MIT Student/Affiliate Medical Plan
For services provided within the MIT Medical Department

MIT Student/Affiliate Health Plan

Academic Year 2014–2015
Welcome to the MIT Student/Affiliate Health Plan

Massachusetts requires undergraduate and graduate students to have health insurance coverage that includes a variety of health care benefits. The MIT Student Health Plan is designed to fulfill the state mandated health insurance requirements.

MIT also requires that MIT affiliates (see part 6 for definition of affiliates) maintain adequate health insurance. Affiliates are offered the same insurance options as students; only eligibility and rates are different from the student offering. Although we call this product offering to affiliates the Affiliate Health Plan the benefits are exactly the same as those offered to students. For simplicity we refer to the Student Medical Plan and the Student Extended Insurance Plan throughout this document, however all information also applies to the Affiliate Medical Plan and the Affiliate Extended Insurance Plan.

There are two parts to the MIT Student Health Plan:

The first part is the MIT Student Medical Plan. It provides you with primary care, outpatient mental health care, and a wide range of other services, all of which are provided on campus at the MIT Medical building or the MIT Medical building on the grounds of Lincoln Laboratory.

The second part is insurance that satisfies the coverage students are required to have by Massachusetts law. This includes coverage for inpatient hospitalization, inpatient mental health and substance abuse treatment, surgical procedures, and prescription drugs. This coverage is referred to as the MIT Student Extended Insurance Plan.

Students may waive enrollment in the MIT Student Extended Insurance Plan if you submitted waiver information online or signed a waiver form on which you certify that you have comparable health insurance coverage from another source. Affiliates are also encouraged to complete a waiver to document they have alternate insurance. Paper waivers should be submitted to the Health Plan Office in E23-308.

It is your responsibility to determine whether you already have health insurance that meets the Massachusetts requirements. It is also your responsibility to determine whether the health insurance you already have is sufficient to meet your insurance needs.

All benefits, coverages, exclusions and limitations described in this document are effective September 1, 2014.

This document addresses coverage and eligibility under the Student Medical Plan only. Please refer to the Benefit Description and Addendum for the MIT Student Extended Insurance Plan for information regarding that Plan.
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Introduction

You are covered under this MIT Student Medical Plan. This medical plan covers services provided by MIT Medical Department. For registered students, your tuition payment entitles you to this coverage. Affiliates are required to purchase this plan with the payment of premiums. For an additional premium, students and affiliates may purchase this coverage for certain eligible family members.

This section provides you with a description of your benefits as administered by MIT Medical Department while you are enrolled in this medical plan. You should read this section to familiarize yourself with the main provisions and keep it handy for reference. The Medical Department may change the terms of this medical plan. Questions regarding benefits under the Student Medical Plan may be directed to the MIT Medical Billing Office at (617) 253-1322. Before using your benefits, you should remember there are limitations or exclusions. Be sure to read the limitations and exclusions on your benefits that are described.

Note: This Benefit Description describes only those benefits that are rendered within MIT Medical Department as provided by the Student Medical Plan and administered by the MIT Medical Department.
Part I

Covered Services

The following services are covered under the MIT Student Medical Plan when rendered within the MIT Medical Department in Cambridge or Lexington.

Note: Services outside of MIT Medical are not covered under the Student Medical Plan. Please see the Summary Plan Description for the Student Extended Insurance Plan for information regarding covered services under that Plan.

Allergy
Visits to an allergist, including the administration of allergy injections

Note: Allergy serum is not covered.

Audiology
Visits to an audiologist. PCP referral required.

Note: Hearing aid evaluations not covered.

Community Care Center (CCC)
The Community Care Center (CCC) coordinates medical services and resources at MIT Medical, elsewhere on campus, and in the larger community to make sure patients receive the care they need from hospital to home. Nurse care managers in the CCC can help arrange home-care services, transportation to medical appointments, outpatient rehabilitation services, and home medical equipment and supplies. They can also make “house calls” to sick students in their dorm rooms when appropriate. In addition, the CCC provides on-site care including infusions, observation, and post-procedure and wound care. (Not all services available in the CCC are covered under this Medical Plan.)

Community Wellness at MIT Medical
Community Wellness at MIT Medical provides resources and designs programs to help all members of the MIT community learn about making healthy choices.

