

SMU BENEFITS GUIDE 2014 – COBRA



TABLE OF CONTENTS

OUR BENEFITS PROGRAM	1
BENEFITS OPTIONS AT A GLANCE.....	1
ENROLLMENT INSTRUCTIONS	1
PAYING FOR BENEFITS.....	2
WHO IS ELIGIBLE.....	2
CHANGING YOUR BENEFIT ELECTIONS	3
SUMMARY OF BENEFITS	
SMU's Preventive Care Benefits	4
Medical Coverage.....	5
How the HSA Works	10
Prescription Drug Coverage.....	12
Other Medical Information.....	15
Dental Coverage.....	16
Vision Coverage	17
PHONE NUMBERS, WEB ADDRESSES.....	18

Note: This guide provides you with a comprehensive overview of the SMU benefits program. However, more details on each of the plans, as well as direct links to our vendor websites, can be found on [Benefits U](http://smu.edu/hr/benefits) (<http://smu.edu/hr/benefits>).

This booklet highlights the main features of many of the benefit 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 benefit 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 benefits choices, SMU gives you several tools, including this *Benefits Guide* and SMU's Human Resources website (smu.edu/hr).

BENEFITS OPTIONS AT A GLANCE

Medical and Prescription Drug

- SMU Health and Wellness Plan
 - Medical Plan (administered by Blue Cross/Blue Shield of Texas)
 - \$1,000 Deductible PPO
 - \$2,000 Deductible PPO
 - \$2,500 Deductible PPO
 - \$5,000 Deductible PPO
 - Prescription Drug Plan (administered by Express Scripts)

Dental

- Dental Plan (administered by Blue Cross/Blue Shield of Texas)

Vision

- Vision Plan (administered by VSP)

ENROLLMENT INSTRUCTIONS

1. Review Your Benefits

Read this Guide thoroughly – it describes SMU's benefits options.

2. Consider Your Choices Carefully

After your enrollment period ends, you cannot change your benefit choices during the year unless you have a qualifying life event.

3. Enroll by Your Deadline

- You are only required to enroll if you want to make changes to your current coverage.
- To enroll, complete the enclosed enrollment form and mail it to SMU Benefits Department at the address indicated on the enrollment form.
- Your enrollment form must be postmarked no later than Wednesday, November 20, 2013.
- If you do NOT wish to make any changes, no action is required. Your 2013 elections will continue for the upcoming 2014 calendar year.

4. Follow-up!

- Be sure to check your first premium statement from BCBS to confirm that your premiums are correct. Report any discrepancies immediately to the SMU Benefits Department.

It's time to think about your benefit needs and enroll in the benefits that will meet those needs.

SMU offers a wide range of benefit options and the chance to make new decisions each year.

Enrollment Questions?

Contact the Benefits Department

**By phone at:
214-768-3311**

**Or by email at:
benefitsu@smu.edu**

BENEFITS COSTS

Cost of Coverage for 2014- COBRA

Coverage	Your Monthly Cost
\$1,000 Deductible PPO	
Employee Only	\$658.93
Employee + Spouse	\$1,449.63
Employee + Child(ren)	\$1,383.74
Family	\$2,108.56
\$2,000 Deductible PPO	
Employee Only	\$578.99
Employee + Spouse	\$1,273.79
Employee + Child(ren)	\$1,215.88
Family	\$1,852.78
\$2,500 Deductible PPO	
Employee Only	\$512.88
Employee + Spouse	\$1,128.33
Employee + Child(ren)	\$1,077.05
Family	\$1,641.22
\$5,000 Deductible PPO	
Employee Only	\$341.96
Employee + Spouse	\$752.29
Employee + Child(ren)	\$683.90
Family	\$1,094.25
Dental PPO Plan	
Employee Only	\$38.94
Employee + One	\$76.12
Family	\$105.15
Vision Plan	
Employee Only	\$6.06
Employee + One	\$12.12
Family	\$19.50

WHO IS ELIGIBLE

During open enrollment, may add dependents to your plan. Be aware that adding a dependent at open enrollment after you have elected COBRA coverage does not give the added dependent the rights of a qualified beneficiary. This means if another qualifying event occurs, the dependent you added during open enrollment will not be offered an extension of COBRA coverage. When you end your COBRA coverage, they do, too. **If you have any questions on a dependent child's eligibility for COBRA after their attainment of the maximum age, please contact Blue Cross/Blue Shield of Texas at 1-888-541-7107.**

Eligible dependents include your legal spouse or qualified domestic partner, and dependent children (including dependent children of a qualified domestic partner). "Children" are defined as your natural children, stepchildren, legally adopted children, and children under your legal guardianship.

