

2021



Benefits Snapshot 2021

ALTERYX FRANCE

In addition to social security benefits, ALTERYX FRANCE has set up a death and disability plan and a healthcare plan.

The death and disability plan is entirely covered by the employer.

The healthcare plan (healthcare insurance), covering both the employee and his children, is paid up to 100% by the employer. The optional contribution of the spouse is also paid in full by the employer. The contribution of the facultative option is paid by the employee and is debited directly from his bank account.

The benefit of these guarantees starts when you arrive at ALTERYX FRANCE.

ALTERYX FRANCE mandated Alexander Beard France to set up and monitor your benefits.



alexander beard

(France) SAS

Our consultants will soon contact you to proceed with your affiliation and provide you with all relevant information regarding your benefits.

You will find below the list of required documents:

- Your bank details (IBAN)
- Your French social security certificate (“attestation de Sécurité Sociale”) as well as that of your spouse and the one where your children appear
- The school certificates of your children (if you decide to enroll them on the healthcare plan)

To get your Social Security certificate:

- From your AMELI account: <https://assure.ameli.fr/>. If you do not have an account yet, you can create one online or request your certificate by calling 36 46
- Use the automatic terminals present in the social security centers with your Vitale Card.
- Make a written request to your Primary Health Insurance Fund (Caisse Primaire d’Assurance Maladie).

Feel free to contact us at any time by e-mail or via this toll-free number:



alteryx@abg-france.net



1. DEATH AND DISABILITY PLAN

Description of guarantees		BENEFITS 2021
Executive staff		
Death		
Minimum death capital		340% of full-time PASS ¹
Any family situation		275% ²
Surcharge per dependent		25% ²
Double effect		
Capital		Doubling of the above assets independently of the lump sum minimum capital.
Complete and irreversible invalidity		
Capital		100% of death capital
Education annuity		
Annuity per child: <ul style="list-style-type: none"> - Up to 10 years old - From 11 to 17 years old - From 18 to 26 years old (in case of continuation of studies) Minimum annuity: <ul style="list-style-type: none"> - Up to 18 years old - Up to 26 years old 		12% ² 12% ² 15% ² 24% of full-time PASS ¹ 30% of full-time PASS ¹
Temporary incapacity		
Franchise		90 days
Daily allowance		80% ² (less social security payments)
Permanent disability		
Disability not resulting from a work accident or from a work-relative illness.	1 st level of disability	48% ²
	2 nd level of disability	80% ²
	3 rd level of disability	80% ²
Disability resulting from a work accident or from a work-relative illness.	N ³ < 33%	0
	33% < N ³ < 66%	3n/2 of the annuity above
	N ³ ≥ 66%	80% ²

Precision: You are an employee of an agency that depends on the National Collective Agreement « BUREAUX D'ETUDES TECHNIQUES – CABINETS D'INGENIEURS (SYNTEC) ». So when you are on sick leave, you will receive a wage guarantee corresponding to 100% of your net salary during the first 90 days of the sick leave (after 1 year in the company).

¹ Annual limit of the social security (41136€ in 2020)

² In % of the gross annual salary

³ Disability rate

DEATH AND DISABILITY PLAN: HOW TO WRITE YOUR “BENEFICIARY CLAUSE”

Your death and disability coverage include a “death benefit” guarantee. It is up to you to designate the beneficiary or beneficiaries of this capital.

You can choose between two types of formulation: the standard clause or the special designation.

✓ **The standard clause**

According to this clause, the death benefit is paid:

- To your spouse (not legally separated), or to your partner bound by a PACS;
- Failing that, to your children or descendent, living or represented;
- Failing that, to your parents or ascendants;
- Failing that, to your heirs.

The same will apply if you want the beneficiaries’ rank to be changed, or the death benefits to be allocated in a particular way. For example, you may wish to have the funds split between your spouse and your children, in a way that is not consistent with the standard clause.

✓ **Special designation**

If the standard clause does not suit you, and only in this case, you must complete the particular designation box, or on a free and signed paper, by indicating the beneficiary/beneficiaries of your choice.

