



# Student Health Insurance Plan

for Southern Methodist University -  
Meadows Masters of Management Students

2025 – 2026

# Welcome to AcademicBlue, your Student Health Insurance Plan offered by Blue Cross and Blue Shield of Texas (BCBSTX).

## Who can enroll?

All Meadows Masters of Management Program (MMIAM) students must enroll in the Student Health Insurance Plan. Eligible dependents of those enrolled in the plan may participate in the plan on a voluntary basis

## How to Enroll

Students will be enrolled from a list given to the Student Health Insurance Office from the Meadows Masters Department and the premium will be applied to their student account unless they have an approved waiver from the SMU Student Health Insurance Office. Students only have to submit a waiver once per school year.

Dependent coverage is available. Payment must be paid directly to Academic HealthPlans and may not be billed to the student's account. Dependent coverage is available through online enrollment at **smu.myahpcare.com**.

## Open Enrollment

Fall - School Add/Drop Date

## More Information

For full details of participation in the plan, please view the complete brochure online at: **smu.myahpcare.com**



### Advantages of Membership

- Affordable, quality coverage compatible with the Affordable Care Act
- Coverage when traveling
- Access to a broad Participating Provider Option (PPO) network from BCBSIL
- Bilingual 24/7 Nurseline, telehealth and behavioral health program
- Discounts on vision, fitness and many more products and services

## Premium Costs and Coverage Periods

	Fall
Dates Covered	08/16/2025 - 12/31/2025
Student Rate	\$1,600
Spouse Rate	\$1,600
Per Child Rate (2 child max)	\$1,600

Fall rates include a \$16 AES/ASAP/ALC fee and \$36 University Administrative fee.

To see all enrollment and coverage periods available, please visit **smu.myahpcare.com**.

## Student Health Center

At the Dr. Bob Smith Health Center, there are no copayments for routine office visits. The Deductible is waived, covered expenses will be payable at 80% for insured students. Adult immunizations covered at the SHC include TB skin test, MMR#1, MMR#2, Tdap, Td and meningitis.

Prescription Drugs at the Student Health Center only, covered at 100% after a \$15 copayment for each generic drug and \$40 copayment for each brand name drug.

Benefit Maximums and Deductibles	In-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/Famil)</b>	\$7,900 / \$12,700	\$10,000 / \$37,000

Benefits (Deductible applies unless noted below)	In-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 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 \$250 Copayment (deductible waived)	80% after \$250 Copayment (deductible waived)
<b>Physician Services</b>	80%	60%
<b>Diagnostic X-Rays &amp; Laboratory Procedures</b>	80%	60%
<b>Preventative Care Services</b>	100%	100%
<b>Prescription Drugs</b> Limited to 30-day retail supply - Prescriptions filled at the Student Health Center: 100% of allowable amount after a \$15/\$40 Copayment (Deductible waived)  <b>**Copayment plus the cost difference between the brand-name drug or supplies per prescription for which there is a generic drug or supply available.</b>	At pharmacies contracting with Prime Therapeutics*, 100% after: <ul style="list-style-type: none"> <li>\$25 copayment for each preferred generic drug</li> <li>\$75 copayment for each non-preferred generic drug</li> <li>\$50 copayment for each preferred 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 preferred generic drug</li> <li>\$75 copayment for each non-preferred generic drug</li> <li>\$50 copayment for each preferred brand-name drug**</li> <li>\$75 copayment for each non-preferred brand-name drug**</li> </ul> <b>Please note:</b> 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.





### Health care coverage is important for everyone.

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984. We provide free communication aids and services for anyone with a disability or who needs language assistance.

We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability. If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator  
300 E. Randolph St., 35<sup>th</sup> Floor  
Chicago, IL 60601

Phone: 855-664-7270 (voicemail)  
TTY/TDD: 855-661-6965  
Fax: 855-661-6960

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building 1019  
Washington, DC 20201

Phone: 800-368-1019  
TTY/TDD: 800-537-7697  
Complaint Portal: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>  
Complaint Forms: <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

### To receive language or communication assistance free of charge, please call us at 855-710-6984.

Español	Llámenos al 855-710-6984 para recibir asistencia lingüística o comunicación en otros formatos sin costo.
العربية	لتلقي المساعدة اللغوية أو التواصل مجاًاً، يرجى الاتصال بنا على الرقم 855-710-6984.
繁體中文	如欲獲得免費語言或溝通協助，請撥打855-710-6984與我們聯絡。
Français	Pour bénéficier gratuitement d'une assistance linguistique ou d'une aide à la communication, veuillez nous appeler au 855-710-6984.
Deutsch	Um kostenlose Sprach- oder Kommunikationshilfe zu erhalten, rufen Sie uns bitte unter 855-710-6984 an.
ગુજરાતી	આપા અથવા સંચાર સહાય મફતમાં મેળવવા માટે, કૃપા કરીને અમને 855-710-6984 પર કોલ કરો.
हिंदी	निःशुल्क भाषा या संचार सहायता प्राप्त करने के लिए, कृपया हमें 855-710-6984 पर कॉल करें।
Italiano	Per assistenza gratuita alla lingua o alla comunicazione, chiami il numero 855-710-6984.
한국어	언어 또는 의사소통 지원을 무료로 받으려면 855-710-6984번으로 전화해 주세요.
Navajo	Niná: Doo bilagáana bizaad dinits'á'góó, shá ata' hodooni nínízingo, t'áájíík'eh bee náhaz'á. 1-866-560-4042 jì' hodíilni.
فارسی	برای دریافت کمک زبانی یا ارتباطی رایگان، لطفاً با شماره 855-710-6984 تماس بگیرید.
Polski	Aby uzyskać bezpłatną pomoc językową lub komunikacyjną, prosimy o kontakt pod numerem 855-710-6984.
Русский	Чтобы бесплатно воспользоваться услугами перевода или получить помощь при общении, звоните нам по телефону 855-710-6984.
Tagalog	Para makatanggap ng tulong sa wika o komunikasyon nang walang bayad, pakitawagan kami sa 855-710-6984.
اردو	مفت میں زبان یا مواصلت کی مدد موصول کرنے کے لیے، براہ کرم ہمیں 855-710-6984 پر کال کریں۔
Tiếng Việt	Để được hỗ trợ ngôn ngữ hoặc giao tiếp miễn phí, vui lòng gọi cho chúng tôi theo số 855-710-6984.