

We are pleased to bring you the 2014-2015 Southern Methodist University (SMU) Student Health Insurance Plan for Intensive English Program Students

Underwritten by Blue Cross and Blue Shield of Texas (BCBSTX)

- Affordable, quality coverage compatible with the Affordable Care Act
- Access to a broad provider network: the BlueChoice® Preferred Provider Organization (PPO) from BCBSTX
- Access to multilingual 24/7 Nurseline
- Covers you at school, at home and while traveling abroad
- Academic Emergency Services (AES)*
- Discounts on vision, fitness and much more

Who can enroll?

All **Intensive English Program (IEP)** students must enroll in the Student Health Insurance Plan unless they have a special waiver personally granted by the Memorial Health Center staff. To view the requirements necessary to apply for a waiver or to print a waiver form, go to smu.edu/healthinsurance.

How to Enroll

To enroll, the student must go to smu.myahpcare.com and select "Enroll Online (IEP Students and Meadows Masters of Management Program Students)." At this time, the student will also be required to pay the insurance premium by credit card or e-check for the selected IEP term for which they are enrolling. Payment for the insurance premium cannot be applied to a student's SMU account.

If you do not waive coverage by the deadline, the premium will be charged to your SMU student account. No changes will be made to a student's SMU account after the waiver deadline. Please see side 2 for dates.

Dependent coverage is available. Payment must be paid directly to Academic HealthPlans and may not be billed to the student's account. Dependents will NOT automatically be re-enrolled. You will need to re-enroll them by each semester's deadline. **To view rates and enrollment information, please go to smu.myahpcare.com.**

You get online access to:

- View and download complete plan description
- Find provider and pharmacy information
- Enroll in or renew coverage
- Download enrollment information
- Download a temporary ID card
- Customer service, claims and benefit information



**For additional information, go to
smu.myahpcare.com, or call 855-357-0242.**

* Academic Emergency Services (AES) is a global emergency services product provided by On Call International, a separate and independent company. AES provides medical evacuation, repatriation, accidental death and dismemberment benefits, emergency medical and travel assistance, travel information and other services for Academic HealthPlans (AHP). On Call International is solely responsible for its products and services.

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. 727242.0514 (IEP)

SMU 2014-2015 IEP Plan Highlights^{1,2}

Benefit Maximum & Deductibles (per covered person, per policy year)		
	Network Provider	Out-of-Network Provider
Benefit Maximum	Unlimited	Unlimited
Deductible (Individual/Family)	\$300/\$900	\$600/\$1,800
Out-of-Pocket Maximum (Individual/Family)	\$5,000/\$12,700	\$10,000/\$25,400
Memorial Health Center	The Deductible is waived, covered expenses will be payable at 80% for insured students who have paid the SMU Memorial Health Center fee. Adult immunizations covered at the Memorial Health Center include TB skin test, MMR#1, MMR#2, Tdap, Td and meningitis.	
Benefit Coverage (per covered person, per policy year)		
	Network Provider	Out-of-Network Provider
Hospital Expenses	80%	60%
Surgical Expenses	80%	60%
Doctor’s Visits	80%	60%
Emergency Room Expenses \$100 copayment per visit	80%	80% - Emergency 60% - Non-Emergency
Diagnostic X-Rays & Laboratory Procedures	80%	60%
Prescription Drugs Per 30-day Retail Supply (Deductible Waived)	At SMU MHC, 100% after: <ul style="list-style-type: none">• \$15 copayment for each generic drug• \$40 copayment for each brand-name drug At pharmacies contracting with Prime Therapeutics*, 100% after: <ul style="list-style-type: none">• \$25 copayment for each generic drug• \$50 copayment for each brand-name drug	60% after: <ul style="list-style-type: none">• \$25 copayment for each generic drug• \$50 copayment for each brand-name drug Please Note: You are required to pay the full amount charged at the time of service for all prescriptions dispensed at an out-of-network provider and must file a claim for reimbursement.
Preventive Care Services	100%	60%

Deadlines, Coverage Periods and Premium Costs

	Fall	Spring	May	Summer
Open Enrollment	05/15/2014 - 10/10/2014	11/03/2014 - 02/20/2015	02/20/2015 - 06/19/2015	04/13/2015 - 07/30/2015
Waiver Deadline	08/29/2014	01/23/2015	N/A	N/A
Dates Covered	09/10/2014 - 01/13/2015	01/14/2015 - 05/12/2015	05/13/2015 - 06/29/2015	06/30/2015 - 09/09/2015
Student Rate	\$775	\$730	\$297	\$427

¹ This document is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered expenses are subject to plan maximums, limitations and exclusions as described in the Policy. The PPO network is BCBSTX BlueChoice® Preferred Provider Organization Network.

² Covered charges at in-network and out-of-network providers are based on the allowable amount. For more information, please see your Brochure Booklet or Policy.

* The relationship between Blue Cross and Blue Shield of Texas (BCBSTX) and contracting pharmacies is that of independent contractors, contracted through a related company, Prime Therapeutics LLC. Prime Therapeutics also administers the pharmacy benefit program. BCBSTX, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.