

ELIGIBILITY

All domestic students taking nine (9) or more credit hours are required to maintain health insurance as a condition of enrollment. A domestic student may waive out of the policy by documenting current, comparable U.S. insurance coverage in the Student Center component of [MY.SMU.EDU](https://my.smu.edu) before the deadline each semester. Domestic students not waiving are required to enroll in the Student Health Insurance Plan. 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. No changes will be made to a student's SMU account after September 7, 2021 for Fall 2021 or February 7, 2022 for Spring 2022. For more detailed information, please visit smu.edu/healthinsurance.

All domestic students taking between four (4) and eight (8) credit hours are eligible to enroll on a voluntary basis during the open enrollment period each semester and have their premiums billed to their SMU Student Accounts. 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.

For more information and to view the complete brochure on-line for full details of participation in the plan, please visit smu.myahpcare.com.

ADDITIONAL BENEFITS

- Access to Telehealth
- Coverage when traveling
- Academic Emergency Services



Southern Methodist University 2021-2022

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

	NETWORK PROVIDER	NON-NETWORK PROVIDER
Benefit Maximum	Unlimited	
Individual Deductible Per Insured Person, per Policy Year	\$ 400	\$ 1,200
Family Deductible For all Insureds in a Family, per Policy Year	\$ 1,200	\$ 3,600
Individual Out-of-Pocket Maximum Per Insured Person, per Policy Year	\$ 7,900	\$ 10,000
Family Out-of-Pocket Maximum For all Insureds in a Family, per Policy Year	\$ 12,700	\$ 37,500

BENEFITS *(deductible applies unless otherwise stated below)*

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

COVERAGE PERIOD & COST

	Fall	Spring/Summer	Summer
Open Enrollment	08/01/21 - 12/31/21	01/01/22 - 07/31/22	05/01/22 - 07/31/22
Waiver Deadline	04/01/21 - 09/07/21	11/01/21 - 02/07/22	03/29/22 - 07/02/22
Student	09/07/21	02/07/22	N/A
Spouse	\$1,739.00	\$1,739.00	\$877.00
Each Child ¹	\$1,739.00	\$1,739.00	\$877.00

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.



AHP (21) Aetna-SMU