

## 2015-2016 Plan: Graduate Student Health Plan

**Vendor:** BlueCross BlueShield of Texas (BCBSTX)

This plan is designed for Graduate Student Employees in eligible graduate student positions. It is a preferred provider organization (PPO). Costs are higher if non-network providers are used. This plan may also be available to students eligible for benefits due to the Affordable Care Act. For international students, this plan satisfies the health coverage requirement for International Students and meets grad student J-1 visa holder requirements.

### Member Services Contact Information:

Academic HealthPlans (AHP): (877) 624-7911;

Website: <https://tamus.myahpcare.com/>

	Network:	Non-Network:
<b>Limitations and Restrictions</b>		
<b>Pre-existing condition limitations:</b>	None	
<b>Benefit Maximum:</b>	None	
<b>Out-of-service-area restrictions:</b>	None	
<b>Maximums &amp; Deductibles</b>		
<b>Deductibles:</b>	\$350 Medical/waived student health center	\$750; waived student health center
<b>Out-of-pocket maximum:</b>	\$6,600/person (includes all copayments)	\$12,700/person (includes all copayments)
<b>Benefit maximum:</b>	No annual/lifetime maximums	
<b>Hospital Benefits</b>		
<b>In-hospital care:</b>	20% after deductible	40% after deductible
<b>Emergency room:</b> Emergency Services	\$150 copay; 20% after deductible 20% after deductible	40% after deductible
<b>Surgery:</b>	20% after deductible In physician's office, See office visit	40% after deductible
<b>Non-Hospital Visits</b>		
<b>Office visits:</b>	\$35 copay	
<b>Preventive exam:</b>	100% covered	40% after deductible
<b>Lab/X-rays:</b>	20% after deductible	40% after deductible
<b>Skilled nursing facility (not including custodial care):</b>	20% after deductible; 25 days/plan year	40% after deductible; 25 days/plan year
<b>Home health care:</b>	20% after deductible; 60 visits/plan year	40% after deductible; 60 visits/plan year
<b>Other Healthcare Benefits</b>		
<b>Chiropractic care:</b>	\$35/visit	40% after \$35 copay; 35 visits/person
<b>Durable medical equipment:</b>	20% after deductible	
<b>Mental health:</b>	Inpatient - 20% after deductible Outpatient - \$35/visit	40% after deductible 40% after \$35 copay
<b>Physical therapy:</b>	\$35/visit; 35 visits/person	40% after \$35 copay; 35 visits/person
<b>Vision/Hearing/Speech:</b>	20% after deductible One preventive vision exam/per plan year	40% after deductible (must be within 60 days of rehabilitation release)

**Prescription drugs:** \$15 at student health center;  
 Prime Therapeutics RX drug card \$15/generic, \$30/preferred brand-name,  
 \$40/non-preferred brand-name - no maximum  
 Generic Drug –A medication duplicated by another company once the patent expires  
 Brand Name Drug –A medication developed by a pharmaceutical company