



BlueCross BlueShield of Texas

BlueCare DentalSM for Student Health

If you are enrolled in the AcademicBlueSM student health insurance plan available at your University, you have the option to purchase dental coverage from Blue Cross and Blue Shield of Texas. You can choose your dentist from our statewide provider network, at a low monthly rate.*

With our BlueCare Dental plan, you'll save money on things like:

- Exams
- Cleanings
- Fillings
- Crowns

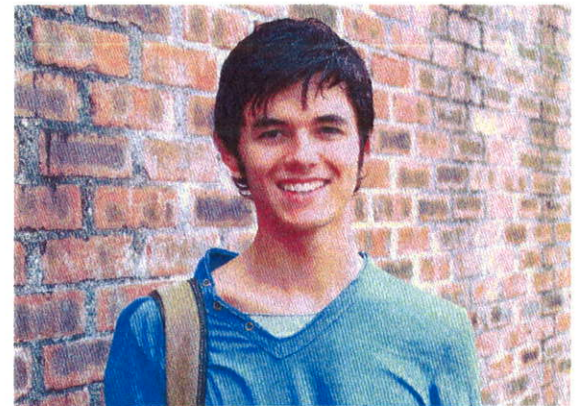
By using our BlueCare network dentists, you get:

- Coverage on the most utilized preventive services
- Savings on all dental procedures

2014-2015 Texas Student Health Dental Plan¹

The benefits on this chart represent what the Plan will pay.

BlueCare Dental 1B Age 19 and Older	Benefit
Deductible (3x Family)	\$75
Annual Maximum²	\$1,000
Diagnostic Evaluations (deductible waived) Oral examinations (2 every 12 months)	90% ²
Preventive Services (deductible waived) Prophylaxis (2 cleanings every 12 months)	90% ²
Diagnostic Radiographs Dental X-rays, full mouth (1 every 36 months)	90%
Miscellaneous Preventive Services Sealants/Space maintainers	90%
Basic Restorative Services Services for restorations necessary to repair damage caused by basic dental decay, including tooth preparation, all adhesives, bases, liners and polishing, routine fillings (amalgam and resin-based composite)	70%
Non-Surgical Extractions Removal of erupted tooth	70%
Non-Surgical Periodontal Periodic scaling and planing	70%
Adjunctive Services Services for palliative treatment (emergency) of dental pain, when not performed in conjunction with planned treatment; general anesthesia	70%
Endodontic Services Services for treatment related to dental disease of the tooth pulp	50%
Oral Surgery Services Surgical tooth extractions	50%
Surgical Periodontal⁴ Gingivectomy/gingivoplasty/Osseous surgery and grafts	50%
Major Restorative Services⁴ Services to restore tooth structures lost as a result of decay or fracture; single-crown restorations; inlay/onlay restorations	50%
Prosthodontic Services⁴ Bridges/Full and partial dentures	50%
Misc Restorative & Prosthodontics Services⁴ Recementation of crowns, inlays, onlays/Crown repair	50%



Get more information
at ahpcare.com
or call 855-422-3834.

Important notes:

This document applies to ZIP codes 750-753; 760-763;770; 772-775 and 786-787.

All benefits are based upon the allowable amount, which is the amount determined by BCBSTX as the maximum amount eligible for payment of benefits. A contracting dentist cannot balance bill for charges in excess of the allowable amount. Benefits for services provided by a non-contracting dentist will be based upon the same allowable amount, and it is likely that the non-contracting dentist will balance bill for amounts above this, resulting in higher out-of-pocket expenses.

1. This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. For more information, please contact AHP at 855-422-3834 or ahpcare.com.
2. Deductible is waived.
3. Rates are subject to change.
4. A 12-month waiting period applies.

* You must have purchased AcademicBlue health insurance in order to be eligible to purchase BlueCare Dental coverage.

AcademicBlueSM is offered by Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Academic HealthPlans, Inc. (AHP) is a separate company that provides program management and administrative services for the student health plans of Blue Cross and Blue Shield of Texas.

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Please complete the form below or enroll online at smu.myahpcare.com.

Dental coverage is available to students and their Dependent spouse. Students are required to be enrolled in the Student Health Insurance Plan to be eligible to enroll in the dental coverage. If the student chooses to purchase dental coverage for their Dependent spouse, it must be purchased at the same time as the student coverage. The Dependent spouse must have the same coverage as the student. Students and their Dependent spouse may enroll online for dental coverage or download the dental enrollment form at smu.myahpcare.com; complete the form and mail it along with premium to Academic HealthPlans. Dental coverage CANNOT be purchased on a stand-alone basis for either the student or their eligible Dependents.

Enrollment will NOT be accepted after the Open Enrollment Period. See next page for more details.

