



**Henner**

**Here to care**

# Your healthcare guide

Benefits and services

**ALL STAFF**

# Welcome

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We are pleased to present you with this guide to your Henner healthcare policy. You will find all the services and advantages reserved for you, as well as our advice to help you with your procedures.

Our team is at your disposal for any information and support you may need.

We would like to thank you for your confidence.

Your Henner Team



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# Your Henner healthcare policy

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Date of effect:

01/01/2023

*The benefits of this plan supplement those provided by Social Security, unless indicated "including Social Security" or "Not covered by Social Security".*

*The Basic plan is qualified as responsible in accordance with the provisions of Articles L. 871-1 and R. 871-1 II of the Social Security Code amended by the LFSS for 2019 and the decree of January 11, 2019 aimed in particular at guaranteeing treatment and devices with no out-of-pocket expenses for vision, dentistry and audiology. The basic plan covers the patient's contribution to expenses as per article R.871-II of the Social Security Code.*

*The Extra supplementary plan is not considered responsible within the meaning of the aforementioned articles and will be the subject of a policy separate from the Basic plan in accordance with the provisions of the DSS Circular of 30 January 2015.*

*The extra supplementary plan is considered a supplement to the basic plan.*

*All the services comply with the provisions of the solidarity contract in application of the law of 13 August 2004: thus the flat-rate participation, the deductibles and the increase in the patient contribution are excluded if the coordinated treatment procedure is not followed.*

	Basic plan	Extra supplementary plan
<b>Hospitalisation</b>		
<b>Hospitalisation - surgical and medical ward (excluding rehabilitation centres, psychiatric ward or centres, nursing homes)</b>		
Hospital expenses	PC + 400% RB	300% RB
Individual room	€70 a day	
Ambulatory Individual room	€15 a day	
<b>Practitioner's fees</b>		
Surgeon, obstetrician, anaesthetist, intensive care unit fees	DPTAM doctor: 400% RB Non-DPTAM doctor: PC + 100% RB	DPTAM doctor: 240% RB Non-DPTAM doctor: 300% RB
Emergency Patient Package	100% AE	
<b>Hospitalisation in a rehabilitation centre, psychiatric ward or centre, or nursing home</b>		
Hospital expenses	PC + 400% RB	300% RB
Individual room	€70 a day	
Ambulatory Individual room	€15 a day	
<b>Hospital expenses, daily fixed rate</b>		
Hospital expenses, daily fixed rate	100% AE	
<b>Other hospital expenses</b>		
Accompanying person's bed	€70 a day	
Transport expenses	PC	
<b>Maternity</b>		
Individual room	€70 a day	
Birth or adoption package (per child), doubled in case of multiple births	10% PMSS	
<b>Everyday treatment</b>		
<b>Medical fees</b>		
General practitioner	DPTAM doctor: 170% RB Non-DPTAM doctor: PC + 100% RB	DPTAM doctor: 470% RB Non-DPTAM doctor: 470% RB
Specialist practitioner	DPTAM doctor: 370% RB Non-DPTAM doctor: PC + 100% RB	DPTAM doctor: €50 Non-DPTAM doctor: €50
Technical procedures carried out by the doctor	DPTAM doctor: 370% RB Non-DPTAM doctor: PC + 100% RB	DPTAM doctor: 170% RB Non-DPTAM doctor: 270% RB
Radiological procedures	DPTAM doctor: 170% RB Non-DPTAM doctor: PC + 100% RB	DPTAM doctor: 70% RB Non-DPTAM doctor: 70% RB

Ultrasound procedures	DPTAM doctor: 370% RB Non-DPTAM doctor: PC + 100% RB	DPTAM doctor: 270% RB Non-DPTAM doctor: 270% RB
<b>Paramedical fees</b>		
Medical auxiliaries	PC	
Kinesitherapy	100% RB	
Psychologist session	PC	
<b>Medications</b>		
Medications and vaccines covered by MA	PC	
Prescribed pharmaceuticals not covered by Social Security	2 % PMSS	
Prescribed vaccines not covered by Social Security	€80 a day	
Flu vaccine	100 €	
<b>Other everyday treatment</b>		
Laboratory tests and examinations	PC	
Medical equipment covered by Social Security	PC + 300% RB	
<b>Dental expenses</b>		
<b>Treatment</b>		
Dental treatment, surgery and technical procedures	PC + 100% RB	
Dental x-rays	PC + 100% RB	
Treatment not covered by Social Security. See list in appendix	Fixed price of €500 for all items: periodontology, implantology and orthodontics not covered by the AM	
<b>Prostheses</b>		
<b>Items from the 100% santé basket</b>		
Fixed, removable, temporary prostheses, inlay-core	100% SPL - SSR	
<b>Prostheses at prices limited to 100% SPL - SSR and at freely set prices</b>		
Fixed prostheses: crowns and bridges	PC + 470% RB	
Removable prostheses	PC + 300% RB	
Temporary crowns	PC + 470% RB	
Inlay-core	PC + 400% RB	
Inlays / onlays	470% RB	
Prostheses not covered by Social Security See list in appendix	430 €	
<b>Implants</b>		
Crown on implant (free fee procedure)	PC + 470% RB	
<b>Ceiling on implantology</b> <b>Pre-implant assessment not covered by MA</b> <b>Intraosseous implant (root) not covered by MA</b> <b>Inlay core not covered by MA</b> <b>Bridge on implant not covered by the MA</b>	Fixed price of €500 for all items: periodontology, implantology and orthodontics not covered by the AM	
<b>Orthodontics</b>		
Orthodontics (per 6 months)	PC + 400% RB	

