

Southern Methodist University 2020-2021 Intensive English Program Students

Student Health Insurance Plan

Please note: The new insurance carrier for the 2020-2021 school year is Aetna.

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.

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 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 is available through online enrollment at smu.myahpcare.com. Dependents will NOT automatically be re-enrolled. They will need to re-enroll for the next term by each semester's deadline.

Additional Benefits

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



Southern Methodist University - IEP 2020-2021 Student Health Insurance Plan

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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 Aetna PPO.**

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

BENEFIT CATEGORY	Network Provider	Non-Network Provider
	<i>Payments are based on the Negotiated Charge</i>	<i>Payments are based on the Recognized Charge</i>
Hospital Room and Board Expense	80% per admission	60% per admission
Inpatient/Outpatient Surgery	80%	60%
Physician and specialist services	100% after a \$30 Copayment per visit (deductible waived)	60% per visit (deductible applies)
Diagnostic Testing	80% per visit	60% per visit
Emergency Services Expense (deductible waived)	80% after a \$250 Copayment per visit	80% after a \$250 Copayment per visit
Prescription Drugs	At pharmacies contracting with Aetna 100% after a \$25 Copayment per Preferred Generic Drug \$45 Copayment per Preferred Brand-Name Drug \$75 Copayment per Non-Preferred Brand-Name Drug \$75 Copayment per Specialty Drug	60% after a \$25 Copayment per Preferred Generic Drug \$50 Copayment per Preferred Brand-Name Drug \$75 Copayment per Non-Preferred Brand-Name Drug \$75 Copayment per Specialty Drug
Preventive Services <i>For more information, please visit healthcare.gov/preventive-care-benefits/</i>	100% per visit (deductible waived)	60% per visit

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Fall 09/09/2020 through 01/05/2021	Spring 01/06/2021 through 05/03/2021	Maymester 05/04/2021 through 06/21/2021	Summer 06/22/2021 through 09/08/2021
Open Enrollment	08/15/2020 through 10/10/2020	10/31/2020 through 02/20/2021	02/21/2021 through 05/31/2021	04/16/2021 through 07/31/2021
Student	\$ 1,036.00	\$ 1,026.00	\$ 427.00	\$ 687.00
Spouse	\$ 1,036.00	\$ 1,026.00	\$ 427.00	\$ 687.00
Each Child, 2x Max¹	\$ 1,036.00	\$ 1,026.00	\$ 427.00	\$ 687.00

These rates include an administrative fee.

¹Coverage 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.