



SOUTHERN METHODIST UNIVERSITY
2017 BENEFITS GUIDE



SMU®

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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
 - » \$2,600 and \$5,000 HDHP
 - » Prescription Drug Plan (administered by Prime Therapeutics)

Dental Plan

(administered by BlueCross BlueShield of Texas)

Vision Plan

(administered by VSP)

Flexible Spending Accounts (FSA)

- Health Care FSA (administered by Discovery Benefits)
- Dependent Care FSA (administered by Discovery Benefits)

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 and 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-CREF)

Group Legal and Identity Protection

- LegalGUARD (administered by LegalEASE/Nationwide)
- PrivacyArmor (administered by IdentityArmor)

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)

Benefits Enrollment via 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.

- Log in to [my.SMU.edu](https://my.smu.edu)
- Go to Employee Self-Service
- Click **Benefits > Benefits Enrollment > Select**.
- Click the **Edit** button next to the first benefit plan in which you would like to enroll.
 - » If you wish to add dependents whose information is not yet in [my.SMU.edu](https://my.smu.edu), scroll to the bottom of the page.
 - » Click the **Add Dependent/Beneficiary** link.
 - » Add the correct name, date of birth, Social Security Number and relationship for spouse and each dependent child, if applicable. If you are enrolling a dependent child, select the "Child" relationship (regardless of the child's age).
 - » Repeat this process for each dependent.
 - » Once all dependents are added, elect your coverage.
 - » Verify that the box next to the name of each dependent you wish to cover is checked.
- Click the **Edit** button for the next benefit plan in which you would like to enroll.
- Your dependents will be available to add to your coverage as you entered them in the previous step.
 - » Be sure the box next to the name of each dependent you wish to cover is checked.
- Repeat step above until all desired benefit plans are elected.
- Click **Submit**, then click **Submit** again to finalize your elections.

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 are regularly scheduled to work 20 hours or more per week, you are eligible to enroll in SMU's benefits plans during your first 31 days of employment.

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.

- **Medical:** 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.
 - » Coverage ends on the day prior to attainment of age 26.
- **Dental:** Unmarried children until age 19 (or until age 25 if a full-time student).
 - » If the dependent is not a full-time student at age 19, coverage ends on the last day of the month in which the 19th birthday occurs.
 - » If the dependent ceases to be enrolled as a full-time student prior to the 25th birthday, coverage ends on the last day of the month in which he/she ceases to be a full-time student. It is your responsibility to notify the Department of Human Resources if your child is no longer a full-time student.
 - » If the dependent continues to be enrolled as a full-time student, coverage ends on the last day of the month in which the 25th birthday occurs.
- **Vision:** Unmarried children until age 25 (regardless of student status).
 - » Coverage ends on the last day of the month in which the 25th birthday occurs.
- **Supplemental Life Insurance:** Unmarried children until age 25 (regardless of student status) and unmarried natural or adopted grandchildren, until age 25, who are financially dependent upon you for support.
- **Accidental Death & Dismemberment (AD&D):** Unmarried children until age 25 (regardless of student status) and unmarried natural or adopted grandchildren, until age 25, who are financially dependent upon you for support.

Physically or mentally disabled children of any age who are incapable of self-support are eligible for continued coverage. Proof of disability is required.

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

Effective April 1, 2009, 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

Paying For Benefits – 2017

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.

COST OF COVERAGE			
	Your Biweekly Cost	Your Monthly Cost	SMU Monthly Cost
\$2,000 Deductible PPO			
Employee Only	\$46.05	\$99.78	\$502.45
Employee + Spouse	\$98.99	\$214.48	\$1,110.42
Employee + Child(ren)	\$92.41	\$200.23	\$1,064.45
Employee + Family	\$143.63	\$311.20	\$1,615.92
\$2,600 Deductible HDHP			
Employee Only	\$15.51	\$33.61	\$499.85
Employee + Spouse	\$31.80	\$68.90	\$1,104.71
Employee + Child(ren)	\$28.27	\$61.26	\$1,059.00
Employee + Family	\$45.90	\$99.45	\$1,607.63
\$5,000 Deductible HDHP			
Employee Only	\$7.38	\$15.99	\$339.68
Employee + Spouse	\$16.24	\$35.18	\$747.30
Employee + Child(ren)	\$14.76	\$31.98	\$679.37
Employee + Family	\$23.61	\$51.16	\$1,086.99
Dental Plan			
Employee Only	\$3.46	\$7.49	\$35.76
Employee + One	\$20.26	\$43.89	\$40.64
Employee + Family	\$29.82	\$64.62	\$52.15
Vision Plan			
Employee Only	\$2.75	\$5.94	\$0.00
Employee + One	\$5.49	\$11.88	\$0.00
Employee + Family	\$8.82	\$19.12	\$0.00

