



SMU

# Southern Methodist University 2021 Benefits Guide - COBRA



# Table of Contents

Our Benefits Program .....1

Benefits Options at a Glance .....1

Benefits Enrollment .....1

Paying for Benefits .....2

Who Is Eligible .....3

Summary of Benefits

    SMU’s Preventive Care Benefits .....4

    Medical Coverage .....5

    Prescription Drug Coverage .....10

    Other Medical Information .....13

    Dental Coverage .....14

    Vision Coverage .....15

Contact Information .....16

**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 at [smu.edu/hr](http://smu.edu/hr).*

This Guide 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.



## 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, and the Human Resources website [smu.edu/hr](http://smu.edu/hr).

## Benefits Options at a Glance

### Medical and Prescription Drug

- SMU Health and Wellness Plan
  - o Medical Plan (administered by BlueCrossBlueShield of Texas)
    - o \$2,000 Deductible PPO
    - o \$2,800 and \$5,000 Deductible HDHP
  - o Prescription Drug Plan (administered by Prime Therapeutics)

**Dental Plan** (administered by BlueCrossBlueShield of Texas)

**Vision Plan** (administered by VSP)

## Benefits Enrollment

**Review your benefits options!** Information on your options is available in this Benefits Guide.

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

**Make Changes by your deadline!** If you want to make changes to your current coverage, please complete the enclosed enrollment form and mail it to the SMU Benefits Department at the address indicated on the enrollment form.

**Your enrollment form must be postmarked no later than Friday, November 20, 2020. If you do NOT wish to make any changes, no action is required. Your 2020 elections will continue for 2021.**

## Paying For Benefits - 2021

Coverage	Your Monthly Cost
<b>\$2,000 Deductible PPO</b>	
Employee Only	\$733.84
Employee + Spouse	\$1,614.44
Employee + Child(ren)	\$1,541.06
Employee + Spouse + Child(ren)	\$2,348.28
<b>\$2,800 Deductible HDHP</b>	
Employee Only	\$671.25
Employee + Spouse	\$1,476.76
Employee + Child(ren)	\$1,409.64
Employee + Spouse + Child(ren)	\$2,148.03
<b>\$5,000 Deductible HDHP</b>	
Employee Only	\$644.11
Employee + Spouse	\$1,417.06
Employee + Child(ren)	\$1,288.25
Employee + Spouse + Child(ren)	\$2,061.19
<b>Dental Plan</b>	
Employee Only	\$44.12
Employee + One	\$86.22
Family	\$119.11
<b>Vision Plan</b>	
Employee Only	\$6.41
Employee + One	\$12.81
Family	\$20.62

## Who Is Eligible

During open enrollment, you 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 1-877-864-9552.**

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 26 (regardless of student status).
- **Vision Plan:** Unmarried children until age 25 (regardless of student status).



## SMU's Preventive Care Benefits

It is important that we do everything we can to prevent illness before it becomes serious. That is not always possible so it is equally important to detect and treat illness in the early stages. SMU offers comprehensive preventive benefits as part of our Medical, Dental, and Vision plans.

### Preventive Physical Exams, Immunizations, and Screenings

- Covers 100% of the cost of annual in-network preventive physical exams, screenings, and immunizations - for you and each of your enrolled dependents.
- In-network preventive mammograms, colonoscopies, and prostate exams are covered at 100%.
- In-network preventive services are never subject to the deductible or the office visit copay.
- Be sure to review the detailed BCBSTX Adult and Child guidelines.

### Preventive Dental Exams/Cleanings

- The Dental Plan covers 100% of the cost of dental exams and cleanings twice each year after you have met a \$50 individual lifetime deductible for you and each of your enrolled dependents.
- Clinical studies indicate that people who practice excellent dental hygiene decrease their risk for gum disease, heart disease, heart attack, stroke, and diabetes.
- 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 matter with your healthcare provider.

### Preventive Eye Exams

- The Vision Plan covers 100% of the cost of a complete in-network eye exam each year after you pay a \$10 copay.
- 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, vision plays 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.

## Medical Coverage

SMU's Health and Wellness Plan, administered by BlueCrossBlueShield of Texas (BCBSTX), includes the \$2,000 Deductible Plan (PPO) and the \$2,800 and \$5,000 High Deductible Health Plans (HDHP). All of the plans cover a wide variety of medical services, but coverage under the HDHPs is very different than coverage under the PPO.

### **\$2,800 and \$5,000 High Deductible Health Plans (HDHP)**

Following is important information regarding the HDHPs:

- With the exception of preventive care services like annual physicals, health screenings, and immunizations, the \$2,800 and \$5,000 HDHPs pay nothing until you satisfy the deductible.
- Once the deductible is satisfied, the \$2,800 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 and you have also satisfied the out-of-pocket maximum, the Plan pays 100% for all covered services for the remainder of the calendar year.
- If you use out-of-network providers, the \$2,800 and \$5,000 HDHPs pay 60% after you have satisfied the out-of-network deductible (this does not include copays).

