

# 2021-2022

## The Texas A&M University System (TAMUS) 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 who meets eligibility requirements. Undergraduate students taking at least nine (9) credit hours of classes are eligible to enroll in this insurance plan. Graduate students taking at least five (5) credit hours of classes are eligible to enroll in this insurance plan. Students who are enrolled in special classes and take less than the required 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  
[tamus.myahpcare.com](https://tamus.myahpcare.com).

### 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 [tamus.myahpcare.com](https://tamus.myahpcare.com) and scroll down to find your campus, then click on the "Enroll/Cost" 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 [tamus.myahpcare.com](https://tamus.myahpcare.com).

For dates and rates specific to each TAMUS campus, please visit our website at [tamus.myahpcare.com](https://tamus.myahpcare.com) and scroll down to find your campus, then click on the "Enroll/Cost" tab and look for the premium cost sheet.

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 [tamus.myahpcare.com](https://tamus.myahpcare.com).

### 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

\*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans.

# The Texas A&M University System 2021–2022 Plan Highlights<sup>1,2</sup>

## Benefit Maximum & Deductibles

	Network Provider	Out-of-Network Provider
<b>Benefit Maximum</b>	Unlimited	Unlimited
<b>Deductible (Individual/Family)</b>	\$500/\$1,500	\$1,000/\$3,000
<b>Out-of-Pocket Maximum (Individual/Family)</b>	\$7,900/\$15,800	\$15,800/\$31,600
<b>Student Health Services</b>	At the Student 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>	Network Provider	Out-of-Network Provider
<b>Hospital Expenses</b>	80%	60%
<b>Surgical Expenses</b>	80%	60%
<b>Doctor's Visits</b>	100% after: \$35 copayment per visit (deductible waived)	60% after: \$35 copayment per visit (deductible waived)
<b>Emergency Care and Accidental Injury</b>	80% after \$150 copayment	
<b>Facility Services</b> – Copayment is waived if the insured is admitted, inpatient hospital expenses will apply		
<b>Physician Services</b>		
<b>Diagnostic X-Rays &amp; Laboratory Procedures</b>	80%	
<b>Prescription Drugs</b> <i>Limited to 30-day retail supply - Prescriptions filled at the Student Health Center: 100% of allowable amount after a \$10/\$35 copayment (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>	At pharmacies contracting with Prime Therapeutics <sup>3</sup> , 100% after: <ul style="list-style-type: none"> <li>\$10 copayment for each generic drug</li> <li>\$35 copayment for each brand-name drug**</li> <li>\$60 copayment for non-preferred brand-name drug**</li> </ul>	60% after: <ul style="list-style-type: none"> <li>\$10 copayment for each generic drug</li> <li>\$35 copayment for each brand-name drug**</li> <li>\$60 copayment for non-preferred brand-name drug**</li> </ul> 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.
<b>Preventative Care Services</b>	100% (deductible waived)	60%

<sup>1</sup> 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.

<sup>2</sup> Covered charges at in-network and out-of-network providers are based on the allowable amount. For more information, please see your School Policy.

<sup>3</sup> 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, sex, gender identity, age, sexual orientation, health status or disability.

To get help and information in your language at no cost, please call us at 855-710-6984.

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

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