Top 5 things you need to know
Rates
Your medical benefits
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MIT Affiliate Health Plan

2012 - 2013
The top five things you need to know about affiliate health insurance at MIT

1. The MIT Affiliate Medical Plan provides coverage for basic care provided on campus at MIT Medical.
   - Primary care
   - Care from most specialists
   - Urgent Care
   - Mental health and counseling
   - Basic x-ray and laboratory testing
   - And much more...

2. The MIT Affiliate Extended Insurance Plan picks up from there. You get:
   - A plan specifically designed to meet the needs of MIT Affiliates
   - A plan that coordinates seamlessly with the MIT Affiliate Medical Plan
   - Prescription medication coverage
   - Coverage for diagnostic tests, physical therapy, and surgery
   - Coverage for hospitalizations and medically necessary emergency room visits

3. Don’t be afraid to ask questions!
   - The MIT Health Plans Office is here to help.
   - Contact us at 617-253-4371 or affplan@med.mit.edu.

4. The MIT Affiliate Health Plan can cover health care for your family, too.
   - Your spouse or spousal equivalent (your same-sex or opposite-sex domestic partner) is eligible for coverage.
   - Your children can also be covered.

5. If you want coverage, you need to act!
   - You must enroll in the health plan within 31 days of the beginning of your appointment at MIT, or at the beginning of an academic semester in September or February.
   - To enroll, come to the Health Plans Office on the third floor of MIT Medical (E23-308).
MIT Affiliate Medical Plan
The MIT Affiliate Medical Plan covers most services provided at MIT Medical, our multi-specialty, on-campus health center. You can sign up for this plan for yourself, and you can also enroll family members for an additional charge (see table below). When you enroll, you must sign up for at least three months of coverage. If you choose to enroll in the MIT Affiliate Medical Plan only, you must have other health insurance that meets Massachusetts and U.S. visa requirements.

MIT Affiliate Medical Plan Rates

<table>
<thead>
<tr>
<th></th>
<th>Academic year Sept. 1, 2012–Aug. 31, 2013</th>
<th>Monthly rate*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affiliate</td>
<td>$1,212</td>
<td>$101</td>
</tr>
<tr>
<td>Affiliate and partner</td>
<td>$2,424</td>
<td>$202</td>
</tr>
<tr>
<td>Affiliate and dependent(s)</td>
<td>$1,824</td>
<td>$152</td>
</tr>
<tr>
<td>Family (affiliate, partner, and dependents)</td>
<td>$3,036</td>
<td>$253</td>
</tr>
</tbody>
</table>

*Payment must be made for a minimum of three months at a time.

MIT Affiliate Extended Insurance Plan (AEIP)
This plan was specifically designed to supplement the coverage provided by the MIT Affiliate Medical Plan. The MIT Affiliate Extended Insurance Plan provides comprehensive coverage, including coverage for prescription medication and off-campus services such as emergency room visits, surgical procedures, and hospital stays (including childbirth and inpatient mental health/substance abuse care). Rates are listed below.

MIT Affiliate Extended Insurance Plan Rates (includes MIT Affiliate Medical Plan)

<table>
<thead>
<tr>
<th></th>
<th>Academic year Sept. 1, 2012–Aug. 31, 2013</th>
<th>Monthly rate*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affiliate</td>
<td>$3,192</td>
<td>$266</td>
</tr>
<tr>
<td>Affiliate and partner</td>
<td>$5,448</td>
<td>$454</td>
</tr>
<tr>
<td>Affiliate and dependent(s)</td>
<td>$3,960</td>
<td>$330</td>
</tr>
<tr>
<td>Family (affiliate, partner, and dependents)</td>
<td>$6,216</td>
<td>$518</td>
</tr>
</tbody>
</table>

*Payment must be made for a minimum of three months at a time.

If you want the MIT Affiliate Extended Insurance Plan, you (and any family members) must also enroll in the MIT Affiliate Medical Plan. You cannot sign up only for the MIT Affiliate Extended Insurance Plan.
## OUTPATIENT CARE