Cardiology
Visits to a cardiologist. Coverage includes the provision of any medically necessary stress tests. PCP referral required.

Co-pay Immunizations
This health plan provides coverage for a number of immunizations with a $25 co-payment per immunization. Those immunizations identified as co-pay immunizations include:

- Cholera
- ISG
- Japanese Encephalitis
- Rabies (prophylactic)
- Typhoid (oral and injectible)
- Yellow Fever
Note: There is no coverage for immunizations needed to fulfill prematriculation requirements.

**Dermatology**
Visits to the dermatology service for covered conditions. PCP referral required.

Note: Cosmetic dermatology services are not covered.

**Endocrinology**
Visits to an endocrinologist. PCP referral required.

**Ear, Nose & Throat**
Visits to an otolaryngologist. PCP referral required.

**Flu Shots & Public Health Immunizations**
This health plan provides coverage for immunizations such as flu shots and other public health immunizations.

**Gastroenterology**
Visits to a gastroenterologist. PCP referral required.

**Gynecology**
Visits to a gynecologist. Coverage includes routine pap smears, pregnancy testing and birth control counseling.

Note: Prescription and non-prescription birth control devices are not covered. Obstetrical visits are not covered.

**Infertility Consultations**
Visit for infertility consultations.

Note: There is a limit of 1 infertility consultation under this Plan.

**Internal Medicine**
Visits to a primary care provider for routine care and most routine physicals, including appropriate screenings (available at MIT Medical).

Note: Form physicals are not covered. A form physical is generally defined as a physical necessary for pre-employment, pre-matriculation and certification or re-certification of a license.

**Laboratory and Other Diagnostic Testing**
Lab tests and diagnostic testing. PCP referral required.

**Mental Health**
Visits to a mental health practitioner for the treatment of mental conditions, stress management or for alcohol and substance abuse.

**Neurology**
Visits to a neurologist. PCP referral required.
**Part I: Covered Services**

**Nutrition**
Visits to a nutritionist. PCP referral required.

**Orthopedics**
Visits to an orthopedist. PCP referral required.

**Pediatrics**
Visits to a pediatrician including well baby visits.

**Pulmonary Medicine**
Visits to a pulmonologist. PCP referral required.

**Urgent Care**
This health plan provides coverage for urgent medical care to the MIT Medical Department. Care must be classified as urgent in nature. *Urgent care* is defined as treatment required for such conditions as flu, bronchitis, abdominal pain, earaches, or medical care that is needed for a serious chronic medical condition.

Note: if your medical condition warrants a referral to an emergency room the services provided by the emergency room are not covered under this MIT Student Medical Plan.

**Urology**
Visits to a urologist. PCP referral required.

**X-Ray and Mammography**
X-rays and mammograms when referred by your *primary care provider*. PCP referral required.
Part 2

Limitations and Exclusions

The MIT Student Medical Plan covers most services provided at MIT Medical. It is not intended to provide comprehensive coverage for all medical services. Students must obtain additional coverage for services not covered under this Plan.

The benefits described in this Benefit Description, MIT Student Medical Plan are limited or excluded as follows:

**Acupuncture**
No benefits are provided for the coverage of acupuncture.

**Ambulance**
No benefits are provided for the coverage of ground or air ambulance services.

**Appliances and Medical Devices**
No benefits are provided for the coverage of appliances or medical devices (including durable medical equipment).

**Birth Control Devices**
No benefits are provided for the coverage of prescription or non-prescription birth control devices.

Note: Office visits related to the provision of a birth control device or prescription are covered. See covered services, gynecology page 6.

**Cancer Therapy**
No benefits are provided for the coverage of cancer therapies such as chemotherapy and/or radiation therapy.

**Chiropractic Care**
No benefits are provided for the coverage of chiropractic care.

**Contact Lenses**
No coverage for contact lense fitting or for the contact lenses. No coverage for eyeglasses. Students are eligible for a discount of eyeglasses purchased at MIT Optical.

**Dental Care**
No benefits are provided for the coverage of dental care.

**Diabetic Testing Materials**
No benefits are provided for the coverage of diabetic testing materials.

**Emergency Room**
No benefits are provided for the coverage of emergency room services or related professional fees.
Part 2: Limitations and Exclusions

Administered by MIT Health Plans

Eye Exams
No benefits are provided for the coverage of routine eye exams.

