



Student Health Insurance Plan

for Southern Methodist University – Domestic Students

Welcome to AcademicBlue, your Student Health Insurance Plan

Who is automatically enrolled?*

- All domestic students taking nine (9) or more credit hours

*Unless proof of comparable coverage is provided at [MY.SMU.EDU](https://my.smu.edu).

Special notes on waiving coverage

- Students only have to enroll or waive one time per school year.
- To complete the waiver or elect coverage, go to the Student Center component of [MY.SMU.EDU](https://my.smu.edu).
- 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 and no changes will be made to your student SMU account.

For more detailed information, please visit Dr. Bob Smith Health Center – Student Affairs and search for Insurance.

Who can voluntarily enroll?

- All domestic students taking between four (4) and eight (8) credit hours
- Students taking eight (8) hours or less will not be automatically enrolled.
- Eligible dependents of those enrolled in the plan may participate in the plan on a voluntary basis.

Please refer to the plan's medical policy to review all eligibility criteria. The medical policy and additional information can be found at smu.myahpcare.com.

Open enrollment and waiver deadlines

- Fall, Spring/Summer and Summer Terms – school add/drop date



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 BCBSTX
- Bilingual 24/7 Nurseline, telehealth and behavioral health program
- Discounts on vision, fitness and many more products and services

Southern Methodist University – Domestic Students 2026-2027 Plan Highlights^{1, 2}

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
Benefit Maximum	Unlimited	Unlimited
Deductible (Individual/Family)	\$400/\$1,200	\$1,200/\$3,600
Out-of-Pocket Maximum (Individual/Family)	\$7,900 /\$12,700	\$10,000/\$37,000

Benefits (Deductible applies unless noted below)	In-Network Provider	Out-of-Network Provider
Hospital Expenses	80%	60%
Surgical Expenses	80%	60%
Doctor's Visits	100% after: \$35 Primary Care Copayment \$45 Specialist Copayment	60%
Emergency Care and Accidental Injury Facility Services – 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)
Physician Services	80%	80%
Independent Lab and X-Ray Provider	80%	60%
Preventive Care Services	100%	60%
Prescription Drugs Limited to 30-day retail supply – Prescriptions filled at the Student Health Center: 100% of allowable amount after a \$15/\$40 Copayment (Deductible waived) **Copayment plus the cost difference between the brand-name drug or supplies per prescription for which there is a generic drug or supply available.	At pharmacies contracting with Prime Therapeutics ³ , 100% after: <ul style="list-style-type: none"> • \$25 copayment for each preferred generic drug • \$75 copayment for each nonpreferred generic drug • \$50 copayment for each preferred brand-name drug** • \$75 copayment for each nonpreferred brand-name drug** 	60% after: <ul style="list-style-type: none"> • \$25 copayment for each preferred generic drug • \$75 copayment for each nonpreferred generic drug • \$50 copayment for each preferred brand-name drug** • \$75 copayment for each nonpreferred 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.

	Fall	Spring	Summer
Dates Covered	08/01/2026 - 12/31/2026	01/01/2027 - 07/31/2027	05/01/2027 - 07/31/2027
Student Rate	\$2,115	\$2,115	\$1,073
Spouse and Per Child Rate (2 child max)	\$2,115	\$2,115	\$1,073

Fall rates include a \$21 AES/ASAP/ALC fee and \$47.50 University Administrative fee.

Spring/Summer rates include a \$21 AES/ASAP/ALC fee and a \$47.50 University Administrative fee.

Summer rates include a \$11 AES/ASAP/ALC and \$30 University Administrative fee.

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 school's 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.

Academic HealthPlans, Inc., part of the Brown & Brown team, is an independent company that provides program management and administrative services for the student health plans of Blue Cross and Blue Shield of Texas.

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, sex, gender identity, age, sexual orientation, health status or disability. To get help and information in your language at no cost, please call us at 855-710-6984.

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

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