

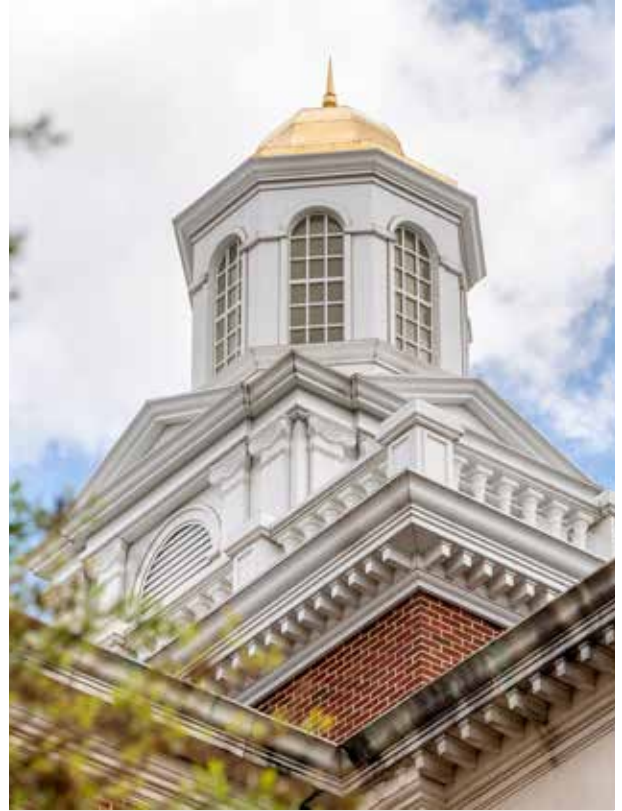
BENEFITS GUIDE 2024



SMU[®]

Table of Contents

3	Benefits Program Highlights
4	Benefits Enrollment via my.SMU.edu
5	Eligibility
6	Qualifying Life Events
7	Benefits Cost – Full Pay Year Employees
8	Benefits Cost – Partial Pay Year Employees
10	Medical Coverage
15	Prescription Drug Coverage
17	Other Medical Information
18	Concierge Service/Price Transparency
19	Supplemental Health Plans
27	Dental Coverage
28	Vision Coverage
29	Health Savings Account (HSA)
31	Flexible Spending Accounts (FSAs)
32	Why Bother With an HSA or FSA?
33	Life/AD&D Insurance
35	Long-Term Disability Insurance
36	403(b) Retirement Plan
37	Emeriti Health Account
38	Group Legal and Identity Protection
39	Tuition Benefits Program
40	Tuition Exchange Program
41	Employee Assistance Program
42	Caregiving Support
43	Leave and Paid Time Off
45	Contact Information



This Guide highlights the main features of many of the benefits plans sponsored by SMU. Full details of these benefits are contained in the legal documents governing the plans. If there is any discrepancy or conflict between the plan documents and the information presented here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Participation in the plans does not constitute an employment contract. SMU reserves the rights to modify, amend, or terminate any benefits plan or practice described in this guide at any time. Nothing in this guide guarantees that any new plan provisions will continue in effect for any period of time. This guide serves as a summary of material modifications as required by the Employee Retirement Income Security Act of 1974, as amended.

Benefits Program Highlights

Our Benefits Program

SMU offers a comprehensive, cost-effective, and competitive benefits package to help protect you and your family. But it works only if you take control and make thoughtful decisions about your benefits. You need to take an active role in understanding and choosing your benefits.

To help you make informed choices, SMU provides several resources, including this Benefits Guide, the Human Resources website smu.edu/hr, New Employee Orientation, and the annual HR Fair.

Benefits Options at a Glance

Medical and Prescription Drug

- SMU Health and Wellness Plan
 - » Medical Plan
(administered by BlueCross BlueShield of Texas)
 - » \$2,000 Deductible PPO
 - » \$3,200 and \$5,000 HDHP
 - » Prescription Drug Plan
(administered by Prime Therapeutics)
- Concierge Service/Price Transparency –
Aight Health Pro

Supplemental Health Plans

(administered by The Standard)

- Accident
- Critical Illness
- Hospital Indemnity

Dental Plan

(administered by BlueCross BlueShield of Texas)

Vision Plan

(administered by VSP)

Flexible Spending Accounts (FSAs)

- Health Care FSA
(administered by WEX)
- Dependent Care FSA
(administered by WEX)

Health Savings Account (HSA)

(administered by BenefitWallet)

Life and AD&D Insurance

- Basic Group Life Insurance
(administered by The Standard)
- Supplemental Group Life Insurance
(administered by The Standard)
- Accidental Death & Dismemberment Insurance
(administered by The Standard)

Additional Insurance

- Long-Term Disability
(administered by The Standard)

SMU Retirement Plans

- SMU 403(b) Retirement Plan
(administered by Transamerica)
- Emeriti Health Account
(administered by TIAA)

Group Legal and Identity Protection

- LegalGUARD
(administered by LegalEASE)
- Allstate Identity Protection
(administered by Allstate)

Additional Benefits

- Tuition Benefits Program
(administered by SMU Human Resources)
- Employee Assistance Program
(administered by Magellan Health)
- Adoption Leave and Staff Bereavement Leave
(administered by SMU Human Resources)
- Paid Time Off, Holiday, and Vacation
(administered by SMU Human Resources)
- Caregiving Support Program
(administered by Cariloop)

Benefits Enrollment via [my.SMU.edu](https://my.smu.edu)

Review your benefits options! Information on your options is available on the SMU HR website and in this Benefits Guide.

Consider your choices carefully! Once you have submitted your elections, you cannot make changes to your benefits unless you have a subsequent qualifying life event or during the next Open Enrollment period.

Flexible Spending Accounts & the Health Savings Account! If you want to contribute to one or both Flexible Spending Accounts (FSAs) or the Health Savings Account (HSA), you are required to make a new election each year during Open Enrollment. If you do not make a new election, you will not be able to contribute to the FSAs/HSA for the upcoming plan year.

Get Ready to Enroll! Be sure you have **accurate** dates of birth and Social Security Numbers for yourself and any dependent(s) you want to cover. You will also need your SMU Employee ID and password to log in to [my.SMU.edu](https://my.smu.edu).

Enroll by your deadline! New Faculty/Staff must make their benefit elections within 31 days of their hire date.

If you do not make your elections within this 31-day window, you will have only SMU-paid Basic Life coverage until your next enrollment opportunity. Faculty/Staff making changes due to qualifying life events or during an Open Enrollment period must make their benefit elections within 31 days of their qualifying event date or within the designated Open Enrollment period.

Follow-up! Verify the correct deductions are taken from your paycheck. Immediately email the Benefits Department at benefitsu@smu.edu if you find any discrepancies.

Important! Once you enter and save dependent information (i.e., name, date of birth, SSN, relationship, gender, marital status, etc.) you cannot edit that information. If you find anything that requires correction, send an email to benefitsu@smu.edu.



Eligibility

Who Is Eligible

Employee Eligibility

If you regularly work 20 hours or more per week as a benefit eligible employee, you are eligible to enroll in SMU's benefits plans during your first 31 days of employment, within 31 days of a qualified "Life Event," or during the annual Open Enrollment.

Dependent Eligibility

Eligible dependents include your legal spouse and dependent children. "Children" are defined as your natural children, stepchildren, legally adopted children, and children under your legal guardianship. Physically or mentally disabled children of any age who are incapable of self-support are eligible for continued coverage. Proof of disability is required. Watch for a dependent eligibility letter from UnifyHR with more information.

- **Medical:** Children through age 25 – even if the child no longer attends college, doesn't live with his/her parents, is married, and/or is not a declared dependent.
 - » Coverage ends on the day prior to attainment of age 26.
- **Dental:** Unmarried children through age 25 (regardless of student status).
 - » Coverage ends on the day prior to attainment of age 26.
- **Vision:** Unmarried children through age 24 (regardless of student status).
 - » Coverage ends on the last day of the month in which the 25th birthday occurs.
- **Supplemental Health Plans:**
- **Supplemental Life Insurance:** Unmarried children through age 24 (regardless of student status) and unmarried natural or adopted grandchildren, through age 24, who are financially dependent upon you for support.
- **Accidental Death & Dismemberment (AD&D):** Unmarried children through age 24 (regardless of student status) and unmarried natural or adopted grandchildren, through age 24, who are financially dependent upon you for support.

Covering dependents who are not eligible is a violation of both the Internal Revenue Code and University policy. It is very important you understand SMU's dependent eligibility requirements.

If you find that you are currently covering a dependent under a SMU benefit plan who does not meet the eligibility requirements, please notify the Department of Human Resources immediately.

If your child becomes ineligible for coverage you must notify the Department of Human Resources at benefitsu@smu.edu.

Qualifying Life Events

You have an opportunity to enroll in SMU benefits when you first become eligible as a new employee. The next opportunity you have to change your benefits choices is during annual Open Enrollment each year. Annual Open Enrollment typically occurs in October.

Once you have made your enrollment choices, you generally cannot make any changes until the next annual Open Enrollment. However, you may make certain changes if you have a Qualifying Life Event that affects your benefits. Typical Qualifying Life Events include, but are not limited to:

- Marriage or divorce;
- Birth or adoption of a child;
- Death of a spouse or other eligible dependent;
- Enrollment in (or loss of) state or federal medical coverage;
- Change in your spouse's or child's employment resulting in gain or loss of eligibility for employer's benefits.

If you have a Qualifying Life Event, you must contact the Department of Human Resources immediately. You also must submit documentation of the event (a marriage license, birth certificate, death certificate, etc.).

You will have **31 days** from the date of your Life Event to make allowable benefits changes via [my.SMU.edu](https://my.smu.edu). Please contact the Department of Human Resources immediately at benefitsu@smu.edu. Provide your SMU ID and the Life Event type and date. Instructions will be emailed to you.

Medicaid/CHIP Special Enrollment Period

The group health plans provided by SMU include two additional special enrollment opportunities. These Qualifying Life Events occur when:

- You (the employee) or your dependent's Medicaid or CHIP (Children's Health Insurance Program) coverage is terminated as a result of loss of eligibility; or
- You (the employee) or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

You must request this special enrollment within 60 days of the loss of Medicaid or CHIP coverage, or within 60 days of when eligibility for premium assistance under Medicaid or CHIP is determined. The 31 day notice is still required for all other special enrollments.