Gardasil
No benefits are provided for Gardasil.

Home Health Care and Hospice Care
No benefits are provided for the coverage of home health care and/or hospice care.

Inpatient Hospitalization
No benefits are provided for the coverage of inpatient hospitalizations.

Maternity Care
No benefits are provided for the coverage of maternity care.

Orthotics
No benefits are provided for the coverage of orthotics.

Physical Therapy, Speech Therapy, Occupational Therapy
No benefits are provided for the coverage of physical, speech or occupational therapy.

Prescription Drugs
No benefits are provided for the coverage of prescription drugs.

Services Rendered Outside the MIT Medical Department
No benefits are provided for the coverage of services rendered outside the MIT Medical Department. When referred for services outside the MIT Medical Department, verify coverage of the service with your insurance carrier. If covered by the MIT Student Extended Insurance Plan, please refer to the Summary Plan Description and Addendum for the MIT Student Extended Insurance Plan.
Part 3

Other Party Liability

Other Insurance

If the member has another insurance plan that provides coverage for hospital or medical expenses, the benefits described in this Benefit Description, Student Medical Plan, will be reduced by the benefits provided by those plans. The benefits under the Plan are secondary to or in excess of those benefits provided by any private insurance plan or other governmental plan. Other insurance plans include: personal injury insurance; automobile insurance; or homeowner's insurance.

Medicare Program

When you are eligible for the Medicare program and Medicare is allowed by federal law to be the primary payer, the benefits provided by this health plan will be reduced by the amount of benefits allowed under Medicare for the same covered services. This reduction will be made whether or not you actually receive the benefits from Medicare. It is your responsibility to notify the Health Plan of your Medicare eligibility and the effective dates of Medicare A and B.

Subrogation

If you are injured by any act or omission of another person, the benefits under this medical plan will be subrogated. This means that this medical plan and The MIT Medical Department, as this medical plan’s representative, may use your right to recover money from the person(s) who caused the injury or from any insurance company or other party. If you recover money, you must reimburse this medical plan up to the charged amount for any services rendered. This is true even if you do not recover the total amount of your claim against the other person(s). This is also true if the payment you receive is described as payment for other than health care expenses. The amount you must reimburse this medical plan will not be reduced by any attorney's fees or expenses you incur.

You must give The MIT Medical Department, as this medical plan's representative, information and help. This means you must complete and sign all necessary documents to help The MIT Medical Department get this money back on behalf of this medical plan. This also means that you must give The MIT Medical Department notice before settling any claim arising out of injuries you sustained by an act or omission of another person(s) for which this medical plan paid benefits. You must not do anything that might limit this medical plan's right to full reimbursement.

Workers’ Compensation

No benefits are provided for health care services and supplies to treat an illness or injury for which you have the right to benefits under any workers’ compensation act or equivalent employer liability or indemnification law.

All employers provide their employees with workers’ compensation insurance. This is done to protect employees in case of work related illness or injury. All medical claims related to the illness or injury must be billed to the employer’s workers’ compensation carrier. It is up to you to use workers’ compensation insurance. If this medical plan provides or pays for covered services that are covered by workers’ compensation, The MIT Medical Department on behalf of this medical plan has the right to get paid back from the party that legally must pay for the health care services.

If you have recovered the value of services from workers’ compensation or another employer liability program, you will have to pay the amount recovered for medical services that were paid by this medical plan. If The MIT Health Plans is billed in error for directly paid services, you must promptly call or write The MIT Health Plans Claims and
Member Services Office at:

(617) 253-5979 or
MIT Health Plans
Claims & Member Services
E23-191
77 Massachusetts Avenue
Cambridge, MA 02139
mservices@med.mit.edu

If the MIT Medical Department is billed in error for these services, you must promptly call or write the MIT Medical Department Billing office at:

(617) 253-1322 or
MIT Medical Department Billing Office
E23-398
77 Massachusetts Avenue
Cambridge, MA 02139
Part 4

Resolving Issues

You have the right to a review when you disagree with a decision by The MIT Medical Department to deny payment for services, or if you have a complaint about the care or service you have received from The MIT Medical Department.