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



## What You Pay

### \$2,000 Deductible PPO

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



## What You Pay

### \$2,800 High Deductible Health Plan (HDHP)

	In-Network	Out-of-Network
<b>Annual Deductible</b>		
Individual	\$2,800	\$4,000
Family	\$5,600	\$8,000
<b>Annual Out-Of-Pocket Maximum</b> (Includes deductible, copays and coinsurance)		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
<b>Office Visit</b>		
Primary Care Physician (PCP)	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
<b>Routine Preventive Care</b>	You pay \$0 for routine physicals, medical screenings, immunizations, preventive mammograms, colonoscopies and prostate exams	40% after deductible
<b>Emergency Care</b>		
Primary Physician Office	\$25 copay per visit (after deductible has been satisfied)	40% after deductible
Urgent Care Center	\$30 copay per visit (after deductible has been satisfied)	40% after deductible
Emergency Treatment Room <ul style="list-style-type: none"> <li>Accidental Injury &amp; Emergency Care</li> <li>Non-Emergency Care</li> </ul>	\$300 copay (after deductible has been satisfied), copay waived if admitted \$300 copay (after deductible has been satisfied), copay waived if admitted	\$300 copay, then 40% after deductible (copay waived if admitted)
<b>Chiropractic Services</b> (up to 35 visits per calendar year)	0% after deductible	40% after deductible
<b>Hospital Inpatient Care</b> (Preauthorization required)	0% after deductible	40% after deductible \$300 penalty for failure to preauthorize
<b>Hospital Outpatient Care</b>	0% after deductible	40% after deductible
<b>Home Health Care</b> (up to 60 visits per calendar year)	0% after deductible	40% after deductible
<b>Hospice Care</b> (180 day lifetime maximum)	0% after deductible	40% after deductible
<b>Mental Health/Substance Abuse Inpatient Care (Facility)</b> (Preauthorization required)	0% after deductible \$25 copay per visit (PCP) (after deductible has been satisfied)	40% after deductible \$300 penalty for failure to preauthorize
<b>Mental Health/Substance Abuse Outpatient Care (Office Visit)</b> (Preauthorization required)	\$75 copay per visit (Specialist) (after deductible has been satisfied)	40% after deductible \$300 penalty for failure to preauthorize
<b>Speech Therapy</b> Outpatient Visit Doctor Office Visit	0% after deductible \$75 copay per visit (Specialist) (after deductible has been satisfied)	40% after deductible 40% after deductible

**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.

#### IMPORTANT: About Medicare Part D Coverage

If you enroll in the \$2,800 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.



## What You Pay

### \$5,000 High Deductible Health Plan (HDHP)

	In-Network	Out-of-Network
<b>Annual Deductible</b>		
Individual	\$5,000	\$7,500
Family	\$10,000	\$15,000
<b>Annual Out-Of-Pocket Maximum</b> (Includes deductible, copays and coinsurance)		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
<b>Office Visit</b>		
Primary Care Physician (PCP)	0% after deductible	40% after deductible
Specialist	0% after deductible	40% after deductible
<b>Routine Preventive Care</b>	You pay \$0 for routine physicals, medical screenings, immunizations, preventive mammograms, colonoscopies and prostate exams	
		40% after deductible
<b>Emergency Care</b>		
Primary Physician Office	0% after deductible	40% after deductible
Urgent Care Center	0% after deductible	40% after deductible
Emergency Treatment Room		
• Accidental Injury & Emergency Care	0% after deductible	0% after deductible
• Non-Emergency Care	0% after deductible	40% after deductible
<b>Chiropractic Services</b> (up to 35 visits per calendar year)	0% after deductible	40% after deductible
<b>Hospital Inpatient Care</b> (Preauthorization required)	0% after deductible	40% after deductible \$300 penalty for failure to preauthorize
<b>Hospital Outpatient Care</b>	0% after deductible	40% after deductible
<b>Home Health Care</b> (up to 60 visits per calendar year)	0% after deductible	40% after deductible
<b>Hospice Care</b> (180 day lifetime maximum)	0% after deductible	40% after deductible
<b>Mental Health/Substance Abuse Inpatient Care (Facility)</b> (Preauthorization required)	0% after deductible	40% after deductible \$300 penalty for failure to preauthorize
<b>Mental Health/Substance Abuse Outpatient Care (Office Visit)</b> (Preauthorization required)	0% after deductible	40% after deductible \$300 penalty for failure to preauthorize
<b>Speech Therapy</b>		
Outpatient Visit	0% after deductible	40% after deductible
Doctor Office Visit	0% after deductible	40% after deductible

**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.

#### 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.



## Prescription Drug Coverage

Prescription drug benefits are administered by Prime Therapeutics. You have the choice of purchasing your Generic, Preferred Brand Name, and Non-Preferred Brand Name prescriptions through local retail pharmacies or through the AllianceRx Walgreens Prime home delivery service. Specialty medications are only available through the home delivery service via AllianceRx Walgreens Prime's specialty pharmacy. If you have any questions regarding the home delivery service for any of your prescriptions, please call 1-877-627-MEDS (6337).