IMPORTANT NOTE: Newborns are NOT automatically added to your coverage under SMU's benefit plans.

Benefits Cost – Full Pay Year Employees

Paying For Benefits – 2024

SMU pays a significant portion of the overall cost of your medical and dental benefits. The amount you pay will depend on the choices you make. The table below illustrates the bi-weekly and monthly cost of coverage for full pay year employees. Please see pages 8 and 9 for the monthly and bi-weekly cost of coverage for partial pay year employees.

COST OF COVERAGE – FULL PAY YEAR EMPLOYEES			
	Bi-Weekly and Fac/Staff Premium	Monthly Fac/Staff Premium	Monthly SMU Cost
\$2,000 Deductible PPO			
Employee Only	\$51.36	\$111.27	\$809.31
Employee + Spouse	\$110.39	\$239.18	\$1,786.09
Employee + Child(ren)	\$103.05	\$223.28	\$1,709.93
Employee + Family	\$160.16	\$347.02	\$2,598.83
\$3,200 Deductible HDHP			
Employee Only	\$17.30	\$37.48	\$804.59
Employee + Spouse	\$35.47	\$76.84	\$1,775.70
Employee + Child(ren)	\$31.53	\$68.32	\$1,700.03
Employee + Family	\$51.19	\$110.90	\$2,583.74
\$5,000 Deductible HDHP			
Employee Only	\$8.23	\$17.83	\$790.18
Employee + Spouse	\$18.11	\$39.23	\$1,738.42
Employee + Child(ren)	\$16.46	\$35.66	\$1,580.42
Employee + Family	\$26.33	\$57.04	\$2,528.67
Dental Plan			
Employee Only	\$3.46	\$7.49	\$35.76
Employee + One	\$20.26	\$43.89	\$40.64
Employee + Family	\$29.83	\$64.62	\$52.15
Vision Plan			
Employee Only	\$2.90	\$6.28	\$0.00
Employee + One	\$5.80	\$12.56	\$0.00
Employee + Family	\$9.34	\$20.22	\$0.00

On average, SMU employees pay 32% of the overall medical and pharmacy costs. The employee and SMU contributions listed in the tables above and on pages 8 – 9 are just one part of the total overall medical and pharmacy cost. Other variables that contribute to the overall medical and pharmacy cost include co-pays (depending on plan election) and coinsurance, both of which are payment toward the annual deductible and out-of-pocket maximum.

Benefits Cost – Partial Pay Year Employees

Paying For Benefits – 2024

The table below illustrates the monthly cost of coverage for partial pay year employees. Please see the following page for the monthly cost of coverage for partial pay year employees.

COST OF COVERAGE – PARTIAL PAY YEAR EMPLOYEES (MONTHLY)			
	Monthly (9 Months) Fac/Staff Premium	Monthly (10 Months) Fac/Staff Premium	Monthly (11 Months) Fac/Staff Premium
\$2,000 Deductible PPO			
Employee Only	\$148.37	\$133.53	\$121.39
Employee + Spouse	\$318.91	\$287.02	\$260.93
Employee + Child(ren)	\$297.71	\$267.93	\$243.57
Employee + Family	\$462.70	\$416.43	\$378.57
\$3,200 Deductible HDHP			
Employee Only	\$49.98	\$44.97	\$40.89
Employee + Spouse	\$102.46	\$92.22	\$83.83
Employee + Child(ren)	\$91.10	\$81.99	\$74.54
Employee + Family	\$147.87	\$133.09	\$120.99
\$5,000 Deductible HDHP			
Employee Only	\$23.78	\$21.40	\$19.46
Employee + Spouse	\$52.31	\$47.08	\$42.80
Employee + Child(ren)	\$47.54	\$42.79	\$38.90
Employee + Family	\$76.06	\$68.45	\$62.23
Dental Plan			
Employee Only	\$9.99	\$8.99	\$8.18
Employee + One	\$58.52	\$52.67	\$47.88
Employee + Family	\$86.16	\$77.55	\$70.50
Vision Plan			
Employee Only	\$8.38	\$7.54	\$6.86
Employee + One	\$16.75	\$15.08	\$13.71
Employee + Family	\$26.96	\$24.27	\$22.06

Paying For Benefits – 2024

The table below illustrates the bi-weekly cost of coverage for partial pay year employees. Please see the previous page for the bi-weekly cost of coverage for partial pay year employees.

COST OF COVERAGE – PARTIAL PAY YEAR EMPLOYEES (BI-WEEKLY)			
	Bi-Weekly (9 Months) Fac/Staff Premium	Bi-Weekly (10 Months) Fac/Staff Premium	Bi-Weekly (11 Months) Fac/Staff Premium
\$2,000 Deductible PPO			
Employee Only	\$66.76	\$60.70	\$55.64
Employee + Spouse	\$143.51	\$130.47	\$119.59
Employee + Child(ren)	\$133.97	\$121.79	\$111.64
Employee + Family	\$208.22	\$189.29	\$173.51
\$3,200 Deductible HDHP			
Employee Only	\$22.49	\$20.45	\$18.74
Employee + Spouse	\$46.11	\$41.92	\$38.42
Employee + Child(ren)	\$40.99	\$37.27	\$34.17
Employee + Family	\$66.54	\$60.49	\$55.46
\$5,000 Deductible HDHP			
Employee Only	\$10.70	\$9.73	\$8.92
Employee + Spouse	\$23.54	\$21.40	\$19.62
Employee + Child(ren)	\$21.40	\$19.45	\$17.83
Employee + Family	\$34.23	\$31.12	\$28.53
Dental Plan			
Employee Only	\$4.50	\$4.09	\$3.75
Employee + One	\$26.34	\$23.94	\$21.95
Employee + Family	\$38.78	\$35.25	\$32.31
Vision Plan			
Employee Only	\$3.77	\$3.43	\$3.14
Employee + One	\$7.54	\$6.86	\$6.28
Employee + Family	\$12.14	\$11.03	\$10.11

Medical Coverage

SMU's medical plans, administered by BlueCross BlueShield of Texas (BCBSTX), include the \$2,000 deductible PPO and the \$3,200 and \$5,000 High Deductible Health Plans (HDHPs). All of the plans cover a wide variety of medical services, but coverage under the HDHPs is very different than coverage under the \$2,000 deductible plan.

\$2,000 Deductible PPO

A Preferred Provider Organization (PPO) health plan allows for more flexibility and more choices when it comes to your health care. A PPO plan offers a network of health care providers to choose from, and you have the freedom to receive care from any in- or out-of-network doctor, specialist or hospital without a referral – even when you travel. Keep in mind, however, that your out-of-pocket medical costs will be substantially higher if you use an out-of-network provider.

For many people, health care typically involves a visit to a primary care physician (PCP) or a specialist. With the \$2,000 deductible plan, you pay a \$25 copay for a PCP office visit and \$75 for a specialist office visit. Office visits are not subject to the deductible unless the doctor orders lab work or other tests.

For prescription medications, you pay coinsurance. For example, you will pay 30% for a generic medication and the plan pays 70%. If you order “maintenance” medications such as asthma, cholesterol and blood pressure medications via Prime Therapeutics' Express Scripts home delivery service, your cost is capped at \$20 for a generic medication and \$98 for a preferred brand medication. Prescription medications are not subject to the \$2,000 medical deductible with this plan, but brand name medications are subject to a \$100 annual deductible.

Other health services such as a MRI or CT scan, surgery, and hospitalization are subject to your deductible so you would pay the cost of the service until your deductible is satisfied, then you and the plan share the remaining cost. For example, if you have a \$20,000 surgery, you pay the first \$2,000, then the plan pays 80% and you pay 20%, up to your annual out-of-pocket maximum. For more details, be sure to review pages 12 – 14.

For the most current list of in-network providers, go online to the Doctor and Hospital Finder at www.bcbstx.com (select Blue Choice PPO plan option when prompted).





\$3,200 and \$5,000 High Deductible Health Plans (HDHPs)

The \$3,200 and \$5,000 HDHPs are also PPOs but are very different than the \$2,000 deductible plan. Below, and on pages 13 – 14, is important information regarding the HDHPs:

- With the exception of preventive care services like annual physicals, health screenings and immunizations, the \$3,200 and \$5,000 HDHPs pay nothing until you satisfy the deductible. You pay the rate that has been negotiated between BCBSTX and the physician for office visits and you pay the full cost of prescription medications until the deductible is satisfied.
- Once the deductible is satisfied, the \$3,200 HDHP pays 100% of all costs except \$25 or \$75 copays for physician office visits, \$300 copay for emergency room visits (if not admitted), and coinsurance for prescription drugs. You continue to pay these copays and coinsurance until you reach the out-of-pocket maximum, at which time the plan pays 100% for all covered services for the remainder of the calendar year.
- For the \$5,000 HDHP, once the deductible is satisfied, you have also satisfied the out-of-pocket maximum and the Plan pays 100% for all covered services for the remainder of the calendar year.
- The family deductible for the \$3,200 and \$5,000 HDHPs works the same way as the \$2,000 deductible PPO. No covered participant will contribute more than the individual deductible amount to the “family” deductible.

Preventive Benefits – Routine Physicals, Screenings, and Immunizations

All three medical plans cover 100% of the cost of in-network routine annual physicals, [age-recommended screenings](#) (including breast, bone density, prostate and colon screenings), and immunizations for you and your enrolled dependents. These preventive services are not subject to your deductible or office visit copays.

- **IMPORTANT:** If your doctor submits a claim for a screening or a physical exam under a diagnostic code (vs. a routine preventive code), the claim will be applied to your deductible. The only exception will be for a colonoscopy, which will be paid at 100% for individuals enrolled in the \$2,000 deductible Medical plan, regardless of whether the claim is coded as diagnostic or routine preventive. Per IRS regulations, the diagnostic colonoscopy exception does not apply to individuals enrolled in the \$3,200 or \$5,000 HDHPs.

Visit the BCBS website to review the BCBSTX adult, children’s, and perinatal wellness guidelines.

