Dear International SMU Students,

On behalf of the Student Health Center, welcome to SMU!

For the 2024-2025 Academic Year, SMU has partnered with Academic HealthPlans, Inc. (AHP), a Risk Strategies Company and Blue Cross and Blue Shield of Texas to provide high-quality health insurance coverage for our students and their dependents. The University’s Student Health Insurance Plan (SHIP) for Intensive English Program (IEP) Students provides coverage for accidents and sicknesses, hospitalizations, emergency room, wellness and other services. Your deductible will be waived for treatment at the Student Health Center. The plan also provides travel assistance services for medical evacuations and repatriation. To learn more, please visit smu.myahpcare.com and select “Benefits.”

SMU requires all International students, attending on a visa and enrolled in the Intensive English Program, to enroll in the University’s Student Health Insurance Plan.**

**IEP Students will be automatically enrolled from a list from your Department and the charge will be assessed to your student account.**

** There are two possible exceptions to this requirement:

1. The Embassy purchases and provides the student with comparable U.S. health insurance coverage.
2. A spouse or parent extends U.S. medical insurance benefits through their U.S. employer to the international student, including international medical evacuation and repatriation.

If either exception applies to you, you are eligible to submit a waiver from purchasing the University Student Health Insurance Plan. Students only have to submit a waiver once per year. To be considered for a waiver you must take the following steps:

- Send an email with your name and student ID number in the email to studenthealthinsurance@smu.edu;
- Provide a copy of your health insurance policy or certificate and insurance ID card (front & back); and
- Wait to receive confirmation from the Student Health Insurance Office that your waiver is approved.

Please Note: International policies or policies from the student’s home country do not qualify for a waiver.

If you take no action to seek and receive a waiver approval by the deadline, you will automatically be enrolled in the SMU plan for students and the premium charges will be applied to your account. These charges are non-refundable.

After you have been enrolled in the Student Health Insurance Plan, you can register for and access your Insurance ID card at smu.myahpcare.com/additionalresources under Account Information.

If you have any questions, please contact the Insurance Office at the Student Health Center at studenthealthinsurance@smu.edu or (214) 768-3408.
Student Health Insurance Plan
for Southern Methodist University - Intensive English Program Students
2024 – 2025

AcademicBlue is offered by Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.
Welcome to AcademicBlue, your Student Health Insurance Plan offered by Blue Cross and Blue Shield of Texas (BCBSTX).

Who can enroll?

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

Eligible dependents of those enrolled in the plan may participate in the plan on a voluntary basis.

How to enroll?

Students will be enrolled from a list given to the Student Health Insurance Office from the IEP Department and the premium will be applied to their student account unless they have an approved waiver from the SMU Student Health Insurance Office. Students only have to submit a waiver once per school year. Dependent coverage is available. Payment must be paid directly to Academic HealthPlans and may not be billed to the student’s account. Dependent coverage is available through online enrollment at smu.myahpcare.com.

Additonal Plan Information

For full details of participation in the plan, please view the plan policy online at: smu.myahpcare.com.

Advantages of Membership

- Affordable, quality coverage compatible with the Affordable Care Act
- Coverage when traveling
- Access to a broad Participating Provider Option (PPO) network from BCBSTX
- Bilingual 24/7 Nurseline, telehealth and behavioral health program
- Discounts on vision, fitness and many more products and services

Premium Costs and Coverage Periods

<table>
<thead>
<tr>
<th></th>
<th>Fall</th>
<th>Spring</th>
<th>Maymester</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates Covered</td>
<td>8/30/2024 - 1/02/2025</td>
<td>1/03/2025 - 4/30/2025</td>
<td>5/01/2025 - 6/18/2025</td>
<td>6/19/2025 - 8/29/2025</td>
</tr>
<tr>
<td>Student Rate</td>
<td>$1,356</td>
<td>$1,271</td>
<td>$528</td>
<td>$775</td>
</tr>
<tr>
<td>Spouse Rate</td>
<td>$1,356</td>
<td>$1,271</td>
<td>$528</td>
<td>$775</td>
</tr>
<tr>
<td>Per Child Rate</td>
<td>$1,356</td>
<td>$1,271</td>
<td>$528</td>
<td>$775</td>
</tr>
<tr>
<td>(2 child max)</td>
<td></td>
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</tbody>
</table>

Fall rates include a $14 AES/ASAP/ALC fee.
Spring/Summer rates include a $14 AES/ASAP/ALC fee.
Maymester rates include a $6 AES/ASAP/ALC fee.
Summer rates include a $8 AES/ASAP/ALC fee.

