

The MIT logo, featuring a stylized building with a dome and four columns.

MIT Student Insurance Office

MIT Student Health Insurance Plan Policies

Version Information

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1.0 Students

1.1 Undergraduate Student Definition and Eligibility

Full-time undergraduate students and part-time undergraduate students who are registered for twenty-seven (27) or more units per academic term¹ will be automatically enrolled in the MIT Student Health Insurance Plan or required to demonstrate comparable coverage from another source, as defined in [Section 5.1](#), in order to waive the MIT Student Health Insurance Plan.

Undergraduate students are considered full-time if registered for thirty-six (36) or more units per academic term, on approved study abroad or domestic study away or on an academic term of co-op. Undergraduate students registered in the spring academic term who do not graduate or withdraw from enrollment at MIT retain their student status throughout the summer, whether or not they register for summer academic term. As such, their enrollment in the MIT Student Health Insurance Plan, unless it has been waived, continues until the end of the benefit year on August 31.

Undergraduate students who are registered for fewer than twenty-seven (27) units per academic term² will not be automatically enrolled in the MIT Student Health Insurance Plan and are not required to demonstrate comparable coverage from another source. They will, however, be eligible for voluntary enrollment in the MIT Student Health Insurance Plan.

1.2 Graduate Student Definition and Eligibility

Regular graduate students, non-resident graduate students, and special graduate students who are registered for twenty-seven (27) or more units per academic term, or eighteen (18) units in the summer term, or those charged full tuition, will be automatically enrolled in the MIT Student Health Insurance Plan or required to demonstrate comparable coverage from another source, as defined in [Section 5.1](#), in order to waive the MIT Student Health Insurance Plan.

Graduate students who hold a teaching assistant appointment with a title of Teaching Assistant or Instructor-G, those who hold an appointment as a Research Assistant, and Graduate Resident Tutors are considered as graduate students for purposes of health insurance requirements and eligibility.

Graduate students who are conducting thesis research *in absentia* and students who have been granted non-resident doctoral thesis research status are considered as graduate students for purposes of health insurance requirements and eligibility.

Regular graduate students, non-resident graduate students, and special graduate students who are registered for fewer than twenty-seven (27) units per academic term, or fewer than eighteen (18) units in the summer term,² will not be automatically enrolled in the MIT Student Health Insurance Plan and

¹ For all students, number of units will be determined by the MIT Registrar's Office.

² Under M.G.L. c. 15A, § 18 and 956 CMR 8.02, for purposes of the comparable coverage requirement, a part-time student is defined as participating in at least seventy-five (75) percent of the academic requirements for a full-time student.

not required to demonstrate comparable coverage from another source. They will, however, be eligible for voluntary enrollment in the MIT Student Health Insurance Plan.

1.3 Sloan Executive MBA and Sloan Visiting Fellows Definition and Eligibility

Sloan Executive MBA students are enrolled in the Executive Master's in Business Administration program at the Sloan School. Sloan Visiting Fellows are participants in a non-degree course of study for students, professionals, and MIT alumni.

The determination that an individual is a Sloan Executive MBA students or Sloan Visiting Fellow for purposes of health insurance eligibility will be handled by the MIT Registrar's Office.

Sloan Executive MBA students and Sloan Visiting Fellows must affirmatively enroll in the MIT Student Health Insurance Plan and will not be required to demonstrate comparable coverage from another source.

Eligible students in the MIT Supply Chain Management Master's Program who elect to enroll in the Student Health Insurance Plan will be enrolled effective January 1 of the year in which they start their program. The cost of the Student Health Insurance Plan for the month of January will not be charged to the enrolled student's tuition account; subsequent coverage periods will be billed per standard practice.

1.4 Exchange Students and Exchange Scholars Definition and Eligibility

Exchange students are students who are studying at MIT as part of an official exchange program between MIT and Cambridge University, the National University of Singapore, or the Nanyang Technological University. Exchange scholars are students who are enrolled in a doctoral program at a participating institution (Brown University, Columbia University, Cornell University, Harvard University, University of Pennsylvania, Princeton University, Stanford University, University of California – Berkeley, University of Chicago or Yale University) who are taking classes and/or doing research at MIT.

The determination that an individual is an exchange student for purposes of health insurance eligibility will be handled by the MIT Registrar's Office.

Exchange students and exchange scholars must affirmatively enroll in the MIT Student Health Insurance Plan and will not be required to demonstrate comparable coverage from another source.

1.5 Summer Programs Definition and Eligibility

Generally, participants in MIT-sponsored or MIT-hosted summer programs are not eligible for participation in the MIT Student Health Insurance Plan.

Participants in the MIT Summer Research Program (MSRP) General and MSRP Biology programs automatically enrolled in the MIT Student Health Insurance Plan or required to demonstrate comparable

coverage from another source, as defined in [Section 5.1](#), in order to waive the MIT Student Health Insurance Plan.³

MIT Registrar's Office is the sole source of data for MIT Summer Research Program (MSRP) General and MSRP Biology program participants. No changes in status will be accepted directly by any MIT Summer Research Program (MSRP) General and MSRP Biology program participants or their dependents.