IMPORTANT: The rates on this page are for biweekly-paid employees who receive 26 paychecks per calendar year and monthly-paid employees who receive 12 paychecks per calendar year. If you are on a different pay schedule (e.g., 20 biweekly paychecks or 10 monthly paychecks) the amount deducted from your paychecks will be prorated accordingly.

Medical Coverage

SMU's medical plans, administered by BlueCross BlueShield of Texas (BCBSTX), include the \$2,000 deductible PPO and the \$2,600 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 PrimeMail, 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 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 page 10.

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).





\$2,600 and \$5,000 High Deductible Health Plans (HDHPs)

The \$2,600 and \$5,000 HDHPs are also PPOs but are very different than the \$2,000 deductible plan. Below, and on pages 11 and 12, is important information regarding the HDHPs:

- With the exception of preventive care services like annual physicals, health screenings and immunizations, the \$2,600 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 \$2,600 HDHP pays 100% of all costs except copays for physician office visits and 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 \$2,600 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 and Screenings

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 plans, regardless of whether the claim is coded as diagnostic or routine preventive. In accordance with IRS regulations, the diagnostic colonoscopy exception does not apply to individuals enrolled in the \$2,600 or \$5,000 HDHPs.

\$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		
Chiropractic Services Up to 35 visits per calendar year	20%*	40%*
Hospital Inpatient Care Preauthorization required	20%*	40%* \$300 penalty for failure to preauthorize
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) Preauthorization required	20%*	40%* \$300 penalty for failure to preauthorize
Mental Health/Substance Abuse Outpatient Care (Office Visit) Preauthorization required	\$25 copay per visit (PCP) \$75 copay per visit (Specialist)	40%* \$300 penalty for failure to preauthorize
Speech Therapy		
Outpatient Visit	20%*	40%*
Doctor Office Visit	\$75 copay per visit (Specialist)	40%*

*After deductible has been satisfied

\$2,600 HIGH DEDUCTIBLE HEALTH PLAN (HDHP) – YOU PAY:

	In-Network	Out-of-Network
Annual Deductible		
Individual	\$2,600	\$4,000
Family	\$5,200	\$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		
Chiropractic Services Up to 35 visits per calendar year	0%*	40%*
Hospital Inpatient Care Preauthorization required	0%*	40%* \$300 penalty for failure to preauthorize
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) Preauthorization required	0%*	40%* \$300 penalty for failure to preauthorize
Mental Health/Substance Abuse Outpatient Care (Office Visit) Preauthorization required	\$25 copay per visit (PCP)* \$75 copay per visit (Specialist)*	40%* \$300 penalty for failure to preauthorize
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 \$2,600 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		
Chiropractic Services Up to 35 visits per calendar year	0%*	40%*
Hospital Inpatient Care Preauthorization required	0%*	40%* \$300 penalty for failure to preauthorize
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) Preauthorization required	0%*	40%* \$300 penalty for failure to preauthorize
Mental Health/Substance Abuse Outpatient Care (Office Visit) Preauthorization required	0%*	40%* \$300 penalty for failure to preauthorize
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.

Prescription Drug Coverage

Prescription drug benefits are administered by Prime Therapeutics. You have the choice of purchasing your prescriptions through local retail pharmacies or through the PrimeMail 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.

The \$2,600 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 mail order 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 mail order program).

PRESCRIPTIONS	
Retail (30-day supply)	You Pay
\$2,000 Deductible PPO	You must satisfy a \$100 deductible each year for any brand name medications; then you pay the following amounts:
Generic	30% of cost
Preferred Brand Name	30% of cost
Non-Preferred Brand Name	50% of cost
Specialty Medication	30% of cost (up to \$225 max per script)
\$2,600 HDHP	You pay 100% of the cost until you have satisfied the annual plan deductible; then you pay the following amounts:
Generic	30% of cost
Preferred Brand Name	30% of cost
Non-Preferred Brand Name	50% of cost
Specialty Medication	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:
Generic	0% of cost
Preferred Brand Name	0% of cost
Non-Preferred Brand Name	0% of cost
Specialty Medication	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.

