

ELIGIBILITY

All international students who are enrolled in one (1) or more credit hours are required to maintain the Student Health Insurance Plan as a condition of enrollment. International 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, please go to smu.edu/healthinsurance.

After enrolling for classes each semester, international students must elect coverage online by going to the student center component of [MY.SMU.EDU](https://my.smu.edu) and selecting the "Health Insurance" button.

The semi-annual premium will be charged to the student's SMU student account after they enroll in [MY.SMU.EDU](https://my.smu.edu). Any student not enrolled by the deadline will automatically be enrolled and the premium charged to their 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, including a "Frequently Asked Questions" page, please visit 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.

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
Payments are based on the Negotiated Charge

NON-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 60% per visit
Copayment per visit
(deductible waived)

Diagnostic Testing

80% per visit 60% per visit

Hospital Emergency Room *(deductible waived)*

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

Preventive Care Services

For more information, please visit healthcare.gov/preventive-care-benefits/

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

NETWORK PROVIDER

Payments are based on the Negotiated Charge

NON-NETWORK PROVIDER

Payments are based on the Recognized Charge

Prescription Drugs

At pharmacies contracting with Aetna

100% after a

\$25 Copayment per
Preferred Generic Drug

\$50 Copayment per
Preferred Brand-Name Drug

\$75 Copayment per
Non-Preferred Brand-Name
Drug

\$75 Copayment per
Specialty Drug

60% after a

\$25 Copayment per
Preferred Generic Drug

\$50 Copayment per
Preferred Brand-Name Drug

\$75 Copayment per
Non-Preferred Brand-Name
Drug

\$75 Copayment per
Specialty Drug

COVERAGE PERIOD & COST

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