\$2,000 DEDUCTIBLE PPO – YOU PAY:

	In-Network	Out-of-Network
Annual Deductible		
Individual	\$2,000	\$4,000
Family	\$6,000	\$8,000
Annual Out-of-Pocket Maximum (includes deductible, copays and coinsurance)		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Office Visit		
Primary Care Physician (PCP)	\$25 copay per visit, not subject to deductible	40%*
Specialist	\$75 copay per visit, not subject to deductible	40%*
Routine Preventive Care	You pay \$0 for routine physicals, medical screenings, immunizations, preventive mammograms, colonoscopies and prostate exams.	40%*
Emergency Care		
Urgent Care Center	\$30 copay per visit	40%*
Hospital Emergency Room		
Emergency Care	Deductible + \$300 copay, then 20% (copay waived if admitted to hospital)	
Non-Emergency Care	Deductible + \$300 copay, then 20% (copay waived if admitted to hospital)	Deductible + \$300 copay, then 40% (copay waived if admitted to hospital)
Other Services		
Physical Therapy	20%*	40%*
Chiropractic Services Up to 35 visits per calendar year	20%*	40%*
Hospital Inpatient Care	20%*	40%*
Hospital Outpatient Care	20%*	40%*
Home Health Care Up to 60 visits per calendar year	20%*	40%*
Hospice Care 180 day lifetime maximum	20%*	40%*
Mental Health/Substance Abuse Inpatient Care (Facility)	20%*	40%*
Mental Health/Substance Abuse Outpatient Care (Office Visit)	\$25 copay per visit (PCP) \$75 copay per visit (Specialist)	40%*
Speech Therapy		
Outpatient Visit	20%*	40%*
Doctor Office Visit	\$75 copay per visit (Specialist)	40%*

*After deductible has been satisfied

\$3,200 HIGH DEDUCTIBLE HEALTH PLAN (HDHP) – YOU PAY:

	In-Network	Out-of-Network
Annual Deductible		
Individual	\$3,200	\$4,000
Family	\$6,400	\$8,000
Annual Out-of-Pocket Maximum (includes deductible, copays and coinsurance)		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Office Visit		
Primary Care Physician (PCP)	You pay 100% until deductible is satisfied, then \$25 copay per visit	40%*
Specialist	You pay 100% until deductible is satisfied, then \$75 copay per visit	40%*
Routine Preventive Care	You pay \$0 for routine physicals, medical screenings, immunizations, preventive mammograms, colonoscopies and prostate exams.	40%*
Emergency Care		
Urgent Care Center	\$30 copay per visit*	40%*
Hospital Emergency Room		
Emergency Care	Deductible + \$300 copay (copay waived if admitted to hospital)	
Non-Emergency Care	Deductible + \$300 copay (copay waived if admitted to hospital)	Deductible + \$300 copay, then 40% (copay waived if admitted to hospital)
Other Services		
Physical Therapy	0%*	40%*
Chiropractic Services Up to 35 visits per calendar year	0%*	40%*
Hospital Inpatient Care	0%*	40%*
Hospital Outpatient Care	0%*	40%*
Home Health Care Up to 60 visits per calendar year	0%*	40%*
Hospice Care 180 day lifetime maximum	0%*	40%*
Mental Health/Substance Abuse Inpatient Care (Facility)	0%*	40%*
Mental Health/Substance Abuse Outpatient Care (Office Visit)	\$25 copay per visit (PCP)* \$75 copay per visit (Specialist)*	40%*
Speech Therapy		
Outpatient Visit	0%*	40%*
Doctor Office Visit	\$75 copay per visit (Specialist)*	40%*

*After deductible has been satisfied

Note: With the exception of preventive care services, this plan does not begin paying any benefits until your annual deductible has been satisfied. After you satisfy the annual deductible the Plan pays 100% with the exception of office visit copays, emergency room copays, and prescription drug coinsurance – all of which continue to apply to your annual out-of-pocket maximum. The plan pays 100% of eligible expenses after you reach the out-of-pocket maximum.

IMPORTANT: About Medicare Part D Coverage

If you enroll in the \$3,200 HDHP with the HSA and you are eligible for Medicare (or will be Medicare eligible in the next few years), it's important to know that this plan does not provide "creditable coverage" should you enroll in the Medicare Part D prescription plan going forward. This means if you enroll in this plan and later enroll in Medicare Part D, you will incur a 1% late enrollment fee for every month you remain in this plan past your eligibility for Medicare.

\$5,000 HIGH DEDUCTIBLE HEALTH PLAN (HDHP) – YOU PAY:

	In-Network	Out-of-Network
Annual Deductible		
Individual	\$5,000	\$7,500
Family	\$10,000	\$15,000
Annual Out-of-Pocket Maximum (includes deductible, copays and coinsurance)		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Office Visit		
Primary Care Physician (PCP)	You pay 100% until deductible is satisfied then \$0 per visit	40%*
Specialist	You pay 100% until deductible is satisfied then \$0 per visit	40%*
Routine Preventive Care	You pay \$0 for routine physicals, medical screenings, immunizations, preventive mammograms, colonoscopies and prostate exams.	40%*
Emergency Care		
Urgent Care Center	0%*	40%*
Hospital Emergency Room		
Emergency Care	0%*	0%*
Non-Emergency Care	0%*	Deductible + \$300 copay, then 40% (copay waived if admitted to hospital)
Other Services		
Physical Therapy	0%*	40%*
Chiropractic Services Up to 35 visits per calendar year	0%*	40%*
Hospital Inpatient Care	0%*	40%*
Hospital Outpatient Care	0%*	40%*
Home Health Care Up to 60 visits per calendar year	0%*	40%*
Hospice Care 180 day lifetime maximum	0%*	40%*
Mental Health/Substance Abuse Inpatient Care (Facility)	0%*	40%*
Mental Health/Substance Abuse Outpatient Care (Office Visit)	0%*	40%*
Speech Therapy		
Outpatient Visit	0%*	40%*
Doctor Office Visit	0%*	40%*

*After deductible has been satisfied

Note: With the exception of preventive care services, this plan does not begin paying any benefits until your annual deductible has been satisfied. After you satisfy the annual deductible, you will also have satisfied the out-of-pocket maximum and the Plan pays 100% of your eligible in-network expenses.

IMPORTANT: About Medicare Part D Coverage

If you enroll in the \$5,000 HDHP with the HSA and you are eligible for Medicare (or will be Medicare eligible in the next few years), it's important to know that this plan does not provide "creditable coverage" should you enroll in the Medicare Part D prescription plan going forward. This means if you enroll in this plan and later enroll in Medicare Part D, you will incur a 1% late enrollment fee for every month you remain in this plan past your eligibility for Medicare.

Visit smu.edu/hr > Benefits and Wellness > Health and Other Benefits > Health > Medical Plans

Prescription Drug Coverage

Prescription drug benefits are administered by Prime Therapeutics. You have the choice of purchasing your Generic, Preferred Brand Name, and Non-Preferred Brand Name prescriptions through local retail pharmacies or through the Express Scripts home delivery service home delivery service. Specialty medications are only available through the home delivery service via Accredo Prime's specialty pharmacy.

Retail Prescription Program

The retail prescription program utilizes a network of participating pharmacies. To receive the highest benefit level, you must use a participating pharmacy. Prescriptions filled at non-participating pharmacies are generally not covered.

Home Delivery Prescription Program

The Express Scripts home delivery service should be used for prescription medications that you take on a regular basis (maintenance medications). Specialty medications are *only* available through the home delivery service via Accredo specialty pharmacy. You can order up to a 90-day supply of your maintenance medication(s) and 30-day supply for specialty medications. All home delivery medications will be mailed directly to your home, often at reduced cost to you. Using the home delivery service program is convenient because you can avoid trips to the pharmacy and get a 90-day supply at one time (for maintenance medications). If you have any questions regarding the home delivery service for any of your prescriptions, please call 1-833-715-0942.

Specialty Prescription Program

Your prescription drug plan includes coverage for certain specialty medications. Specialty medications are generally high-cost injectable drugs with special handling or storage requirements that require careful adherence to treatment protocols. To assist members who require these medications, Prime Therapeutics includes a specialty pharmacy program to provide additional support. When you obtain covered specialty medication through the Accredo specialty pharmacy program, you receive — at no additional charge — services designed to help in managing your therapy, including:

- Coordination of coverage between you, your physician, and Accredo.
- Convenient delivery of medications through the home delivery service.
- Educational materials, including information about managing potential medication side effects.
- Syringes, “sharps containers”, and other supplies with every shipment for self-injectables.
- 24/7/365 customer service phone access.

For a complete list of medications for which a dispensing limit exists, visit www.bcbstx.com.

To contact Accredo Specialty Pharmacy, call the customer service line at 1-833-721-1619.

Prescription Costs

The \$3,200 HDHP covers a portion of the cost of prescription drugs AFTER you meet your annual in-network deductible (for both retail network pharmacies and the home delivery program).

The \$5,000 HDHP covers 100% of the cost of prescription drugs AFTER you meet your annual in-network deductible (for both retail network pharmacies and the home delivery program).

PRESCRIPTIONS		
	You Pay Retail (30-day supply)	You Pay Home Delivery (90-day supply for maintenance medications & 30-day supply for specialty medications)
\$2,000 Deductible PPO	You must satisfy a \$100 deductible each year for any brand name medications; then you pay the following amounts:	You must satisfy a \$100 deductible each year for any brand name medications; then you pay the following amounts:
Generic	30% of cost	30% of cost up to \$20 per prescription
Preferred Brand Name	30% of cost	30% of cost up to \$98 per prescription
Non-Preferred Brand Name	50% of cost	50% of cost
Specialty Medication	<i>Specialty medications must be filled through Accredo Specialty Pharmacy</i>	30% of cost (up to \$225 max per script)
\$3,200 HDHP	You pay 100% of the cost until you have satisfied the annual plan deductible; then you pay the following amounts:	You pay 100% of the cost until you have satisfied the annual plan deductible; then you pay the following amounts:
Generic	30% of cost	30% of cost up to \$20 per prescription
Preferred Brand Name	30% of cost	30% of cost up to \$98 per prescription
Non-Preferred Brand Name	50% of cost	50% of cost
Specialty Medication	<i>Specialty medications must be filled through Accredo Specialty Pharmacy</i>	30% of cost (up to \$225 max per script)
\$5,000 HDHP	You pay 100% of the cost until you have satisfied the annual plan deductible; then you pay the following amounts:	You pay 100% of the cost until you have satisfied the annual plan deductible; then you pay the following amounts:
Generic	0% of cost	0% of cost
Preferred Brand Name	0% of cost	0% of cost
Non-Preferred Brand Name	0% of cost	0% of cost
Specialty Medication	<i>Specialty medications must be filled through Accredo Specialty Pharmacy</i>	0% of cost

NOTE: Whenever there is a generic drug available, it will be substituted for a brand name drug, unless otherwise directed by your physician as "Brand Necessary" on your prescription.