Patient Relations Coordinator

Our goal is to provide excellent, easily accessible medical care to the entire MIT community. If you are dissatisfied with your care or with any aspect of our service, we encourage you to discuss the concern with the physician or other provider of service. If the concern involves a bill for services provided by MIT Medical, we ask you to talk directly to our billing area, (617) 253-1322. For questions about claims or what is covered under the MIT Student Extended Insurance Plan, call Member Services at (617) 253-5979.

If the outcome of this discussion is not satisfactory, or if you prefer to talk the concern over with someone else, we have a Patient Relations Coordinator on our staff who will try to resolve your concerns. You need not identify yourself when you contact the Patient Relations Coordinator. Any information you provide is confidential, and your privacy will be protected. You can reach the Patient Relations Coordinator at (617) 253-4976 or by mail to E23-287. You may contact the Patient Relations Coordinator by phone, by mail, by e-mail, or in person by making an appointment.

The Patient Relations Coordinator will listen to your concerns and explore possible courses of action. She or he will work toward resolving the issue and try to achieve a common understanding. Identification of concerns through the Patient Relations Coordinator is one way we continue to improve our service to patients.

If you still have concerns after the resolution offered by the Patient Relations Coordinator, you may request a final grievance review by the MIT Medical Department. See page 13 for Internal Review instructions.

Making an Inquiry and/or Resolving Billing Issues or Concerns

Most concerns or concerns can be handled with just one phone call. For help resolving a concern or concern with benefits administered by The MIT Medical Department or general benefits concerns or questions regarding the MIT Student Medical Plan, you should call The MIT Medical Billing office at (617) 253-1322. A customer service representative will work with you to help you understand your benefits or resolve your concern or concern as quickly as possible.

When resolving an issue or concern, The MIT Medical Department will consider all aspects of the particular case, including the terms of your benefits as described in this Benefit Description, Part I, MIT Student Medical Plan policies and procedures that support the administration of these benefits, the provider's input, as well as your understanding and expectation of benefits. The MIT Medical Department will use every opportunity to be reasonable in finding a solution that makes sense for all parties and may use an individual case management approach when it is judged to be appropriate. MIT Medical will follow its standard business practices guidelines when resolving your concern or concern.

If you disagree with the decision given to you by The MIT Medical Department, you may request a review through the formal internal review program as described below.
Internal Review

How to Request a Review – To request a formal review from the internal grievance program, send your request in writing to:

Supervisor, MIT Clinical Services Business Office
77 Massachusetts Avenue
E23-398
Cambridge, Massachusetts 02139
(617) 253-1322

Once your request is received, The MIT Medical Department will research the case in detail and ask for more information as needed. When the review is completed, The MIT Medical Department will let you know in writing of the decision or the outcome of the review.

All requests for a review must be received by The MIT Medical Department within six months of the date of treatment, event or circumstance, such as the date you were told of the service denial or claim denial.

What to Include in an Internal Review Request – Your request for an internal review should include: the name and MIT Medical record number of the member asking for the review; a description of the concern; all relevant dates; names of health care providers or administrative staff involved; and details of the attempt that has been made to resolve the concern.

Response Time – Every reasonable effort will be made to expedite the review involving health care services that are soon to be obtained by the member. The MIT Medical Department may extend the time frame to complete a review, with your permission, in cases when The MIT Medical Department and the member agree that additional time is required to fully investigate and respond to the request.

Final Grievance Review by the MIT Medical Department

If you disagree with the decision of The MIT Medical Department's internal review, you have the right to request a final grievance review by The MIT Medical Department. Then, The MIT Medical Department will notify you in writing of the panel's decision. Send written request for final grievance review to:

Director of Finance
MIT Medical Department
E23-301
77 Massachusetts Avenue
Cambridge, MA 02139
Part 5

Other Plan Provisions

Confidentiality

The MIT Medical Department keeps a complete medical record for each patient so that all information relevant to your medical care is readily available to your health care providers. Keeping this information confidential is one of our primary concerns. The medical record is the property of The MIT Medical Department, and information in it can be released only with your signed consent. Your written authorization is valid for 30 days and must specify the information to be released and the recipient.

In addition, without specific instructions from you, information regarding sensitive issues such as sexually transmitted diseases, psychiatric concerns or drug or alcohol abuse will not be released. The only exception to this policy is the release of information in response to a court order or to an outside physician in a medical emergency.

