



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	
	INT A&M Basic 50K Plan		A&M 50K Plan		A&M 500K Plan		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%
Assistant 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	80% \$100 co-pay	60% \$100 co-pay	80% \$75 co-pay	60% \$75 co-pay	80% \$75 co-pay	60% \$75 co-pay	80% \$75 co-pay	60% \$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	80% to \$500, \$25 co-pay	60% to \$500, \$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% to \$2,000, \$25 co-pay	60% to \$2,000, \$25 co-pay
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% \$25 co-pay	60% \$25 co-pay
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
Prescription Drug Reimbursement - At the Student Health Center \$15 co-pay per prescription	100%, \$300/Policy Year		100%, \$750/Policy Year		100%, \$750/Policy Year		100%, \$750/Policy Year	
Medco Prescription Drug Card	\$1,000/Policy year, \$15/\$25/\$35 Co-pays	N/A	\$1,500/Policy year, \$15/\$25/\$35 Co-pays	N/A	\$1,500/Policy year, \$15/\$25/\$35 Co-pays	N/A	\$3,000/Policy year, \$15/\$25/\$35 Co-pays	N/A
Maximum Benefit	\$50,000 per condition		\$50,000 per Condition		\$500,000 per policy year		\$500,000 per policy year	

Underwritten By: Delos Insurance Company

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

