



2026 - 2027

Student Health Insurance Plan

for The Texas A&M University (TAMU)

Welcome to AcademicBlue, your Student Health Insurance Plan

Who is automatically enrolled?*

- All international students on an F1 or J1 visa

*Unless proof of comparable coverage is provided at tamumyhealthcare.com/waiver.

Who can voluntarily enroll?

- All undergraduate students taking at least nine (9) credit hours each fall and spring semester and be in a degree-seeking program
- All graduate students (non-employed) 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
- Graduate students who work for the Texas A&M University System in a benefits-eligible job can enroll in the Student Health insurance plan

Special note on dependent coverage

- 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.

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



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

The Texas A&M University (TAMU) 2026-2027 Plan Highlights^{1, 2}

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)	\$350/\$1,050	\$1,000/\$3,000
Out-of-Pocket Maximum (Individual/Family)	\$7,900/\$15,800	\$15,800/\$31,600
Benefits (Deductible applies unless noted below)	In-Network Provider	Out-of-Network Provider
Hospital Expenses	80%	60%
Surgical Expenses	80%	60%
Doctor's Visits	100% after: \$25 Copayment per visit (Deductible waived)	60% after: \$25 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%
Independent Lab and X-Ray Provider	80%	80%
Preventive Care Services	100% (deductible waived)	60%
Prescription Drugs Limited to 30-day retail supply – Prescriptions filled at the Student Health Center: 100% of allowable amount after a \$15/\$35 Copayment (Deductible waived) **Copayment plus the cost difference between the brand-name drug or supplies per prescription for which there is a generic drug or supply available.	At pharmacies contracting with Prime Therapeutics, ³ 100% after: \$10 copayment for each generic drug \$35 copayment for each brand-name drug** \$60 copayment for each non-preferred brand-name drug**	60% after: \$10 copayment for each generic drug \$35 copayment for each brand name drug** \$60 copayment for each 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.

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 school's policy.

Academic HealthPlans, Inc., part of the Brown & Brown team, is an independent company that provides program management and administrative services for the student health plans of Blue Cross and Blue Shield of Texas.

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.

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).

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