

Dear Domestic 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](http://smu.myahpcare.com) and select "Benefits."

SMU requires all Domestic students, both undergraduate and graduate, taking nine (9) or more credit hours to have health insurance through either an individual/family plan or the University offered plan. SMU's mandatory policy requires those students with the enrollment status mentioned to provide documentation of current insurance coverage or to enroll in the Student Health Insurance Plan (SHIP) by the deadline date. Students only have to enroll or waive one time per school year. Students will do so, after they have enrolled for classes, by selecting the 'Student Health Insurance' tile in the 'Student Center' component of [My.SMU.edu](http://My.SMU.edu). Select "Mandatory Health Insurance" and enter your Date of Birth and Social Security Number. Select the Enroll button to enroll in the plan, or the Waive button to complete a waiver form (Documentation **must be done** in [My.SMU.edu](http://My.SMU.edu) to be considered for a waiver. Any other documentation will not be accepted. (i.e. providing documentation on a Health History form, by fax, etc.)) You should enroll in the Plan after you have selected your classes and before the Fall waiver deadline.

For domestic students maintaining their own private coverage the student must waive SHIP coverage in order to avoid automatic enrollment into SHIP.

- Semi-annual premium charge of \$2,010.00 applied to the student's University account
- The deadline for Fall 2024 is September 7, 2024.
- The deadline for Spring 2025 is February 7, 2025 (New students only)

**No reversals of premiums or changes to insurance can be made after the Fall deadline. Students will also be enrolled in the Spring semester if their Fall waiver is not approved.**

For more information and instructions on how to WAIVE or ELECT coverage please visit [smu.edu/healthinsurance](http://smu.edu/healthinsurance).

**The Student Health Center files claims for the Student Health Insurance Plan only.** Students who have other insurance will be provided an itemized receipt upon request at the time of service so that they may file the visit with their insurance company on their own. This receipt is adequate to file with insurance companies for reimbursement.

*Health insurance is separate from the student health center fees and is paid for independently.*

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](http://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](mailto:studenthealthinsurance@smu.edu) or (214) 768-3408.



# Student Health Insurance Plan for Southern Methodist University - Domestic 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 domestic students taking nine (9) or more credit hours are required to maintain health insurance as a condition of enrollment. A domestic student may waive out of the policy by documenting current comparable U.S. insurance coverage in the Student Center component of **MY.SMU.EDU** before the deadline.

Domestic students not waiving are required to enroll in the Student Health Insurance Plan. Students only have to enroll or waive one time per school year. To complete the waiver or elect coverage, go to the Student Center component of **MY.SMU.EDU**. If you choose not to elect coverage, or do not waive coverage, by the waiver deadline, the premium will be charged to your 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, please visit **smu.edu/healthinsurance**.

Domestic Students taking between four and eight credit hours are eligible to enroll on a voluntary basis during the open enrollment period (prior to the waiver deadline) and have their premium billed to their SMU student account. Students taking eight (8) hours or less will not be automatically enrolled.

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

	Fall	Spring/Summer	Summer
Dates Covered	8/01/2024 - 12/31/2024	1/01/2025 - 7/31/2025	5/01/2025 - 7/31/2025
Student Rate	\$2,010	\$2,010	\$1,021
Spouse Rate	\$2,010	\$2,010	\$1,021
Per Child Rate (2 child max)	\$2,010	\$2,010	\$1,021

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**.

## Student Health Center

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	In-Network Provider	Out-of-Network Provider
<b>Benefit Maximum</b>	Unlimited	Unlimited
<b>Deductible (Individual/Family)</b>	\$400 / \$1,200	\$1,200 / \$3,600
<b>Out-of-Pocket Maximum (Individual/Family)</b>	\$7,900 / \$12,700	\$10,000 / \$37,000

Benefits (Deductible applies unless noted below)	In-Network Provider	Out-of-Network Provider
<b>Hospital Expenses</b>	80%	60%
<b>Surgical Expenses</b>	80%	60%
<b>Doctor's Visits</b>	100% after \$30 Copayment per visit (deductible waived)	60%
<b>Emergency Care and Accidental Injury</b> Facility Services - Copayment is waived if the insured is admitted, inpatient hospital expenses will apply.	80% after \$250 Copayment (deductible waived)	80% after \$250 Copayment (deductible waived)
<b>Physician Services</b>	80%	60%
<b>Diagnostic X-Rays &amp; Laboratory Procedures</b>	80%	60%
<b>Preventative Care Services</b>	100%	60%
<p><b>Prescription Drugs</b> Limited to 30-day retail supply - Prescriptions filled at the Student Health Center: 100% of allowable amount after a \$15/ \$40 Copayment (Deductible waived)</p> <p>**Copayment plus the cost difference between the brand-name drug or supplies per prescription for which there is a generic drug or supply available.</p>	<p>At pharmacies contracting with Prime Therapeutics*, 100% after:</p> <ul style="list-style-type: none"> <li>• \$25 copayment for each preferred generic drug</li> <li>• \$75 copayment for each non-preferred generic drug</li> <li>• \$50 copayment for each preferred brand-name drug**</li> <li>• \$75 copayment for each non-preferred brand-name drug**</li> </ul>	<p>60% after:</p> <ul style="list-style-type: none"> <li>• \$25 copayment for each preferred generic drug</li> <li>• \$75 copayment for each non-preferred generic drug</li> <li>• \$50 copayment for each preferred brand-name drug**</li> <li>• \$75 copayment for each non-preferred brand-name drug**</li> </ul> <p><b>Please note:</b> 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.</p>



## Enrollment is easy!

### Open Enrollment Deadlines

**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](https://smu.ahpcare.com).

Academic HealthPlans, Inc. (AHP), a Risk Strategies Company is an independent company that provides program management and administrative services for the student health plans of Blue Cross and Blue Shield of Texas.

This document is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered expenses are subject to plan maximums, limitations and exclusions as described in the policy. The PPO network is BCBSTX Participating Provider Option (PPO) Network.

Covered charges at in-network and out-of-network providers are based on the allowable amount. For more information, please see your school's policy.

\*The relationship between Blue Cross and Blue Shield of Texas (BCBSTX) and contracting pharmacies is that of independent contractors, contracted through a related company, Prime Therapeutics LLC. Prime Therapeutics LLC is a separate company that also administers the pharmacy benefit program. BCBSTX, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

To get help and information in your language at no cost, please call us at 855-710-6984.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-710-6984 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 855-710-6984 (TTY: 711).



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., 35<sup>th</sup> 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: 800-368-1019  
TTY/TDD: 800-537-7697  
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	للقبول مساعفة اعلفول عففة الة ءول مل مءن افرء الالءص الءن اعل ءلر قءم 855-710-6984.
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.
ગુજરાતી	ભાષા અથવા સંચાર સહાય મદ્દતમાં મેળવવા માટે, કૃપા કરીને અમને 855-710-6984 પર કોલ કરો.
हिंदी	निःशुल्क 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' hodooni nínízingo, t'áájíík'eh bee náhaz'á. 1-866-560-4042 jí' hodíilni.
فارسی	برای دریافت کمک کنزافی یا انوباطی ایگان، بل فلباش ماره 855-710-6984 تم اسرگی بی.
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.
اردو	فہمء ہر زبانیا موصولءءکی مدء موصولءکنءک ءلءے بر لءر مءہں 855-710-6984 ءلءل کویں۔
Tiếng Việt	Để được hỗ trợ ngôn ngữ hoặc giao tiếp miễn phí, vui lòng gọi cho chúng tôi theo số 855-710-6984.