Other Medical Information

Wellbeing Management

Through BCBSTX

If you enroll in one of the SMU medical plans, you can take advantage of the Wellbeing Management platform, which is designed to deliver a comprehensive member experience that addresses the entire health continuum, from complex conditions to lifelong wellness.

- Online resources and information about symptoms, treatment options and decision making tools for more than 250 conditions.
- The [24/7 Nurseline](#) gives you round-the-clock access to experienced nurses at 1-800-581-0368.
- The **Women's and Family Health Program**, which offers the services of prenatal nurses, free information and giveaways to expectant mothers. Please call 1-888-421-7781 if you have questions or want to learn more about the Women's and Family Health Program.

For more information about BCBSTX's Wellbeing Management platform, please visit www.BCBSTX.com and log into your Blue Access for Members (BAM) portal or call BCBSTX at 1-800-462-3275.

Blue Distinction Centers

Blue Distinction Centers have demonstrated expertise in delivering clinically proven specialty health care. Choosing a Blue Distinction Center may help you achieve a better outcome and, depending on your specific plan, lower out-of-pocket costs.

- Because Blue Distinction Centers provide quality care in a variety of specialties, you can choose the facility that best fits your needs. There are approximately 1,900 Blue Distinction Centers nationwide.

Call 1-877-768-2005 for assistance in selecting a Blue Distinction Center for your procedure.

Mastectomy Coverage

The medical plans cover surgery after a mastectomy to:

- Reconstruct the breast on which the mastectomy was performed.
- Reconstruct the other breast to produce a symmetrical appearance.

This coverage is required by federal law. Protheses and physical complications in all stages of the mastectomy, including lymphedemas, are also covered.

Maternity Coverage

In accordance with federal law, SMU's Medical plans do not restrict benefits, for any hospital length of stay in connection with childbirth for the mother or newborn child, to less than 48 hours following a vaginal delivery or less than 96 hours following a Caesarean delivery.

However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable).

MDLIVE Virtual Visits

MDLIVE provides you and your covered dependents 24/7/365 access to board-certified physicians for non-emergency medical care through the convenience of phone or video consults.

MDLIVE doctors and therapists can help treat many common medical conditions, including:

- General health issues such as allergies, asthma, nausea, and sinus infections
- Pediatric care such as cold or flu, ear infections, and pinkeye
- Behavioral health issues like anxiety or depression, child behavior or learning issues, and marital problems
- The cost per virtual visit is \$10 if enrolled in the \$2,000 PPO and \$48 if enrolled in the \$3,200 or \$5,000 HDHP.

To register or learn more about MDLIVE Virtual Visits, visit www.mdlive.com.

Concierge Service/Price Transparency

To assist you in finding the most affordable care options, SMU has partnered with Alight. This service is available to all employees enrolled in a medical plan.

Navigating health care these days seems impossible—unless you have Alight on your side. From finding doctors to getting cost estimates, Alight is here to help at no additional cost to you. Alight serves as your personal health care advisor. So rely on your Health Pro to make you an empowered health care consumer that takes control of health care costs. Our service is simple to use and available to you and your family.

Get Answers from SMU's Health Pro

Get help making sense of confusing health care benefits, finding great doctors, scheduling appointments, finding lower cost alternatives for prescriptions, and much more.

- Understand insurance benefits
- Schedule your appointments
- Save money on health care
- Find highly rated doctors
- Pay less for prescriptions
- Get help with medical bills



For more information please contact Alight at 1-800-513-1667 or member.alight.com.

Supplemental Health Plans

SMU is committed to providing benefits-eligible employees with a range of voluntary benefit options and is pleased to offer the following three additional programs offered through **The Standard Insurance Company**, effective January 1, 2024.

Group Accident Insurance

This coverage assists with personal expenses resulting from a covered accident, providing direct payment to you or your covered family members, rather than medical providers. It offers flexibility in using the benefits for various costs, such as deductibles, copays, and other related expenses. It encompasses a broad array of treatments related to accidents and includes an additional 25% benefit for injuries occurring during youth organized sports. This is in addition to your regular medical plan.

Here's How Accident Insurance Works

1

You have an accident.

Your health insurance covers some costs, after you meet your deductible. But you still may have copays and a lot of out-of-pocket expenses.

2

We send you a check.

The Standard will send a check directly to you – not to your medical providers – upon approval of your claim. You decide how you spend the money.

3

You focus on getting better.

With The Standard helping you handle the unexpected expenses, you get to pay attention to what matters most – your health.

Here's what it would cost you:

COVERAGE FOR...	MONTHLY PREMIUM FOR BASIC	MONTHLY PREMIUM FOR PREMIER
You	\$10.68	\$15.66
You and your spouse	\$17.62	\$25.22
You and your children	\$19.79	\$29.24
You, your spouse and your children	\$31.29	\$46.06

Accident Insurance Includes 70+ Benefits for Covered Injuries and Treatment

This is only a partial listing of benefits offered. The specific benefit amounts you'd receive vary based on the plan you choose.

Please consult with your human resources representative or plan administrator for more details.

INJURY	EMERGENCY	SURGERY
<ul style="list-style-type: none"> • Burns • Dislocations • Eye Injuries • Concussion • Loss of Hearing • Lacerations • Fractures • Coma • Paralysis 	<ul style="list-style-type: none"> • Emergency Dental • Urgent Care • Ambulance • Emergency Room • X-ray • Major Diagnostic Exam 	<ul style="list-style-type: none"> • Abdominal/Thoracic Surgery • Outpatient Surgical Facility • Skin Grafts • Knee Cartilage/Ligament/Tendon Repair • Ruptured Disk • Rotator Cuff
HOSPITALIZATION	FOLLOW-UP CARE	VALUE ADDED BENEFITS
<ul style="list-style-type: none"> • Hospital Admission • Hospital Confinement • CCU Confinement • CCU Admission 	<ul style="list-style-type: none"> • Chiropractor • Medical Appliance • Hearing Device • Physical Therapy • Physician Care • Prosthesis • Rehab Facility 	<ul style="list-style-type: none"> • Transportation • Lodging • Youth Organized Sports Benefit



ACCIDENT INSURANCE SCHEDULE OF BENEFITS	BENEFIT AMOUNT	
	Basic Plan	Premier Plan
Emergency Care Benefits		
Air Ambulance	\$800	\$1,500
Blood, Plasma, Platelets	\$300	\$600
Emergency Dental (Crown)	\$200	\$350
Emergency Dental (Extraction)	\$100	\$150
Emergency Room Benefit	\$150	\$200
Ground Ambulance	\$300	\$600
Initial Physician's Office	\$50	\$60
Major Diagnostic Exam	\$200	\$300
Urgent Care	\$50	\$60
X-Ray	\$50	\$60
Specific Injury Benefits		
Burns, 2nd Degree, <15%	\$200	\$500
Burns, 2nd Degree, >15%	\$1,000	\$1,500
Burns, 3rd Degree, <15%	\$5,000	\$7,500
Burns, 3rd Degree, >15%	\$10,000	\$12,500
Coma	\$7,500	\$15,000
Concussion	\$150	\$200
Eye Injury	\$200	\$300
Lacerations, < 2"	\$75	\$100
Lacerations, 2" - 6"	\$200	\$400
Lacerations, > 6"	\$500	\$800
Skin Graft	25% of Burn Benefit	50% of Burn Benefit
Fracture Benefits Non-Surgical/Surgical		
Ankle, Arm, Collarbone, Elbow, Foot, Hand, Kneecap, Lower Jaw, Shoulder Blade, Sternum, Wrist	\$550/\$1,100	\$650/\$1,300
Bones of Face, Coccyx, Nose, Vertebrae	\$500/\$1,000	\$750/\$1,500
Finger, Toe	\$100/\$200	\$200/\$400
Hip	\$2,500/\$5,000	\$3,000/\$6,000
Leg (hip to knee)	\$2,000/\$4,000	\$3,000/\$6,000
Leg (knee to ankle), Pelvis, Vertebral Column	\$1,200/\$2,400	\$1,700/\$3,400
Rib	\$400/\$800	\$500/\$1,000
Skull (Depressed)	\$4,000/\$8,000	\$5,250/\$10,500
Skull (Non-Depressed)	\$1,500/\$3,000	\$2,000/\$4,000
Chip Fracture	25% of Non-Surgical Fracture Amount	25% of Non-Surgical Fracture Amount

