



## A Comparison of The Texas A&M University System Student Health Insurance Plans

[www.TAMUInsurance.com](http://www.TAMUInsurance.com)

2011-2012 Plan Comparison	International Students Only A&M 200K International Plan		Available To All Students Who Meet Eligibility Requirements				Graduate Students Only A&M Graduate Student VOLUNTARY Plan		Graduate Student EMPLOYEES Only A&M Graduate Student EMPLOYEE Plan	
			A&M 50K Plan		A&M 500K Plan					
<b>Maximum Benefit</b>	\$200,000 per Condition		\$50,000 per Condition		\$500,000 per Policy Year		\$500,000 per Policy Year		\$500,000 per Policy Year	
<b>Out of Pocket Maximum</b>	N/A		N/A		N/A		\$3,000		\$3,000	
<b>Premium Payment as low as</b>	See brochure at <a href="http://www.TAMUInsurance.com">www.TAMUInsurance.com</a>		Student Only: \$140.00 monthly		Student Only: \$193.00 monthly		Student Only: \$218.00 monthly		Student Only: \$194.00 monthly	
<b>PHCS/Beechstreet Network</b>	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b> (waived for treatment at the Student Health Center) - Maximum 2 deductibles per family	\$250/Policy Year		\$250/Policy Year		\$250/Policy Year		\$100/Policy Year		\$100/Policy Year	
<b>Covered Percentages at Student Health Center</b>	100%	N/A	100%	N/A	100%	N/A	100%	N/A	100%	N/A
<b>Covered Percentages Outside Student Health Center</b>	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%
<b>Room and Board</b>	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%
<b>Intensive Care</b>	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%
<b>Hospital Miscellaneous Charges</b>	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%
<b>Dental Accident Expense</b>	\$100 per Tooth 80%	\$100 per Tooth 60%	\$100 per Tooth 80%	\$100 per Tooth 60%	\$100 per Tooth 80%	\$100 per Tooth 60%	\$150 per Tooth 80%	\$150 per Tooth 60%	\$150 per Tooth 80%	\$150 per Tooth 60%
<b>Nurse Expense</b>	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%
<b>Surgical Benefits</b>	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%
<b>Assistant Surgeon Benefits</b>	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%
<b>Anesthesiology</b>	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%
<b>Day Surgery Miscellaneous Charges</b>	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%
<b>Emergency Room</b>	80%, \$250 co-pay	60%, \$250 co-pay	80%, \$250 co-pay	60%, \$250 co-pay	80%, \$250 co-pay	60%, \$250 co-pay	80%, \$250 co-pay	60%, \$250 co-pay	80%, \$250 co-pay	60%, \$250 co-pay
<b>Urgent Care Center</b>	80%, \$25 co-pay	60%, \$25 co-pay	80%, \$25 co-pay	60%, \$25 co-pay	80%, \$25 co-pay	60%, \$25 co-pay	80%, \$25 co-pay	60%, \$25 co-pay	80%, \$25 co-pay	60%, \$25 co-pay
<b>Substance Abuse/Mental Health Treatment - Inpatient - 30 days per Policy Year</b>	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%
<b>Substance Abuse/Mental Health Treatment - Outpatient</b>	80% to \$2,000 \$25 co-pay	60% to \$2,000 \$25 co-pay	80% to \$2,000 \$25 co-pay	60% to \$2,000 \$25 co-pay	80% to \$2,000 \$25 co-pay	60% to \$2,000 \$25 co-pay	80%, \$25 co-pay	60%, \$25 co-pay	80%, \$25 co-pay	60%, \$25 co-pay
<b>Durable Medical Equipment</b>	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%
<b>Laboratory, X-Ray; Radiation Therapy; Chemotherapy</b>	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%
<b>Physiotherapy; following surgery or hospital confinement</b>	80%, \$25 co-pay	60%, \$25 co-pay	80%, \$25 co-pay	60%, \$25 co-pay	80%, \$25 co-pay	60%, \$25 co-pay	80%, \$25 co-pay	60%, \$25 co-pay	80%, \$25 co-pay	60%, \$25 co-pay
<b>Doctors Visits</b> (deductible does not apply)	80%, \$25 co-pay	60%, \$25 co-pay	80%, \$25 co-pay	60%, \$25 co-pay	80%, \$25 co-pay	60%, \$25 co-pay	80%, \$25 co-pay	60%, \$25 co-pay	80%, \$25 co-pay	60%, \$25 co-pay
<b>Consultant</b>	80%, \$25 co-pay	60%, \$25 co-pay	80%, \$25 co-pay	60%, \$25 co-pay	80%, \$25 co-pay	60%, \$25 co-pay	80%, \$25 co-pay	60%, \$25 co-pay	80%, \$25 co-pay	60%, \$25 co-pay
<b>Ambulance</b>	80%	60%	80% to \$1,000/trip	60% to \$1,000/trip	80% to \$1,000/trip	60% to \$1,000/trip	80%	60%	80%	60%
<b>Well Care</b> (charges for one office visit to a physician each Policy Year)	No Benefit		80%; \$25 co-pay	60%; \$25 co-pay	80%; \$25 co-pay	60%; \$25 co-pay	80%; \$25 co-pay - \$500/visit (including laboratory charges)	60%; \$25 co-pay to \$500/visit (including laboratory charges)	80%; \$25 co-pay to \$500/visit (including laboratory charges)	60%; \$25 co-pay to \$500/visit (including laboratory charges)
<b>Intramural Sports</b> (paid as any accident)	Policy Benefits		Policy Benefits		Policy Benefits		Policy Benefits		Policy Benefits	
<b>Club Sports</b> (paid as any accident)	Policy Benefits to \$5,000		Policy Benefits to \$5,000		Policy Benefits to \$5,000		Policy Benefits to \$5,000		Policy Benefits to \$5,000	
<b>Prescription Drug Reimbursement - At Student Health Center</b>	100%, \$500/Policy Year; \$15 co-pay per prescription		100%, \$1,000/Policy Year, \$15 co-pay per prescription		100%, \$1,000/Policy Year; \$15 co-pay per prescription		100%, \$1,000/Policy Year, \$15 co-pay per prescription		100%, \$1,000/Policy Year, \$15 co-pay per prescription	
<b>Medco Prescription Drug Card</b>	\$1,000/Policy Year, \$15/\$25/\$35 co-pays		\$2,000/Policy Year, \$15/\$25/\$35 co-pays		\$2,000/Policy Year, \$15/\$25/\$35 co-pays		\$5,000/Policy Year \$15/\$25/\$35 co-pays		\$5,000/Policy Year \$15/\$25/\$35 co-pays	

Enrollment for the 2011 - 2012 Policy Year Is Now Open, Call Or Visit Us Online TODAY!  
 Toll Free Phone Number: (800) 452-5772 Monday-Friday 8:00am to 7:00pm  
 Email us at: [office@alpstudentinsurance.com](mailto:office@alpstudentinsurance.com)  
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