre 2018 relatif à la participation de l'assuré aux frais liés à divers actes et prestations [Decree No. 2018-1257 of December 27, 2018 relating to the participation of the insured in the costs related to various acts and services], Journal Officiel de la République Française [J.O.] [Official Gazette of France], December 28, 2018. Available only in French. As of November 2, 2022. [Link]

Décret n° 2019-349 du 23 avril 2019 relatif aux modalités de calcul de la cotisation prévue à l'article L. 380-2 du code de la sécurité sociale [Decree No. 2019-349 of April 23, 2019 relating to the methods for calculating the contribution provided for in Article L. 380-2 of the Social Security Code], Journal Officiel de la République Française [J.O.] [Official Gazette of France], April 23, 2019. Available only in French. As of November 10, 2022. [Link]

European Commission (2019). Employment, Social Affairs & Inclusion, France: Healthcare. [Link]

European Commission (2019). Employment, Social Affairs & Inclusion, France: Long-term care [Link]

France Long-Term Care In-Kind Benefit Plan Details, 1997-2021 [Link]

IRDES (2019). Providing Healthcare Coverage to Undocumented Immigrants in France: What We Know, and What We Don't, about State Medical Aid (AME). [Link]

Legislation.cnav.fr (2022). Barèmes [Scales]. Available only in French. As of May 10, 2022. [Link]

Loi n° 95-116 du 4 février 1995 portant diverses dispositions d'ordre social [Law No. 95-116 of February 4, 1995 containing various social provisions], Journal Officiel de la République Française [J.O.] [Official Gazette of France], February 4, 1995. Available only in French. As of August 4, 2022. [Link]

Loi n° 98-1194 du 23 décembre 1998 de financement de la sécurité sociale pour 1999 (1) [Law no. 98-1194 of December 23, 1998 on the financing of social security for 1999 (1)], Journal Officiel de la République Française [J.O.] [Official Gazette of France], December 23, 1998. Available only in French. As of August 4, 2022. [Link]

Loi n° 99-641 du 27 juillet 1999 portant création d'une couverture maladie universelle [Law No. 99-641 of July 27, 1999 creating universal health coverage], Journal Officiel de la République Française [J.O.] [Official Gazette of France], July 28, 1999. Available only in French. As of August 23, 2022. [Link]

LOI n° 2015-1702 du 21 décembre 2015 de financement de la sécurité sociale pour 2016 [LAW n° 2015-1702 of December 21, 2015 on the financing of social security for 2016], Journal Officiel de la République Française [J.O.] [Official Gazette of France], December 22, 2015. Available only in French. As of November 2, 2022. [Link]

LOI n° 2017-1836 du 30 décembre 2017 de financement de la sécurité sociale pour 2018 [LAW n° 2017-1836 of December 30, 2017 on the financing of social security for 2018], Journal Officiel de la République Française [J.O.] [Official Gazette of France], December 30, 2017. Available only in French. As of November 10, 2022. [Link]

LOI n° 2021-1754 du 23 décembre 2021 de financement de la sécurité sociale pour 2022 (1) [LAW n° 2021-1754 of December 23, 2021 on the financing of social security for 2022 (1)], Journal Officiel de la République Française [J.O.] [Official Gazette of France], December 23, 2021. Available only in French. As of March 1, 2023. [Link]

L'annuaire santé (2022). [Health directory.] Caisse Nationale d'Assurance Maladie. Available only in French. As of October 25, 2022. [Link]

The Commonwealth Fund (2020). International Healthcare System Profiles: France. [Link]

World Health Organization (2015). Health Systems in Transition: France [Link]

Glossary of terms

This section summarizes key definitions from the main text. To facilitate switching back and forth, this document is designed with hyperlinks. Most PDF readers have shortcuts that permit a reader to return to the previous location after selecting a hyperlink. In Adobe Acrobat on a PC: "Alt" + "←"; In Adobe Acrobat on a MAC: "command" + "←"; In Preview on a MAC: "command" + "[".

Actual Benefit: Service médical rendu in French. Pharmaceutical drugs are classified into four categories depending on their actual benefit (service médical rendu, SMR) or therapeutic value: major or significant SMR, moderate SMR, and low SMR. Different coinsurance rates apply based on SMR.

