

**2011–2012  
Student Health  
Insurance Plan  
Endorsed by Southern  
Methodist University**



Your school-endorsed **Domestic** Plan offers you these benefits, services and programs.



**Academic HealthPlans and Aetna Student Health, working with Southern Methodist University, offers a student-focused health insurance plan that protects students at school, at home, and while traveling or studying abroad.**

**What is the Plan All About?**

- The Lifetime Maximum is \$200,000 Per Injury or Sickness
- Annual Plan deductible is \$250 Per Person Per Policy Year
- Annual Out of Pocket Maximum is \$3,000 Preferred Care, \$6,000 Non-Preferred Care
- The Pharmacy Maximum is \$2,500 per year – Copays: \$15 Generic & \$40 Brand

**This plan may not cover all your health care expenses.**

**Who is eligible?**

All Domestic students taking nine (9) credit hours or more **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 ACCESS.SMU before the deadline each semester. Domestic students not waiving are required to enroll in the Student Health Insurance Plan.** To complete the waiver or elect coverage, go to the **Student Center** component of **Access.SMU**. If you choose 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 August 26th for Fall 2011 or January 23rd for Spring 2012.** For more detailed information, please visit <http://smu.edu/healthinsurance>.

All Domestic students taking between one (1) to eight (8) credit hours are eligible to enroll on a voluntary basis during the open enrollment deadline (prior to the waiver deadline) and have their premium billed to their SMU Student Account. Dissertation students not taking any credits are eligible to enroll during the open enrollment period **only** if their Student Health Insurance premiums are fully paid by their department.

**How much does it cost?**

|                      | Fall                   | Spring/Summer          | Summer                 |
|----------------------|------------------------|------------------------|------------------------|
| <b>DATES COVERED</b> | 08/13/11 thru 01/09/12 | 01/10/12 thru 08/12/12 | 05/17/12 thru 08/12/12 |
| <b>DEADLINE</b>      | Aug 26, 2011           | Jan 23, 2012           | June 05, 2012          |
| <b>RATE</b>          | \$759                  | \$759                  | \$369                  |

Visit [www.ahpcare.com/smu](http://www.ahpcare.com/smu) for dependent rate information.

**Learn More**

Visit your one-stop website at [www.ahpcare.com/smu](http://www.ahpcare.com/smu) to learn more details about Plan benefits and other Plan features. Call (855) 247-2273

**Memorial Health Center  
Southern Methodist University  
6211 Bishop Blvd  
Dallas, TX 75205**

The Student Health Insurance Plan endorsed by Southern Methodist University may not cover all your health care expenses. The plan excludes coverage for certain services and contains limitations on the amounts it will pay. Please read the SMU brochure carefully before deciding whether this plan is right for you. While this document and the SMU brochure tell you about some of the important features of the plan, other features may be important to you and some further limit what the plan will pay.

The Student Health Insurance Plan endorsed by Southern Methodist University is underwritten by Aetna Life Insurance Company (ALIC) and administered by Chickering Claims Administrators, Inc. Aetna Student Health<sup>SM</sup> is the brand name for products and services provided by these companies and their applicable affiliated companies.  
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This plan will never pay more than \$200,000 in a coverage year or more than \$200,000 lifetime and per condition maximums and any other significant internal maximums, such as pharmacy, outpatient or mental health. Additional plan maximums may also apply. Some illnesses may cost more to treat and health care providers may bill you for what the plan does not cover.

|  |  |  |
|--|--|--|
| <b>Lifetime Maximum</b>  | \$200,000 Maximum Lifetime Benefit per Accident or Sickness  |  |
| <b>Plan Deductible</b>   | \$250 per Person / \$500 per Family per Policy Year  |  |
| <b>Annual Out-of-Pocket Maximum</b>  | <u>Preferred Care</u><br>\$3,000 per Accident or Sickness per Policy Year  |  |
| <b>Does not include deductible</b>   | <u>Non -Preferred Care</u><br>\$6,000 per Accident or Sickness per Policy Year   |  |
| <b>Student Health Center Coverage</b>  | Memorial Health Center and Covered Medical Expenses will be payable at 80% for insured students who have paid the SMU University Health Center fee.<br>Adult immunizations covered at the Memorial Health Center include TB skin test, MMR#1, MMR#2, Tdap and Td.  |  |
| <b>Inpatient Benefits</b>  |  |  |
|  | <b>Preferred Care</b>  | <b>Non-Preferred Care</b>  |
| Hospital Room & Board Expense  | 80% of the Negotiated Charge for the semi-private room rate for an overnight stay  | 60% of the Reasonable Charge for the semi-private room rate for an overnight stay  |
| Surgery (Inpatient & Outpatient)   | 80% of the Negotiated Charge   | 60% of the Reasonable Charge.  |
| <b>Outpatient Benefits</b>   |  |  |
| <i>Covered Medical Expenses include, but are not limited to: Physician's office visits, hospital or out-patient department or emergency room visits, durable medical equipment, physical therapy, clinical lab, tests and procedures, radiological facility or other similar facility licensed by the state.</i>   |  |  |
|  | <b>Preferred Care</b>  | <b>Non-Preferred Care</b>  |
| Wellness Benefit<br><i>Covered Medical Expenses are payable up to a maximum of \$500 per Policy Year</i>   | 80% of the Negotiated Charge   | 60% of the Reasonable Charge   |
| Physician's Office Visits  | 80% of the Negotiated Charge   | 60% of the Reasonable Charge   |
| Emergency Care   | 80% of the Negotiated Charge after a \$100 copay per visit   | 80% of the Reasonable Charge after a \$100 deductible per visit  |
| Diagnostic X-ray and Laboratory Expense  | 80% of the Negotiated Charge   | 60% of the Reasonable Charge   |
| <b>Prescription Drug Benefit</b>   |  |  |
|  | <b>Preferred Care</b>  | <b>Non-Preferred Care*</b>   |
| Covered Medical Expenses for outpatient Prescription Drugs associated with a covered Sickness or covered Accident occurring during the Policy Year<br><br>Prescription Drug Policy Year Maximum: \$2,500<br><i>*Please note: You are required to pay in full at the time of service for all Prescriptions dispensed at a Non-Participating Pharmacy.</i> | <b>At SMU MHC</b><br><b>Generic Prescription Drug:</b><br>100% of the Negotiated Charge after a \$15 Copay<br><b>Brand Name Prescription Drug:</b><br>100% of the Negotiated Charge after a \$40 Copay<br><br><b>Preferred Pharmacy</b><br><b>Generic Prescription Drug:</b><br>100% of the Negotiated Charge after a \$25 Copay<br><b>Brand Name Prescription Drug:</b><br>100% of the Negotiated Charge after a \$50 Copay | <b>Generic Prescription Drug:</b><br>100% of the Reasonable Charge after a \$25 Deductible.<br><b>Brand Name Prescription Drug:</b><br>100% of the Reasonable Charge after a \$50 Deductible |