Orthodontics not covered by Social Security	Fixed price of €500 for all items: periodontology, implantology and orthodontics not covered by the AM
<b>Vision expenses</b>	
<b>Frames</b>	
<p>These benefits apply to the costs incurred for the acquisition of equipment consisting of two lenses and a frame, for a minimum period of two years after the last reimbursement.</p> <p>With the exception of the cases mentioned on the list referred to in Article L. 165-1 of the CSS, in particular** for children under 16 and adults 16 and over for whom a renewal is scheduled every year for decreased vision of at least 0.5 on one eye or 0.25 on both eyes.</p> <p>For long-sighted individuals who cannot or do not wish to wear progressive lenses, it is possible to obtain one pair for short-sightedness and one pair for long-sightedness every two years.</p>	
<b>Items from the 100% santé basket</b>	
Frames, lenses, supplements and vision services	100% SPL - SSR
<b>Items at free prices</b>	
Frames	100€ - SSR
<b>For single vision lenses</b>	
Class A : single vision lenses with a sphere between -6 and 0 with a cylinder less than or equal to 4, with a positive sphere with the sum (sphere + cylinder) less than or equal to 6	€ 137,50
<b>By complex lens</b>	
Class C: single vision lenses different from class A, spherical multifocal lenses with a sphere between -4 and 4, spherocylindrical lenses with a sphere between -8 and 0 with a cylinder less than or equal to 4, spherocylindrical lenses with a positive sphere with the sum (sphere + cylinder) less than or equal to 8	€ 245
Per very complex lens	€ 245
Class F : multifocal lenses different from class C	€ 245
The vision supplements and services covered by Social Security are included in the ceilings indicated above.	
<b>Contact lenses</b>	
Supported by MA, per pair	€ 350 per year, beyond the fixed price, reimbursement of the PC
Not covered by MA, per beneficiary, including disposables	€350 a day
<b>Refractive surgery</b>	€ 500 per eye
<b>Hearing aids</b>	
The guarantee of payment cannot be renewed within 4 years of the date of previous issue. This renewal period is for each ear independently.	
<b>Items from the 100% santé basket</b>	
Hearing aids	100% SPL - SSR
<b>Items at free prices</b>	
Hearing aids up to the age of 20, covered by the AM	PC + 300% RB capped at €1,700 - SSR per ear
Hearing aids, over the age of 20 covered by the AM	PC + 300% RB capped at €1,700 - SSR per ear
<b>Spa treatment</b>	
Hydrotherapy, expenses incurred but capped per calendar year (monitoring, accommodation, transport)	PC
<b>Prevention not covered by Social Security</b>	
Doctor-prescribed consultation with a dietician per child under 12 years of age	1.25% PMSS
Osteodensitometry (screening for osteoporosis)	€ 40 per calendar year
Female contraception (pills, rings and patches) not covered by MA	€180 per calendar year
Osteopath, Chiropractor, Acupuncturist, Micro physiotherapist and Psychologist	€50 per session limited to € 200 per calendar year
<b>Assistance</b>	
SMA Health Assistance and Teleconsultation	YES

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List of treatments with limited cover under the title of 'treatment not covered by Social Security': crown extension (HBAA338)

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List of treatments with limited cover under the title of 'periodontology not covered by Social Security': Curettage / Surfacing (HBGB006), Gingival graft (HBED023 - HBED024), Flap (HBJA003 - HBMA001)

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List of procedures covered by the "prosthesis not covered by the AM" package: Resealing and/or rebonding of crowns or one or two anchors of a fixed dental prosthesis (HBMD009, HBMD016), Placement of a transitional multipronged dental prosthesis (bridge) (HBLD034), Placement of interdental space maintainer (HBLD002, HBLD006), Placement of an interdental space maintainer arch (HBLD001, HBLD003), Placement of a ceramic or mineral equivalent veneer on a tooth in the incisivocanine area (HBMD048), Placement of a coronoradicular attachment on a tooth (HBLD008), Repair of the base of a complete removable dental prosthesis (HBMD004), Repair of the edges and/or the intrados of a partial removable dental prosthesis (HBMD007), Repair of the cosmetic artifice of a prosthetic tooth by direct/indirect technique (HBMD076, HBMD079), Removal of a coronoradicular anchor (HBGD005), Removal of an implant-supported dental prosthesis (HBGD009)

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## Glossary

SS: Social Security

RB: Social Security reimbursement base

AE: Actual expenses

SSR: Amount reimbursable by Social Security. A benefit expressed in "- MR" means that it is including Social Security

SPL - Sale price limited by the current regulations.

