

## ELIGIBILITY

All Meadows Masters of Management Program (MMIAM) students must enroll in the Student Health Insurance Plan by September 7, 2021.

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](https://smu.myahpcare.com).

## HOW TO ENROLL

Students will be enrolled from a list given to the Student Health Insurance Office from the Meadows Masters 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](https://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 |
|--|------------------|----------------------|
| <b>Benefit Maximum</b>   | Unlimited        |                      |
| <b>Individual Deductible</b><br>Per Insured Person, per Policy Year                  | \$ 400           | \$ 1,200             |
| <b>Family Deductible</b><br>For all Insureds in a Family, per Policy Year            | \$ 1,200         | \$ 3,600             |
| <b>Individual Out-of-Pocket Maximum</b><br>Per Insured Person, per Policy Year       | \$ 7,900         | \$ 10,000            |
| <b>Family Out-of-Pocket Maximum</b><br>For all Insureds in a Family, per Policy Year | \$ 12,700        | \$ 37,500            |

## BENEFITS *(deductible applies unless otherwise stated below)*

| NETWORK PROVIDER<br><i>Payments are based on the Negotiated Charge</i> | NON-NETWORK PROVIDER<br><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<br>Copayment per visit<br><i>(deductible waived)</i> | 60% per visit |
|--|---------------|

### Diagnostic Testing

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

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

|  |  |
|--|--|
| 80% after a \$250<br>Copayment per visit | 80% after a \$250<br>Copayment per visit |
|--|--|

### Preventive Care Services

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

|  |               |
|--|---------------|
| 100% per visit<br><i>(deductible waived)</i> | 60% per visit |
|--|---------------|

| NETWORK PROVIDER<br><i>Payments are based on the Negotiated Charge</i> | NON-NETWORK PROVIDER<br><i>Payments are based on the Recognized Charge</i> |
|--|--|
|--|--|

### Prescription Drugs

At pharmacies contracting with Aetna

|   |  |
|---|--|
| 100% after a<br>\$25 Copayment per<br>Preferred Generic Drug<br>\$50 Copayment per<br>Preferred Brand-Name Drug<br>\$75 Copayment per<br>Non-Preferred Brand-Name<br>Drug<br>\$75 Copayment per<br>Specialty Drug | 60% after a<br>\$25 Copayment per<br>Preferred Generic Drug<br>\$50 Copayment per<br>Preferred Brand-Name Drug<br>\$75 Copayment per<br>Non-Preferred Brand-Name<br>Drug<br>\$75 Copayment per<br>Specialty Drug |
|---|--|

## COVERAGE PERIOD & COST

|                         |                     |
|-------------------------|---------------------|
| Fall                    | 08/10/21 - 12/31/21 |
| Open Enrollment         | 04/01/21 - 09/07/21 |
| Student                 | \$1,373.00          |
| Spouse                  | \$1,373.00          |
| Each Child <sup>1</sup> | \$1,373.00          |

**These rates include an administrative fee.**

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