ACCIDENT INSURANCE SCHEDULE OF BENEFITS	BENEFIT AMOUNT	
	Basic Plan	Premier Plan
Dislocation Benefits		
Non-Surgical/Surgical		
Ankle, Collarbone, (Sternoclavicular), Elbow, Foot, Hand, Lower Jaw, Shoulder, Wrist	\$800/\$1,600	\$1,000/\$2,000
Collarbone (Acromioclavicular)	\$400/\$800	\$500/\$1,000
Finger, Rib, Toe	\$150/\$300	\$200/\$400
Hip	\$2,500/\$5,000	\$3,500/\$7,000
Knee	\$900/\$1,800	\$1,000/\$2,000
Spine	\$400/\$800	\$500/\$1,000
Partial Dislocation	25% of Non-Surgical Dislocation Amount	25% of Non-Surgical Dislocation Amount
Surgical Benefits		
Knee Cartilage Repair	\$750	\$1,000
Knee Cartilage Exploratory Surgery	\$200	\$250
Tendon, Ligament, Rotator Cuff Repair of One	\$750	\$1,000
Tendon, Ligament, Rotator Cuff Repair of Two or More	\$1,000	\$1,500
Tendon, Ligament, Rotator Cuff Exploratory Surgery	\$200	\$250
Ruptured Disk, Repair	\$750	\$1,000
Abdominal/Thoracic Exploratory Surgery	\$200	\$400
Abdominal/Thoracic Laparoscopic Surgery	\$750	\$1,000
Abdominal/Thoracic Open Surgery	\$1,500	\$2,000
Outpatient Surgical Facility	\$150	\$500
Hospital Benefits		
Critical Care Unit Admission	\$750	\$1,000
Daily Rehabilitation Facility (Up to 90 days per Accident)	\$100/day	\$150/day
Daily Critical Care Unit Confinement (up to 15 days)	\$200/day	\$200/day
Daily Hospital Confinement (up to 365 days)	\$200/day	\$400/day
Hospital Admission	\$1,000	\$1,500
Follow-Up Care Benefits		
Medical Appliance	\$100	\$200
Chiropractic	\$50 up to 2 days	\$60 up to 2 days
Follow-Up Care Treatment	\$50 up to 2 days	\$70 up to 3 days
Hearing Device	\$500	\$600
Prosthesis, One	\$500	\$1,000
Prostheses, Two or More	\$1,000	\$2,000
Therapy Services	\$50 up to 3 days	\$50 up to 4 days
Additional Benefits		
Youth Organized Sports	25% Additional of total benefits	25% Additional of total benefits
Annual Health Screening Benefit	\$150	\$150
Lodging (up to 30 days per Accident)	\$175/day	\$200/day
Transportation (up to 30 days per Accident)	\$150/day	\$200/day

Critical Illness Insurance

This coverage aids in covering personal expenses associated with a covered illness, offering direct payment to you or your covered family members instead of medical providers. It provides flexibility to use the benefits for various expenses, like groceries and child care. The coverage encompasses a range of illnesses, such as heart attacks, cancer, and strokes. This is in addition to your regular medical plan.

1

You get a critical illness diagnosis

Your health insurance covers many of your treatment costs, but you still have a lot of expenses that your finances aren't ready for.

2

The Standard is there for you

The Standard helps shield your finances by paying benefits directly to you. And you get to decide how you spend that money.

3

Focus on getting better

With The Standard helping cover your out-of-pocket or everyday expenses, you get to concentrate on what's most important to you, getting better.

Plan for the Costs of a Serious Illness So You Can Focus on Getting Well

These are the benefit options you may elect:

COVERAGE FOR...	COVERAGE AMOUNT...
You	Flat amount of \$10,000, \$20,000 or \$30,000
Your spouse	Flat amount of \$5,000, \$10,000 or \$15,000, as long as it's not more than 50 percent of your coverage amount
Your children	Automatically covered at 50% of your coverage amount

The monthly premiums you would pay for Critical Illness insurance benefits are below.

EMPLOYEE MONTHLY ATTAINED AGE PREMIUMS						
Coverage Amount	Employee Age					
	18–29	30–39	40–49	50–59	60–69	70+
\$10,000	\$3.10	\$4.80	\$10.20	\$21.40	\$39.80	\$97.00
\$20,000	\$6.20	\$9.60	\$20.40	\$42.80	\$79.60	\$194.00
\$30,000	\$9.30	\$14.40	\$30.60	\$64.20	\$119.40	\$291.00

SPOUSE MONTHLY ATTAINED AGE PREMIUMS						
Coverage Amount	Employee Age					
	18–29	30–39	40–49	50–59	60–69	70+
\$5,000	\$1.55	\$2.40	\$5.10	\$10.70	\$19.90	\$48.50
\$10,000	\$3.10	\$4.80	\$10.20	\$21.40	\$39.80	\$97.00
\$15,000	\$4.65	\$7.20	\$15.30	\$32.10	\$59.70	\$145.50

With Critical Illness insurance, you can:

- **Protect your loved ones.** Cover your spouse up to \$15,000, as long as it's not more than 50 percent of your benefit amount. Your kids are automatically covered at 50 percent of the amount elected for yourself for the same critical illnesses that you are. Kids are also covered for 21 additional childhood diseases, including cystic fibrosis, Down syndrome, muscular dystrophy, spina bifida and cerebral palsy.
- **Receive a benefit for taking care of your health.** You and your covered loved ones receive a Health Maintenance Screening benefit of \$50 once per calendar year when visiting the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram –that typically cost you nothing under your medical insurance.
- **Receive additional benefits.** If you are diagnosed with a covered illness again after a treatment-free period of 6 months, you will receive 100 percent of the original benefit amount. If you are diagnosed with a different and subsequent covered illness after the diagnosis of the first critical illness, you will receive an additional Critical Illness insurance benefit.

COVERED CONDITIONS

Receive 100 percent of your coverage amount for:

- Heart Attack
- Stroke
- Cancer (cancer that has spread beyond initial tissue)
- End stage renal (kidney) failure
- Major organ failure
- Coma
- Paralysis of two or more limbs
- Loss of sight
- Occupational HIV
- Occupational Hepatitis

Receive 25 percent of your coverage amount for:

- Severe coronary artery disease with recommendation for bypass
- Cancer that has not spread beyond initial tissue, also known as Carcinoma in situ

CRITICAL ILLNESS BENEFITS PAID TO YOU	BENEFIT AMOUNT
Covered Conditions	Coverage Percentage or Flat Amount
Cancer	100%
Carcinoma In Situ (non-invasive cancer)	25%
End-stage Renal (Kidney) Failure	100%
Major Organ Failure	100%
Myocardial Infarction (Heart Attack)	100%
Severe Coronary Artery Disease with Recommendation of Bypass	25%
Stroke	100%
Coma	100%
Paralysis	100%
Loss of Sight	100%
Occupational Hepatitis	100%
Occupational HIV	100%
21 Childhood Diseases	100%
Additional Occurrence Benefit - Separation Period	None
Coverage Amount: Employee	\$10,000 to \$30,000 in increments of \$10,000
Coverage Amount: Spouse	\$5,000 to \$15,000 in increments of \$5,000
Coverage Amount: Child (at no additional charge)	50% of the Employee Account
Rates	Attained Age, Unisex, Blended
Guarantee Issue (Employee)	\$30,000
Guarantee Issue (Spouse)	\$15,000
Annual Open Enrollment	Included
Pre-existing Condition	None
Annual Health Screening Benefit	\$50 per insured per calendar year
Portability	Included
Reoccurrence	100%
Reoccurrence Treatment-Free Period	6-month

Hospital Indemnity Insurance

This coverage helps with personal expenses resulting from hospitalization due to childbirth, illness, or injury, providing direct payment to you or your covered family member instead of medical providers. It offers flexibility in using benefits for various costs like deductibles and copays. It can extend to cover children and a spouse if desired and includes the benefit of premium waivers for hospital stays exceeding 30 days. This is in addition to your regular medical plan.

Keep your finances on track when you're in the hospital.

1

You're admitted to the hospital.

Your health insurance covers many costs of your stay and treatment. But you still have a lot of expenses, including deductibles, copays, and other costs you couldn't predict.

2

We send you a check.

The Standard will send a check directly to you – not to your medical providers – upon approval of your claim. You decide how you spend the money.

3

You focus on recovering.

With The Standard helping you handle the costs of your hospital stay, you get to concentrate on what matters most – your health.

Here's what it would cost you:

COVERAGE FOR...	MONTHLY PREMIUM
You	\$17.85
You and your spouse	\$30.36
You and your children	\$25.71
You, your spouse and your children	\$45.44

Here's what it covers:

BENEFITS PAID TO YOU	BENEFIT AMOUNT
Hospital Admission ¹	\$1,000 Maximum 1 per calendar year
Daily Hospital Confinement ¹	\$250 per day Maximum 15 days per stay
Daily Critical Care Unit Confinement ^{1,2}	\$250 per day Maximum 15 days per stay

¹ Defined as a stay for at least 20 consecutive hours in a hospital setting.

² Payable in addition to the Hospital Admission and Daily Hospital Confinement benefit you may be eligible to receive.

Additional Benefits

Waiver of Premium – Premium waived if you are confined to a hospital for more than 30 days.

Health Maintenance Screening Benefit – Pays a \$50 benefit once per calendar year when you or your dependents go to the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram.

HOSPITAL INDEMNITY BENEFITS PAID TO YOU	BENEFIT AMOUNT
Hospital Confinement Benefit	\$250/Day
Number of Covered Days per Hospital Confinement	15 Days
Hospital Admission	\$1,000/Calendar Year
Critical Care Unit (CCU) Confinement Pays in addition to Hospital Confinement Benefit	\$250/Day
Number of Covered Days per CCU Confinement	15 Days
Annual Health Screening Benefit	\$50
Annual Open Enrollment	Included
Pre-existing Limitation	None



Dental Coverage

SMU's Dental Plan is administered by BlueCross BlueShield of Texas (BCBSTX). The Dental Preferred Provider Organization (DPPO) allows you to visit any dentist, without referrals, for all of your dental care. If you use a BlueCare® in-network dentist, you will generally pay less for your care.

If you choose a dentist outside of the BlueCare® network, your share of costs will be higher and you may need to file your own claims.

You will receive a BCBSTX ID Card, which you must present at the time you receive services. If you also enroll in the SMU Medical Plan, you will have one BCBSTX ID card which you will use for medical services, prescription medications, and dental services.

DENTAL PLAN SUMMARY	
Lifetime Preventive Care Deductible	
Per Person	\$50
Annual Basic/Major Services Deductible	
Per Person	\$75
Orthodontic Lifetime Deductible	
Per Child	\$100
Services	
Preventive Care Services (Exam and cleanings twice a year)	The plan pays 100% (after Preventive Care deductible)
Basic Services	The plan pays 80%* up to Annual Benefit Maximum
Major Services Includes Implants	The plan pays 50%* up to Annual Benefit Maximum
Orthodontic Services Children Only (to age 20)	The plan pays 50%* up to a lifetime maximum of \$1,800 per child
Office Visit Copay	None
Annual Benefit Maximum	
Per Person	\$1,800

*After Deductible

Vision Coverage

SMU's Vision Plan is administered by **VSP**. The plan offers access to a large network of participating optometrists and ophthalmologists plus several retail chains. Your benefits include annual eye exams and coverage for lenses, frames and contact lenses.