Beneficiaries must be identified by:

- Their birth name,
- Their marital name if applicable,
- Their names,
- Their date and place of birth (city and country or country if born abroad),
- Their complete address,
- If the beneficiaries are designated in a strictly personal way or if their representation, in case of death, is possible,
- The distribution of death benefit among the different beneficiaries.

We advise you to designate subsequent beneficiaries. If, at the time of death, the sole designated beneficiary had already died and no subsequent beneficiary had been appointed, the benefits would then be reinstated to the estate and subject to the applicable taxes.

**A need for advice or assistance?
Our advisors are at your disposal, do not hesitate!**

2. HEALTHCARE PLAN

The benefits are applied in accordance with the General Condition Notice.

Benefits including mandatory plan repayment, expressed by beneficiary (except for benefits expressed in € or in % of PMSS¹), not cumulative from one year to the next.

Reimbursement including those of Social Security		
CURRENT CARE		
	Mandatory basic coverage	Facultative option
Generalist medical fees adhering to the DPTAM ⁽¹⁾	470% BR	470% BR
Medical fees Generalists not members of DPTAM ⁽¹⁾ or non-agreed sector	200% BR	420% BR ⁽⁴⁾
Medical fees Specialists who are members of DPTAM ⁽¹⁾	470% BR	470% BR
Medical fees Specialists not members of DPTAM ⁽¹⁾ or non-agreed sector	200% BR	420% BR ⁽⁴⁾
Medical fees Psychiatrists and Neuropsychiatrists who are members of the DPTAM ⁽²⁾	470% BR	470% BR
Medical fees Psychiatrists and Neuropsychiatrists not members of DPTAM ⁽²⁾ or non-agreed sector ⁽²⁾	200% BR	370% BR ⁽⁴⁾⁽⁵⁾
Analyses and laboratory tests	470% BR	470% BR
Paramedical fees	470% BR	470% BR
Radiology, practitioners who are members of DPTAM ⁽¹⁾	470% BR	470% BR
Radiology, practitioners not members of DPTAM ⁽¹⁾	200% BR	420% BR ⁽⁴⁾
Surgical and technical medical procedures, members of DPTAM ⁽¹⁾	470% BR	470% BR
Surgical and technical medical procedures, not members of DPTAM ⁽¹⁾ or non-agreed sector	200% BR	420% BR ⁽⁴⁾
Transport accepted	470% BR	470% BR
Reimbursed drugs	100% BR	100% BR
Medical equipment (orthopaedics, equipment, hair and breast implants reimbursed)	470% BR	470% BR
Orthopaedic insoles	470% BR	470% BR

⁽¹⁾ DPTAM: Controlled Pricing System, including OPTAM for practitioners, and OPTAM-CO for surgeons and obstetrician gynecologists

⁽²⁾ Ceiling 1200 € / year / beneficiary. Beyond that, refunds will be capped at 100% BR in non-DPTAM and 120% in DPTAM

⁽⁴⁾ Only in the agreement sector

⁽⁵⁾ Maximum of 10 consultations / year / beneficiary

MEDICAL, SURGICAL AND OBSTETRIAL HOSPITALIZATION (excluding cosmetic surgery)

	Mandatory basic coverage	Facultative option
Residence expenses in the agreement sector	520% BR	520% BR
Residence expenses in the non-agreement sector	520% BR	520% BR
Fees in the agreement sector practitioners members of the DPTAM ⁽¹⁾	520% BR	520% BR
Fees in the agreement sector practitioners not members of the DPTAM ⁽¹⁾ or the non-agreement sector	200% BR	470% BR ⁽³⁾
Hospital Daily Costs	Full refund	Full refund
Single room (including maternity maximum 5 days) ⁽²⁾	€130 / day	€130 / day
Private room on an outpatient basis	€65	€65
Accompanying bed (child under 16 years old and under 20 years old if disabled, or parent over 10 years old)	€110 / day	€110 / day