Within The MIT Medical Department, your record is available only to attending medical providers and persons authorized by the Medical Director to review the record for administrative purposes, such as utilization review or claims payment. All The MIT Medical Department personnel must agree in writing to uphold the confidentiality policy. Violation may be grounds for disciplinary action, up to and including dismissal.

Although e-mail seems convenient, The MIT Medical Department policy is not to use commercial e-mail for clinical patient-specific information outside of The MIT Medical Department, because privacy cannot be assured. Patients are encouraged to register on MIT Medical’s PatientOnline which provides patients with a secure portal to communicate with MIT clinicians. PatientOnline is located on the MIT Medical website at http://web.mit.edu/medical.

The MIT Medical Department's Policy on Confidentiality of Patient Information has been recognized as a model policy for other healthcare organizations. If you'd like a copy of the policy, call the MIT Student Health Plan at (617) 253-4371 or send e-mail to stuplan@med.mit.edu (students), or affplan@med.mit.edu (affiliates). Or, you can download the policy from the MIT Medical website at: http://web.mit.edu/medical/g-privacy.html. In addition, The MIT Medical Department will comply with all Health Insurance Portability and Accountability Act (HIPAA) requirements. Every subscriber will receive a notice of our privacy policy, which will also be posted in our clinical areas and on our website. This notice will detail your specific privacy rights under HIPAA.

MIT Medical is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), demonstrating compliance with the Joint Commission's national standards for healthcare quality and safety. Founded in 1951, the Joint Commission on Accreditation of Healthcare Organizations' goal is to continuously improve the safety and quality of care provided to the public through the provision of healthcare accreditation. MIT Medical patients may contact the Joint Commission's Office of Quality Monitoring to report any concerns or register complaints about a Joint Commission-accredited health care organization by either calling 1-800-994-6610 or emailing complaint@jcaho.org. More information related to MIT Medical's accreditation may be found by searching on “Massachusetts Institute of Technology” in the “Quality Check” section of the Joint Commission website (http://www.qualitycheck.org).

If you have any questions or concerns about your medical record or The MIT Medical Department's confidentiality policy, contact the Manager of Medical Records, telephone (617) 253-4906, room E23-023 or the Privacy Officer at: privacy@med.mit.edu.

Changes you need to report to us

To keep your coverage current and valid, there are certain things we need to keep track of. These include your name, your mailing address, your e-mail address, your phone number, your MIT ID number, and the personal physician you selected.

All of this information is considered confidential. It is needed to provide you with prompt and efficient service and care. If any of this information changes (other than a temporary absence from your address of three months
or less), you need to inform us at The MIT Medical Department. You can easily report these changes by calling or visiting the Registration Desk at The MIT Medical Department, on the first floor of building E23, (617) 253-6286.

In addition, if you would like to change your personal physician, you may call MIT Medical Registration at (617) 253-6286 or change it online at [medical.mit.edu/find-a-provider](http://medical.mit.edu/find-a-provider).

Any changes to your personal information for registered students must be entered into the student system (MITSIS) via an Athena workstation. Athena workstations are located throughout campus and within the MIT Medical Department on the first, second, third, fourth, and fifth floors.
Eligibility for Coverage

Automatic Enrollment in the MIT Student Medical Plan
Registered students and special students with 27 or more units are automatically enrolled in the MIT Student Medical Plan. The MIT Student Medical Plan provides you with a variety of medical services that are described in this document. By being registered and paying tuition during a semester, you are entitled to covered services throughout the duration of the academic calendar. For nearly all MIT students, the academic calendar runs from September 1 through January 31 for the fall term, and from February 1 through August 31 for the spring term. Students unclear regarding their programs’ academic calendar should contact the Dean of the program for clarification.

Affiliate Enrollment
MIT affiliates are eligible to enroll in the MIT Affiliate Medical Plan provided they: 1) have an appointment at MIT for 3 months or longer, 2) have an appointment at MIT for more than 50% of their time, 3) are not be paid by MIT funds, 4) are not eligible for MIT employee health insurance, and 5) are either on the Lab for Nuclear Science sponsored research staff or have one of the following 11 job titles: Visiting Scientist, Visiting Engineer, Visiting Scholar, Visiting Economist, Visiting Research Associate, Visiting Professor (including Assistant and Associate), Fellow, Bantrell Fellow, Research Fellow, Postdoctoral Fellow, or Research Affiliate.