The Vision Plan is designed to cover eye care needs that are visually necessary. You may have to pay extra if you choose certain cosmetic or elective eyewear options. Before selecting your eyewear, ask your provider what items are fully covered by the plan.

VISION PLAN SUMMARY			
Service	Frequency	In-Network Benefits	Out-of-Network Benefits
Exam	Once per calendar year	100% after \$10 copay	\$45
Prescription Eyewear	Choose glasses or contacts – You cannot receive both in the same service period.		
Lenses	Once per calendar year	100% after \$15 copay (applies to lenses and frames)	
Frames OR Contact Lenses	Once every other calendar year	Up to \$130 retail Up to \$130 allowance	Up to \$45 retail Up to \$105 allowance

Note: The frequency allowances shown above are based on a calendar-year period.

- VSP Retailers include Costco, Visionworks, Pearl Vision and Texas State Optical
- VSP also offers discounts for LASIK surgery if you use a participating in-network eye doctor
- Take advantage of the VSP Essential Medical Eye Care Program which offers a retinal screening for members with diabetes

For details on vision coverage – or a list of network providers – go to smu.vspforme.com or contact VSP Member Services at 1-800-877-7195.

When you schedule an appointment, ask the office staff to confirm the provider is still in the VSP network.

To print a Member Reference Card, visit smu.vspforme.com.

Health Savings Account (HSA)

If you enroll in either the \$3,200 or \$5,000 High Deductible Health Plan (HDHP), you should also take advantage of a special tax-savings feature called a Health Savings Account (HSA). The HSA, which is administered by BenefitWallet, is a tax-free bank account you use to help pay the cost of eligible health care expenses.

- **This is an important feature since neither the \$3,200 nor the \$5,000 HDHP pay any benefits, with the exception of preventive care services, until you satisfy your deductible.**

You can keep your HSA if you change health plans or jobs, become unemployed, move to a different geographic area or change your marital status.

You make contributions to your account via pretax payroll deductions, reducing your taxable income. You can use the HSA to pay for qualified health care expenses, such as:

- Expenses applied to your HDHP deductible
- Amounts above reasonable and customary charges for out-of-network services
- Dental and vision expenses not covered by your dental and vision plan

Who Is Eligible?

In order to participate in a HSA, you:

- must be enrolled in the \$3,200 or \$5,000 HDHP
- cannot be covered by any other health plan that is not a HDHP
- cannot be currently enrolled in Medicare or Tricare
- cannot have received medical benefits through the Department of Veterans Affairs (VA) during the preceding 3 months
- cannot be claimed as a dependent on another person's tax return

Even if you do not contribute to the HSA, you cannot contribute to SMU's Health Care FSA if you are enrolled in either the \$3,200 or \$5,000 HDHP.

HSA Contribution Limits

For 2024, you can contribute up to a maximum of \$4,150 for an individual or up to \$8,300 for a family. **If you are age 55 or older, you can contribute an additional \$1,000.** Your contributions are deducted from your paycheck on a pretax basis, reducing in your taxable income. The money is placed in an account, where it earns interest after you contribute a certain amount. The money in your HSA is always yours to keep.

HSA Fees: SMU pays the monthly account fee on behalf of active employees contributing to the HSA with BenefitWallet. Other fees are the responsibility of the HSA participant.

How to Set Up Your Account

If you elect the SMU \$3,200 or \$5,000 HDHP with the HSA, SMU will provide Benefit Wallet with information needed in order to automatically open your Health Savings Account. Once your account is opened, you will receive a Welcome Kit from Benefit Wallet. Your Health Savings Account contribution elections will post to your account after each pay period.

- After your account is open, you will be issued a debit card in your name. You may order an additional card, free of charge, for your spouse or tax dependent child on the BenefitWallet website. Cards in addition to the first two are assessed a fee of \$5.
- If you would like your out-of-pocket expenses, including the deductible, to be automatically debited from your HSA, contact BenefitWallet at 1-877-635-5472 to sign up for auto-adjudication.

What is the Patriot Act/CIP Process?

The identity of all HSA accountholders must be confirmed under the requirements of the Patriot Act using what is called a CIP (Customer Identification Program) process. Your name, U.S. residential address, date of birth and SSN are validated. If HSA Bank is unable to validate any of this information, they will send you a letter requesting you provide additional identification. If the additional identification is not received within 60 days, your HSA account will be closed and any remaining balance in the account will be returned to you. This distribution will be reported on the IRS Form 1099-SA (which will be mailed to you the January following the account closure).

If You Have Money Left at Year-End

Any money left in your account at the end of the year remains there. You can use it to help pay your qualified health care expenses in future years. If you leave SMU, you take your HSA with you. There are no “use it or lose it” rules with HSAs.

For More Information

If you have questions about the HSA or want to take advantage of BenefitWallet’s online customer service tools, visit the BenefitWallet website at www.mybenefitwallet.com.

In case of a tax audit by the IRS, it’s important to save your receipts for all health care expenses you’ve paid out of your HSA.

Visit smu.edu/hr > Benefits and Wellness > Health and Other Benefits > Spending Accounts > Health Savings Account

Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs), administered by WEX, enable you to pay for qualified expenses on a pretax basis.

If you enroll, you choose an annual amount you want to contribute. Your contributions are deducted each pay period and deposited in your account. Since this money is deducted from your paycheck on a pretax basis, you reduce your taxable income.

For more details regarding eligible expenses, visit <https://www.wexinc.com/insights/benefits-toolkit/eligible-expenses/>.

Health Care FSA

The Health Care FSA is used to pay for eligible out-of-pocket health expenses. The maximum amount you can contribute to the Health Care FSA is **\$3,050** per employee. The plan includes a special rollover feature which allows up to \$610 of your unused 2024 Health Care FSA balance to roll over into your 2024 Health Care FSA. Please keep this in mind while making your 2024 benefit elections. Any eligible rollover balance will automatically post to your account after the March 31st run-out period (the deadline to submit eligible expenses you previously incurred).

Dependent Care FSA

The Dependent Care FSA is used to pay for eligible day care expenses for a dependent that lives with you and is under age 13 (or disabled and any age). You must claim this person as a dependent on your income tax return. If you are married and file a joint return, or you file a single or head of household return, the annual contribution limit is **\$5,000**. If you are married and file separate returns, you can each elect **\$2,500** for the calendar year. To qualify for a Dependent Care FSA, it is not a requirement that both you and your spouse are employed. However, reimbursements from your Dependent Care FSA cannot exceed the lower of your or your spouse's (if married) earned income.

FSA or Tax Credit?

A child-care tax credit is available on your federal income tax return. Expenses you pay through the Dependent Care FSA reduce the tax credit you may claim. If you earn less than \$25,000, you may benefit more by using the tax credit. Ask a tax advisor which is better for you.

You can roll over up to \$610 of your unused 2023 Health Care FSA balance into 2024. Any additional Health Care FSA amounts, as well as any unspent Dependent Care FSA balance will be forfeited per the Internal Revenue Service's "use it or lose it" rule for these accounts.

Additionally, if you have an unused 2023 Health Care FSA balance that rolls over into 2024, you will be ineligible to contribute to a Health Savings Account in 2024 if you switch to the \$3,200 or \$5,000 HDHP in 2024.

Keep in mind, if you enroll in the \$3,200 or \$5,000 HDHP, you cannot contribute to the SMU Health Care FSA.

Why Bother With an HSA or FSA?

Reduce Your Taxable Income and Save!

Let's say you and your family average \$2,000 a year in out-of-pocket health care expenses (medical, prescription, dental and vision expenses) that your SMU health plans don't fully cover (copays, deductibles, and coinsurance).

- **If you enroll in the \$2,000 Deductible PPO**, contribute \$2,000 (or more) to the Health Care FSA to reimburse yourself for the \$2,000 estimated out-of-pocket expense. You need to be careful about how much you contribute to the FSA since any Health Care FSA funds over \$610 remaining in your account at the end of the year are forfeited and do NOT rollover to future years. The maximum annual Health Care FSA contribution is \$3,050.
- **If you enroll in the \$3,200 or \$5,000 HDHP**, contribute \$2,000 (or more) to the Health Savings Account (HSA) to reimburse yourself for the \$2,000 estimated out-of-pocket expense. Any HSA funds remaining in your account at the end of the year will rollover from year-to-year to help pay for future eligible expenses. The maximum annual HSA contribution is \$4,150 for an individual and \$8,300 for family coverage, plus an additional \$1,000 if you are age 55 or older.

	No FSA or HSA Contribution	Health Care FSA Contribution	HSA Contribution
Monthly Income*	\$3,917	\$3,917	\$3,917
Monthly Contribution Pretax Deduction	No Contribution	\$167	\$167
Monthly Taxable Income Less FSA/HSA Contribution	\$3,917	\$3,750	\$3,750
Monthly Federal Income & Social Security Tax**	\$1,279	\$1,224	\$1,224
Monthly Remaining Income	\$2,638	\$2,526	\$2,526
Monthly Tax Savings	\$0	(\$55)	(\$55)
Annual Tax Savings	\$0	(\$660)	(\$660)

* Assumes \$47,000 annual salary.

** Assumes 25% tax bracket and 7.65% FICA tax (SS & Medicare).

- By using pretax dollars to pay for eligible health care expenses, the *Health Care FSA or the HSA allows you to save \$55 a month (\$660 a year) that you would otherwise pay in taxes!*
- HSAs offer three separate tax savings benefits: pre-tax contributions, tax-free interest and investment earnings, and tax-free payments for qualified medical expenses. Thus, if used for qualified medical expenses, these dollars are never taxed! FSAs offer two tax savings benefits: pre-tax contributions and tax-free payments for qualified medical expenses. Just remember all HSA dollars rollover to the next year, but FSA dollars generally must be used by the end of the calendar year as any Health Care FSA balance over \$610 is forfeited and does NOT rollover to future years.

Life/AD&D Insurance

Basic Group Life Insurance

SMU provides Basic Group Life Insurance for all eligible employees at no cost to you. The Standard administers this policy, which is designed to provide financial protection to your beneficiaries in the event of your death.

The Group Life Insurance benefit provides emergency travel assistance services. Key benefits include: emergency medical and personal assistance while traveling more than 100 miles away from home and immediate access to doctors, hospitals, pharmacies and certain other services in a medical-related emergency – 24 hours a day, 365 days a year.

