Summary of Benefits and Coverage: Southern Methodist University: \$3,200 Deductible HDHP Plan Coverage Period: 01/01/2024 – 12/31/2024 Coverage for: Individual + Family | Plan Tay (24) Type//Paginatio

Common Medical Event	Services You May Need	In-Network Provider	u Will Pay Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you need immediate medical attention				
If you have a hospital stay				

Common	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other			
Medical Event		<u>In-Network Provider</u> (You will pay the least)	Out-of-Network Provider (You will pay the most)	Important Information			
		(104 Will pay the least)	(rod wiii pay the mosty				
If you need help							
recovering or have other							
special health							
needs							
	<u> </u>						
	8 K I O O I I I O 6 T V I I V I I I I I I	<u> </u>					
If your child	&KLOGUHQ¶V H\H H[[
needs dental or eye care	&KLOGUHQ¶V JODVVI						
	&KLOGUHQ¶V GHQWD						
Excluded Services & Other Covered Services:							
Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)							

 $Other \ Covered \ Services \ (Limitations \ may \ apply \ to \ these \ services. \ This \ isn't \ a \ complete \ list \ Please \ see \ your \ \underline{plan} \ document.)$

Your Rights to Continue Coverage:

Peg is Having a Baby

Ma's Simple Fracture



Health care coverage is important for everyone.						
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