



SMUSM

Southern Methodist University Benefits Booklet 2011



SMU HUMAN RESOURCES

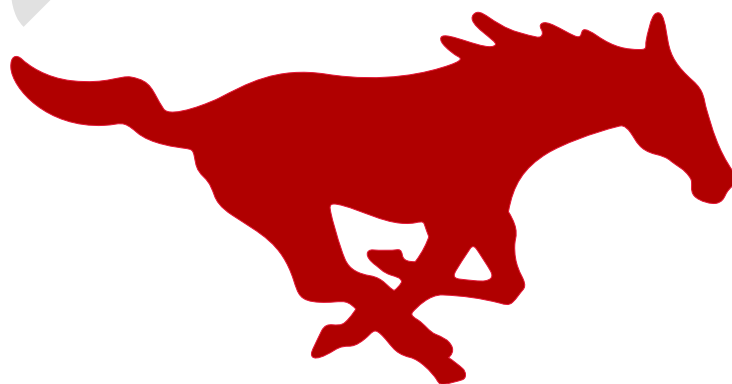


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Note: *This guide provides you with a comprehensive overview of the SMU benefits program. However, more details on each of the plans, as well as direct links to our vendor websites, can be found on [Benefits U](http://smu.edu/hr/benefits) (<http://smu.edu/hr/benefits>).*

This booklet highlights the main features of many of the benefit plans sponsored by SMU. Full details of these benefits are contained in the legal documents governing the plans. If there is any discrepancy or conflict between the plan documents and the information presented here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Participation in the plans does not constitute an employment contract. SMU reserves the rights to modify, amend, or terminate any benefit plan or practice described in this guide at any time. Nothing in this guide guarantees that any new plan provisions will continue in effect for any period of time. This guide serves as a summary of material modifications as required by the Employee Retirement Income Security Act of 1974, as amended.

Our Benefits Program

SMU offers a comprehensive, cost-effective and competitive benefits package to help protect you and your family. But it works only if you take control and make thoughtful decisions about your benefits. You need to take an active role in understanding and choosing your benefits. This way, you can be sure your benefits support your needs and goals.

To help you make informed benefits choices, SMU gives you several tools, including this Benefits Guide, SMU's [Benefits U](#) website (<http://smu.edu/hr/benefits>), and Online New Employee Orientation.

It's time to think about your benefit needs and enroll in the benefits that will meet those needs.

SMU offers a wide range of benefit options and the chance to make new decisions each year.

Benefits Options at a Glance

Medical and Prescription Drug

- SMU Health and Wellness Plan
 - Medical Plan (administered by Blue Cross/Blue Shield of Texas)
 - \$500 Deductible PPO Option (plan will no longer be offered after 2011)
 - \$1,000 Deductible PPO Option
 - \$2,000 Deductible PPO Option
 - \$2,500 Deductible PPO Option with Health Savings Account (HSA)
 - Prescription Drug Plan (administered by Medco)

Dental

- Freedom-of-Choice Dental Plan (administered by Aetna)

Vision

- Vision Plan (administered by VSP)

Flexible Spending Accounts (FSA)

- Health Care FSA (administered by Discovery Benefits)
- Dependent Care FSA (administered by Discovery Benefits)

Life and AD&D Insurance

- Basic Group Life Insurance (administered by Reliance Standard)
- Supplemental Group Life Insurance (administered by Reliance Standard)
- Supplemental Accidental Death and Dismemberment Insurance (administered by Reliance Standard)

Additional Insurance

- Long-Term Disability (administered by Reliance Standard)
- Long-Term Care Insurance (administered by CNA)

SMU Retirement Programs

- 403(b) Regular Retirement Plan
- 403(b) Supplemental Retirement Account
- Emeriti Health Account (administered by Fidelity)

Additional Benefits

- Tuition Benefits Program (administered by SMU Human Resources)
- Employee Assistance Program (administered by Magellan Health)
- University Death Benefit (administered by SMU Human Resources)
- Business Travel Benefit (administered by SMU Risk Management)
- Adoption Leave (administered by SMU Human Resources)
- Paid Time Off, Holiday and Vacation (administered by SMU Human Resources)

Points You Need to Know

- If you are a newly eligible employee, you will make your benefits elections online through Access.SMU Employee Self-Service. You have 31 days from your date of hire to enroll in the Medical, Dental, Vision, FSA, or HSA. If you enroll on time, Medical coverage will be effective as of your hire date. All other elections will be effective as the first day of the month following your hire date.
- In each benefit area, you choose from a number of options. This allows you to decide if you want coverage and how much coverage you and/or your family need.
- If you don't enroll by your deadline, you will not have benefits coverage for 2011 unless you have a qualifying Life Event (e.g., marriage, birth of a child, etc.) and enroll within 31 days of the event. The next time you may enroll is during the next annual open enrollment period.
- If you have a qualifying Life Event during the year, you may make limited benefit changes. To make a change, you must contact Human Resources, and then you will make any allowable changes via Access.SMU Employee Self-Service within 31 days of the qualifying event.
- Most benefits plans require a contribution from you. These contributions are paid through payroll deduction. This guide shows your costs in each benefit area.
- Each year during annual open enrollment, you will have the opportunity to make changes for the upcoming year. If you do not make changes during annual open enrollment, your current coverage will carry over to the next plan year.

The only exceptions are:

1. If you want to continue participating in one or both of the Flexible Spending Accounts (FSAs), you must re-enroll each year.
2. If you enroll in the \$2,500 Deductible PPO Option and want to contribute to the Health Savings Account (HSA), you must re-enroll each year.

You MUST re-enroll each year if you want to participate in these accounts, per IRS regulations.



Enrollment Instructions

1. Review Your Benefits

Read this Guide thoroughly – it describes SMU’s benefits options. For more details, visit the [Benefits U](http://smu.edu/hr/benefits) website: <http://smu.edu/hr/benefits>

2. Consider Your Choices Carefully

After your enrollment period ends, you cannot change your 2011 benefit choices during the year unless you have a qualifying Life Event.

3. Getting Ready to Enroll

It will help to have these items handy:

- Social Security numbers and birth dates for yourself and your eligible family members.
- Information about other benefits coverage or insurance you or a family member may have.
- Beneficiary designation information, so you can properly identify your beneficiaries for your life insurance coverage and 403(b) accounts.
- Your estimated out-of-pocket healthcare (medical, dental, vision) and dependent care (day care) expenses to help you plan your Flexible Spending Account or Health Savings Account contributions.

4. Enroll by Your Deadline

- If you are an existing employee and are making changes as part of annual Open Enrollment, you must do so online through Access.SMU Employee Self-Service during the enrollment period.
- If you’re a new employee you will make your elections online through Access.SMU Employee Self-Service within 31 days of your hire date. If you don’t enroll within 31 days of your hire date, you will not have Medical, Dental, Vision, FSA, or HSA coverage for 2011.

5. Follow-up!

- Be sure to check your first paycheck to confirm that your payroll deductions are correct. Report any discrepancies immediately to the Benefits Department.

Enrollment Questions?

Contact the Benefits Department

By phone at:

214-768-3311

Or by email at:

benefits@smu.edu

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Paying For Benefits

SMU pays a significant portion of the overall cost of your medical and dental benefits. The amount you pay will depend on the choices you make.

Cost of Coverage for 2011 - Full-time Employees

Coverage	Your Bi-Weekly Cost	Your Monthly Cost	SMU Monthly Cost
Health and Wellness PPO Plan \$500 Deductible Option*			
Employee Only	\$106.15	\$230.00	\$292.52
Employee + Spouse	\$233.54	\$506.00	\$643.54
Employee + Child(ren)	\$222.92	\$483.00	\$614.29
Employee + Spouse + Child(ren)	\$339.69	\$736.00	\$936.05
Health and Wellness PPO Plan \$1,000 Deductible Option			
Employee Only	\$67.38	\$146.00	\$327.59
Employee + Spouse	\$148.15	\$321.00	\$720.91
Employee + Child(ren)	\$141.69	\$307.00	\$687.55
Employee + Spouse+ Child(ren)	\$215.54	\$467.00	\$1,048.50
Health and Wellness PPO Plan \$2,000 Deductible Option			
Employee Only	\$20.31	\$44.00	\$363.91
Employee + Spouse	\$44.77	\$97.00	\$800.41
Employee + Child(ren)	\$42.46	\$92.00	\$764.62
Employee + Spouse + Child(ren)	\$65.08	\$141.00	\$1,164.32
Health and Wellness PPO Plan \$2,500 Deductible PPO/HSA Option			
Employee Only	\$9.23	\$20.00	\$334.14
Employee + Spouse	\$18.46	\$40.00	\$739.10
Employee + Child(ren)	\$16.15	\$35.00	\$708.69
Employee + Spouse + Child(ren)	\$26.77	\$58.00	\$1,075.24
Dental Freedom-of-Choice Plan			
Employee Only	\$3.46	\$7.49	\$30.69
Employee + One	\$20.26	\$43.89	\$30.74
Family	\$29.82	\$64.62	\$38.47
Vision Plan			
Employee Only	\$2.74	\$5.94	\$0.00
Employee + One	\$5.48	\$11.88	\$0.00
Family	\$8.82	\$19.12	\$0.00

*The \$500 Deductible PPO Option will no longer be offered effective January 1, 2012.