- **Medical Plans:** Children until age 26 - even if the child no longer attends college, doesn't live with his/ her parents, is married, and/or is not a declared dependent.
- **Dental Plan:** Unmarried children until age 19 (or until age 25 if a full-time student).
- **Vision Plan:** Unmarried children until age 25 (regardless of student status).

QUALIFYING LIFE EVENTS

CHANGING YOUR BENEFIT ELECTIONS

The only opportunity you have to change your benefit choices is during annual Open Enrollment each year. Annual Open Enrollment typically occurs during the Fall of each year. Changes to your coverage will be made by completing an enrollment form and mailing the completed form to SMU's Human Resources Department.

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.

You must notify the Benefits Department of any qualifying life events as soon as possible and within 31 days. If you wait longer than 31 days, you will not be able to make any coverage changes until the next annual open enrollment, per IRS regulations.

Adding Dependents to Your Coverage

To add a new spouse, domestic partner, or child to your benefits coverage, you must notify the SMU Department of Human Resources within 31 days of the qualifying life event.

Medicaid/CHIP Special Enrollment Period

Effective April 1, 2009, the group health plans provided by SMU will include two additional special enrollment opportunities. These two new qualifying life events are when:

- 1) You (the COBRA participant) or your dependent's Medicaid or CHIP (Children's Health Insurance Program) coverage is terminated as a result of loss of eligibility; **or**
- 2) You (the COBRA participant) 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.

If you have a qualifying life event, you must contact the Department of Human Resources within 31 days of the date of the event.

You also must send in documentation with proof of the event (a marriage license, birth certificate, death certificate, etc.).

IMPORTANT NOTE: Newborns are NOT automatically added to your coverage under SMU's benefit plans. You must notify the Department of Human Resources within 31 days of the birth of your child.

SMU'S PREVENTIVE CARE BENEFITS

With more Americans than ever developing chronic conditions it is important that we do everything we can to prevent illness before it becomes serious. Many chronic diseases and conditions can be prevented through early detection. SMU offers comprehensive preventive care benefits as part of our Medical, Dental, and Vision plans. Provided below are some of the recommended guidelines for preventive care and screenings.

Preventive Medical Screenings Recommended for Men and Women

- Influenza vaccination each year.
- Cholesterol screening every 5 years, starting at age 21.
- Blood pressure screening every 2 years, starting at age 21.
- Weight screening every 1 - 3 years, starting at age 21.
- Initial colonoscopy at age 50 and one every 10 years thereafter.

Preventive Medical Screenings Recommended for Women

- Annual mammogram starting at age 40.
- Monthly breast self exams and an annual breast exam by your doctor if you are age 40 or older, and every one to three years if you are in your 20s and 30s.
- Annual Pap test if you are older than age 21 or have been sexually active.

Preventive Medical Screenings Recommended for Men

- Annual testicular exam if you are older than age 18.
- Initial clinical prostate exam (PSA) at age 50 and one every year thereafter

Preventive Dental Exams/Cleanings Recommended Annually for Adults and Children

- The Dental Plan covers 100% of the cost of dental exams and cleanings twice each year, after you have met a \$50 individual/\$150 family lifetime deductible, for you and each of your enrolled dependents.
- Clinical studies prove that people who practice poor dental hygiene – or develop gum disease - are at increased risk for heart disease, heart attack, stroke, and diabetes, compared to those who practice excellent dental hygiene.
- Dental hygiene not only affects your health, but for women who are pregnant, the health of the baby. If you are pregnant, be sure to discuss this issue with your healthcare provider.

