

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



Your school-endorsed **International** 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 International Students 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 Health Center staff. To view the requirements necessary to apply for a waiver or to print a waiver form, please go to www.smu.edu/healthinsurance.

After enrolling for classes each semester, International Students must elect coverage online by going to the **student center** component of **Access.SMU** and selecting the “Health Insurance” button. The semi-annual premium will be charged to the student’s SMU student account after they enroll in **Access.SMU**. 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 August 26th for Fall 2011 or January 23rd for Spring 2012.** For more detailed information, including a Frequently Asked Page please visit <http://smu.edu/healthinsurance>.

How much does it cost?

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

Visit www.ahpcare.com/smu for dependent rate information.

Learn More

Visit your one-stop website at 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 HealthSM 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.

Lifetime Maximum	\$200,000 Maximum Lifetime Benefit per Accident or Sickness	
Plan Deductible	\$250 per Person / \$500 per Family per Policy Year	
Annual Out-of-Pocket Maximum	<u>Preferred Care</u> \$3,000 per Accident or Sickness per Policy Year	
Does not include deductible	<u>Non -Preferred Care</u> \$6,000 per Accident or Sickness per Policy Year	
Student Health Center Coverage	Memorial Health Center and Covered Medical Expenses will be payable at 80% for insured students who have paid the SMU University Health Center fee. Adult immunizations covered at the Memorial Health Center include TB skin test, MMR#1, MMR#2, Tdap and Td.	
Inpatient Benefits		
	Preferred Care	Non-Preferred Care
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.
Outpatient Benefits		
<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>		
	Preferred Care	Non-Preferred Care
Wellness Benefit <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
Prescription Drug Benefit		
	Preferred Care	Non-Preferred Care*
Covered Medical Expenses for outpatient Prescription Drugs associated with a covered Sickness or covered Accident occurring during the Policy Year Prescription Drug Policy Year Maximum: \$2,500 <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>	At SMU MHC Generic Prescription Drug: 100% of the Negotiated Charge after a \$15 Copay Brand Name Prescription Drug: 100% of the Negotiated Charge after a \$40 Copay Preferred Pharmacy Generic Prescription Drug: 100% of the Negotiated Charge after a \$25 Copay Brand Name Prescription Drug: 100% of the Negotiated Charge after a \$50 Copay	Generic Prescription Drug: 100% of the Reasonable Charge after a \$25 Deductible. Brand Name Prescription Drug: 100% of the Reasonable Charge after a \$50 Deductible