

2021-2022 Plan: J Plan Health Care Information

Vendor: Blue Cross and Blue Shield of Texas (BCBSTX)

The Texas A&M University Care J plan is only available to employees on a J Visa and their family members. The benefits are the same as those in the A&M Care plan, including the BCBSTX in-network and out-of-network benefit differences found below. Since this coverage is a requirement of employment, if you are working for the A&M System on a J1 or J2 visa, the J plan will be your default plan.

Graduate student employees on a J1/J2 Visa may also enroll in the Graduate Student plan, which meets the visa requirements for insurance coverage.

Member Services Contact Information:

Blue Cross and Blue Shield of Texas 1 (866) 295-1212; Information about networks outside of Texas: 1 (800) 810-BLUE (2583)

Website: <https://www.bcbstx.com/tamux>

	Network; includes Brazos Valley Network (BVN)	Non-Network
Limitations and Restrictions		
Pre-existing condition limitations:	None	
Out-of-service area restrictions:	Emergency care- must notify BCBSTX within 48 hours	Emergency care
Maximums and Deductibles		
Deductibles:	\$400 Medical/\$50 Rx	\$800 Medical/\$400 hospitalization
Out-of-pocket maximum:	\$5,000 + the \$400 <i>medical deductible above</i> \$10,000 + \$1,200 family	\$10,000 + \$800 deductible per person \$20,000 + \$2,400 family
Benefit maximum:	No annual/lifetime maximums Except those listed below	
Hospital Benefits		
In-Hospital care:	20% after deductible; BVN-10% after deductible	\$400/adm. + deduct., then 50%
Emergency Room:	20% after deductible; BVN-10% after deductible	20% after deductible if emergency; otherwise 50% after deductible
Surgery:	20% after deductible; BVN-10% after deductible In-physician's office, See office visit	50% after deductible 50% after deductible
Non-Hospital Visits		
Office visits:	Primary Care Physician-\$20/visit; BVN-\$5/visit Specialist-\$30/visit; BVN-\$15/visit Certain surgeries—20% after deductible	50% after deductible
Preventive exam:	100% covered	Not covered
Lab/X-rays:	Benefit depends on setting & procedure; See plan book or call BCBSTX	50% after deductible
Skilled nursing facility (not including custodial care):	20% after deductible; 60-days/plan year	50% after deductible; 60-days/plan year
Home health care:	20% after deductible; 60-visits/plan year	50% after deductible; 60-visits/plan year

Vendor: ExpressScripts

Prescription drugs: After you meet the \$50/person/plan year prescription drug deductible (three-person maximum)

- 30-day supply: \$10/generic, \$35/brand-name formulary, \$60/brand-name non-formulary; brand-name copayment + difference between brand-name and generic when available
- 90-day supply: Two copayments required if purchased by mail-order; three if purchased through most retail pharmacies

Member Services Contact Information: ExpressScripts: 1 (866) 544-6970 | Website: <https://www.express-scripts.com>