### 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 \$2,800 Deductible HDHP covers a portion of the cost of prescription drugs after you meet your annual in-network deductible (for both retail network pharmacies and the home delivery service).**

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

Retail (30-day supply)	In-Network You Pay
<b>\$2,000 Deductible PPO</b>	You must satisfy a \$100 deductible <b>each year</b> 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
<b>\$2,800 HDHP</b>	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
<b>\$5,000 HDHP</b>	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



## Home Delivery Prescription Program

The AllianceRx Walgreens Prime home delivery service should be used for prescription medications that you take on a regular basis (maintenance medications) and must be used for all specialty medications. If you have any questions regarding the home delivery service for any of your prescriptions, please call 1-877-627-MEDS (6337).

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 the AllianceRx Walgreens Prime home delivery service is convenient because you can avoid the pharmacy and get a 90-day supply at one time.

Home Delivery	In-Network: You Pay
<b>\$2,000 Deductible PPO</b>	You must satisfy a \$100 deductible <b>each year</b> for any brand name medications; then, you pay the following amounts:
• Generic:	30% of cost up to \$20
• Preferred Brand Name:	30% of cost up to \$98
• Non-Preferred Brand Name:	50% of cost
• Specialty Medication:	30% of cost (up to \$225 max per script)
<b>\$2,800 HDHP</b>	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
• Preferred Brand Name:	30% of cost up to \$98
• Non-Preferred Brand Name:	50% of cost
• Specialty Medication:	30% of cost (up to \$225 max per script)
<b>\$5,000 HDHP</b>	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



## 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.
- You will be required to obtain all covered specialty medications through Prime's home delivery service.

When you obtain covered specialty medications through the AllianceRx Walgreens Prime 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 AllianceRx Walgreens Prime.
- 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](http://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 AllianceRx Walgreens Prime Specialty Pharmacy, call the customer service line at 1-877-627-MEDS**

## Other Medical Information

### Wellbeing Management Program

If you enroll in one of the SMU medical plans, you can take advantage of Wellbeing Management, 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** provides you around-the-clock access to experienced nurses at 1-800-581-0368.
- **Women's and Family Health**, 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 Wellbeing Management 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.

- **High 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 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 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).

## Other Medical Information

### MDLIVE Virtual Visits

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

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

- General health issues such as allergies, asthma, nausea, and sinus infections
- Pediatric care such as cold or flu, ear infections, and pinkeye
- Behavioral health issues like anxiety or depression, child behavior or learning issues, and marital problems
- **The cost per virtual visit is \$10 if enrolled in the \$2,000 PPO and \$44 if enrolled in the \$2,800 or \$5,000 HDHP.**

To register or learn more about MDLIVE Virtual Visits, visit [www.mdlive.com](http://www.mdlive.com)

## Dental Coverage

SMU's Dental Plan is administered by BlueCrossBlueShield 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, prescriptions, and dental services.**

### PPO Dental Plan Summary

Feature	DPPO Plan
<b>Lifetime Preventive Care Deductible*</b>	
• Individual (per person)	\$50
<b>Annual Basic/Major Services Deductible</b>	
• Individual (per person)	\$75
<b>Orthodontic Lifetime Deductible</b>	\$100
<b>Preventive Care Services</b>	The plan pays 100% (after preventive care deductible)
<b>Basic Services</b>	The plan pays 80% (after deductible, up to annual Benefit Maximum)
<b>Major Services</b> (Includes Implants to annual Benefit Maximum)	The plan pays 80% (after deductible, up to annual Benefit Maximum)
<b>Orthodontic Services-Children Only (to age 20)</b>	The plan pays 50% (after deductible) up to a lifetime maximum of \$1,800
<b>Annual Benefit Maximum</b>	\$1,800
<b>Office Visit Copay</b>	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'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.

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>.

## Vision Plan Summary

Service	Service Frequency	In-Network Benefits	Out of Network Benefits
<b>Exam</b>	Once per calendar year	100% after \$10 copay	\$45
<b>Prescription Eyewear</b>	Choose glasses or contacts-You cannot receive both in the same service period.		
<b>Lenses</b>	Once per calendar year	100% after \$15 copay (applies to lenses & frames)	
<b>Frames –OR– Contact Lenses</b>	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*



## Contact Information

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

Coverage	Administrator	Phone/Website/Email
<b>SMU Benefits Department</b>	SMU	214-768-3311 <a href="http://www.smu.edu/hr/benefits@smu.edu">www.smu.edu/hr/benefits@smu.edu</a>
<b>SMU Medical Plans</b>	BlueCrossBlueShield of Texas	1-877-768-2005 <a href="http://www.bcbstx.com">www.bcbstx.com</a>
<b>Prescription Drug Plan</b>	Prime Therapeutics	1-877-768-2005 <a href="http://www.bcbstx.com">www.bcbstx.com</a>
<b>Dental Plan</b>	BlueCrossBlueShield of Texas	1-877-768-2005 <a href="http://www.bcbstx.com">www.bcbstx.com</a>
<b>Vision Plan</b>	VSP	1-800-877-7195 <a href="http://smu.vspforme.com">http://smu.vspforme.com</a>
<b>COBRA Benefits</b>	WageWorks	1-877-864-9552