Preventive Eye Exams Recommended Annually for Adults and Children

- The Vision Plan covers 100% of the cost of a complete eye exam each year after a \$10 copay if you use a network provider.
- Regardless of your age or physical health, it is important to have an eye exam each year. You should **never** skip eye exams - having great eyesight doesn't prevent the risk of eye disease. Glaucoma can cause irreversible blindness if undetected or discovered too late.
- For children, eye exams can play an important role in normal development. Children usually don't complain about vision problems simply because they don't know what "normal" vision feels like. If your child performs poorly at school or exhibits a reading or learning disability, be sure to have their eyes examined to rule out a vision problem.

SMU Health & Wellness BCBSTX PPO Plans

Covers 100% of the cost of in-network preventive annual physicals, health screenings and immunizations – for you and each of your enrolled dependents.

Coverage for in-network preventive mammograms, colonoscopies and prostate exams are also covered at 100%.

In-network preventive services are also never subject to the deductible or the office visit copay.

MEDICAL COVERAGE

SMU's Health and Wellness Plan, administered by Blue Cross/Blue Shield of Texas (BCBSTX), includes several deductible options. All of the plans cover a wide variety of medical services, including office visits, prescription drugs, and inpatient and outpatient care.

Preferred Provider Organization (PPO)

All of the SMU Health and Wellness PPO options allow you the freedom to choose either an in-network or out-of-network provider each time you need medical care.

Care received from in-network providers is paid at a lower cost to you, and you usually have no claims to file. If you choose to receive care from an out-of-network provider, care costs more and you may have to file a claim to receive reimbursement for covered expenses.

High Deductible PPO with Health Saving Account (HSA)

In addition to the other Health and Wellness PPOs, SMU offers two qualified High Deductible PPOs that offer a HSA feature. Here is a summary of how these plans work:

- If you enroll in either the \$2,500 or \$5,000 Deductible plans it is important that you also contribute an HSA for out-of-pocket health care expenses. You can contribute up to an annual maximum of \$3,300 for an individual and up to \$6,550 for a family.
- You make contributions to your HSA and you may use any HSA bank of your choice..
- You will pay 100% of your health care expenses (*see exception below), including prescription drugs, until you reach your annual deductible. You can use your HSA to reimburse yourself for these and other eligible out-of-pocket expenses.
- Once the deductible is satisfied, the \$2,500 Deductible PPO pays 100% of your eligible in-network expenses with the exception of prescription drug coinsurance and office visit copays. You continue to pay these copay and coinsurance amounts until you reach the out-of-pocket maximum.
- Once the deductible is satisfied the \$5,000 Deductible PPO pays 100% of all your eligible in-network expenses including prescription drugs and office visits for the remainder of the calendar year.
- In both the \$2,500 and \$5,000 Deductible PPOs, if you use out-of-network providers, the plan pays 60% after you have satisfied the out-of-network deductible (this does not include copays).
- If you have money left in your HSA at year-end, your money remains in your account to use for future eligible health care expenses. There is no "use it or lose it" rule with HSAs.

Exception: Preventive care services, such as annual physicals, health screenings and immunizations are covered by the plan 100%. In addition, the plan pays 100% of the cost of in-network, age-based preventive mammograms, colonoscopies, and prostate exams. In-network preventive care services are not subject to office visit copays or the deductible.

The next several pages summarize SMU's medical options. Please review these summaries carefully before making your medical plan selection. For more details, go to: [Benefits U – Health & Wellness PPO Plans.](#)