Mail Order Prescription Program

The PrimeMail Program, administered by Prime Therapeutics, should be used for prescription medications that you take on a regular basis (maintenance medication).

You can order up to a 90-day supply of your medication(s) and they will be mailed directly to your home, often at reduced cost to you. Using PrimeMail is convenient because you can avoid trips to the pharmacy and get a 90-day supply at one time.

PRESCRIPTIONS	
Mail Order (90-day supply)	You Pay
\$2,000 Deductible PPO	You must satisfy a \$100 deductible each year for any brand name medications; then you pay the following amounts:
Generic	30% of cost up to \$20 per prescription
Preferred Brand Name	30% of cost up to \$98 per prescription
Non-Preferred Brand Name	50% of cost
\$2,600 HDHP	You pay 100% of the cost until you have satisfied the annual plan deductible; then you pay the following amounts:
Generic	30% of cost up to \$20 per prescription
Preferred Brand Name	30% of cost up to \$98 per prescription
Non-Preferred Brand Name	50% of cost
\$5,000 HDHP	You pay 100% of the cost until you have satisfied the annual plan deductible; then you pay the following amounts:
Generic	0% of cost
Preferred Brand Name	0% of cost
Non-Preferred Brand Name	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.



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.
- This program offers members an alternative to obtaining their covered specialty medications at a retail pharmacy.

When you obtain covered specialty medications through the Prime Therapeutics 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 Prime Therapeutics.
- Convenient delivery of medications to you or your 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 www.bcbstx.com.

If you have questions about your prescription drug benefit, call the Prime Therapeutics Customer Service number on the back of your BCBSTX ID card.

To contact Prime Therapeutics Specialty Pharmacy, call the customer service number on the back of your BCBSTX ID Card, Monday through Friday, between 7 a.m. and 7 p.m., Central Time.



Other Medical Information

Blue Care Connection® Program

If you enroll in one of the SMU medical plans, you can take advantage of Blue Care Connection®, a program designed to support you in living a healthier lifestyle.

- 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 **Special Beginnings® Program**, which offers the services of prenatal nurses, 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.

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

Blue Distinction Centers

Blue Distinction Centers have demonstrated expertise in delivering clinically proven specialty health care. The goal is to help you find consistent specialty care, while encouraging health care professionals to improve the overall quality and delivery of care nationwide. These recognized doctors and hospitals are changing healthcare to be more patient-focused, coordinated and, in many cases, affordable.

- Higher quality, lower cost. Choosing a Blue Distinction Center may help you achieve a better outcome and, depending on your specific plan, lower out of pocket costs.
- When you use a Blue Distinction Center for your specialty care, you will receive the highest level of benefits and reassurance that the facility has a record of providing proven, effective care.

- 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

SMU sponsored 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. 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 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).
- The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Caesarean delivery).

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
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.

- VSP also offers discounts for LASIK surgery if you use a participating in-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.

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.

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

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

To print a Member Reference Card, visit <http://smu.vspforme.com>.

Health Savings Account (HSA)

If you enroll in either the \$2,600 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 \$2,600 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 \$2,600 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 \$2,600 or \$5,000 HDHP.

HSA Contribution Limits

For 2017, you can contribute up to a maximum of \$3,400 for an individual or up to \$6,750 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

Once you enroll in the SMU \$2,600 or \$5,000 HDHP, you will receive a Welcome Packet from BenefitWallet. You must complete and sign all of the forms included in the packet and return them to BenefitWallet immediately.

- **If you do not follow the instructions and activate your account immediately you will not have access to your contributions.**
- You will receive a debit card which you can use to pay for eligible health care expenses. A checkbook may be requested from BenefitWallet.
- If you would like your out-of-pocket expenses, including the deductible, to be automatically debited from your HSA, contact the BenefitWallet HSA Contact Center at 1-877-635-5472 to sign up for auto-adjudication.

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 healthcare 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 healthcare 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 (FSA)

Flexible Spending Accounts (FSAs), administered by Discovery Benefits, 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 www.discoverybenefits.com.

