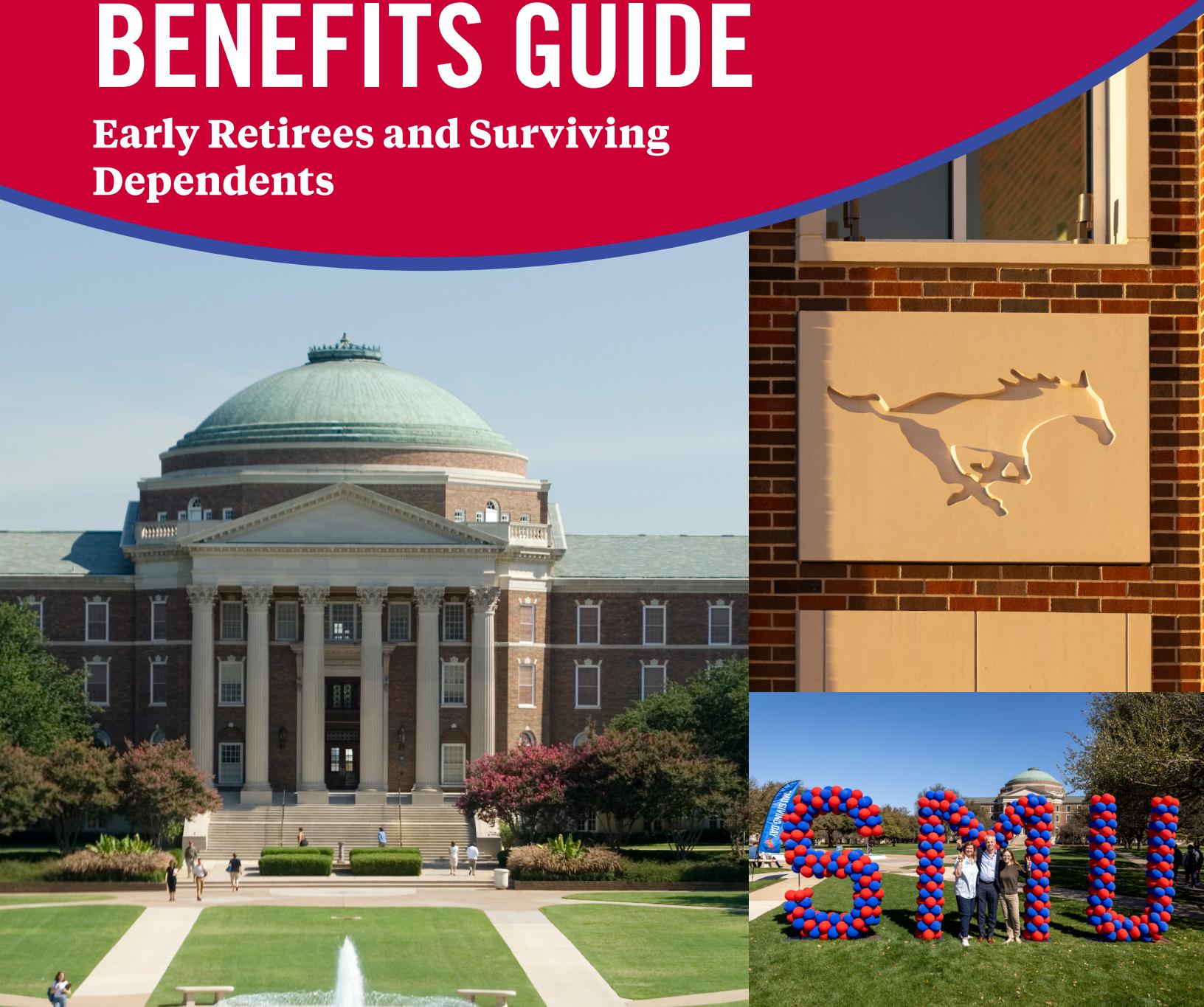


SMU[®]

2026 EMPLOYEE BENEFITS GUIDE

**Early Retirees and Surviving
Dependents**



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BENEFITS PROGRAM HIGHLIGHTS

SMU offers a comprehensive, cost-effective, and competitive benefits package. Taking an active role in understanding and choosing your benefits will help maximize them.

To help you make informed choices, SMU provides several resources, including this Benefits Guide, and the Human Resources website smu.edu/hr.

BENEFITS AT A GLANCE

Medical and Prescription Drug

- **Medical Plan:**
Administered by BCBSTX
 - \$2,000 Deductible PPO
 - \$3,400 and \$5,000 Deductible HDHP – Due to IRS regulations, the deductible on the \$3,300 HDHP will increase to \$3,400 for Individual and \$6,800 for Family in 2026. There are no changes to the \$5,000 Deductible HDHP plan.
- **Prescription Drug Plan:**
Administered by Prime Therapeutics

Dental

- **Dental Plan:**
Administered by BCBSTX

BENEFITS ENROLLMENT

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.