1.6 Joint Degree Programs Definition and Eligibility

Any individual who is enrolled in a joint degree-granting program with another institution or institutions will be considered an MIT student for health insurance eligibility purposes only if they pay tuition to MIT. Individuals in such programs who pay tuition to another institution or institutions, in lieu of or in addition to MIT, will be subject to the insurance rules and requirements of the institution to which they pay the largest amount of tuition in dollars. This includes students, but is not limited to, from Harvard University, Wellesley College, the Massachusetts College of Arts and Design, MassArt and Brandeis University who are cross registered at MIT.

Exceptions to this requirement may be made on a case-by-case basis for students enrolled at another institution where their faculty advisor has transferred to MIT and the student's academic and/or research efforts are significantly or exclusively performed at MIT. These determinations will be made by the MIT Registrar's Office or their designee.

1.7 Students Studying Abroad

In general, MIT students who are studying abroad should ensure that they have health insurance that meets the requirements of the university, province, state and/or country that they are visiting. The MIT Student Health Insurance Plan provides only emergency medical treatment outside of the coverage area, including travel abroad.

1.8 Medical and Academic Leave

Undergraduate students on an approved medical leave or on a required academic leave as the result of a decision by the Committee on Academic Performance remain eligible for coverage in the MIT Student Health Insurance Plan for either twelve (12) calendar months from the date the approved medical leave or required academic leave begins or the end of the health plan coverage period in which the twelve (12) month period ends, whichever is longer, including into a new benefit year. Such students may in exceptional circumstances, at the discretion of MIT Student Support Services, request and be approved for additional eligibility for one (1) additional health plan coverage period.

Graduate students on an approved medical leave remain eligible for coverage in the MIT Student Health Insurance Plan for either twelve (12) calendar months from the date the approved medical leave or required academic leave begins or the end of the health plan coverage period in which the twelve (12)

³ See Section 9.3

month period ends, whichever is longer, including into a new benefit year. Such students may in exceptional circumstances, at the discretion of the MIT Office of Graduate Education, request and be approved for additional eligibility for one (1) additional health plan coverage period.

A student who was enrolled at the time the approved medical leave or required academic leave begins remains eligible for the MIT Student Health Insurance Plan. A student who was not enrolled in the MIT Student Health Insurance Plan as of the start date of the approved medical leave or required academic leave may not enroll in coverage at any time during their leave.

Dependents of students on approved medical leave or required academic leave who were enrolled at the time the leave begins remain eligible for the MIT Student Health Insurance Plan for the full period in which the student remains enrolled. Dependents of students on leave who were not enrolled in the MIT Student Health Insurance Plan at the time the leave begins may not enroll in the MIT Student Health Insurance Plan at any time during the leave.

All students on an approved medical leave or required academic leave who are enrolled in coverage will be billed monthly for the MIT Student Health Insurance Plan. Students must make payments in accordance with the payment requirements to remain enrolled in coverage. Enrollment in the MIT Student Health Insurance Plan will terminate as of the last day of the month in which eligibility ends.

1.9 Other Leaves and Changes in Student Status

Students on a personal leave, graduate students who have received a denial of further registration, or permanent separation from the Institute remain eligible for coverage in the MIT Student Health Insurance Plan for the remainder of the health plan coverage period in which their leave begins or in which they are required to leave the Institute. These students are not eligible for additional health plan coverage periods.

A student who was enrolled at the time the leave begins remains enrolled in the MIT Student Health Insurance Plan. A student who was not enrolled in the MIT Student Health Insurance Plan as of the start date of the leave may not enroll in coverage at any time during their leave.

Dependents of students on leave who were enrolled at the time the leave begins remain eligible for the MIT Student Health Insurance Plan for the full period in which the student remains enrolled. Dependents of students on leave who were not enrolled in the MIT Student Health Insurance Plan at the time the leave begins may not enroll in the MIT Student Health Insurance Plan at any time during the leave.

1.10 Exclusions

An individual who is not included in any of the student categories listed in Sections 1.1 through 1.9, without regard to the use of the terminology “student” by any department, laboratory or center, is ineligible for coverage in the MIT Student Health Insurance Plan. In addition, the following individuals are not considered as students for health insurance eligibility purposes:

1. Individuals participating in the Interphase, Minority Introduction to Engineering and Science (MITES), Research Science Institute (RSI) and Women's Technology Program (WTP) summer programs;
2. Individuals participating in the Special Program for Urban and Regional Studies (SPURS);
3. Individuals participating in an Independent Activities Period (IAP) who are not registered as an MIT student;
4. Individuals participating in the Advance Study Program (ASP), based solely on their participation in the ASP Program;
5. Individuals participating in the Asia Business School program;
6. Individuals participating in the Lisbon MBA program;
7. Individuals participating in the Parthenope University of Naples program; and
8. Individuals participating in the Queensland University of Technology Business School program.