PC: Patient Contribution

PMSS: Social Security monthly ceiling.

DPTAM: The DPTAM agreement applies to all medical specialisations.

It is an agreement between doctors and Social Security which aims to regulate the excess fees charged by practitioners.

It covers the CAS (Contrat d'accès aux soins), OPTAM and OPTAM-CO (Option Pratique Tarifaire Maîtrisée) agreements.

\* as defined by the regulations.

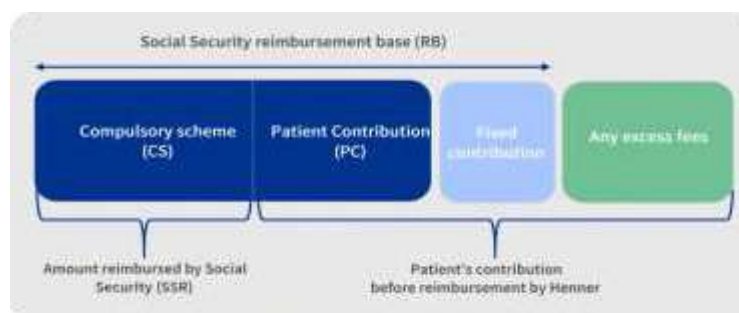
\*\* Article referring to the list provided for by the Decree of 3 December 2018 amending the terms and conditions for the coverage of medical devices and associated services for the coverage of medical optics in Chapter 2 of Title II of the list of reimbursed products and services provided for in Article L. 165-1 of the Social Security Code (§ VIII which covers cases of early renewals).



## Some examples of reimbursement as of 01/01/2023

### General scheme

Service	Expense	Social Security reimbursement	Reimbursement from your healthcare policy BASIC PLAN	Out-of-pocket amount	Reimbursement Surcomplémentary Maximum amount (1)
<b>Hospitalisation</b>					
Fixed daily charge for short hospitalisation	€20	€0	€20	€0	-
Surgeon's fees beyond official rates (for doctors who have not signed the DPTM agreement) for cataract surgery	€355	€247.70	€70 par jour	€ 0,86	-
Surgeon's fees beyond official rates (for doctors who have not signed the DPTM agreement) for cataract surgery	€431	€247.70	€ 107,30	€ 0	+ €652,08
Individual room, surgery ward, per day	€70.86	€0	€ 199,30	€ 0	+ €815,1
<b>Everyday treatment</b>					
Consultation of a general practitioner without excess fees for a patient over 18 years (3)	€25	€16.50	€ 7,50	€ 1	+ € 117,5
Consultation of a medical specialist (DPTM member)(2) for a patient over 18 years old (3)	€44	€20	€ 23	€ 1	+ €50
Consultation of a specialist doctor (non-member DPTM)(2) for a patient over 18 years of age (3)	€57	€15.10	€ 29,90	€ 12	+ €50
<b>Dental treatment</b>					
Scaling	€28.92	€20.24	€ 8,68	€ 0	-
Ceramic and metal crown on incisors, canines, and first premolars (100% Santé items)	€500	€84	€ 416	€ 0	-
Ceramic and metal crown on second premolars (protheses at reasonable rates)	€538.70	€84	€ 454,70	€ 0	-
Ceramic and metal crown on molars (protheses at freely set rates)	€550	€84	€ 466	€ 0	-
Orthodontics covered by the AM for a child of under 16 (per semester)	€720	€193.50	€ 526,50	€ 0	-
<b>Optical expenses</b>					
Class A glasses (frames + lenses) - unifocal lenses (100% Santé glasses)	€125	€22.50	€102.50	€ 0	-
Optical equipment (frame + lenses) of lenses single vision (equipment at free price) (4)	€345	€0.09	€ 344,91	€ 0	-
Optical equipment (frame + lenses) of lenses multifocals (equipment at free price) (4)	€601	€0.09	€ 589,91	€ 11	-
Refractive surgery (price for both eyes)	€2000	€0	€ 800	€ 1 200	-
<b>Hearing aids</b>					
Class I hearing aid, per ear (100% Santé items)	€950	€240	€710	€ 0	-
Class II hearing aid, per ear (freely priced device)	€1476	€240	€ 1 236	€ 0	-



# The beneficiaries of your policy

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Henner has entrusted with the management of your healthcare policy taken out by AMERICAN UNIVERSITY OF PARIS with SMAVIE under contract number 1906011. Benefits not mentioned in the previous table of benefits are excluded. Your policy provides you and any dependants you may have with reimbursement of your medical expenses, surgery, and hospitalisation fees, on top of reimbursement already provided by Social Security.

## Beneficiaries

Beneficiaries of the Henner healthcare policy include, in addition to yourself as the main member, your dependants, as defined below:

- **Your spouse not divorced or legally separated and covered by a health insurance plan :**

The spouse is understood to also include the civil union or common-law partner living with the main insured member.