Paying For Benefits

SMU pays a significant portion of the overall cost of your medical and dental benefits. The amount you pay will depend on the choices you make.

Cost of Coverage for 2011 - Part-time Employees

Coverage	Your Bi-Weekly Cost	Your Monthly Cost	SMU Monthly Cost
Health and Wellness PPO Plan \$500 Deductible Option *			
Employee Only	\$173.66	\$376.26	\$146.26
Employee + Spouse	\$382.05	\$827.77	\$321.77
Employee + Child(ren)	\$364.68	\$790.15	\$307.15
Employee + Spouse + Child(ren)	\$555.71	\$1,204.03	\$468.03
Health and Wellness PPO Plan \$1,000 Deductible Option			
Employee Only	\$142.98	\$309.80	\$163.80
Employee + Spouse	\$314.52	\$681.46	\$360.46
Employee + Child(ren)	\$300.36	\$650.78	\$343.78
Employee + Spouse + Child(ren)	\$457.50	\$991.25	\$524.25
Health and Wellness PPO Plan \$2,000 Deductible Option			
Employee Only	\$104.29	\$225.96	\$181.96
Employee + Spouse	\$229.48	\$497.21	\$400.21
Employee + Child(ren)	\$218.91	\$474.31	\$382.31
Employee + Spouse + Child(ren)	\$333.77	\$723.16	\$582.16
Health and Wellness PPO Plan \$2,500 Deductible PPO/HSA Option			
Employee Only	\$86.34	\$187.07	\$167.07
Employee + Spouse	\$189.02	\$409.55	\$369.55
Employee + Child(ren)	\$179.70	\$389.35	\$354.35
Employee + Spouse + Child(ren)	\$274.09	\$595.62	\$537.62
Dental Freedom-of-Choice Plan			
Employee Only	\$10.54	\$22.84	\$15.35
Employee + One	\$27.35	\$59.26	\$15.37
Family	\$38.70	\$83.86	\$19.24
Vision Plan			
Employee Only	\$2.74	\$5.94	\$0.00
Employee + One	\$5.48	\$11.88	\$0.00
Family	\$8.82	\$19.12	\$0.00

*The \$500 Deductible PPO Option will no longer be offered effective January 1, 2012.

Who Is Eligible

Employee Eligibility

If you are regularly scheduled to work 20 hours or more per week, you are eligible to enroll in SMU's benefits plans during your first 31 days of continuous employment.

Dependent Eligibility

In most cases, you may also cover your eligible dependents, including:

- Your legal spouse or qualified domestic partner.
- **SMU PPO Health and Wellness Plan administered by BCBSTX:** Eligible children until 26th birthday (regardless of marital or student status).
- **Dental Plan administered by Aetna:** Unmarried, eligible children under age 25 (regardless of student status).
- **Vision Plan administered by VSP:** Unmarried, eligible children under age 25 (regardless of student status).
- **“Children”** are defined as your natural children, stepchildren, legally adopted children, and children under your legal guardianship. If your child is no longer eligible, you must notify SMU by calling the Department of Human Resources.
- **Physically or mentally disabled children** of any age who are incapable of self-support. Proof of disability may be requested and disability has to have occurred prior to age 26.

If your child becomes ineligible for coverage you must notify the Department of Human Resources at 214-768-3311

Dependent Eligibility Verification

Section 125 of the Internal Revenue Code enables SMU to deduct premiums for your health coverage from your paycheck on a pre-tax basis, thereby reducing your taxable income. Section 125 requires that certain rules and restrictions regarding eligible dependents be observed. SMU has hired an outside firm, HRAdvance, to verify the eligibility of any spouse or children added to the plans during 2011.

- Covering dependents that are not eligible is a violation of the Internal Revenue IRS Code, as well as University Policy – so it is very important that you understand SMU's dependent eligibility requirements. If you find that you are currently covering a dependent under an SMU benefit plan who does not meet the eligibility requirements, you will have the opportunity to cancel their coverage during the October Open Enrollment.
- If you add a spouse or child to the plans during the 31 day new hire enrollment period, Open Enrollment, or during a qualifying Life Event, HRAdvance will ask you to provide copies of supporting documentation of your relationship to the dependent(s) enrolled. You may be asked to provide a copy of your marriage certificate, birth certificates, prior year federal tax return, court-ordered divorce decree, custody agreement, and other documents that will verify dependent eligibility.

HRAdvance will follow up with you as necessary to complete the process. Once your dependent(s) have been verified, the documents you provided to HRAdvance will be destroyed.

REMEMBER: DO NOT PROVIDE ORIGINAL DOCUMENTS!

Changing Your Benefit Elections

SMU gives you an opportunity to enroll for benefits when you are first hired. The next opportunity you have to change your benefit choices is during annual Open Enrollment each year. Annual Open Enrollment typically occurs during the Fall of each year. Changes to your coverage will be made on-line through Access Employee Self-Service.

Once you have made your enrollment choices, you generally cannot make any changes until the next annual Open Enrollment. However, you may make certain changes if you have a qualifying Life Event that affects your benefits. Typical qualifying Life Events include, but are not limited to:

- Marriage or divorce;
- Birth or adoption of a child;
- Death of a spouse or other eligible dependent;
- Enrollment in (or loss of) state or federal medical coverage;
- Change in your spouse's or child's employment resulting in gain or loss of eligibility for employer's benefits.

You must notify the Department of Human Resources about any qualifying Life Events as soon as possible and before 31 days have passed. If you wait longer than 31 days, you will not be allowed to make any coverage changes until the next annual open enrollment, per IRS regulations.

Adding Dependents to Your Coverage

To add a new spouse, domestic partner, or child to your benefits coverage, you must notify the SMU Department of Human Resources within 31 days of the qualifying Life Event.

Medicaid/CHIP Special Enrollment Period

Effective April 1, 2009, the group health plans provided by SMU will include two additional special enrollment opportunities. These two new qualifying Life Events are when:

1. You (the employee) or your dependent's Medicaid or CHIP (Children's Health Insurance Program) coverage is terminated as a result of loss of eligibility; or
2. You (the employee) or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

You must request this special enrollment within 60 days of the loss of Medicaid or CHIP coverage, or within 60 days of when eligibility for premium assistance under Medicaid or CHIP is determined. The 31 day notice is still required for all other special enrollments.

If you have a qualifying Life Event, you must contact the Department of Human Resources within 31 days of the date of the event.

You also must send in documentation with proof of the event (a marriage license, birth certificate, death certificate, etc.).

IMPORTANT NOTE:
Newborns are NOT automatically added to your coverage under SMU's benefit plans. You must notify the Department of Human Resources within 31 days of the birth of your child.



SMU's Preventive Care Benefits

With more Americans than ever developing chronic conditions it is important that we do everything we can to prevent illness before it becomes serious. Many chronic diseases and conditions can be prevented through early detection. SMU offers comprehensive preventive care benefits as part of our Medical, Dental, and Vision plans. Provided below are some of the recommended guidelines for preventive care and screenings. Be sure to review the detailed [Preventive Care Guidelines](#).

Preventive Medical Screenings Recommended for Men and Women

- Influenza vaccination each year.
- Cholesterol screening every 5 years, starting at age 21.
- Blood pressure screening every 2 years, starting at age 21.
- Weight screening every 1 - 3 years, starting at age 21.
- Initial colonoscopy at age 50 and one every 10 years thereafter.

Preventive Medical Screenings Recommended for Women

- Annual mammogram starting at age 40.
- Monthly breast self exams and an annual breast exam by your doctor if you are 40 or older, and every one to three years if you are in your 20s and 30s.
- Annual Pap test if you are older than age 21 or have been sexually active.

Preventive Medical Screenings Recommended for Men

- Annual testicular exam if you are older than age 18.
- Initial clinical prostate exam (PSA) at age 50 and one every year thereafter.

Preventive Dental Exams/Cleanings Recommended Annually for Adults and Children

- The Dental Plan covers 100% of the cost of dental exams and cleanings twice each year (after you have met a \$50 individual/\$150 family lifetime deductible) – for you and each of your enrolled dependents.
- It has been proven through clinical studies that people who practice poor dental hygiene – or develop gum disease - are at increased risk for heart disease, heart attack, stroke, and diabetes, compared to those who practice excellent dental hygiene.
- Dental hygiene not only affects your health, but for women who are pregnant, the health of the baby. If you are pregnant, be sure to discuss this issue with your OB-GYN.

