

We are pleased to bring you the 2018–2019 Southern Methodist University (SMU) Student Health Insurance Plan for Intensive English Program 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 Intensive English Program (IEP) 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, go to smu.edu/healthinsurance.

How to Enroll

Students will be enrolled from a list given to the Student Health Insurance Office from the IEP Department unless they have an approved waiver from the SMU Student Health Insurance Office. Dependent coverage is available. Payment must be paid directly to Academic HealthPlans and may not be billed to the student's account. Dependents will NOT automatically be re-enrolled. They will need to re-enroll for the next term by each semester's deadline. **To view rates and enrollment information, please go to smu.myahpcare.com.**

You get online access to:

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



For additional information, go to
smu.myahpcare.com or call 855-357-0242.

* 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 2018-2019 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	May	Summer
Open Enrollment	08/15/2018 - 10/10/2018	10/31/2018 - 02/20/2019	02/21/2019 - 05/31/2019	04/16/2019 - 07/30/2019
Dates Covered	09/09/2018 - 01/08/2019	01/09/2019 - 05/08/2019	05/09/2019 - 06/25/2019	06/26/2019 - 09/08/2019
Student Rate	\$912	\$897	\$359	\$560

***A \$4 AES fee is included.

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.

This document contains a summary of your school's proposed student health insurance policy benefits, restrictions, and exclusions as of the date of its publication. The final policy is pending approval by applicable federal and state regulatory authorities, which may result in differences between this summary and the actual policy of insurance issued to you. For specific details about your plan, please refer to your policy of insurance.

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.