Any student who is eligible for health insurance coverage provided by MIT as an employee, regardless of their enrollment status, is ineligible for coverage in either the MIT Medical Plan or the MIT Student Health Insurance Plan.

1.11 Notification in Change of Status

All notifications of a change in the status of a student which would affect their eligibility will be provided to the MIT Student Insurance Office by the MIT Registrar's Office. No changes in status will be accepted directly by any students, their dependents or any department, laboratory or center.

1.12 Additional Requirements for J-1 and J-2 Visa Holders

Eligible students with a J-1 visa, as well as all dependents with J-2 visas, are required to have health insurance that meets U.S. Department of State requirements for the duration of participation in the exchange visitor program. Failure to have and maintain required coverage may lead to loss of legal immigration status.

Eligible students with a J-1 visa, as well as eligible dependents with J-2 visas, may enroll in the MIT Student Health Insurance Plan, which meets all U.S. Department of State health insurance requirements for J-1 and J-2 visa holders. Eligible students who do not enroll in the MIT Student Health Insurance Plan must meet the waiver requirements detailed in [Section 6.0](#), as well as all applicable U.S. Department of State requirements.

Coverage in the MIT Student Health Insurance Plan begins consentient with timelines defined in [Section 5.2](#) regardless of the date on which the visa holder arrives in the United States. It is the responsibility of the visa holder to be in compliance with any health insurance requirements prior to the start of coverage in the MIT Student Health Insurance Plan.

Holding a J-1/J-2 visa, alone, does not make an individual an eligible student who can purchase the MIT Student Health Insurance Plan.

2.0 Visiting Students

2.1 Definition

Visiting students are individuals pursuing an undergraduate or graduate degree at an institution of higher education other than MIT who have been invited to MIT by a department, laboratory or center to do research in their fields of study.

Visiting students have a defined registration period, not less than one (1) month and not to exceed one (1) year. Periods may not be consecutive.

2.2 Eligibility

Visiting students who meet all of the following conditions will be considered as eligible for health insurance purposes:

1. Registered in Course NIV; and
2. Not included in any other student categories as described in [Section 1.0](#), including students who have withdrawn or are on leave.⁴

Eligible visiting students will be automatically enrolled in the MIT Student Health Insurance Plan, with the exception of visiting students who are actively enrolled in and ensured by a higher educational institution in Massachusetts.

MIT Registrar's Office and the International Scholar Office are the sole sources of data for visiting students. No changes in status will be accepted directly by any visiting student or their dependents.

2.3 Exclusions

Any visiting student who is eligible for health insurance coverage provided by MIT as an employee, regardless of their enrollment status, is ineligible for coverage in the MIT Student Health Insurance Plan.

2.4 Notification in Change of Status

All notifications of a change in the status of a visiting student which would affect their eligibility will be provided to the MIT Student Insurance Office by the MIT Registrar's Office or the International Scholar Office. No changes in status will be accepted directly by any visiting students, their dependents or any department, laboratory or center.

⁴ MIT students may not transition directly to become visiting students. MIT students who graduate or otherwise leave the institution and become enrolled at another institution may be considered as visiting students.

2.5 Additional Requirements for J-1 and J-2 Visa Holders

Eligible visiting students with a J-1 visa, as well as all dependents with J-2 visas, are required to have health insurance that meets U.S. Department of State requirements for the duration of participation in the exchange visitor program. Failure to have and maintain required coverage may lead to loss of legal immigration status.

Eligible visiting students with a J-1 visa, as well as eligible dependents with J-2 visas, may enroll in the MIT Student Health Insurance Plan, which meets all U.S. Department of State health insurance requirements for J-1 and J-2 visa holders.

Coverage in the MIT Student Health Insurance Plan begins consentient with timelines defined in [Section 5.3](#) regardless of the date on which the visa holder arrives in the United States. It is the responsibility of the visa holder to be in compliance with any health insurance requirements prior to the start of coverage in the MIT Student Health Insurance Plan.

Holding a J-1/J-2 visa, alone, does not make an individual an eligible visiting student who can enroll in the MIT Student Health Insurance Plan.

3.0 Other Eligible Individuals

3.1 Definition

The following appointment titles will be considered as Other Eligible Individuals for the MIT Student Health Insurance Plan:

1. Postdoctoral Fellow;
2. Senior Postdoctoral Fellow;
3. Research Fellow;
4. Senior Research Fellow;
5. Visiting Assistant Professor;
6. Visiting Associate Professor;
7. Visiting Professor;
8. Visiting Lecturer;
9. Visiting Engineer;
10. Visiting Scientist; or
11. Visiting Scholar.

The determination of the title of an Other Eligible Individual is made by the department, laboratory or center by which the individual is appointed and must be reported to the MIT Student Insurance Office. A department, laboratory or center may use public-facing appointment or job title that is different than the title provided to the MIT Student Insurance Office for purposes of insurance eligibility. However, the title provided for purposes of insurance eligibility must be consistent with the work performed by the Other Eligible Individual. For example, an individual may have the public-facing job title of “William Barton Roger Fellow,” while the title submitted for insurance eligibility may be “Postdoctoral Fellow” as long as the work is constant with that of a Postdoctoral Fellow.

