

## 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 high-quality 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

Established in

**1950**

Student Insurance is servicing over

**80 & 1.2M**  
Schools Students



### Start today with Student Insurance

Visit [studentinsuranceusa.com](https://studentinsuranceusa.com) for more information about insurance, and risk management solutions for international & domestic student programs.

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## 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 & Substance 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 \$100 Copay/Visit	
Physician Charges	Deductible then 20% Coinsurance	
Ambulance	Deductible then 20% Coinsurance	
In-Patient Hospital Services	\$50 Copay	Deductible then 30% Coinsurance
Prescription Drugs - Select Network   Retail (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   90dayRx - Mail Order pharmacy & Retail pharmacy (90-day 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**  
6320 Canoga Ave, 12th Floor  
Woodland Hills, CA 91367  
studentinsuranceusa.com

### Contact A Student Healthcare Expert

How can we help? Contact us.

**Justin Vaughn**  
Senior Client Executive  
501-940-8063  
jvaughn@studentinsuranceusa.com

**Christine Donegan**  
Account Manager  
818-449-9074  
cdonegan@studentinsuranceusa.com

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