



## 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, go to [smu.edu/healthinsurance](https://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 online for full details of participation in the plan, please visit [smu.myahpcare.com](https://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. Students only have to submit a waiver once per school year. 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](https://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.



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

## COVERAGE PERIOD & COST

<b>Fall</b>	<b>08/31/22 - 01/03/23</b>
Open Enrollment	08/16/22 - 10/11/22
Student	\$1,231.00
Spouse	\$1,231.00
Each Child <sup>1</sup>	\$1,231.00
<b>Spring</b>	<b>01/04/23 - 05/02/23</b>
Open Enrollment	10/29/22 - 02/18/23
Student	\$1,163.00
Spouse	\$1,163.00
Each Child <sup>1</sup>	\$1,163.00
<b>Maymester</b>	<b>05/03/23 - 06/20/23</b>
Open Enrollment	02/21/23 - 05/31/23
Student	\$479.00
Spouse	\$479.00
Each Child <sup>1</sup>	\$479.00
<b>Summer</b>	<b>06/21/23 - 08/30/23</b>
Open Enrollment	04/15/23 - 07/29/23
Student	\$693.00
Spouse	\$693.00
Each Child <sup>1</sup>	\$693.00

These rates include an administrative fee.

<sup>1</sup>Coverage 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](http://smu.myahpcare.com).

## 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
--	--

### 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
---	---------------

### Diagnostic Testing

80% per visit	60% per visit
---------------	---------------

### Hospital Emergency Room *(deductible waived)*

80% after a \$250 Copayment per visit	80% after a \$250 Copayment per visit
---------------------------------------	---------------------------------------

### Preventive Care Services

For more information, please visit [healthcare.gov/preventive-care-benefits](http://healthcare.gov/preventive-care-benefits)

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

### Prescription Drugs *(deductible waived)*

At pharmacies contracting with Aetna

100% after a Preferred Generic Drug: \$25 Copayment	60% after a Preferred Generic Drug: \$25 Copayment
Preferred Brand-Name Drug: \$45 Copayment	Preferred Brand-Name Drug: \$45 Copayment
Non-Preferred Brand-Name Drug: \$75 Copayment	Non-Preferred Brand-Name Drug: \$75 Copayment
Specialty Drug: \$75 Copayment	Specialty Drug: \$75 Copayment