

We are pleased to bring you The Texas A&M University (TAMU) 2018-2019 Student Health Insurance Plan

Underwritten by Blue Cross and Blue Shield of Texas (BCBSTX)

This plan meets or exceeds a Gold metal level of coverage.

- Affordable, quality coverage compatible with the Affordable Care Act
- Academic Emergency Services (AES)*
- Covers you at school, at home and while traveling abroad
- Access to a broad Participating Provider Option (PPO) Network from BCBSTX
- Access to multilingual 24/7 Nurseline
- Discounts on vision, fitness and much more

Who can enroll?

Any enrolled Texas A&M University System student taking at least six (6) credit hours of classes is eligible to enroll in this insurance plan. Students who are enrolled in special classes and take less than six (6) credit/contact hours of classwork will be determined eligible for this Student Health Insurance Plan if the reduced coursework meets the criteria for the completion of a degree plan or international program as defined and approved by The Texas A&M University System.

International students on an F1 or J1 visa are required to maintain approved health insurance coverage continuously while enrolled and attending a Texas A&M University System institution. F1 and J1 students will be bursary billed and automatically enrolled in the Student Health Insurance Plan through Academic HealthPlans, unless the student provides proof of coverage that meets The Texas A&M University System (TAMUS) waiver requirements (see the TAMUS Policy #26.99.01).

All registered and enrolled Texas A&M University System graduate students employed by the System are eligible to enroll in this insurance plan.

For additional information, go to
tamu.myahpcare.com
or call 877-624-7911

How to enroll

J1 and F1 Visa International students will be billed (and auto enrolled if no waiver approved) through auto bill of the fee on their tuition statement.

All other students may enroll via our website. Go to tamu.myahpcare.com click on the "Enrollment" tab and follow the online instructions.

Please read the plan brochure in full to determine whether this Student Health Insurance Plan is right for you before you enroll. The plan brochure provides details of the coverage including benefits, exclusions and any reductions or limitations and the terms under which the policy may be continued in force. The plan brochure is available online at tamu.myahpcare.com.

For dates and rates, please visit our website at tamu.myahpcare.com, click on the "Cost" tab and click on the premium cost sheet.

You get online access to:

- View and download complete plan description
- Find provider and pharmacy information
- Download eligibility/enrollment information
- Download a temporary ID card
- Customer service, claims and benefit information

Dependent coverage is available. Payment must be paid directly to Academic HealthPlans and may not be billed to the student's account. Dependents will NOT automatically be re-enrolled. You will need to re-enroll them by each semester's deadline. To view rates and enrollment information, please go to tamu.myahpcare.com.

* Academic Emergency Services (AES) is a global emergency services product. These services are provided by a separate and independent company from AES or Academic HealthPlans. AES provides medical, security and natural disaster evacuation services, repatriation of remains, emergency medical and travel assistance, travel information and other services for Academic HealthPlans.

AcademicBlue is offered by Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Academic HealthPlans, Inc. (AHP) is an independent company that provides program management and administrative services for the student health plans of Blue Cross and Blue Shield of Texas.

727423.0318

The Texas A&M University 2018–2019 Plan Highlights^{1,2}

Benefit Maximum & Deductibles

	Network Provider	Out-of-Network Provider
Benefit Maximum	Unlimited	Unlimited
Deductible (Individual/Family)	\$350/\$1,050	\$700/\$2,100
Out-of-Pocket Maximum (Individual/Family)	\$6,350/\$12,700	\$12,700/\$25,400
Student Health Services	At the A.P. Beutel Health Center, the deductible will be waived and benefits will be paid at 100% of covered expenses.	

Benefit Coverage

<i>Deductible applies unless noted below:</i>	Student Health Services (deductible waived)	Network Provider	Out-of-Network Provider
Hospital Expenses	N/A	80%	60%
Surgical Expenses	100%	80%	60%
Doctor's Visits	100%	100% after: \$35 copayment per visit (deductible waived)	60% after: \$35 copayment per visit (deductible waived)
Emergency Care and Accidental Injury Facility Services – Copayment is waived if the insured is admitted, inpatient hospital expenses will apply	N/A	80% after \$150 copayment	
Physician Services	N/A	80% of allowable amount	
Diagnostic X-Rays & Laboratory Procedures	100%	80%	60%
Prescription Drugs <i>Per 30-day Retail Supply (deductible waived)</i> <i>**Copayment plus the cost difference between the brand-name drug or supplies per prescription for which there is a generic drug or supply available.</i>	100% after: • \$15 copayment	At pharmacies contracting with Prime Therapeutics ³ , 100% after: • \$15 copayment for each generic drug • \$30 copayment for each brand-name drug** • \$40 copayment for non-preferred brand-name drug**	60% after: • \$15 copayment for each generic drug • \$30 copayment for each brand-name drug** • \$40 copayment for non-preferred brand-name drug** Please note: You are required to pay the full amount charged at the time of service for all prescriptions dispensed at an out-of-network provider and must file a claim for reimbursement.
Preventative Care Services	100% (deductible waived)	100% (deductible waived)	60%

¹ This document is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered expenses are subject to plan maximums, limitations and exclusions as described in the Policy. The PPO network is BCBSTX Participating Provider Option (PPO) Network.

² Covered charges at in-network and out-of-network providers are based on the allowable amount. For more information, please see your Brochure Booklet or Policy.

³ The relationship between Blue Cross and Blue Shield of Texas (BCBSTX) and contracting pharmacies is that of independent contractors, contracted through a related company, Prime Therapeutics LLC. Prime Therapeutics LLC is a separate company that also administers the pharmacy benefit program. BCBSTX, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

This document contains a summary of your school's proposed student health insurance policy benefits, restrictions, and exclusions as of the date of its publication. The final policy is pending approval by applicable federal and state regulatory authorities, which may result in differences between this summary and the actual policy of insurance issued to you. For specific details about your plan, please refer to your policy of insurance.

Blue Cross and Blue Shield of Texas complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, or gender identity.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-710-6984 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-710-6984 (TTY: 711).

For the full list of languages, see your specific school brochure.