BASIC GROUP LIFE INSURANCE		
For...	Coverage	Paid By
Employee	1.5 times your annual base salary up to a \$750,000 maximum	SMU
Post-Doctoral Fellow	\$10,000	SMU

Supplemental Group Life Insurance

You may purchase Supplemental Group Life Insurance for yourself, your spouse and your dependent children. You may only elect coverage for your spouse and dependent children if you choose Supplemental coverage for yourself. You pay the cost of Supplemental Group Life Insurance through payroll deductions on a post-tax basis. **Premium rates can be found by visiting the link below.**

SUPPLEMENTAL LIFE				
	Minimum	Incremental Unit	Guarantee Issue Amount	Maximum
Employee	1x Annual Base Rate	1x Annual Base Rate	\$500,000	5x Annual Base Rate*
Spouse	Lesser of \$50,000 or 1x Annual Base Rate			
Child(ren)	\$10,000			

* or \$750,000, whichever is less

Note: Amounts of coverage elected above the Guarantee Issue amount are subject to medical underwriting approval. To submit a medical history statement online, visit: http://www.standard.com/mybenefits/mhs_ho.html.

IMPORTANT: There is an age reduction provision that applies to both the Basic Life and Supplemental Life Insurance policies beginning at age 65.

Visit smu.edu/hr > Benefits and Wellness > Health and Other Benefits > Life/Disability > Supplemental Life Insurance

AD&D Insurance

You can purchase Individual or Family Accidental Death & Dismemberment (AD&D) Insurance for yourself, your spouse, and your dependent children. This policy is also administered by The Standard. You pay for the cost of AD&D insurance through payroll deductions on a pretax basis.

- You may purchase Individual or Family AD&D insurance in \$10,000 increments, up to \$500,000 maximum.
- The coverage amount that you elect is referred to as the Principal Sum.
- If you elect Family coverage, your spouse is covered for 60% of your Principal Sum and each child is covered for 20% of your Principal Sum up to the \$25,000 maximum per child.

The benefit amount your dependents receive if you die or are injured as a result of an accident, or the amount you receive if your dependents die or become injured as a result of an accident, varies according to the type of loss and the amount of coverage you selected.

You are automatically the beneficiary for any dependent AD&D coverage you elect.

Beneficiary Designation

You **MUST** designate a beneficiary for your Basic and Supplemental Group Life Insurance and AD&D Insurance when you elect coverage. Your beneficiary is the person (or people, estate, trust, etc.) who will receive your Life and/or AD&D insurance benefits if you die.

- You may change your beneficiary at any time via The Standard's Online Beneficiary Designation System at www.standard.com/bendes/. **You will need the Company Key: standardbendes.** If you do not name a beneficiary, or if your beneficiary dies before you, benefits will be paid to your estate.

IMPORTANT: There is an age reduction provision that applies to the Voluntary AD&D Insurance policies beginning at age 75.



Visit smu.edu/hr > Benefits and Wellness > Health and Other Benefits > Life & Disability > Accidental Death & Dismemberment Insurance

Long-Term Disability Insurance

Long-Term Disability

All full-time benefits-eligible staff and faculty are automatically covered under SMU's Long-Term Disability Plan after three months of employment. The cost of this benefit is paid entirely by SMU.

If you are eligible and you become totally and permanently disabled for 90 days, you will receive monthly income equal to 60% of your basic annual earnings, up to a maximum of \$15,000 per month. Your monthly LTD benefit will be reduced by Social Security and any other disability income you may be eligible to receive (such as Workers' Compensation).





403(b) Retirement Plan

The SMU 403(b) Retirement Plan, administered by Transamerica, is designed to help you save for your retirement years.

- If you are a full-time or part-time (20+ hours/week) benefits-eligible employee, you may enroll in the SMU Retirement Plan as early as age 21.
- If you contribute 5% of your base salary on a pretax basis, you will receive SMU matching contributions. ***If you contribute less than 5%, you will not be eligible for matching contributions.***
- Participation (5% pretax contribution) is required as a condition of employment for full-time employees age 36 or older.

You are not eligible for SMU's matching contribution if you are a temporary employee, post-doctoral fellow or adjunct professor.

Contributions to the Plan

If you contribute 5% of your base salary on a pretax basis, SMU will contribute 8% of your base salary until you reach age 41. SMU begins contributing 10% of your base salary the month following your 41st birthday. You may make additional pretax and/or after tax (ROTH) unmatched contributions up to IRS limits.

- SMU matching contributions vest after three years of employment.

Beneficiary Designations

It is important that you sign into your Transamerica account and designate your beneficiaries and update your designations as needed.

SMU's On-site Retirement Planning Consultant

SMU's Transamerica Retirement Planning Consultant is Todd Hutson. Todd is available on campus Monday – Friday to discuss your retirement planning needs, investment allocation, automatic contribution increases, and any questions you have regarding your account. Visit the HR web page below for Todd's contact information.

The maximum amount you can contribute to your 403(b) account on a pretax basis is determined by the IRS and changes each year.

IMPORTANT: It is your responsibility to ensure that applicable IRS maximums are not exceeded.

Visit smu.edu/hr > Retirement Programs > 403(b) Retirement Plan

Emeriti Health Account

To help you save for your health care needs during retirement, SMU offers the Emeriti Health Account. This Health Account offers a tax-advantaged way to invest and accumulate assets to pay for health insurance premiums and other eligible health care expenses in retirement.

The investment fund choices and administrative services for these accounts are administered by TIAA. The Emeriti Health Account is separate from the SMU 403(b) Retirement Plan.

Here's an overview of the Emeriti Health Account:

If you are a full-time employee age 40 or older:

- **You will automatically be enrolled in an Emeriti Health Account and will contribute \$93.64 per month via pretax payroll deductions (prorated depending on your pay schedule).** SMU will also make a \$90.04 monthly contribution on your behalf. Contributions for employees paid bi-weekly or less than 12 months during the calendar year will be prorated accordingly.
- Your contributions and SMU's contributions increase 4% each year.
- When you are enrolled, you choose how to invest your contributions with TIAA.
- SMU will stop contributions to participant's accounts after 25 years (or upon termination of employment or death, if earlier).

Employees enrolled in the program since 2008 will have projected assets of:

- \$6,821.87 in five years
- \$15,831.74 in ten years
- \$27,577.56 in fifteen years

Calculations assume a 2% return on investment.

If you are a full-time employee less than age 40:

- You can enroll in and make unmatched voluntary, after-tax contributions to an Emeriti Health Account.
- Once you reach age 40, you will begin contributing on a pretax basis and SMU will begin making contributions on your behalf.

Once you leave SMU, you can begin using the funds in your Emeriti Health Account to pay for eligible medical premiums and out-of-pocket expenses for you and your qualified dependents.

You are not eligible to participate in the Emeriti Health Account if you are a:

- Part-time employee (working less than 35 hours/week)
- Post-Doctoral Fellow
- Adjunct professor

How does the vesting provision work?

Your contributions vest immediately. SMU contributions vest after completion of seven years of SMU employment.

Visit smu.edu/hr > Retirement Plans > Emeriti Health Account

Group Legal and Identity Protection

LegalGUARD Plan

The LegalGUARD Plan is administered by LegalEASE and underwritten by Nationwide. The plan provides access to quality legal services and protection from the high cost of legal fees.

Finding the right type of attorney when a need arises can be one of the more stressful tasks when dealing with a legal matter. LegalEASE uses experience and relationships with their network attorneys to connect you with the right type of attorney, in the right location.

- LegalGUARD - **\$17.90 per month**
- Covers employee, spouse, and unmarried dependent children until age 19 (or age 25 if full-time student).
- Covers attorney fees, up to plan limits, for numerous legal needs, including:
 - » **Home:** Purchase, sale, refinancing, tenant dispute
 - » **Family:** Divorce, adoption, name change
 - » **Consumer:** Warranty, cell phone contract, bank fees, small claims court
 - » **Estate Planning:** Will, living will, power of attorney
 - » **Financial:** Debt, bankruptcy, foreclosure, tax audit
 - » **Criminal:** Serious traffic matter, misdemeanor offense

Allstate Identity Protection (AIP)

The AIP is administered by Allstate. The plan provides a comprehensive and proactive defense against identity theft, with a focus on identity monitoring. AIP is capable of identifying anomalies indicative of fraudulent behavior up to 90 days sooner than credit monitoring. AIP is also paid via SMU payroll deductions.

- AIP **Individual Plan – \$8.45 per month**
- AIP **Family Plan – \$12.95 per month**
- The Family Plan covers employee, spouse, and up to three dependent children.
- Monitors data elements from sources such as credit cards, wireless accounts, retail credit accounts/mortgage loans, check/check reorders, utility accounts, and change of address requests.
- Provides comprehensive identity restoration services.
- \$25,000 identity fraud reimbursement policy underwritten by Travelers Insurance.

Tuition Benefits Program

Southern Methodist University offers tuition benefits to full-time benefits-eligible faculty and staff, their spouse, and their dependent children.

Individuals participating in the Tuition Benefits Program must meet all standard requirements for admission to the University and be admitted to the University in a credit-bearing, degree-granting program.

Employee as Student

Full-time benefits-eligible faculty and staff members are eligible beginning the first new term following their date of hire and acceptance into an academic program. The plan covers 100% of tuition and waives the general student fee for part-time undergraduate or graduate study for academic credit. The plan will cover up to 18 academic hours each academic year.

Spouse as Student

A spouse will be eligible for Tuition Benefits the first full term following the employee's full-time hire date. The plan covers 63% of tuition for **one** undergraduate or graduate degree.

Dependent as Student

A dependent child will be eligible beginning the first full term following the first anniversary of the employee's full-time employment. Dependents must meet all standard requirements for undergraduate admission to the University, and be admitted to the University in a credit-bearing, degree-granting program, unless attending SMU credit bearing courses to obtain credit while enrolled in an undergraduate degree-granting program at another accredited institution of higher education. The plan covers 100% of tuition for **one** undergraduate degree.

Note: Tuition Benefits paid for **graduate** degrees are taxable. However, there is an annual IRS exclusion for the first \$5,250 of Tuition Benefits each **calendar** year.



