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 Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other			
		<u>In-Network Provider</u> (You will pay the least)	Out-of-Network Provider (You will pay the most)	Important Information			
If you need help recovering or have other special health needs		(104 Will pay the least)	(rod wiii pay the mosty				
							
If your child needs dental or eye care	&KLOGUHQ¶V H\H H[[<u> </u>			
	&KLOGUHQ¶V JODVVE						
	&KLOGUHQ¶V GHQWD						
	aklogona n onawb						
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