MEDICAL OPTION SUMMARIES

What You Pay

\$1,000 DEDUCTIBLE PPO

	In-Network	Out-of-Network
Annual Deductible		
Individual	\$1,000	\$2,000
Family	\$3,000	\$6,000
Annual Out-of-Pocket Maximum*		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Office Visit		
Primary Care	\$25 copay per visit Not subject to deductible	40% after deductible
Specialist	\$75 copay per visit Not subject to deductible	40% after deductible
Preventive Care		
100% coverage per member for routine physicals, medical screenings and immunizations. In addition, 100% coverage for In-Network Preventive mammograms, colonoscopies, and prostate exams. In-Network Preventive Care services are not subject to the deductible or office visit copay.		
Emergency Care		
Primary Physician Office	\$25 copay per visit	
Urgent Care Center	\$30 copay per visit	
Hospital		
• Physician Charges	20% after deductible	
• Facility Charges (within 48 hours)	\$300 copay, then 20% after deductible (copay waived if admitted)	
Other		
Chiropractic Services (up to 35 visits per calendar year)	20% after deductible	40% after deductible
Hospital Inpatient Care (<i>Precertification required, \$300 penalty for failure to preauthorize</i>)	20% after deductible	40% after deductible
Hospital Outpatient Care (<i>Precertification required</i>)	20% after deductible	40% after deductible
Home Health Care (up to 60 visits per calendar year)	20% after deductible	40% after deductible
Hospice Care (180 day lifetime maximum)	20% after deductible	40% after deductible
Mental Health/Substance Abuse Inpatient Care (Facility) (<i>Precertification required, \$300 penalty for failure to preauthorize</i>)	20% after deductible	40% after deductible
Mental Health/Substance Abuse Outpatient Care (Office Visit) (<i>Precertification required, \$300 penalty for failure to preauthorize</i>)	\$25 copay per visit (PCP) \$75 copay per visit (Specialist)	40% after deductible
Speech Therapy		
Outpatient Visit	20% after deductible	40% after deductible
Doctor Office Visit	\$75 copay per visit (Specialist) (after deductible has been satisfied)	40% after deductible

* This out-of-pocket maximum includes your deductible, copays and coinsurance.

MEDICAL OPTION SUMMARIES

What You Pay

\$2,000 DEDUCTIBLE PPO

	In-Network	Out-of-Network
Annual Deductible		
Individual	\$2,000	\$4,000
Family	\$6,000	\$8,000
Annual Out-of-Pocket Maximum*		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Office Visit		
Primary Care	\$25 copay per visit Not subject to deductible	40% after deductible
Specialist	\$75 copay per visit Not subject to deductible	40% after deductible
Preventive Care		
100% coverage per member for routine physicals, medical screenings and immunizations. In addition, 100% coverage for In-Network Preventive mammograms, colonoscopies, and prostate exams. In-Network Preventive Care services are not subject to the deductible or office visit copay.		
Emergency Care		
Primary Physician Office	\$25 copay per visit	
Urgent Care Center	\$30 copay per visit	
Hospital		
• Physician Charges	20% after deductible	
• Facility Charges (within 48 hours)	\$300 copay, then 20% after deductible (copay waived if admitted)	
Other		
Chiropractic Services (up to 35 visits per calendar year)	20% after deductible	40% after deductible
Hospital Inpatient Care (<i>Precertification required, \$300 penalty for failure to preauthorize</i>)	20% after deductible	40% after deductible
Hospital Outpatient Care (<i>Precertification required</i>)	20% after deductible	40% after deductible
Home Health Care (up to 60 visits per calendar year)	20% after deductible	40% after deductible
Hospice Care (180 day lifetime maximum)	20% after deductible	40% after deductible
Mental Health/Substance Abuse Inpatient Care (Facility) (<i>Precertification required, \$300 penalty for failure to preauthorize</i>)	20% after deductible	40% after deductible
Mental Health/Substance Abuse Outpatient Care (Office Visit) (<i>Precertification required, \$300 penalty for failure to preauthorize</i>)	\$25 copay per visit (PCP) \$75 copay per visit (Specialist)	40% after deductible
Speech Therapy		
Outpatient Visit	20% after deductible	40% after deductible
Doctor Office Visit	\$75 copay per visit (Specialist) (after deductible has been satisfied)	40% after deductible

* This out-of-pocket maximum includes your deductible, copays and coinsurance.