- **Your children and those of your spouse:**

**Under 18 years of age** and dependent for social security purposes

**Under 20 years of age**

**Under 28 years of age:**

- if they can prove that they are continuing their secondary or higher education;
- Under an apprenticeship contract;
- Holder of a job of solidarity, adaptation, orientation, qualification, professionalization or a contract of the same type;
- Looking for a first job and registered with POLE EMPLOI. Children who have completed a work-study program and are unemployed at the end of their training are considered as first-time job seekers.

**Regardless of their age**, if they are disabled to such an extent that they cannot engage in any gainful activity and receive the legal benefits for disabled adults. Disabled persons who meet the conditions for the above-mentioned allowance but to whom it is not paid because of their level of resources can be guaranteed.

**Any person who is fiscally dependent.**

## **Date of effect of your dependents' benefits**

For your dependants, benefits may come into effect:

- On the date of effect of your benefits if you are registered at the same time
- On 1st January or 1st July of every year
- In the event of a change in your family situation (marriage, civil union, birth or adoption of a child, death of the spouse or equivalent, death of a dependent child), on the 1st day of the month during which the event affecting the beneficiary occurs, provided the request is made within 2 months of the occurrence of the event.

## **Termination of your dependents' membership**

The membership of your spouse and your children may be terminated:

- At any time
- On 31st December of the current year
- When your benefits are terminated
- In the event of a change of your family situation

# The main features of your policy

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## Registration/termination of the extra-supplementary plan

This change can be made at the end of each year, subject to two months' notice, and can only be made at the end of a full year of membership. The request must be sent to the management unit by registered letter, postmarked as proof.

Any subsequent change in coverage to a lower level is final. In this case, the employee will no longer be able to request a higher level of coverage, except in the event of a change in his or her personal situation (death, birth, marriage, divorce, etc.) and upon presentation of the corresponding supporting documents.

## Important information concerning your reimbursements

- Your benefits are based on current Social Security laws. Any changes to those laws may result in changes to your reimbursements. For treatment dispensed abroad, our reimbursement will supplement that made by Social Security based on rates charged in France.
- Reimbursements and benefits for expenses incurred due to illness, maternity or an accident cannot exceed the amount at the member's expense, after all entitled reimbursements are taken into account.
- Treatments performed by unrecognized and unqualified healthcare providers are not reimbursed.
- Cover of the same nature taken out with several insurers is limited by each individual plan, regardless of the registration date. Within this limit, the beneficiary of the policy or agreement can claim compensation by contacting the entity of his/her choice (article 9 of law dated 31 Dec 1989).
- The maternity package is intended to cover the beneficiary's expenses for childbirth and the first days of hospitalisation.

## Limitation period

The limitation period refers to the two years beyond which an insured can no longer exercise recourse. Any action resulting from the application of your policy (e.g. the payment of a benefit) is limited to two years as of the event that gave rise to that action. In the cases below, the period will begin as follows:

- In the event of reticence, omission, false or inaccurate declaration of the risk covered: from the day that Henner and/or your insurer becomes aware of the risk,
- In the event of a claim: from the day the parties involved become aware, if they can prove they were unaware of it prior to then.

The limitation period is interrupted by any of the standard causes interrupting the prescription period (legal action, recognition of the right of the party against whom it is prescribed) and by appointment of experts further to the occurrence of a risk. The period may also be interrupted if Henner sends a letter by registered mail and signed upon receipt to the beneficiary, with regard to action for the payment of premiums, and by the beneficiary to Henner, with regard to the payment of benefits.

## The service provided by your policy

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### ASSISTANCE

These benefits are the result of a group insurance agreement with **SMA**. Any expense incurred without prior agreement will not be reimbursed or covered after the fact. For all requests for information on your assistance contract, please call **09 69 39 01 58** and quote the following contract number: **n°190601100002849**

# Extending your policy cover

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## Uncompensated suspension of your employment contract

If your employment contract is suspended without compensation (leave without pay such as parental or sabbatical leave), you can extend your health cover by paying the total premiums (employee share and employer share).

For membership requests, contact your client service team to fill in the membership form.

## Portability

If your employment contract has ended and you are eligible for unemployment benefits, the coverage provided by your policy can be extended under certain conditions for up to twelve months (article L.911-8 of the Social Security Code). Please contact your employer for more information.

To benefit from portability, please send proof of your registration with the Pôle Emploi unemployment agency to your client service team, within one month of leaving the company.

## Retirement

When you retire, you have the option of maintaining the cover you enjoyed as an active member for yourself and your beneficiaries. All management operations relating to your contract remain unchanged, as do your usual Henner contacts.

To benefit from this continuation, contact your Management Unit and complete the corresponding enrolment form. To benefit from this continuation, contact your dedicated management contact within 6 months of leaving the workforce.

*"For employees who retire, the continuation of coverage will only apply to health care benefits. This means that funeral and assistance benefits are not covered".*

## Henner individual policies

When you leave your company's workforce, you can also take out a Henner individual healthcare policy and benefit from a preferential rate, namely a 10% discount on premiums. Your policy will continue to be managed by Henner.