<table>
<thead>
<tr>
<th>Service</th>
<th>MIT Medical Cost</th>
<th>Blue Cross PPO Cost</th>
<th>Out-of-Network Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency room visits</td>
<td>Not available</td>
<td>$50 copay per visit</td>
<td>Deductible waived; $50 copay per visit (waived if admitted)</td>
</tr>
<tr>
<td>Well-child visits</td>
<td>Covered in full</td>
<td>Limited coverage for children under age 5 only</td>
<td>Not covered</td>
</tr>
<tr>
<td>Routine adult physical exams, including related tests (pre-matriculation exams and shots are not covered)</td>
<td>Covered in full; available only at MIT Medical</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Allergy testing and serums</td>
<td>Covered in full (serums covered only if you are also enrolled in AEIP)</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Routine immunizations, including flu shots</td>
<td>Covered in full (Gardasil is covered only if you are also enrolled in AEIP)</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Travel vaccines</td>
<td>$25 copay</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Routine gynecological exams, including related lab tests (one per calendar year)</td>
<td>Covered in full; available only at MIT Medical</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Maternity care</td>
<td>Covered in full if you are also enrolled in AEIP</td>
<td>Covered in full</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>Family planning services—office visits</td>
<td>Covered in full</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Family planning services—purchase and insertion of IUD</td>
<td>Covered in full if you are also enrolled in AEIP; available only at MIT Medical</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Infertility services</td>
<td>No charge (though only limited services available)</td>
<td>$20 copay, up to the benefit limit; then you pay all costs</td>
<td>20% coinsurance, up to the benefit limit; then you pay all costs</td>
</tr>
<tr>
<td>Office visits (up to 12 visits outside MIT Medical per year)</td>
<td>Covered in full (visit limit does not apply)</td>
<td>$20 copay per office visit, up to the benefit limit; then you pay all costs</td>
<td>20% coinsurance, up to the benefit limit; then you pay all costs</td>
</tr>
<tr>
<td>Chiropractor office visits (maximum benefit of $1,500/year per member)</td>
<td>Not available at MIT Medical</td>
<td>$20 copay per visit, up to the benefit limit; then you pay all costs</td>
<td>20% coinsurance, up to the benefit limit; then you pay all costs</td>
</tr>
<tr>
<td>Routine vision exam (one every 12 months)</td>
<td>Covered in full if you are also enrolled in AEIP; available only at MIT Medical</td>
<td>Limited coverage for children under age 5 only</td>
<td>Not covered</td>
</tr>
<tr>
<td>Short-term rehabilitation therapy—physical, occupational, and speech (up to 36 visits per calendar year)</td>
<td>Not available at MIT Medical</td>
<td>$20 copay per visit, up to the benefit limit; then you pay all costs</td>
<td>20% coinsurance, up to the benefit limit; then you pay all costs</td>
</tr>
<tr>
<td>Mental health and substance abuse treatment</td>
<td>Covered in full</td>
<td>Visits 1-12 covered in full; $20 per visit for visits 13-24, then you pay all costs. (Limited to one visit per week and combined maximum of 24 visits per calendar year)</td>
<td>Deductible waived; Visits 1-12 covered in full; 20% coinsurance on visits 13-24, then you pay all costs. (Limited to one visit per week and combined maximum of 24 visits per calendar year)</td>
</tr>
<tr>
<td>Psychopharmacology (up to 8 visits per year)</td>
<td>Covered in full</td>
<td>$20 copay, up to the benefit limit; then you pay all costs</td>
<td>Deductible waived; 20% co-insurance, up to the benefit limit; then you pay all costs</td>
</tr>
<tr>
<td>Oxygen and equipment for its administration</td>
<td>Not available at MIT Medical</td>
<td>Covered in full</td>
<td>20% coinsurance</td>
</tr>
</tbody>
</table>

Note: Routine/preventive services covered at MIT Medical only.
### Covered Services

<table>
<thead>
<tr>
<th>Service Description</th>
<th>MIT Medical Cost</th>
<th>Out-of-Network Cost (after $250 deductible)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic X-rays, lab tests, and other tests</td>
<td>Covered in full</td>
<td>$50 copay on CT scans, MRIs, PET scans, and nuclear imaging; other services covered in full</td>
</tr>
<tr>
<td>Surgery and related anesthesia—office setting, ambulatory surgical facility, hospital or surgical day care unit</td>
<td>Covered in full, but limited services available at MIT Medical</td>
<td>Covered in full</td>
</tr>
<tr>
<td>General or chronic disease hospital care</td>
<td>Not available at MIT Medical</td>
<td>$100 copay per admission</td>
</tr>
<tr>
<td>Mental hospital or substance abuse facility care (all admissions must be authorized in advance by MIT Mental Health and Counseling, except emergency admissions)</td>
<td>Not available at MIT Medical</td>
<td>$100 copay per admission</td>
</tr>
<tr>
<td>Rehabilitation hospital care</td>
<td>Not available at MIT Medical</td>
<td>$100 copay per admission</td>
</tr>
<tr>
<td>Ambulance services (up to a maximum of $10,000 per illness for air ambulance)</td>
<td>Not available at MIT Medical</td>
<td>No charge (up to the benefit limit)</td>
</tr>
<tr>
<td>Prescription drugs (up to a 30-day supply for each prescription)</td>
<td>At the MIT Pharmacy—only if you are also enrolled under the MIT Affiliate Medical Plan</td>
<td>At a participating Express Pharmacy:</td>
</tr>
<tr>
<td>Durable medical equipment including wheelchairs, hospital beds, crutches, etc. (up to $5,000 per calendar year)</td>
<td>Not available at MIT Medical</td>
<td>Covered in full, up to the benefit limit; then you pay all costs</td>
</tr>
<tr>
<td>Services outside the United States</td>
<td>Not covered</td>
<td>Same coverage as within U.S.; all covered services are considered to be out-of-network. Many facilities require that you pay at time of care and then file a claim with Blue Cross Blue Shield of Massachusetts. You must contact BCBS worldwide network (800-810-2583, or 804-673-1177 for collect calls) for inpatient admissions. See <a href="http://www.BCBS.com/bluecardworldwide">www.BCBS.com/bluecardworldwide</a>. If traveling on an MIT-sponsored trip, you should register with International SOS prior to your departure. See link on vpf.mit.edu/insurance for more information.</td>
</tr>
</tbody>
</table>
How to enroll for health insurance through The MIT Affiliate Health Plan

