The Texas A&M University System
Summary Of Benefits

Outpatient	Co-Payment
Physician's Office Visit	$25
Other Outpatient Services	20%[1]
Standard Lab & X-Ray	No charge
Diagnostic/Radiology Procedures Limited to the following procedures: angiograms, CT scans, MRI's, myelography, PET scans, stress tests	20%[1]
Outpatient Surgery	20%
Allergy Serum	$25 per vial
Eye Exam (1 annually)	$25
Diagnostic & Therapeutic Services	
Speech & Hearing Benefit limitation based upon medical necessity	$25
Physical Therapy Benefit limitation based upon medical necessity	$25
Preventive Health	
Family Planning	$25
Well Child Care	$25
Immunizations (age appropriate)	No charge
Outpatient Specialty Drugs	
Level 1	$50
Level 2 (Preferred)	$100
Level 3 (Premium Preferred)	$250
Level 4 (Non-Preferred)	50%[2]
Requires referral and approval of Medical Director	
Maternity	
Physician Pre- and Post-Natal Care	$25 per visit or flat fee of $300
Hospital Room, Semi-private	20%
Diabetic Supplies, Equipment & Self-Management Training	
Supplies	20%
Education & Nutrition Counseling	$25
Equipment	20%
Mental Health & Chemical Abuse Services	
Outpatient Mental Health Professional Limited to 30 visits per plan year	$25
Outpatient Serious Mental Illness 60 visits per contract year Requires referral and approval of medical doctor	$25
Outpatient Alcohol and Drug Dependency Covered as a physical illness	$25
Inpatient Mental Health Limited to 30 days per plan year	20%
Inpatient Serious Mental Illness Limited to 45 days per plan year Requires referral and approval of medical doctor	20%
Inpatient Alcohol and Drug Dependency Covered as a physical illness	20%

Emergency/Urgent Care	Co-Payment
In-Area	$150[3]
Out-of-Area	$150[3]
Urgent Care In- and Out-of-Area	$40 $25 at the Scott & White Bryan/College Station Clinic
Ambulance	$40[4]
Durable Medical Equipment/Prostheses	
DME $2,000 maximum annual benefit	20%
Prostheses $10,000 maximum annual benefit	20%
Inpatient	
Hospital Room, Semi-private	20%
Intensive Care Unit	20%
Other Hospital Services	20%[1]
Skilled Nursing Facility	
Pre-Certification Required	20%
Home Infusion Therapy	
Home Infusion Therapy Benefit	20%
Home Health Services	
Private Duty Nursing Requires approval of Medical Director	No charge
Home Health	$25
Hospice	No charge
Medical Benefits Out-Of-Pocket Maximum	
$3,000 per enrollee per plan year[5]	
$6,000 per family per plan year[5]	
Prescription	
Annual benefit maximum	Unlimited
Deductible Applies to brand, non-preferred and non-formulary drugs	$50

	Retail	Maintenance
Generic	$5	$10
Brand[6]	$25	$50
Non-Preferred Brand	Lesser of $50 or 50%	Lesser of $100 or 50%
Non-Formulary	Greater of $50 or 50% after deductible	Not available

[1]Includes other services, treatments, or procedures received at time of service.

[2]Level 4 co-payment does not apply to out-of-pocket maximum.

[3]$150 co-pay waived if admitted within 24 hours.

[4]$40 co-pay waived if transported.

[5]If the amount of qualifying Out-of-Pocket Expenses you pay during a Contract Year exceeds the Out-of-Pocket Maximum shown on the Schedule of Benefits, Covered Services obtained after reaching the Out-of-Pocket Maximum will be covered at 100% and not be subject to co-payments.

[6]If a brand name drug is dispensed when a generic is available, 50% after deductible co-pay applies.

For more information please contact us at 1-800-791-8777, Monday through Friday, 8 a.m. to 5 p.m.