2026-2027 Student Health Insurance Plan: Metropolitan State University of Denver

Who can enroll?

All undergraduate and graduate students taking nine or more credit hours are automatically enrolled in this insurance plan on a hard-waiver basis. All graduate students taking six to eight credit hours are eligible to participate in this plan on a voluntary basis.

In select cases that are administratively approved by the University, students taking eight (8) or less credit hours may be approved for enrollment in the University sponsored health insurance plan. Students should contact the Student Health Insurance Office at 1-303-615-9997 to assist them.

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 and correspondence 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**
Value-added benefits and services (Student Assist[1], HealthiestYou[2], UHC Global[3])	**uhcsr.com/myaccount**
If you need language assistance:	**Language Assistance**

Coverage periods, plan cost and deadline dates

	Fall	Spring/Summer	Summer
Waiver dates	9/2/26	2/4/27	6/15/27
Coverage dates	8/17/26 –1/18/27	1/19/27 – 8/15/27	6/1/27 – 8/15/27
Student	$1,185.00	$1,659.00	$705.00

Rates are subject to regulatory approval and may change.

26COL5328-461-1

Plan highlights

Metallic Level: Silver with actuarial value of 76.210%

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	**There is no overall maximum dollar limit on the Policy**	
Plan Deductible	Each Insured Person is responsible for satisfaction of an initial $500 Preferred Provider and $1,000 Out-of-Network Deductible per Policy Year. Once the initial Deductible has been met, the Company will pay Covered Medical Expenses incurred at 80% for Preferred Providers and 0% for Out-of-Network Providers up to $1,500. After the Company has paid $1,500, the Insured Person is responsible for satisfaction of an additional $5,000 Deductible per Policy Year. Once the additional Deductible has been satisfied, the Company will pay Covered Medical Expenses incurred at 80% for Preferred Providers and 0% for Out-of-Network Providers. See the Out-of-Network Benefits paragraph below for exceptions to the 0% payment for Out-of-Network Providers.	
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.	$7,950 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	Out-of-Network benefits are payable only for Medical Emergency at 80% of Allowed Amount and when out of the Denver area with pre-approval by the Health Center at Auraria as follows: 1) for Insureds with no access to a Preferred Provider Network, benefits will be paid at the PPO coinsurance level of benefits after the Allowed Amount allowance; or 2) for Insureds with access to a Preferred Provider, benefits will be paid at the Preferred Provider level or Out-of-Network level of benefits as specified for that particular service in the Schedule of Benefits. No benefits will be paid for Insureds who receive pre-approval and have access to a Preferred Provider, but use a non-Preferred Provider.
Prescription Drugs Prescriptions must be filled at a UHCP network pharmacy.	$25 Copay for Tier 1 $50 Copay for Tier 2 $75 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy	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
The following services have per service copays This list is not all inclusive. Please read the plan certificate for complete listing of copays.	Medical Emergency: $200 per day not subject to Deductible The Copay will be waived if admitted to the Hospital.	Medical Emergency: $200 per day not subject to Deductible The Copay will be waived if admitted to the Hospital.

Questions about your plan?

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

[1]Student 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. [2]HealthiestYou 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. [3]Non-Insurance Travel Assistance services are provided by or through United Healthcare Services, Inc., and affiliates under the UnitedHealthcare Global brand. *This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2026-461-1. For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force, please refer to uhcsr.com/msudenver. NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance Policy issued by UnitedHealthcare. This document is a summary only and does not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant Policy of insurance. This document is not an insurance Policy document and your receipt of this document does not constitute the issuance or delivery of a Policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. The rates referenced are applicable to the plan design. UnitedHealthcare Student Resources may require to change the rates and/ or the plan design to comply with federal or state laws, regulations, or direction.*

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