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) 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 taking one (1) or more credit hours, to enroll in the University’s Student Health Insurance Plan.**

You should enroll in the Plan after you have selected your classes and before the Fall waiver deadline. To do so:

1. Go to the Student Center component of My.SMU.edu
2. Click “Student Health Insurance” tile
3. Select “Mandatory Health Insurance”
4. Add your Date of Birth and Social Security Number
5. Click the Enroll button and the semi-annual premium will be charged to your SMU tuition account

** There are two possible exceptions to this requirement:
- The Embassy purchases and provides the student with comparable US health insurance coverage.
- A spouse or parent extends U.S. medical insurance benefits through their US 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. To be considered for a waiver you must take the following steps:
- Click the Waive button from step five in the above instructions to complete the International Waiver form.
- Provide a copy of your health insurance policy or certificate and insurance ID card (front & back).
- Submit the information to the Student Health Center by the required waiver deadline. Students only have to submit a waiver once a year.
  - Fall 2024: September 7, 2024
  - Spring 2025: February 7, 2025 (New students only)

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

If you take no action to either enroll in the University’s Student Health Insurance Plan or 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. Please do not wait be auto-enrolled as this delays your information transferring to Blue Cross and Blue Shield of Texas.

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 - International Students

2024 – 2025
Welcome to AcademicBlue, your Student Health Insurance Plan offered by Blue Cross and Blue Shield of Texas (BCBSTX).

Who can enroll?
All international students who are enrolled in one (1) or more credit hours are required to maintain the Student Health Insurance Plan as a condition of enrollment. International 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, please go to smu.edu/healthinsurance.

After enrolling for classes, international students must elect coverage online by going to the student center component of MY.SMU.EDU and selecting the “Health Insurance” button. Students only have to enroll or waive one time per school year. The semi-annual premium will be charged to the student’s SMU student account after they enroll. Any student not enrolled by the deadline will automatically be enrolled and the premium charged to their SMU student account. No changes will be made to a student’s SMU account after September 7, 2024 for Fall 2024. For more detailed information, including a “Frequently Asked Questions” page, please visit smu.edu/healthinsurance.

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

Additional 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/Summer</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates Covered</td>
<td>8/01/2024 - 12/31/2024</td>
<td>1/01/2025 - 7/31/2025</td>
<td>5/01/2025 - 7/31/2025</td>
</tr>
<tr>
<td>Student Rate</td>
<td>$2,010</td>
<td>$2,010</td>
<td>$1,021</td>
</tr>
<tr>
<td>Spouse Rate</td>
<td>$2,010</td>
<td>$2,010</td>
<td>$1,021</td>
</tr>
<tr>
<td>Per Child Rate (2 child max)</td>
<td>$2,010</td>
<td>$2,010</td>
<td>$1,021</td>
</tr>
</tbody>
</table>

Fall rates include a $21 AES/ASAP/ALC fee and $45.50 University Administrative fee.
Spring/Summer rates include a $21 AES/ASAP/ALC fee and a $45.50 University Administrative fee.
Summer rates include a $11 AES/ASAP/ALC and $30 University Administrative 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.

### Benefit Maximums and Deductibles

<table>
<thead>
<tr>
<th>Benefit Maximum</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>

### Benefits

<table>
<thead>
<tr>
<th>Benefits</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.

<table>
<thead>
<tr>
<th>Prescription Drugs</th>
<th>In-Network Provider</th>
<th>Out-of-Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>At pharmacies contracting with Prime Therapeutics*, 100% after:</td>
<td>60% after:</td>
</tr>
<tr>
<td></td>
<td>• $25 copayment for each preferred generic drug</td>
<td>• $25 copayment for each preferred generic drug</td>
</tr>
<tr>
<td></td>
<td>• $75 copayment for each non-preferred generic drug</td>
<td>• $75 copayment for each non-preferred generic drug</td>
</tr>
<tr>
<td></td>
<td>• $50 copayment for each preferred brand-name drug**</td>
<td>• $50 copayment for each preferred brand-name drug**</td>
</tr>
<tr>
<td></td>
<td>• $75 copayment for each non-preferred brand-name drug**</td>
<td>• $75 copayment for each non-preferred brand-name drug**</td>
</tr>
</tbody>
</table>

**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:** 04/17/2024 – 09/07/2024  
**Spring/Summer:** 11/01/2024 – 02/07/2025  
**Summer:** 04/15/2025 – 07/29/2025

**Waiver Deadlines**

**Fall:** 04/17/2024 – 09/07/2024  
**Spring/Summer:** 11/01/2024 – 02/07/2025

**Questions**

To view the plan policy, Frequently Asked Questions or submit a request, please visit: smu.ahpcare.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
Fax: 855-661-6960

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 لتلقي المساعدة اللغوية أو التواصل مجاناً، يرجى الاتصال بنا على الرقم 6984-710-855.

繁體中文 如欲獲得免費語言或溝通協助，請撥打855-710-6984與我們聯絡。

Français Pour bénéficier gratuitement d'une assistance linguistique ou d'une aide à la communication, veuillez nous appeler au 855-710-6984.

Deutsch Um kostenlose Sprach- oder Kommunikationshilfe zu erhalten, rufen Sie uns bitte unter 855-710-6984 an.

हिंदी निस्स्मलित भाषा या संचार सहायता प्राप्त करने के लिए, कृपया हमें 855-710-6984 पर कॉल करें।

Italiano Per assistenza gratuita alla lingua o alla comunicazione, chiami il numero 855-710-6984.

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

Navajo Niná: Doo bilagáana bizaad dinits’á’góó, shá ata’ hodooini nínízingo, t’áajík’eh bee náhaz’á. 1-866-560-4042 ji’ hodíílní.

Polski Aby uzyskać bezpłatną pomoc językową lub komunikacyjną, prosimy o kontakt pod numerem 855-710-6984.

Русский Чтобы бесплатно воспользоваться услугами перевода или получить помощь при общении, звоните нам по телефону 855-710-6984.

Tagalog Para makatanggap ng tulong sa wika o komunikasyon nang walang bayad, pakitawagan kami sa 855-710-6984.

Tiếng Việt Để được hỗ trợ ngôn ngữ hoặc giao tiếp miễn phí, vui lòng gọi cho chúng tôi theo số 855-710-6984.