

The health plan chart below shows your share of the cost of a service. For example, 20% means you pay 20% (co-insurance) of the cost up to the out-of-pocket limit and the plan pays 80% after applicable deductibles. \$35/visit means you pay \$35 (copayment) for each office visit.

## Graduate Student Health Plan

<b>Provisions</b>	
<i>Regions offered</i>	Available worldwide; outside U.S. benefits paid at 80%
<i>Pre-existing condition limitations</i>	No waiting period
<i>Benefit maximum</i>	<b>Unlimited per person/year</b>
<i>Out-of-service-area restrictions</i>	None
<i>Deductibles</i>	<b>Network: \$350/person, \$1050/family; Out-of-Network: \$700/person, \$2,100/family; waived at student health center</b>
<i>Out-of-pocket maximum</i>	<b>Network: \$6,350/person, \$12,700/family; Out-of-Network: \$12,700/person or \$25,400/family (includes medical and prescription copayments)</b>
<i>In-hospital care</i>	Network: 20% after deductible, Out-of-Network: 40% after deductible
<i>Emergency room</i>	<b>\$150 copay; after deductible, Network: 20%, Out-of-Network: 20% for emergency services, 40% for non-emergency services</b>
<i>Office visits</i>	<b>\$35 copay</b>
<i>Preventive Services</i>	<b>Network: no charge, Out-of-Network: 40%, deductible and co-pay does not apply when in network.</b>
<i>Diagnostic Lab/X-rays</i>	Network: 20%, Out-of-Network: 40% after deductible
<i>Surgery</i>	Network: 20% after deductible, Out-of-Network: 40% after deductible
<i>Chiropractic care</i>	<b>Network: \$35/visit; Out-of-Network: 40% after \$35 copayment; limited to 35 visits</b>
<i>Vision/Hearing/Speech</i>	<b>Network: 20% after deductible, Out-of-Network: 40% after deductible, must be within 60 days of being released for rehabilitation</b>
<i>Physical therapy</i>	<b>Network: \$35/visit; Out-of-Network: 40% after \$35 copayment; limited to 35 visits</b>
<i>Durable medical equipment</i>	Network: 20% after deductible, Out-of-Network: 40% after deductible
<i>Home health care</i>	Network: 20% after deductible, Out-of-Network: 40% after deductible; limited to 60 visits
<i>Skilled nursing facility (not including custodial care)</i>	Network: 20% after deductible, Out-of-Network: 40% after deductible; limited to 25 days
<i>Mental health</i>	Network: Inpatient - 20% after deductible, Out-of-Network: 40% after deductible Network: Outpatient - \$35/visit, Out-of-Network: 40% after \$35 copayment
<i>Prescription drugs</i>	\$15 at student health center; Prime Therapeutics RX drug card \$15/generic, <b>\$30/preferred brand-name, \$40/non-preferred brand-name - no maximum</b> Generic Drug –A medication duplicated by another company once the patent expires Brand Name Drug –A medication developed by a pharmaceutical company
<i>How does this health plan work?</i>	This plan is for graduate student employees only. Students must be taking at least six credit hours or otherwise be working toward a degree. It is a preferred provider organization (PPO). You may choose any provider in the BlueCross BlueShield network to receive the highest level of coverage. You receive benefits for services provided by an out-of-network provider, but your cost will be higher. You will be reimbursed 100% for services you receive at an A&M System student health center.
<i>Member Services phone number/website</i>	(877) 624-7911 or <a href="http://www.ahpcare.com/tamus/">http://www.ahpcare.com/tamus/</a>

**Bold type** indicates items that will change for the new plan year.