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 before the deadline. Domestic students not waiving are required to enroll in the Student Health Insurance Plan. 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. 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, 2022 for Fall 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 online for full details of participation in the plan, please visit smu.myahpcare.com.

ADDITIONAL BENEFITS

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

*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans.



SMU.

Southern Methodist University 2022-2023

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	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Benefit Maximum	Unlimited	ı
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)

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

100% per visit (deductible waived) 60% per visit

COVERAGE PERIOD & COST

Fall	08/01/22 - 12/31/22	Spring/Summer	01/01/23 - 07/31/23	Summer	05/01/23 - 07/31/23
Open Enrollment	04/12/22 - 09/07/22	Open Enrollment	11/01/22 - 02/07/23	Open Enrollment	N/A
Waiver Deadline	09/07/22	Waiver Deadline	02/07/23	Waiver Deadline	N/A
Student	\$1,828.00	Student	\$1,828.00	Student	\$922.00
Spouse	\$1,828.00	Spouse	\$1,828.00	Spouse	\$922.00
Each Child ¹	\$1,828.00	Each Child ¹	\$1,828.00	Each Child ¹	\$922.00

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.

Academic HealthPlans, Inc. (AHP) is an independent company that provides program management and administrative services for the student health plans of Aetna.