Graduate Student Employee Health Plan

Vendor: Blue Cross Blue Shield of Texas (BXBSTX)

Member Services Contact Information:

Academic Health Plans (AHP) Phone: 1 (877) 624-7911 Website: tamus.myahpcare.com

Any registered and enrolled A&M System graduate student employed by the A&M System in a benefits-eligible position or graduate fellows may enroll in the Graduate Student Health 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.

	Network	Non-Network
Limitations and Restrictions		
Pre-existing condition limitations:	None	n/a
Out-of-service area restrictions:	None	n/a
Maximums and Deductibles		
Benefit maximum:	No annual/lifetime maximums	No annual/lifetime maximums
Deductibles:	\$500/\$1,500	\$1,000/\$3,000
Out-of-pocket maximum: Individual/Family	\$7,900/\$15,800	\$15,800/\$31,600
Hospital Benefits		
In-Hospital care:	20% after deductible	40% after deductible
Emergency Room: Emergency Room Physician:	20% after \$150 copayment 20% after deductible	20% after \$150 copayment 20% after deductible
Surgery:	20% after deductible	40% after deductible
Non-Hospital Visits		
Office visits:	\$35 copay	40% after \$35 copayment
Preventive exam:	4000/	
Treventive exam.	100% covered (deductible waived)	40% after deductible
Lab/X-rays:	20% after deductible waived)	40% after deductible 40% after deductible
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Lab/X-rays: Skilled nursing facility	20% after deductible	40% after deductible
Lab/X-rays: Skilled nursing facility (not including custodial care):	20% after deductible 20% after deductible; 25 days/plan year	40% after deductible 40% after deductible; 25 days/plan year
Lab/X-rays: Skilled nursing facility (not including custodial care): Home health care:	20% after deductible 20% after deductible; 25 days/plan year	40% after deductible 40% after deductible; 25 days/plan year
Lab/X-rays: Skilled nursing facility (not including custodial care): Home health care: Other Healthcare Benefits	20% after deductible; 25 days/plan year 20% after deductible; 60 visits/plan year	40% after deductible; 25 days/plan year 40% after deductible; 60 visits/plan year
Lab/X-rays: Skilled nursing facility (not including custodial care): Home health care: Other Healthcare Benefits Chiropractic care:	20% after deductible; 25 days/plan year 20% after deductible; 60 visits/plan year \$35/visit; 35 visits/person	40% after deductible; 25 days/plan year 40% after deductible; 60 visits/plan year 40% after \$35 copay; 35 visits/person
Lab/X-rays: Skilled nursing facility (not including custodial care): Home health care: Other Healthcare Benefits Chiropractic care: Durable medical equipment:	20% after deductible; 25 days/plan year 20% after deductible; 60 visits/plan year \$35/visit; 35 visits/person 20% after deductible Inpatient - 20% after deductible	40% after deductible; 25 days/plan year 40% after deductible; 60 visits/plan year 40% after \$35 copay; 35 visits/person 40% after deductible 40% after deductible

For more information

Medical Summary Plan Description Booklet:

assets.system.tamus.edu/files/benefits/website/SPDs/SPDHealth.pdf