

# We are pleased to bring you the 2017-2018 Southern Methodist University (SMU) Student Health Insurance Plan for Domestic Students

Underwritten by Blue Cross and Blue Shield of Texas (BCBSTX)

This plan meets or exceeds a Gold metal level of coverage.

- Affordable, quality coverage compatible with the Affordable Care Act
- Academic Emergency Services (AES)\*
- Covers you at school, at home and while traveling abroad
- Access to a broad Participating Provider Option (PPO) Network from BCBSTX
- Access to multilingual 24/7 Nurseline
- Discounts on vision, fitness and much more

## Who can enroll?

All domestic students taking nine (9) or more credit hours are required to maintain health insurance as a condition of enrollment. A domestic student may waive out of the policy by documenting current, comparable U.S. insurance coverage in the Student Center component of **MY.SMU** before the deadline each semester. Domestic students not waiving are required to enroll in the Student Health Insurance Plan. To complete the waiver or elect coverage, go to the Student Center component of **MY.SMU**. If you choose not to elect coverage, or do not waive coverage, by the waiver deadline, the premium will be charged to your SMU student account. No changes will be made to a student's SMU account after September 7, for Fall 2017 or February 7, for Spring 2018. For more detailed information, please visit [smu.edu/healthinsurance](http://smu.edu/healthinsurance).

All domestic students taking between one (1) and eight (8) credit hours are eligible to enroll on a voluntary basis during the open enrollment period each semester and have their premiums billed to their SMU Student Accounts. Students taking eight (8) hours or less will not be automatically enrolled.

Dependent coverage is available. Payment for dependent coverage must be paid directly to Academic HealthPlans and may not be billed to the student's Southern Methodist account. **To view rates and enrollment information, go to [smu.myahpcare.com](http://smu.myahpcare.com), or call 855-357-0242.**

## You get online access to:

- View and download complete plan description
- Find provider and pharmacy information
- Download eligibility/enrollment information
- Download a temporary ID card
- Customer service, claims and benefit information



\* Academic Emergency Services (AES) is a global emergency services product. These services are provided by a separate and independent company from AES or Academic HealthPlans. AES provides medical, security and natural disaster evacuation services, repatriation of remains, emergency medical and travel assistance, travel information and other services for Academic HealthPlans.

# SMU 2017-2018 Domestic Plan Highlights <sup>1,2</sup>

## Benefit Maximum & Deductibles

	Network Provider	Out-of-Network Provider
<b>Benefit Maximum</b>	Unlimited	Unlimited
<b>Deductible (Individual/Family)</b>	\$400/\$1,200	\$1,200/\$3,600
<b>Out-of-Pocket Maximum (Individual/Family)</b>	\$5,000/\$12,700	\$10,000/\$37,500
<b>Student Health Center (SHC)</b>	There is no copayment for routine office visits. The Deductible is waived, covered expenses will be payable at 80% for insured students who have paid the SMU SHC fee. Adult immunizations covered at the SHC include TB skin test, MMR#1, MMR#2, Tdap, Td and meningitis.	

## Benefit Coverage

<i>Deductible applies unless noted below:</i>	Network Provider	Out-of-Network Provider
<b>Hospital Expenses</b>	80%	60%
<b>Surgical Expenses</b>	80%	60%
<b>Doctor's Visits</b>	100% after: \$30 primary care copayment per visit; \$50 specialist copayment per visit (deductible waived)	60%
<b>Emergency Care and Accidental Injury Facility Services</b> – Copayment is waived if the insured is admitted, inpatient hospital expenses will apply	80% after \$100 copayment (deductible waived)	
<b>Physician Services</b>	80%	
<b>Diagnostic X-Rays &amp; Laboratory Procedures</b>	80%	60%
<b>Prescription Drugs</b> <i>Per 30-day Retail Supply (deductible waived)</i>  <i>**Copayment plus the cost difference between the brand-name drug or supplies per prescription for which there is a generic drug or supply available.</i>	At SMU SHC, 100% after: <ul style="list-style-type: none"> <li>\$15 copayment for each generic drug</li> <li>\$40 copayment for each brand-name drug</li> </ul> At pharmacies contracting with Prime Therapeutics <sup>3</sup> , 100% after: <ul style="list-style-type: none"> <li>\$25 copayment for each generic drug</li> <li>\$50 copayment for each brand-name drug**</li> <li>\$75 copayment for each non-preferred brand-name drug**</li> </ul>	60% after: <ul style="list-style-type: none"> <li>\$25 copayment for each generic drug</li> <li>\$50 copayment for each brand-name drug**</li> <li>\$75 copayment for each non-preferred brand-name drug**</li> </ul> Please Note: You are required to pay the full amount charged at the time of service for all prescriptions dispensed at an out-of-network provider and must file a claim for reimbursement.
<b>Preventative Care Services</b>	100% (deductible waived)	60%

## Deadlines, Coverage Periods and Premium Costs\*\*\*

	Fall	Spring	Summer
<b>Open Enrollment</b>	06/01/2017 - 09/26/2017	11/01/2017 - 02/20/2018	03/30/2018 - 07/06/2018
<b>Waiver Deadline</b>	09/07/2017	02/07/2018	N/A
<b>Dates Covered</b>	08/01/2017 - 12/31/2017	01/01/2018 - 07/31/2018	05/01/2018 - 07/31/2018
<b>Each Insured</b>	\$1,399	\$1,399	\$705

\*\*\*A \$12 AES fee and \$74 University Administrative fee is included.

Students who are enrolled in health insurance for the fall semester will automatically be re-enrolled in the spring semester. It is the student's responsibility to notify the SMU Student Insurance Office BEFORE the waiver deadline if there is a reason he or she should not be re-enrolled.

<sup>1</sup> This document is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered expenses are subject to plan maximums, limitations and exclusions as described in the Policy. The PPO network is BCBSTX Participating Provider Option (PPO) Network.

<sup>2</sup> Covered charges at in-network and out-of-network providers are based on the allowable amount. For more information, please see your Brochure Booklet or Policy.

<sup>3</sup> The relationship between Blue Cross and Blue Shield of Texas (BCBSTX) and contracting pharmacies is that of independent contractors, contracted through a related company, Prime Therapeutics LLC. Prime Therapeutics LLC is a separate company that also administers the pharmacy benefit program. BCBSTX, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.