To obtain a quote, contact the Henner teams using the contact details below:

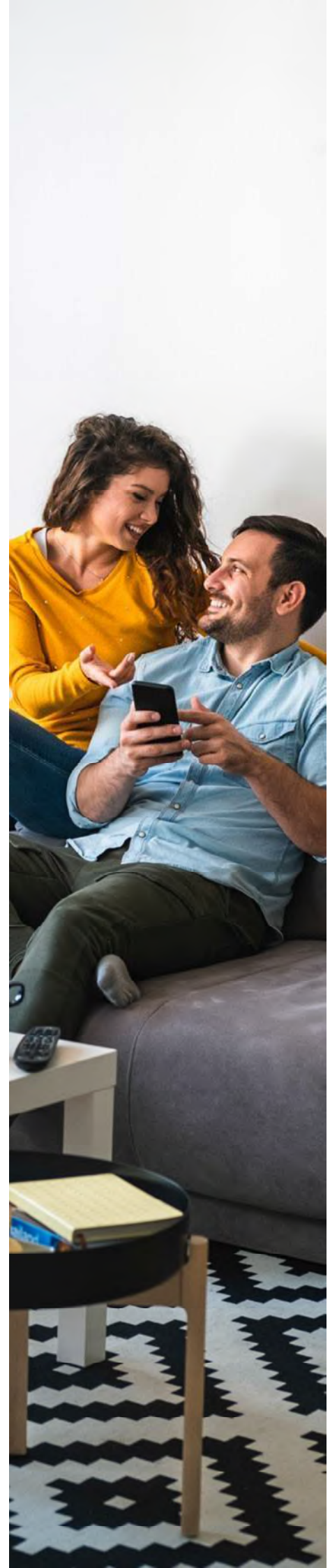
**email:** [sante.individuels@henner.fr](mailto:sante.individuels@henner.fr)

**Tel:** 03 28 76 37.



# Your Henner services and your procedures

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# The features of your member portal

How to sign in to your member portal:

Online (the website address is indicated on your membership card) or via your Henner+ mobile app.

To sign in, enter the following details:

- **Your internet ID** (the number on your membership card)
- **Your password:** to obtain your password, click on First Visit.



## Membership card

Download your membership card



## Location service

Consult a healthcare provider within the Carte Blanche network near to you



## Reimbursements

Claim for reimbursement simply by sending a scan or photo\* and track the progress of your



## Explanations of

Consult your itemised reimbursements and/or download your statements



## Hospitalisation

Apply for a guarantee of payment for hospitalisation to avoid paying upfront



## Policy

Find all the details of your policy and update your contact details



## Estimate

Have our experts examine your estimates for vision and dental treatment before incurring major



## Children

Upload supporting documents for your children



## Client service

Contact your client service team



## Healthcare

Access a platform dedicated to healthcare prevention



### Need advice or further information?

Consult our online help and find the answer to your questions in a single click.

**Henner+**



[www.henner.com](http://www.henner.com)

\*For members who benefit from electronic data interchange (EDI), you can send a copy by scan or photo, according to the terms of your policy and provided that you keep the originals for 24 months to send them to us if requested.



# Your Henner membership card

## What is the purpose of your membership card?

Your membership card is a direct settlement card. By using it with a healthcare provider who accepts direct settlement, you don't have to pay upfront. Instead, Henner pays the practitioner for your expenses, within the limits of your policy.

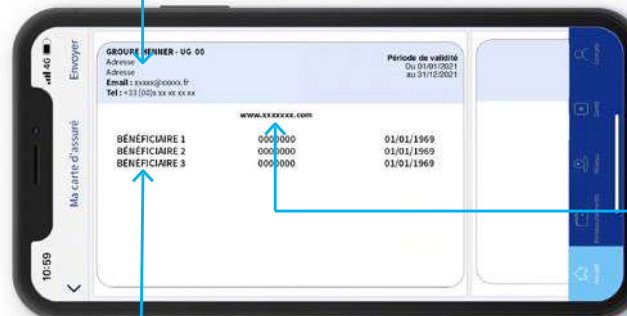
## Where to find it:

Your card is available on the member portal and from your Henner+\* mobile app. As soon as you join, your login details will be sent to you by email, or by post if you have not provided an email address.

### 1 Your internet ID to log in to the member portal



### 2 Services covered by direct settlement



### 3 The contact details of your client service team

### 4 The internet address of the member portal

### 5 The beneficiaries of your policy

\* Download for free on Google Play or the App Store

# Your Carte Blanche network



Your Henner health insurance policy gives you access to the Carte Blanche healthcare network made up of nearly 280,000 partner healthcare professionals. Discover the many services and advantages.

## What is the Carte Blanche network?

The Carte Blanche healthcare network is a group of 280,000 healthcare providers selected on the basis of precise quality criteria. Its main objective is to help you better manage your health budget and to lower your expenses for certain treatments that are less well reimbursed by Social Security, such as glasses, dentistry and hearing aids.