MATERNITY / ADOPTION

Lump sum allowance (doubled in the case of multiple births or disabled child)	€450	€450
In vitro fertilization (per year)	€200	€200

⁽¹⁾ DPTAM: Controlled Pricing System, including OPTAM for practitioners, and OPTAM-CO for surgeons and obstetrician gynecologists

⁽²⁾ Single room limited to 45 days in psychiatry

⁽³⁾ Only in the agreement sector

OPTICAL

	Mandatory basic coverage	Facultative option
Equipment "100% Health»: Renewal every two years (4)		
Two glasses Panier A	Full refund	
Frame - Panier A (combined with two Class A lenses)	Full refund	
Frame - Panier B (combined with two Class A lenses)	€100	€150
Equipment excluding "100% Health"*: frame + 2 lenses - Renewal every two years (4)		
One equipment with two single glasses	from 300€ to 800€ (depending on correction)	From 350€ to 850€ (depending on correction)
Equipment with a single glass and a complex glass		
One equipment with two complex glasses		
Equipment with a single glass and an ultra-complex glass		
Equipment with complex glass and ultra-complex glass		
One equipment with two ultra-complex lenses		

Lenses		
Lenses reimbursed or not by the Social Security including disposable lenses - fixed price per year above the ceiling: TM	€350	€350
keratosurgeries		
Refractive surgery - fixed price per eye	€750	€750

HEARING AID		
	Mandatory basic coverage	Facultative option
Until 31/12/2020 - Hearing aids supported	470% BR with a minimum of €450 per prosthesis up to the actual costs	470% BR with a minimum of €450 per prosthesis up to the actual costs
100% health: Class 1 hearing aids included in the care basket 100% Health without dependency for the insured	Full repayment every 4 years / beneficiaries	Full repayment every 4 years / beneficiaries
Hearing aids reimbursed by the Obligatory Regime, excluding 100% Health Care Basket (Class 2 devices at a free price)	470% BR with a minimum of €450 per prosthesis up to the actual costs	470% BR with a minimum of 450 € per prosthesis up to the actual costs
Other prosthetic audio procedures including batteries	€75	€75
Renewal of hearing aids in accordance with regulatory requirements		

DENTAL		
	Mandatory basic coverage	Facultative option
Dental 100% Health (Basket remains at charge 0)		
Dental care and prostheses as part of the 100% health care basket Health without dependency for the insured	Full refund, within the limit of the invoicing limit fees	Full refund, within the limit of the invoicing limit fees
Dental out of 100% health (Basket remains at controlled load)		
Inlays / Onlays	€300 / deed within the limit of the fee limits	€300 / deed within the limit of the fee limits
Core Inlays without / with key (per act)	470% RB within the limit of the fee limits	470% RB within the limit of the fee limits
Reimbursed dental prostheses, including implants with crown*	470% RB within the limit of the fee limits	470% RB within the limit of the fee limits
Supplement for visible teeth (incisors, canines and premolars) on reimbursed crown-type prosthesis	€100 / tooth	€100 / tooth

DENTAL		
	Mandatory basic coverage	Facultative option
Other Dental Benefits		
Orthodontic treatment (limited to 6 consecutive semesters)	€1200 / semester	€1200 / semestre
Periodontology reimbursed	470% BR	470% BR
Dental benefits not covered by the mandatory plan		
Dental prostheses not reimbursed on the basis of reconstituted "Base de Remboursement"	470% BR	470% BR
Orthodontics not covered, including adults (limited to 6 consecutive semesters)	€900 / semester	€900 / semester
Periodontology and endodontics not reimbursed	€200 / session (4 sessions / year / beneficiary)	€200 / session (4 sessions / year / beneficiary)
Implantology	1200€ / year / beneficiary	1200€ / year / beneficiary

