

Student Health Insurance Plan

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

Eligibility

All international students who are enrolled in one (1) or more credit hours are required to maintain the Student Health Insurance Plan as a condition of enrollment. International 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, please go to smu.edu/healthinsurance.

After enrolling for classes each semester, international students must elect coverage online by going to the student center component of MY.SMU.EDU and selecting the "Health Insurance" button. The semi-annual premium will be charged to the student's SMU student account after they enroll in MY.SMU.EDU. Any student not enrolled by the deadline will automatically be enrolled and the premium charged to their SMU student account. No changes will be made to a student's SMU account after August 7, 2020 for Fall 2020 or December 7, 2020 for Spring 2021. For more detailed information, including a "Frequently Asked Questions" page, please visit 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.

Additional Benefits

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



Southern Methodist University - International 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 Expenses <i>Precertification Required</i>	80% per admission	60% per admission
Inpatient/Outpatient Surgery	80%	60%
Physician and specialist services	100% after a \$30 Copayment per visit <i>(deductible waived)</i>	60% per visit <i>(deductible applies)</i>
Diagnostic Testing	80% per visit	60% per visit
Emergency Services Expense <i>(deductible waived)</i>	80% after a \$250 Copayment per visit	80% after a \$250 Copayment per visit
Prescription Drugs	<i>At pharmacies contracting with Aetna</i> 100% 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	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 <i>(deductible waived)</i>	60% per visit

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Fall	Spring/Summer
	08/01/2020 through 12/31/2020	01/01/2021 through 07/31/2021
Open Enrollment	04/13/2020 through 09/07/2020	11/01/2020 through 02/07/2021
Waiver Deadline	09/07/2020	02/07/2021
Student	\$ 1,628.00	\$ 1,628.00
Spouse	\$ 1,628.00	\$ 1,628.00
Each Child, 2x Max ¹	\$ 1,628.00	\$ 1,628.00

These rates include an administrative fee.

¹Coverage for two 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.