Preventive Eye Exams Recommended Annually for Adults and Children

- The Vision plan covers 100% of the cost of a complete eye exam each year after a \$10 copay if you use a network provider.
- Regardless of your age or physical health, it is important to have an eye exam each year. You should never skip eye exams - having great eyesight doesn't prevent the risk of eye disease. Glaucoma can cause irreversible blindness if undetected or discovered too late.
- For children, eye exams can play an important role in normal development. Children usually don't complain about vision problems, simply because they don't know what "normal" vision feels like. If your child performs poorly at school or exhibits a reading or learning disability, be sure to have their eyes examined to rule out a vision problem.

SMU Health & Wellness BCBSTX PPO Plans

Covers 100% of the cost of in-network "preventive" annual physicals, health screenings, and immunizations - for you and each of your enrolled dependents.

Coverage for in-network "preventive" mammograms, colonoscopies and prostate exams are also covered at 100%.

In-Network "preventive" services are also never subject to the deductible or the office visit copay.



Medical Coverage

SMU's Health and Wellness Plan, administered by Blue Cross/Blue Shield of Texas (BCBSTX), includes several deductible options. All of the plans cover a wide variety of medical services, including office visits, prescription drugs, and inpatient and outpatient care.

Preferred Provider Organization (PPO) Options

All of the SMU Health and Wellness PPO options allow you the freedom to choose either a network or out-of-network provider each time you need medical care.

- Care received from network providers is paid at a lower cost to you, and you usually have no claims to file. If you choose to receive care from an out-of-network provider, medical benefits cost more – and you may have to file a claim to receive reimbursement for covered expenses.

\$2,500 Deductible PPO Option With Health Savings Account (HSA)

In addition to the other Health and Wellness PPO options, SMU also offers a \$2,500 Deductible PPO Plan option with an HSA feature. Here is a summary of how this medical option works:

- During enrollment, if you enroll in the \$2,500 Deductible option it is important that you also contribute to the HSA to for out-of-pocket medical expenses. You can contribute up to a maximum of \$3,050 for an individual and up to \$6,150 for a family.
- You make contributions to your account through payroll deductions on a pre-tax basis. All of your contributions are put into an interest-bearing account set up in your name. Mellon Bank will assist you in establishing this account when you enroll in the plan.
- Since you will pay 100% of your medical expenses (*see exception below), including prescription drugs, until you reach your annual deductible, you can use your HSA to reimburse yourself for these and other out-of-pocket expenses.
- After you reach your deductible, the plan begins paying 100% of your eligible in-network expenses with the exception of prescription and office visit copays, which you continue to pay. If you use out-of-network providers, the plan pays 60% after you have met the deductible (this does not include copays). If you have money left in your HSA at year-end, your money remains in your account to use for future eligible medical expenses. There are no “use it or lose it” rules with HSAs.

Exception: Preventive care services, like annual physicals, health screenings and immunizations, are covered by the plan 100%. In addition, the plan pays 100% of the cost of in-network age-based preventive mammograms, colonoscopies, and prostate exams. Preventive care services are not subject to office visit copays or the deductible.

The next several pages summarize SMU's medical options. Please review these summaries carefully before making your medical plan selection. For more details, go to: [Benefits U – Health & Wellness PPO Plans.](#)

In all of the medical plans, the network of participating providers changes frequently. To see the most current list of all SMU Health and Wellness PPO network providers, go online to the [Doctor and Hospital Finder](#) (select the Blue Choice PPO plan option when prompted).



What You Pay

The \$500 Deductible PPO Option will be available in 2011, but will be terminated effective January 1, 2012.

SMU Health and Wellness Plan - \$500 Deductible PPO Option

	In-Network	Out-of-Network
Annual Deductible		
Individual	\$500	\$1,000
Family	\$3,000	\$3,000
Annual Out-of-Pocket Maximum *		
Individual	\$3,000	\$3,500
Family	\$6,000	\$7,000
Office Visit		
Primary Care	\$25 copay per visit	40% after deductible
Specialist	\$40 copay per visit Not subject to deductible	40% after deductible
Preventative Care**		
100% coverage per member for routine physicals, medical screenings and immunizations. In addition, 100% coverage for In-Network "Preventive" mammograms, colonoscopies, and prostate exams.		
In-Network Preventive Care services are not subject to the deductible or office visit copay.		
Emergency Care		
Primary Physician Office	\$25 copay per visit	
Urgent Care Center	\$30 copay per visit	
Hospital		
• Physician Charges	20% after deductible	
• Facility Charges (within 48 hours)	\$100 copay, then 20% after deductible (copay waived if admitted)	
Other		
Chiropractic Services (up to 35 visits per calendar year)	20% after deductible	40% after deductible
Hospital Inpatient Care (<i>Precertification required</i>)	20% after deductible	40% after deductible
Home Health Care (up to 60 visits per calendar year)	20% after deductible	40% after deductible
Hospice Care (180 day lifetime maximum)	20% after deductible	40% after deductible
Mental Health/Substance Abuse Inpatient Care (Facility) (<i>Precertification required</i>)	20% after deductible	40% after deductible
Mental Health/Substance Abuse Outpatient Care (Office Visit) (<i>Precertification required</i>)	\$25 copay per visit (PCP) \$40 copay per visit (Specialist)	40% after deductible
Speech Therapy		
Outpatient Visit	40% after deductible	40% after deductible
Doctor Office Visit	\$40 copay per visit	40% after deductible

*This out-of-pocket maximum includes your deductible, copays, and co-insurance.

**No limits for preventative care under age 2, but the plan only covers services according to American Pediatric Association guidelines.

What You Pay

SMU Health and Wellness Plan - \$1,000 Deductible PPO Option

	In-Network	Out-of-Network
Annual Deductible		
Individual	\$1,000	\$2,000
Family	\$3,000	\$6,000
Annual Out-of-Pocket Maximum*		
Individual	\$4,000	\$5,000
Family	\$8,000	\$10,000
Office Visit		
Primary Care	\$25 copay per visit	40% after deductible
Specialist	\$40 copay per visit Not subject to deductible	40% after deductible
Preventative Care**		
100% coverage per member for routine physicals, medical screenings and immunizations. In addition, 100% coverage for In-Network "Preventive" mammograms, colonoscopies, and prostate exams.		
In-Network Preventive Care services are not subject to the deductible or office visit copay.		
Emergency Care		
Primary Physician Office	\$25 copay per visit	
Urgent Care Center	\$30 copay per visit	
Hospital		
• Physician Charges	20% after deductible	
• Facility Charges (within 48 hours)	\$100 copay, then 20% after deductible (copay waived if admitted)	
Other		
Chiropractic Services (up to 35 visits per calendar year)	20% after deductible	40% after deductible
Hospital Inpatient Care (<i>Precertification required</i>)	20% after deductible	40% after deductible
Home Health Care (up to 60 visits per calendar year)	20% after deductible	40% after deductible
Hospice Care (180 day lifetime maximum)	20% after deductible	40% after deductible
Mental Health/Substance Abuse Inpatient Care (Facility) (<i>Precertification required</i>)	20% after deductible	40% after deductible
Mental Health/Substance Abuse Outpatient Care (Office Visit) (<i>Precertification required</i>)	\$25 copay per visit (PCP) \$40 copay per visit (Specialist)	40% after deductible
Speech Therapy		
Outpatient Visit	40% after deductible	40% after deductible
Doctor Office Visit	\$40 copay per visit	40% after deductible

*This out-of-pocket maximum includes your deductible, copays, and co-insurance.

**No limits for preventative care under age 2, but the plan only covers services according to American Pediatric Association guidelines.

What You Pay

SMU Health and Wellness Plan - \$2,000 Deductible PPO Option

	In-Network	Out-of-Network
Annual Deductible		
Individual	\$2,000	\$4,000
Family	\$6,000	\$8,000
Annual Out-of-Pocket Maximum *		
Individual	\$5,500	\$8,000
Family	\$11,000	\$16,000
Office Visit		
Primary Care	\$25 copay per visit	40% after deductible
Specialist	\$40 copay per visit Not subject to deductible	40% after deductible
Preventative Care**		
100% coverage per member for routine physicals, medical screenings and immunizations. In addition, 100% coverage for In-Network "Preventive" mammograms, colonoscopies, and prostate exams.		
In-Network Preventive Care services are not subject to the deductible or office visit copay.		
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• Facility Charges (within 48 hours)	\$100 copay, then 20% after deductible (copay waived if admitted)	
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Hospital Inpatient Care (<i>Precertification required</i>)	20% after deductible	40% after deductible
Home Health Care (up to 60 visits per calendar year)	20% after deductible	40% after deductible
Hospice Care (180 day lifetime maximum)	20% after deductible	40% after deductible
Mental Health/Substance Abuse Inpatient Care (Facility) (<i>Precertification required</i>)	20% after deductible	40% after deductible
Mental Health/Substance Abuse Outpatient Care (Office Visit) (<i>Precertification required</i>)	\$25 copay per visit (PCP) \$40 copay per visit (Specialist)	40% after deductible
Speech Therapy		
Outpatient Visit	40% after deductible	40% after deductible
Doctor Office Visit	\$40 copay per visit	40% after deductible

*This out-of-pocket maximum includes your deductible, copays, and co-insurance.

