



2026-2027 Student Health Insurance Plan: Colorado School of Mines

Who can enroll?

All domestic degree-seeking students enrolled in at least one credit hour must purchase the plan, unless proof of comparable coverage is furnished. Online only degree students are not eligible. All international student (F and J visas), regardless of degree seeking status, are automatically enrolled in this insurance plan unless proof of comparable coverage is furnished.

The student (Named Insured, as defined in this 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.

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	Choice Plus
Find a prescription drug provider	Optum Rx
If you need language assistance:	Language Assistance

Coverage periods, plan cost and deadline dates

	Annual	Spring/Summer (new only)	Summer (new only)
Coverage dates	8/1/26 – 7/31/27	1/1/27 – 7/31/27	5/17/27 – 7/31/27
Student Premium	\$3,178.00	\$1,871.00	\$709.00

Rates are subject to regulatory approval and may change.

26COL5328-4059-1

Plan highlights

Metallic Level: Platinum with actuarial value of 88.910%

Student Health Center Benefits: The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center. Routine/Preventative Labs referred by the SHC to LabCorp will be paid at 100%. All Other labs referred by the SHC to Lab Corp will be paid at 80%. Policy Exclusions and Limitations do not apply.

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	\$250 Per Insured Person, Per Policy Year	\$1,000 Per Insured Person, Per Policy Year
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.	\$4,000 Per Insured Person, Per Policy Year	\$4,000 Per Insured Person, 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 for Covered Medical Expenses	60% of Allowed Amount for Covered Medical Expenses
Prescription Drugs Prescriptions must be filled at a UHCP network pharmacy.	\$15 Copay for Tier 1 \$30 Copay for Tier 2 \$60 Copay for Tier 3 Up to a 30-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	Allowed Amount after Deductible
The following services have per service copays This list is not all inclusive. Please read the plan certificate for complete listing of copays.	Physician's Visits: \$25 after Deductible Medical Emergency Expenses: \$100 not subject to Deductible The Copay will be waived if admitted to the Hospital. Room and Board: \$250 not subject to Deductible Urgent Care: \$35 not subject to Deductible	Physician's Visits: \$25 after Deductible Medical Emergency Expenses: \$100 not subject to Deductible The Copay will be waived if admitted to the Hospital. Urgent Care: \$35 not subject to Deductible

Questions about your plan?

Contact Customer Service at **1-800-767-0700** or at customerservice@uhcsr.com

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