

## COVERAGE READABILITY: SOME PROGRESS STILL TO BE MADE

As part of the 100% healthcare reform, insurers and complementary health insurance bodies ("*mutuelles*") have undertaken to offer clearer and more readable contracts so that policyholders can compare products, make informed choices and get the most out of their coverage. Healthcare professionals, through their federation Unocam, have welcomed the progress made but consumer associations have expressed dissatisfaction and fears.

### Healthcare professionals welcome the real progress made in policy readability...

Since 1 September 2020, complementary health insurance providers are obliged to tell policyholders, before they take out insurance and then annually, what the ratio is between the total paid out in benefits and reimbursements across their entire portfolio and the amount of contributions they have received. They also have to state the ratio of management expenses to contributions.

These two new regulatory obligations come at a time when professionals have committed themselves to finding solutions to improve the transparency and readability of complementary health insurance contracts. According to Unocam, which has produced several educational documents (brochure and glossary), insurers and mutual societies have been toeing the line. More than 9 out of 10 policyholders have already been able to benefit from the harmonisation of policy wordings. One of the main sources of confusion was the diversity of names and classifications of the various coverage items. In addition, 70% of policyholders have had access to the fifteen or so common examples of reimbursement for the most frequent procedures, which should enable them to compare cover for concrete cases.

### Yet consumer associations are keeping up the pressure

Consumer and family associations do not share the satisfaction of professionals. Not only do they fear an increase in tariffs, but they also complain of insufficient progress in terms of readability. The confused way tables of benefits are set out and the reference data "jungle" makes it impossible to compare offerings. According to a study by the "UFC Que Choisir" consumer association, reimbursements relating to concrete examples are attached to the table of benefits in only three of

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the 17 organisations examined. These examples, which are essential to get an idea of one's remaining copay, were not even available on half of the websites at the time of the study. The associations are calling on the public authorities to tighten up regulations.

## **The crucial issue of readability**

Consumer and family associations are focusing on one objective: making it easy to compare complementary health insurance offerings. However, in order to fight against the fact that people give up on seeking treatment, it is essential that policy cover, particularly procedures in the 100% healthcare basket, are known, understood and used in the best way possible by the insured.

## **Gerep's reimbursement simulator: an online tool for optimal coverage readability**

In order to take the Unocam recommendations even further, Gerep has developed its reimbursement simulator which completes the reimbursement examples that are already set out in our policyholder documentation. The simulator is accessible online at any time and, after just a few clicks, it displays the Gerep and Social Security reimbursements, allowing the policyholder to see the remaining Euro copay for the selected treatment. It has already been consulted 15,000 times by users of the Gerep members area since its launch last year.

For example, when a policyholder needs a molar denture, they just enter the details of the various quotes - price and type of treatment - and instantly obtain the copay amount and reimbursement for each case. In this way, they can easily make an informed choice between a metal crown (full coverage), a ceramic crown or any other option, knowing in advance the final cost of the procedure.

Coverage readability is improved thanks to these tools which enable the patient to take control of their copay and their treatment path. Not everything is decided at the time of choosing a complementary health insurance policy. However, despite the progress under way, the readability debate shows the need to move forward quickly on this issue and to innovate. For if, as the associations are calling for, the public authorities were to pile on new regulations, it is unlikely that simplicity and clarity would be the winners.

### **Damien Vieillard-Baron**

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