



**Compare Your Texas A&M University System Health Insurance Program**

2009~2010 Highlighted Benefits	International Students Only International A&M Basic 50K Plan		Available to all Students who meet Eligibility Requirements				Graduate Students Only Graduate Student (GSI) Plan	
	In-Network	Out-of-Network	A&M 50K Plan		A&M 500 K Plan		In-Network	Out-of-Network
			In-Network	Out-of-Network	In-Network	Out-of-Network		
Deductible (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	
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	\$100 per Tooth	\$100 per Tooth	\$100 per Tooth	\$100 per Tooth	\$100 per Tooth	\$150 per Tooth	\$150 per Tooth
Nurse Expense	80%	60%	80%	60%	80%	60%	80%	60%
Surgical Benefits	80%	60%	80%	60%	80%	60%	80%	60%
Assistant Surgeon Benefits	80%	60%	80%	60%	80%	60%	80%	60%
Anesthesiology	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%, \$100 co-pay	60%, \$100 co-pay	80%, \$100 co-pay	60%, \$100 co-pay	80%, \$100 co-pay	60%, \$100 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 \$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
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% \$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
Doctors Visits (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
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	80%	60%	80% to \$1,000/trip	60% to \$1,000/trip	80% to \$1,000/trip	60% to \$1,000/trip	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, once continuously insured for 12 months.	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%, \$500/Policy year		100%, \$1,000/Policy year		100%, \$1,000/Policy year		100%, \$1,000/Policy year	
Medco Prescription Drug Card	\$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	
Maximum Benefit	\$50,000 per condition		\$50,000 per condition		\$500,000 per policy year		\$500,000 per policy year	

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