## What are the benefits of the Carte Blanche network?

- With your direct settlement card, you don't need to pay upfront for expenses at healthcare providers accepting direct settlement, within the limits of your policy.
- You can reduce your healthcare expenses thanks to attractive prices for vision care, dentistry, and hearing aids.
- You have access to a range of services and useful information on health, prevention and well-being and enjoy benefits and preferential services.
- You benefit from a network of paramedical professionals charging discount rates: prevention network (osteopaths), podiatry network, dietary network.

## How to take advantage of the Carte Blanche network:

- Sign in to the member portal to identify the healthcare provider you wish to consult ("medical network" section), or on the Henner+\* mobile app ("network" section), to access the geolocation directory of partner healthcare providers.
- Make an appointment with the healthcare provider
- Show your Henner membership card at your consultation  
Your card allows you to benefit from Carte Blanche advantages.

\* Download for free on Google Play or the App Store

### Enjoy direct settlement for:



#### Vision expenses



#### Dental expenses



#### Hearing aids



#### Pharmaceuticals



#### Hospitalisation



#### Lab tests, x-rays

## Preferential Carte Blanche rates

### Vision expenses

Up to **40% off** at **7,700 network opticians**

### Dental expenses

Up to **15% off** at more than **9,300 partner dental surgeons**

### Hearing aids

Up to **20% off** at more than **4,300 network hearing aid specialists**

## And for vision, the Carte Blanche - Prysme offer



### Lenses from quality-lens makers

recognised worldwide  
(Essilor, Hoya, Nikon, Seiko, Zeiss vision)



### 42 frames

including children's models, adapted to all face shapes, from an early age, made in France

## Additional Carte Blanche services included in your policy



### Location service

Find a healthcare provider nearby



### Guid'Hospi

Compare and choose a hospital or clinic



### Newsletter

"Info Santé" (registration required)



### Eval'Audio

To test your hearing



### Chatbot

Available 24/7



### Virtual try-on

To test your frames online



To find out more, **visit your Henner member portal.**

# Your Client Service Team

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Your client service team supports you on a daily basis with officers available to advise you in the management of your healthcare policy and requests.



## How to contact your client service team

**Your client service team is open from 8am to 6.30pm, Monday to Friday.**

HENNER – UG 39

TSA 82005

59887 LILLE CEDEX 9

Tél : 02.51.88.76.44

[ug39@henner.fr](mailto:ug39@henner.fr)

A hotline is available 24 hours a day, seven days a week.

# Electronic data interchange

## Henner is responsible for setting up EDI

As soon as your membership is registered, Henner will set up the electronic data interchange with your Social Security branch (CPAM). To make sure that your branch has validated the EDI request, check that the message “Henner SAS recevra directement ce décompte” (Henner-GMC will receive this statement directly) is indicated in your health insurance statements. If so, you benefit from the EDI service. This means you no longer have to send us your Social Security statements.



### If you benefit from the EDI service

The system means you no longer have to send us your Social Security statements. However, supporting documents may be requested (see the section entitled “Send your supporting documents”). If so, send them to your client service team by email or by post. Remember to inform us of any changes that could disrupt the transmission of data (change of address, registration with another scheme, children entering the workforce, etc.)



### If you do not benefit from the EDI service

Send us your statements from Social Security (Améli.fr) or the statements from any other private medical insurance plan, as well as the supporting documents listed below (see section entitled “Send your supporting documents”). At any time, you may ask to benefit from the electronic data interchange service by sending us a photocopy of your “Attestation de Carte Vitale” by visiting [ameli.fr](http://ameli.fr).



### If you do not wish to benefit from the EDI service

Please let your client service team know upon registration, and inform them of the members of your family concerned.



### Your spouse benefits from EDI with another health insurance fund

If your spouse has his/her own healthcare insurance fund, we strongly recommend they claim for reimbursement from their own policy first. If there is an out-of-pocket expense, they can send us the original statements from their health insurance fund for reimbursement of the remaining amount (according to the terms of your policy).



**Electronic data interchange can only operate with a single healthcare fund. Each child can be linked to the two Social Security numbers of both parents and thus benefit from remote transmission to either insurance.**

# Direct settlement

When consulting a doctor or buying prescription drugs, direct settlement avoids you having to pay upfront for portion reimbursed by Social Security and/or your health insurance. There are several types of direct settlement:

## Full direct settlement

The healthcare provider you consult can offer you full direct settlement. In this case, simply present your Carte Vitale and your Henner insurance card giving you the right to direct settlement. **You don't need to pay upfront or claim for reimbursement.** Social Security and your health insurance pay the amount you are entitled to directly to the healthcare professional.

## Partial direct settlement

For partial direct settlement, only the Social Security portion of the expense is covered, upon presentation of your Carte Vitale. You will need to pay the healthcare provider for the portion covered by your health insurance, and then send your invoice to your Henner client service team to claim for reimbursement.



