



Student Health Insurance Plan for The Texas A&M University (TAMU)

2024 – 2025

Welcome to AcademicBlue, your Student Health Insurance Plan offered by Blue Cross and Blue Shield of Texas (BCBSTX).

Who can enroll?

Undergraduate students taking at least nine (9) credit hours of classes are eligible to enroll in this insurance plan. Undergraduate students must be enrolled in at least nine (9) credit hours of classes each fall and spring semester and be in a degree-seeking program.

Graduate Students taking at least five (5) credit hours of classes are eligible to enroll in this insurance plan. Graduate Students (non-employed) must be enrolled in at least five (5) credit hours of classes each fall and spring semester.

Degree plans for undergraduate and graduate students must be on file with the University Registrar's Office.

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

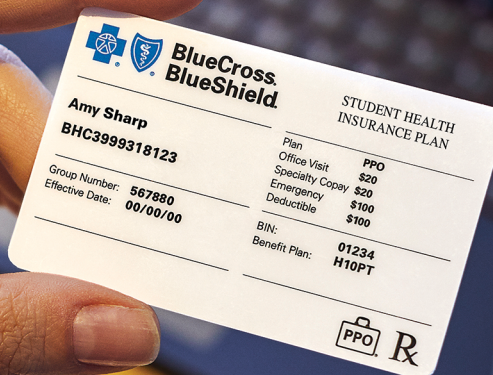
International students on an F1 or J1 visa are required to maintain approved health insurance coverage continuously while enrolled and attending a Texas A&M University System institution. F1 and J1 students will be bursary billed and automatically enrolled in the Student Health Insurance Plan through 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).

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.



Advantages of Membership

- Affordable, quality coverage compatible with the Affordable Care Act
- Coverage when traveling
- Access to a broad Participating Provider Option (PPO) network from BCBSTX
- Bilingual 24/7 Nurseline, telehealth and behavioral health program
- Discounts on vision, fitness and many more products and services



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.

Prescription Drugs at the A.P. Beutel Health Center only, 100% after: \$10 copayment per each generic drug; \$35 copayment per each preferred brand-name drug.

Benefit Maximums and Deductibles	In-Network Provider	Out-of-Network Provider
Benefit Maximum	Unlimited	Unlimited
Deductible (Individual/Family)	\$500/\$1,500	\$1,000/\$3,000
Out-of-Pocket Maximum (Individual/Family)	\$7,900/\$15,800	\$15,800/\$31,600

Benefits <small>Deductible applies unless noted below:</small>	In-Network Provider	Out-of-Network Provider
Hospital Expenses	80%	60%
Surgical Expenses	80%	60%
Doctor's Visits	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.	80% after: \$150 Copayment (Deductible waived)	80% after: \$150 Copayment (Deductible waived)
Physician Services	80%	80%
Diagnostic X-Rays & Laboratory Procedures	80%	80%
Preventative Care Services	100% (Deductible waived)	60%
<p>Prescription Drugs Limited to 30-day retail supply - Prescriptions filled at the Student Health Center: 100% of allowable amount after a \$10/\$35 Copayment (Deductible waived)</p> <p>**Copayment plus the cost difference between the brand-name drug or supplies per prescription for which there is a generic drug or supply available.</p>	<p>At pharmacies contracting with Prime Therapeutics*, 100% after:</p> <ul style="list-style-type: none"> \$10 copayment for each generic drug \$35 copayment for each brand-name drug** \$60 copayment for each non-preferred brand-name drug** 	<p>60% after:</p> <ul style="list-style-type: none"> \$10 copayment for each generic drug \$35 copayment for each brand name drug** \$60 copayment for each non-preferred brand-name drug** <p>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.</p>



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 tamumyahpcare.com and scroll down to find your campus, then click on the "Enroll/Cost" tab and follow the online instructions.

Please read the plan Policy in full to determine whether this Student Health Insurance Plan is right for you before you enroll. The plan Policy 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 Policy is available online at tamumyahpcare.com.

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

Dependent coverage is available. Payment must be paid directly to Academic Health Plans 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 visit our website.

Please refer to the plan's medical policy to review all eligibility criteria. The medical policy and additional information can be found at tamumyahpcare.com.

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

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.

Covered charges at in-network and out-of-network providers are based on the allowable amount. For more information, please see your school's policy.

*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.

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).



Health care coverage is important for everyone.

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984. We provide free communication aids and services for anyone with a disability or who needs language assistance.

We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability. If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St., 35th Floor
Chicago, IL 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
Complaint Forms: <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

To receive language or communication assistance free of charge, please call us at 855-710-6984.

Español	Llámenos al 855-710-6984 para recibir asistencia lingüística o comunicación en otros formatos sin costo.
العربية	لتلقي المساعدة اللغوية أو التواصل مجاناً، يرجى الاتصال بنا على الرقم 855-710-6984.
繁體中文	如欲獲得免費語言或溝通協助，請撥打855-710-6984與我們聯絡。
Français	Pour bénéficier gratuitement d'une assistance linguistique ou d'une aide à la communication, veuillez nous appeler au 855-710-6984.
Deutsch	Um kostenlose Sprach- oder Kommunikationshilfe zu erhalten, rufen Sie uns bitte unter 855-710-6984 an.
ગુજરાતી	ભાષા અથવા સંચાર સહાય મફતમાં મેળવવા માટે, કૃપા કરીને અમને 855-710-6984 પર કોલ કરો.
हिंदी	निःशुल्क भाषा या संचार सहायता प्राप्त करने के लिए, कृपया हमें 855-710-6984 पर कॉल करें।
Italiano	Per assistenza gratuita alla lingua o alla comunicazione, chiami il numero 855-710-6984.
한국어	언어 또는 의사소통 지원을 무료로 받으려면 855-710-6984번으로 전화해 주세요.
Navajo	Niná: Doo bilagáana bizaad dinits'á'góó, shá ata' hodooni nínízingo, t'áájíík'eh bee náhaz'á. 1-866-560-4042 jí' hodíilni.
فارسی	برای دریافت کمک زبانی یا ارتباطی رایگان، لطفاً با شماره 855-710-6984 تماس بگیرید.
Polski	Aby uzyskać bezpłatną pomoc językową lub komunikacyjną, prosimy o kontakt pod numerem 855-710-6984.
Русский	Чтобы бесплатно воспользоваться услугами перевода или получить помощь при общении, звоните нам по телефону 855-710-6984.
Tagalog	Para makatanggap ng tulong sa wika o komunikasyon nang walang bayad, pakitawagan kami sa 855-710-6984.
اردو	مفت میں زبان یا مواصلت کی مدد موصول کرنے کے لیے، براہ کرم ہمیں 855-710-6984 پر کال کریں۔
Tiếng Việt	Để được hỗ trợ ngôn ngữ hoặc giao tiếp miễn phí, vui lòng gọi cho chúng tôi theo số 855-710-6984.