Just schedule an orientation at the MIT Health Plans Office by calling 617-253-4371. When you come to our office (E23-308) for the orientation, we will help you understand how the MIT Affiliate Health Plan works. If you decide to enroll in an MIT health plan, you can sign up at that time.

To enroll, we need proof that you are eligible. So, when you come to the MIT Health Plans Office for your orientation, please bring a letter from your department administrator stating your status as an affiliate or the personnel action form from your department.

You will be billed quarterly for the cost of the MIT Affiliate Health Plan.

How to enroll your family members

You may enroll family members in the MIT Affiliate Medical Plan and the MIT Affiliate Extended Insurance Plan. Family members include your spouse or spousal equivalent (your same-sex or opposite-sex domestic partner) and your dependents (unmarried children up to 26 years old). Please note: In order to enroll in the MIT Affiliate Extended Insurance Plan, family members must also enroll in the MIT Affiliate Medical Plan.

When you enroll family members in an MIT insurance plan, you must show us proof that they are eligible. Proof of eligibility includes:

- A marriage certificate for you and your partner
- A Domestic Partner/Spousal Equivalent Affidavit of Domestic Partnership form for you and your spousal equivalent. This form is available for download at medweb.mit.edu/forms
- A birth certificate for your dependent child that shows the name of the child and the name of the parent, or a passport if it shows the parent-child relationship

You can enroll family members at the same time you enroll or at the beginning of an academic semester in September or February. If your family members come from another country after you arrive, you must enroll them in the health plan within 31 days of their arrival in the United States. You will need to provide proof of their arrival, such as a stamped passport, visa, or airline ticket.

Things to remember

- **Know your insurance.** Some services at MIT Medical—like eye exams, prescriptions, and obstetrics—are not covered under the MIT Affiliate Medical Plan but are covered under the MIT Affiliate Extended Insurance Plan.

- **Know yourself.** Make sure you know what medications you’re taking and any medical allergies. Always carry your insurance card, no matter what insurance coverage you have.

- **Your privacy is protected.** Unless you give us permission, we won’t share anything about your visits to MIT Medical with people outside of MIT Medical. Exceptions would be made only in certain life-threatening situations.
Blue Cross Blue Shield ID card
A card issued to members of the MIT Affiliate Extended Insurance Plan by Blue Cross Blue Shield of Massachusetts (BCBS). Approximately a month after you enroll in the health plan for the first time, BCBS will mail ID cards to you and enrolled family members. BCBS will mail the cards to the address we have on file at MIT Medical. To make sure you receive your card, please update your address with the MIT Benefits office and at MIT Medical once you know where you will be living. If you haven’t received your ID card and you need your insurance number, visit the MIT Health Plans Office in Room E23-308, call 617-253-4371, or email us at affplan@med.mit.edu.

Coinsurance
The portion of eligible expenses you are responsible for paying, most often after the deductible is met. Coinsurance is usually determined as the percentage of the provider’s actual charge or the amount approved by BCBS for the service.

Copayment
The specified dollar amount you need to pay when receiving certain treatments, services, or supplies. Also called a copay.

Deductible
The dollar amount you must pay for covered out-of-network health care services before your health plan will cover additional services that year. The deductible for the MIT Affiliate Medical Plan is $250 per individual per calendar year.

Dependent
An unmarried child up to 26 years old.

