

PRACTICAL INFORMATION

THIRD PARTY PAYER:

DO YOU PAY TOTAL OR PARTIAL COSTS IN ADVANCE?

The third party payer card exempts you from paying the amounts corresponding to the costs covered by your Social Security Office and the costs assumed by Mercer in accordance with the provisions of your policy.

HOW DO YOU OBTAIN REIMBURSEMENT OF YOUR COSTS?

Fastest reimbursements: NOEMIE

NOEMIE is the automatic computerised transmission of your healthcare data for you and your beneficiaries between your Social Security Fund and Mercer.

If you see "We have also sent this information to your additional institution, Mercer" on your Social Security statement, you are actually connected.

YOUR CARD IS:

PRACTICAL: details of your management centre.

PERSONAL: people benefiting from your health insurance fees policy cover.

SPECIFIC: the communication methods that Mercer has reserved for health professionals.

A SUMMARY: All the treatment for which your policy allows you to benefit from the third party payer.






USEFUL: user details that enable you to create your secure personal account at www.mercernet.fr

WITHOUT NOEMIE UPLOAD, You must send Mercer the original Social Security statements (or statements downloaded from your dedicated **ameli.fr** area) together with additional documents (see table below).

Please note that these documents must be sent within 2 years of the date of treatment.

SUPPORTING EVIDENCE FOR REIMBURSEMENT THAT MERCER MAY ASK YOU FOR

Please refer to the table below to find out which documents are to be sent to your management centre.

TYPE OF DOCUMENT	PROOF REQUIRED	WHY IS IT NECESSARY?
 OPTICAL EQUIPMENT without third party payer Glasses - frames - lenses paid for by Social Security	Copy of the detailed, paid invoice (price, brand and reference of the glasses) and the lenses with the optician's stamp and a copy of the prescription	As the information sent by the Social Security Fund is the total cost we cannot calculate the amount of your reimbursement without the information on these documents.
 DENTAL without third party payer --> Dentures paid for by Social Security	Copy of the detailed, paid invoice (treatment codes and numbers of teeth)	The information provided by the Social Security Fund does not include the treatment that it does not pay for. Your health costs scheme may provide for additional treatment. The details on your invoice will then allow us to calculate your level of reimbursement precisely.
 SETTLEMENT OF THE AMOUNT TO BE PAID BY THE INSURED ONLY any type of document	Original of the payment receipt for the additional part (amount due from the insured), original of the paid invoice by post	These supporting documents are required in the event of a partial third party payer. Partial third party payer means that only the health insurance card is used and only the Social Security expenses are paid in advance.
 In the event that the fees are greater than 6 times the Social Security reimbursement base	Paid invoice OR Statement of the amounts to be paid and confirmation of payment (public hospital) OR invoicing slip (clinic) for external care	
 HOSPITALISATION (not including maternity suite) If no liability for costs has been supplied. Contact us to obtain one. --> Subsistence fees, fixed hospital charge, private room --> Surgeon's, anaesthetist's fees etc.	Establishment's invoicing slip (clinic) OR Statement of amounts to be paid and confirmation of payment (hospital) Invoicing slip and copy of the establishment's paid invoice	

IMPORTANT

- Send your invoices and the other supporting documentation required without delay.
- You will find the full list of documents required on the back of your statements.
- Ask your health professional for an estimate to avoid any unpleasant surprises at the dentist or the optician. Mercer will then draw up a reimbursement estimate giving the outstanding amount you will have to pay.

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YOUR COVER HEALTH CARE COSTS

Your management centre

Mercer
Prévoyance Santé Retraite
164-174 rue Victor Hugo
92536 Levallois-Perret Cedex
www.mercernet.fr



quality at
your service

You will find all the details of your management centre on your third party payer card.

BE WELL INFORMED: SAVE TIME

- ▶ An online Help can be consulted for any questions,
- ▶ Monitor your reimbursements in real time,
- ▶ Immediate publication of hospital charges covered,
- ▶ Update your personal information,
- ▶ Consult practical files,
- ▶ Consult the list of health professionals using the third party payer system with Mercer (pharmacies, opticians, hospital establishments).

YOUR PARTICULAR AREA AT WWW.MERCERNET.FR

- ▶ Create your personal account:
- ▶ Click on "Create my account" and fill in the required information using your third party payer card or your reimbursement statement.