To see all enrollment and coverage periods available, please visit smu.myahpcare.com.
At the Dr. Bob Smith Health Center, there are no copayments for routine office visits. The Deductible is waived, covered expenses will be payable at 80% for insured students. Adult immunizations covered at the SHC include TB skin test, MMR#1, MMR#2, Tdap, Td and meningitis.

Prescription Drugs at the Student Health Center only, covered at 100% after a $15 copayment for each generic drug and $40 copayment for each brand name drug.

<table>
<thead>
<tr>
<th>Benefit Maximums and Deductibles</th>
<th>In-Network Provider</th>
<th>Out-of-Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Maximum</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Deductible (Individual/Family)</td>
<td>$400 / $1,200</td>
<td>$1,200 / $3,600</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum (Individual/Family)</td>
<td>$7,900 / $12,700</td>
<td>$10,000 / $37,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefits (Deductible applies unless noted below)</th>
<th>In-Network Provider</th>
<th>Out-of-Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Expenses</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Surgical Expenses</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Doctor’s Visits</td>
<td>100% after $30 Copayment per visit (deductible waived)</td>
<td>60%</td>
</tr>
<tr>
<td>Emergency Care and Accidental Injury</td>
<td>80% after $250 Copayment (deductible waived)</td>
<td>80% after $250 Copayment (deductible waived)</td>
</tr>
<tr>
<td>Physician Services</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Diagnostic X-Rays &amp; Laboratory Procedures</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Preventative Care Services</td>
<td>100%</td>
<td>60%</td>
</tr>
</tbody>
</table>

Prescription Drugs
Limited to 30-day retail supply - Prescriptions filled at the Student Health Center: 100% of allowable amount after a $15/$40 Copayment (Deductible waived)

**Copayment plus the cost difference between the brand-name drug or supplies per prescription for which there is a generic drug or supply available.

At pharmacies contracting with Prime Therapeutics*, 100% after:
- $25 copayment for each preferred generic drug
- $75 copayment for each non-preferred generic drug
- $50 copayment for each preferred brand-name drug**
- $75 copayment for each non-preferred brand-name drug**

60% after:
- $25 copayment for each preferred generic drug
- $75 copayment for each non-preferred generic drug
- $50 copayment for each preferred brand-name drug**
- $75 copayment for each non-preferred brand-name drug**

Please note: You are required to pay the full amount charged at the time of service for all prescriptions dispensed at an out-of-network provider and must file a claim for reimbursement.
Enrollment is easy!

Open Enrollment Dates

Fall: 08/16/2024 - 10/11/2024
Spring/Summer: 10/30/2024 - 02/19/2025
Maymester: 02/21/2025 - 06/02/2025
Summer: 04/15/2025 - 07/29/2025

Questions

To view the plan policy, Frequently Asked Questions or submit a request, please visit: smu.myahpcare.com
Health care coverage is important for everyone.

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984. We provide free communication aids and services for anyone with a disability or who needs language assistance.

We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability. If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St., 35th Floor
Chicago, IL 60601
Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201
Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Complaint Portal: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Complaint Forms: https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html

To receive language or communication assistance free of charge, please call us at 855-710-6984.

Español Llámenos al 855-710-6984 para recibir asistencia lingüística o comunicación en otros formatos sin costo.

العربية للاستفسار أو الإبلاغ عن حالات التمييز المنسوبة إلى العرق أو الأجناس أو الجنس أو التوجه الجنسي أو العمر أو التوجه الجنسي أو الإصابة أو الإعاقة أو اللغة، يرجى الاتصال بمكتب الرفاهي للإنسانية.

한국어 언어 또는 의사소통 지원을 무료로 받으려면 855-710-6984번으로 전화해 주세요.

Navajo Niná: Doo bilagáana bizaad dînits’ágóó, shá ata’ hodooini nínízingo, t’áajíik’ééh bee náhaz’á. 1-866-560-4042 ji’ hodíínlí.

Español Llámenos al 855-710-6984 para recibir asistencia lingüística o comunicación en otros formatos sin costo.