

Study Well, Stay Well

Student Insurance for a Healthy Future

Mayo Clinic College of Medicine & Science



National Provider Network with Dedicated Customer Service Team

With Blue Cross and Blue Shield of Minnesota, you get a name you trust, coverage you can count on, and the confidence of knowing your plan is here to support you every step of the way. Its broad Aware Network provides access to highquality care from over 1.8 million providers and extends coverage to 190 countries and territories worldwide. Whether you're at home or traveling abroad, your health plan is designed to keep you connected to the care you need.

2025 - 2026 Mayo Clinic College of Medicine & Science Student Medical Plan

The Mayo Clinic College of Medicine and Science (MCCMS) requires all learners to maintain comprehensive health insurance coverage throughout the entire plan year. MCCMS covers the majority of the student insurance premium, with your portion billed directly to your student account.

The MCCMS student health insurance plan includes three components—medical, dental, and vision—all provided through Blue Cross Blue Shield of Minnesota.



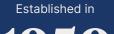
Effective Date: 7/1/25 to 7/1/26	Total Premium	Student Contribution
Student	\$10,917.12	\$2,184
Student + child	\$21,834.24	\$4,368
Student + Spouse	\$21,834.24	\$4,368
Student + Children (2+)	\$32,751.36	\$6,552
Student + Spouse + Children (2+)	\$43,668.48	\$8,736



Start today with Student Insurance

Visit **studentinsuranceusa.com** for more information about insurance, and risk management solutions for international & domestic student programs.

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Student Insurance is servicing over



Summary of Benefits

	In-Network	Out-of-Network	
Deductible	Medical Only \$300 Individual \$600 Family		
Coinsurance - What you pay	20% Coinsurance	30% Coinsurance	
Plan-Year Out-of-Pocket Maximum (Medical & Pharmacy Combined)	\$2,000 Individual \$4,000 Family	\$6,000 Individual \$12,000 Family	
Physician Office Visits	\$20 Copay	Deductible then 30% Coinsurance	
Behavioral Health (Mental Health & Substa	ance Abuse)		
Inpatient Care	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	
Outpatient Care	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	
Professional Care	\$20 Copay	Deductible then 30% Coinsurance	
Lab & Diagnostic Imaging Services	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	
Emergency Room			
Facility Emergency Room	20% after \$10	20% after \$100 Copay/Visit	
Physician Charges	Deductible then 2	Deductible then 20% Coinsurance	
Ambulance	Deductible then 20% Coinsurance		
In-Patient Hospital Services	\$50 Copay	Deductible then 30% Coinsurance	
Prescription Drugs - Select Network Reta	ail (31-day limit)		
Tier 1	\$15 Copay	No Coverage	
Tier 2	\$70 Copay	No Coverage	
Tier 3	\$40 Copay	No Coverage	
Tier 4	\$70 Copay	No Coverage	
Prescription Drugs - Select Network 90d	ayRx - Mail Order pharmacy & Retail pharmacy (90-c	lay limit)	
Tier 1	\$37.50 Copay	No Coverage	
Tier 2	\$175 Copay	No Coverage	
Tier 3	\$100 Copay	No Coverage	
Tier 4	\$175 Copay	No Coverage	



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Student Insurance

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Contact A Student Healthcare Expert

How can we help? Contact us.

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