**No limits for preventative care under age 2, but the plan only covers services according to American Pediatric Association guidelines.

What You Pay

IMPORTANT: About Medicare Part D Coverage

If you enroll in the \$2,500 Deductible PPO Option with the HSA and you are eligible for Medicare (or will be Medicare eligible in the next few years), it's important to know that this plan does not provide "creditable coverage" should you enroll in the Medicare Part D prescription plan going forward. This means if you enroll in this plan and later enroll in Medicare Part D, you will incur a 1% late enrollment fee for every month you remain in this plan past your eligibility for Medicare.

SMU Health and Wellness Plan - \$2,500 Deductible PPO Option

	In-Network	Out-of-Network
Annual Deductible		
Individual	\$2,500	\$3,000
Family	\$5,000	\$9,000
Annual Out-of-Pocket Maximum*		
Individual	\$5,950	\$8,000
Family	\$11,900	\$16,000
Office Visit		
Primary Care	Your pay 100% until the deductible is satisfied \$25 copay per visit	40% after deductible
Specialist	\$40 copay per visit Not subject to deductible	40% after deductible
Preventative Care**		
100% coverage per member for routine physicals, medical screenings and immunizations. In addition, 100% coverage for In-Network "Preventive" mammograms, colonoscopies, and prostate exams.		
In-Network Preventive Care services are not subject to the deductible or office visit copay.		
Emergency Care		
Primary Physician Office	\$25 copay per visit (after deductible has been met)	
Urgent Care Center	\$30 copay per visit (after deductible has been met)	
Hospital		
• Physician Charges	0% after deductible	
• Facility Charges (within 48 hours)	\$100 copay per visit (after deductible has been met)	
Other		
Chiropractic Services (up to 35 visits per calendar year)	20% after deductible	40% after deductible
Hospital Inpatient Care (<i>Precertification required</i>)	20% after deductible	40% after deductible
Home Health Care (up to 60 visits per calendar year)	20% after deductible	40% after deductible
Hospice Care (180 day lifetime maximum)	20% after deductible	40% after deductible
Mental Health/Substance Abuse Inpatient Care (Facility) (<i>Precertification required</i>)	20% after deductible	40% after deductible
Mental Health/Substance Abuse Outpatient Care (Office Visit) (<i>Precertification required</i>)	\$25 copay per visit (PCP) \$40 copay per visit (Specialist) (after deductible has been met)	40% after deductible
Speech Therapy		
Outpatient Visit	0% after deductible	40% after deductible
Doctor Office Visit	You pay 100% until deductible is satisfied, \$40 copay per visit	40% after deductible

*This out-of-pocket maximum includes your deductible, copays, and co-insurance.

**No limits for preventive care under age 2, but the plan only covers services according to American Pediatric Association guidelines.

NOTE: With the exception of preventive care services, this plan does not begin paying any benefits until your annual deductible has been satisfied. After you satisfy the annual deductible the Plan pays 100% with the exception of office visit copays, emergency room copays, and prescription drug copays – all of which continue to apply to your annual out-of-pocket maximum.

How The HSA Works

If you enroll in the \$2,500 Deductible PPO Option, you will also be able to take advantage of a special tax-savings feature called a Health Savings Account (HSA). The HSA, which is administered by Mellon Bank, is a tax-free bank account you use to help pay the cost of eligible health care expenses.

- **This is an important feature since the \$2,500 Deductible PPO option does not pay any benefits, with the exception of preventive care services, until you satisfy your deductible.**

You make contributions to your account with pre-tax deductions from your paychecks throughout the year. Then, you can use the HSA to pay for medical expenses not covered by the \$2,500 Deductible PPO Option, such as:

- Deductibles
- Coinsurance (your share of eligible health expenses after the plan has paid benefits)
- Amounts above reasonable and customary charges for out-of-network services
- Dental and vision expenses not covered by your dental and vision plan
- Prescription drugs

You can keep your account and take it with you if you change health plans or jobs, become unemployed, move to a different geographic area, or change your marital status.

Who is Eligible

You can participate in an HSA only if you enroll in the \$2,500 Deductible PPO Option. You are not eligible to contribute if:

- You are enrolled in Medicare (Part A, Part B, or Part D).
- You are covered by another medical plan (such as your spouse's plan) that does not qualify as a high deductible health plan.
- You or your spouse participates in a Health Care Flexible Spending Account (FSA) at SMU or at your spouse's employer.
- **Even if you do not contribute to the HSA, you cannot contribute to SMU's Health Care FSA if you are enrolled in the \$2,500 Deductible PPO Option.**

How You Contribute to the HSA

For 2011, you can contribute up to a maximum of \$3,050 for an individual and \$6,150 for a family. Your contributions are deducted from your paycheck on a pre-tax basis. The money is then placed in an account, where it earns interest after you contribute a certain amount. The money in your HSA is always yours to keep.

Catch-Up Contributions

If you are 55 or older, you can make "catch-up" contributions, meaning you can deposit an additional \$1,000 in 2011. Keep in mind that you can contribute up to the maximum allowed for the year at any time, up until the tax-filing deadline (generally April 15th) of the following year.



Domestic Partners & HSA Contributions

If you are covering a domestic partner as a dependent on the SMU \$2,500 Deductible PPO Option, there are certain rules that apply to your HSA contribution.

- You can contribute up to the family maximum on a pre-tax basis and use those contributions to reimburse yourself for eligible healthcare expenses for your domestic partner.
- On the other hand, if you are NOT covering your domestic partner as a dependent on the \$2,500 Deductible PPO Option, any contributions made to the HSA cannot be used for any of your domestic partner's medical expenses.

In case of a tax audit by the IRS, it's a good idea to save your receipts and bills for medical expenses you've paid out of your HSA.

How To Set Up Your Account

Once you enroll for the SMU \$2,500 Deductible PPO Option and indicate the amount you want to contribute to your HSA, you will receive information from Mellon Bank. You must complete and sign all of the forms included in the packet you receive from Mellon Bank and return them before you can begin to use your account.

- You will receive a debit card and a checkbook which you can use to pay for eligible medical expenses. **However, it's important to understand that when you pay out-of-pocket for expenses like deductibles, these amounts will automatically be debited from your HSA by Mellon Bank and paid to you, as long as you have the funds in your account.** If you would like to prevent this automated reimbursement, you can contact the Mellon Bank HSA Contact Center at 1-877-635-5472.

More information on the HSA — and how you pay for expenses — will be included in the information you receive from Mellon Bank.

If You Have Money Left at Year-End

Any money left in your account at the end of the year remains there. You can use it to help pay your medical expenses in future years, including any medical expenses you may have after age 65. And if you leave SMU, you can take your HSA with you. There are no “use it or lose it” rules with HSAs.

For More Information

If you have questions about the HSA or want to take advantage of Mellon Bank's online customer service tools, visit the [Mellon website](#).



Prescription Drug Coverage

If you enroll in one of the SMU Health and Wellness Plan PPO options, prescription drug benefits are administered by Medco. **You have the choice of purchasing your prescriptions through local “retail” pharmacies or through a mail order program.**

Retail Prescription Program

The retail prescription program utilizes a network of participating pharmacies. To receive the highest benefit level, you must use a participating pharmacy. Prescriptions you fill at non-participating pharmacies are generally not covered.

The \$2,500 Deductible PPO Option with the HSA covers a portion of the cost of prescription drugs after you meet your annual deductible (for both retail network pharmacies and the mail order program).

Retail (30-day supply)	In-Network You Pay
\$500, \$1,000, \$2,000 Deductible PPO Options	
<i>You must meet a \$100 deductible each year for any brand name medications; then, you pay the following amounts:</i>	
Generic	30% of cost
Preferred Brand Name	30% of cost
Non-Preferred Brand Name	50% of cost
Specialty Medication	30% of cost (up to \$225 max per script)
\$2,500 Deductible PPO Option with HSA	
<i>You pay 100% of the cost until you have met the annual plan deductible; then, you pay the following amounts:</i>	
Generic	30% of cost
Preferred Brand Name	30% of cost
Non-Preferred Brand Name	50% of cost
Specialty Medication	30% of cost (up to \$225 max per script)

NOTE: Whenever there is a generic drug available, it will be substituted for a brand name drug, unless otherwise directed by your physician as “Brand Necessary” on your prescription.

If you choose a brand-name drug when a generic is available, you will pay 100% of the cost—after you’ve met the \$100 deductible.

Questions?