Caisse Nationale D'Assurance Vieillesse (CNAV): France's earnings-related, defined-benefit public pension for private employees in manufacturing and services. CNAV also guarantees a minimum pension benefit (minimum contributif) for low-income pensioners.

Claimable Benefit: A pension for which the beneficiary must actively file a claim for benefits with the government's pension authority.

Complementary Health Assistance (Aide Complémentaires Santé, ACS): A cash benefit provided to people with low income, effective from January 1, 2000 to December 31, 2018. ACS is replaced by the Complementary Health Care in 2019.

Complementary Health Care (Complémentaire Santé Solidaire, CSS): Effective November 1, 2019, the Complementary Health Care (Complémentaire Santé Solidaire, CSS) replaces CMU-C and CSS, and offers free complementary health insurance coverage to people of low income.

Complementary Health Insurance: A complementary health insurance scheme taken out by individuals themselves to supplement Statutory Health Insurance coverage and pay for out-of-pocket costs. The insured can take out complementary health insurance (CHI) either on an individual basis or collectively through their employer or professional insurers. Effective January 1, 2016, employees are automatically enrolled in complementary collective health insurance. People with low income may benefit from a free complementary health insurance plan, called Complémentaire Santé Solidaire (CSS, e.g., previously CMU-C or ACS) if they satisfy certain conditions.

Complementary Universal Health Coverage (Couverture Maladie Universelle Complémentaire, CMU-C): From 2000 to 2019, the Complementary Universal Health Coverage (Couverture Maladie Universelle Complémentaire, CMU-C) provided free complementary health insurance coverage to people with low income.

Negotiated Rates: Costs of medical services set by statutory health insurance, which are available through the health directory.

Qualified Benefit: A benefit is qualified if an individual must continue to meet certain standards, such as a means test, to continue receipt of benefits.

Sector 1 (Secteur 1): Doctors in Sector 1 are contracted with SHI and respect the negotiated rates set by SHI.

Sector 2 (Secteur 2): Doctors in Sector 2 are contracted with SHI. If they are members of practical controlled tariff option, i.e., Optam (option pratique tarifaire maîtrisée, L'Optam), the costs of their services may exceed the negotiated rates by a certain amount. If they are not members of Optam, they can set their prices freely.

Sector 3 (Secteur 3): Doctors in Sector 3 are not contracted with SHI and they can set their prices freely.

Statutory Health Insurance (SHI): A common term the authors' use to refer to French universal health insurance, provided by Couverture maladie universelle (CMU) from 2000-2015 and by Protection Maladie Universelle (PUMA) since 2016.

Universal Health Coverage: Effective January 1, 2000, the Universal Health Coverage Act (CMU Act, Law No. 99-641 of 27 July 1999) introduced universal health coverage (Couverture Maladie Universelle, CMU) for all residents of mainland France and the overseas territories. CMU extended the coverage of statutory health insurance to everyone of legal age who lives in France on a stable and regular basis. CMU was replaced by the Universal Health Protection (Protection Universelle Maladie, PUMa), effective January 1, 2016.

Universal Health Protection: Effective January 1, 2016, the Universal Health Protection (Protection Universelle Maladie, PUMa) unifies CMU and the general SHI system for employees. The health care coverage and benefit remain the same while PUMa eliminates procedures due to change in one's professional or private life and helps avoid disruption in SHI coverage. PUMa applies to people who work or reside in France on a stable and regular basis.

Version information

Current Version: 2.1 (August 2023)

Version History

- 1.0 (March 2021): First version
- 1.1 (May 2022): Updated document format and minor editing
- 2.0 (April 2023): Revised chapter covering 2000-2022 and added new chapter for 1992-1999
- 2.1 (August 2023): Updated formatting

Additional resources

The following resources provide additional details for the interested reader:

European Commission, Employment, Social Affairs and Inclusion, France - Health care.
Available at: https://ec.europa.eu/social/main.jsp?catId=1110&langId=en&intPageId=4534
Features: Provides summary and details of health care in France.

L'Assurance Maladie [The Health Insurance]
Available at: https://www.ameli.fr/assure
Features: Provides summary and detailed information of health insurance in France for the insured, healthcare professional, and insurance company.

Service-Public.fr, le site officiel de l'administration français, Social - Santé [Service-Public.fr, the official website of the French administration, Social - Health]
Available at: https://www.service-public.fr/particuliers/vosdroits/N19811
Features: Provides fact sheets about health care in France.