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 \$2,600 per employee.

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.

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.

The Internal Revenue Service has a “use-it-or-lose-it” rule for these accounts. This means you must use your contributions during the year you make them. You can’t “roll over” unused amounts to cover next year’s expenses.

Keep in mind, if you enroll in the \$2,600 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 funds remaining in your account at the end of the year are forfeited and do NOT roll-over to future years. The maximum annual Health Care FSA contribution is \$2,600.
- **If you enroll in the \$2,600 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 \$3,400 for an individual and \$6,750 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!*
- While both the Health Care FSA and the HSA offer the same tax advantages, remember that contributions to a FSA must be used by the end of the calendar year as they do **NOT** roll-over to future years. Contributions made to a HSA remain in your account until you use them.

Life 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 clicking the link below.

SUPPLEMENTAL GROUP LIFE INSURANCE	
For...	Coverage
Employee	1, 2, 3, 4, or 5 times your annual base earnings up to a maximum of \$750,000. If you enroll during the 31-day new hire enrollment period, you can elect up to 3 times your annual base salary or \$500,000, whichever is less. Any amount you elect over \$500,000 is subject to Evidence of Insurability and will not take effect until The Standard approves your Evidence of Insurability Form. If you wish to enroll or increase your coverage after the 31 day new hire enrollment period, any new amount you elect will be subject to Evidence of Insurability.
Spouse	The lesser of 100% of your coverage amount or \$50,000. Evidence of Insurability is required for your spouse if enrolled after the employee's 31-day new hire enrollment period.
Child(ren)	\$10,000 per child. Evidence of Insurability is required for children if enrolled after the employee's 31 day new hire enrollment period.

Note: Your Supplemental Group Life Insurance benefits are reduced beginning at age 65.

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

AD&D Insurance

You can purchase Individual or Family Accidental Death and 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. **Premium rates can be found by clicking the link below.**

- 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.
- You are automatically the beneficiary if you elect Family coverage and your spouse and/or a dependent child die as a result of an accident for any dependent AD&D coverage you elect.

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 and 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 \$7,500 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
- 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

- If you were employed by SMU prior to June 1, 2010, SMU's matching contributions are fully vested.
- If you were hired on or after June 1, 2010, SMU matching contributions vest after three years of employment.

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) accounts 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.

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 \$71.16 per month via pretax payroll deductions (prorated depending on your pay schedule). SMU will also make a \$71.16 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 a projected return 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

Group Legal and Identity Protection

The LegalGUARD and PrivacyArmor plans are available at a total monthly cost of \$27.45. The plans are administered separately but are available as a package and paid for via after-tax payroll deductions.

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.

- 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

PrivacyArmor Plan

The PrivacyArmor Plan is administered by InfoArmor. The plan provides a comprehensive and proactive defense against identity theft, with a focus on identity monitoring. InfoArmor is capable of identifying anomalies indicative of fraudulent behavior up to 90 days sooner than credit monitoring.

- 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 the date of hire and acceptance into an academic program. The benefit pays 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

The spouse of full-time benefits-eligible faculty and staff is eligible beginning the first new term following the date of their spouses' employment. The plan covers 63% of tuition for **one** undergraduate or graduate degree.

Dependent as Student

Dependent children of full-time benefits-eligible faculty and staff are eligible after one year beginning the first new term following the employee's date of hire. 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.



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 three (3) 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.

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.

Leave and Paid Time-Off

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 9.38, Staff Maternity or 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 9.39 of the SMU Policy Manual.

Paid Time Off

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

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

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 six months 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	SMU	214-768-3311 benefitsu@mail.smu.edu
SMU 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
Dental Plan	BlueCross BlueShield of Texas	1-877-768-2005 www.bcbstx.com
Vision Plan	VSP	1-800-877-7195 http://smu.vspforme.com
Health Savings Account (HSA)	BenefitWallet	1-877-635-5472 www.mybenefitwallet.com
Flexible Spending Accounts (FSAs)	Discovery Benefits	1-866-451-3399 www.discoverybenefits.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.trretire.com
Legal & Identity Protection Plans	LegalEASE/InfoArmor	1-800-248-9000
Emeriti Health Account	TIAA	1-866-363-7484 www.myemeritibenefits.org



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