MEDICAL OPTION SUMMARIES

What You Pay

\$2,500 DEDUCTIBLE PPO

	In-Network	Out-of-Network
Annual Deductible		
Individual	\$2,500	\$3,000
Family	\$5,000	\$9,000
Annual Out-of-Pocket Maximum*		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Office Visit		
Primary Care	You pay 100% until deductible is satisfied, then \$25 copay per visit	40% after deductible
Specialist	You pay 100% until deductible is satisfied, then \$75 copay per visit	40% after deductible
Preventive Care		
100% coverage per member for routine physicals, medical screenings and immunizations. In addition, 100% coverage for In-Network Preventive mammograms, colonoscopies, and prostate exams.		
In-Network Preventive Care services are not subject to the deductible or office visit copay.		
Emergency Care		
Primary Physician Office	\$25 copay per visit (after deductible has been satisfied)	
Urgent Care Center	\$30 copay per visit (after deductible has been satisfied)	
Hospital		
• Physician Charges	0% after deductible	
• Facility Charges (within 48 hours)	\$300 copay per visit (after deductible has been satisfied)	
Other		
Chiropractic Services (up to 35 visits per calendar year)	0% after deductible	40% after deductible
Hospital Inpatient Care (<i>Precertification required, \$300 penalty for failure to preauthorize</i>)	0% after deductible	40% after deductible
Hospital Outpatient Care (<i>Precertification required</i>)	0% after deductible	40% after deductible
Home Health Care (up to 60 visits per calendar year)	0% after deductible	40% after deductible
Hospice Care (180 day lifetime maximum)	0% after deductible	40% after deductible
Mental Health/Substance Abuse Inpatient Care (Facility) (<i>Precertification required, \$300 penalty for failure to preauthorize</i>)	0% after deductible	40% after deductible
Mental Health/Substance Abuse Outpatient Care (Office Visit) (<i>Precertification required, \$300 penalty for failure to preauthorize</i>)	\$25 copay per visit (PCP) \$75 copay per visit (Specialist) (after deductible has been satisfied)	40% after deductible
Speech Therapy		
Outpatient Visit	0% after deductible	40% after deductible
Doctor Office Visit	\$75 copay per visit (Specialist) (after deductible has been satisfied)	40% after deductible

* This out-of-pocket maximum includes your deductible, copays, and coinsurance.

IMPORTANT: About Medicare Part D Coverage

If you enroll in the \$2,500 Deductible PPO Option 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.

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.

I

MEDICAL OPTION SUMMARIES

What You Pay

\$5,000 DEDUCTIBLE PPO

	In-Network	Out-of-Network
Annual Deductible		
Individual	\$5,000	\$7,500
Family	\$10,000	\$15,000
Annual Out-of-Pocket Maximum*		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Office Visit		
Primary Care	0% after deductible	40% after deductible
Specialist	0% after deductible	40% after deductible
Preventive Care (annual exams, health screenings, & immunizations)		
100% coverage per member for routine physicals, medical screenings and immunizations. In addition, 100% coverage for In-Network Preventive mammograms, colonoscopies, and prostate exams. In-Network Preventive Care services are not subject to the deductible or office visit copay.		
Emergency Care		
Primary Physician Office	0% after deductible	
Urgent Care Center	0% after deductible	
Hospital		
• Physician Charges	0% after deductible	
• Facility Charges (within 48 hours)	0% after deductible	
Other		
Chiropractic Services (up to 35 visits per calendar year)	0% after deductible	40% after deductible
Hospital Inpatient Care (<i>Precertification required, \$300 penalty for failure to preauthorize</i>)	0% after deductible	40% after deductible
Hospital Outpatient Care (<i>Precertification required</i>)	0% after deductible	40% after deductible
Home Health Care (up to 60 visits per calendar year)	0% after deductible	40% after deductible
Hospice Care (180 day lifetime maximum)	0% after deductible	40% after deductible
Mental Health/Substance Abuse Inpatient Care (Facility) (<i>Precertification required, \$300 penalty for failure to preauthorize</i>)	0% after deductible	40% after deductible
Mental Health/Substance Abuse Outpatient Care (Office Visit) (<i>Precertification required, \$300 penalty for failure to preauthorize</i>)	0% after deductible	40% after deductible
Speech Therapy		
Outpatient Visit	0% after deductible	40% after deductible
Doctor Office Visit	0% after deductible	40% after deductible

* This out-of-pocket maximum includes your deductible, copays, and coinsurance.

IMPORTANT: About Medicare Part D Coverage

If you enroll in the \$5,000 Deductible PPO Option 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.

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% of your eligible in-network expenses.

