# J Plan

**Vendor:** Blue Cross Blue Shield of Texas (BXBSTX)

**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: bcbstx.com/tamus.com

The Texas A&M University 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 levels 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.

| | Network Provider | Brazos Valley Network (BVN) | Baylor Scott & White Health (Brazos Valley) | Non-Network |
|---|---|---|---|---|
| **Limitations and Restrictions** | | | | |
| Pre-existing condition limitations: | None | None | None | None |
| Benefit Maximum: | None | None | None | None |
| Out-of-service area restrictions: | Emergency care - must notify BCBSTX within 48 hours | Emergency care - must notify BCBSTX within 48 hours | Emergency care - must notify BCBSTX within 48 hours | Emergency Care |
| **Maximums and Deductibles** | | | | |
| Deductibles: | $400 Medical/$50 Rx | $400 Medical/$50 Rx | $400 Medical/$50 Rx | $800 Medical/$400 Hospital |
| Out-of-pocket maximum: | $5,000 + the $400 medical deductible above $10,000 + $1,200 family deductible | $5,000 + the $400 medical deductible above $10,000 + $1,200 family deductible | $5,000 + the $400 medical deductible above $10,000 + $1,200 family deductible | $10,000 + $800 deductible per person $20,000 + $2,400 family deductible |
| Benefit maximum: | No annual/lifetime maximums, except those listed below | | | |
| **Hospital Benefits** | | | | |
| In-Hospital care: | 20% after deductible | 10% after deductible | 10% after deductible | $400/admission + deductible, then 50% |
| Emergency Room: | $200 copay (waived if admitted to the hospital) + 20% after deductible | $200 copay (waived if admitted to the hospital) + 10% after deductible | $200 copay (waived if admitted to the hospital) + 10% after deductible | $200 copay (waived if admitted to the hospital) +20% after deductible if emergency; otherwise 50% after deductible |
| Surgery: | 20% after deductible; In-physician's office, See office visit | 10% after deductible | 10% after deductible | 50% after deductible 50% after deductible |
| **Non-Hospital Visits** | | | | |
| Office visits: | Primary Care: $20/visit Specialist: $30/visit Certain surgeries: 20% after deductible | Primary Care: $5/visit Specialist: $15/visit | Primary Care: $20/visit Specialist: $15/visit | 50% after deductible |

## J Plan Information (cont)

| | | | | |
|---|---|---|---|---|
| Preventive exam: | 100% covered | 100% covered | 100% covered | Not covered |
| Lab/X-rays: | Benefit depends on setting & procedure | Benefit depends on setting & procedure | Benefit depends on setting & procedure | 50% after deductible |
| Skilled nursing facility (not custodial care): | 20% after deductible; 60 days/plan year | 20% after deductible; 60 days/plan year | 20% after deductible; 60 days/plan year | 50% after deductible; 60 days/plan year |
| Home health care: | 20% after deductible; 60 days/plan year | 20% after deductible; 60 days/plan year | 20% after deductible; 60 days/plan year | 50% after deductible; 60 days/plan year |
| **Other Healthcare Benefits** | | | | |
| Chiropractic care: | $30/visit; 30 visits/plan year | $15/visit; 30 visits/plan year | $15/visit; 30 visits/plan year | 50% after deductible; 30 visits/plan year |
| Durable medical equipment: | 20% after deductible | 10% after deductible | 10% after deductible | 50% after deductible |
| Maternity care: | Hospital: 20% after deductible; Doctor: $20 initial visit only | Hospital: 10% after deductible Doctor: $5 initial visit only | Hospital: 10% after deductible Doctor: $20 initial visit only | Hospital: 50% after deductible Doctor: 50% after deductible |
| Mental health: | Inpatient: 20% after deductible Outpatient: $20/visit | Inpatient: 10% after deductible Outpatient: $5/visit | Inpatient: 10% after deductible Outpatient: $20/visit | Inpatient: 50% after deductible Outpatient: 50% after deductible |
| Physical therapy: | $30/visit | $15/visit | $15/visit | 50% after deductible |
| Vision: | $30/visit | $15/visit | $15/visit | Routine preventive eye exams not covered |
| Hearing: | Illness/accident coverage; 20% coinsurance, one hearing aid per ear, every 36 months | Illness/accident coverage; 20% coinsurance, one hearing aid per ear, every 36 months | Illness/accident coverage; 20% coinsurance, one hearing aid per ear, every 36 months | Illness/accident coverage; 20% coinsurance |

## Prescription Drug Vendor: Express Scripts

**Member Services Contact Information:** 1 (866) 544-6970 | express-scripts.com/

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

## About Medical Evacuation and Repatriation

Repatriation of remains of at least $25,000 and medical evacuation coverage of at least $50,000 are required of those on a J-1 or J-2 visa. GeoBlue, provided with the J Plan, exceeds this requirement.

GeoBlue includes the following required coverage:

- Evacuation/Repatriation: $250,000
- Repatriation of Remains: $50,000
- Visit of Family Member or Friend: General Conditions Applicable to all Emergency Transportation Benefits and Arrangements
- Political Emergency/Disaster Evacuation: Covered 100% up to $100,000 per person subject to a combined $5,000,000 aggregate limit per any one covered event for all persons covered under the plan.

## For more information

Medical Summary Plan Description Booklet:

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