

# Student Health Insurance Plan

Please note: The new insurance carrier for the 2019-2020 school year is National Guardian Life Insurance Company.

## Eligibility

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](http://smu.edu/healthinsurance).

Eligible dependents of those enrolled in the plan may participate in the plan on a voluntary basis.

Please view the complete brochure on-line at [smu.myahpcare.com](http://smu.myahpcare.com) for full details of participation in the plan.

## How to Enroll

Students will be enrolled from a list given to the Student Health Insurance Office from the IEP Department and the premium will be applied to their student account 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. Dependent coverage enrollment forms may be obtained by emailing [studenthealthinsurance@smu.edu](mailto:studenthealthinsurance@smu.edu). Dependents will NOT automatically be re-enrolled. They will need to re-enroll for the next term by each semester's deadline.

### Additional Benefits

The following value-added services are not part of the Policy and are not underwritten by National Guardian Life Insurance Company. The services are provided by independent vendors and are included in the Student Health Insurance Plan.

- Access to a 24-hour nurse line
- Coverage when traveling
- Academic Emergency Services



[smu.myahpcare.com](http://smu.myahpcare.com)



[support@ahpcare.com](mailto:support@ahpcare.com)



1-855-357-0242



# Southern Methodist University - IEP 2019-2020 Student Health Insurance Plan

Please note: The new insurance carrier for the 2019-2020 school year is National Guardian Life Insurance Company.

This flyer 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 Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. **The PPO network is Cigna.**

**Student Health Center:** There is no copayment 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.

**At SMU SHC:** Prescriptions are payable at 100% after a \$15 Copayment for each Generic Drug and \$40 Copayment for each Brand Name Drug.

## BENEFIT MAXIMUMS & DEDUCTIBLES

Benefit Maximum	Unlimited
Individual Deductible	Network Provider: \$400 per Insured Person, per Policy Year Non-Network Provider: \$1,200 per Insured Person, per Policy Year
Family Deductible	Network Provider: \$1,200 for all Insureds in a Family, per Policy Year Non-Network Provider: \$3,600 for all Insureds in a Family, per Policy Year
Individual Out-of-Pocket	Network Provider: \$7,900 per Insured Person, per Policy Year Non-Network Provider: \$10,000 per Insured Person, per Policy Year
Family Out-of-Pocket	Network Provider: \$12,700 for all Insureds in a Family, per Policy Year Non-Network Provider: \$37,500 for all Insureds in a Family, per Policy Year

**\*Preventive Services:** The Deductible is not applicable to Preventive Services. Benefits for services provided by a Network Provider are paid at 100% of the PPO Allowance for Covered Medical Expenses. Benefits for services provided by a Non-Network Provider are provided at the Non-Network Coinsurance Amount.

BENEFIT CATEGORY	Network Provider	Non-Network Provider
	Payments are based on the PPO Allowance for Covered Medical Expenses	Payments are based on the Usual and Reasonable Charge for Covered Medical Expenses
Hospital Room and Board Expenses <i>Precertification Required</i>	80%	60%
Inpatient Surgery <i>Precertification Required</i>	80%	60%
Outpatient Surgery	80%	60%
In-Office Physician's Visits	100% after a \$30 Copayment Deductible Waived	60%
Diagnostic X-ray Services & Laboratory Procedures	80%	60%
Emergency Services Expenses <i>Copayment waived if admitted</i>	80% after a \$250 Copayment	80% after a \$250 Copayment
Prescription Drugs	<i>At pharmacies contracting with Cigna RX®</i> 100% after a \$25 Copayment per Generic Drug \$50 Copayment per Preferred Brand Drug \$75 Copayment per Brand Drug	60% after a \$25 Copayment per Generic Drug \$50 Copayment per Preferred Brand Drug \$75 Copayment per Brand Drug

\*Please visit [www.healthcare.gov/preventive-care-benefits/](http://www.healthcare.gov/preventive-care-benefits/) for more information

## 2019-2020 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Fall	Spring	MayMester	Summer
	09/09/2019 to 01/06/2020**	01/06/2020 to 05/04/2020**	05/04/2020 to 06/22/2020**	06/22/2020 to 09/09/2020**
<b>Open Enrollment</b>	08/15/2019 through 10/10/2019	10/31/2019 through 02/20/2020	02/21/2019 through 05/31/2020	04/16/2020 through 07/30/2020
<b>Student</b>	\$942.00	\$942.00	\$396.00	\$622.00
<b>Spouse</b>	\$942.00	\$942.00	\$396.00	\$622.00
<b>Each Child, 2x Max<sup>1</sup></b>	\$942.00	\$942.00	\$396.00	\$622.00

\*\*The coverage periods are effective and will terminate at 12:01am on the dates advertised. These rates include an administrative fee.

<sup>1</sup>Coverage for 2 or more children is calculated at the child rate times two (2).

To view all enrollment and coverage periods available, please visit [smu.myahpcare.com](http://smu.myahpcare.com) or call Academic HealthPlans at 1-855-357-0242.