HOW THE HSA WORKS

If you enroll in either the \$2,500 or \$5,000 Deductible PPO, you may also take advantage of a special tax-savings feature called a Health Savings Account (HSA). The HSA is a tax-free bank account used to help pay the cost of eligible health care expenses. Once enrolled, you can sign up for an HSA account at a bank of your choice and additional fees may apply.

You can keep your account and take it with you if you change health plans, move to a different geographic area, or change your marital status.

- **This is an important feature since the \$2,500 and \$5,000 Deductible PPOs do not pay any benefits, with the exception of preventive care services, until you satisfy your deductible.**
- **Since the HSA is an individually-owned bank account, you can contribute to the account via direct deposit using after-tax dollars. Then, when you prepare your annual tax return, you'll need to let your financial advisor know you made an after-tax deposit to the HSA. This will enable your advisor to be able to make a true-up so the funds would give you the same pre-tax benefit equivalent as when you were eligible to make pre-tax payroll deductions while receiving a paycheck from SMU.**

You make contributions to your account throughout the year. Then, you can use the HSA to pay for medical expenses not covered by the \$2,500 or \$5,000 Deductible PPOs, such as:

- Deductibles
- Coinsurance (your share of eligible health expenses after the plan has paid benefits)
- Amounts above reasonable and customary charges for out-of-network services
- Dental and vision expenses not covered by your dental and vision plan
- Prescription drugs

Who is Eligible

You can participate in an HSA only if you enroll in the \$2,500 or \$5,000 Deductible PPOs. You are **not** eligible to contribute if:

- You are enrolled in Medicare (Part A, Part B, or Part D).
- You are covered by another medical plan (such as your spouse's plan) that does not qualify as a high deductible health plan.
- You or your spouse participates in a Health Care Flexible Spending Account (FSA) at your spouse's employer.

How You Contribute to the HSA

For 2014, you can contribute up to a maximum of \$3,300 for an individual and \$6,550 for a family. The money is then placed in an account, where it earns interest after you contribute a certain amount. The money in your HSA is always yours to keep.

Catch-Up Contribution

If you are age 55 or older, you can make "catch-up" contributions, meaning you can deposit an additional \$1,000 in 2014. Keep in mind that you can contribute up to the maximum allowed for the year at any time, up until the tax-filing deadline (generally April 15th) of the following year.

Domestic Partners & HSA Contributions

If you are covering a domestic partner as a dependent on the SMU \$2,500 or \$5,000 Deductible PPOs, there are certain rules that apply to your HSA contribution.

- If your domestic partner is an eligible tax dependent, you can contribute up to the family maximum on a pre-tax basis and use those contributions to reimburse yourself for eligible healthcare expenses for your domestic partner
- If your domestic partner is not an eligible tax dependent, contributions made to your HSA cannot be used for any of your domestic partner's healthcare expenses. Your covered domestic partner is able to establish his or her own HSA with a bank of their choice (additional fees may apply) and contribute up to the family contribution limit for their own healthcare expenses.

In case of a tax audit by the IRS, it's a good idea to save your receipts and bills for medical expenses you've paid out of your HSA.

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 medical expenses in future years, including any medical expenses you may have after age 65. If you leave SMU, you can take your HSA with you. There is no "use it or lose it" rule with HSAs.

PRESCRIPTION DRUG COVERAGE

If you enroll in one of the SMU Health and Wellness Plan PPOs, prescription drug benefits are administered by Express Scripts. **You have the choice of purchasing your prescriptions through local retail pharmacies or through a mail order program.**

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.

Retail (30-day supply)	In-Network You Pay...
\$1,000 and \$2,000 Deductible PPOs Generic : Preferred Brand Name: Non-Preferred Brand Name: Specialty Medication:	You must satisfy a \$100 deductible each year for any brand name medications; then, you pay the following amounts:
	30% of cost 30% of cost 50% of cost 30% of cost (up to \$225 max per script)
\$2,500 Deductible PPO Generic: Preferred Brand Name: Non-Preferred Brand Name: Specialty Medication:	You pay 100% of the cost until you have satisfied the annual plan deductible; then, you pay the following amounts:
	30% of cost 30% of cost 50% of cost 30% of cost (up to \$225 per script)
\$5,000 Deductible PPO Generic: Preferred Brand Name: Non-Preferred Brand Name: Specialty Medication:	You pay 100% of the cost until you have satisfied the annual plan deductible; then, you pay the following amounts:
	0% of cost 0% of cost 0% of cost 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.