⁽¹⁾ depending on the material and position of the tooth

ACTS OUTSIDE THE NOMENCLATURE		
	Mandatory basic coverage	Facultative option
Osteopath, chiropractor, etiopath, acupuncturist, naturopath, dietician, sophrologist, podiatrist, pedicure	€45 / session (5/year/beneficiary)	€45 / session (5/year/beneficiary)
Child psychologist and psychomotor therapist - 18 years old	€45 / session (5/year/beneficiary)	€45 / session (5/year/beneficiary)
Biological analyses not reimbursed	€80 / year / beneficiary	€80 / year / beneficiary
Smoking cessation, tobaccoologist	€80 / year / beneficiary	€80 / year / beneficiary
Bone densitometry	€80 / year / beneficiary	€80 / year / beneficiary
Vaccines prescribed but not reimbursed	€60 / year / beneficiary	€60 / year / beneficiary
Contraceptive pills, estrogen-progestin treatments, contraceptive implants not reimbursed	€60 / year / beneficiary	€60 / year / beneficiary
Prescribed but not reimbursed pharmacy, homeopathy	€60 / year / beneficiary	€60 / year / beneficiary

OBSEQUIOUS ALLOCATION

	Mandatory basic coverage	Facultative option
Insured, spouse, child if included in the contract. Within the limit of actual costs	100% PMSS*	100% PMSS*

THERMAL CURES

	Mandatory basic coverage	Facultative option
Package of thermal cures covered by the Mandatory regime including medical supervision package, thermal package, transport and accommodation costs	25% of the PMSS*	25% of the PMSS*

⁽¹⁾ PMSS: Monthly Social Security Ceiling: in 2020 = 3428 €

ASSISTANCE	INCLUS
TELECONSULTATION PLATFORM	INCLUS

❖ Monthly costs of options:

Non-accountable additional charge		
Single employee (single)	Employee + 1 person (Duo)	Employee + 2 persons and beyond (family)
17,03 €	30,85 €	43,70 €

The enrollment to the options is optional. The cost of the chosen option will be deducted each month directly from your bank account.

3. MEDICAL TELECONSULTATION



A remote medical consultation platform
At your side and wherever you are.

A response, advice, diagnosis, further advice and a prescription if necessary,
At your fingertips and without moving

A teleconsulting service adapted to your needs

How does that work?

A **three steps procedure** to communicate with the medical professionals

1. Make your request for a medical teleconsultation

On www.medecindirect.fr

In writing, 24h/day and 7d/week

2. Choose the way you want to communicate with the doctor

In writing, by phone or by video



3. A general practitioner or specialist chosen for their experience will respond to you within a few minutes to 24 hours.

I'm seeing the doctor

Available on your computer or on your mobile
Service 100% reimbursed by your healthcare plan

5 languages available: French / English / Spanish / Italian / Portuguese, (to be indicated before contact)

www.medecindirect.fr

MédecinDirect is not a service that replaces the general practitioner or the emergencies. This service is not an answer to all medical problems. For emergencies, call 15 or 112.



4. YOUR HEALTHCARE MANAGER / YOUR ACCESS

Your supplementary health insurance contract is managed by LOOMA, and its SG Santé service manager.



For all your questions regarding health costs (quotation, follow-up, reimbursement, etc...), please contact:

→ By letter: **SG Santé**
14 Rue Joliot-Curie – CS 30248
51010 Châlons-en Champagne Cedex

→ Your assigned managers:

Administrative management of your file
(subscriptions, modifications, radiations...)

Bérangère DEHARBE
Tél. : 03 52 78 01 12
berangere.deharbe@sgsante.fr

Schedules: 6:00am – 13:00pm

Sylvain AUMAND
Tél : 04 34 48 01 07
Sylvain.aumand@sgsante.fr

Schedules: 13:00pm – 20:00pm

Managing your reimbursements
(hospital care, estimates, etc.)

Laurence LECOMPERE
Tél. : 03 26 26 22 31
laurence.lecompere@sgsante.fr

Schedules: 6:00am – 13:00pm

Clémence BERNICHON
Tél : 03 26 26 24 61
clemence.bernichon@sgsante.fr

Schedules: 13:00pm – 20:00pm

=> *Schedules indicated from Monday to Friday, Saturday from 9:30am to 17:30pm*

- **To consult your personal space:**

<https://www.sgsante.fr>