3.2 Eligibility

An Other Eligible Individual who meets all of the following conditions will be considered as eligible for health insurance purposes:

1. Has one of the appointment titles defined in [Section 3.1](#);
2. Not eligible for MIT employee benefits, including health insurance;
3. Appointed for at least fifty (50) percent of the normal full-time work schedule as defined by the Affiliate’s department, laboratory or center; and
4. Appointed for a period of at least three (3) consecutive months.

An Other Eligible Individual must affirmatively enroll in the MIT Student Health Insurance Plan and will not be required to demonstrate comparable coverage from another source. An Other Eligible Individual who does not meet all of these conditions is not considered eligible to participate in the MIT Student Health Insurance Plan.

The department, laboratory or center is the sole source of data for Other Eligible Individuals.

3.3 Exclusions

Any individual classified as a student as described in [Section 1.0](#) may not be considered an Other Eligible Individual for purposes of health insurance eligibility.

Any individual who is eligible for health insurance coverage provided by MIT as an employee, regardless of their enrollment status, is ineligible for coverage in the MIT Student Health Insurance Plan.

Any appointment title other than those specified in [Sections 3.1](#) may not be considered an Other Eligible Individual for purposes of health insurance eligibility. In addition, the following appointment titles are specifically not considered as Other Eligible Individuals for purposes of health insurance eligibility:

1. Research Affiliate;
2. Senior Research Affiliate;
3. Guests of the Institute; or
4. Staff Affiliate.

3.4 Notification in Change of Status

It is the responsibility of the department, laboratory or center by which the individual is appointed to notify the MIT Student Insurance Office within thirty (30) days of any change in the status of the Affiliate which would affect their eligibility. Changes include, but are not limited to, a reduction in hours, a change in the length of the appointment, becoming an MIT employee, becoming a student or leaving the Institute. No changes in status will be accepted directly by any Other Eligible Individual or their dependents.

Failure to notify the MIT Student Insurance Office in a timely manner may result in the Other Eligible Individual being responsible for any claims or expenses incurred during a period of ineligibility.

3.5 Additional Requirements for J-1 and J-2 Visa Holders

Other Eligible Individuals with a J-1 visa, as well as all dependents with J-2 visas, are required to have health insurance that meets U.S. Department of State requirements for the duration of participation in the exchange visitor program. Failure to have and maintain required coverage may lead to loss of legal immigration status.

Other Eligible Individuals with a J-1 visa, as well as eligible dependents with J-2 visas, may enroll in the MIT Extended Insurance plan, which meets all U.S. Department of State health insurance requirements for J-1 and J-2 visa holders. Other Eligible Individual who do not enroll in the MIT Extended Insurance plan must meet the waiver requirements detailed in [Section 6.0](#), as well as all applicable U.S. Department of State requirements.

Coverage in the MIT Student Health Insurance Plan begins consentient with timelines defined in [Section 5.4](#) regardless of the date on which the visa holder arrives in the United States. It is the responsibility of

the visa holder to be in compliance with any health insurance requirements prior to the start of coverage in the MIT Student Health Insurance Plan.

Holding a J-1/J-2 visa, alone, does not make an individual an eligible individual who can purchase the MIT Extended Insurance Plan.

4.0 Spouses, Children and Dependents

4.1 Definitions

The following dependents of eligible students, visiting students and Other Eligible Individuals are eligible for enrollment in the MIT Student Health Insurance Plan:

- Spouse;
- Domestic partner/spousal equivalent (see [Section 4.2](#) below);
- Child through the last day of their 25th year;
- Adopted child through the last day of their 25th year;
- Step-child through the last day of their 25th year;
- Child through the last day of their 25th year for whom the student or affiliate is the Legal Guardian;
- Child recognized under a Qualified Medical Child Support Order through the last day of their 25th year;
- Child from any of the above categories with a mental or physical disability through the last day of their 25th year or older who is not able to earn his or her own living;
- Child through the last day of their 25th year of an enrolled dependent child; and
- Divorced spouse with a court ordered requirement to provide health insurance.

4.2 Domestic Partner/Spousal Equivalent

The eligible student, visiting student or Other Eligible Individual and domestic partner or spousal equivalent must attest to the following eligibility requirements in writing on the Affidavit of Spousal Equivalent Partnership:

1. Both parties are at least eighteen (18) years of age;
2. Neither party is married to someone other than the domestic partner/spousal equivalent;
3. Both parties are the other's sole domestic partner and intend to remain so indefinitely;
4. Neither party is related by blood to a degree of closeness which would prohibit legal marriage in Massachusetts;
5. Both parties have occupied a shared residence for at the past four (4) consecutive months and intend to do so indefinitely; and
6. Both parties consider themselves life partners, share joint responsibility for their common welfare and are financially interdependent.