To receive more information regarding the prescription drug benefits, including a list of participating pharmacies, formulary lists, and drug cost estimators, please go to www.medco.com/openenroll and enter the corresponding access code:

- **SMUPP50015109** for \$500 Deductible PPO (plan will no longer be offered after 2011)
- **SMUP100025109** for \$1,000 Deductible PPO
- **SMUP200035109** for \$2,000 Deductible PPO
- **SMUP250045109** for \$2,500 Deductible PPO with Health Savings Account (HSA)

Important: Please be aware that the Medco drug cost estimator will assume the following:

- That the \$100 annual brand-name drug deductible has already been met for the \$500, \$1,000, and \$2,000 Deductible PPO Options.
- That the annual deductible (\$2,500 individual/\$5,000 family) has not been met for the \$2,500 Deductible PPO Option with HSA.



Mail Order Prescription Program

A mail order prescription program is available through the SMU Health and Wellness Plan PPO options. **This program, which is administered by Medco, can be used for prescription medications that you take on a regular basis (maintenance medication).**

You will be able to order up to a 90-day supply of your medications and they will be mailed directly to your home, at reduced cost to you. Using the Mail Order service is convenient because you can avoid the pharmacy and get a three months supply at one time.

Retail (30-day supply)	You Pay
\$500, \$1,000, \$2,000 Deductible PPO Options	
<i>You must meet a \$100 deductible each year for any brand name medications; then, you pay the following amounts:</i>	
Generic	30% of cost up to \$20
Preferred Brand Name	30% of cost up to \$98
Non-Preferred Brand Name	50% of cost
\$2,500 Deductible PPO Option with HSA	
<i>You pay 100% of the cost until you have met the annual plan deductible; then, you pay the following amounts:</i>	
Generic	30% of cost up to \$20
Preferred Brand Name	30% of cost up to \$98
Non-Preferred Brand Name	50% of cost

Important Note: Specialty drugs are not available through the regular Medco Mail Order service. They are only covered through the Retail service or through Accredo. You will find additional information on the next page.

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Specialty Prescription Program

Your prescription drug plan administered by Medco includes coverage for certain medications, including specialty medications.

- Specialty medications are generally high-cost injectable drugs with special handling or storage requirements that require careful adherence to treatment protocols.
- To assist members who require these medications, Medco has arranged for a specialty pharmacy program to be provided through Accredo.
- This program offers members an alternative to obtaining their covered specialty medications at a retail pharmacy, as well as added support.

Through Accredo, members using covered specialty medications can have their medication delivered directly to them, as well as receive coverage coordination and support. There is no additional fee for these services.

When members obtain their covered specialty medications through Accredo, they receive – at no additional charge – services designed to help in managing their therapy, including:

- Coordination of coverage between the member, physician, and Medco
- Convenient delivery of medication to the member or their physician’s office
- Educational materials, including information about managing potential medication side effects
- Syringes, “sharps containers”, and other supplies with every shipment for self-injectables
- 24/7/365 customer service phone access

For a complete list of medications for which a dispensing limit exists, visit the Medco website at www.medco.com.

If you have questions about your prescription drug benefit, call the Medco Customer Service number on the back of your BCBSTX ID card.

To contact Accredo, call (800) 922-8279, Monday through Friday, between 7 a.m. and 7 p.m., Central time.

Please remember that treatment decisions are always between you and your doctor.

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Other Medical Information

Blue Care® Connection Program

If you enroll in a SMU Health and Wellness Plan PPO option administered by BCBSTX, you can take advantage of Blue Care Connection, a program designed to support you in living a healthier lifestyle. Some of the tools and information available to you include:

- **The 24/7 Nurseline**, which gives you round-the-clock access to experienced nurses, can be reached at 1-800-581-0368.
- **The Special Beginnings® program**, which offers the services of prenatal nurses, as well as books, free information and giveaways to expectant mothers.

For more information about the Blue Care Connection Program, contact BCBSTX at 1-800-462-3275.

Vision Discounts For BCBSTX Members

If you enroll in a PPO option administered by BCBSTX, you can take advantage of valuable discounts on routine exams, lenses, frames, contact lenses and laser vision correction, as well as a mail order contact lens replacement program. These discounts are provided through Davis Vision to PPO participants. For more information on the vision discount plan, contact Davis Vision at **1-800-501-1459** or visit the [Davis Vision website](#) and enter **Control Code 2295**.

Mastectomy Coverage

SMU-sponsored medical plans cover surgery after a mastectomy to:

- Reconstruct the breast on which the mastectomy was performed and
- Reconstruct the other breast to produce a symmetrical appearance.

This coverage is required by federal law. Prostheses and physical complications in all stages of the mastectomy, including lymphedemas, are also covered.

Maternity Coverage

For maternity hospital stays, in accordance with federal law, SMU's plan does not restrict benefits, for any hospital length of stay in connection with childbirth for the mother or newborn child, to less than 48 hours following a vaginal delivery or less than 96 hours following a Cesarean delivery.

- However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).



Dental Coverage

SMU's Dental Plan is administered by Aetna. The Freedom-of-Choice Dental Plan offers you two different dental options to choose from: a Dental Preferred Provider Organization (DPPO) and a Dental Maintenance Organization (DMO). The advantage of the Freedom-of-Choice plan is that you can begin the year by choosing the plan that's right for you and switch between the plans throughout the year as your dental coverage needs change.

The DPPO plan gives you the freedom to visit any dentist, without referrals, for all of your dental care. If you select one of Aetna's network dentists, you'll generally pay less for your care. If you choose a dentist outside of Aetna's PDP network, your share of costs will be higher, and you may need to file your own claims.

The DMO plan provides a higher level of benefits and has lower out-of-pocket costs. And, there are no deductibles, benefit maximums or claim forms. However, you are required to choose an Aetna primary care dentist for all of your dental care, including referrals to other Aetna network dentists. If you do not use your primary care dentist for services and referrals, the plan does not pay any benefits.

You will receive an Aetna dental ID card, which you must present at the time you receive services. If you change plans during the year, you will receive a new card each time you call Aetna to make a change.

Freedom-of-Choice Dental Plan Summary

Feature	DPPO Plan	DMO Plan
Lifetime Preventive Care Deductible*		
Individual	\$50	None
Family	\$150	None
Annual Basic/Major Services Deductible		
Individual	\$75	None
Family	\$225	None
Other		
Orthodontic Deductible	\$100	None
Preventive Care Services	100% (after deductible)	100%
Basic Services	80%	90%
Major Services	50% (Includes Implants)	60%
Orthodontic Services	50%, up to a lifetime maximum of \$1,500 (children only)	\$2,400 copay, with no lifetime maximum (adults and children)
Annual Benefit Maximum	\$1,500	None
Office Visit Copay	None	\$5 per visit

To change plans during the year, call Aetna Member Services at 1-877-238-6200 by the 15th of the month PRIOR to the month you want to receive dental services.

For more information on the dental plan, visit [Benefits U – Dental Plan](#).

**The Preventive Care services deductible is waived if you were enrolled in the SMU Dental Plan prior to January 1, 2008.*



Vision Coverage

SMU offers a voluntary Vision Plan that is administered by VSP. The plan offers access to a large network of participating optometrists and ophthalmologists. Your benefits include full examinations and access to lenses, frames, and contact lenses at discounted prices.

- VSP also offers discounts for LASIK surgery if you use a participating network eye doctor.

The Vision Plan is designed to cover eye care needs that are visually necessary. You may have to pay extra if you choose certain cosmetic or elective eyewear options. Before selecting your eyewear, ask your provider what items are fully covered by the plan.

For details on vision coverage – or a list of network providers – go to the [VSP](#) website.

Or contact the VSP Member Services Department at 1-800-877-7195.

Vision Coverage at a Glance

Service	Service Frequency	In-Network Benefits	Out-of-Network Benefits
Exam	12 months	100% after \$10 copay	\$43
Prescription Eyewear	Choose glasses or contacts - You cannot receive both in the same service period.		
Lenses	12 Months	100% after \$15 copay (applies to lenses & frames)	Single Vision: Up to \$30 allowance Bifocal: Up to \$45 allowance Trifocal: Up to \$62 allowance Lenticular: Up to \$100 allowance
Frames - OR - Contact Lenses	24 months	Up to \$105 retail	Up to \$40 retail
	12 months	Up to \$105 allowance	Up to \$105 allowance

At your appointment, please tell your provider that you're a VSP member.

To print off a Member Reference Card, visit [Benefits U – Vision Plan](#).

Important Note: *the frequency allowances shown above are based on a calendar-year period.*



Flexible Spending Accounts

Flexible Spending Accounts (FSAs) let you save taxes on the money you spend for out-of-pocket health care or dependent care expenses.

If you enroll, you choose an annual amount you want to contribute. Your contributions are deducted each pay period and deposited in your account. Since this money is taken out of your check on a pre-tax basis, you pay less taxes. After you pay an eligible expense, you submit a claim and are reimbursed from your account or use the FSA debit card provided by Discovery Benefits when purchasing certain items to eliminate any out of pocket expense.

There are two types of FSAs: the **Health Care FSA** and the **Dependent Care FSA**. You can choose to participate in one of the accounts or both of the accounts.