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Benefits (SS Agreed sector or not)	Responsible contract ceilings	
	Medical practitioners not affiliated to CAS / Affiliated to non agreed SS sector	Medical practitioners affiliated to CAS / Agreed SS sector
HOSPITALISATION		
• Stay expenses	90% AC - SSR	100% AC - SSR
• Daily hospital charge	100% AC with no duration limit	
• Ticket modérateur	100% AC	
• Medical & surgical fees	TM + 125% SSRB	100% AC - SSR
• Acts of anesthesia	TM + 125% SSRB	100% AC - SSR
• Transport reimbursed by SS	TM	
• Other expenses not reimbursed by SS		
- Private room	100% AC	
ROUTINE MEDICINE		
• Consultations & visits :		
- General practitioners	TM + 125% SSRB	100% AC - SSR
- Specialists	TM + 125% SSRB	100% AC - SSR
• Technical acts performed by practitioners :		
- Minor surgery / technical procedures	TM + 125% SSRB	100% AC - SSR
- Radiology	TM + 125% SSRB	100% AC - SSR
- Laboratory acts	TM + 125% SSRB	100% AC - SSR
• Technical acts not performed by practitioners :		
- Minor surgery / technical procedures	100% AC - SSR	90% AC - SSR
- Radiology	100% AC - SSR	90% AC - SSR
- Laboratory acts	100% AC - SSR	90% AC - SSR
• Medical auxiliaries	100% AC - SSR	90% AC - SSR
PHARMACY		
• Medication :		
- Major or significant SS reimbursement (65% of SSRB)	100% AC - SSRB	
- Moderate SS reimbursement (30% of SSRB)	100% AC - SSRB	
- Low SS reimbursement (15% of SSRB)	100% AC - SSRB	
• Prescribed medication not reimbursed by SS	100% AC	
MEDICAL EQUIPMENTS / NON DENTAL PROSTHESES		
• Medical equipments and accessories reimbursed by SS	TM + 260% SSRB	
• Hearing aids reimbursed by S.S	TM + 260% SSRB	
• Orthopedics	TM + 260% SSRB	
OPTICAL		
• Glasses, limitation :	Renewal every 2 years, except in case of change of the vision degree or for minors	
- Lum sump for 1 optical equipment (one frame and two glasses)		
. Simple glasses	470 €	
. Complex glasses	750 €	
. Very Complex glasses	850 €	
including a frame	150 €	
• Contact lenses reimbursed by SS	12% SSMC	
• Contact lenses not reimbursed by SS	12% SSMC	
DENTAL		
• Dental care	TM + 270% SSRB	
• Inlay-Core	TM + 470% SSRB limited to 100% SSMC per year and per beneficiary	
• Inlays-Onlays	TM + 470% SSRB limited to 100% SSMC per year and per beneficiary	
• Dental prostheses with Inlay-Cores :		
- Reimbursed by SS (including crowns on dental implants)	TM + 470% SSRB limited to 100% SSMC. Beyond : TM + 25% SSRB	
- Listed but not reimbursed by SS	17% SSMC by prosthesis (limited to 3 prostheses per year and per beneficiary)	
• Orthodontics reimbursed by SS	TM + 200% SSRB	
• Periodontology reimbursed by SS	TM + 470% SSRB limited to 100% SSMC per year and per beneficiary	
• Dental implants reimbursed by SS	TM + 470% SSRB limited to 100% SSMC per year and per beneficiary	
SPA CURES		
• Reimbursed by S.S. (limited to AC)	15% SSMC	
MATERNITY		
• Maternity lum sump	30% SSMC (doubled if twins birth)	

AC : Actual cost SS : Social Security
TM : « Ticket Modérateur » => SSRB - SSR
SSR : Social Security Reimbursement

SSRB : Social Security Reimbursement Base
SSMC: Social Security Monthly Ceiling
CAS : Social Security access care contract

DEFINITION :

The term « beneficiary » includes :

- THE affiliated INSURED,
- The SPOUSE of the affiliated insured,
- The DEPENDENT CHILDREN of the affiliated insured,

provided they have the right to benefits in kind from Social Security general scheme.

Cohabitant “concubin notoire” of an affiliated insured (unmarried) is assimilated to the spouse thereof, subject to provide the Company with a marital life certificate issued by the City of residence of the affiliated insured.

ADMISSION :

Beneficiaries are admitted to the insurance contract from the affiliation date of the insured.

In case of marriage, birth or achievement of the conditions for being a beneficiary, after the affiliation date of the insured, the spouse or the child is automatically admitted in the insurance contract.

The term DEPENDENT CHILD of the insured includes any legitimate, or recognized, or adopted, or war orphan or any child taken in and cared at home provided one of the following conditions are met :

- To be under 18 ,
- To be 18 and over and under 26, when the child benefits from Social Security for Students, when, with no separate income from those who are part of the basis for the insured taxation, the child is under an apprenticeship contract, attends high school or post-secondary education,
- To be under 26 looking for a first job, and registered in the job center “Pôle Emploi”,
- Regardless of age, if the child benefits from disability allowances for handicapped persons stipulated in the Law No. 2005-12 dated 11 February 2005.

In particular, subject to the conditions set out above, the child of a divorced insured for whom it is required to pay an alimony following a court decision, is considered as a dependants of the insured.

A dependent child of the spouse of the insured as defined above is considered as a dependent child of the insured provided that the insured spouse has custody.

A health expenditure is

- A part reimbursed by Social Security
- And a part that you pay (or is paid your complementary contract)

Of course, the less SS intervenes, the more your out-of-pocket expenses (or the reimbursements of your complementary contract) increase.

