



For Questions: Please contact our Customer Service Team at 800-452-5772

Compare Your Texas A&M University System Health Insurance Programs

Highlighted Benefits	International Students Only		Available to all Students who meet Eligibility Requirements				Graduate Students Only	
	The A&M Basic 50K Plan		The A&M 50K Plan		The A&M 500 K Plan		The Graduate Student (GSI) Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible waived for treatment at the Student Health Center (2 per family)	\$250/policy year	\$500/policy year	\$250/policy year	\$500/policy year	\$250/policy year	\$500/policy year	\$100/policy year	\$250/policy year
Covered Percentages at Student Health Center	100%	N/A	100%	N/A	100%	N/A	100%	N/A
Covered Percentages Outside Student Health Center	80%	60%	80%	60%	80%	60%	80%	60%
Room and Board	80%	60%	80%	60%	80%	60%	80%	60%
Intensive Care	80%	60%	80%	60%	80%	60%	80%	60%
Hospital Miscellaneous Charges	80%	60%	80%	60%	80%	60%	80%	60%
Dental Accident Expense \$100 per Tooth	\$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%
Nurse Expense	80%	60%	80%	60%	80%	60%	80%	60%
Surgical Benefits	80%	60%	80%	60%	80%	60%	80%	60%
Assitant Surgeon Benefits (based on surgical benefit not to exceed 25% of surgeon's fee)	80%	60%	80%	60%	80%	60%	80%	60%
Anesthesiology (based on surgical benefit not to exceed 25% of surgeon's fee)	80%	60%	80%	60%	80%	60%	80%	60%
Day Surgery Miscellaneous Charges	80%	60%	80%	60%	80%	60%	80%	60%
Emergency Room and Urgent Care Center	\$100 co-pay	\$100 co-pay	\$75 co-pay	\$75 co-pay	\$75 co-pay	\$75 co-pay	\$75 co-pay	\$75 co-pay
Alcohol/Mental Health Treatment - Inpatient 30 days per Policy Year	80%	60%	80%	60%	80%	60%	80%	60%
Alcohol/Mental Health Treatment - Outpatient \$1,000 per Policy Year (\$50/day individual therapy; \$25/day group therapy)	80% \$25 co-pay \$500 maximum	60% \$25 co-pay \$500 maximum	80% \$25 co-pay \$1,000 maximum	60% \$25 co-pay \$1,000 maximum	80% \$25 co-pay \$1,000 maximum	60% \$25 co-pay \$1,000 maximum	80% \$25 co-pay \$1,000 maximum	60% \$25 co-pay \$1,000 maximum
Durable Medical Equipment	80%	60%	80%	60%	80%	60%	80%	60%
Laboratory, X-ray; Radiation Therapy; Chemotherapy	80%	60%	80%	60%	80%	60%	80%	60%
Physiotherapy; following surgery or hospital confinement	80% in-network, 60% non-network, \$1,000/Policy year		80% \$25 co-pay	60% \$25 co-pay	80% \$25 co-pay	60% \$25 co-pay	80% \$25co-pay	60% \$25 co-pay
Prescription Drug Reimbursement (\$750 per Policy Year)	80%, \$500/Policy year		80% \$15 co-pay \$750	60% \$15 co-pay \$750	80% \$15 co-pay \$750	60% \$15 co-pay \$750	\$1,500 per condition / \$3,000 max \$15 co-pay for prescriptions reimbursed at 80%	
Doctors Visits	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
Consultant	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
Ambulance maximum \$1,000 per condition	80%	60%	80%	60%	80%	60%	80%	60%
Well Care (charges for one office visit to a physician each policy year)	No Benefit		80%	60%	80%	60%	80%	60%
Pre-Existing Condition - Additional benefits may be available for a pre-existing condition.	No Benefit	No Benefit	80% to \$1,000	60% to \$1,000	80% to \$1,000	60% to \$1,000	80% to \$1,000	60% to \$1,000
Maximum Benefit	\$50,000 per condition		\$50,000 per Condition		\$500,000 per policy year		\$500,000 per policy year	

Underwritten By: Combined Insurance Company of America

Administered by: AIP International, Inc. 800-452-5772