## No direct settlement

If the healthcare provider does not accept direct settlement, you will need to pay for the entire consultation or treatment. On presentation of your Carte Vitale, if you benefit from the EDI service, you don't need to do anything else. The reimbursements from Social Security and Henner will be paid automatically. If you do not benefit from the EDI service, please send the original Social Security statement to Henner to claim for reimbursement (in line with your policy benefits).



**NB:** to obtain better reimbursement, please follow the coordinated treatment procedure set up by Social Security. If you have not informed Social Security of your choice of general practitioner, or if you consult a doctor other than your GP without obtaining a referral, you will be considered as not having followed the coordinated treatment procedure. If so, your consultations will be less well reimbursed.

# Your reimbursement claims in a single click

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**Want to claim for reimbursement?  
Send us your invoices online!**



## **From the member portal**

On the home page, click on  
**Claim for reimbursement**  
or from the menu, click on  
**My claims**



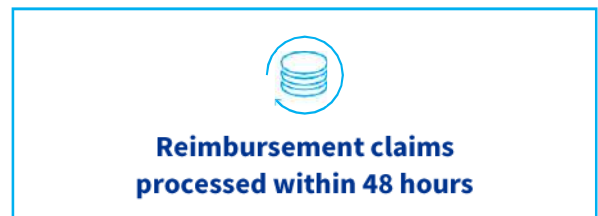
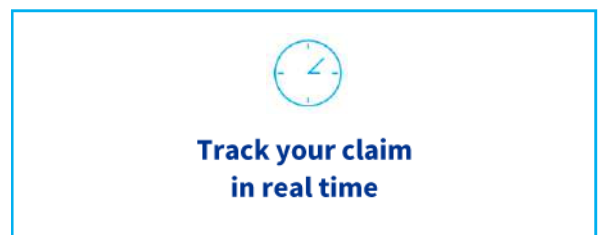
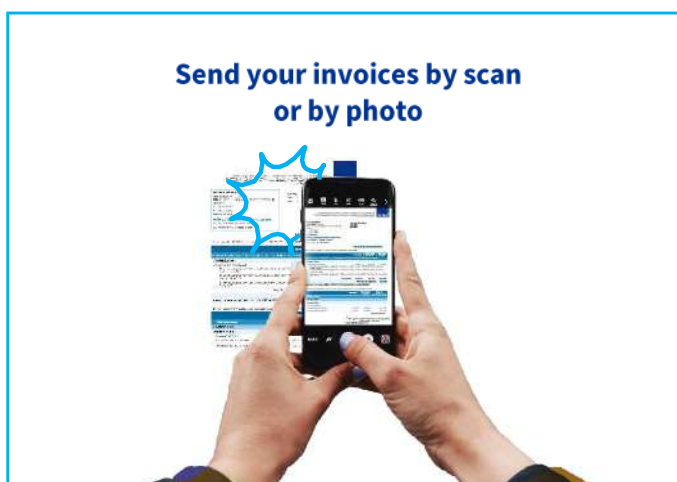
## **From your mobile app**

On the home page, click on  
**Claim for reimbursement**

## **And to ensure quick reimbursement of your invoices**

- Label your claim
- Attach your supporting documents, such as your invoices, and, if necessary, your medical prescriptions
- Specify the amount\*, the currency of your expenses and the beneficiary
- Send your reimbursement claim

## **Advantages**



\* If the amount of your online reimbursement claim is more than 1000 euros, send us your invoices by post.

# Send your supporting documents

To optimise reimbursement times, no need to wait for reimbursement from Social Security!  
Send your supporting documents to your client service team along with your Social Security No. for expenses covered by your policy.

Treatment requiring supporting documents to be sent	Supporting documents
<b>Vision expenses, eye surgery</b>	<b>Original itemised and paid invoice*</b> For glasses, the medical prescription issued less than: <ul style="list-style-type: none"> <li>- one year ago for patients under 16</li> <li>- five years ago for patients aged 16-42</li> <li>- three years ago for patients over 42</li> </ul> Unless limits otherwise applied by the healthcare provider For contact lenses and disposable lenses, the medical prescription issued less than: <ul style="list-style-type: none"> <li>- one year ago for patients under 16</li> <li>- three years ago for patients over 16</li> </ul> Unless limits otherwise applied by the healthcare provider
<b>Dental care and prostheses in case of excess charges</b>	<b>Original itemised and paid invoice*</b>
<b>Hearing aids</b>	
<b>Other prostheses (medical devices, etc.)</b>	
<b>Orthodontic treatment when excess charges apply</b>	<b>Original itemised and paid invoice</b> for treatment with a coefficient > 20 (e.g. TO 90) indicating the start and end dates of treatment for the invoiced period
<b>Medical auxiliaries</b>	<b>Original itemised and paid invoice*</b>
<b>Transport expenses</b>	
<b>Alternative medicine not covered by Social Security (Osteopathy, acupuncture, chiropractic)</b>	<b>Original itemised and paid invoice*</b>
<b>Hospitalisation</b> If you do not have a guarantee of payment from Henner	<b>Invoice from the private health insurance plan.</b> <b>Original* paid invoice</b> from the facility.
<b>Maternity</b> (other than Caesarean section) If your policy is expressed as limited to actual costs	<b>Invoice from the private health insurance plan.</b> <b>Original paid invoices*</b> for epidural administration, individual room fees, and obstetrician excess fees.
<b>Maternity</b> if your policy includes a maternity package	<b>Birth certificate extract</b>
<b>Hydrotherapy</b>	<b>Original itemised and paid invoice*</b> for all expenses incurred
<b>Patient Contribution</b> Doctors fees paid straight to doctor (hospitalisations) Treatment abroad	<b>Original itemised and paid invoice*</b>