Note: See page 19 for information on the enrollment process and documentation requirements for affiliates.

Eligible Dependents
A student or affiliate may enroll eligible dependents under his or her membership in this health plan. You will be required to provide proof of family relationship or eligibility to enroll family members.

“Eligible dependents” include the subscriber’s:

- Legal spouse.
- Domestic partner. A domestic partner is defined as a person of the same sex with whom the affiliate has entered into an exclusive relationship. Both the subscriber and the domestic partner must be at least 18 years of age and not married to anyone, share a mutually-exclusive enduring relationship, have shared a common residence and intend to do so indefinitely, consider themselves life partners, share joint responsibility for their common welfare and be financially interdependent, and otherwise meet all the eligibility requirements of the MIT Student/Affiliate Extended Insurance Plan.
- Dependent children under age 26. These include the subscriber’s or legal spouse’s dependent children who: live with the subscriber on a regular basis; or qualify as dependents for federal tax purposes; or are the subjects of a court order that requires the subscriber to provide health insurance for the children.
  
  **Note:** Eligibility for membership under this health plan also includes the subscriber’s children who are recognized under a Qualified Medical Child Support Order as having the right to enroll for group coverage.
- Newborn dependent children. The effective date of coverage for a newborn child will be the date of birth provided that the child is enrolled under the subscriber’s membership within the time period required to make family status changes.
- Unmarried adoptive dependent children under age 26. The effective date of coverage for an adoptive child
will be the date of placement with the subscriber for the purpose of adoption. The effective date of coverage for an adoptive child who has been living with the subscriber and for whom the subscriber has been getting foster care payments will be the date the petition to adopt is filed.

**Note:** If the adoptive parent is enrolled under a family membership as of the date he or she assumes custody of a child for the purpose of adoption, the child's health care services will be covered from the date of custody (without a waiting period or preexisting condition restriction). But, benefits for these services are subject to all the provisions described in this Summary Plan Description.

- Unmarried disabled dependent children age 26 or older. An unmarried disabled dependent child may continue coverage under the subscriber's membership. But, the child must be either mentally or physically handicapped so as not to be able to earn his or her own living on the date he or she would normally lose eligibility under the subscriber's membership. In this case, the subscriber must make arrangements with The MIT Health Plans within the time period required to make family status changes. Also, The MIT Health Plans must be given any medical or other information that it may need to determine if the child can maintain coverage under the subscriber's membership. From time to time, The MIT Health Plans may conduct reviews that will require a statement from the attending physician. This is to confirm that the child is still an eligible disabled dependent.

- Unmarried children of enrolled dependent children.

**Enrolling Dependents**

To enroll your dependents, you must complete an enrollment form and submit it at the same time you enroll, or at the beginning of an academic semester. If you arrive at MIT from another country before your family members arrive, you may wait to enroll your family members when they arrive, however, you must enroll these family members within 31 days of their arrival in this country. In addition to a completed enrollment form, you will need to provide proof of their arrival (e.g., stamped visa or airline ticket).

**Note:** Students must complete an enrollment form at the beginning of each traditional academic year or term. Your completed enrollment form must be received by September 15 for the fall term or by February 15 for the spring term. Forms are available at medical.mit.edu/forms-documents/students or in the Health Plans Office at E23-303.

You, and your dependents, must enroll in the Student/Affiliate Medical Plan in order to enroll in the Student/ Affiliate Extended Insurance Plan.

Affiliates and dependents of students/affiliates that are not enrolled in the MIT Student/Affiliate Medical Plan may use the MIT Medical Urgent Care Department only by paying for each visit. For patients with outside health insurance, the MIT Medical Department Billing office will assist them with filing claims; however, we cannot guarantee coverage. You will be responsible for any charges not covered by your insurance. This is also true for students who waive the Extended Insurance Plan and have services not covered under this Medical Plan, such as routine eye exams.

**Note:** MIT Medical does not participate with other insurance plans. Many insurance plans which require members to use participating providers will not cover services rendered at MIT Medical.