Making 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 or scan/email to benefitsu@smu.edu.
- Your enrollment form must be postmarked no later than **November 17, 2025**. **If you do NOT wish to make any changes, no action is required. Your 2025 elections will continue for 2026.**



Questions?

Navigating your benefits is easier with support and the SMU Benefits team is here to help. When you have questions about your benefit options or need assistance with enrolling, contact the SMU Benefits Department at **214-768-3311**, email benefitsu@smu.edu.

Affordable Care Act Reporting Requirements

SMU is required to file an information return with the IRS and provide Form 1095-C. Form 1095-C indicates if you were offered SMU medical coverage for the prior year and if you enrolled yourself, a spouse, and/or children in SMU medical coverage. You are not required to submit Form 1095-C with your tax, but it is important that you keep the form with your tax records.

BENEFITS COST

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.

Paying For Early Retiree Benefits

	Retiree Cost	SMU Contribution	Total Cost
Medical – \$2,000 PPO			
Employee Only	\$459.95	\$562.17	\$1,022.12
Employee + Spouse	\$1,011.89	\$1,236.76	\$2,248.65
Employee + Child(ren)	\$965.90	\$1,180.54	\$2,146.44
Employee + Family	\$1,471.85	\$1,798.93	\$3,270.77
Medical – \$3,400 HDHP			
Employee Only	\$431.36	\$527.22	\$958.59
Employee + Spouse	\$949.00	\$1,159.89	\$2,108.88
Employee + Child(ren)	\$905.87	\$1,107.17	\$2,013.03
Employee + Family	\$1,380.37	\$1,687.12	\$3,067.49
Medical – \$5,000 HDHP			
Employee Only	\$401.99	\$491.32	\$893.31
Employee + Spouse	\$884.38	\$1,080.91	\$1,965.29
Employee + Child(ren)	\$803.99	\$982.66	\$1,786.65
Employee + Family	\$1,286.39	\$1,572.25	\$2,858.64
Dental Plan			
Employee Only	\$53.49	\$0.00	\$53.49
Employee + One	\$104.54	\$0.00	\$104.54
Employee + Family	\$144.41	\$0.00	\$144.41

On average, SMU employees pay 25% of the overall medical and pharmacy costs while SMU pays approximately 75%. The employee and SMU contributions listed in the tables above and on pages 8–9 are just one part of the total overall medical and pharmacy cost. Other variables that contribute to the overall medical and pharmacy cost include copays (depending on plan election) and coinsurance, both of which are payment toward the annual deductible and out-of-pocket maximum.

EARLY RETIREE INSURANCE PAYMENTS

Paying Online

1. Go to the SMU Early Retiree Premium Payment page: SMU Online Premium Payments Portal
2. On the portal page:
 - Scroll to find Medical Insurance – Early Retiree and Dental sections.
 - Click on the appropriate payment option under each section to add to cart
 - Enter your payer category, name, phone number email address, and payment details.
3. Complete the transaction using a secure credit card or bank transfer.

Paying by Mail

If you prefer mailing a check, use the following details:

- **Make checks payable to:** Southern Methodist University
- **Include:** Your full name, Retiree ID (if available), and insurance type (Medical, Dental, or both)
- **Mail to:**

Attn: Wendy Henry
Southern Methodist University
Financial Accounting – Benefits Retiree
P.O. Box 750233
Dallas, TX 75275-0233

MEDICAL COVERAGE



\$2,000 PPO Plan

- Copays:** \$25 for primary care, \$30 for urgent care, \$75 for specialists (not subject to deductible)
- Deductible:** \$2,000 individual / \$6,000 family
- After Deductible:** You pay 20%, plan pays 80%
- Rx Coverage:** Coinsurance (30–50%) after \$100 brand-name drug deductible
- Best for:** Employees who prefer predictable copays and lower upfront costs for office visits, with higher premiums in exchange for more cost certainty at the point of care

\$3,400 High Deductible Health Plan (HDHP)

- You pay full cost** for most services (including Rx) until you meet the deductible.
- Deductible:** \$3,400 individual / \$6,800 family
- After Deductible:** Plan pays 100%, except:
 - o \$25 copay (PCP)
 - o \$75 copay (Specialist)
 - o \$300 ER copay (if not admitted)
 - o Rx coinsurance applies
- HSA Eligible:** Yes
- Best for:** Employees seeking lower premiums and the opportunity to contribute to an HSA, and who are comfortable paying more out-of-pocket until the deductible is met