Tuition Exchange Program

SMU is a member institution of the Tuition Exchange (TE), a reciprocal tuition award program opportunity for the dependent children of eligible faculty and staff at all TE member colleges and universities. There are currently more than 670 member institutions participating in the program.

Visit the TE website for a list of member institutions and resources for prospective applicants and families.
<https://www.tuitionexchange.org/>

A dependent child will be eligible to apply beginning the first full term following the first anniversary of the employee's full-time employment.

Program Guidelines

- Tuition Exchange (TE) Awards are granted to Dependent Children seeking an undergraduate degree and are awarded based on policies set by each member school.
- Tuition awards are renewed each year depending upon continued parental benefit eligibility.
- TE Award is competitive and space is limited. SMU cannot guarantee a dependent will receive a TE award or admission into another institution.
- TE awards are offered based on policies set forth by each member institution and have a maximum tuition award.

There are multiple steps to the TE process. Please ensure you begin your application process early.

To apply:

Step 1: Submit a TE online application on the Tuition Exchange website. Select "Southern Methodist University" as your current school employer. Once you click submit, the completed application goes to the TE Liaison Officer for certification of eligibility.

Step 2: Once eligibility is confirmed, the TE application is certified and sent to the applicant's selected schools for consideration.

Step 3: Student must ALSO apply for admission to the participating school of interest according to the school's published application deadlines and other requirements.



Employee Assistance Program

The Employee Assistance Program (EAP) is designed to provide confidential counseling and referral services for all full-time and part-time faculty/staff members and their eligible dependents. This program is administered by Magellan Health Services.

SMU pays the full cost of providing the EAP. No employee contributions are required for this program.

What Benefits Are Available

The EAP offers counseling and referrals for help with situations such as work stress, family issues, legal issues, financial problems, alcohol or drug dependency or abuse, and mental health services.

- All faculty and staff, as well as their dependents, are eligible for up to five (5) face-to-face counseling visits per year through the EAP – at no cost.
- If further counseling is needed, an outside resource will be recommended by Magellan based on the issue you need assistance with and your ability to pay.
- The cost of additional visits may be covered under your medical plan.
- Digital emotional wellness tools include self-guided programs for mental health, grief and loss, conflict management and more.
- Define and achieve your goals with the support of Lifestyle Coaching which helps with personal improvement, healthy eating, weight loss and more.
- Get expert help for financial wellness, legal services and identity theft resolution.

How to Use the EAP

To use the EAP, call the toll-free number to obtain access to:

- Free telephone assistance provided by licensed professional counselors.
- Consultation and assessment with a licensed professional counselor who may refer you to another resource for further treatment.

The Employee Assistance Program (EAP) is a confidential service available to you and your immediate family members 24 hours a day.

To reach the EAP, call Magellan Services toll-free at: 1-877-704-5696
or visit www.MagellanAscend.com.

Caregiving Support

When you're stressed or anxious about taking care of a loved one, Cariloop's Care Coaches support you with the research, questions and next steps it takes to feel confident in your loved one's care.

Cariloop pairs you with a dedicated Care Coach on a secure online portal. Cariloop's Care Coaches are licensed/certified health care professionals and are equipped to support you as you care for a loved one of any age — from pediatrics to elder care. They are available to speak with you about challenges such as:

- Understanding diagnoses like ADHD, Alzheimer's, Anxiety, Autism, Cancer, Down Syndrome, Parkinson's, etc.
- Finding the right type of doctor or specialist for a loved one
- Understanding how to pay for a loved one's care
- Filling out important legal caregiving documents (wills, POAs, DNRs, etc.)
- Understanding a loved one's Medicare, Medicaid or VA benefits
- Finding appropriate care providers (Skilled Nursing, Behavioral Health Programs, Rehab, Home Health, Hospice, etc.)
- Managing family dynamics related to your loved one's care
- Help parents (legal guardians) research and vet daycares, nannies, summer programs, etc. for their children
- Navigating educational needs (finding tutors, special education needs, IEP's, 504 evaluations, college prep, trade programs/armed forces and more)

Whether you're managing a loved one's finances, coordinating his or her medical care, offering long-distance support, worried about your loved one's future well-being, or new this year, guidance with educational needs, a Cariloop Care Coach will walk with you through the whole process and make sure you don't face the challenges of caregiving alone.

Caregiver support is provided by Cariloop to all benefits eligible SMU employees at no cost.

To connect with a Care Coach today and learn more:

- Connect with your very own Care Coach now at cariloop.com/smu
- Email helpme@cariloop.com any time.



Visit smu.edu/hr > Benefits and Wellness > Health and Other Benefits > Affiliated Programs > Caregiving Support Program

Leave and Paid Time Off

Parental Leave

Employees who have been with SMU for at least one year are eligible for parental leave. The University will provide paid Child Birth and Parental Leave to a benefits-eligible staff employee in connection with the birth and/or care of a child. Female staff who give birth are eligible a total of six (6) weeks (thirty (30) consecutive working days) per calendar year of paid Child Birth Leave to give birth and recover from child birth. Staff members, both male and female, who have already taken and received Child Birth Leave or who do not qualify for Child Birth Leave, are eligible for up to two (2) consecutive weeks (ten (10) consecutive working days) per calendar year of paid Parental Leave to bond with and care for their newborn child. See SMU policy 7.17 for additional information.

Adoption Leave

Employees who have been with SMU for at least one year and adopt a child 24 months of age or younger are eligible to receive up to three weeks (15 consecutive working days) of paid leave.

- Medical and vacation days will continue to accrue while on approved Adoption Leave. To request Adoption Leave, complete and submit the Staff Leave of Absence Form. For more information on Adoption Leave, please see Policy 7.17, Staff Childbirth, Parental, & Adoption Leave.

Staff Bereavement Leave

The University provides up to three days of paid bereavement leave for benefits-eligible staff employees in the event of the death of a family member.

- For additional information please visit smu.edu/hr and refer to section 7.18 of the SMU Policy Manual.

Paid Time Off

SMU provides a competitive paid time off program, which includes official holidays and accrued vacation time.

Floating Holiday for Staff

SMU staff also receive one floating holiday per year that must be used by the end of each fiscal year (May 31). New employees hired after the start of the fiscal year (June 1) will not receive a floating holiday until the following fiscal year. Floating holidays must be used and cannot be accrued.

Official Holidays

SMU generally observes the following holidays each year:

- Independence Day
- Labor Day
- Thanksgiving Day
- Friday After Thanksgiving
- Christmas Break (actual number of days varies each year)
- New Year's Day
- Martin Luther King, Jr.'s Birthday
- Good Friday
- Memorial Day
- Floating Holiday

Note: Part-time staff are paid if they are scheduled to work on a holiday.

The schedule of holidays is issued each Spring for the following University fiscal year (June – May).

Vacation

Benefits-eligible staff members accrue vacation time according to scheduled hours and job classification, beginning on the first day of employment. **After 90 days of continuous benefits-eligible service**, you can begin using your accrued vacation time with the approval of your supervisor.

IF YOU WERE HIRED BEFORE JUNE 1, 1995		
Job Classification	Accrual Period	Annual Vacation
Group I		
Principal Administrative Officers – 50	From date of eligibility	22 days
	At end of 10 years	30 days
Group II		
12 and higher	From date of eligibility	15 days
	At end of 10 years	20 days
Group III		
All pay grades not included in Group I and II	From date of eligibility	10 days
	At end of 5 years	15 days
	At end of 15 years	20 days

The number of vacation hours you have accrued is shown on your paycheck, which can be viewed online via my.SMU.edu Employee Self Service. You may accumulate up to two times the amount of time you're eligible to accrue in a year.

IF YOU WERE HIRED ON OR AFTER JUNE 1, 1995		
Job Classification	Accrual Period	Annual Vacation
Group IV		
All employees not included in Group V below	From date of eligibility	10 days
	At end of 5 years	15 days
	At end of 15 years	20 days
Group V		
Principal Administrative Officers, Senior Administrative and Professional Staff	From date of eligibility	15 days
	At end of 5 years	20 days

If You Leave SMU

If you have been employed by SMU for at least one year and you terminate employment with unused vacation days, you will be paid as follows provided all time has been reported and approved and you paid any monies due to SMU:

- If you were hired before June 1, 1995, unused accrued vacation days paid at termination may not exceed the allowance for one year.
- If you were hired on or after June 1, 1995, unused accrued vacation days paid at termination may not exceed 10 days.

Contact Information

The following list of contacts, telephone numbers and website addresses may be helpful throughout the plan year.

Coverage	Administrator	Phone/Website/Email
SMU Benefits Department	N/A	214-768-3311 benefitsu@smu.edu www.smu.edu/hr
Medical Plans	BlueCross BlueShield of Texas	1-877-768-2005 www.bcbstx.com
Prescription Drug Plan	Prime Therapeutics	1-877-768-2005 www.myprime.com
Concierge Service/Price Transparency	Alight	1-800-513-1667 member.alight.com
Supplemental Health Plan (Accident, Critical Illness, Hospital Indemnity)	The Standard	1-800-378-2389 www.standard.com
Dental Plan	BlueCross BlueShield of Texas	1-877-768-2005 www.bcbstx.com
Vision Plan	VSP	1-800-877-7195 smu.vspforme.com
Health Savings Account (HSA)	BenefitWallet	1-877-635-5472 www.mybenefitwallet.com
Flexible Spending Accounts (FSAs)	WEX	1-866-451-3399 www.wexinc.com
Supplemental Life, AD&D and Long-Term Disability	The Standard	1-800-378-2389 www.thestandard.com
403(b) Retirement Plan	Transamerica	1-800-755-5801 smu.trsretire.com
LegalGUARD Plan	LegalEASE	1-800-248-9000
Allstate Identity Protection	Allstate	1-800-789-2720
Employee Assistance Program (EAP)	Magellan Health Services	1-877-704-5696 www.MagellanAscend.com
Caregiving Support	Cariloop	972-325-5836 helpme@cariloop.com
Emeriti Health Account	TIAA	1-866-363-7484 www.myemeritibenefits.org
Tuition Benefits	SMU Human Resources	tuitionbenefits@smu.edu

The background of the image is a large, stylized 'S' shape. The top part of the 'S' is white, the middle part is red, and the bottom part is blue. The 'S' is formed by two diagonal lines meeting at a point in the center.

SMU[®]