To be eligible, you must incur the expenses during the plan year (January 1, 2011 through December 31, 2011). However, you will have until March 31, 2012 to submit claims for reimbursement.

- The elections you make to the Health Care and Dependent Care FSAs will remain in effect until December 31, 2011.
- You cannot change or stop your deductions during the year unless you have a qualified Life Event.

Health Care FSA

The Health Care FSA is used to pay for eligible out-of-pocket health expenses. The maximum amount you can contribute to the Health Care FSA is \$5,000 (combined maximum of \$5,000 if you and your spouse are both SMU faculty or staff members). Use the worksheet below to estimate your annual out-of-pocket health expenses. For more information as it relates to the debit card, please refer to page 24.

Eligible Health Care Expenses	Estimated Expenses
Copays (doctor visits, prescriptions)	\$
Medical, dental deductibles	\$
Out-of-pocket hospital	\$
Out-of-pocket dental expenses	\$
Out-of-pocket vision and eye care	\$
Out-of-pocket chiropractic	\$
Out-of-pocket prescription drug	\$
Approved over-the-counter medication expenses (with a doctor's prescription)	\$
Other eligible health care	\$
Annual Total*	\$

**Divide your total estimated annual expenses by your applicable pay periods, if you are estimating during annual enrollment. If you become eligible to begin contributions during the year, divide by the number of pay periods remaining in the year.*

The Internal Revenue Service has a “use-it-or-lose-it” rule for these accounts. This means you must use up your contributions during the year you make them. You can’t “roll over” unused amounts to cover next year’s expenses.

Keep in mind, if you enroll in the \$2,500 Deductible PPO Option, you cannot contribute to the SMU Health Care FSA.

For a more details and a complete list of eligible expenses for the Flexible Spending Accounts, visit www.discoverybenefits.com.

Dependent Care FSA

Through pre-tax contributions to a Dependent Care FSA, you can pay for your eligible day care expenses for a dependent who lives with you, and who is under age 13 (or disabled and any age). You must claim this person as a dependent on your income tax return.

What Is Covered?

In order for you to be reimbursed, you and your spouse must both work or be full-time students. You can't be reimbursed for care provided by your spouse, your child under age 19, or someone you claim as a dependent.

- You cannot use your Dependent Care FSA to pay for dependent health care expenses; the Health Care FSA is designed to pay for all health care expenses.

Annual Contribution Maximum

If you are married and you file a joint return, or you file a single or head of household return, the annual IRS limit is \$5,000. If you are married and file separate returns, you can each elect \$2,500 for the calendar year.

Filing Claims for Reimbursement

When you file a Dependent Care Account claim, you are only reimbursed up to the amount in your account at the time you file your claim. For instance, if you have incurred \$300 in expenses, but you have only \$200 in your account, you will be reimbursed only \$200.

FSA or Tax Credit?

A child-care tax credit is available on your federal income tax return. Expenses you pay through the Dependent Care Account reduce the tax credit you may claim. If you earn less than \$25,000, you may benefit more by using the tax credit. Ask a tax advisor which is better for you.

Dependent Care Account Worksheet

Eligible Dependent Care Expenses	Estimated Expenses
Weekly cost of care	\$
Times the number of weeks your dependent receives day care	x
Annual Total*	\$

**Divide your total estimated annual expenses by your applicable pay periods, if you are applying during annual enrollment. If you become eligible to begin contributions during the year, divide by the number of pay periods remaining in the year.*

For more information on the Dependent Care Account as it relates to the debit card, please refer to page 24.



Flexible Spending Account Debit Card

All employees who elect an FSA will receive one debit card. To request additional debit card(s) for your family members, please contact Discovery Benefits.

How does the debit card work at retail locations?

You will not need to submit substantiation documents to Discovery Benefits for any purchases made at retailers that are IIAS compliant. A list of compliant vendors can be found on [Discovery Benefit's website](#).

IIAS compliant merchants will approve eligible expenses at the point of purchase. When using your card at these merchants, you will swipe your card for the entire purchase. Those items that are eligible expenses will be auto-substantiated, and the merchant will then ask for a secondary form of payment for the ineligible items. **Documentation may be required if eligible items are not auto-substantiated at the point of sale.**

Why can't the debit card be used for the purchase of over-the-counter drugs?

Under the new health care reform legislation, over-the-counter (OTC) drugs, medicines, and biologicals will be eligible for reimbursement only if the request is accompanied by a doctor's prescription.

This means items such as cough medicines, pain relievers, acid controllers, diaper rash ointment, to name a few, will no longer be reimbursed unless there is a doctor's prescription submitted along with the reimbursement request. **Insulin will remain eligible as a tax-free reimbursement without a prescription.**

This change will also impact how participants use their benefits debit card. OTC drugs, medicines, and biologicals will only be eligible for payment using the benefits debit card at IIAS locations if a doctor's prescription is presented at the time of purchase. Participants will not need to submit substantiation documentation for OTC drugs, medicines, or biologicals if the debit card is used in conjunction with the doctor's prescription at an IIAS approved retailer.

How does the debit card work at a healthcare provider?

Your card transactions will be automatically substantiated without additional paperwork if the total matches, or is a multiple of, co-payment amounts.

Recurring transactions (e.g., orthodontia claims, maintenance prescription drugs) occurring at the same merchant for the same dollar amount will automatically approve without the need for substantiation after the initial transaction has been substantiated.

For a more details and a complete list of eligible expenses for the Flexible Spending Accounts, visit www.discoverybenefits.com.

Over-the-counter drugs that will require a doctor's prescription and are not eligible for purchase using the debit card include:

- Acid Controllers
- Allergy & Sinus
- Antibiotic Products
- Anti-Diarrheals
- Anti-Gas
- Anti-Itch & Insect Bite
- Anti-Parasitic Treatments
- Baby Rash
- Ointments/Creams
- Cold Sore Remedies
- Cough, Cold & Flu
- Digestive Aids
- Feminine Anti-Fungal/
Anti-Itch
- Hemorrhoidal Preps
- Laxatives
- Motion Sickness
- Pain Relief
- Respiratory Treatments
- Sleep Aids & Sedatives
- Stomach Remedies



Flexible Spending Account Debit Card

How does the debit card work at a dependent care provider?

If you elect the Dependent Care Account, you can use your debit card at the point of purchase if the provider accepts Visa.

- An individual payment cannot exceed the total balance that you have contributed at that time in the plan year.
- If you do not have enough money in your account, the debit card will be denied. You are able to ask your dependent care provider to run the card for your available dependent care balance.
- The dependent care provider must have the appropriate merchant code in place (example: if the dependent care provider is YMCA, but the merchant code is “Health Club” the debit card transaction would be denied). If this occurs, Discovery Benefits offers an Automatic Dependent Care Reimbursement Form which can be used in replacement of the debit card to set up regular reimbursement for the cost of Dependent Care expenses.

If your dependent care provider cannot accept a VISA card, please go to the Discovery Benefits website at www.discoverybenefits.com and download the Automatic Dependent Care Reimbursement Form which can be used in replacement of the debit card.

When is it required to submit substantiation documents?

Debit card transactions that do not meet the above criteria will need additional documentation due to IRS regulations. If documentation is needed, Discovery Benefits will send a request for substantiation (via email or physical mailing) on the 7th day following the transaction. You will need to provide Discovery Benefits with documentation that provides the following:

- Date service was received or purchase made
- Description of service or item purchased
- Dollar amount (after insurance, if applicable)*
- Prescription drug number or name

Documentation required for dependent care expenses include the following:

- Incurred dates of service
- Dollar amount
- Name of day care provider

Unacceptable forms of documentation include the following:

- Credit card receipt
- Bills for prepaid dependent care/medical expenses when services have not yet occurred

**When submitting a receipt for a co-payment amount, please be sure the co-payment description is on the receipt. In some cases, you will need to ask for a receipt at the point of service. If “co-payment” is not clearly identified, have the provider write “co-payment” on the receipt and sign it.*

What happens if debit card transactions are not substantiated?

After the initial request on the 7th day following the transaction, Discovery Benefits will also send reminders on the 27th and 57th day after the transaction. If sufficient documentation is not received and processed within 72 days after the transaction, your debit card will be deactivated.

- Any unsubstantiated debit card transactions remaining after March 31, 2012, will no longer be eligible for a pre-tax reimbursement and the charge(s) will be recalculated on a post-tax basis.

Life Insurance

Basic Group Life Insurance

SMU provides Basic Group Life Insurance for all eligible employees at no cost to you. Reliance Standard administers this policy, which is designed to provide financial protection to your beneficiaries in the event of your death.

For...	Coverage	Paid By
All Employees	1.5 times your annual base salary up to a \$750,000 maximum	SMU
Post-Doctoral	\$10,000	SMU

Note: Your Basic Group Life Insurance benefits are reduced beginning at age 65.