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

- You pay 100%** until deductible is met
- Deductible and Out-of-Pocket Max are the same:** \$5,000 individual / \$10,000 family
- After Deductible:** Plan pays everything (no copays or coinsurance).
- HSA Eligible:** Yes
- Best for:** Employees who rarely need care and want the lowest premiums and are prepared to pay the full deductible before the plan pays 100% of covered services

All Plans Cover

- 100% of preventive care** (physicals, screenings, immunizations)
- Virtual visits** with MDLIVE
- Fertility treatments** (up to \$15,000 for medical and \$15,000 for Rx)



Get the Most Current List of In-network Providers

Find online at the Doctor and Hospital Finder at bcbstx.com (select Blue Choice PPO plan option when prompted).



bcbstx.com

2026 Medical Plan Comparison

	\$2,000 PPO		\$3,400 HDHP		\$5,000 HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible						
Individual	\$2,000	\$4,000	\$3,400	\$4,000	\$5,000	\$7,500
Family	\$6,000	\$8,000	\$6,800	\$8,000	\$10,000	\$15,000
Annual Out-of-Pocket Maximum (includes deductible, copays and coinsurance)						
Individual	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000
Family	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000
Office Visit						
Primary Care Physician	\$25 copay not subject to deductible	40%*	\$25 copay after deductible	40%*	\$0 after deductible	40%*
Specialist	\$75 copay not subject to deductible		\$75 copay after deductible		\$0 after deductible	
Routine Preventive Care**	\$0		\$0		\$0	
Emergency Care						
Urgent Care Center	\$30 copay not subject to deductible	40%*	\$30 copay after deductible	40%*	\$0 after deductible	40%*
Hospital Emergency Room						
Emergency Care	Deductible + \$300 copay + 20% Copay waived if admitted to hospital	Deductible + \$300 copay Copay waived if admitted to hospital		0%*		
Non-Emergency Care	Deductible + \$300 copay + 20% Copay waived if admitted to hospital	Deductible + \$300 copay + 40% Copay waived if admitted to hospital	Deductible + \$300 copay + 0% Copay waived if admitted to hospital	Deductible + \$300 copay + 40% Copay waived if admitted to hospital	Deductible + \$300 copay + 40%	

*After deductible has been satisfied ** Routine physicals, medical screenings, immunizations, preventive mammograms, colonoscopies and prostate exams

Fertility treatment coverage provides medically necessary services for fertility treatments including artificial insemination (AI) and in-vitro fertilization (IVF) and includes a lifetime maximum medical benefit up to \$15,000, and lifetime maximum prescription drug benefit up to \$15,000. For more information, contact BCBS at (877)-768-2005.

Note about the \$3,400 and \$5,000 plans: 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 \$3,400 or \$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.

2026 Medical Plan Comparison (continued)

	\$2,000 PPO		\$3,400 HDHP		\$5,000 HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Other Services						
Physical Therapy						
Chiropractic Services Up to 35 visits per calendar year						
Hearing Aids One per ear, every 36 months, no dollar limit						
Hospital Inpatient Care						
Hospital Outpatient Care						
Home Health Care Up to 60 visits per calendar year						
Hospice Care 180-day lifetime maximum						
Mental Health/Substance Abuse Inpatient Care (Facility)						
Mental Health/Substance Abuse Outpatient Care (Office Visit)	PCP visit: \$25 copay Specialist visit: \$75 copay		PCP visit: \$25 copay after deductible Specialist visit: \$75 copay after deductible			
Speech Therapy						
Outpatient Visit	20%*		0%*		0%*	
Doctor Office Visit	Specialist visit: \$75 copay	40%*	Specialist visit: \$75 copay	40%*	Specialist visit: 0%*	40%*

*After deductible has been satisfied ** Routine physicals, medical screenings, immunizations, preventive mammograms, colonoscopies and prostate exams

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IMPORTANT: About Medicare Part D Coverage If you enroll in the \$3,400 or \$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.

PRESCRIPTIONS



Prescription drug benefits are included with all SMU medical plans and administered by Prime Therapeutics. You have access to multiple options for filling prescriptions, depending on the type and duration of your medication. Coverage is available through retail pharmacies, a home delivery program for maintenance medications and a specialty pharmacy program for complex or high-cost treatments.

Retail Prescription Program

This program is for short-term or immediate-use prescriptions, such as antibiotics or pain relievers.

- Available at in-network pharmacies across the U.S.
- 30-day supply per fill
- Prescriptions filled at non-participating pharmacies are typically not covered.

Express Scripts Home Delivery Service

Designed for maintenance medications taken regularly, such as for asthma, blood pressure or diabetes.

- Receive up to a 90-day supply mailed to your home
- Lower out-of-pocket costs compared to retail pharmacies
- Avoid frequent pharmacy visits and benefit from automatic refills mailed directly to your home
- Specialty medications cannot be filled through this program

For questions about the Express Scripts Home Delivery Service, call **833-715-0942**.