In-network provider
Any health care provider (physician, hospital, etc.) that belongs to a health plan’s network. Using an in-network provider will usually cost you less in copayments or coinsurance.

Out-of-network provider
Any health care provider that does not belong to a Blue Cross Blue Shield PPO provider network. You can use your benefits for out-of-network expenses, but your out-of-pocket expenses will be greater. Out-of-network providers can bill you the difference between the amount approved by BCBS for the service and their actual charge, and this amount is not included in your out-of-pocket maximum.

Out-of-pocket maximum
The maximum dollar amount (deductible plus coinsurance) you will pay in a calendar year for certain covered services. When the amounts you’ve paid in a calendar year add up to the out-of-pocket maximum, full benefits will be provided based on the allowed charge if the member continues to receive those covered services during the rest of the calendar year. However, you’ll still be responsible for any applicable copayments. The out-of-pocket maximum under the MIT Affiliate Medical Plan is $2,000 per individual or $4,000 per family per calendar year.

Waiver
A form on which you officially declare that you voluntarily choose not to enroll in the MIT Affiliate Extended Insurance Plan. This form is available for download at medweb.mit.edu/forms

Limitations and exclusions
• Both the MIT Affiliate Health Plan and the MIT Affiliate Extended Insurance Plan cover medically necessary services only as defined in the Blue Cross Preferred Provider Benefit Description.
• Certain services are not covered under either plan, including, but not limited to, custodial care, most educational testing and evaluation, most neuropsychological and psychological testing, most experimental treatments, hearing aids and hearing aid evaluations, eyeglasses, contact lenses, over-the-counter medicines and products, diet drugs, cosmetic surgery, orthotics, psychoanalysis, dental care, and prescription vitamins.
• This is a quick overview. If there is a conflict between this overview and the Benefit Description, including the addendum (available at medweb.mit.edu/healthplans/affiliate), the Benefit Description and/or addendum govern.
• If you have questions, please contact Claims and Member Services at 617-253-5979 or mservices@med.mit.edu.

Commonly used terms
Remember, with the MIT Affiliate Medical Plan, you can use most services at MIT Medical. Here are some things you should know:

- **Choose a primary care provider (PCP):** Your PCP will coordinate all your care, including necessary referrals to specialists at MIT Medical (usually covered by the MIT Affiliate Medical Plan) or elsewhere (covered by the MIT Affiliate Extended Insurance Plan or, possibly, another insurance plan you have). Visit medweb.mit.edu/choose to see names and photos of PCPs who are accepting new patients, get more information about individual providers, and fill out the online form to make your choice.

- **Make an appointment:** If you need to be seen by a clinician, you can call your primary care provider’s office directly, or call the triage nurse at 617-253-4481. If you’re sick and need to be seen the same day, let us know.

- **Urgent Care:** MIT Medical’s Urgent Care Service is open from 7 a.m. to 11 p.m., seven days a week, 365 days a year. Even when Urgent Care is closed, you can speak to a clinician by calling our 24-hour help line at 617-253-4481.

- **Mental Health and Counseling Service:** On-campus clinicians provide consultation, crisis intervention, and ongoing treatment, including individual and group counseling and psychopharmacology. Services are available to all MIT Affiliates at no extra charge. Walk-in hours are available on the third floor of MIT Medical Monday through Friday from 2–4 p.m. Call 617-253-2916 to make an appointment or to talk to a clinician in urgent situations. Overnight or on weekends, you can reach a mental health clinician by calling MIT Medical’s 24-hour number, 617-253-4481. For more information see medweb.mit.edu/mentalhealth.

- **Community Wellness at MIT Medical:** Explore resources and programs that can help you make healthy choices to get the most out of your time at MIT. Stop by E23-205, or learn more at medweb.mit.edu/wellness.

Learn more about MIT Medical at [medweb.mit.edu](http://medweb.mit.edu)

**Useful contact information:**

- **24-hour help line:** 617-253-4481
- **Urgent Care:** 617-253-4481 (For pediatric patients: during the hours that Urgent Care is open, call 617-253-4481 before coming in to find out if a pediatric clinician is available.)
- **Appointments and general information:** 617-253-4481
- **Mental Health and Counseling:** 617-253-2916 (overnight and weekends, call 617-253-4481)
- **Community Wellness at MIT Medical:** 617-253-1316
- **Health Plans Office** (for eligibility and enrollment questions): 617-253-4371 or affplan@med.mit.edu
- **Claims and Member Services** (for coverage and claim questions): 617-253-5979 or mservices@med.mit.edu

**MIT Affiliate Health Plan**

**Mailing Address:**
E23-308, 77 Massachusetts Avenue, Cambridge, MA 02139-4307
617-253-4371