

We are pleased to bring you the 2017-2018 Southern Methodist University (SMU) Student Health Insurance Plan for International 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 international students who are enrolled in one (1) or more credit hours are required to maintain the Student Health Insurance Plan as a condition of enrollment. International students must enroll in the Student Health Insurance Plan unless they have a special waiver personally granted by the Student Health Center (SHC) staff. To view the requirements necessary to apply for a waiver or to print a waiver form, please go to smu.edu/healthinsurance.

After enrolling for classes each semester, international students must elect coverage online by going to the student center component of **MY.SMU** and selecting the "Health Insurance" button. The semi-annual premium will be charged to the student's SMU student account after they enroll in **MY.SMU**. Any student not enrolled by the deadline will automatically be enrolled and the premium charged to their 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, including a "Frequently Asked Questions" page, please visit smu.edu/healthinsurance.

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. Dependents will NOT automatically be re-enrolled. You will need to re-enroll them by each semester's deadline.

To view rates and enrollment information, go to 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 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.

AcademicBlue is offered by Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Academic HealthPlans, Inc. (AHP) is a separate company that provides program management and administrative services for the student health plans of Blue Cross and Blue Shield of Texas.

SMU 2017-2018 International Plan Highlights ^{1,2}

Benefit Maximum & Deductibles

	Network Provider	Out-of-Network Provider
Benefit Maximum	Unlimited	Unlimited
Deductible (Individual/Family)	\$400/\$1,200	\$1,200/\$3,600
Out-of-Pocket Maximum (Individual/Family)	\$5,000/\$12,700	\$10,000/\$37,500
Student Health Center (SHC)	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
Hospital Expenses	80%	60%
Surgical Expenses	80%	60%
Doctor's Visits	100% after: \$30 primary care copayment per visit; \$50 specialist copayment per visit (deductible waived)	60%
Emergency Care and Accidental Injury Facility Services – Copayment is waived if the insured is admitted, inpatient hospital expenses will apply	80% after \$100 copayment (deductible waived)	
Physician Services	80%	
Diagnostic X-Rays & Laboratory Procedures	80%	60%
Prescription Drugs <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"> \$15 copayment for each generic drug \$40 copayment for each brand-name drug At pharmacies contracting with Prime Therapeutics ³ , 100% after: <ul style="list-style-type: none"> \$25 copayment for each generic drug \$50 copayment for each brand-name drug** \$75 copayment for each non-preferred brand-name drug** 	60% after: <ul style="list-style-type: none"> \$25 copayment for each generic drug \$50 copayment for each brand-name drug** \$75 copayment for each non-preferred brand-name drug** 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.
Preventative Care Services	100% (deductible waived)	60%

Deadlines, Coverage Periods and Premium Costs***

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

¹ 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.

² 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.

³ 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.

Blue Cross and Blue Shield of Texas complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, or gender identity.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-710-6984 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-710-6984 (TTY: 711).

For the full list of languages, see your specific school brochure.