Accredo Specialty Prescription Program

Specialty drugs treat complex or chronic conditions, including cancer, multiple sclerosis, rheumatoid arthritis and fertility. These medications often require special handling, storage or administration and must be filled through the Accredo Specialty Pharmacy.

Accredo provides:

- Direct delivery of specialty medications to your home
- 24/7 access to pharmacists and care teams
- Ongoing therapy management and education
- Complimentary supplies such as syringes, sharps containers and storage tools
- Coordination between your doctor and pharmacy to help manage care and authorizations

For questions about the Accredo Specialty Pharmacy, call **833-721-1619**.

For a complete list of medications for which a dispensing limit exists, visit bcbstx.com.

Prescription Costs

The \$3,400 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 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 home delivery program).

		Retail 30-day supply	Home Delivery 90-day supply for maintenance medications 30-day supply for specialty medications
\$2,000 Deductible PPO You pay the following after satisfying a \$100 deductible each year for any brand name medications:			
Generic	30% of cost	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		50% of cost
Specialty Medication	<i>Specialty medications must be filled through Accredo Specialty Pharmacy</i>		30% of cost up to \$225 max. per prescription
\$3,400 Deductible PPO You pay 100% of the cost until you have satisfied the annual plan deductible; then you pay the following amounts:			
Generic	30% of cost	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		50% of cost
Specialty Medication	<i>Specialty medications must be filled through Accredo Specialty Pharmacy</i>		30% of cost up to \$225 max. per prescription
\$5,000 Deductible PPO You pay 100% of the cost until you have satisfied the annual plan deductible; then you pay the following amounts:			
Generic	0% of cost	0% of cost	
Preferred Brand Name			
Non-Preferred Brand Name			
Specialty Medication			

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.

ADDITIONAL COVERAGE AND RESOURCES

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



MDLIVE on App Store



MDLIVE on Google Play

Costs per virtual visit by plan:

- \$2,000 PPO Option = \$0 copay for general medical and behavioral health (deductible does not apply)
- \$3,400 HDHP Option* = \$48 before deductible for general medical, then covered at 100%
- \$5,000 HDHP Option* = \$48 before deductible for general medical, then covered at 100%

*Costs for behavioral health visit on the HDHP plans will vary depending on provider type (licensed therapists, or board-certified doctors). Once the deductible is met, medical and behavioral visits are covered at 100%.

To register or learn more about MDLIVE Virtual Visits, visit mdlive.com.

Well-being Management Through BCBSTX

- This platform provides tools and support to help you stay informed and make confident health decisions, including:
- **24/7 Nurse Line:** Call **800-581-0368** for health advice and round-the-clock access to experienced nurses.
- Online tools for 250+ conditions, treatment options and decision support
- For more information about BCBSTX's Well-being Management platform, please visit bcbstx.com and log into your Blue Access for Members (BAM) portal or call BCBSTX at **800-462-3275**.

Mastectomy Coverage

The 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

Consistent 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).

DENTAL COVERAGE



Your smile matters — so SMU offers dental coverage to help you stay on top of routine care and handle unexpected dental needs. Whether it's preventive visits like cleanings and checkups or more involved services like fillings, crowns or orthodontics, this plan helps make dental care more affordable for you and your family. Coverage is available for individuals, spouses and children, with access to a large network of providers through BlueCross BlueShield of Texas.

If you sign up for the dental plan and the medical plan, you will receive a single ID card that covers medical, prescription, and dental services.

Dental Plan Summary	
Lifetime Preventive Care Deductible	
Per Person	\$50
Annual Out-of-Pocket Maximum (includes deductible, copays and coinsurance)	
Per Person	\$75
Office Visit	
Per Child	\$100
Emergency Care	
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 up to age 20	The plan pays 50%* up to a lifetime maximum of \$1,800 per child
Office Visit Copay	None
Annual Benefit Maximum	
Per Person	\$1,800

*After deductible



CONTACT INFORMATION

SMU Benefits 214-768-3311 benefitsu@smu.edu smu.edu/hr

Coverage	Administrator	Contact and Website
Medical Plans	BlueCross BlueShield of Texas	877-768-2005 bcbstx.com
Prescription Drug Plan	Prime Therapeutics	800-858-0723 myprime.com
Prescription Mail Order	Express-Scripts Mail Order	833-715-0942 express-scripts.com/rx
Prescription Specialty Drug	Specialty Rx	833-721-1619 accredo.com
MDLIVE	Virtual Visits (General Medical and Behavioral)	877-768-2005 bcbstx.com
Dental Plan	BlueCross BlueShield of Texas	877-768-2005 bcbstx.com

