



2026 - 2027

Student Health Insurance Plan: Minnesota Community and Technical Colleges

Alexandria Tech College
Anoka Technical College
Anoka-Ramsey Community College Cambridge Campus
Anoka-Ramsey Community College Coon Rapids Campus
Central Lakes College Brainerd Campus
Central Lakes College Staples Campus
Century College
Dakota County Tech College
Hennepin Tech College Brooklyn Park Campus
Hennepin Tech College Eden Prairie Campus
Inver Hills Community College
Lake Superior College
Minneapolis Community and Tech College
Minnesota North College - Hibbing
Minnesota North College - Itasca
Minnesota North College - Mesabi Range – Eveleth
Minnesota North College - Mesabi Range – Virginia
Minnesota North College - Rainy River
Minnesota North College - Vermilion
Minnesota State College - Southeast Tech Red Wing Campus
Minnesota State College - Southeast Tech Winona Campus
Minnesota State Community and Technical College, Detroit Lakes
Minnesota State Community and Technical College, Fergus Falls

Minnesota State Community and Technical College, Moorhead
Minnesota State Community and Technical College, Wadena
Minnesota West Community & Tech College Canby Campus
Minnesota West Community & Tech College Granite Falls Campus
Minnesota West Community & Tech College Jackson Campus
Minnesota West Community & Tech College Pipestone Campus
Minnesota West Community & Tech College Worthington Campus
Normandale Community College
North Hennepin Community College
Northland Community and Technical College, East Grand Forks
Northwest Tech College Bemidji Campus
Pine Tech College
Ridgewater College Hutchinson Campus
Ridgewater College Willmar Campus
Riverland Community College Albert Lea Campus
Riverland Community College Austin Campus
Riverland Community College Owatonna Campus
Rochester Community and Tech College
Saint Paul College - A Community & Technical College
South Central Tech College Faribault Campus
St. Cloud Technical College

South Central College-North Mankato is covered under policy 1757-4

Who can enroll?

All international students, international scholars, international faculty, and international visitors engaged in educational activities (or on medical leave approved by the Dept. of Homeland Security) are required to enroll in this insurance plan except for those whose sponsoring government or agency certifies in writing that coverage is in effect under a plan provided by the sponsoring government or agency. F and J visa International students and scholars on Optional Practical Training (OPT) and Academic Training are eligible to enroll in this insurance plan on a voluntary basis.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse and dependent children under 26 years of age. The student (Named Insured, as defined in the Certificate) must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend classes. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

The eligibility date for Dependents of the Named Insured shall be determined in accordance with the following:

1. If a Named Insured has Dependents on the date he or she is eligible for insurance.
2. If a Named Insured acquires a Dependent after the Effective Date, such Dependent becomes eligible:
 - a. On the date the Named Insured acquires a legal Spouse/Civil Union partner or a Domestic Partner who meets the specific requirements set forth in the Definitions section of this Certificate.
 - b. On the date the Named Insured acquires a dependent child who is within the limits of a dependent child set forth in the Definitions section of the Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

Coverage periods, plan cost and deadline dates

	Annual	Spring/Summer	Summer
Coverage dates	8/10/26 – 8/9/27	1/01/27 – 8/9/27	5/15/27 – 8/9/27
Student	\$2,956.00	\$1,790.00	\$705.00
Spouse	\$2,956.00	\$1,790.00	\$705.00
One Child	\$2,956.00	\$1,790.00	\$705.00
Two or More Children	\$5,912.00	\$3,580.00	\$1,410.00
Spouse and Two or More Children	\$8,868.00	\$5,370.00	\$2,115.00

Rates are subject to regulatory approval and may change.
26COL5328-1251-41

Plan resources at your fingertips

View benefits, submit a claim and download your ID card via My Account	uhcsr.com/myaccount
Find an in-network provider	Options PPO
Find a prescription drug provider	Optum Rx
Value-added benefits and services (Student Assist ¹ , HealthiestYou ² , UHC Global ³)	uhcsr.com/myaccount
If you need language assistance:	Language Assistance

Plan highlights

Metallic Level: Platinum with actuarial value of 91.400%

Mental Health Benefits: Mental health and counseling services are covered at Minnesota state University - Mankato Student Health Services. The deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses when services are received at the Student Health Services.

Boynton Health Services, located on the University of Minnesota Twin Cities Campus, can be utilized as a medical provider under this Policy. (MNSCU students CANNOT utilize the mental health clinic at Boynton Health Services.) Benefits for Covered Medical Expenses are covered at 100% after a \$10 Copayment per visit, including Prescription Drugs. Benefits for Preventive Care Services as required by law are covered at 100% at Boynton Health Services, with no Copay.

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	\$100 For each Injury or Sickness	
Out-of-Pocket Maximum After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.	\$6,350 Per Insured Person, Per Policy Year \$12,700 For all Insureds in a Family, Per Policy Year	
Coinsurance All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.	80% of Allowed Amount to \$2,500 then 100% thereafter for Covered Medical Expenses	80% of Allowed Amount to \$2,500 then 100% thereafter for Covered Medical Expenses
Prescription Drugs Prescriptions must be filled at a UHCP network pharmacy. UHCP Mail Order Network Pharmacy or Preferred 90-Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 90-day supply.	\$15 Copay for Tier 1 \$30 Copay for Tier 2 \$40 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy Not subject to Deductible	No Benefits
Preventive Care Services Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. Please visit www.healthcare.gov/preventive-care-benefits/ for a complete list of the services provided for specific age and risk groups.	100% of Allowed Amount	No Benefits

Questions about your plan?

Contact Customer Service at **1-888-251-6243** or at customerservice@uhcsr.com

¹Student Assist services are provided through OptumHealth Behavioral Solutions and OptumHealth Care Solutions, UnitedHealth Group companies. The Student Assist is not a substitute for medical attention. If you have an emergency medical condition, you should call 911 or your local emergency services number. ²HealthiestYou and the HealthiestYou logo are trademarks of Teladoc Health, Inc., and may not be used without written permission. HealthiestYou does not replace the primary care physician. HealthiestYou does not guarantee that a prescription will be written. HealthiestYou operates subject to state regulation and may not be available in certain states. HealthiestYou does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. HealthiestYou physicians reserve the right to deny care for potential misuse of services. ³Non-Insurance Travel Assistance services are provided by or through United Healthcare Services, Inc., and affiliates under the UnitedHealthcare Global brand.

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