Roommates, siblings and parents do not qualify as domestic partners or spousal equivalents.

4.3 Documentation

The student, visiting student or Other Eligible Individual must provide appropriate documentation demonstrating the eligibility of any dependent prior to enrollment of that dependent into coverage.

Dependent Type	Required Documentation
Spouse	Marriage certificate or I-20 form (international students only)
Domestic partner/spousal equivalent	Affidavit of Spousal Equivalent Partnership
Birth child	Birth certificate
Adopted child	Adoption certificate
Step-child	Birth certificate or adoption certificate showing child's name and birthdate, and the spouse's/domestic partner's/spousal-equivalent's name
Child for whom the subscriber is the legal guardian	Proof of legal guardianship <u>and</u> birth certificate
Child recognized under a qualified medical child support order	Qualified medical child support order <u>and</u> birth certificate
Child of any age with a physical or mental disability that prevents the child from earning his or her own living	Appropriate documentation as listed above for dependent child <u>and</u> certification of disability
Child of an enrolled dependent child	Appropriate documentation as listed above for enrolled dependent child <u>and</u> birth certificate showing enrolled dependent child as parent
Divorced or legally separated spouse	Copy of final legal separation agreement or divorce decree, including: <ul style="list-style-type: none"> • Cover page listing the parties involved; • Page that indicates the date the divorce or legal separation became final • Page(s) that refer to health insurance; and • Signature page

5.0 Benefit Year, Coverage Periods, Enrollment and Renewals

5.1 Benefit Year and Health Plan Coverage Periods

The benefit year for the MIT Student Health Insurance Plan runs from September 1 through August 31.

The benefit year is divided into two health plan coverage periods:

- Fall Coverage Period: September 1 through January 31; and
- Spring Coverage Period: February 1 through August 31.

5.2 Initial Enrollment – Students

For enrolling students and their dependents starting in the fall academic term, the initial date of coverage in the MIT Student Health Insurance Plan will be September 1. For students starting in the spring academic term, the initial date of coverage will be February 1. For students starting in the summer academic term, the initial date of coverage will be June 1.

Enrollment of students and their dependents always begins on the first calendar day of a month, with limited exceptions, subject to qualifying events rules defined in [Section 7.2](#).

5.3 Initial Enrollment – Visiting Students

For enrolling Visiting Students and their dependents, the initial date of coverage in the MIT Student Health Insurance Plan will be the first day of the month following the date on which their appointment at MIT begins, unless their appointment begins on the first day of a month, in which case the coverage will begin on the day the appointment begins.

Enrollment of visiting students and their dependents always begins on the first calendar day of a month, with limited exceptions, subject to qualifying events rules defined in [Section 7.2](#).

5.4 Initial Enrollment – Other Eligible Individuals

For enrolling Other Eligible Individuals and their dependents, the initial date of coverage in the MIT Student Health Insurance Plan will be the first day of the month following the date on which their appointment at MIT begins.

Enrollment of Other Eligible Individuals and their dependents always begins on the first calendar day of a month, with limited exceptions, subject to qualifying events rules defined in [Section 7.2](#).

5.5 Renewals

Students and visiting students who are automatically enrolled in the MIT Student Health Insurance Plan or required to demonstrate comparable coverage from another source and who remain eligible for the

MIT Student Health Insurance Plan at the end of a benefit year will be automatically enrolled for the subsequent benefit year, with coverage effective on September 1, unless they waive coverage during the Fall Coverage Period Open Enrollment.

Students who are not automatically enrolled in the MIT Student health Insurance plan, as well as any Other Eligible Individual who is enrolled in the MIT Student Health Insurance Plan and who remain eligible for the MIT Student Health Insurance Plan at the end of a benefit year must affirmatively reenroll in or waive coverage for the subsequent benefit year, with coverage effective on September 1.

Dependents who are enrolled in the MIT Student Health Insurance Plan and who remain eligible for the MIT Student Health Insurance Plan at the end of a benefit year must affirmatively reenroll in or waive coverage for the subsequent benefit year, with coverage effective on September 1.

6.0 Waivers

6.1 Comparable Coverage

Some students, as defined in [Section 1.0](#), must enroll in the MIT Student Health Insurance Plan or demonstrate that they are enrolled in “comparable coverage.”

Coverage under a health benefit plan is comparable if:

1. The student is enrolled in a plan that provides, throughout the school year, reasonably comprehensive coverage of health services, including preventive and primary care, emergency services, surgical services, hospitalization benefits, ambulatory patient services, mental health services, and prescription drugs; and the services covered under the plan, including all services required by Massachusetts’ regulation,⁵ are reasonably accessible in the area where the student attends school, which the MIT Student Insurance Office has determined to be plans providing access to providers in Massachusetts.

OR

2. The student is enrolled in a subsidized plan through the Massachusetts Health Connector or MassHealth, with the exception of coverage through the Health Safety Net, MassHealth Limited or the Children’s Medical Security Plan.

