

Southern Methodist University

Intensive English Program Students
Student Health Insurance Plan
2023-2024



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.

Eligible dependents of those enrolled in the plan may participate in the plan on a voluntary basis.

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.

What's Included?

- 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, Inc. (AHP).

This document contains a summary of your school's student health insurance policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved policy of insurance. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy of insurance is accessible upon approval at smu.myahpcare.com.

More Information

For full details of participation in the plan, please view the complete brochure online at: smu.myahpcare.com

Questions

To view Frequently Asked Questions or submit a request, please visit: help.ahpcare.com

Insurance ID Card

To register and access your ID card, please visit smu.myahpcare.com/additionalresources

This 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 Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is **Aetna PPO**.

Benefits (deductible applies unless otherwise stated below)

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.

	IN-NETWORK PROVIDER Payments are based on the Negotiated Charge	OUT-OF-NETWORK PROVIDER Payments are based on the Recognized Charge
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
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	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 Preferred Brand-Name Drug: \$50 Copayment Non-Preferred Brand-Name Drug: \$75 Copayment Specialty Drug: \$75 Copayment	60% after a Preferred Generic Drug: \$25 Copayment Preferred Brand-Name Drug: \$50 Copayment Non-Preferred Brand-Name Drug: \$75 Copayment Specialty Drug: \$75 Copayment

Coverage Periods & Rates

	FALL 08/30/23 - 01/02/24	SPRING 01/03/24 - 04/30/24	MAYMESTER 05/01/24 - 06/18/24	SUMMER 06/19/24 - 08/29/24
Enrollment Periods	08/16/23 - 10/11/23	10/30/23 - 02/19/24	02/21/24 - 05/31/24	04/15/24 - 07/29/24
Student	\$1,271.00	\$1,202.00	\$495.00	\$727.00
Spouse	\$1,271.00	\$1,202.00	\$495.00	\$727.00
Each Child ¹	\$1,271.00	\$1,202.00	\$495.00	\$727.00

These rates include an administrative fee.

¹Coverage for two (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.