If you choose a brand name drug when a generic is available, you will pay 100% of the cost—after you've satisfied the \$100 brand name deductible.

PRESCRIPTION DRUGS

Mail Order Prescription Program

A mail order prescription program is available through the SMU Health and Wellness Plan PPO options. **This program, administered by Express Scripts, formerly known as Medco, can be used for prescription medications that you take on a regular basis (maintenance medication).**

You will be able to order up to a 90-day supply of your medications and they will be mailed directly to your home at reduced cost to you. Using the Mail Order service is convenient because you can avoid the pharmacy and get a 90-day supply at one time.

Mail Order (90-day supply)	You Pay...
<p>\$1,000 and \$2,000 Deductible PPOs</p> <p>Generic : Preferred Brand Name: Non-Preferred Brand Name:</p>	<p>You must meet a \$100 deductible each year for any brand name medications; then, you pay the following amounts:</p> <p>30% of cost up to \$20 30% of cost up to \$98 50% of cost</p>
<p>\$2,500 Deductible PPO</p> <p>Generic: Preferred Brand Name: Non-Preferred Brand Name:</p>	<p>You pay 100% of the cost until you have met the annual plan deductible; then, you pay the following amounts:</p> <p>30% of cost up to \$20 30% of cost up to \$98 50% of cost</p>
<p>\$5,000 Deductible PPO</p> <p>Generic: Preferred Brand Name: Non-Preferred Brand Name:</p>	<p>You pay 100% of the cost until you have met the annual plan deductible; then, you pay the following amounts:</p> <p>0% of cost 0% of cost 0% of cost</p>

Important Note: Specialty drugs are not available through the regular Express Scripts/Medco Mail Order service. They are only covered through the Retail service or through Accredo. You will find additional information on the next page.

Specialty Prescription Program

Your prescription drug plan administered by Express Scripts includes coverage for certain medications, including 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, Express Scripts has arranged for a specialty pharmacy program to be provided through Accredo.
- This program offers members an alternative to obtaining their covered specialty medications at a retail pharmacy, as well as added support.

Through Accredo, members using covered specialty medications can have their medication delivered directly to them, as well as receive coverage coordination and support. There is no additional fee for these services.

When members obtain their covered specialty medications through Accredo, they receive – at no additional charge – services designed to help in managing their therapy, including:

- Coordination of coverage between the member, physician, and Express Scripts
- Convenient delivery of medication to the member or their physician's office
- 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 the Express Scripts Web site at www.express-scripts.com. If you have questions about your prescription drug benefit, call the Express Scripts/Medco Customer Service number on the back of your BCBSTX ID card.

To contact Accredo, call (800) 922-8279, Monday through Friday, between 7 a.m. and 7 p.m., Central time.

Please remember that treatment decisions are always between you and your doctor.

OTHER MEDICAL INFORMATION

Blue Care® Connection Program

If you enroll in a SMU Health and Wellness Plan PPOs administered by BCBSTX, you can take advantage of Blue Care Connection, a program designed to support you in living a healthier lifestyle. Some of the tools and information available to you include:

- **Online resources and information** about symptoms, treatment options and decision-making tools for more than 250 conditions.
- The **24/7 Nurseline**, which gives you round-the-clock access to experienced nurses at 1-800-581-0368.
- The **Special Beginnings® program**, which offers the services of prenatal nurses, books, free information and giveaways to expectant mothers.
- The Health Improvement Program is available to individuals who have been diagnosed with—or who are high risk for – chronic health conditions including asthma, diabetes, congestive heart failure, lower back pain, high blood pressure or coronary artery disease.

Through Blue Care Connections, you have access to a wealth of online tools and medical resources to help you live a healthier life.

- Nutrition (recipes, calorie counters, nutritional values)
- Fitness (training tips, activity logs)
- Lifestyle (gender and age specific health information)

For more information about the Blue Care Connection Program, contact BCBSTX at 1-800-462-3275.

