2013-2014 STUDENT HEALTH INSURANCE PLAN

Who is eligible to enroll?
ANY ENROLLED Texas A&M University System student taking at least six (6) credit hours of classes is eligible to enroll in this insurance plan. Students who are enrolled in special classes and take less than six (6) credit/contact hours of classwork will be determined eligible for this Student Health Insurance Plan if the reduced coursework meets the criteria for the completion of a degree plan or international program as defined and approved by The Texas A&M University System.

INTERNATIONAL STUDENTS (those who are not United States citizens or permanent residents of the United States) ARE REQUIRED to maintain approved health insurance coverage continuously while enrolled and attending a Texas A&M System institution, unless the student provides proof of coverage that meets the Texas A&M University System waiver requirements. (See the TAMUS Policy #26.99.01).

All registered and enrolled Texas A&M University System GRADUATE STUDENTS employed by The System are eligible to enroll in this insurance plan.

How to enroll?
International students are required to enroll (tuition billed or through online enrollment) in the Student Health Insurance Plan unless proof of comparable coverage is furnished.

All other students may enroll via our website. Go to www.ahpcare.com/tamus to “Find Your Campus” then click on the “Enroll Online” link and follow the online instructions.

Please read the plan brochure in full to determine whether this Student Health Insurance Plan is right for you before you enroll. The plan brochure provides details of the coverage including benefits, exclusions and any reductions or limitations and the terms under which the Policy may be continued in force. The plan brochure is available online at www.ahpcare.com/tamus.

For dates and rates specific to each Texas A&M University System campus, please visit our website at www.ahpcare.com/tamus to “Find Your Campus” then click on the premium cost sheet.

Additional Benefits
• discounts on vision services
• access to 24/7 Nurseline
• coverage when traveling or studying abroad
• academic emergency services

Online Access to
• view and download complete plan description
• view and download enrollment information
• download a temporary ID card
• provider and pharmacy information
• customer service, claims and benefit questions

The relationship between Blue Cross and Blue Shield of Texas (BCBSTX) and contracting pharmacies is that of independent contractors, contracted through a related company, Prime Therapeutics LLC. Prime Therapeutics also administers the pharmacy benefit program. BCBSTX, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association Academic HealthPlans, Inc. (AHP) is a separate company and wholly owned subsidiary of Health Care Service Corporation, a Mutual Legal Reserve Company. AHP provides program management and administrative services for the student health plans of Blue Cross and Blue Shield of Texas.
This is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO Network Provider is Blue Cross and Blue Shield of Texas (BCBSTX) BlueChoice® PPO Network.

**Network Provider Services:** After the Deductible has been satisfied, Covered Expenses incurred at a Network Provider will be paid at 80% (student will pay 20%) of the Allowable Amount.

**Out-of-Network Provider Services:** After the Deductible has been satisfied, Covered Expenses incurred at an Out-of-Network Provider will be paid at 60% (student will pay 40%) of the Allowable Amount.

**Student Health Center Services:** At the Student Health Center, the Deductible will be waived and benefits will be paid at 100% of Covered Expenses.

### Benefit Maximums & Deductibles

<table>
<thead>
<tr>
<th>Maximum</th>
<th>$500,000 per Covered Person, per Policy Year</th>
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<tbody>
<tr>
<td>Deductible</td>
<td>$300 per Covered Person, per Policy Year</td>
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<tr>
<td></td>
<td>Maximum two Deductibles per family, per Policy Year</td>
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<tr>
<td>Out-of-pocket Maximum</td>
<td>$5,000 per Covered Person, per Policy Year</td>
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<tr>
<td></td>
<td>Out-of-pocket limit does not include Deductible, Copayments, or any charges exceeding the Allowable Amount</td>
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<thead>
<tr>
<th>Benefit Category</th>
<th>Network Provider</th>
<th>Out of Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Expense</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Surgical Expense</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Day Surgery Miscellaneous</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Doctor's Visits</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Emergency Room Expenses</td>
<td>80%</td>
<td>60% - Non-Emergency, 80% - Emergency</td>
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<tr>
<td>Diagnostic X-rays &amp; Laboratory Procedures</td>
<td>80%</td>
<td>60%</td>
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**Prescription Drugs**
Limited to 30 day retail supply. Prescriptions filled at the Student Health Center: 100% of Allowable Amount after a $15 Copayment (Deductible waived)

At pharmacies contracting with Prime Therapeutics:
- 100% after a $15 Copayment for each Generic Drug
- $25 Copayment for each Preferred Brand Name Drug
- $35 Copayment for each Non-Preferred Brand Name Drug

60% after a
- $15 Copayment for each Generic Drug
- $25 Copayment for each Preferred Brand Name Drug
- $35 Copayment for each Non-Preferred Brand Name Drug

**Preventive Care Services**

100% 60%

Please refer to a detailed description of the benefits in the online brochure at www.ahpcare.com/tamus.