Coverage from a Medicaid program other than Massachusetts is not considered comparable coverage. Coverage from outside of the United States, including foreign insurers or National Health Service programs, is not considered comparable coverage, unless the student is studying in a foreign country and the insurance provides coverage in that country.

A plan that includes a closed network of providers who are not reasonably accessible in the area where the student attends school is not considered comparable coverage. Access to emergency services is not considered sufficient for reasonable access.

Consistent with flexibility provided in the Massachusetts regulations, the MIT Student Insurance Office does not allow for students or visiting students to waive without comparable coverage based on a religious exemption. This includes coverage provided by health care ministries or similar programs that share costs between members but are not considered as health insurance under Massachusetts’ regulation.

6.2 Waiver Process

A student or visiting student that is enrolled in comparable coverage may waive enrollment in the MIT Student Health Insurance Plan.

For a student or visiting student who elects to waive prior to the Fall Coverage Period, the waiver will be effective for the full plan year (September 1 through August 31), unless the student or visiting student

⁵ See 956 CMR 8.05(2)(a)(1)

elects to enroll in coverage during the Spring Coverage Period Open Enrollment or as a result of a qualifying event.

For a student or visiting student who elects to waive prior to the Spring Coverage Period, the waiver will be effective for the Spring Coverage Period only (February 1 through August 31), unless the student or visiting student elects to enroll in coverage as a result of a qualifying event.

Waivers may not be submitted for periods longer than a health plan coverage year or shorter than a coverage period. Waivers submitted for a health plan coverage year or single health plan coverage period will not be automatically applied to the following health plan coverage year; students or visiting students must affirmatively waive any future health plan coverage years.

In order to waive coverage, a student or visiting student must submit a complete and valid waiver no later than 3:00 PM Eastern on the following dates:

- Full Year or Fall Coverage Period: August 15; and
- Spring Coverage Period: January 15.

Waivers may be submitted by the student, visiting student or a responsible party acting on their behalf.

Students and visiting students may add, remove or modify their waiver status at any point prior the deadline. Students and visiting students who elect to waive coverage may not modify that status after the deadline, even if they become enrolled in coverage that would otherwise meet the criteria of comparable coverage.

Failure to submit a complete and valid waiver by the above dates will result in the eligible student or visiting student being enrolled in the MIT Student Health Insurance Plan for the full health plan coverage period and the student or visiting student will be responsible for the costs of the plan for that health plan coverage period.

The MIT Student Insurance Office may, at its sole discretion, accept new or modified waivers after the published deadlines in circumstances it deems exceptional. All requests must be made in writing to the MIT Student Insurance Office. The MIT Student Insurance Office may, at its sole discretion, impose a fee of up to \$150 for the processing of waivers submitted after the published deadlines.

The MIT Student Insurance Office, or its vendors and partners, may, at their discretion, confirm the coverage provided by the student or visiting student is valid, active and meets the comparable coverage requirements.

7.0 Changes in Coverage

7.1 Open Enrollment Periods

The MIT Student Health Insurance Plan have two open enrollment periods during the year in which eligible students and visiting students may enroll, cancel or make changes to their coverage without a qualifying event. The two open enrollment periods are:

- Fall Open Enrollment: July 15 through August 15, with changes effective September 1.
- Spring Open Enrollment: December 15 through January 15, with changes effective February 1.

7.2 Qualifying events

Outside of open enrollment periods, new enrollment, changes to existing enrollment or cancellation of coverage in the MIT Student Health Insurance Plan are only allowed if a “qualifying event” occurs. Certain types of qualifying events apply to individuals who are not enrolled, while other events only apply to those who are enrolled. Any changes made to enrollment must be directly related to the qualifying event.

All qualifying events must be reported to the MIT Student Insurance Office and/or its vendor within thirty (30) days of the event, or sixty (60) days in the event of loss of coverage from another source, and include any documentation required (see below). The MIT Student Insurance Office and/or its vendor may, at its sole discretion, accept reports of qualifying events after the published deadlines in circumstances it deems exceptional. Any enrollments, cancellations or coverage changes will be effective per rules noted below.

Event	Allowable Coverage Changes	Required Documentation	Effective Date
Marriage	May add coverage for spouse and child(ren) of spouse	<ul style="list-style-type: none"> • Marriage certificate; or • I-20 form (international students only) 	First day of the of month following the date of marriage
New domestic partner/spousal equivalent	May add coverage for domestic partner/spousal equivalent and child(ren) of domestic partner/spousal equivalent	Affidavit of Spousal Equivalent Partnership	First day of the of month following notification
Birth of a child(ren)	May add coverage for child(ren)	<ul style="list-style-type: none"> • Birth certificate; or • Birth announcement letter from hospital where child was born 	Date of birth of child(ren)
Adoption, or placement for adoption or foster care, of a child(ren)	May add coverage for child(ren)	Adoption certificate or foster care order	Date of adoption or placement for adoption/foster care
Court-ordered care or legal guardianship of a child(ren)	May add coverage for child(ren)	Court order/proof of legal guardianship	Effective date of court or legal guardianship