\*For members who benefit from electronic data interchange (EDI), you can send a copy by scan or photo, according to the terms of your policy and provided that you keep the originals for 24 months to send them to us if requested.



# Optimise your healthcare expenses

Your healthcare expenses have an impact on your premiums.  
Discover our advice on how to use your healthcare policy.



## WHENEVER POSSIBLE CONSULT PRACTITIONERS WITHIN THE CARTE BLANCHE NETWORK

The Carte Blanche network allows you to take advantage of beneficial rates (in particular vision expenses) and useful information (prevention, check-ups, etc.).



## FOLLOW THE COORDINATED TREATMENT PROCEDURE

By choosing your general practitioner and consulting him as a priority, the reimbursement of your consultations remains unchanged. On the other hand, if you have not officially chosen your general practitioner or if you do not follow the procedure, you will not be reimbursed as well by Social Security.



## CONSULT YOUR DENTIST ONCE A YEAR FOR BETTER PREVENTION

Even if you think your teeth are healthy, regular checks will avoid you incurring major expenses in the future.



## ASK FOR A QUOTE FROM SEVERAL PRACTITIONERS

If you are expecting major dental or vision expenses, Henner can check whether the quotes sent are reasonable and tell you the amount reimbursed by your healthcare policy.



## ASK ABOUT EXCESS FEES CHARGED BY PRACTITIONERS

Before making an appointment with your practitioner, log on to the Social Security website [amelie-direct.fr](http://amelie-direct.fr) to find out which practitioners and facilities have signed the DPTM agreement.



## NEVER COMMUNICATE THE AMOUNT OF YOUR BENEFITS

To prevent practitioners from adjusting their rates in accordance with your policy.



## ASK YOUR PHARMACIST ABOUT GENERIC MEDICATION

They are sold 30% to 40% cheaper than the original medication.



# Personal data processing

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# General Data Protection Regulation

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In accordance with Regulation No. 2016/679 relating to the protection of individuals, with regard to the processing of personal data and the free movement of data and with the amended “Data Protection Act”, the processing of your personal data is required for the management of your insurance policy by HENNER SAS, 14 Boulevard du Général Leclerc 92200 Neuilly-sur-Seine, and the Insurer whose identity and contact details can be found in your insurance policy.

The purposes of the data processing are: to implement, execute and manage (including commercially) your insurance policy, to prepare statistics and actuarial studies, to exercise recourse and manage complaints and litigation, to fight against fraud, money laundering and the financing of terrorism, to perform customer management and sales prospecting, to improve the quality of services and the relationship with insured member, to manage the websites and applications and to manage requests to exercise your rights.

Some of your personal data may be transferred, for the purposes specified above, outside the European Union (EU) to other entities of the Henner group or to third parties. Such transferring of data is governed by standard contractual clauses of the European Commission or by any other legal instrument, thus guaranteeing a level of protection as high as in France.

You can access your data, rectify it, request its portability or its deletion. You can also object to the processing of your data, request its limitation or withdraw your consent at any time. You also have the right to define guidelines relating to the fate of your data after your death. To exercise these rights or for any questions relating to the processing of your data, you can contact our DPO by post at: Henner, Data Protection Officer, Compliance/Insurer Relations, 14 boulevard du Général Leclerc 92200 Neuilly-sur-Seine or at the following email address: [dpo@henner.com](mailto:dpo@henner.com).

In the event of a persistent disagreement concerning your data, you may lodge a complaint with the CNIL: 3 Place Fontenoy – TSA 80715 – 75334 Paris Cedex 07.

To find out more about the management of your data and to exercise your rights, refer to the GDPR Charter for Members available on the member portal.



**HENNER – UG 39  
TSA 82005  
59887 LILLE CEDEX 9  
Tél : 02.51.88.76.44  
ug39@henner.fr**

Complaints:

You have the option to file a claim with your client service officer. For more information, please visit our website:

<https://www.henner.com/en/complaints/>

Non-binding document

Henner - Simplified private joint stock company - Registered capital of € 8,212,500 - RCS Nanterre 323 377 739 - VAT No. FR 48323377739 - ISO 9001 certified  
- Headquarters: 14 boulevard du General Leclerc, 92200 Neuilly-sur-Seine, France - [www.henner.com](http://www.henner.com) - Registered in France with ORIAS under No. 07.002.039  
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