(PRINT CLEARLY or TYPE)

Student's Name		First		Middle Initial		Last	
Mailing Address		Street or P.O.Box		City		State	Zip Code
Permanent Address		Street or P.O.Box		City		State	Zip Code
Email <small>(A confirmation email will be sent upon enrollment.)</small>				Cell or Telephone Number () —			
Male		Female		Date of Birth <small>(Month/Day/Year)</small>	SSN	Student ID Number <small>(must be provided to be processed)</small>	
				/ /	- -		

List Dependents to be insured below. Dependent enrollment must take place at the time of student enrollment, with the exception of newborn or adopted children or a Qualifying Event. Dependent coverage is available only if the student is also insured. Dependent coverage must be the exact same coverage period of the Insured, therefore will expire concurrently with that of the student.

	First Name	MI	Last Name	Date of Birth (M/D/Y)	Gender (M/F)	Social Security Number
Spouse				/ /		— —

NOTICE TO STUDENT AND CARDHOLDER: Coverage will be effective the date the correct premium is received by the Company or an authorized representative of the Company, or the effective date of the coverage period, whichever is later, unless otherwise stated in the Master Policy. By signing below, the student and cardholder acknowledges the following: **1)** Rates are not pro-rated other than as listed on this enrollment form; **2)** Student meets the eligibility requirements for this coverage as described in the brochure; **3)** If it is later determined that the student is not eligible, coverage will be deemed to have not been in force and the premium will be returned; and **4)** Other than eligibility or entry into the Armed Forces, **the premium is not refundable.** It is the student's responsibility for timely renewal payments. This plan is underwritten by **Blue Cross Blue and Shield of Texas.**

I understand my information is protected by privacy laws and will be released only in accordance with these laws.

My signature below certifies that I have read and understand the Student Health Insurance Plan brochure and agree to accept it as applicable to me regarding the terms and conditions stated therein.

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

STUDENT'S SIGNATURE: _____ DATE: _____
(Signature of Insured or Parent if Insured is under age 18)

CARDHOLDER'S SIGNATURE: _____ DATE: _____

Please note this enrollment form cannot be processed unless you make all your coverage selections on the reverse side



Student Name _____

Student ID Number _____
(must be provided to be processed)

PLEASE CHECK ALL APPROPRIATE BOXES:

Hours enrolled: _____

Student/Insured Classification: ☐ Domestic ☐ Arts ☐ Engineering ☐ Theology ☐ International ☐ Business ☐ Law ☐ Other

PERIOD RATES AND COVERAGE DATES:

	Fall 08/13/14 through 01/09/15	Spring/Summer 01/10/15 through 08/12/15	Summer 05/17/15 through 08/12/15
Open Enrollment Periods	05/01/14 - 09/26/14	11/03/14 - 02/20/15	05/01/15 - 05/27/15
Student	\$ 98.00	\$ 143.00	\$ 57.00
Spouse	\$ 98.00	\$ 143.00	\$ 57.00

The final cost will include a \$15 processing fee. Please use the chart below to calculate total amount due.

CALCULATE TOTAL PREMIUM DUE			
Step 1 - Choose all desired premium above Step 2 - Write the amount chosen in the applicable column(s) below Step 3 - Calculate and submit total due.			
Example: Student Rate + Spouse Rate + Processing Fee = Total (\$98 + \$98 + \$15 = \$211)			
Student Rate	Spouse Rate	Processing Fee	Total Amount Due
\$	\$	\$15.00	\$

PAYMENT INFORMATION: Make check or money order payable to **Blue Cross and Blue Shield of Texas** in U.S. dollars or refer to the charge card authorization to charge your premium to Visa, MasterCard, or Discover. Mail this enrollment form along with premium payment to **Academic HealthPlans, P.O. Box 1605, Colleyville, TX 76034-1605** or fax to (817) 809-4701, if paying by credit card. If you have questions, please call Academic HealthPlans at (855) 357-0242. Your cancelled check or credit card billing is your only receipt and notification of coverage. **It is the student's responsibility for timely renewal payment whether or not a renewal notice is received.**

PAYMENT OPTIONS			
Charge Full Amount		\$	Check Amount \$
VISA	MasterCard	Discover	Check Number
Credit Card Number		Expiration Date	_____/_____ Month Year

☐ By signing this form, I hereby authorize Academic HealthPlans to initiate a credit card transaction for the payment of my premium. I understand my insurance will be cancelled if my credit card is declined. All charges will show on my credit card statement as Academic HealthPlans, Inc.

SIGNATURE OF CARDHOLDER: _____ DATE: _____

PRINTED NAME OF CARDHOLDER: _____ DATE: _____