



2024 - 2025

Student Health Insurance Plan: Minnesota State University - Mankato



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	08/10/24 – 08/09/25	01/01/25 – 08/09/25	05/15/25 – 08/09/25
Student	\$2,346.00	\$1,420.00	\$559.00
Spouse	\$2,346.00	\$1,420.00	\$559.00
One Child	\$2,346.00	\$1,420.00	\$559.00
Two or More Children	\$4,692.00	\$2,840.00	\$1,118.00
Spouse and Two or More Children	\$7,038.00	\$4,260.00	\$1,677.00

Rates are subject to regulatory approval and may change.
23COL4751-1769-4

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 Assist¹, HealthiestYou², UHC Global³) uhcsr.com/myaccount

Plan highlights

Metallic Level: Platinum with actuarial value of 90.090%

Student Health Services Benefits: The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Service. The Deductible will be reduced to \$25 if the student is referred by the Student Health Service for outside treatment.

Student Health Center Pharmacy Benefits: Winona Clinic Pharmacy and Parkview Pharmacy utilize the UnitedHealthcare Pharmacy card. Contraceptives and other prescriptions are covered at 100% for Tier 1 drugs and at 100% after a \$15 Copay for Tier 2 or 3 drugs. At all other SHC pharmacies, generic prescription drugs (including contraceptives) are covered at 100%; and brand-name prescription drugs (including contraceptives) are covered at 100% after a \$15 Copay. Dependents are not eligible to use the Student Health Services and therefore would be subject to the benefits and limitations described in the Schedule of Benefits. 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	\$50 For each Injury or Sickness	
Out-of-Pocket Maximum <i>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.</i>	\$6,350 Per Insured Person, Per Policy Year \$12,700 For all Insureds in a Family, Per Policy Year	
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	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 <i>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.</i>	\$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 <i>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.</i>	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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UnitedHealthcare Student Resources does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.

ATTENTION: Language assistance services, free of charge, are available to you. Please call 1-866-260-2723.

ATENCIÓN: Usted tiene a su disposición servicios de asistencia en otros idiomas, sin cargo. Llame al 1-866-260-2723.

注意：免费提供语言协助服务。请致电 1-866-260-2723。

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