

# **THE AMERICAN UNIVERSITY 55 *of* PARIS YEARS**

## AUP Health Office Frequently Asked Questions

## Who are we?

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## Contact

[health@aup.edu](mailto:health@aup.edu) for  
assistance

Located on campus on the fifth floor of the Combes Building.

Office Hours: Monday-Friday, 9am-5pm

## What is our mission?

- Ensure you are enrolled in our health insurance plan or have a proper exemption
- Confirm your immunization coverage
- Assist with medical appointments, including doctors and specialists
- Guide you through the reimbursement process
- Support students seeking a *Carte Vitale* (French social security and health card)

## What is our immunization policy?

AUP Immunization Policy is designed to safeguard your health and the health of the entire community. The policy requires all AUP students to file proof of the following three immunizations:










- Measles, Mumps and Rubella (MMR)
- Tetanus – Diphtheria or DPT
- Meningococcal Vaccine (A, C, Y, W-135)

The deadline to comply is September 30. Failure to do so will result in administrative suspension.

To meet this requirement, you should visit a doctor and ask her or him to complete and sign our Student Immunization Record. Once the form is completed, it should be scanned and sent back to [health@aup.edu](mailto:health@aup.edu)

Students who wish to apply for an exemption for religious or medical reasons must complete the Immunization Waiver Request to be asked at the health office.

# What about health coverage?

	<b>Vision Care</b> Up to 350€ per calendar year ( <u>lenses+frames</u> ).
	<b>Psychological Therapy</b> 15 sessions/semester, limited to 90€ per session
	<b>Alternative medicine: acupuncture, osteopathic care, chiropractic care, homeopathic care.</b> 100% of costs, up to 10 sessions per semester in aggregate.
	<b>Dental Care</b> 100% of reasonable cost. Crown max 537€. You need a pre-agreement from your insurance before to have crown. <b>Contact the health office or you won't get reimbursed!</b>
	<b>Prescription contraception</b> Up to 55€ per calendar year
	<b>Laboratory</b> 100% of costs up to a maximum of 59.40€
	<b>Outpatient medical</b> 100% of costs up to a max of 92€ except for non- <u>conventionné</u> (max 50€)
	<b>Physiotherapy</b> 100% with a doctor prescription and the pre- <u>agreement</u> of social security. <b>Contact the health office or you won't get reimbursed!</b>
	<b>What is not covered?</b> Plastic surgery and all beauty care like teeth whitening or orthodontic care will not be reimbursed. In doubt see with Health Office.

AUP automatically enrolls all students in the MSH health plan. Coverage is excellent. See the accompanying Student Health Care Handbook for a full summary of benefits.

# Can I be exempted?

Students residing in France during their studies may only be exempted from enrolling in AUP's health care plan in certain cases and with valid proof of alternative coverage for the entire semester. Contact the Health Office for more information.

STATUS	DOCUMENTS TO PROVIDE
Visiting students Coop students	A proof of insurance which must indicate: Coverage for at least 45,000 U.S. Dollars Hospitalization General medical treatment Medical repatriation Return of mortal remains
Degree seeking under 28 with family in Ile de France	Proof that student has a family member who lives in Paris A valid proof of insurance Exemption form signed Copy of the Carte Vitale if student has one
Degree seeking over 28	Valid proof of insurance
Student employed in France	Copy of your CDD/CDI Proof that company covers the student
EU students	Copy of the EHIC Valid proof of insurance



## How can I create an MSH account?

- Go to the MSH International website: <https://www.msh-intl.com/>. You can change the language setting to English by clicking the flag on the top right of the page. Then click on participants' pages
- Click to obtain your login details. Use the name that you are enrolled with at AUP - You MUST register with your AUP webmail address
- MSH will send an email to your AUP account with your password. Go to the MSH website, and enter your log-on details and click "Login"
- Then you will be able to see your contract information, download your insurance certificate
- You will be able to upload your reimbursement claims

# THE REIMBURSEMENT PROCEDURE

- For assistance with any medical reimbursement, stop by the Health Office on the 5th floor of Combes with:
  - Your “*feuilles de soins*” or bills
  - Your prescriptions (for medicine, x-rays, etc.)
  - Your RIB (bank account document)