Supplemental Group Life Insurance

In addition to the Basic Group Life Insurance coverage that SMU provides, you may also purchase Supplemental Group Life Insurance for yourself, your spouse/domestic partner and your dependent children. However, you may only elect coverage for your dependents if you choose supplemental coverage for yourself.

You pay for the cost of Supplemental Group Life Insurance through payroll deductions on a post-tax basis. The Supplemental Group Life Insurance rates are available on [Benefits U – Supplemental Group Life Insurance](#).

For...	Coverage
Employee	<p>1, 2, 3, 4, or 5 times your annual base earnings up to a maximum of \$750,000</p> <p>If you enroll during the 31 day new hire enrollment period, you can elect up to 3 times your annual salary or \$500,000, whichever is less.</p> <p>Any amount you elect over \$500,000 is subject to Evidence of Insurability and will not take effect until Reliance Standard approves your Evidence of Insurability Form.</p> <p>If you wish to enroll or increase your coverage after the 31 day new hire enrollment period, any new amount you elect will be subject to Evidence of Insurability</p>
Spouse/ Domestic Partner	<p>The lesser of 1 times your annual base earnings or \$50,000</p> <p>Evidence of Insurability is required for spouses/domestic partners if you enroll him/her after the 31 day new hire enrollment period.</p>
Child(ren)	<p>\$10,000 (per child)</p> <p>Evidence of Insurability is required for children if you enroll him/her after the 31 day new hire enrollment period.</p>

Group Life Insurance benefit provides emergency travel assistance services through Reliance Standard's WorldNet Assist Program.

Some key benefits include: emergency medical and personal assistance while traveling more than 100 miles away from home and immediate access to doctors, hospitals, pharmacies and certain other services in a medical-related emergency —24 hours a day, 365 days a year.

IMPORTANT

There is an age reduction provision that applies to both the Basic Life and Supplemental Life Insurance policies. Employee, spouse/ domestic partner, and child(ren) benefits are reduced beginning at age 65. Refer to your Group Life Insurance Certificate for more information.

*For your unmarried children who are under age 25.



AD&D Insurance

You can purchase Accidental Death and Dismemberment (AD&D) Insurance for yourself, your spouse/ domestic partner, and your dependent children. This policy is also administered by Reliance Standard.

You pay for the cost of AD&D insurance through payroll deductions on an pre-tax basis. The supplemental AD&D Insurance rates are available on [Benefits U – AD&D Insurance](#).

The benefit amount you receive if you or your dependents die or become injured as a result of an accident varies according to the type of loss you incur.

You may buy AD&D insurance for you and your eligible dependents, as follows:

For...	Coverage
Employee	\$10,000 increments, up to \$500,000 maximum (total group life coverage cannot exceed 10x basic annual earnings)
Spouse/ Domestic Partner	60% of employee's AD&D coverage in effect
Child(ren)	20% of employee's AD&D coverage in effect

**For your unmarried children who are under age 19 (or under age 25 if a full-time student).*

You are automatically the beneficiary for any dependent AD&D coverage you elect.

Beneficiary Designation

You **MUST** designate a beneficiary for your Basic and Supplemental Group Life Insurance and AD&D Insurance when you become eligible for coverage. Your “beneficiary” is the person (or people, estate, trust, etc.) who will receive your Life and/or AD&D insurance benefits if you die.

- You may change your beneficiary at any time by completing the Beneficiary Designation Form. If you do not name a beneficiary, or if your beneficiary dies before you, benefits will be paid to your estate.

IMPORTANT
There is an age reduction provision that applies to the Voluntary AD&D Insurance policies. Employee, spouse/ domestic partner, and child(ren) benefits are reduced beginning at age 75. Refer to you AD&D Certificate for more information.



Long-Term Disability

All full-time staff and faculty are automatically covered under SMU's Long-Term Disability Plan after three months of employment. The cost of this benefit is paid entirely by SMU.

If you are eligible and you become totally and permanently disabled, you will receive monthly income equal to 60% of your basic annual earnings, up to a maximum of \$7,500 per month. Your monthly LTD benefit will be reduced by Social Security and any other disability income you may be eligible to receive (such as Workers' Compensation).

Additional information and forms are available on [Benefits U – Long Term Disability](#).

Long-Term Care Insurance

SMU gives you the option to purchase Long-Term Care Insurance, which is administered by CNA. While most of us tend to think about purchasing this type of insurance to cover the cost of nursing home care, long-term care insurance also provides financial protection if you or an enrolled family member were injured in an accident, diagnosed with cancer, or needed special care for Alzheimer's.

Services covered under the Long-Term Care Plan include:

- Home health care
- Assisted living
- Hospice care
- Adult day care
- Nursing home care
- Caregiver training
- Home medical technology/equipment

While you pay the full cost of Long-Term Care Insurance, you have the advantage of purchasing coverage at discounted group rates through SMU. **You may also apply for coverage for your spouse, parents, parents-in-law, grandparents and grandparents-in-law.**

For LTC rates and other information visit [Benefits U – Long Term Care](#) or call CNA directly at 1-800-266-2904.

If you enroll in Long-Term Care Insurance within 31 days of our hire date, you are guaranteed coverage, regardless of your health status. And, the younger you are when you begin paying for coverage, the less it costs.



403(b) Retirement Program

The SMU 403(b) Retirement Program is designed to help you save for your retirement years. With this program, you have the opportunity to design your own retirement program based on several investment companies that offer a broad array of investment 403(b) choices.

Regular Retirement Plan

You're eligible for the 403(b) Retirement Plan when you first join SMU if you are a full-time, benefits-eligible employee and at least 26 years of age. Part-time employees are eligible after one year of employment. If you are a full-time employee, you **MUST** begin participating in the plan once you reach age 36 and have one year of service.

You are not eligible to participate in the Regular Retirement Plan if you are a:

- Temporary employee
- Post-Doctoral fellow
- Adjunct professor who is not benefit-eligible

Supplemental Retirement Account

Full-time and part-time staff and faculty, regardless of age, may enroll in the 403(b) Supplemental Retirement Account (SRA). The SRA has two components: elective pre-tax contributions or elective post-tax (Roth) contributions. The SRA is voluntary and is entirely funded by your contributions.

Contributions to the Plan

Once you are eligible to participate, you contribute 5% of your base salary to the plan. You also defer paying taxes on any earnings that accumulate in your account until you take a distribution.

SMU also makes contributions on your behalf. SMU contributes 8% of your base salary until you reach age 41. SMU begins contributing 10% of your base salary the month following your 41st birthday.

- If you were employed by SMU prior to June 1, 2010, your contributions—and SMU's contributions—are fully vested.
- If you were hired on or after June 1, 2010, SMU matching contributions vest after three years of employment.

Investing Your Accounts

To help you grow your 403(b) account over time, you can invest your account balances with any or all of the companies:

- Fidelity Investments
- The Teachers Insurance and Annuity Association/College Retirement Equity Fund (TIAA/CREF)
- The Vanguard Group

The maximum amount you can contribute to your 403(b) accounts on a pre-tax basis is determined by the IRS and changes each year.

IMPORTANT: It is your responsibility to ensure that applicable IRS maximums are not exceeded.

For more information visit [Benefits U – 403\(b\) Retirement Program](#).



Emeriti Health Account

To help you save for your health care needs during retirement, SMU offers the Emeriti Health Account. The Health Account offers a tax-advantaged way to invest and accumulate assets to pay for health insurance premiums and other eligible health care expenses in retirement.

The investment fund choices and administrative services for these accounts are administered by Fidelity Investments. The Emeriti Health Account is completely separate from the SMU 403(b) Retirement Program.

Here's an overview of how the Emeriti Health Account works:

If you are a full-time employee age 40 or older:

- You will automatically be enrolled in an Emeriti Health Account and your pay will be reduced by \$56.24 per month (prorated depending on your pay schedule). SMU will also make a \$56.24 monthly contribution on your behalf (prorated depending on your pay schedule).
- Your contributions and SMU's contributions increase 4% each year.
- When you are enrolled, you choose how to invest your contributions among several Fidelity investment fund options.
- You can also make unmatched, voluntary contributions to your account on an after-tax basis.
- SMU will stop contributions to participant's accounts after 25 years (or upon termination of employment or death, if earlier)

If you are a full-time employee less than age 40:

- You can enroll in and make unmatched voluntary, after-tax contributions to an Emeriti Health Account.
- Once you reach age 40, you will begin contributing on a pre-tax basis and SMU will begin making contributions on your behalf, for up to 25 years.

Once you retire, you can begin using the funds in your Emeriti Health Account to pay for eligible medical premiums and out-of-pocket expenses for you and your qualified dependents.

How does the vesting provision work?

Your contributions vest immediately. Vesting of SMU contributions is based on your employment date.

- If you were employed by SMU on a full-time basis for seven years as of December 31, 2008, all SMU contributions vested immediately.
- If you were employed by SMU on a full-time basis on or after January 1, 2009, SMU contributions will vest after you complete seven years of employment.