Vision Discounts For BCBSTX Members

If you enroll in a SMU Health and Wellness PPO administered by BCBSTX, you can take advantage of valuable discounts on routine exams, lenses, frames, contact lenses and laser vision correction, as well as a mail order contact lens replacement program. These discounts are provided through Davis Vision to PPO participants. For more information, please log in to Blue Access for Members at www.bcbstx.com. Click on the My Coverage tab at the top and then click the Blue Extras Discount Program link.

Mastectomy Coverage

The SMU Health and Wellness Plans cover surgery after a mastectomy to:

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

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

Maternity Coverage

For maternity hospital stays, in accordance with federal law, SMU's plan does 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 Cesarean 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). THE PLAN CANNOT REQUIRE A PROVIDER TO PRESCRIBE A LENGTH OF STAY ANY SHORTER THAN 48 HOURS (OR 96 HOURS FOLLOWING A CESAREAN DELIVERY).

DENTAL COVERAGE

SMU's Dental Plan is administered by Blue Cross/Blue Shield of Texas (BCBSTX). The Dental Preferred Provider Organization (DPPO) gives you the ability to visit any dentist, without referrals, for all of your dental care. If you select one of BCBSTX's network dentists, you'll generally pay less for your care.

If you choose a dentist outside of BCBSTX's PPO network, your share of costs will be higher, and you may need to file your own claims.

PPO Dental Plan Summary

Feature	DPPO Plan
Lifetime Preventive Care Deductible* <ul style="list-style-type: none"> • Individual \$50 • Family \$150 	
Annual Basic/Major Services Deductible <ul style="list-style-type: none"> • Individual \$75 • Family \$225 	
Orthodontic Deductible	\$100
Preventive Care Services	100% (after deductible)
Basic Services	80% (after deductible)
Major Services Includes Implants	50% (after deductible)
Orthodontic Services	50%, up to a lifetime maximum of \$1,800 Children only
Annual Benefit Maximum	\$1,800
Office Visit Copay	None

**The Preventive Care services deductible is waived if you were enrolled in the SMU Dental Plan prior to January 1, 2008.*

VISION COVERAGE

SMU offers a voluntary Vision Plan that is administered by VSP.

The plan offers access to a large network of participating optometrists and ophthalmologists- plus, a few select retail chains are part of the VSP network. Your benefits include full examinations and access to lenses, frames, and contact lenses at discounted prices.

- VSP also offers discounts for LASIK surgery if you use a participating network eye doctor.

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.

For details on vision coverage – or a list of network providers – go to the [VSP website](#).

Or contact the VSP Member Services Department at 1-800-877-7195.

Vision Coverage at a Glance

Service	Service Frequency	In-Network Benefits	Out-of-Network Benefits
Exam	12 months	100% after \$10 copay	\$45
Prescription Eyewear	Choose glasses or contacts – you cannot receive both in the same service period.		
Lenses	12 months	100% after \$15 copay (applies to lenses & frames)	Single vision: Up to \$30 allowance Lined Bifocal: Up to \$50 allowance Line Trifocal: Up to \$65 allowance Lenticular: Up to \$100 allowance
Frames - OR - Contact Lenses	24 months	Up to \$130 retail	Up to \$45 retail
	12 months	Up to \$130 allowance	Up to \$105 allowance

At your appointment, please tell your provider that you're a VSP member.

To print off a Member Reference Card, visit the [VSP website](#).

Important Note: The frequency allowances shown above are based on a rolling 12 months—not a calendar-year period.

CONTACT INFORMATION

PHONE NUMBERS, WEB ADDRESSES

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

COVERAGE	ADMINISTRATOR	PHONE/WEB SITE/EMAIL
SMU Benefits Department	SMU	214-768-2132 or 214-768-2072 benefitsu@smu.edu
SMU Health and Wellness Plan (PPOs)	Blue Cross/Blue Shield of Texas	1-877-768-2005 www.bcbstx.com
Prescription Drug Plan	Express Scripts	1-866-662-0294 www.express-scripts.com
Dental Plan	Blue Cross/Blue Shield of Texas	1-877-768-2005 www.bcbstx.com
Vision Plan	VSP	1-800-877-7195 www.vsp.com
COBRA Benefits	Blue Cross/Blue Shield of Texas	1-888-541-7107