Arrival of spouse and/or child(ren) from another country for the first time⁶	May add coverage for spouse and child(ren)	Attestation of International Arrival/ Departure	First day of the of month following the date of arrival
Enrolled subscriber permanently moves out of the country	Termination of coverage for subscriber and all enrolled dependents	Attestation of International Arrival/ Departure	Last day of the month in which the subscriber leaves the country
Enrolled dependent(s) permanently moves out of the country	Termination of coverage for the enrolled dependent(s)	Attestation of International Arrival/ Departure	Last day of the month in which the dependent(s) leaves
Loss of coverage from another source	May enroll in coverage, including spouse and/or child(ren)	Loss of Coverage notification letter	First day of the of month following the date of loss of coverage
Divorce or legal separation	Termination of coverage for spouse	Copy of final legal separation agreement or divorce decree, including: <ul style="list-style-type: none"> • Cover page listing the parties involved; • Page that indicates the date the divorce or legal separation became final • Page(s) that refer to health insurance; and • Signature page 	Last day of the month in which the divorce is effective
Enrolled subscriber becomes newly eligible for Medicare or other subsidized health insurance program	Termination of coverage for subscriber and all enrolled dependents	Proof of enrollment into Medicare or other subsidized health insurance program	Last day of the month in which the new eligibility begins
Enrolled dependent becomes newly eligible for Medicare or other subsidized health insurance program	Termination of coverage for the enrolled dependent	Proof of enrollment into Medicare or other subsidized health insurance program	Last day of the month in which the new eligibility begins
Loss of coverage through Medicare or Medicaid	May enroll in coverage	Loss of Coverage notification letter	First day of the of month following loss of coverage
Unenrolled dependent loses coverage through Medicare or Medicaid	May add coverage for dependent who has lost coverage	Loss of Coverage notification letter	First day of the of month following loss of coverage
Enrolled subscriber becomes enrolled in comparable coverage after graduation	Termination of coverage for subscriber and all enrolled dependents	Proof of enrollment into comparable coverage <u>and</u> proof of graduation	Last day of the month in which the new enrollment begins
Death of an enrolled subscriber	Termination of coverage for subscriber and all enrolled dependents	Death certificate	Date of death

⁶ Only the first occurrence of arrival from another country by a spouse or dependent is considered a qualifying event. If the spouse or dependent leaves the United States and then returns, the arrival would not be considered a qualifying event and the spouse or dependent would only be allowed to enroll during the next open enrollment period.

Death of an enrolled dependent	Termination of coverage for the enrolled dependent	Death certificate	Date of death
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7.3 Voluntary Cancellation of Coverage

Voluntary cancellations of coverage, excluding those allowed by a qualifying event as defined in [Section 6.2](#), including for any student, visiting student, Other Eligible Individual and any enrolled dependents, may only occur during an Open Enrollment Period as described in [Section 6.1](#).

7.4 Termination of Coverage for Loss of Eligibility – Students

In the event that an enrolled student or any of their enrolled dependents, ceases to be eligible for enrollment in the MIT Student Health Insurance Plan, their coverage will end as of the last day of the health plan coverage period for which they have paid in full.

A student who is enrolled in the MIT Student Health Insurance Plan who completes his/her degree program prior to the end date of the health plan coverage period due to early completion of thesis or graduation will continue to be covered enrolled through the remainder of the health plan coverage period.

7.5 Termination of Coverage for Loss of Eligibility – Visiting Students

Enrollment for a visiting student and any associated dependents, in the MIT Student Health Insurance Plan will terminate as of the last day of the calendar month in which the visiting student’s appointment at MIT ends.

7.6 Termination of Coverage for Loss of Eligibility – Other Eligible Individuals

Enrollment for other eligible individuals and any associated dependents, in the MIT Student Health Insurance Plan will terminate as of the last day of the calendar month in which the other eligible individual’s appointment at MIT ends.

7.7 Termination of Coverage for Non-payment

See [Section 8.2.4 Delinquency and Termination for Non-payment of Ongoing Billing](#).

8.0 Billing and Payment

8.1 MITPay Billing – Students

The cost for most students enrolled in the MIT Student Health Insurance Plan, as well as the costs of the MIT Student Health Insurance Plan for a student's enrolled spouse and dependents, will be charged to the student's MITPay with Student Financial Services (SFS). Charges will be assessed on a per academic term basis.

8.1.1 Proration for MITPay Billing

In cases where the effective date of coverage is not the first calendar day of a month, the following proration rules will apply:

- If the effective date of coverage is on or before the fifteenth (15th) calendar day of the month, the enrollee will be charged the full premium for the month; or
- If the effective date of coverage is after the fifteenth (15th) calendar day of the month, the enrollee will not be charged the premium for the month.

In cases where the termination date of coverage is not the last calendar day of a month, the enrollee will be charged the full premium for the month.

8.2 Direct Billing – Visiting Students

Visiting Students, as defined in [Section 2.0](#), will be as enrollees will be billed for their health insurance premiums on a monthly basis through MIT's Non-Institute Visitor Portal.