For more information on the Emeriti Program, visit [Benefits U – Emeriti Health Account](#).

Employees enrolled in the program since 2008 will have a projected return of:

- \$6,821.87 in five years
- \$15,831.74 in ten years
- \$27,577.56 in fifteen years

Calculations assume a 2% return on investment.

You are not eligible to participate in the Emeriti Health Account if you are a:

- Part-time employee (working less than 35 hours/week)
- Post-Doctoral Fellow
- Adjunct professor



Social Security

An important supplement to SMU's retirement programs for all faculty and staff is Social Security. You and SMU both make contributions to this federally administered plan.

When you become eligible, Social Security provides several benefits:

- **Death Benefit:** Spouses and children of Social Security participants are eligible to receive a small burial benefit, as well as monthly income, in some instances.
- **Long-Term Total Disability:** After five months of total disability, Social Security participants are eligible to begin receiving disability income. This benefit continues as long as the individual is considered totally disabled.
- **Retirement:** Currently, retirement income for participants is available at age 65 or, on a reduced basis, beginning at age 62. The earliest date benefits can be paid has changed to age 67 for individuals born after 1947.
- **Medicare:** Individuals ages 65 or older are eligible for Medicare Part A medical insurance beginning at age 65, but may wait until later to enroll for Part B if employment continues beyond age 65. Part D prescription drug coverage is also available to individuals who are Medicare-eligible.

Since your Social Security retirement and survivorship benefits are based on your contributions, it is important to make sure your Social Security record is accurate. The Social Security Administration mails an earnings and benefits statement each year to individuals who are age 25 and older. You should review your Social Security statement carefully and contact the [Social Security Administration](#) if you find any errors or discrepancies. You can also request a free statement by calling 1-800-772-1213.

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Tuition Benefits Program

The SMU Tuition Benefits Program is designed to enable SMU faculty and staff, their spouse/domestic partner, and dependent children, looking to realize their greater potential through education.

Eligible employees, spouses/domestic partners, and dependent children must meet all of the standard requirements for admission to the University, and be admitted to the University in a credit-bearing, degree-granting program, unless attending SMU credit-bearing courses to obtain transfer credit while enrolled in a degree-granting program at another accredited institution of higher education.

- **Employee as Student**

Full time faculty and staff members are eligible from the date of their employment for the benefit. A benefit of 100% tuition and the general student fee for part-time undergraduate or graduate study for academic credit. Employees can enjoy up to 18 academic hours each academic year.

- **Spouse as Student**

Spouses of eligible full-time employees may qualify to use the tuition benefit beginning the first new semester following the date of their spouses' employment. A benefit of 63% tuition for undergraduate or graduate study.

- **Dependent as Student**

The benefit covers 100% University tuition only. Dependent children are eligible after the employee has completed one year of employment. Dependent children are only eligible for no more than five consecutive academic calendar years from the date of first enrollment.

To learn more about the Tuition Benefits program, visit the Department of Human Resources website <http://smu.edu/hr/benefits/TuitionBenefits/default.asp> and click on the DevelopU logo.

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Employee Assistance Program

The Employee Assistance Program (EAP) is designed to provide confidential counseling and referral services for all full-time and part-time faculty/staff members and their eligible dependents. This program is administered by Magellan Health Services.

SMU pays the full cost of providing the EAP. No employee contributions are required for this program.

What Benefits Are Available

The EAP offers counseling and referrals for help with situations such as work stress, family issues, legal issues, financial problems, alcohol or drug dependency or abuse, and mental health services.

- All faculty and staff, as well as their dependents, are eligible for up to three (3) face-to-face counseling visits per year through the EAP – at no cost.
- If further counseling is needed, an outside resource will be recommended by Magellan based on the issue you need assistance with and your ability to pay.
- The cost of additional visits are covered under your medical plan.

The Employee Assistance Program (EAP) is a confidential service available to you and your immediate family members 24 hours a day.

To reach the EAP, call Magellan Health Services toll-free at: 1-877-704-5696.

How to Use the EAP

To use the EAP, call the toll-free number to obtain access to:

- Free telephone assistance provided by licensed professional counselors
- Consultation and assessment with a licensed professional counselor who may refer you to another resource for further treatment



University Death Benefit

This benefit is available only to full-time employees hired before June 1, 1995. SMU pays the full cost of this benefit.

- If you are an eligible, full-time employee and you die, SMU will continue to pay part of your base salary to your named beneficiary, **in addition to life insurance benefits**.
- The amount your beneficiary will receive is equal to the portion of the month's base salary that you **would have earned** had you lived until the end of the month, plus two additional months.

Business Travel Insurance

SMU provides business travel accident insurance for all full-time staff and faculty who are under age 75 and travel worldwide on business for the University. This benefit is provided at no cost to eligible staff and faculty.

- The plan pays a benefit of \$100,000 (up to a combined group maximum of \$1 million in cases where many covered group members suffer losses from a single accident) if you are covered and you die or become dismembered as a result of an accident while traveling on business.

For additional information on the Business Travel benefit, please contact the Risk Management Department at 214-768-2807.

Adoption Leave

Employees who have been with SMU for at least one year and adopt a child 24 months of age or younger, are eligible to receive up to three weeks (15 consecutive working days) of paid leave.

- Medical and vacation days will continue to accrue while on approved Adoption Leave. To request Adoption Leave, complete and submit the [Staff Leave of Absence Form](#). For more information on Adoption Leave, please see Policy 9.38, [Staff Maternity or Adoption Leave](#).

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Paid Time-Off Benefits

SMU provides a competitive paid time off program, which includes official holidays and vacation time.

Official Holidays

SMU generally observes the following holidays each year:

- Independence Day
- Labor Day
- Thanksgiving Day
- Friday After Thanksgiving
- Christmas Break (actual number of days varies each year)
- New Year’s Day
- Martin Luther King, Jr.’s Birthday
- Good Friday
- Memorial Day

A schedule of holidays is issued each Spring for the following University fiscal year (June – May).

Note: Part-time staff are paid if they are scheduled to work on a holiday.

Vacation

As a benefits-eligible staff member, you accrue vacation time according to your scheduled hours and job classification, beginning on your first day of employment. **After six months of continuous service**, you can begin using your accrued vacation time with the approval of your supervisor.

If You Were Hired Before June 1, 1995

Job Classification	Accrual Period	Annual Vacation
Group I		
Principal Administrative Officers - 50*	From date of eligibility	22 days
	At end of 10 years	30 days
Group II		
12 and higher	From date of eligibility	15 days
	At end of 10 years	20 days
Group III		
All pay grades not included in Group I and II	From date of eligibility	10 days
	At end of 5 years	15 days
	At end of 15 years	20 days

The number of vacation days you have accrued is shown on your paycheck, which you can view online at access.smu.edu. You may accumulate up to two times the amount of time you’re eligible to accrue in a year.

*For designated employees only.



If You Were Hired On or After June 1, 1995

Job Classification	Accrual Period	Annual Vacation
Group IV		
All employees not included in Group V below	From date of eligibility	10 days
	At end of 5 years	15 days
	At end of 10 years	20 days
Group V		
Principal Administrative Officers, Senior Administrative and Professional Staff	From date of eligibility	15 days
	At end of 5 years	20 days

If You Leave SMU

If you have been employed by SMU for at least one year and you terminate employment with unused vacation days, you will be paid as follows:

- **If you were hired before June 1, 1995**, you will be paid for any unused days, not to exceed your annual accrual rate (as shown above).
- **If you were hired on or after June 1, 1995**, you will be paid for any unused vacation days, not to exceed 10 days or your annual accrual rate, whichever is less.



Contact Information

The following list of contacts, telephone numbers and website addresses may be helpful throughout the plan year.

Coverage	Administrator	Phone/Website/Email
SMU Benefits Department	SMU	214-768-2132 or 214-768-2072 www.smu.edu/hr/benefits@smu.edu
SMU Health and Wellness Plan (PPOs)	Blue Cross/Blue Shield of Texas	1-877-768-2005 www.bcbstx.com
Health Savings Account (HSA)	Mellon Bank	1-877-635-5472 www.hsamember.com
Prescription Drug Plan	Medco	1-866-662-0294 www.medco.com
Dental Plan	Aetna	1-877-238-6200 www.aetna.com
Vision Plan	VSP	1-800-877-7195 www.vsp.com
Supplemental Life, AD&D Insurance and Long-Term Disability	Reliance Standard	1-800-351-7500 www.reliancestandard.com
Flexible Spending Accounts	Discovery Benefits	1-866-451-3399 www.discoverybenefits.com
Employee Assistance Program	Magellan Health Services	1-877-704-5696 www.magellanhealth.com
403(b) Retirement Plan	Vanguard	1-800-523-1188
	Fidelity	1-800-343-0860
	TIAA-CREF	1-800-842-2776
Long-Term Care Insurance	CNA	1-800-528-4582
Emeriti Health Account	Emeriti/Fidelity	1-800-363-7484



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