**Making Membership Changes**

Generally, you may make membership changes (for example, change from an individual membership to a family membership) only if you have a change in family status such as:

- Marriage or divorce.
Part 6: Resolving Issues

- Birth, adoption or change in custody of a child.
- Death of an enrolled spouse or dependent child.
- The loss of an enrolled dependent's eligibility under the subscriber's membership. For example, when a dependent child or a full-time student dependent reaches the maximum dependent age to be covered under this health plan, his or her coverage ends under the subscriber's membership.

If you want to ask for a membership change or you need to change your name or mailing address, you should call or visit the MIT Health Plans Office (E23-308, (617)-253-4371) or write stuplan@med.mit.edu (students) or affplan@med.mit.edu (affiliates). You must request the membership change within the time period required by MIT. If you do not make the change within the required time period, you will have to wait until the next enrollment period to make the change. All membership changes or any additions are allowed only when they comply with the eligibility and enrollment rules set by MIT for your health care benefits and the conditions outlined in this Summary Plan Description.

When Coverage Ends for Students

Once you have enrolled in the MIT Student Medical Plan for your family, you may not cancel coverage during the elected enrollment period. The earliest you can cancel enrollment is the beginning of the next term, as long as we receive your cancellation form request by the enrollment deadline for that term.

Special Situations for Students

Sometimes, students are determined by their academic dean to be medically unable to register. These students are given the option to continue coverage in the MIT Student Health Plan. Eligible students who choose this option are charged on their Student Account Statement for combined enrollment in the MIT Student Medical Plan, and the MIT Student Extended Insurance Plan.

Students medically unable to register must enroll in both plans. The insurance charges will appear on their student account statements, and any non-covered charges provided at The MIT Medical Department will be billed to them through the MIT general accounts system. Any dependents who are covered during the semester the student withdraws for medical reasons may continue coverage for the remainder of the term. However, they will not be eligible to reenroll if you are determined by your academic dean to be medically unable to register for subsequent term(s).

Enrollment in MIT Affiliate Medical Plan

To enroll in the MIT Affiliate Medical Plan:

1. Obtain the DS-2019 form or a letter from your department administrator stating your status as an affiliate.

2. Schedule and attend an affiliate orientation session at MIT Medical Health Plans Office (building E23-308). Orientations are scheduled on Tuesday and Thursday mornings at 10AM. Bring the MIT appointment letter from your department with you, or a copy of your DS-2019 form. If you waive both the MIT Affiliate Medical Plan and the MIT Affiliate Extended Insurance Plan (see below), you do not need to attend an orientation. To schedule an orientation, call (617)-253-4371.

3. At the orientation, you will complete and sign an enrollment form. You will also need to choose whether you are billed quarterly, semi-annually, or annually for your insurance. If you need to later enroll any family members, you will need to complete another enrollment form at that time.

4. Choose a Primary Care Physician at MIT Medical. Visit medical.mit.edu/find-a-provider to make your
Eligible affiliates who have an appointment for 5 months or longer and are neither a Visiting Professor (including Assistant or Associate) nor a Bantrell Fellow are required by MIT to purchase health insurance. If you are required to purchase health insurance, you must either purchase both the MIT Affiliate Medical Plan and the MIT Affiliate Extended Insurance Plan, or you must file a waiver with the MIT Affiliate Health Plan Office (E23-308, (617)-253-4371).

To waive, your insurance must be comparable to the MIT Affiliate Medical Plan and the MIT Affiliate Extended Insurance Plan (combined). You can find the waiver form at medical.mit.edu/forms-documents/affiliates. Complete insurance information is required on all waiver forms. For enrollment information or details about waiving coverage, contact the MIT Health Plans Office at (617)-253-4371 or affplan@med.mit.edu. Affiliates can purchase the MIT Affiliate Medical Plan alone but must provide evidence of adequate insurance coverage for outside services.

**Enrollment Periods for Affiliates**

You may enroll in this health plan as of your initial eligibility date (the beginning of your appointment), or at the beginning of an academic semester (February 1 and September 1), or at the beginning of a reappointment. You must complete enrollment during the first month of your MIT appointment or reappointment, or the first month of the academic semester.

**Note:** Affiliates who are required to enroll in health insurance must complete this enrollment during the initial eligibility month. The minimum coverage period is three months. If your MIT affiliate appointment is extended beyond the date your coverage ends, you will need to contact the MIT Affiliate Health Plan office to renew or extend your insurance coverage. Additional information is available at the MIT Affiliate Health Plans Office.