



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.

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

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 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 Per Insured Person, 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

COVERAGE PERIOD & COST

Fall	09/07/21 - 01/09/22
Open Enrollment	08/16/21 - 10/11/21
Student	\$1,163.00
Spouse	\$1,163.00
Each Child ¹	\$1,163.00
Spring	01/10/22 - 05/08/22
Open Enrollment	10/29/21 - 02/18/22
Student	\$1,108.00
Spouse	\$1,108.00
Each Child ¹	\$1,108.00
Maymester	05/09/22 - 06/26/22
Open Enrollment	02/21/22 - 05/31/22
Student	\$457.00
Spouse	\$457.00
Each Child ¹	\$457.00
Summer	06/27/22 - 09/06/22
Open Enrollment	04/15/22 - 07/29/22
Student	\$670.00
Spouse	\$670.00
Each Child ¹	\$670.00

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.

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>
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 <i>(deductible waived)</i>	60% per visit
Diagnostic Testing	
80% per visit	60% per visit
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
Prescription Drugs	
At pharmacies contracting with Aetna	
100% after a \$25 Copayment per Preferred Generic Drug	60% after a \$25 Copayment per Preferred Generic Drug
\$45 Copayment per Preferred Brand-Name Drug	\$45 Copayment per Preferred Brand-Name Drug
\$75 Copayment per Non-Preferred Brand-Name Drug	\$75 Copayment per Non-Preferred Brand-Name Drug
\$75 Copayment per Specialty Drug	\$75 Copayment per Specialty Drug