8.2.1 Initial Quote

The quote will include the total costs for the enrollee and their enrolled spouse and dependents for the first three coverage months. Payments may only be made by credit card, debit card or ACH withdrawal from a bank account. Personal checks and cash are not accepted.

Payment in full of the amount indicated on the quote must be received by the MIT Student Insurance Office and/or its vendors in order to effectuate coverage. Failure to pay the amount in full will result in the coverage not becoming effective for the indicated coverage month.

8.2.2 Ongoing Billing

At the time of initial enrollment, the enrollee must set up recurring payment from a valid credit card, debit card or ACH withdrawal from a bank account. Personal checks and cash are not accepted. The payment method may be changed at any time after the initial enrollment by contacting the MIT Student Insurance Office's vendor.

The MIT Student Insurance Office and/or its vendor will automatically withdraw the total costs for the initial coverage month on the day of enrolment, and subsequent coverage months will be automatically withdrawn on or about the fifteenth (15th) calendar day of the month preceding the coverage month. The calendar date of withdrawal may be modified by contacting the vendor. The bill will include the total costs for the enrollee and their enrolled spouse and dependents for the coverage month, as well as any balance carried over from prior billing periods.

8.2.3 Proration for Monthly Billing

In cases where the effective date of coverage is not the first calendar day of a month, the following proration rules will apply:

- If the effective date of coverage is on or before the fifteenth (15th) calendar day of the month, the enrollee will be charged the full premium for the month; or
- If the effective date of coverage is after the fifteenth (15th) calendar day of the month, the enrollee will not be charged the premium for the month.

In cases where the termination date of coverage is not the last calendar day of a month, the enrollee will be charged the full premium for the month.

8.2.4 Delinquency and Termination for Non-payment of Ongoing Billing

If the MIT Student Insurance Office and/or its vendor are not able to withdraw the billed amount as of the due date, the payment will be considered delinquent and the enrollee will be notified electronically and/or by phone.

The delinquency notice will inform the enrolled individual that if payment of their outstanding monthly premium is not received in full within thirty (30) days, then their coverage will be terminated retroactively to the last day of the coverage month for which the enrolled individual's premium was paid in full.

The enrolled individual will be notified of the termination by mail or electronically with a Notice of Termination. This Notice will contain the coverage end date and reinstatement options. The enrolled individual may be held responsible for the cost of any health care services provided after the termination of coverage.

8.2.6 Insufficient Funds

If a payment is returned for insufficient funds, the MIT Student Insurance Office and/or its vendor will not apply any funds to the enrollee's account and will notify the enrollee to attempt to correct the issue. If the payment issue is not remedied, MIT Student Insurance Office and/or its vendor will place the account into default. The MIT Student Insurance Office and its vendors may, at their discretion, charge the enrollee any fees charged to MIT or the vendor by its bank or financial institution for returned payments.

8.2.7 Charges and Fees

The MIT Student Insurance Office and its vendors are not responsible for fees charged by the enrollee's bank or financial institution.

8.2.8 Refunds

Refunds will be automatically for any credit balance remaining at termination of coverage of a visiting student and/or their dependents.

Refunds will only be issued for a month of coverage after the start of that month at the sole discretion of the MIT Student Insurance Office in cases of material errors by the MIT Student Insurance Office and/or its vendors and partners.

9.0 Care at MIT Medical

9.1 Active Students

For all active students, care provided at MIT Medical will not have any additional costs, with limited exceptions as specified in [Section 9.3](#).

For purposes of care at MIT Medical, the following student statuses will be considered as active students:

- Students who are registered or eligible to register;
- Students in early thesis;
- Students participating in a co-op;
- Students participating in a study abroad program; and
- Students who withdraw, but only for the remainder of the health plan coverage period in which they withdraw.

MIT Registrar's Office is the sole source of data for student statuses. No changes in status will be accepted directly by any students.

9.2 Other Individuals Enrolled in the MIT Student Health Insurance Plan

For individuals who are not active students but who are enrolled in the MIT Student Health Insurance Plan, care provided at MIT Medical will not have any additional costs, with limited exceptions as specified in [Section 9.3](#).

9.3 Exclusions

The following services will not be provided without additional costs and will be billed to the individual's insurance or directly to the individual:

- Obstetrical care, including antepartum and postpartum care provided at MIT Medical;
- Contact lenses, glasses and associated supplies;
- Acupuncture services;
- Routine eye care visits more frequently than once per twelve (12) calendar months;
- Laboratory testing, including genetic testing, where samples are collected at MIT Medical but tests are performed at an outside laboratory;
- Specialty infusion medications or injectable medications, as defined by the MIT Student Health Insurance Plan's pharmacy benefit design, including if administered at MIT Medical; and
- Any prescription or over-the-counter medications not given during a clinical visit.

Participants in the MSRP General and MSRP Biology programs do not have access to Student Mental Health and Counseling Services but are eligible to receive all other services at MIT Medical.