YOU CAN UPLOAD ALL CLAIMS DIRECTLY TO MSH WEBSITE TO SAVE TIME

**FEUILLE DE SOINS**

**feuille de soins  
auxiliaire médicale)**

PERSONNE RECEVANT LES SOINS ET ASSURÉE:

PERSONNE RECEVANT LES SOINS (le cas échéant) et obligatoirement remplie par l'assuré(e) bénéficiaire

ASSURÉE (à compléter si la personne recevant les soins n'est pas l'assuré(e))

ADRESSE DE L'ASSURÉE

IDENTIFICATION DE L'AUXILIAIRE MÉDICALE

IDENTIFICATION DE LA STRUCTURE

IDENTIFICATION DE L'ÉTAT SUPPLÉMENTAIRE DE LA STRUCTURE (dans la page 2, en cas de structure agréée)

CONDITIONS DE TRAVAIL EN CHARGE DE LA PERSONNE RECEVANT LES SOINS

MATERNITÉ

ACTES EFFECTUÉS

DATE DE L'ACTE	NOM DE L'ACTE	INDICATEUR	INDICATEUR DE RÉGIME	INDICATEUR DE RÉGIME
11/09/2018	100	100	100	100
11/09/2018	100	100	100	100
11/09/2018	100	100	100	100
11/09/2018	100	100	100	100
11/09/2018	100	100	100	100
11/09/2018	100	100	100	100

PAIEMENT

RELEVÉ TOTAL

Remettre à la caisse pour le paiement régulier

Remettre à la caisse pour le paiement exceptionnel

Signature de l'assuré(e)

Signature de l'assuré(e)

Signature de l'assuré(e)

**PRESCRIPTION**

NOM DE LA PERSONNE RECEVANT LE SOIN

NOM DE LA PERSONNE RECEVANT LE SOIN

NOM DE LA PERSONNE RECEVANT LE SOIN

NOM DE LA PERSONNE RECEVANT LE SOIN

NOM DE LA PERSONNE RECEVANT LE SOIN

signature

L'ETIQUETTE

REFILL 0 1 2 3 4 5 PRN

WTX-A-PRES-1  
1.889.422.016

**RIB**

**Crédit Mutuel**

RELEVÉ D'IDENTITÉ BANCAIRE

**SPECIMEN**

Identifiant national de compte bancaire - RIB

Banque: CREDIT MUTUEL N° de compte: 74 Devise: EUR

Identifiant international de compte bancaire

IBAN (International Bank Account Number)

FR76 1234 5678 7408 2566 0001 478

BIC (Bank Identifier Code)

CMCIFR

Domiciliation

CM CC  
100 Avenue de la Banque  
75001 Paris

Titulaire du compte (Account Owner)

www.CreditMutuelPayees.net  
777 Avenue de Vau  
90211 MasterCard avec Boite Cedex

Remettre ce relevé à tout organisme ayant besoin de connaître vos références bancaires pour la domiciliation de vos virements ou des prélèvements à votre compte. Vous devez éviter ainsi des erreurs ou des retards d'indébitation.

PARTIE RESERVEE AU DESTINATAIRE DU RELEVÉ



## I need surgery. What should I do?

In all cases of non-emergency hospitalization and surgery, you need to provide your primary insurance information to the hospital (“attestation de droit” or carte vitale if you have French social security) and contact MSH international at least 10 days in advance so that a pre-certification agreement can be issued directly to the hospital. The Health Office will assist you with this process.

# What about medical emergencies?

Depending on the situation, you may want to contact one of the following 24/7 services:

Service	Number
International SOS	01 55 63 36 35
European 911	112
Emergency ambulance	15
SOS Médecins (doctors who make house calls)	01 47 07 77 77 or 3624
Fire department	18
Police department	17

These numbers will be on the back of your AUP ID card.

Notify the Health Office as soon as possible so we can provide support and help with the paperwork related to hospitalizations and reimbursements.

*Note that emergency medical expenses at French hospitals and clinics are typically fully covered by AUP's health care plan with one exception: The American Hospital of Paris. Contact the Health Office for more information.*

# Welcome to AUP!

The beginning of the semester can be exciting and even a little overwhelming. Please don't forget to take care of your health and wellbeing during this time and throughout your studies at AUP. The Health Office will be by your side to provide support and advice every step of the way. We hope you won't hesitate to reach out to us.